Higher Education Learning Community for Inclusion

Co-funded by the European Union

Centro de Investigación en Derechos Humanos y Políticas Públicas
Universidad de Salamanca

Recursos identificados en materia Derechos Humanos

1. GUÍAS
2. BUENAS PRÁCTICAS
3. UNIVERSIDADES CON CENTROS DE RECURSOS EN DERECHOS HUMANOS
4. REDES Y ASOCIACIONES
5. ARTÍCULOS

1. GUÍAS

RÉGIMEN DE DESARROLLO DE LA POLÍTICA INSTITUCIONAL CONTRA LAS DIFERENTES FORMAS DE ACOSO (PROTOCOLO DE ACOSO)
UNIVERSIDAD DE VALLADOLID

Este protocolo tiene como finalidad asegurar un entorno de convivencia, exento de cualquier forma de acoso, así como de discriminación en el que las personas sean tratadas con pleno respeto a su dignidad. No se toleran comportamientos que impliquen cualquier forma de acoso, lo que exige implantar cuantos procedimientos y medidas sean necesarios para, en el marco de sus competencias, impedir conductas o acciones que atenten contra la dignidad e integridad de los miembros de su comunidad universitaria o creen un entorno intimidatorio, degradante u ofensivo. Además, se tratará de Informar y formar a los miembros de la comunidad universitaria para afrontar el fenómeno del acoso, sensibilizando de sus efectos nefastos, individual y colectivamente, en un contexto de lucha activa contra toda forma de discriminación.
Más info AQUÍ.

PLAN DE ATENCIÓN A LAS PERSONAS CON DISCAPACIDAD
UNIVERSIDAD DE VALLADOLID

A través de este protocolo se intentará garantizar el derecho constitucional a la igualdad de oportunidades a las personas con discapacidad. Más info AQUÍ.

PROTOCOLO DE CAPACITACIÓN DE JÓVENES EN APOYO A ACTIVIDADES DE VOLUNTARIADO
UNIVERSIDAD DE BURGOS

El objetivo principal de la formación para jóvenes es fortalecer la cultura de los valores democráticos, los derechos fundamentales y crear conciencia sobre una ciudadanía activa mejorando el voluntariado y la participación en asociaciones entre jóvenes y promoviendo el voluntariado como aprendizaje informal y formal que mejora la inclusión social y la mejora el futuro profesional de uno. Más info AQUÍ.

PROTOCOLO DE ACTUACIÓN ANTE SITUACIONES DE ACOSO SEXUAL O ACOSO POR RAZÓN DE SEXO
UNIVERSIDAD DE BURGOS

Toda forma de violencia de género, en sus diferentes manifestaciones, constituye una violación flagrante de los derechos humanos. Las normativas reguladoras de los derechos fundamentales en los ámbitos internacional, nacional y regional prohíben las conductas contrarias a la dignidad de la persona y proclaman el derecho a la igualdad y a la no discriminación por razón de sexo. La Universidad de Burgos considera que el acoso sexual y el acoso por razón de sexo suponen un atentado contra la dignidad de las personas, por lo que no pueden ni deben ser tolerados. Más info AQUÍ.

RECOMENDACIONES PARA EL APOYO A PERSONAS CON DISCAPACIDAD
UNIVERSIDAD DE SALAMANCA

Esta guía presenta los principales rasgos de las discapacidades física, visual y auditiva, para exponer, seguidamente, las necesidades o dificultades que pueden encontrar los estudiantes en estas situaciones. Finalmente, se proponen sugerencias y recomendaciones para asesorar a los docentes a la hora de proporcionar apoyos a estudiantes con algún tipo de discapacidad. Más info AQUÍ.

REGLAMENTO INTERNO DE PREVENCIÓN DEL ACOSO EN EL ENTORNO LABORAL
UNIVERSIDAD DE SALAMANCA

El objetivo de este reglamento es establecer los mecanismos de actuación para la prevención del acoso en el entorno laboral y proponer, en su caso, medidas de intervención que permitan resolver los conflictos en este ámbito dentro de la propia institución. Más info AQUÍ.

REGLAMENTO DE PREVENCIÓN DEL ACOSO A ESTUDIANTES
UNIVERSIDAD DE SALAMANCA

Constituye el objeto de este reglamento regular los procedimientos para la prevención del acoso a estudiantes de la Universidad de Salamanca y de propuesta, en su caso, de medidas de intervención que permitan resolver los conflictos en este ámbito dentro de la propia institución.
Más info AQUÍ.

Getting started with the SDGs in universities: A guide for universities, higher education institutions, and the academic sector. https://ap-unsdsn.org/wp-content/uploads/University-SDG-Guide_web.pdf

En esta Guía se plantea la posición privilegiada dentro de la sociedad para lograr el cumplimiento de los ODS, transmitir la importancia de ello y beneficiarse de este compromiso. En este gráfico, recogido en la Guía “Getting started with the SDGs in universities”, propuesta por Sustainable Development Solutions Network (SDSN) Australian/Pacific, podemos ver los beneficios que ofrece a las universidades el compromiso con el cumplimiento de los ODS, así como todo el potencial que tienen para aportar a este cumplimiento.

¿Qué aportan los ODS a las universidades?

Aumentan la demanda de formación sobre los ODS

Proporcionan una definición globalmente aceptada y comprendida del concepto de la universidad responsable

Ofrecen un marco para mostrar el impacto de la universidad

Generan nuevas fuentes de financiación

Fomentan la colaboración con nuevos socios tanto externos como internos

¿Qué aportan las universidades a los ODS?

Proporcionan soluciones, conocimiento e ideas innovadoras a los ODS

Forman a los actuales y futuros ejecutores y responsables de implementar los ODS

Sirven de modelo sobre cómo apoyar, adoptar e implementar los ODS en la gobernanza, las políticas de gestión y la cultura universitaria

Desarrollan liderazgos intersectoriales que orientan a los ODS

UNESCO (2022). Beyond Limits. New Ways to Reinvent Higher Education. Documento de trabajo para la Conferencia Mundial de Educación Superior. 18-20 de mayo de 2022. https://www.whec2022.org/EN/homepage/Roadmap2030

Beyond Limits. New Ways to Reinvent Higher Education, es la hoja de ruta propuesta por la UNESCO tras la celebración de la 3ª Conferencia Mundial de Educación Superior de Barcelona (WHEC2022) del 18 al 20 de mayo de 2022. En este documento se considera hoy en día que la educación superior es parte integrante del derecho a la educación y un bien público. Este carácter de bien público se traduce en que las Instituciones de Educación Superior (IES) deben cumplir sus tres misiones

- producir conocimientos pertinentes,
- formar profesionales completos y
- comportarse con responsabilidad social y sostener principios y valores democráticos.

Según este documento, las IES deben convertirse en un sistema integrado en el que su diversidad contribuya a crear itinerarios diferentes y flexibles para los jóvenes y los adultos sin reforzar nichos cerrados de desigualdad de oportunidades. Para ello, las IES deben trascender las fronteras disciplinarias, profesionales, epistémicas, reputacionales e institucionales. El objetivo es enriquecer las oportunidades educativas, fomentar la excelencia profesional en cualquier campo y cultivar ciudadanos plenos, comprometidos con la justicia social y la sostenibilidad.

European University Association. (2021a). Universities without walls: A vision for 2030. Higher Education Report, Brussels: European University Association. https://eua.eu/downloads/publications/universities%20without%20walls%20%20a%20vision%20for%202030.pdf

European University Association. (2021b). Pathways to the future. A follow-up to “Universities without walls – A vision for 2030”. Higher Education Report, Brussels: European University Association.
https://eua.eu/downloads/publications/pathways%20to%20the%20future%20report.pdf

Los informes de la UE *Universities Without Walls* y *Pathways to the future*, muestran la visión sobre el sector universitario europeo para la próxima década, centrada en la sostenibilidad, la importancia de la apertura y flexibilidad en la Universidad, el papel de las misiones universitarias y cómo convertir esta visión en una realidad:

> La crisis climática en particular y la sostenibilidad en general son cuestiones urgentes. Esto ha llevado a muchas universidades a poner sus misiones en educación, investigación, innovación y cultura al servicio de la consecución de los Objetivos de Desarrollo Sostenible de las Naciones Unidas [...]. La combinación única de las misiones de aprendizaje y enseñanza, investigación, innovación y cultura -y sus fructíferas interrelaciones- seguirá siendo la característica clave de las universidades europeas. Estas misiones serán igualmente importantes y se potenciarán mutuamente, y un enfoque integrado será beneficioso para aprovechar las sinergias. A través de estas misiones, las universidades apoyarán las sociedades abiertas, pluralistas y democráticas de Europa. (European University Association, 2021a, p.7

PROTOCOLO DE RACISMO EN LAS AULAS

UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

Medidas contra el racismo en las aulas deben tratarse de forma transversal, implicando a toda la comunidad educativa y adaptando las dinámicas a cada edad.Info AQUÍ

PROTOCOLO DE ACOSO
UR (UNIVERSIDAD DE LA RIOJA)

Protocolo, que tiene como finalidad el establecimiento de compromisos en relación a la información, sensibilización, prevención, detección, intervención y eliminación de cualquier tipo de acoso en su ámbito de competencia. Info AQUI

PROTOCOLO SOBRE LA ATENCIÓN AL ESTUDIANTADO CON DISCAPACIDAD
UR (UNIVERSIDAD DE LA RIOJA)

Normativa es regular las actuaciones encaminadas a eliminar las dificultades que impidan o menoscaben la integración del estudiantado con discapacidad en la Universidad de La Rioja. Info AQUÍ

PROTOCOLO DE ACTUACIÓN FRENTE A PERSONAS EN SITUACIÓN DE REFUGIO O ASILO ***UR (UNIVERSIDAD DE LA RIOJA)***
El objeto del presente protocolo es sistematizar las actuaciones de la Universidad de La Rioja encaminadas a apoyar y colaborar en la integración de personas que puedan encontrarse en situación de refugio o asilo y puedan incorporarse a cualquiera de los colectivos universitarios ya sea el personal docente e investigador, el personal de administración y servicios o, en su caso, el colectivo de estudiantes universitarios, por pertenecer a cualquiera de dichos colectivos en su país de origen. Info AQUI
PROTOCOLO DE LA DISCRIMINACIÓN, VIOLENCIA Y ACOSO ***ESIC BUSINESS & MARKETING SCHOOL***
Protocolo donde se establecerán disposiciones relativas a las medidas de prevención y respuesta frente a la violencia, discriminación, acoso o acoso sexual, por razón de sexo, orientación sexual, identidad o expresión de género, características sexuales, origen nacional, pertenencia a grupo étnico, discapacidad, edad, estado de salud, clase social, religión o convicciones, lengua, o cualquier otra condición o circunstancia personal o social. Info AQUI
PROTOCOLO CONTA LA VIOLENCIA SEXUAL ***UNIVERSIDAD DE MURCIA (UM)***
Protocolo donde se explica qué es la violencia sexual, qué hay que hacer ante un agresión y a quién pedir ayuda. Info AQUI
PROTOCOLO PARA LA PREVENCIÓN, DETECCIÓN Y ACTUACIÓN FRENTE AL ACOSO SEXUAL, POR RAZÓN DE SEXO, POR ORIENTACIÓN SEXUAL E IDENTIDAD Y/O EXPRESIÓN DE GÉNERO DE LA UNIVERSIDAD DE MURCIA ***UNIVERSIDAD DE MURCIA (UM)***
El objetivo de esta campaña es difundir la existencia del protocolo para que cualquier miembro de la comunidad universitaria o personal de servicios contratados identifique los distintos tipos de acoso y, si detecta o es víctima de una situación de acoso, conozca los mecanismos que la Universidad de Murcia ha previsto para estos casos, dónde dirigirse, a quién recurrir y cómo denunciar este tipo de comportamientos. Info AQUI
PROTOCOLO DE ACTUACIÓN DE LA UNIVERSIDAD DE MURCIA PARA LA RESOLUCIÓN DE CONFLICTOS INTERPERSONALES Y PARA LA PREVENCIÓN DEL ACOSO ***UNIVERSIDAD DE MURCIA (UM)***

Es objeto de este protocolo: a) Establecer un procedimiento de mediación para la resolución de conflictos interpersonales. b) Disponer los principios generales de planificación a los que habrá de acomodarse la actuación de la Universidad de Murcia en relación con la prevención del acoso. c) Articular medidas de carácter accesorio y complementario a adoptar de oficio en el supuesto de expedientes disciplinarios en materia de acoso. Artículo 2.- Ámbito de aplicación El protocolo será de aplicación a las empleadas y a los empleados públicos de la Universidad de Murcia y a los becarios y becarias que desarrollen su actividad dentro del ámbito organizativo de aquella. Información AQUÍ

PROTOCOLO UIMP PARA LA ATENCIÓN DE ESTUDIANTES CON NECESIDADES EDUCATIVAS ESPECÍFICAS DERIVADAS DE DISCAPACIDAD*UNIVERSIDAD INTERNACIONAL MENÉNDEZ PELAYO (UIMP)*

Algunas medidas de carácter general que se pueden adoptar para facilitar la atención a los estudiantes con necesidades específicas derivadas de la discapacidad son:

- Matriculación de un menor número de créditos que el número mínimo contemplado en normativa para la matriculación a tiempo parcial en un máster.
- Los estudiantes con discapacidad, considerándose por tales aquellos que tengan un grado de minusvalía igual o superior al 33%, tendrán derecho a la exoneración total de tarifas y precios públicos en los estudios conducentes a la obtención de un título universitario.
- Atención especial para conceder las prórrogas excepcionales contempladas en la normativa de permanencia de doctorado, con respecto al plazo para la presentación de la solicitud de depósito de la tesis doctoral.
- Atención especial a la accesibilidad de los espacios y recursos.
- Adecuación de los sistemas de evaluación a las necesidades derivadas de la discapacidad de los estudiantes matriculados; por ejemplo, tiempo para la realización de los exámenes, forma de realización del examen (oral, escrita), etc.
- Atención especial a las circunstancias de estos estudiantes a la hora de conceder o no convocatorias de gracia.
- Cualquier otra medida que sea propuesta por la persona responsable de la atención de estudiantes con necesidades derivadas de discapacidad, siempre que esté justificada. Info AQUI

PROTOCOLO UCLM PARA PREVENIR, DETECTAR Y ACTUAR ANTE EL ACOSO EN LA UNIVERSIDAD DE CASTILLA-LA MANCHA

UNIVERSIDAD DE CASTILLA-LA MANCHA

El presente protocolo tiene como finalidad prevenir y combatir las distintas manifestaciones de acoso en la UCLM. A tal fin, establece el procedimiento para investigar, detectar y, en su caso, resolver las solicitudes de intervención por acoso de una forma rápida, ágil y eficaz, garantizando durante todo el proceso la confidencialidad, seguridad e integridad de las personas afectadas. Información AQUÍ

PROTOCOLO PARA EL CAMBIO DE NOMBRE DE LAS PERSONAS TRANS E INTERGÉNERO EN LA UNIVERSIDAD DE CASTILLA-LA MANCHA (UCLM)
UNIVERSIDAD DE CASTILLA-LA MANCHA

Con el fin de procurar un entorno en el que la dignidad de la persona sea respetada como principio fundamental y se garantice el derecho a la autodeterminación de género de las personas que manifiesten una identidad de género distinta a la asignada al nacer y la no discriminación en el ámbito universitario, el Vicerrectorado de Estudiantes y Responsabilidad Social de la Universidad de Castilla-La Mancha impulsa la elaboración y puesta en marcha de este Protocolo que tiene como objetivo fundamental regular el procedimiento para modificar el nombre de uso común y, en su caso, el nombre legal de las personas trans e intergénero en la Universidad de Castilla-La Mancha. Información AQUÍ

PROTOCOLO DE PREVENCIÓN, DETECCIÓN Y ACTUACIÓN FRENTE AL ACOSO SEXUAL, POR RAZÓN DE SEXO, ORIENTACIÓN SEXUAL Y EXPRESIÓN O IDENTIDAD DE GÉNERO (UNIZAR)
UNIVERSIDAD DE ZARAGOZA

La Universidad de Zaragoza, a través del Vicerrectorado de Cultura y Proyección Social, el Secretariado de Proyección Social e Igualdad y la Unidad de Igualdad, asume de forma proactiva la misión de promover un entorno académico y laboral libre de acoso sexual, por razón de sexo, orientación sexual y expresión o identidad de género, así como la de sancionar cualquier conducta que lleve a tales situaciones. En todo caso, la Universidad de Zaragoza se asegurará que la asistencia y la protección de las víctimas se realizará aplicando los principios de sigilo, confidencialidad, respeto, profesionalidad, celeridad, objetividad e imparcialidad. Información AQUÍ

Universidad Carlos III de Madrid:
Guía temática en Derechos Humanos

https://uc3m.libguides.com/guias_tematicas/derecho/derechos_humanos

Recurso de la Biblioteca de la Universidad Carlos III de Madrid para Derecho

Universidad Carlos III de Madrid:
UC3M saludable

https://www.uc3m.es/prevencion/uc3m-saludable

Una Universidad Saludable debe promover el desarrollo de un entorno de trabajo y de aprendizaje donde la mejora de la salud, el bienestar y la sostenibilidad se configuren como elementos estratégicos, integrándose de forma efectiva en todas las actividades de la organización.

Universidad Carlos III de Madrid:
Programa bienestar personal

https://www.uc3m.es/rrhh/menssana

La UC3M, desde RRHH y Organización y Prevención de Riesgos Laborales, con el objetivo de ayudar a mejorar tu salud mental y bienestar emocional, ofrece el programa “MensSana”, en colaboración con Evidence-Based Behavior (eB2) y POP Empower. Con el Programa MensSana se puede:

- Utilizar de forma gratuita la app eB2 MindCare (app de apoyo para la gestión emocional del día a día, que te proporciona los recursos personalizados que más te pueden ayudar en cada momento, disponible en iOS y en Android)
- Disfrutar de sesiones individuales online de la mano de psicólogos de POP Empower a un coste reducido y cofinanciadas por la universidad.

Universidad Carlos III de Madrid:
Universidad saludable

https://www.uc3m.es/orientacion/universidad-saludable

La UC3M está integrada en la Red Madrileña de Universidades Saludables **(REMUS)** cuyo principal objetivo es promover la salud entre la comunidad universitaria. Comprometidos con este propósito, se busca ayudar a llevar un estilo de vida saludable, animando a la comunidad universitaria a adquirir hábitos que favorezcan la salud física, mental y emocional.

Universidad Rey Juan Carlos:
Protocolo frente al acoso

https://www.urjc.es/images/Universidad/Presentacion/normativa/Protocolo_acoso_Rey_Juan_Carlos.pdf

Protección frente cualquier acoso discriminatorio

Universidad Politécnica de Madrid:
NEUROTEC: Salud mental en el mundo de la investigación

https://neurotec.upm.es/salud-mental/

Iniciativa de trabajo conjunta entre instituciones y personal para crear un entorno seguro. Desde esta plataforma se quiere dar visibilidad a la importancia de la salud mental en el trabajo. Dejar atrás el tabú y el estigma para dar paso a una red de apoyo con la que las trabajadoras y trabajadores pueden dar el 100% sin poner en riesgo su bienestar físico, psíquico y emocional.

Guía de Accesibilidad (2019)

Universidad de Cantabria

Esta guía pretende ser una herramienta útil y práctica dirigida a toda la Universidad de Cantabria (UC). Se proponen para ello los siguientes objetivos: visibilizar los recursos, las prácticas y los apoyos que hacen accesible la UC en los distintos ámbitos, dar recomendaciones para mejorar la adaptación, apoyo y participación del alumnado, sensibilizar a la comunidad universitaria, y difundir buenas prácticas.

https://web.unican.es/unidades/soucan/PublishingImages/estudiantes/Gu%C3%ADa%20de%20accesibilidad%20UC.pdf

2. BUENAS PRÁCTICAS

CONVENIO INTERNACIONAL EN PRO DE LOS DERECHOS HUMANOS
UNIVERSIDAD DE LEÓN

El objeto del convenio es establecer cooperación mutua entre ambas instituciones, para desarrollar actividades académicas, docentes y de investigación, difusión de la cultura y extensión de servicios en las áreas con intereses comunes. “La idea es fomentar el trabajo interdisciplinar y cooperativa entre nuestros profesores y los profesionales de la Academia en cuatro aspectos como van a ser la libertad de expresión y el derecho de prensa, el trabajo con personas desaparecidas no forzadas, las cuestiones de género muy vinculadas al feminicidio y el derecho de los migrantes”. Más info AQUÍ.

CICLO DE CINE Y DERECHOS HUMANOS
UNIVERSIDAD DE LEÓN

Se trata de una serie de películas (tres) que está relacionadas con los Derechos Humanos. Las películas son “Las nadadoras”, “La traversee” y Holy spider”. Más info AQUÍ.

SERVICIO DE APOYO A LAS PERSONAS CON DISCAPACIDAD O NECESIDADES ESPECÍFICAS
UNIVERSIDAD DE LEÓN

Trabajan para lograr la plena inclusión, promoviendo las condiciones necesarias para que nuestra Universidad pueda acoger sin problemas a todas aquellas personas que deseen cursar sus estudios en ella.
Sus actuaciones están encaminadas a la consecución de los siguientes objetivos:

- Garantizar la igualdad de oportunidades de las personas con discapacidad y NEAE en la Universidad.
- Promover la supresión de barreras en el acceso, participación y aprendizaje.
- Potenciar la sensibilización y la solidaridad en el ámbito universitario hacia las personas con discapacidad y NEAE
- Propiciar la realización de acciones formativas relacionadas con la discapacidad y NEAE.

Más info AQUÏ.

PROGRAMA DE ACERCAMIENTO INTERGENERACIONAL.
UNIVERSIDAD DE SALAMANCA, VALLADOLID, BURGOS Y LEÓN.

Esta iniciativa ofrece espacios intergeneracionales para el intercambio de valores, metas, expectativas, deseos y opiniones, mediante acciones de intercambio de experiencias y conocimientos, participación social y solidaridad, acercando el ámbito universitario y los entornos más relacionados con las personas mayores.

Son actividades que favorecen la participación de las personas vinculadas a la universidad en espacios significativos para las personas mayores y la participación de personas mayores en el entorno universitario, dando respuesta a los intereses de ambos colectivos y compartiendo actividades que contribuyen al enriquecimiento personal y a la vida independiente.

Más info de la Universidad de León AQUÍ.
Más info de la Universidad de Salamanca AQUÍ.
Más info de la Universidad de Valladolid AQUÍ.
Más info de la Universidad de Burgos AQUÍ.

PROGRAMA DE APOYO PSICOLÓGICO
UNIVERSIDAD DE LEÓN

Los estudiantes tienen a su disposición un programa de apoyo psicológico cuyo objetivo es facilitar la gestión de la ansiedad ante los exámenes, del autocontrol para el estudio o de trastornos afectivos e interpersonales. Más info AQUÍ.

SEMINARIO SORE RELACIONES JURÍDICAS INTERNACIONALES. INMIGRACIÓN Y DERECHOS HUMANOS.
UNIVERSIDAD DE LEÓN

Tiene como finalidad dar a conocer una visión general sobre la inmigración y los derechos humanos. Por tanto, se abordará la política migratoria europea y española desde una perspectiva multidisciplinar de carácter teórico-práctica. La realidad actual, el éxodo de los que huyen de Ucrania, la nueva postura gubernamental sobre el Sahara y los últimos hechos lamentables ocurridos en Melilla junto con la reciente liberalización tras la COVID-19 deben ser abordadas con un enfoque de Derechos Humanos. Distinguir la entre la verdad y los rumores para ello se deben conocer los diferentes regímenes normativos según el colectivo y el origen de las disposiciones legales. Divulgar no solo las normas sino también la interpretación de estas: analizando la jurisprudencia más relevante. Más info AQUÍ.

UNIDAD DE ATENCIÓN A PERSONAS CON DISCAPACIDAD (UAPD)
UNIVERSIDAD CATÓLICA DE ÁVILA

Sirve de apoyo a todos los alumnos y personal de la Universidad que presente alguna discapacidad o necesidad especial, estableciendo las adaptaciones apropiadas para cada caso. Más info AQUÍ.

ATENCIÓN A PERSONAS CON DISCAPACIDAD DE LA COMUNIDAD UNIVERSITARIA UNIVERSIDAD DE VALLADOLID
La Unidad de atención ofrece información, orientación y asesoramiento sobre los derechos y recursos existentes a estudiantes, personal docente, investigador y administrativo con discapacidad durante su permanencia en la Universidad de Valladolid. Más info AQUÍ.
ORIENTACIÓN PSICOLÓGICA Y LOGOPEDIA UNIVERSIDAD DE VALLADOLID
Se trata de un servicio gratuito (primeras 3 sesiones), anónimo y confidencial. El servicio tiene como objetivo mejorar la salud psicológica de las personas que forman parte de la Comunidad Universitaria, ayudando a la prevención e interviniendo cuando surgen las primeras dificultades emocionales. Se ofrece información, orientación y/apoyo en aspectos relacionados con el bienestar emocional, ansiedad, trastornos del sueño, dificultades y pautas en la organización en los estudios o cualquier cuestión que pueda preocuparos en relación con la vida universitaria y que puedan ser atendidas desde la psicología. Más info AQUÍ.
PREVENCIÓN DE ADICCIONES UNIVERSIDAD DE VALLADOLID
Tiene como objetivo ofrecer un punto de información a toda la comunidad universitaria, especialmente al alumnado, donde se faciliten datos relativos al consumo de tabaco, alcohol, cannabis y otras drogas, incidiendo en los riegos derivados de su consumo y crear un contexto universitario que oriente a un ocio saludable. Más info AQUÍ.
AYUDAS SOCIALES PARA ESTUDIANTES CON ESPECIALES DIFICULTADES SOCIOECONÓMICAS U OTRAS CIRCUNSTANCIAS QUE INFIERAN EN LA CONTINUIDAD DE SUS ESTUDIOS UNIVERSIDAD DE VALLADOLID

La convocatoria posee cuatro modalidades de ayuda:

- Ayuda económica de emergencia social destinada a afrontar, principalmente, gastos de matrícula de quienes no cuentan con otras ayudas públicas al estudio.
- Ayuda a estudiantes con discapacidad y en situación acreditada de dependencia que utilizan servicios de asistencia personal en el ámbito académico.
- Ayudas para afrontar los gastos de estudiantes con hijos a cargo que acuden a guardería o escuela infantil.
- Ayuda para atender situaciones de violencia de género, destinada a estudiantes cuya situación vivida repercute fehacientemente en el desarrollo académico y socioeconómico familiar.

Más info AQUÍ.

CONSUMO RESPONSABLE
UNIVERSIDAD DE VALLADOLID

La finalidad es promover actitudes de consumo responsable y así contribuir al cumplimiento del Objetivo de Desarrollo Sostenible número 12 de la Agenda 2030. Más info AQUÍ.

AULA DE CINE Y DERECHOS HUMANOS
UNIVERSIDAD EUROPEA MIGUEL DE CERVANTES

Cada semana se realiza una actividad basada en el visionado de una película con posterior charla relacionada con los derechos humanos, diferentes visiones de la sociedad global y la multiculturalidad en el cine. Más info AQUÍ.

MÁSTER EN INCLUSIÓN EDUCATIVA CON ORIENTACIÓN EN PERSONAS CON DISCAPACIDAD
UNIVERSIDAD EUROPEA MIGUEL DE CERVANTES

El Master en Inclusión Educativa con orientación en Personas con Discapacidad se fundamenta en la premisa de que entre todos habilitamos a cada uno. Desde allí, se propone detener la mirada en los escenarios actuales para interrogarnos, reflexionar y analizar la cultura, la política y las prácticas en las instituciones educativas. Más info AQUÍ.

CURSO: LA SALUD MENTAL DE NUESTROS MAYORES
UNIVERSIDAD EUROPEA MIGUEL DE CERVANTES

bordar desde una vertiente positiva e interdisciplinar la salud mental de nuestros mayores como forma de bienestar psicológico y social que afecta a sus pensamientos, estado de ánimo y comportamientos. A partir de la descripción de los factores que pueden afectar negativamente a la salud mental de este segmento de población (prejuicios y discriminación, maltrato, aislamiento social, sentimiento de soledad, pérdida de funcionalidad…), se analizarán las señales de advertencia de la existencia de trastornos mentales (cambios en el estado de ánimo, el sueño, los hábitos alimenticios, las relaciones sociales…) y se trabajarán de forma práctica herramientas para enfrentar el estrés de la vida, estar físicamente saludable y mantener buenas relaciones con lo demás, entre otros aspectos. Más info AQUÍ.
SERVICIO DE INCLUSIÓN SOCIAL UNIVERSIDAD EUROPEA MIGUEL DE CERVANTES
El Servicio de Inclusión social, que forma parte de la Unidad de Voluntariado y Acción Social, tiene como objetivo fomentar la participación activa, autónoma e igualitaria de los colectivos que se encuentran en riesgo de exclusión social. Más info AQUÍ.
PROGRAMA DE ATENCIÓN A LA DIVERSIDAD Y APOYO AL APRENDIZAJE (PROADA) UNIVERSIDAD EUROPEA MIGUEL DE CERVANTES
Este Programa es el resultado del compromiso de la UEMC con el conjunto del estudiantado con necesidades específicas de apoyo educativo-NEAE (discapacidad, TDAH, dislexia…), en aras de alcanzar el máximo desarrollo posible de sus capacidades personales y académicas. Más info AQUÍ.
SERVICIO DE ATENCIÓN PSICOLÓGICA UNIVERSIDAD INTERNACIONAL ISABEL I DE CASTILLA
El Servicio de Atención Psicológica (SAP) tiene como finalidad prestar asesoramiento y apoyo asistencial. Este fundamentará su labor en una primera orientación psicológica profesionalizada, realizada por parte de psicólogos con conocimientos y experiencia en este tipo de atención. Todo ello se realizará garantizando la confidencialidad profesional y una cuidadosa atención, siguiendo los principios psicoéticos y deontológicos de la profesión. Más info AQUÍ.
SERVICIO DE ATENCIÓN A LA DIVERSIDAD UNIVERSIDAD INTERNACIONAL ISABEL I DE CASTILLA
La Unidad de Accesibilidad para la Diversidad nace en 2016 como respuesta al contexto social actual de inclusión real, así como al derecho universal de todas las personas a satisfacer las necesidades educativas en el ámbito de la discapacidad, fomentando la accesibilidad de toda la comunidad universitaria en los diferentes contextos que la conforman. Más info AQUÍ.

WEBINAR: PROGRAMA DE LA ONU PARA EL DESARROLLO HUMANO Y GOBERNABILIDAD DEMOCRÁTICA. UNIVERSIDAD INTERNACIONAL ISABEL I DE CASTILLA
Se realizó una sesión online organizada por esta universidad, donde Randall Bremes, encargado del diseño, gestión y evaluación de Proyectos y Políticas Públicas de Desarrollo Humano, Derechos Humanos y Gobernabilidad de la ONU, junto a Javier Martín Porras, profesor de la universidad, analizarán que es el Programa de Naciones Unidas para el Desarrollo. Más info AQUÍ.
ASISTENCIA PSICOLÓGICA SANITARIA UNIVERSIDAD PONTIFICIA DE SALAMANCA
El objetivo principal es prestar atención psicológica, tanto a población adulta como infanto-juvenil, en problemas como depresión, ansiedad, etc. Buscando grandes soluciones y ofreciendo la mejor compañía en este proceso. Te sentirás acompañado, comprendido y verás una eficiente evolución. Más info AQUÍ.
CENTRO DE ORIENTACIÓN Y MEDIACIÓN FAMILIAR UNIVERSIDAD PONTIFICIA DE SALAMANCA
El Centro de Orientación y Mediación Familiar es un servicio de atención preventiva e integral que la Universidad Pontificia de Salamanca ofrece a las familias, la pareja o la persona, para ayudar a gestionar las dificultades, problemas o crisis puntuales en el ámbito de sus relaciones. Más info AQUÍ.
SERVICIO DE ATENCIÓN CLÍNICA LOGOPÉDICA UNIVERSIDAD PONTIFICIA DE SALAMANCA
El Servicio de Atención Clínica Logopédica es un centro sin ánimo de lucro que ofrece tratamiento logopédico (evaluación e intervención) a los pacientes que lo demanden, primando a las personas en riesgo de exclusión o con menos recursos económicos. Este enfoque asistencial y social sirve, además, para perfeccionar la formación de los alumnos del Grado en Logopedia y de los másteres de Formación Clínica Logopédica y Terapia Orofacial y Miofuncional. Más info AQUÍ.

CÁTEDRA DE DERECHOS HUMANOS Y CULTURA DEMOCRÁTICA – INSTITUTO AUSCHWITZ BIRKENAU – ESPAÑA UNIVERSIDAD DE BURGOS
Esta Cátedra fue creada el 21 de julio de 2022, con un acuerdo entre la Universidad de Burgos y el Instituto Auschwitz Birkenau – España. Más info AQUÍ.
SERVICIO UNIVERSITARIO DE ATENCIÓN A LA SALUD UNIVERSIDAD DE BURGOS
Tiene como objetivos implantar y desarrollar, de forma coordinada con los dispositivos y redes comunitarias de salud y servicios sociales, programas de prevención, promoción e intervención en salud, haciendo especial énfasis en la atención psico sociosanitaria y psicopedagógica derivada de las necesidades reales detectadas en la población universitaria. El fin del SUAS es promover el bienestar y la salud de los miembros de la comunidad universitaria en general y de forma especial de los estudiantes. Más info AQUÍ.
UNIDAD DE ATENCIÓN A LA DIVERSIDAD UNIVERSIDAD DE BURGOS
Este servicio se crea en el curso académico 2002/2003, a través de un convenio de colaboración entre la UBU y la Gerencia de Servicios Sociales de la Junta de Castilla y León (actualmente vigente) con el fin de garantizar la igualdad de oportunidades del alumnado universitario con discapacidad. Más info AQUÍ.
CURSO: INTERVENCIÓN CON MENORES EN DIFICULTAD SOCIAL UNIVERSIDAD DE BURGOS
Tiene como objetivo principal analizar la realidad de la infancia en dificultad social, describiendo los ámbitos de socialización que les rodean y cómo estos determinan su personalidad, actitudes y comportamientos y hacer comprender la situación de desventaja social de la que parten estos menores y sus familias, así como el origen de la conflictividad de estos niños y adolescentes. Más info AQUÍ.
SEMINARIO PERMANENTE PARA LA CIUDADANÍA GLOBAL UNIVERSIDAD DE BURGOS

Se trata de un curso con diferentes bloques, donde en el bloque 2 específicamente se trata un tema relacionado con los Derechos Humanos:

- Nociones básicas sobre qué son los Derechos Humanos y el Derecho Internacional Humanitario
- Diferentes y semejanzas entre violación de Derechos Humanos y vulneración de la dignidad humana
- Introducción a los Derechos de los pueblos
- El papel de los cooperantes y de los defensores de los Derechos Humanos en los conflictos bélicos

Más info AQUÍ.

ENSEÑANZA DE FORMACIÓN CONTINUA: INTRODUCCIÓN A LA TEORÍA DEL DERECHOS ESPAÑOL, DERECHOS HUMANOS Y PODER JUDICIAL
UNIVERSIDAD DE BURGOS

El cuso está orientado a ofrecer una información introductoria a estudiantes y profesores extranjeros, aquellos que no conocen en profundidad el Ordenamiento Jurídico Español. Más info AQUÍ.

ENSEÑANZA DE FORMACIÓN CONTINUA: CURSO INTERNACIONAL SOBRE LOS DERECHOS HUAMNOS EN ESPAÑA Y EN EUROPA DESDE UNA PERSPECTIVA COMPARADA
UNIVERSIDAD DE BURGOS

Tras haber realizado transferencia de conocimiento con estudiantes y egresados de Colombia, se implantó este título propio en 2019 con la vocación de servir como instrumento catalizador del estudio y difusión de los derechos humanos, no sólo desde una perspectiva nacional, sino también de la Unión Europea. Más info AQUÍ.

MÁSTER UNIVERSITARIO EN EDUCACIÓN Y SOCIEDADES INCLUSIVAS
UNIVERSIDAD DE BURGOS

Los estudios se desarrollarán desde una perspectiva que tenga en consideración los valores democráticos, de igualdad de oportunidades entre hombres y mujeres y entre las etnias, de accesibilidad universal de las personas con discapacidad y los valores propios de la cultura de la paz. Más info AQUÍ.

PROYECTO DE INNOVACIÓN DOCENTE: FORMAR PARA TRANSFORMAR. FOMENTO DEL DISEÑO DE INICIATIVAS EDUCATIVAS TRANSFORMADORAS ALINEADAS CON LOS DERECHOS HUMANOS Y LOS OBJETIVOS DE DESARROLLO SOSTENIBLE
UNIVERSIDAD DE SALAMANCA

Cada convocatoria de Proyectos de Innovación Docente (PID) está ligada al aseguramiento de la calidad de las titulaciones en materia de coordinación y del fomento de actuaciones ligadas a los objetivos de desarrollo sostenible (ODS) de la agenda. Más info AQUÍ.

MÁSTER DE FORMAIÓN PERMANENTE EN DERECHOS HUMANOS, MIGRACIONES Y DIVERSIDAD
UNIVERSIDAD DE SALAMANCA

Los objetivos generales de este máster son formar a profesionales en la identificación, promoción y defensa de los Derechos Humanos, sus vías de protección, especialmente en personas vulnerables como migrantes y otros en el marco de una sociedad diversa y ser capaces de desarrollar políticas, legislaciones, intervenciones y buenas prácticas para la protección de los Derechos Humanos, en especial en personas vulnerables como los migrantes y otros en el marco de una sociedad diversa. Más info AQUÍ.

MÁSTER DE FORMACIÓN PERMANENTE EN JUSTICIA CLIMÁTICA Y DERECHOS HUMANOS
UNIVERSIDAD DE SALAMANCA

Se pretende integrar y transmitir el conocimiento mediante la formación y perfeccionamiento de personas capaces y profesionales cualificados, asegurando la defensa y promoción de la educación en sostenibilidad y derechos humanos, como conceptos umbilicalmente unidos. De igual modo, también queremos desarrollar la investigación y la transferencia de conocimiento científico mediante la formación y promoción de investigación para la innovación para el desarrollo sostenible con la colaboración de otros agentes sociales. Más info AQUÍ.

MÁSTER DE FORMACIÓN PERMANENTE EN POLÍTICA CRIMINAL Y DERECHOS HUMANOS
UNIVERSIDAD DE SALAMANCA

Este máster busca responder a las necesidades actuales de una sociedad en continua transformación y que parece creer encontrar en el Derecho penal todas las soluciones a sus propias carencias. Buscamos, por tanto, generar en el alumnado un conocimiento real y no estereotipado del fenómeno criminal, como única vía para encontrar las soluciones adecuadas frente al mismo. Más info AQUÍ.

MÁSTER DE FORMACIÓN PERMANENTE EN SEGURIDAD, DERECHO PENAL Y DERECHOS HUMANOS
UNIVERSIDAD DE SALAMANCA

La necesidad de una formación universitaria orientada a la defensa de los derechos humanos, a la prevención de la delincuencia y a la reacción frente a la misma desde las distintas instituciones del Estado hace aconsejable la creación de una titulación dirigida al entendimiento de la realidad criminológica actual y a la salvaguarda de los derechos humanos. Más info AQUÍ.

MÁSTER DE FORMACIÓN PERMANENTE EN INTEGRACIÓN DE PERSONAS CON DISCAPACIDAD. CALIDAD DE VIDA

UNIVERSIDAD DE SALAMANCA

El Máster se inscribe en el proceso de transformación de la concepción de la discapacidad que ha dejado de ser una enfermedad, y cuyo estudio se realiza desde un modelo bio-ecológico-social. En este esfuerzo la Clasificación Internacional del Funcionamiento, la Discapacidad y la Salud (OMS, 2001) se centra en los componentes de la salud más que en las consecuencias de la enfermedad, siendo la discapacidad resultado de la interacción entre persona y ambiente, concepción contraria a la perspectiva tradicional en que residía exclusivamente en la persona. La Convención de Naciones Unidas sobre Personas con Discapacidad (2006) prioriza la defensa de derechos, y en el máster se actualizan los contenidos relacionados con la convención, de modo que el enfoque psicosocial se combina con un enfoque centrado en los derechos de las personas. Más info AQUÍ.

VI CONGRESO INTERNACIONAL EN DERECHOS HUMANOS DIVERSITAS "JUSTICIA CLIMÁTICA Y DERECHOS HUMANOS"

UNIVERSIDAD DE SALAMANCA

La VI edición del Congreso Internacional sobre Derechos Humanos tendrá como eje temático la “Justicia Climática y los Derechos Humanos”, celebrándose los días 12, 13 y 14 de julio de 2023 en la Universidad de Salamanca. Nuevamente, apostamos por un formato exclusivamente presencial que nos permita mantener la cercanía en el intercambio de reflexiones, ideas y conocimientos acerca del que consideramos uno de los mayores desafíos al que deberemos hacer frente en los próximos años: el tratamiento de la crisis climática desde la perspectiva de la justicia social. Todo ello desde una visión interdisciplinar que abrirá sus puertas al estudio de la Justicia Climática desde el prisma de la ciencia ambiental y climática, la estadística, la psicología, el derecho, la criminología, la sociología, el trabajo social, la ciencia política, la educación o la comunicación, entre otras muchas materias. Más info AQUÍ.

II SEMINARIO INTERNACIONAL "DILIGENCIA DEBIDA Y DERECHOS HUMANOS LABORALES: EXPERIENCIAS Y PROPUESTAS"

UNIVERSIDAD DE SALAMANCA

El II Seminario Internacional “Diligencia debida y derechos humanos laborales: experiencias y propuestas” se propone profundizar en el análisis de las implicaciones laborales del actual proceso de construcción de instrumentos dirigidos a promover el respeto de los derechos humanos y el medio ambiente en los procesos globales de producción liderados por las empresas multinacionales. Más info AQUÍ.

UNIDAD DE APOYO SOCIAL

UNIVERSIDAD DE SALAMANCA

En esta unidad se da orientación sobre recursos sociales e intervención en situaciones de emergencia y especial vulnerabilidad, así como asesoramiento a estudiantes extranjeros sobre estancia legal en España y otros temas de interés. Más info AQUÍ.
FONDO SOLIDARIUSAL UNIVERSIDAD DE SALAMANCA
La Universidad de Salamanca convoca su Ayuda Especial por Situación Sobrevenida del Fondo SolidariUSAL para contribuir a paliar las dificultades económicas sobrevenidas en situaciones de urgencia o grave necesidad, que transitoriamente puedan afectar a los estudiantes, favoreciendo la continuación o finalización de estudios conducentes a la obtención de un título oficial. Más info AQUÍ.
ATENCIÓN PSICOLÓGICA Y PSIQUIÁTRICA UNIVERSIDAD DE SALAMANCA
En estas unidades te ofrecemos un asesoramiento personalizado en relación con las preocupaciones y dificultades vinculadas a tu salud mental, emocional y sexual. Más info de la atención psicológica AQUÍ. Más info de la atención psiquiátrica AQUÍ.
PROGRAMA USALUDABLE UNIVERSIDAD DE SALAMANCA
Es el programa del Servicio de Asuntos Sociales de la Universidad de Salamanca dedicado a la promoción de la salud y la prevención de riesgos psicosociales en la comunidad universitaria, en relación con las drogas y otras adicciones, la sexualidad, la violencia en las relaciones interpersonales y la nutrición. Más info AQUÍ.
ATENCIÓN A LA DIVERSIDAD E INCLUSIÓN UNIVERSIDAD DE SALAMANCA
La Unidad de Atención a la Diversidad e Inclusión facilita el acceso y promoción en la enseñanza universitaria de las personas con discapacidad y necesidades educativas especiales. En este lugar podrás encontrar información sobre adaptaciones curriculares, productos de apoyo, intérprete de lengua de signos y demás prestaciones que la Unidad ofrece a toda la comunidad universitaria con discapacidad y necesidades educativas especiales. Más info AQUÍ.
UNIVERUSAL: LA UNIVERSIDAD INCLUSIVA UNIVERSIDAD DE SALAMANCA
Se trata de un programa de desarrollo científico, cultural y social para incluir en la universidad a personas con Discapacidad intelectual y/o personas con problemas de salud mental u otras discapacidades, como una fórmula dirigida al crecimiento personal acorde con la idea de aprendizaje para todos. Más info AQUÍ.

PROYECTO: EDUCANDO PARA LA PAZ, VIVE TU PRESENTE Y TRANSFORMA TU FUTURO

UNIVERSIDAD DE SALAMANCA

El proyecto contribuye a la formación y educación de una cultura de paz en los jóvenes universitarios de grado, mediante los objetivos de desarrollo sostenible, en especial el 4 en su inciso 7. Para esto hemos diseñado unos talleres creativos tiendo como base la metodología del aprendizaje cooperativo, usado como procedimiento de enseñanza para adquirir destrezas interpersonales y de trabajo en grupo. Más info AQUÍ.

PROYECTO: ODS, CONSTRUCCIÓN DE PAZ Y COMISIONES DE LA VERDAD

UNIVERSIDAD DE SALAMANCA

Este proyecto consiste en una serie de conferencias teórico-prácticas sobre los ODS y su estrecha relación con la construcción de la paz y con las Comisiones de la Verdad. Durante el evento, las y los ponentes abordarán los conceptos de sostenibilidad, reconciliación, memoria y otros. Más info AQUÍ.

PROYECTO: ODS, PAZ Y PERDÓN. PROYECTO EDUCATIVO

UNIVERSIDAD DE SALAMANCA

Este proyecto está orientado en la formación teórico-practica de los estudiantes de la Universidad de Salamanca en dos ejes. El primero, se abordan los principales conceptos sobre la sostenibilidad y los ODS. Y el segundo, sobre construcción de paz y el perdón. Con el proyecto buscan sensibilizar a los estudiantes de la importancia de estos temas para el desarrollo de una cultura de paz en nuestro entorno social. Más info AQUÍ.

Máster universitario en políticas sociales e intervención sociocomunitaria

Universidade da Coruña

La propuesta de creación del Máster en Políticas Sociales e Intervención Sociocomunitaria (MOPS) surge como alternativa al Máster Universitario en Migraciones Internacionales: Investigación, Políticas Migratorias y Mediación Intercultural (MOMI), que está en extinción después de siete cursos académicos de andadura.

La conformación del nuevo Título, más orientado cara políticas sociales, la exclusión social y la intervención social y comunitaria nace de la necesidad de las emergentes demandas de calificación profesional, pero también de actualización de conocimientos por parte del ámbito académico-científico, que permitan la actuación ante las problemáticas sociales emergentes en la actualidad.

https://estudos.udc.es/es/study/start/4525V01

Protocolo de Prevención y Actuación ante la Discriminación por Diversidad

Universidad Complutense

Con ese horizonte surge el Protocolo de Prevención y Actuación ante la Discriminación por Diversidad, en adelante e indistintamente el "Protocolo", para dar respuesta a comportamientos, actitudes, situaciones o hechos de discriminación, ya sea por razón de nacimiento, origen racial1 o étnico, accesibilidad, discapacidad, dificultades de aprendizaje, salud mental o física, situación socioeconómica, orientación sexual, identidad y/o expresión de género, características sexuales, idioma o forma de comunicación, creencias religiosas, convicciones u opiniones, edad o cualquier otra condición o circunstancia personal o social, en adelante, la "Discriminación por Diversidad". El Protocolo comprende un enfoque interseccional cuando concurren las motivaciones antes mencionadas, es decir, para la actuación en aquellos casos de discriminación que se producen por dos o más factores combinados, creando situaciones específicas.

https://www.ucm.es/diversidad/file/protocolo-ante-la-discriminacion-por-diversidad?ver

Reglamento sobre el ejercicio del derecho a la identidad de género (Aprobado en 2017-Modificado en 2021)

Universidade da Coruña

Entre las medidas que la UDC puede adoptar para garantizar el derecho a la intimidad y el respeto a la identidad de género de las personas que integran la comunidad universitaria se encuentra la garantía del derecho de todas las personas de acceder a los servicios y a la Administración universitaria de acuerdo con su identidad de género manifestada, el derecho a obtener las acreditaciones acordes con la identidad de género manifestada cuando éstas sean precisas para acceder a los servicios universitarios, al uso libre del nombre elegido distinto del registral para todas las actuaciones de la UDC, a la garantía de la confidencialidad de todos los datos relativos a la identidad de género y a que, igualmente, el ejercicio de esos derechos no esté condicionado a diagnóstico,
examen, intervención o tratamiento médico ninguno.

https://www.udc.es/export/sites/udc/normativa/_galeria_down/xeral/identidadgenero_ES.pdf_2063069294.pdf

Protocolo de actuación ante situaciones de acoso sexual, por razón de sexo, por orientación sexual e identidad o expresión de género (Aprobado en 2019)

Universidade da Coruña

A Universidade da Coruña (UDC) no ano 2013 e no marco do seu I Plan de igualdade de oportunidades entre mulleres e homes xa elaborou un Protocolo para a prevención e protección fronte ao acoso sexual e acoso por razón de sexo na UDC. Durante estes últimos anos, este protocolo aprobado no Consello de Goberno do 26 de novembro de 2013 foi de aplicación no ámbito *da UDC activándose en diferentes ocasións. Non obstante, e co obxecto de implantar unha política específica sobre violencia de xénero que trate as diferentes manifestacións de acoso no ámbito da UDC, procedeuse á revisión do protocolo a fin de adecualo a unha realidade social na que lamentablemente, con maior frecuencia, se reproducen situacións de discriminación ou intimidación a persoas por razón de identidade ou orientación sexual. Nomear o acoso por orientación sexual e por identidade sexual é nomear unha realidade que ao longo da historia non só foi silenciada senón tamén tolerada. Son moitos os comportamentos que se manifestan e se traducen en sexismo, homofobia, lesbofobia, bifobia, interfobia ou transfobia. A sociedade debe sancionar moralmente estas situacións e as institucións deben, no exercicio das súas responsabilidades, poñer os medios necesarios para previlas, detectalas e intervir sobre elas.*

https://www.udc.es/export/sites/udc/oficinaigualdade/_galeria_down/documentos/Protocolo-de-actuacion-ante-situacions-de-acoso-sexual-por-razon-de-sexoorientacion-sexual-e-identidade.pdf_2063069294.pdf

Máster universitario en discapacidad y dependencia
Universidade da Coruña

El Máster Universitario en Discapacidad y Dependencia es un título de la Facultad de Fisioterapia. Su carga lectiva equivale a 60 ETCS (anual). Pertenece a la rama de conocimiento de Ciencias de la Salud, tiene una orientación investigadora que aglutina diferentes disciplinas, y que se plasman en forma de dos especialidades: -Intervención psicológica en la discapacidad y en la dependencia: su estrutura curricular se caracteriza por un enfoque integral, abordando desde la atención temprana y la intervención en los trastornos del desarrollo, hasta el deterioro cognitivo y las problemáticas familiares y de cuidado derivadas de las situaciones de discapacidad y dependencia, así como en las estrategias para su adecuada prevención. -Rehabilitación funcional en la discapacidad y en la dependencia: esta especialidad se estructura de manera que se aporta al alumnado formación de carácter avanzado en la rehabilitación funcional de procesos que conllevan discapacidad y dependencia, como disfunciones cardio-respiratorias, neurológicas o que implican la presencia de dolor crónico. Adicionalmente, se capacita al estudiante en la gestión y evaluación de recursos socio-sanitarios en este ámbito, dotándolo además de conocimientos sobre las tecnologías de apoyo a las personas con discapacidad.

https://estudos.udc.es/es/study/start/4516v01

Simposio "Los nuevos derechos humanos: Teoría Jurídica y Praxis Política" - 13/14 de octubre de 2022
Universidade da Coruña

Los nuevos derechos humanos

TEORÍA JURÍDICA Y PRAXIS POLÍTICA

Facultad de Derecho
(Universidade da Coruña)
12/13 de octubre de 2022

Jueves 13 de octubre de 2022

Viernes 14 de octubre de 2022

Proyecto financiado por el Ministerio de Ciencia, Innovación y Universidades (PID2019-111115GB-I00)

XUNTA DE GALICIA
CONSELLERÍA DE CULTURA, EDUCACIÓN E UNIVERSIDADE

Organiza:
Grupo de Investigación Filosofía, Constitución y Racionalidad

UNIVERSIDADE DA CORUÑA

https://www.udc.es/es/novas/Simposio-Los-nuevos-derechos-humanos-Teoria-Juridica-y-Praxis-Politica-13-14-de-octubre-de-2022/

Máster Universitario en Investigación en Educación, Diversidad Cultural y Desarrollo Comunitario
Universidad de Santiago de Compostela

El máster facilita una formación de carácter especializado y multidisciplinar en las Ciencias de la Educación, poniendo énfasis en la diversidad cultural y en los procesos de desarrollo en clave educativa. Promueve, también, la iniciación del alumnado en tareas investigadoras.

https://www.usc.gal/es/estudios/masteres/ciencias-sociales-juridicas/master-universitario-investigacion-educacion-diversidad-cultural-desarrollo-comunitario

Máster Universitario en Intervención Multidisciplinar en la Diversidad en Contextos Educativos
Universidad de Vigo

Vivir con la diversidad, y sobre todo aprender de y con ella, es un requisito necesario para el desarrollo armónico de las sociedades actuales. Este Máster surge de la constatación de que esta diversidad está presente en los ámbitos educativos.

Ni las instituciones, ni los profesionales que en ellas trabajan, pueden ignorar tal situación y las necesidades específicas que de ella se derivan, debiendo atender las nuevas exigencias que demanda una realidad muy compleja que exige al mismo tiempo igualdad de oportunidades, compensación de desigualdades y derechos y diferencia.

https://www.uvigo.gal/estudar/que-estudar/mestrados/master-universitario-intervencion-multidisciplinar-diversidade-contextos-educativos-o05m138v01

Máster Universitario en Género y Diversidad
Universidad de Oviedo

El Máster Universitario en Género y Diversidad responde a la demanda de conocimiento y formación en cuestiones de género, procedente tanto de la investigación académica como de la administración pública, instituciones, ONG y, de modo creciente, de la empresa privada. Dicha demanda refleja la importancia otorgada al campo en la legislación nacional y europea, en el empleo, la educación, las relaciones sociales, la cultura o la economía.

El programa ofrece formación avanzada y sistemática en los conceptos, teorías y metodologías de análisis de género relevantes a diversas disciplinas académicas y acceso al conocimiento resultante de la investigación feminista; en su itinerario profesional, se centra en la aplicación del análisis de género y el conocimiento adquirido al ámbito laboral, con especial atención a las políticas de igualdad y las directivas europeas. En ambos itinerarios se integra el análisis de la transformación social y cultural marcada por las migraciones y la diversidad global.

https://iugendiv.uniovi.es/postgrados/mastergd

Máster Universitario en Protección Jurídica de las Personas y los Grupos Vulnerables
Universidad de Oviedo

https://www.uniovi.es/estudia/masteres/socialesyjuridicas/proteccionjuridica

Máster Universitario en Intervención e Investigación Socioeducativa
Universidad de Oviedo

https://www.uniovi.es/estudia/masteres/socialesyjuridicas/intervencionsocioeducativa

II Jornada de Universidad Inclusiva: “Imaginar la equidad, caminar hacia la inclusión” (21/06/2023)
Universidad de Cantabria

La II Jornada "Imaginar la equidad, caminar hacia la inclusión" viene a consolidar el objetivo de la Universidad de Cantabria por desarrollar prácticas, políticas y culturas inclusivas en las aulas.

https://web.unican.es/unidades/soucan/estudiantes/universidad-y-discapacidad

Máster en Discapacidad, Autonomía Personal y Dependencia
Universidad Internacional Menéndez Pelayo

Un posgrado de referencia en el sector de la discapacidad y dependencia que aborda todas las materias necesarias y clave para un profesional, impartido a través de contenidos eminentemente prácticos y multidisciplinares. El Máster sobre Discapacidad, Autonomía Personal y Atención a la Dependencia es un Título Propio propuesto desde la Fundación Derecho y Discapacidad junto a la Universidad Internacional Menéndez Pelayo (UIMP) orientado a ofrecer una formación integral sobre las materias relacionadas con la discapacidad, la autonomía personal y la dependencia.

http://www.fderechoydiscapacidad.es/info-master/

CURSO EN DISCAPACIDAD INTELECTUAL EN NIÑOS Y DESARROLLO MOTRIZ NUEVAS ACTIVIDADES DE PSICOMOTRICIDAD
UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

Primer Curso de Fútbol terapéutico: Junto a la Fundación Atlético de Madrid y a la Fundación Querer ponen en marcha este curso dirigido a profesionales que trabajan con niños y niñas con Discapacidad Intelectual y dificultades en su Desarrollo Motriz utilizando el fútbol como herramienta terapéutica. Info AQUÍ

MÁSTER UNIVERSITARIO EN DERECHOS HUMANOS
UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

Máster con enfoque práctico de los sistemas de protección de Derechos Humanos. El Máster en Derechos Humanos online de UNIR especializa en un área de creciente demanda laboral motivada por la transformación social de los últimos tiempos. Desarrolla tu carrera en este ámbito, proponiendo soluciones ante problemas relacionados con la defensa de estos derechos, con una formación basada en el conocimiento y práctica de los sistemas de protección de los derechos humanos. Info AQUÍ

CICLO “DERECHOS HUMANOS Y CONVIVENCIA CÍVICA
UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

Ciclo de seminarios que tiene como objetivo reflexionar y poner en marcha iniciativas prácticas para superar la confrontación, asegurar la convivencia y desarrollar virtudes públicas. El problema mayor de nuestras sociedades es cómo garantizar la convivencia cívica. Superar la confrontación y volver a encontrar lugares de encuentro e intereses comunes son un requisito para que la democracia y las instituciones no sigan deteriorándose y se continúe fragmentando el espacio público. Info AQUÍ

MÁSTER UNIVERSITARIO EN EDUCACIÓN INCLUSIVA E INTERCULTURAL
UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

Este máster proporciona conocimientos y estrategias que necesitas para diseñar y poner en marcha acciones formativas de carácter inclusiva e intercultural, así como procesos de mediación. Estarás capacitado para promover el avance y diseño de planes de atención a la diversidad e inclusión, tanto en ámbitos educativos formales, como en programas de educación no formal (consultoras, fundaciones, ONGs...). Info AQUÍ

CURSO DE SALUD MENTAL
UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

Descubre las causas por las que se producen trastornos mentales en niños, jóvenes, adultos y mayores. Aprende las técnicas terapéuticas más adecuadas para mejorar su calidad de vida. Info AQUÍ

UR INTEGRA
UR (UNIVERSIDAD DE LA RIOJA)

Programa de apoyo e integración del estudiantado con discapacidad que tiene como objetivo facilitar las adaptaciones curriculares que precisen. Estas adaptaciones se realizarán en función de las necesidades específicas de cada estudiante, siempre que éstas no afecten al contenido básico de los conocimientos mínimos exigidos, ni causen modificaciones de los contenidos académicos, ni afecten a la exigencia de dominio de competencias y habilidades, ni discriminación para ningún otro estudiante. Info AQUI

LÍNEA EN INVESTIGACIÓN EN SALUD MENTAL
UR (UNIVERSIDAD DE LA RIOJA)

Las líneas de investigación en salud mental son:

- **Análisis epidemiológico de aspectos psicológicos (bullying, suicidio, drogas, etc.).**
- **Análisis psicométrico de variables educativas y psicológicas.**
- **Construcción y validación de instrumentos de medida.**
- **Diseño de programas de intervención en salud mental y bienestar emocional tanto en la población general como en grupos de riesgo.**
- **Estudio del bienestar emocional y la salud mental en la población general.**
- **Formación en educación emocional.**
- **Incorporación de avances de medición al campo de la psicología.**
- **Prevención de problemas psicológicos.**
- **Promoción de la salud mental en la población**

Info AQUI

PROGRAMA FORMATIVO PARA LA INTEGRACIÓN DE REFUGIADOS DESDE EL ENFOQUE DE DERECHOS HUMANOS: APRENDER PARA SABER ACTUAR
UR (UNIVERSIDAD DE LA RIOJA)

El Programa brinda la oportunidad de adquirir una capacitación específica para la acogida y acompañamiento de refugiados en un campo de trabajo. Info AQUI

CÁTEDRA UNESCO «CIUDADANÍA DEMOCRÁTICA Y LIBERTAD CULTURAL»
UR (UNIVERSIDAD DE LA RIOJA)

La Cátedra Unesco y el Gobierno de La Rioja editan conjuntamente una guía sobre sostenibilidad empresarial para compartir conocimientos y herramientas a las empresas riojanas.

CLASE DE ESPAÑOL PARA REFUGIADOS UCRANIANOS
UNAV (UNIVERSIDAD DE NAVARRA)

Un profesor y varios estudiantes de la Universidad, a través de Tantaka, han puesto en marcha un voluntariado para enseñar español a refugiados que han llegado a Pamplona. Info AQUI

MATERIALES DE INMIGRACIÓN
UNAV (UNIVERSIDAD DE NAVARRA)

Material dedicado a ayudar en el proceso de inmigración como solicitar la TIE, solicitar el padrón, que son las oficias de extranjería, etc. Info AQUI

MÁSTER EN DERECHOS HUMANOS
UNAV (UNIVERSIDAD DE NAVARRA)

Profundiza en la fundamentación, dogmática e historia de los derechos, su influencia en los distintos sectores del Derecho y su cada vez mayor presencia en el ámbito internacional. Info AQUI

PROGRAMA DE PROTECCIÓN INTERNACIONAL DE DERECHOS HUMANOS
UNAV (UNIVERSIDAD DE NAVARRA)

El Programa de Protección Internacional de Derechos Humanos (PIDH) está destinado a quienes se desempeñan en el sector público o en el sector privado y desean profundizar en uno de los aspectos más importantes de toda teoría general de los derechos humanos: el de su protección en sede internacional.

Con ese fin la Universidad de Navarra ha elaborado este programa, cuyo pénsum comprende el estudio de la protección en el sistema universal de Naciones Unidas, en el sistema europeo y en el sistema interamericano. Las clases serán impartidas por profesores que cuentan con una trayectoria académica y profesional sólida y consolidada en el ámbito de los derechos humanos. Info AQUI

PROYECTO DE IGUALDAD, DIVERSIDAD E INCLUSIÓN
ESIC BUSINESS & MARKETING SCHOOL

Proyecto Diversidad DUE (Diversidad Universidad Empresa), que articula una estructura organizativa, procedimientos, políticas y recursos adecuados para desarrollar cada año planes de acción que se integren en la Política de Calidad de la Escuela. El Proyecto, de alcance nacional, está dirigido por la Secretaria General de ESIC de quien depende su seguimiento, revisión y propuestas de mejora. Info AQUI

MÁSTER UNIVERSITARIO EN INCLUSIÓN-EXCLUSIÓN SOCIAL Y EDUCATIVA: POLÍTICAS, PROGRAMAS Y PRÁCTICAS
UNIVERSIDAD DE MURCIA (UM)

Aaborda las desigualdades sociales y educativas en tiempos de globalización desde una perspectiva de inclusión-exclusión, tomando en consideración valores y principios propios de una visión democrática, justa y equitativa de la educación en contextos formales y no formales. Info AQUI

PROGRAMA DE INTERVENCIÓN DIRIGIDO A PERSONAS CON ENFERMEDAD MENTAL *UNIVERSIDAD DE MURCIA (UM)*

se ofrece la posibilidad de que estudiantes universitarios participen en actividades que aunque puedan estar o no relacionadas con sus estudios universitarios, en cualquier caso les va a suponer una experiencia sumamente enriquecedora, tanto a nivel personal como de cara a un futuro profesional. Cada joven contribuirá con sus tareas de voluntariado aportando su formación y capacidad, sus habilidades y destrezas, su creatividad, sus actitudes, su implicación y motivación, etc.

El voluntario tiene la posibilidad de desarrollar actitudes y capacidades como:Asumir un compromiso de forma reflexiva y responsable, que se toma por iniciativa propia, libremente./Dedicación de parte del tiempo libre disponible, realizada en una entidad sin ánimo de lucro, dentro de programas y proyectos claramente definidos./Se forma y capacita para desarrollar adecuadamente su acción, actuación sobre situaciones reales, cuestiones prácticas, una acción complementaria y de apoyo respecto al trabajo desarrollado por profesionales, con los que interactúa en la acción. Info AQUI

PLAN REFUGIUM
UNIVERSIDAD DE MURCIA (UM)

El Plan Refugium ha sido elaborado por la Universidad de Murcia ante el contexto de crisis de refugiados registrada en los últimos años en Europa.En ese marco, la Universidad de Murcia creó un grupo de trabajo que comenzó a desarrollar una serie de acciones e inició la elaboración de un plan de actuaciones orientado tanto a promover la reflexión y el debate sobre la crisis de refugiados como a desarrollar iniciativas que contribuyan a los procesos de integración de las personas refugiadas en nuestra Comunidad Autónoma. Info AQUÍ

CAMPAÑA DE SENSIBILIZACIÓN DE LA POBREZA FIN DE LA POBREZA
UNIVERSIDAD DE MURCIA (UM)

La problemática de la pobreza en el mundo va más allá de la falta de ingresos. La pobreza se manifiesta en numerosas formas, afectando transversalmente a muchos otros ODS: el hambre, la malnutrición, la falta de una vivienda digna y el acceso limitado a otros servicios básicos como la educación o la salud. Por desgracia, también suele conllevar la discriminación y la exclusión social para quienes la sufren, lo que dificulta aún más que consigan salir de dicha situación. Info AQUI

CÁTEDRA DE DERECHOS HUMANOS
UNIVERSIDAD DE MURCIA (UM)

En septiembre de 2020 se crea la Cátedra de Derechos Humanos y Derechos de la Naturaleza de la Universidad de Murcia, como un espacio dedicado íntegramente a la investigación, formación, divulgación y concienciación en el campo de los derechos humanos, los derechos de la Naturaleza y las múltiples interacciones entre unos y otros. Info AQUI

CÁTEDRA SOBRE IGUALDAD Y GÉNERO
UNIVERSIDAD DE ZARAGOZA (UNIZAR)

La Cátedra sobre Igualdad y Género recoge el programa para la ejecución de actividades docentes, investigadoras y de divulgación que tienen como objetivo promover la educación como uno de los principales instrumentos para el logro de la igualdad entre las personas y la potenciación del papel de las mujeres en la sociedad.
Información AQUÍ

CÁTEDRA DE COOPERACIÓN PARA EL DESARROLLO
UNIVERSIDAD DE ZARAGOZA (UNIZAR)

Ofrecer actividades en materia de formación, investigación y difusión, destinadas a procurar una reflexión sobre los pueblos de lo que llamamos el Sur, sus principales problemas, producto del desequilibrado reparto de riquezas a nivel mundial y la colonización cultural que padecen, así como las formas de abordarlos y las posibles soluciones.
Información AQUÍ

CURSO DE PREVENCIÓN DE DISCURSOS DE ODIO, RACISMO Y XENOFOBIA
UNIVERSIDAD DE MURCIA (UM)

Ofrece herramientas profesionales para combatir los delitos de odio y luchar contra el racismo, la xenofobia y otras formas de intolerancia. Info AQUI

CLASE DE ESPAÑOL A REFUGIADOS UCRANIANOS
UNIVERSIDAD CATÓLICA DE SAN ANTONIO (UCAM)

Clase de español a refugiados Ucranianos. Info AQUI

Universidad Carlos III de Madrid:
Máster universitario en Estudios avanzados en Derechos humanos

https://www.uc3m.es/master/derechos-humanos

Asignaturas:
Concepto y fundamento
Teoría jurídica
Historia
Técnicas de investigación
Metodología de las Ciencias sociales
Metodología jurídica
Análisis económico del Derecho
Sistemas Internacionales de Protección de los derechos humanos
Sistemas constitucionales y protección de los derechos humanos
Protección jurisdiccional de los derechos humanos
Filosofía política
Teoría del Derecho
Sociología jurídica
Derechos humanos y grupos vulnerables
Pluralismo y libertad de conciencia
Seminario: cuestiones actuales de los derechos humanos
Trabajo de investigación

Universidad Carlos III de Madrid:
Doctorado en Estudios avanzados en Derechos humanos

https://www.uc3m.es/doctorado/estudios-avanzados-derechos-humanos

Objetivos del programa:

- Formar nuevos investigadores y preparar equipos de investigación
- Impulsar la formación del futuro profesorado
- Perfeccionar el desarrollo profesional, científico, técnico y artístico de los titulados superiores
- Permitir la especialización del estudiante en su formación investigadora dentro de un ámbito científico, técnico, humanístico o artístico
- Proporcionar instrumentos para el análisis teórico de los derechos humanos desde una perspectiva interdisciplinar, esto es, criterios básicos con los que afrontar cuestiones prácticas referidas a los derechos en diferentes ámbitos

Universidad Carlos III de Madrid:
Online Master Fundamental Rights. Human Rights in the 21st Century

https://www.uc3m.es/ss/Satellite/INST-PecesBarba/en/TextoMixta/1371330599385/?d=Touch

The Online Master's Degree in Fundamental Rights proposes a specialized and interdisciplinary program of a set of subjects and academic resources that is backed by the experience of the "Bartolomé de las Casas" Human Rights Institute of the Carlos III University of Madrid. His orientation towards the study and defense of human rights complements his theoretical training with a concern for the practical application of said knowledge.

Universidad Carlos III de Madrid:
Cátedra sobre Sostenibilidad, Inclusión social, Diversidad y Derechos Humanos

https://www.uc3m.es/ss/Satellite/UC3MInstitucional/es/Detalle/Organismo_C/1371325590032/1371329868231/?d=Touch

El objeto es desarrollar actividades de análisis, investigación, generación e intercambio de conocimiento, divulgación y docencia en el ámbito de la sostenibilidad, la inclusión, la diversidad y los derechos humanos, con el fin de generar recomendaciones para la mejora de las políticas públicas, programas o iniciativas no gubernamentales o empresariales, desde el enfoque de la inclusión, el desarrollo sostenible, la diversidad y los derechos humanos, en contribución a la consecución de los Objetivos de Desarrollo Sostenible de la Agenda 2030 y las prioridades establecidas en la Estrategia de Desarrollo Sostenible 2030. Todo ello dentro de un marco de colaboración estable entre la Secretaría de Estado y la UC3M a través del Instituto Universitario de Investigación Francisco de Vitoria

Universidad Carlos III de Madrid:
Jornada Salud Mental y Jóvenes

https://www.uc3m.es/ss/Satellite/ApoyoEstudiante/es/TextoDosColumnas/1371340791810/Jornada_Salud_mental_y_jovenes

Objetivos:

- Sensibilizar sobre la discriminación y el estigma social hacia las personas con enfermedad mental.
- Difundir conocimientos y experiencias relevantes sobre la inclusión social de las personas con enfermedad mental.

Universidad Carlos III de Madrid:
taller de pluralismo cultural y minorías

https://www.uc3m.es/ss/Satellite/INST-PecesBarba/es/TextoDosColumnas/1371333364879/Taller_de_Pluralismo_cultural_y_minorias

Objetivos del taller:

- Crear un marco analítico adecuado para aproximarse a la situación de las minorías y los pueblos indígenas desde los derechos humanos
- Sensibilizar sobre las cuestiones de igualdad y no discriminación
- Fomentar la cultura de la paz y la solución negociada de los conflictos
- Analizar los prejuicios y estereotipos comunes a las situaciones de pluralismo cultural y buscar su enfoque en positivo
- Construir a través del diálogo una mentalidad crítica, abierta y pluralista de afrontar los problemas
- Valorar los mecanismos de empatía, de ponerse en el lugar del otro, como origen de las éticas universalistas.
- Mantener un compromiso fuerte contra toda forma de alterofobia ya sea misoginia, xenofobia, homofobia, racismo, etc.
- Defender un discurso de las identidades compatible con los derechos humanos.

Universidad Carlos III de Madrid:
Máster de Acción Solidaria Internacional y de Inclusión Social

https://www.cear.es/abierto-el-plazo-de-inscripciones-para-el-master-de-accion-solidaria-internacional-y-de-inclusion-social/

Oferta de herramientas formativas y técnicas para intervenir de manera integral en los siguientes sectores:

- Las migraciones, el asilo y la atención a las personas refugiadas.
- La cooperación internacional para el desarrollo.
- Contextos de crisis, catástrofes, desastres y conflictos desde la acción humanitaria.
- La inclusión social y la protección de personas y grupos vulnerables en riesgo o en situación de exclusión.

Universidad Carlos III de Madrid:
Aulas refugio, aulas transformadoras: refugio, inclusión y prevención de la xenofobia en la práctica docente

https://www.uc3m.es/pdi/formacion-pdi/cursos/aulas-refugio

Objetivos:

- Adquirir los conceptos clave en materia de asilo, derechos de las personas refugiadas, y su situación en la educación superior universitaria.
- Introducir en la docencia competencias de Ciudadanía Global basadas en los conceptos de corresponsabilidad, inclusión, justicia social e interculturalidad, en línea con los retos de la Agenda 2030.
- Presentar herramientas, estrategias e iniciativas prácticas de prevención de la xenofobia y la discriminación en el aula y lucha contra los “microrracismos”.
- Generar un espacio multidisciplinar de intercambio de estrategias docentes y recursos para la docencia desde una perspectiva participativa y transformadora.

Universidad Rey Juan Carlos:
Radio URJC “Hablamos de Derechos Humanos”

https://online.urjc.es/es/proteccion-de-datos/72-radio-urjc/programas/440-hablamos-de-derechos-humanos

Desde una perspectiva de análisis comprometido, la Dra. Elena Peribáñez dirige este programa reconocido por diferentes instituciones, de corte riguroso y valiente, que cada semana aporta temas sensibles de interés social a nivel internacional. Puedes escucharlo todos los lunes de 10:30 a 11:00 h.

Universidad Rey Juan Carlos:
Máster universitario en educación inclusiva y diseño universal para el aprendizaje

https://www.urjc.es/estudiar-en-la-urjc/vida-universitaria/5055-master-universitario-en-educacion-inclusiva-y-diseno-universal-para-el-aprendizaje

Las materias, de lo más general a lo más específico, tanto en los conceptos de inclusión como en los de Diseño Universal para el Aprendizaje (DUA) se han planificado de manera que se aborden los principios generales que permiten articular culturas y políticas inclusivas, socialmente responsables, en las que las que la diversidad y diseño para todos sea un parámetro transversal, comprendiendo la misma como un derecho fundamental en la sociedad ya que garantiza la participación en la educación y en contextos diversos.Se estudian todas las áreas que contempla la orientación inclusiva, analizando en cada materia los parámetros que deben cuidarse para garantizar la igualdad de oportunidades, así como los obstáculos y barreras existentes en la actualidad.

Universidad Rey Juan Carlos:
SensibilizaTIC “Tecnologías innovadoras para la inclusión social”

https://www.urjc.es/todas-las-noticias-de-actualidad-cientifica/5855-tecnologias-innovadoras-para-la-inclusion-social

Las jornadas SensibilizaTIC nacen con la motivación de dar a conocer experiencias innovadoras que se están realizando en el ámbito de la tecnología y la inclusión. Durante las distintas sesiones, se mostrarán a los asistentes las iniciativas tecnológicas más novedosas destinadas a diversos colectivos con necesidades especiales. Se abordarán temas como los sistemas alternativos y aumentativos de la comunicación, cómo desarrollar páginas web o aplicaciones accesibles, la personalización de aplicaciones, videojuegos accesibles o experiencias de realidad virtual, entre otros.

Universidad Rey Juan Carlos:
Jornadas de Salud Mental: la voz de la experiencia

https://www.urjc.es/actualidad-fcs/noticias-fcs/4958-jornadas-de-salud-mental

Las jornadas de Salud Mental son una tradición en la Facultad de Ciencias de la Salud. Su misión es luchar contra el estigma y la exclusión social de las personas que han vivido experiencias negativas relacionadas con la salud mental.

Universidad Rey Juan Carlos:
Curso de especialista en Terapia Ocupacional en Salud Mental

https://coptocam.org/curso-de-especialista-en-terapia-ocupacional-en-salud-mental-ofrecido-por-la-universidad-rey-juan-carlos/

El objetivo del curso es que el terapeuta ocupacional profundice en aquellos conocimientos y destrezas personales y profesionales que posibiliten el acompañamiento de las personas que presentan problemas de salud mental en la construcción de sus proyectos de vida.

Universidad Superior de Gestión comercial y marketinG (ESIC):
Proyecto 5 culturas

https://www.esic.edu/cincoculturas/

A través de este proyecto se apuesta por la Diversidad, la Excelencia, el Servicio a Stakeholders, la Corresponsabilidad y la Novedad

Universidad Superior de Gestión comercial y marketing (ESIC):
Programa diversidad

https://www.esic.edu/institucion/sostenibilidad/programa-diversidad

Objetivos:

- Prestar atención a quienes precisan del apoyo necesario para desarrollar sus competencias y acceder a la formación, al mercado laboral y a la sociedad en igualdad de condiciones.
- Promover la normalización y el enriquecimiento de la diversidad dentro y fuera del aula, desarrollando actuaciones que ayuden a concienciar y sensibilizar sobre las ventajas que representa para toda la sociedad

Máster Universitario en Protección Internacional de los Derechos Humanos

Universidad de Alcalá de Henares

El Área de Derecho Internacional Público y Relaciones Internacionales de la Universidad de Alcalá ofrece un completo programa de estudios de posgrado oficiales en Protección Internacional de los Derechos Humanos, compuesto por un Máster Oficial y un Doctorado. Los contenidos han sido concebidos para responder a las necesidades profesionales de los sectores de la abogacía, de la judicatura y de las instituciones responsables de la promoción y protección de los derechos humanos. Se celebra en estrecha colaboración con el Defensor del Pueblo de España, el Ministerio de Asuntos Exteriores y de Cooperación de España y bajo los auspicios simbólicos del Consejo de Europa.
https://www.uah.es/es/estudios/Proteccion-Internacional-de-los-Derechos-Humanos/

Máster de Formación Permanente en Derechos Humanos, Estado de Derecho y Democracia en Iberoamérica

Universidad de Alcalá de Henares

El Máster ofrece una formación teórico-práctica, por entender que una práctica sin teoría caminaría a ciegas, bajo el riesgo permanente de la contradicción y la debilidad argumentativa. Sin embargo, su objetivo principal es ayudar a resolver problemas y a preparar para el ejercicio profesional o mejorar el desempeño de éste.

https://www.uah.es/es/estudios/Derechos-Humanos-Estado-de-Derecho-y-Democracia-en-Iberoamerica/

Máster Propio en Derechos Humanos, Estado de Derecho y Democracia en Iberoamérica (Edición Chile)

Universidad de Alcalá de Henares

El Máster ofrece una formación teórico-práctica, por entender que una práctica sin teoría caminaría a ciegas, bajo el riesgo permanente de la contradicción y la debilidad argumentativa. Sin embargo, su objetivo principal es ayudar a resolver problemas y a preparar para el ejercicio profesional.

https://www.uah.es/es/estudios/Master-Propio-en-Derechos-Humanos-Estado-de-Derecho-y-Democracia-en-Iberoamerica-Edicion-Chile/

Diploma de Especialización en Atención Temprana (Virtual)

Universidad de Alcalá de Henares

Formar a especialistas que den respuesta a la demanda de atención temprana que presentan los niños y niñas con edades comprendidas entre 0 y 6 años con discapacidad o con riesgo de padecerla.

https://www.uah.es/es/estudios/Atencion-Temprana-Virtual/

Máster Universitario en Actividades Físicas y Deportivas para la Inclusión Social de Personas con Discapacidad

Universidad Autónoma de Madrid

Este Máster ofrece una formación que contribuye a la mejora de la eficiencia de las actuaciones profesionales, con respecto a la práctica físico-deportiva de las personas con discapacidad, en cualquiera de los tipos y ámbitos que pueda tener lugar tal actuación (educación especial, clubes deportivos, organización y gestión de recursos para el trabajo con personas con discapacidad…), y de grupos que, por sus especiales características requieren acciones que promuevan y favorezcan su inclusión social.

https://uam.es/CentroEstudiosPosgrado/MU_Actividades_Fisicas_y_Deportivas_para_Inclusion/1446787471160.htm?language=es_ES&nDept=5&pid=1446755975574&pidDept=1446823902965

Máster Universitario de Salud, Integración y Discapacidad de la Universidad Complutense

Universidad Complutense

Ofrece una formación general y especializada desde una perspectiva interdisciplinar. Su finalidad principal se centra en capacitar a los profesionales de Ciencias Sociales y Ciencias de la Salud para intervenir con las personas con discapacidad física, cognitiva, sensorial, intelectual, enfermedad mental, en los diferentes contextos en los que se desarrollan. Se ofrece una formación científica teórico-práctica de calidad, junto con el aprendizaje de las habilidades y actitudes necesarias para trabajar con este colectivo.

https://www.ucm.es/salud_integracion_discapacidad/

Máster Universitario Online en Atención a la Diversidad y Educación Inclusiva

Universidad Alfonso X El Sabio (UAX)

Fórmate con el Máster en Educación Especial y adquiere los recursos necesarios para entender las necesidades específicas de cada alumno y prevenir el riesgo de exclusión social.
https://www.uax.com/titulaciones/master-atencion-diversidad-y-educacion-inclusiva-online

Máster Universitario en Atención a la Diversidad y Necesidades Educativas Especiales
Universidad Antonio de Nebrija

(Intervención Educativa de la Discapacidad y los Trastornos del Aprendizaje

https://www.nebrija.com/programas-postgrado/master/atencion-diversidad-educativa/pdf-asignaturas/intervencion-educativa-discapacidad.pdf

Máster Universitario en Atención Temprana
Universidad Camilo José Cela (UCJC)

El Máster Universitario en Atención Temprana de la UCJC es una propuesta formativa de carácter integral con la que desarrollarás las competencias que se demandan actualmente, capacitándote para asumir acciones orientadas a la prevención e intervención con niños que se encuentran en situaciones de riesgo o que presentan alguna discapacidad.

https://www.ucjc.edu/estudio/master-universitario-en-atencion-temprana/

Máster Universitario en Necesidades Educativas Especiales y Educación Inclusiva

Universidad Camilo José Cela (UCJC)

Con este Máster Oficial Online en Necesidades Educativas Especiales y Educación Inclusiva de la Universidad Camilo José Cela podrás reconocer y describir los principios de la educación inclusiva y la atención a las necesidades educativas especiales y analizar las diferencias entre los distintos modelos de intervención.

https://www.ucjc.edu/estudio/master-universitario-en-necesidades-educativas-especiales-y-educacion-inclusiva/

MÁSTER UNIVERSITARIO EN DERECHOS HUMANOS

Universidad Europea de Madrid

(Online
Especialízate en la defensa de los Derechos Humanos estudiando cuáles son las necesidades actuales y futuras, los sistemas internacionales para su protección, justicia restaurativa y Derecho Internacional Humanitario.

https://universidadeuropea.com/master-derechos-humanos-online/

MÁSTER UNIVERSITARIO EN ATENCIÓN TEMPRANA EN EL CONTEXTO EDUCATIVO

Universidad Europea de Madrid

¿Quieres influir positivamente en el desarrollo intelectual de los/as más pequeños/as? Aprende cómo impulsar las capacidades de los/as niños/as con necesidades especiales.

Cada persona es única y especial. Esta particularidad hace imprescindible saber adaptar el aprendizaje de los/as niños/as en función de sus capacidades. El Máster en Atención Temprana te permitirá diagnosticar, analizar e intervenir de manera precoz, los posibles trastornos o alteraciones que puedan afectar a la evolución durante los primeros cinco años de vida. Una etapa apasionante y decisiva para el desarrollo del lenguaje y habilidades.

https://universidadeuropea.com/master-atencion-temprana-valencia-online/

MÁSTER UNIVERSITARIO EN EDUCACIÓN ESPECIAL
Online
Universidad Europea de Madrid

(Conoce el camino para responder de manera eficaz a las demandas que plantean los alumnos con diversidad funcional.

El Máster en Educación Especial te especializa en la atención interdisciplinaria de las necesidades específicas de apoyo educativo (ACNEAE) que presentan los niños durante el aprendizaje, con el fin de alcanzar su máximo desarrollo personal, intelectual, social y emocional.

https://universidadeuropea.com/master-educacion-especial-online/

Protocolo para la prevención y procedimiento de actuación en casos de acoso moral, sexual y/o por razón de sexo, discapacidad, orientación sexual, identidad de género, creencias o cualquier otro motivo (Aprobado en 2018 – Revisado en 2022)

Universidad de Oviedo

El presente Protocolo se construye sobre dos ejes diversos, aunque paralelos, de actuación, el relacionado directamente cualquiera de las causas de discriminación (acoso discriminatorio); y el que podría llamarse ordinario, que no trae causa directa y clara en el sexo y/o género, orientación sexual, discapacidad, etc. de la víctima (acoso moral o psicológico). Se produce el compromiso de la Universidad de Oviedo de poner en marcha un procedimiento de actuación en los casos de conflicto y cuando existan denuncias de acoso moral, sexual y/o por razón de sexo en el ámbito del empleo público y de las relaciones personales de todas y de todos los que conformamos la comunidad universitaria. Convirtiéndose este Protocolo en uno de los instrumentos clave en la defensa de la integridad emocional y física, en la materialización de un compromiso en la promoción del bienestar de sus empleados y empleadas, y del estudiantado, propiciando que el ambiente laboral, la prestación del servicio de educación superior y el desarrollo de la investigación, tengan lugar bajo criterios de igualdad, respeto y trato digno. Estamos, por tanto, ante un claro ejemplo del deseo de esta Institución universitaria de integrar la prevención, la seguridad, la salud laboral y la igualdad de oportunidades de mujeres y hombres, así como de facilitar, y poner los medios *necesarios, para que se cumpla el derecho a no sufrir ningún tipo de discriminación en el ámbito de la Universidad.*

https://igualdad.uniovi.es/protocoloacoso

3. UNIVERSIDADES CON CENTROS DE RECURSOS EN DERECHOS HUMANOS

OBSERVATORIO DE DERECHOS HUMANOS UNIVERSIDAD DE VALLADOLID
El Observatorio de Derechos Humanos de la Universidad de Valladolid tiene por objeto el estudio e investigación, divulgación, enseñanza y promoción de los derechos humanos, conforme se encuentran plasmados en la Declaración Universal de Derechos Humanos y en los instrumentos internacionales emanados de ella. Más info AQUÍ.
INSTITUTO DE ESTUDIOS EUROPEOS Y DERECHOS HUMANOS UNIVERSIDAD PONTIFICA DE SALAMANCA
El Instituto de Estudios Europeos y Derechos Humanos es un centro de investigación, docencia, promoción y difusión de los estudios europeos y los derechos humanos. El Instituto fue fundado en 1981 adscrito al Rectorado de la Universidad Pontificia de Salamanca. Más info AQUÍ.
CENTRO DE INVESTIGACIÓN EN DERECHSO HUMAOS Y POLÍTICAS PÚBLICAS UNIVERSIDAD DE SALAMANCA
El Centro de Investigación en Derechos Humanos y Políticas Públicas (CIDH-Diversitas) de la Universidad de Salamanca tiene como principal objetivo la defensa de los derechos humanos desde una perspectiva multi e interdisciplinar. También nos dedicamos al estudio de las nuevas sensibilidades sociales con la finalidad de proponer las políticas públicas adecuadas para la inclusión de cualquier persona o colectivo en condición de vulnerabilidad, tales como mujeres, personas LGTBIQ+, adultos mayores, minorías étnicas, población reclusa o migrante, comunidades indígenas o personas con discapacidad, entre otros y otras. Más info AQUÍ.

GRUPO DE INVESTIGACIÓN: DERECHO DE FAMILIA Y DERECHOS HUMANOS
UNIVERSIDAD DE VALLADOLID

Una de sus líneas de investigación principales son los Derechos Humanos. Más info AQUÍ.

GRUPO DE INVESTIGACIÓN: MEMORIA HISTÓRICA, DERECHOS HUMANOS Y TRANSICIONES POLÍTICAS
UNIVERSIDAD DE VALLADOLID

La formación de este grupo tiene por finalidad analizar tres ámbitos que giran en torno a la convivencia democrática. Para ello, se profundizará en las disciplinas de la Memoria Histórica, clave para consolidar las libertades y la concienciación ciudadana; los Derechos Humanos como logro universal; y las Transiciones Políticas que son, a fin de cuentas, los procesos en los que se conforma la naciente democracia. No se investigarán estas tres disciplinas por separado, sino que resulta necesario realizar estudios en profundidad y de forma holística, donde se integren estos tres ejes. Más info AQUÍ.

GRUPO DE INVESTIGACIÓN: INNOVACIÓN, PROCESOS CURRICULARES E INLCUSIÓN EDUCATIVA
UNIVERSIDAD PONTIFICA DE SALAMANCA

Este grupo es un equipo interdisciplinar que desarrolla estudios en los ámbitos relacionados con la innovación, los procesos curriculares, la didáctica de la educación física y la inclusión educativa. Algunas de sus líneas de investigación son: Necesidades educativas y dificultades de aprendizaje, Diseño universal del aprendizaje y diversidad funcional, Mujer, deporte y actividad física, Personas con discapacidad y trastornos, Hábitos saludables y prevención de enfermedades, etc. Más info AQUÍ.

ASOCIACIÓN UNIVERSITARIA DERECHOS HUMANOS Y MEMORIA PÚBLICA
UNIVERSIDAD DE BURGOS

Los objetivos principales de la asociación son las acciones conducentes a la promoción de los Derechos Humanos y la memoria pública de las víctimas de conflictos bélicos y, en especial, de regímenes totalitarios. Objeto de atención preferente serán las víctimas de la guerra civil española y de la dictadura franquista en todo lo relativo a políticas de memoria, Derechos Humanos, reparación y justicia. Más info AQUÍ.

GRUPO DE INVESTIGACIÓN: POLÍTICAS PÚBLICAS EN DEFENSA DE LA INCLUSIÓN, LA DIVERSIDAD Y EL GÉNERO
UNIVERSIDAD DE SALAMANCA

Algunas de las líneas de investigación son:

- Derechos humanos en la era de la globalización
- Procesos de educación inclusiva comunitaria en entornos locales
- Políticas públicas inclusivas y acción de gobierno
- Familia y diversidad

Más info AQUÍ.

GRUPO DE INVESTIGACIÓN: HISTORIA DE LOS DERECHOS HUMANOS
UNIVERSIDAD DE SALAMANCA

Algunas de las líneas de investigación son:

- Historia de los Derechos Humanos
- Derechos Humanos y los totalitarismos del S. XX.
- Educación y Derechos Humanos en perspectiva histórica
- Republicanismo, élites, poder y Derechos Humanos

Más info AQUÍ.

ATENCIÓN A LA DIVERSIDAD Y DISCAPACIDAD *UNIVERSIDAD CATÓLICA DE SAN ANTONIO (UCAM)*

Los Servicios de atención a la diversidad y a las necesidades educativas especiales derivadas de la discapacidad informan, asesoran y apoyan a los alumnos de la UCAM y les proporciona la asistencia y los recursos adaptados a sus necesidades como estudiantes universitarios.Los servicios prestados son: Asesoramiento psicopedagógico: El Servicio de Evaluación y Asesoramiento Psicopedagógico (SEAP) da respuestas a la comunidad universitaria (PDI, PAS y estudiantes), de modo gratuito, y está atendido por profesionales del Área de Personalidad, Evaluación y Tratamiento Psicológico del Departamento de Psicología de esta Universidad y del área de Orientación Escolar y Profesional del Departamento de Educación./Asesoramiento jurídico: El Servicio Jurídico de la Universidad, desde el Departamento de Recursos Humanos, informa y asesora sobre la legislación que ampara los derechos de los discapacitados, la percepción de ayudas públicas y otros servicios que pone la Administración al servicio de estos colectivos. Info AQUI

SERVICIO DE ATENCIÓN A LAS NECESIDADES ESPECIALES
UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

(SANNEE) da apoyo a los estudiantes en situación de diversidad funcional, temporal o permanente, aportando las soluciones más adecuadas a cada caso. Su objetivo prioritario es conseguir la plena integración en la vida universitaria de todos los estudiantes buscando los medios y recursos necesarios para hacer una universidad para todos. Info AQUÍ

UNIDAD DE ATENCIÓN DE ESTUDIANTES CON DISCAPACIDAD
UNIVERSIDAD INTERNACIONAL MENÉNDEZ PELAYO (UIMP)

Es la encargada de garantizar la accesibilidad universal y de proponer medidas que favorezcan la igualdad de oportunidades de las personas con discapacidad y/o necesidades específicas. En cada estudio o programa de posgrado habrá una persona responsable (RAED) de la atención de los estudiantes matriculados en él que hayan comunicado necesidades específicas derivadas de la discapacidad. Info AQUI

CRDH: CULTURAS, RELIGIONES Y DERECHOS HUMANOS
UNIVERSIDAD INTERNACIONAL DE LA RIOJA (UNIR)

El Grupo de Investigación “Culturas, religiones y derechos humanos”, comenzó su andadura en junio de 2012, coincidiendo con la puesta en marcha del primer Plan Propio de Investigación de UNIR. Actualmente cuenta con 16 investigadores pertenecientes a UNIR y a otras universidades españolas (Universidad Complutense de Madrid, Universidad de Alcalá de Henares, UNED, Universidad de Burgos, etc.). Los investigadores proceden en su mayor parte del ámbito del Derecho, si bien con especializaciones diversas: derecho eclesiástico, derecho canónico, derecho civil, derecho laboral, etc. Junto a ellos hay también investigadores de otros ámbitos científicos, como la sociología, la historia y la filosofía. Info AQUÍ

INSTITUTO DE DERECHOS HUMANOS
UNIVERSIDAD DE NAVARRA (UNAV)

Instituto de derechos humanos: El Instituto de Derechos Humanos es un centro de estudio e investigación sobre derechos humanos, vinculado al área de Filosofía del Derecho de la Universidad de Navarra. Fue creado en 1991 por iniciativa de D. Javier Hervada, entonces director del departamento. Info AQUI

DIDE: DIVERSIDAD FUNCIONAL Y DERECHOS HUMANOS
UNIVERSIDAD DE MURCIA (UM)

La constitución del equipo de investigación Diversidad Funcional y Derechos Humanos (DIDE), surge –en primera instancia– con objeto de visibilizar las atrocidades que sufren las personas con bajo desempeño funcional, explicitando así las situaciones de discriminación que –veladamente– soportan todos aquellos a quienes un sistema delirante ha condenado a estar en situación de discapacidad. las líneas de investigación y servicios profesionales que oferta a la sociedad civil, este equipo de investigación está abierto tanto a la colaboración de investigadores que quieran profundizar en diferentes facetas del saber bajo esta plataforma universitaria, como –también– a la contratación de nuestros servicios para la mejora de la actividad profesional del tejido empresarial o de la sociedad civil. Info AQUI

UNIDAD DE VOLUNTARIADO Y DISCAPACIDAD *UPCT (UNIVERSIDAD POLITÉCNICA DE CARTAJENA)*

Desde el Vicerrectorado de Estudiantes, Cultura y Deportes fomentamos la colaboración y sensibilización de la Comunidad Universitaria en iniciativas vinculadas a las actividades de carácter solidario, el fomento de la igualdad de oportunidades y la inclusión. Info AQUI

UNIDAD DE ATENCIÓN A LAS PERSONAS CON DISCAPACIDAD
UNAV (UNIVERSIDAD DE NAVARRA)

La Unidad da respuesta a las necesidades de los alumnos en las siguientes áreas: Información, asesoramiento y orientación/ Equiparación de oportunidades/Formación y sensibilización/Accesibilidad universal. Info AQUI

UNIDAD DE ATENCIÓN A LA DIVERSIDAD
ESIC BUSINESS & MARKETING SCHOOL

La Unidad de Atención a la Diversidad de ESIC University, dispone también de un procedimiento específico de atención que cuenta con las máximas medidas de seguridad, técnicas y organizativas, cuyo objetivo es preservar la privacidad y el respeto a los datos personales de los interesados. Info AQUI

SERVICIO DE ATENCIÓN A LA DIVERSIDAD Y VOLUNTARIADO
UNIVERSIDAD DE MURCIA (UM)

Medidas de atención a la discapacidad las medidas de atención al alumnado con discapacidad (igual o superior al 33%). Info AQUI

UNIDAD DE IGUALDAD E INCLUSIÓN
UR (UNIVERSIDAD DE LA RIOJA)

La Unidad de Igualdad e Inclusión responde al mandato legal, disposición adicional duodécima de la Ley Orgánica 4/2007, por la que se modifica la Ley Orgánica de Universidades que obliga a crear este tipo de estructuras en las instituciones universitarias. Trabajar en aras a conseguir una sociedad más justa, requiere además eliminar las diferencias entre hombres y mujeres e incidir en el respeto hacia orientaciones afectivo-sexuales e identidades diversas. La perspectiva de género debe integrarse en el ámbito universitario y la formación académica no debe limitarse a ofrecer conocimientos, sino que es fundamental hacerlo desde la perspectiva de género, sensibilizando acerca del valor de la coeducación. Info AQUI

SIMI: INCLUSIÓN SOCIOEDUCATIVA E INTERCULTURAL, SOCIEDAD Y MEDIOS
UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

El grupo de investigación Inclusión socioeducativa e intercultural, Sociedad y Medios (SIMI), tiene como objetivo(s): Promover el conocimiento alrededor de los procesos socioeducativos y mediáticos, desde un enfoque inclusivo e intercultural; analizar el papel que cumplen los medios tradicionales y digitales, en el desarrollo de sociedades digitales inclusivas e interculturales contemporáneas; y aportar un sustrato teórico y de conocimiento que sirva de soporte a la investigación aplicada alrededor de los objetivos desarrollados este grupo. Objetivos que se esperan concretar a partir del desarrollo de trabajos académicos centrados o afines a las siguientes líneas de investigación: Inclusión socioeducativa e interculturalidad, Expresiones de odio, discriminación y estereotipos en la sociedad inclusivas e interculturales contemporáneas, Sociedad digital, Redes sociales y medios en la sociedad inclusivas e interculturales contemporáneas y Educación y sociedad inclusiva e intercultural. Info AQUÍ

BIS: BIENESTAR E INTERVENCIÓN SOCIAL
UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)

Grupo de investigación. Formado por especialistas en el campo de las Ciencias Sociales (Trabajo Social, Antropología, Sociología, Educación Social, Psicología y Economía). Entendemos la producción de conocimiento al servicio de las personas objeto de estudio, considerando, en todo momento, los principios fundamentales de nuestro quehacer investigador, basados en el respeto por la autonomía y el protagonismo de las personas y los grupos. En la actualidad, el grupo desarrolla tres líneas de investigación: Personas Mayores/Familia, infancia y juventud/Refugiados y Migraciones. Info AQUÍ

Universidad Carlos III de Madrid:
Instituto de Derechos humanos “Gregorio Peces Barba”

https://www.uc3m.es/ss/Satellite/UC3MInstitucional/es/Detalle/Organismo_C/1371206581728/1371206581851/?d=Touch

El Instituto cuenta con un equipo de investigación estable compuesto profesores e investigadores de la Universidad Carlos III de Madrid, de diferentes áreas de conocimiento, departamentos y grupos de investigación, si bien, una parte importante de ellos pertenecen al Departamento de Derecho Eclesiástico, Internacional y Filosofía del Derecho.

En el ámbito de la enseñanza el Instituto organiza, de manera regular, un Programa de Postgrado Oficial (con mención de calidad) y tres Títulos propios (Master en derechos fundamentales, Título de Especialista en Educación para la Ciudadanía y derechos Humanos, Maestría en Democratización y Derechos Humanos –título conjunto con U. Externado, Colombia). Igualmente organiza Seminarios y Conferencias nacionales e internacionales. En estas actividades docentes, colaboran profesores de diferentes departamentos y áreas de conocimiento. Y lo mismo puede decirse en relación con su actividad editorial y de difusión.

Gran parte de las actividades desarrolladas se plasman posteriormente en las diversas publicaciones que edita el Instituto. Entre ellas destacan las Revistas "Derechos y Libertades" y “Universitas”; la colección "Cuadernos Bartolomé de las Casas", y las colecciones “Monografías”, “Debates”, y “Traducciones”.

Dada su constitución como Instituto Universitario, la principal actividad de este centro está constituida por la investigación. El Instituto ha desarrollado más de 40 proyectos de investigación relacionados con estos temas y cuenta con diversas Unidades y Cátedras especializadas sobre temas de Igualdad y No Discriminación, Historia, Bioética, Desarrollo Sostenible, Terrorismo y sus víctimas, entre otras.

Universidad Carlos III de Madrid:
Grupo de Investigación en Derechos humanos, Estado de Derecho y Democracia

https://www.uc3m.es/grupos-investigacion/derechos-humanos-estado-derecho-democracia

El Grupo Derechos Humanos, Estado de Derecho y Democracia es el impulsor y responsable del Instituto de derechos humanos "Gregorio Peces-Barba" de la Universidad Carlos III de Madrid, centro de excelencia en el campo de los derechos humanos. Está vinculado con el Departamento de Derecho internacional público, Eclesiástico y Filosofía del Derecho de la UC3M y forma parte del Área de Filosofía del Derecho. El Grupo es responsable del proyecto “El tiempo de los derechos” dentro del Programa Consolider-Ingenio 2010 (programa de excelencia científica español), siendo la primera vez que un equipo del campo jurídico accede a este programa.

Universidad Carlos III de Madrid:
Clínica Jurídica de Derechos Humanos

https://www.uc3m.es/conocenos/centros/clinica-juridica/clinica-juridica-derechos-humanos

El Instituto de Derechos Humanos "Bartolomé de las Casas" ha venido desplegando, desde los últimos diez años, un importante esfuerzo para la implantación del método clínico en los ámbitos en los que se extiende su responsabilidad docente. Desde la formalización de la Clínica Jurídica de la Facultad de Ciencias Sociales y Jurídicas, el trabajo se realiza en este marco como Clínica de Derechos Humanos. Sus objetivos:

- Fomentar el compromiso de los futuros juristas con causas sociales o de interés público
- Fortalecer la adhesión del estudiante a valores de una deontología profesional basada en los derechos humanos
- Sensibilizar a los estudiantes sobre la importancia de los derechos humanos como elementos sobre los que se estructura la convivencia democrática
- Colaborar con la defensa de los derechos humanos colaborando con las entidades que trabajan en este ámbito

Universidad Carlos III de Madrid:
Unidad de Educación en Derechos Humanos

https://www.uc3m.es/ss/Satellite/INST-PecesBarba/es/TextoMixta/1371329251775/?d=Touch

El Instituto de Derechos Humanos “Bartolomé de Las Casas” desarrolla una línea de trabajo e investigación sobre Educación en Derechos Humanos, con la intención de convertirse en Institución impulsora de la promoción de la educación en derechos humanos. Así el objetivo es educar en derechos humanos implica educar cívicamente en los valores de la democracia: la igualdad, la libertad, la solidaridad, la tolerancia, el pluralismo político e ideológico. En síntesis, educar para la paz.

Universidad Carlos III de Madrid:
Maestría en Derechos humanos y democratización

https://www.uc3m.es/ss/Satellite/INST-PecesBarba/es/TextoDosColumnas/1371330596576/?d=Touch

Proyecto académico organizado por el Departamento de Derecho constitucional de la Universidad Externado de Colombia y el Instituto de Derechos Humanos Bartolomé de las Casas de la Universidad Carlos III de Madrid. La Maestría pretende contribuir a la construcción de una masa crítica de profesionales, ciudadanos y ciudadanas sensibilizados con la promoción y defensa de los Derechos Humanos a través de diferentes canales de actuación. Además, la formación de profesionales íntegros, en diversas áreas (juristas, académicos, dirigentes políticos, miembros de la fuerza pública, antropólogos, sociólogos, historiadores, psicólogos, politólogos, entre otros) capaces de enfrentar los retos que en materia de Derechos Humanos la sociedad del siglo XXI enfrenta.

Universidad Carlos III Madrid:
Seminario “La gobernanza de la inteligencia artificial y la discapacidad: marco regulatorio y representación social de las personas con discapacidad”

https://www.servimedia.es/noticias/universidad-carlos-iii-aborda-inteligencia-artificial-impacto-discapacidad/3715005

El seminario tiene como objetivo reunir voces de los diferentes sectores (instituciones públicas, Tercer Sector, academia) para dialogar sobre el posible y deseable escenario de la supervisión de la IA en España. Todo ello teniendo en cuenta el gran impacto que estas tecnologías representan para los derechos de las personas con discapacidad.

Universidad Carlos III de Madrid:
Programa de Atención a Estudiantes con Discapacidad y Necesidades Específicas de Apoyo Educativo

https://www.uc3m.es/orientacion/discapacidad_neae

El objetivo es garantizar el acceso a los estudios y el desarrollo de la actividad universitaria de todos los estudiantes en igualdad de condiciones, construyendo una universidad inclusiva. Este programa ofrece atención a los estudiantes con una discapacidad reconocida, condiciones de salud o trastornos que puedan limitar o impedir su participación plena y efectiva en la actividad universitaria en condiciones de igualdad, como son:

- Discapacidad física, psíquica y/o sensorial.
- Trastorno del espectro autista.
- Trastornos psicológicos que limiten o impidan el normal rendimiento académico.
- Dificultades específicas de aprendizaje: dificultad en la redacción, expresión escrita, dificultades matemáticas y otras.
- Trastorno por déficit de atención, con o sin hiperactividad.
- Enfermedad grave crónica o de larga duración que limita el rendimiento académico.

Universidad Carlos III de Madrid:
Grupo de investigación Diversidad Audiovisual/Audiovisual Diversity

https://www.uc3m.es/ss/Satellite/GruposInvestigacion/es/Detalle/Organismo_C/1371273910578/1371325144011/?d=Touch

El grupo de investigación se dedica al estudio de la problemática de la diversidad en el funcionamiento de las industrias culturales desde principios de la década. Una perspectiva internacional, alimentada por una red de investigadores en Europa y América Latina, y la apuesta por la innovación tecnológica y la elaboración de políticas y estrategias sectoriales, sitúan al grupo a la vanguardia en la investigación de las transformaciones que experimenta el sector audiovisual. El sitio diversidadaudiovisual.org ofrece una amplia gama de contenidos especializados en la materia, con el objetivo de transferir conocimiento a la sociedad y difundir el conocimiento científico de forma abierta y accesible.

Universidad Carlos III de Madrid:
Instituto de Estudios Internacionales "Francisco de Vitoria"
https://www.uc3m.es/ss/Satellite/UC3MInstitucional/es/Detalle/Organismo_C/1371206581924/1371206581851/?d=Touch

Objetivos

- Organización de unas enseñanzas de Máster y títulos de tercer ciclo que sean de excelencia en temas internacionales y europeos.
- Organización de conferencias, seminarios y otras actividades de debate y difusión en temas internacionales y europeos.
- Elaboración y realización de proyectos de investigación y de actividades científicas sobre temas internacionales y europeos.
- Impulso a la colaboración con Instituciones académicas y sociales para las actividades docentes, de investigación y reflexión.
- Articulación de Cátedras y laboratorios sobre temas internacionales y europeos.
- Articulación de actividades de colaboración con la sociedad.

Líneas de investigación

- Organizaciones internacionales y Unión Europea
- Intereses de España en el contexto internacional
- Derechos humanos
- Protección internacional de la cultura
- Cooperación internacional e instituciones económicas internacionales
- Evolución histórica y caracteres de la sociedad internacional

Universidad Rey Juan Carlos:
Oficina de Derechos Humanos

https://www.urjc.es/estudiar-en-la-urjc/vida-universitaria/1011-oficina-de-derechos-humanos

El objetivo es generar las bases necesarias para crear una 'cultura' en Derechos Humanos en la Universidad Rey Juan Carlos a través de distintas líneas de trabajo. En el apartado de la sensibilización, se encuadran los llamados Encuentros URJC Derechos Humanos, organizados en colaboración con diversas organizaciones públicas y privadas. Para "enseñar y formar" en DDHH, durante el curso se desarrollan en la Universidad diversas actividades dirigidas a educar en Derechos Humanos, fomentando la participación activa de toda la Comunidad Universitaria. Por último, para promover valores mediante la acción, durante el curso se desarrollan en la Universidad diversas actividades dirigidas a promover valores y actuaciones referidas a los Derechos Humanos.

Universidad Rey Juan Carlos:
Unidad de cooperación al desarrollo y voluntariado

https://www.urjc2030.es/ucdv/

El objetivo es promover y coordinar la gestión corporativa de ambas actividades dentro de la universidad. Desde el inicio de sus actividades se impulsan programas propios de voluntariado, tanto nacional como internacional, además del establecimiento de convenios de colaboración con entidades del tercer y cuarto sector para permitir el acceso de la comunidad universitaria a las actividades de voluntariado desarrolladas por éstas. En el ámbito de la Cooperación Internacional al Desarrollo, el Servicio promueve programas de colaboración con entidades de diversos países en vías de desarrollo, apoya en la consolidación de las relaciones existentes e impulsa iniciativas para la ejecución y financiación de nuevos proyectos mediante convocatorias y convenios específicos.

Universidad Rey Juan Carlos:
Oficina Universidad Saludable

https://www.urjc2030.es/prus/

Universidad Saludable nace en 2008 con el objetivo general de ofrecer a todos los miembros de la comunidad universitaria un servicio que contribuya a mejorar su salud biopsicosocial. Su trabajo se dirige a fomentar estilos de vida más saludables, haciendo hincapié en la formación de competencias personales que nos permitan ocuparnos de nuestra salud y bienestar como agentes activos. Una de las claves de su labor está en ser permeables a las demandas de las personas que forman parte de nuestra comunidad universitaria para ofrecer actividades que realmente sean útiles para quiénes las reciben. En este sentido, fomentamos mucho las propuestas y el intercambio de ideas para ir construyendo nuestro trabajo diario.

Universidad Rey Juan Carlos:
Unidad de diversidad sexual y étnico cultural

https://www.urjc.es/todas-las-noticias-de-actualidad/7400-la-urjc-crea-la-primera-unidad-de-diversidad-de-las-universidades-madrilenas

El objetivo de este servicio es promover e implementar políticas de sensibilización y formación a la comunidad universitaria en materia de diversidad. Estudiar y atender en lo posible las demandas de colectivos y miembros de la comunidad universitaria y actuar contra las discriminaciones proponiendo acciones concretas para superarlas y prevenirlas.

Universidad Rey Juan Carlos:
Observatorio para el análisis y visibilidad de la exclusión social

https://www.urjc.es/estudiar-en-la-urjc/vida-universitaria/4682-observatorio-para-el-analisis-y-visibilidad-de-la-exclusion-social

Nace con el propósito de investigar situaciones, procesos y estructuras de exclusión social, darles visibilidad con campañas de comunicación y crear proyectos de intervención para colaborar en su erradicación. Se materializa así, como una manifestación más de la responsabilidad social universitaria, el firme compromiso de la Universidad Rey Juan Carlos en apostar por la igualdad de todas las personas, así como en la generación de oportunidades vitales para ellas. Este Observatorio está formado por un grupo interdisciplinar de PDIs, liderados desde la Sociología (investigación social) y el Trabajo Social (intervención social) de esta Universidad. Por su parte, el Grupo IDEX, líder en comunicación social, será el socio externo que implementaría la estrategia de difusión y sensibilización de la realidad investigada, financiándose a través de RSC de empresas. Se une la Universidad y la sociedad civil en la mejora de la calidad de vida de las personas más vulnerables. Objetivos:

1. Investigar y analizar situaciones, procesos y estructuras de exclusión social.
2. Lanzar campañas mediáticas para sensibilizar a la sociedad en general, de las situaciones, procesos y estructuras de exclusión social previamente estudiadas.
3. Generar proyectos de intervención social para los fenómenos analizados**.**

Universidad Rey Juan Carlos:
Clínica jurídica

https://www.urjc.es/estudiar-en-la-urjc/vida-universitaria/5534-clinica-juridica

La Clínica jurídica presta asesoría jurídica gratuita a personas individuales o a colectivos en riesgo de exclusión social o en situación de vulnerabilidad, a través de la elaboración de informes, dictámenes, etc.

Las demandas de asesoramiento pueden proceder de las entidades colaboradoras de la clínica jurídica o de las personas que individualmente vengan a la Clínica jurídica a solicitar nuestros servicios.

Estas demandas serán atendidas por los estudiantes que realicen sus prácticas en la Clínica jurídica, debidamente tutorizados por profesores o juristas prácticos que actúen como mentores clínicos supervisando el asesoramiento prestado por los alumnos en materias de su especialidad.

Los estudiantes que realicen sus prácticas en la Clínica jurídica desarrollarán además tareas de alfabetización jurídica dentro del programa StreetLaw, y cursarán diversos módulos formativos en los que predominará la formación en las denominadas “soft skills” vinculadas al ejercicio profesional del derecho, así como la formación técnica vinculada a los casos que se acepten en la Clínica.

Universidad Rey Juan Carlos:
Unidad de Atención a personas con discapacidad y necesidades educativas especiales

https://www.urjc2030.es/uapdnee/

La unidad tiene como objetivo principal que, aquellos miembros de la comunidad universitaria alumnos, profesores o personal de administración y servicios que presenten cualquier tipo de diversidad funcional o necesidad educativa especial, puedan gozar de las mismas oportunidades que el resto para el desarrollo de sus estudios universitarios, o para el desempeño de sus puestos de trabajo, bajo el prisma de igualdad de oportunidades.

Universidad Politécnica de Madrid:
cooperación para el desarrollo

https://www.upm.es/Estudiantes/CompromisoSocial/CooperacionDesarrollo

Desde la Universidad Politécnica de Madrid se trabaja en proporcionar oportunidades a los estudiantes de nuestra universidad para que puedan desarrollar su trabajo fin de grado, fin de máster, prácticas curriculares u otras actividades de voluntariado internacional en el ámbito del desarrollo. Estas iniciativas complementan la formación recibida por los alumnos en las distintas titulaciones, apoyando la formación en competencias transversales como son la internacionalización, la interculturalidad, el conocimiento de realidades diferentes o el trabajo en equipo entre otros

Universidad Politécnica de Madrid:
Unidad de Accesibilidad y Atención a la Discapacidad

https://www.upm.es/UPM/CompromisoSocial/UAD

Esta Unidad es la encargada de garantizar la igualdad de oportunidades, la accesibilidad universal y la no discriminación en el acceso, permanencia y progreso en el ámbito universitario de aquellos miembros de la Comunidad Universitaria que se encuentren en situación de diversidad funcional o necesidad especial de apoyo educativo, además de concienciar y sensibilizar a todos sus miembros sobre la educación sin barreras y diseño para todos.

Universidad Politécnica de Madrid:
Atención al refugiado

https://blogs.upm.es/upmrefugiados/

Desde Atención al Refugiado UPM se está prestando el apoyo a aquellas demandas de información que llegan desde la propia comunidad universitaria de personas ucranianas o de aquellas personas que siendo estudiantes en Ucrania se han visto obligadas a dejar el país y están interesados en continuar sus estudios en España.
La UPM, a través de su correo: refugeesUPM@upm.es, ha hecho una llamada entre todo su personal con el fin de crear una red de voluntarios para poder colaborar con la traducción y/o acompañamiento a personas provenientes de Ucrania y ponerla a disposición de la propia UPM y de la Consejería de Familia, Juventud y Política Social de la Comunidad de Madrid (SDG. de Integración, Voluntariado y Cooperación al Desarrollo) para la prestación de soporte en cualquiera de los entornos en que sean demandado**s.**

Unidad de Atención a la Diversidad

Universidad de Alcalá de Henares (UAH)

La Unidad de Atención a la Diversidad de la Universidad de Alcalá (UAD) es un servicio especializado de apoyo y asesoramiento que tiene por objeto el impulso, desarrollo, coordinación y evaluación de todas aquellas actuaciones adoptadas en y desde la UAH que favorezcan la plena inclusión de las personas con diversidad (funcional, afectivo sexual, socio cultural...) en el ámbito universitario.

https://www.uah.es/es/conoce-la-uah/compromiso-social/diversidad/

Área de Atención a la Diversidad Funcional

Universidad Autónoma de Madrid (UAM)

Este Área nace con el objetivo de trabajar por la igualdad de oportunidades y la plena inclusión del estudiantado con necesidades educativas en la vida académica de la Universidad Autónoma de Madrid, así como la promoción de la sensibilización y concienciación de todos los miembros de la comunidad.
Ofrecemos atención directa y personalizada a estudiantes con necesidades educativas (con y sin certificado de discapacidad) y a toda la comunidad universitaria (profesorado y personal de administración y servicios).

https://www.uam.es/uam/diversidad-funcional

Observatorio del Derecho Humano al Agua
Universidad Complutense

El IUDC-UCM ha puesto en marcha el Observatorio del Derecho Humano al Agua. Este Observatorio pretende ser, para especialistas del área, estudiantes y público en general, un espacio de información y reflexión sobre el Derecho Humano al agua y su importancia en la gestión de los recursos hídricos del planeta.

El Observatorio es coordinado por Miguel Ángel Pérez Martín.

http://observatorioderechoalagua.org/

OBSERVATORIO IBEROAMERICANO SOBRE MOVILIDAD HUMANA, MIGRACIONES Y DESARROLLO (OBIMID)

Universidad Pontificia de Comillas

Somos una Red que agrupa diversas instituciones vinculadas a la investigación, docencia e incidencia en políticas públicas y derechos humanos, sobre la movilidad humana, migraciones y desarrollo con énfasis en el área de Iberoamérica.

https://www.comillas.edu/es/areas-de-investigacion-obimid/seguridad-y-ddhh
https://www.comillas.edu/obimid#sede

Unidad Universitaria de Atención a la Diversidad
Universidade da Coruña

A Unidade de Atención á Diversidade (ADI) creouse en febreiro de 2004 para atender a persoas da comunidade universitaria de colectivos que teñen unhas necesidades específicas que requiren de un maior acompañamento e atención. Aínda que no seu inicio dirixiuse especialmente ás personas con discapacidade e NEAEs, actualmente ademáis creouse un servizo de atención á comunidade universitaria LGTBIQ+.

A Unidade ADI diríxese, por tanto, ao conxunto de participantes nos estudos superiores: estudantado, profesorado e persoal de administración e servizos. O seu cometido principal é o de facilitar a plena inclusión e equidade do estudantado, profesorado e PAS que, por razóns físicas, sensoriais, de identidade de xénero, afectivas-sexuais, de expresión de xénero, psíquicas ou socioculturais experimentan dificultades ou barreiras externas a un acceso equitativo, igualitario e participativo na vida universitaria.

https://www.udc.es/es/cufie/ADI/

Equipo de Investigación Sociedades en Movimiento (ESOMI)
Universidade da Coruña

El Equipo destaca por liderar investigación innovadora y de excelencia en el ámbito de la movilidad humana, de utilidad para la planificación de políticas públicas, siendo la transferencia y la difusión del conocimiento tanto en el campo local y regional, sin descuidar su afán de internacionalización. Este supo adaptarse a los cambios sociales, destacando su receptividad a *las demandas de la sociedad, dando pie al desarrollo de una intensa actividad de transferencia y difusión. Contribuye, desde los años 90, de forma muy activa en el diseño de la política estatal y gallega en materia de migraciones, a través de comparecencias en diversas instituciones (Senado, Parlamento de Galicia), del desarrollo de abundantes informes para Administraciones Públicas y organismos internacionales (OCDE, INSTRAW, UE), publicaciones, así como la organización de numerosos eventos de difusión en colaboración con la sociedad civil, el tercero sector y la administración pública.*

Líneas de investigación: Dinámicas migratorias, Política migratoria, Asilo, refugio y fronteras, Identidad y ciudadanía móviles, Movimientos sociales y acción colectiva, Migración y desarrollo, Envejecimiento, despoblamiento e inmovilidades, Género y dinámicas de los mercados laborales, Raza y género en la sociedad global, Bienestar, cuidados y movilidades, Desigualdades en la sociedad móvil

https://investigacion.udc.es/es/Research/Details/G000259

http://esomi.es/

Unidad de Servicios de Inclusión y Participación Social
Universidad de Santiago de Compostela

Engloba diversos programas: (i) Estudiantes con necesidades específicas de apoyo educativo y/o discapacidad; (ii) Inserción laboral y discapacidad; (iii) Adaptaciones curriculares; y (iv) Programa de alojamiento de estudiantes con discapacidad.

https://www.usc.gal/es/servicios/area/inclusion-participacion-social

Unidad de atención al estudiantado con necesidades específicas de apoyo educativo
Universidad de Vigo

Para que todas las personas puedan desarrollar su vida universitaria de forma plena, la Universidade de Vigo pone en marcha las siguientes medidas a través de su Unidad de atención al estudiantado con necesidades específicas de apoyo educativo (UNATEN) con el fin de:

Velar por los derechos del alumnado y personal con necesidades físicas, comunicativas, educativas, sociales y laborales especiales o minimizadas por las tendencias mayoritarias de la sociedad. Estas necesidades pueden proceder de la discapacidad o de la vulnerabilidad particular a procesos de discriminación asociados al origen étnico-cultural, usos lingüísticos, género, orientación sexual, situación socioeconómica desfavorecida, etc.

https://www.uvigo.gal/es/campus/atencion-diversidad

Instituto Universitario en Género y Diversidad (IUGENDIV)
Universidad de Oviedo

El Instituto Universitario en Género y Diversidad (Iugendiv) es un espacio de encuentro feminista e interdisciplinar, en el que se integran distintos seminarios, grupos de investigación y profesorado de la Universidad de Oviedo. Es la sede de los Programas Oficiales de Postgrado: Máster Universitario en Género y Diversidad, Máster Erasmus Mundus en Estudios de las Mujeres y de Género y Doctorado en Género y Diversidad.

https://iugendiv.uniovi.es/inicio

Grupo de Investigación "Análisis, Intervención y Evaluación Socioeducativa AIES"
Universidad de Oviedo

El grupo AIES es resultado de la fusión de dos equipos de investigación previos: el Equipo "Canella", liderado por José Luis San Fabián y el Equipo "ECPEME", liderado por Roser Calaf Masachs. Los equipos originarios cuentan con trayectorias investigadoras constantes que, en los últimos años, se han desarrollado, puntualmente, de manera entrelazada.

En ambos grupos originarios se ha trabajado aspectos relevantes de la situación educativa actual del conjunto del país y de Asturias. Se ha generado, en cada caso, un buen número de publicaciones, en revistas de prestigio y de participaciones en congresos. Así mismo, se han establecido colaboraciones previas con instituciones y empresas relevantes de la comunidad.

Las personas miembros del grupo cuentan con trayectorias de investigación variadas, tanto en sus temas y líneas de trabajo, como en sus enfoques y la amplitud de la experiencia investigadora. Junto a ese heterogeneidad que nutre y representa al grupo existen objetivos y visiones compartidas que dibujan un marco de estudio amplio y significativo para la sociedad en su conjunto.

https://aies.grupos.uniovi.es/

Unidad de Universidad, Discapacidad y Diversidad
Universidad de Cantabria

Se incluyen diversos programas y acciones dirigidos a hacer efectiva la igualdad de oportunidades en la educación superior como: (i) programa de inclusión; (ii) adaptaciones académicas; y (iii) observatorio de accesibilidad.

https://web.unican.es/unidades/soucan/estudiantes/universidad-y-discapacidad

Área de Igualdad y Responsabilidad Social **Universidad de Cantabria**
El Área de Igualdad y Responsabilidad Social es un servicio que la Universidad de Cantabria pone a disposición de su comunidad universitaria con el objetivo de impulsar medidas que incorporen la igualdad y la responsabilidad social de forma transversal en todas las políticas de la UC, así como de velar por su cumplimiento. https://web.unican.es/unidades/igualdad
Unidad de Atención de Estudiantes con Discapacidad **Universidad Internacional Menéndez Pelayo**
La Unidad de Atención de Estudiantes con Discapacidad de la Universidad Internacional Menéndez Pelayo (DISUIMP) es la encargada de garantizar la accesibilidad universal y de proponer medidas que favorezcan la igualdad de oportunidades de las personas con discapacidad y/o necesidades específicas. https://www.uimp.es/actividades-academicas/postgrado-e-investigacion/apoyo-a-estudiantes/atencion-de-estudiantes-con-discapacidad.html?layout=*

4. REDES Y ASOCIACIONES (Referenciar redes e instituciones universitarias que tengan entre su cometido principal y sus acciones, el trabajo con los DDHH)

SUPERCUIDADORES*UNIR (UNIVERSIDAD INTERNACIONAL DE LA RIOJA)*

Red especializada en cursos y masterclass con un fin social: "profesionalizar y dignificar la figura del cuidador para mejorar tanto su calidad de vida como la de las personas mayores o dependientes a las que cuidan". Info AQUÍ

Universidad Carlos III de Madrid:
Asociación de estudiantes "Abrir brecha"

Twitter: @abrirbrechauc3m
Instagram: @abrirbrechauc3m

Los objetivos son:

1. Trabajar por una universidad pública que sea de todas y para todas, así como el acceso gratuito y universal a ella.
2. Construir un movimiento crítico desde una perspectiva democrática en base a 4 pilares: antifascismo, anticapitalismo, transfeminismo y ecosocialismo.
3. Fomentar el debate público en el terreno de las universidades.
4. Trabajar por una universidad libre.

Universidad Carlos III de Madrid:
Asociación de estudiantes "Voluntarios SDSB youth España"

http://sdsnyouth.org/

Youth en España quiere movilizar a los jóvenes universitarios alrededor del trabajo de SDSN para ampliar el alcance de los Objetivos de Desarrollo Sostenible. A través de la educación y la cooperación mundial, proporciona una plataforma integral para promover cambios y ofrecer soluciones para la implementación de los ODS.

Universidad Carlos III de Madrid:
Asociación de estudiantes "Carlos Marx"

Facebook: https://es-es.facebook.com/carlosmarxuc3m/ Twitter:@CarlosMarxUC3M

La Agrupación Universitaria Carlos Marx es la asociación estudiantil que más tiempo lleva trabajando en la Universidad Carlos III de Madrid, prácticamente desde su fundación. Es una asociación independiente y abierta a los estudiantes de todas las carreras de la Universidad que quieran participar de un proyecto transformador de izquierdas: anticapitalista, republicano, internacionalista, solidario, feminista, laico y ecologista, y por tanto enfrentado al imperialismo, al fascismo, al machismo, al racismo, a la homofobia y a cualquier otra forma de discriminación y opresión. Por ello en la asociación confluyen diversas sensibilidades de la izquierda para trabajar en un proyecto común.

Universidad Carlos III de Madrid:
Comisión estudiantil para los derechos humanos

Correo electrónico: comision.dd.hh.asoc@uc3m.es

Objetivos:

- Ser encuentro de estudiante.
- Espacio para la creación de redes de colaboración y apoyo directo para las y los estudiantes del Instituto de Derechos Humanos Gregorio Peces-Barba.
- Coordinación de eventos y actividades dentro de la Universidad Carlos III de Madrid, relativas a los derechos humanos.

UAM REFUGIO

Universidad Autónoma de Madrid (UAM)

En coherencia con la declaración de la CRUE en relación con la integración de la población refugiada en la universidad española y la demanda de la Comunidad de Madrid (reunión de 8 de mayo de 2017) para establecer una serie de líneas de acción en este ámbito, la Universidad Autónoma de Madrid -UAM- asume su compromiso y pone en marcha diferentes acciones que contribuyan a garantizar el acceso a la educación superior de las personas refugiadas.

https://ods.uam.es/uam-refugio/

Migración y cambio climático llegan a la universidad

Universidad Autónoma de Madrid (UAM)

Profesoras y profesores del Departamento de Ciencia Política y Relaciones Internacionales han desarrollado una iniciativa de innovación docente pionera en el marco del proyecto Climate of Change, financiado por la UE, en el que participan 16 organizaciones de 13 países europeos. El objetivo del proyecto ha sido incorporar la temática de migraciones y cambio climático en las clases y sensibilizar a los jóvenes en torno a la misma. Con el apoyo del profesorado, los y las estudiantes han realizado una infografía para visualizar los hallazgos de su investigación y lo aprendido sobre el tema desde la perspectiva de las distintas asignaturas que se han sumado a la iniciativa. De este modo, el Departamento da un paso más en su compromiso con la innovación docente y la localización de los ODS en la universidad. Más información aquí sobre el proyecto aquí.

Programa de Acogida Universitaria a Personas Refugiadas

Universidad Complutense de Madrid (UCM)

El programa se dirige a las personas con protección internacional o solicitantes que estén matriculadas en la UCM distintas de las personas afectadas por el conflicto de Ucrania para las que existe otro programa específico.
Una vez esté formalizada tu matricula, puedes solicitar la preinscripción al Programa de Acogida a Personas Refugiadas UCM 2023-2024.
https://www.ucm.es/plan-de-acogida

Cátedra Global Nebrija-Santander del Español como Lengua de Migrantes y Refugiado

Universidad Antonio de Nebrija

La Cátedra global Nebrija-Santander del español como lengua de migrantes y refugiados se propone acercar la investigación a la sociedad y ofrecer un espacio abierto desde el que, juntos, compartir los retos lingüísticos y sociales de los migrantes y refugiados.

https://www.nebrija.com/catedras/catedra-santander-espanol/

Voluntariado
Universidad de San Pablo-CEU

Voluntariado, Solidaridad y Cooperación al Desarrollo CEU tiene como finalidad promover, canalizar y coordinar tareas de voluntariado social, proyectos sociales y proyectos de cooperación al desarrollo, con la colaboración de los miembros de la comunidad universitaria. Su fin último es la ayuda a personas que sufren situaciones de vulnerabilidad, necesidad, pobreza y/o marginación social.

En su actuación, hace propio uno de los fines recogido en los Estatutos de la Fundación Universitaria San Pablo CEU: la construcción de una sociedad más justa y más fraterna, mediante el servicio al bien común.

https://www.uspceu.com/alumnos/vida-campus/pastoral-voluntariado

Espacio Integrado Inteligente (EII) de la UFV

Universidad Francisco de Vitoria (UFV)

La Universidad Francisco de Vitoria (Madrid) ha presentado esta mañana el Espacio Integrado Inteligente (EII) de la UFV convirtiendo así el campus y esta institución en pionera en la adaptación a la convención internacional de derechos de las personas con discapacidad con un campus accesible física y tecnológicamente.

Este Espacio Integrado Inteligente de la UFV convierte los espacios del campus en entornos tecnológicos completamente inclusivos. También ayuda a demostrar que la incorporación de tecnología no está reñida con la inclusión, sino más bien “refuerza y humaniza dicho entorno”, ha explicado el CEO de AISTE que ha invitado a las administraciones públicas, empresas o universidades a invertir en accesibilidad y usabilidad para dar “el salto definitivo en la disminución de la brecha digital creando beneficio social”, ha finalizado.

https://www.ufv.es/una-universidad-no-puede-ser-sostenible-si-no-es-accesible-nuria-mendoza-en-la-presentacion-del-espacio-integrado-inteligente-de-la-universidad-francisco-de-vitoria-noticias-de-ac/

Universidades C.A de Andalucía

El Sistema Universitario Andaluz lo componen once universidades, diez públicas y una privada. Además, existe un convenio de colaboración con la Universidad Nacional de Educación a Distancia.

Puedes acceder a través de los siguientes enlaces con las páginas de las Universidades Andaluzas:

- **Universidad de Almería** **https://www.ual.es/**

Guía de Acción para los ODS y de buenas prácticas ...

https://www.ual.es/download_file/view/101720/91546 · Archivo PDF

Instituciones nacionales de derechos humanos **...**

https://www.cde.ual.es/ficha/instituciones-nacional...

Máster en Educación Ambiental para la Sostenibilidad

Asignatura Diseño, Innovación y Evaluación en Educación Ambiental para la Sostenibilidad - Modelos y enfoques de evaluación en Educación Ambiental para la sostenibilidad. - Evaluación y sostenibilidad. Técnicas tradicionales y alternativas de evaluación. - Ámbitos y dimensiones de la evaluación en Educación Ambiental. - Diseños de evaluación. - Criterios de evaluación en Educación Ambiental. - Estándares nacionales e internacionales de evaluación en Educación Ambiental."

Máster en Psicología General Sanitaria https://www.ual.es/estudios/masteres/presentacion/plandeestudios/7076

Asignaturas relacionadas con la salud mental

Buenas Práctica **de** Derechos Humanos

https://buenaspracticasddhh.org/que-es-una-buena-practica.html

- Universidad de Cádiz https://www.uca.es/
- **Derechos Humanos – Portal UCA**

https://www.uca.es/category/derechos-humanos

Web**Derechos Humanos. Derechos Humanos.** Mujer. Universidades. **Universidades Españolas.** noticia (23 diciembre 2022) Publicada 23 diciembre, 2022. Crue …

- **Red en DDHH- UCA – Inclusión**

https://inclusion.uca.es/red-en-ddhh-uca

Webcon la Educación en **Derechos Humanos** y Ciudadanía Inclusiva ... Integrantes de la Red por la **UCA** . Representación Institucional: Mayka García García – Delegada del rector …

- **Máster Interuniversitario en Cultura de Paz, Conflictos**

https://oficinadeposgrado.uca.es/informacion-basica-masteres-oficiales/master...

WebContacto: master.paz@**uca.es**: Contacto de la Secretaría del Campus de Puerto Real: secretaria.campuspuertoreal@**uca.es** / (+34) 956 016 001 Dirección: Campus de Puerto …

- **Derechos Humanos – Unidad de Acción Social y Solidaria**

https://solidaria.uca.es/huellasolidaria/derechos-humanos

WebPersonalización de Cookies. El sitio web de **la Universidad de Cádiz** utiliza cookies propias y de terceros para realizar análisis de uso y medición del tráfico, así como permitir el …

Vídeos de uca.es derechos humanos

bing.com/videos

- **MÁSTER EN CULTURA DE PAZ, CONFLICTOS, EDUCACION …**

https://atencionalumnado.uca.es/master-en-cultura-de-paz

WebCE14 – Presentar al estudiante la importancia del **Derecho** Internacional de los **Derechos Humanos**. Relacionar el contenido del papel del **Derecho** Internacional de los …

- **Derechos Humanos – Vicerrectorado de Internacionalización**

https://internacional.uca.es/coop-y-voluntariado/c/c/rec/recu/derechos-humanos

WebPersonalización de Cookies. El sitio web de la Universidad de Cádiz utiliza cookies propias y de terceros para realizar análisis de uso y medición del tráfico, así como permitir el …

- **Hacia una construcción crítica de los derechos humanos desde la ...**

https://revistas.uca.es/index.php/ReSed/article/view/10017

Web4 de may. de 2023 · Y, en segundo lugar, que tales acciones transformativas se realizan desde 4 claves: la lucha desde y por los más desfavorecidos, la búsqueda de una

I Seminario Permanente sobre los Derechos …

https://derecho.uca.es/noticia/i-seminario-perman…

WebDesde el Laboratorio de Derecho Internacional sobre el Sáhara Occidental (LabSAHARA) – INDESS, se informa de que se encuentra abierto el plazo para inscribirse en el I Seminario permanente de derechos humanos en …

1. **Derechos humanos e Inteligencia Artificial | Documentos**

https://produccioncientifica.uca.es/documentos/62ad50e45a28953bb27a0582

WebLa Inteligencia Artificial (IA) ha traído consigo importantes avances y beneficios para la humanidad, pero sería imprudente ignorar los riesgos conexos que, para los **derechos** …

https://solidaria.uca.es/huellasolidaria/derechos-humanos/

Charla-Coloquio Celebración Efeméride "Día Mundial del Refugiado" 20 de junio de 12.00h a 13.30h.

El Vicerrectorado de Responsabilidad Social, Extensión Cultural y Servicios en el marco del Programa Calendario de Derechos Humanos del Área de Cooperación y Educación al Desarrollo de la Universidad de Cádiz se propone la celebración de la Efeméride Día Mundial del Refugiado.

Objetivos:

– Celebrar las efemérides más importantes en el contexto de los Derechos Humanos.

– Promover la sensibilización y reflexión sobre la problemática de los refugiados.

– Hacer más conscientes a la comunidad universitaria y a la sociedad en general, del drama de los inmigrantes y personas refugiadas.

– Conocer las condiciones en las que viven las personas refugiadas y las dificultades a las que se enfrentan en el día a día.

PROGRAMA:

La Charla-Coloquio se desarrollará de 12:00 a 13.30h con las siguientes ponencias:

• “Campamentos de Refugiados Saharauis” FECADIZ (Federación Gaditana de Asociaciones Solidarias con el Pueblo Saharaui” Jesús Espinar y Cristóbal Vicho; Mohamed Zrug Delegado del Frente Polisario de Andalucía.

• “Proyectos sobre asilo y refugio de la ONG ACCEM”. Rodrigo Gómez Álvarez, responsable en la provincia de Cádiz de la ONG ACCEM. Psicólogo, Educador Social y Mediador para la Integración.

• “Análisis del sufrimiento de los menores migrantes no acompañados”. Mercedes Díaz Rodríguez, Profesora Titular de Universidad de la Facultad de Enfermería y Fisioterapia (UCA).

Lugar de celebración: Sala Argüelles del Edificio Constitución 1812 (Antiguo Cuartel de La Bomba).

Más información e inscripción: https://celama.uca.es/Cooperacion2018-2019/celamatipoactividad.2018-07-24.5850609636/efemeride

- Universidad de Córdoba   www. uco.es

http://www.uco.es/organiza/departamentos/ciencias-juridicas/master-en-cultura-de-paz-resolucion-de-conflictos-educacion-y-derechos-humanos

· **Máster en Cultura de Paz, Resolución de Conflictos ...**

·

· Director/a: Universidad de Córdoba. D. Manuel Torres Aguilar (mtorres@**uco.es**. Dpto ... **Derechos Humanos** y Medios de Comunicación (100392), Manuel Torres Aguilar.

- **Mostrando artículos por etiqueta: Derechos humanos**
-

- uco.es

- https://www.uco.es › ucci › noticias-gen › itemlist › tag

-

- La **UCO** impulsa la reflexión en torno al mundo empresarial y los **derechos humanos** · La **UCO** impulsa la reflexión en torno al mundo empresarial y los derechos ...

LA IMPLEMENTACIÓN DEL ENFOQUE BASADO EN LOS ...

wdesar.uco.es/vidauniversitaria/cooperacion/images/LA_IMPLE... · Archivo PDF

Web3. El EBDH en la práctica de colectivos **y** organizaciones. 14 3.1. Los **derechos humanos** en cuestión 14 3.2. Límites del EBDH **y** retos de las ONGs **y** la Cooperación en su …

- Universidad de Granada www.ugr.es

Derecho Internacional de los Derechos Humanos

https://www.ugr.es/.../derecho-internacional-derechos-humanos

WebDerecho Internacional de **los Derechos Humanos.** Curso académico. 2022 / 2023. Titulación. Grado en Derecho. Curso. Tercer. Semestre. Segundo.

- Curso: Tercer
- Titulación: Grado en Derecho

- Semestre: Segundo

- **Derechos Humanos,Igualdad y Sistemas de Protección**

https://www.ugr.es/estudiantes/grados/grado-derecho/derechos-humanos...

WebDerechos Humanos,Igualdad y Sistemas de Protección. Curso académico. 2022 / 2023. Titulación. Grado en Derecho. Curso. Primero. Semestre. Segundo.

  - Curso: Primero
  - Titulación: Grado en Derecho
  - Semestre: Segundo

- **Derecho Internacional de los Derechos Humanos**

https://www.ugr.es/.../derecho-internacional-derechos-humanos

WebDerecho Internacional de **los Derechos Humanos.** Curso académico. 2022 / 2023. Titulación. Grado en Derecho. Curso. Tercer. Semestre. Segundo.

- Curso: Tercer
- Titulación: Grado en Derecho
- Semestre: Segundo
-

Facebook (986)

Avenida del Hospicio, S/N, 18010, Granada · 958 24 30 25

INDICACIONES

SITIO WEB

EXPLORAR MÁS

Derecho Internacional de los Derechos Humanos

derecho.ugr.es

Guía de estudios curso académico 2020-2021 | Facultad de …

derecho.ugr.es

DERECHO INTERNACIONAL DE LOS DERECHOS HUMA…

directorio.ugr.es

Guía docente de **Derecho Internacional de los Derechos** …

grados.ugr.es

Derecho Internacional de los Derechos Humanos | Grados U…

grados.ugr.es

Recomendado para ti en función de lo que es popular • Comentarios

- **Derechos Humanos,Igualdad y Sistemas de Protección**

https://www.ugr.es/estudiantes/grados/grado-derecho/derechos-humanos...

WebDerechos Humanos,Igualdad y Sistemas de Protección. Curso académico. 2022 / 2023. Titulación. Grado en Derecho. Curso. Primero. Semestre. Segundo.

- Curso: Primero
- Titulación: Grado en Derecho
- Semestre: Segundo

EXPLORAR 6 PÁGINAS RELACIONADAS

Derechos Humanos, Igualdad Y Sistemas De Protección

¿Estudias **Derechos Humanos, Igualdad Y Sistemas De Protección** en Universidad de Granada? En StuDocu encontrarás 45 Lecture notes, Practical, Summaries, Practice www.studocu.com

Derechos Humanos,Igualdad y Sistemas de Protección | Grados UGR

Curso académico: 2022 / 2023: Titulación: Grado en Derecho Curso: Primero: Semestre: Segundo Tipo

grados.ugr.es

Derechos Humanos,Igualdad y Sistemas de Protección

Fundada en 1531, institución de carácter docente e investigador. Con más de 54000 estudiantes, es primer destino Erasmus y está en posiciones destacadas en rankings como Shanghai

www.ugr.es

Guía docente de Derechos Humanos,**Igualdad y Sistemas de Protección** ...

General competences. CG01. Competencia Instrumental. Capacidad de análisis y síntesis. Buscar, seleccionar, analizar y sintetizar información para poder formular juicios que procedan de una reflexión personal sobre temas académicamente relevantes

www.ugr.es

Derechos Humanos,Igualdad y Sistemas de Protección - Grados UGR

Guías Docentes Curso: 2021 / 2022 Guía docente de la asignatura Derechos Humanos,Igualdad y Sistemas de Protección Fecha última actualización: 10/05/2021

grados.ugr.es

DERECHOS HUMANOS,IGUALDAD Y SISTEMAS DE PROTECCIÓN – UGRcat

Utilice este formulario para comunicar fallos, errores o sugerencias en la web de UGRCat

ugrcat.ugr.es

Recomendaciones en función de lo más popular

- Preguntas relacionadas

¿Cómo se regirán los derechos humanos?Se regirán por lo establecido en la legislación vigente, así como por lo dispuesto en estos Estatutos y en la normativa aprobada por el Consejo de Gobierno que los desarrolle. 2.

BOE.es - BOE-A-2011-19453 Decreto 182/2011, de 25 de

www.boe.es/diario_boe/txt.php?id=BOE-A-2011-19453

¿Por qué los derechos humanos son Universa?En general se dice que los derechos humanos son universa-impidan expresar mis ideas políticas, y otra cosa -si se quiere, otro aspecto les -es decir, atribuibles, por lo menos idealmente, a todos los seres huma-del mismo fenómeno- es la libertad que tengo de expresar o no tales ideas.

Atienza, Manuel (2003) - Introducción Al Derecho | PDF | Concepto

es.scribd.com/document/586903198/Atienza-Manuel-200…

¿Cuáles son las Unidas que regulan los derechos humanos?Unidas PIDESC Pacto Internacional de Derechos Económicos, Sociales y Culturales TEDH Tribunal Europeo de Derechos Humanos TFUE Tratado de Funcionamiento de la Unión Europea TJUE Tribunal de Justicia de la Unión Europea (hasta diciembre de 2009, Tribunal de Justicia Europeo, TJE) TUE Tratado de la Unión Europea UE Unión Europea 13

Manual de legislación europea sobre los derechos del niño

www.echr.coe.int/documents/handbook_rights_child_spa.…

¿Dónde se puede publicar la reglamentación de Derechos Humanos?La reglamentación sustituye a la de 1987 y deberá pasar por una comisión redactora y publicarse en **la Gaceta Oficial** antes de entrar en vigor.

Parlamento cubano aprueba polémico Código Penal

www.publimetro.com.mx/noticias/2022/05/16/parlament…

Comentarios

- **Guía docente de Derechos Humanos,Igualdad y …**

https://www.ugr.es/estudiantes/grados/grado-derecho/derechos-humanos...

Web3 de jun. de 2022 · Conocer el concepto de los **derechos humanos** y distinguirlo de nociones afines. Conocer los distintos fundamentos de los **derechos humanos.** Valorar …

- **Departamento de Derecho Constitucional > Derechos Humanos**

https://constitucional.ugr.es/.../guias_docentes/2022_2023/derechoshumanos

Web**Derechos Humanos**. Nombre. Tamaño. Descargar. **Derechos Humanos**.pdf.

- **Guía docente de Derecho Internacional de los Derechos …**

https://www.ugr.es/.../derecho-internacional-derechos-humanos/guia-docente

Web15 de jun. de 2022 · El proceso histórico de internacionalización de los **derechos humanos.** Los instrumentos internacionales de protección de los **derechos humanos.** La …

- **Derechos Humanos,Igualdad y Sistemas de Protección | Grados …**

https://grados.ugr.es/.../derechos-humanosigualdad-y-sistemas-proteccion

Web**Derechos Humanos**,Igualdad y Sistemas de Protección. Curso académico. 2022 / 2023. Titulación. Grado en **Derecho**. Curso. Primero. Semestre. Segundo.

- **Derecho Internacional de los Derechos Humanos | Grados UGR**

https://grados.ugr.es/.../derecho-internacional-los-derechos-humanos

WebDirectorio **UGR** Acceso identificado Info **UGR** Buscar. Sobrescribir enlaces de ayuda a la navegación. Inicio; ... **Derecho** internacional los **derechos humanos Derecho** …

- **Grado en Derecho > | Universidad de Granada - Grados UGR**

https://grados.ugr.es/derecho/static/GuiasDocentesManager/*/detalle/242/11/17

WebCurso 2018 - 2019. **Derechos Humanos**, Igualdad y Sistemas de Protección.pdf.

- **1.4. Cuatro periodo: la protección sistémica del ambiente humano**

https://abierta.ugr.es/pluginfile.php/262839/mod_resource/content/2/14...

WebUn hito contemporáneo de gran relevancia, sobre todo para Latinoamérica, **es** la Opinión Consultiva 23 (2017) sobre medioambiente y **derechos humanos** de la Corte …

- **3. Derechos fudnamentales y derechos humanos - Másteres UGR**

https://masteres.ugr.es/.../3-derechos-fudnamentales-y-derechos-humanos

WebMáster Oficial Universitario **UGR** Accesibilidad Mapa del sitio Consultas. Inicio; Información académica; Guías docentes curso 2020-2021; 3. **Derechos** fudnamentales y **derechos** …

5. ARTÍCULOS

REFERENCE LIST:

Attitude to Disability (13)

Ana Calle, C., et al. (2022). "Access to public transportation for people with disabilities in Chile: a case study regarding the experience of drivers." Disability & Society **37**(6): 1038-1053.

This study explored access to transportation for people with disabilities based on the accounts of public transportation drivers in the Atacama region of Northern Chile. The study is based on the naturalistic paradigm and uses the theory based on the systematic design of Strauss and Corbin. The analyzed data correspond to the open and axial phases of the methodology. Seven group interviews and three in-depth interviews were conducted, using a sample of 57 drivers. Sixteen categories emerged which, upon being refined through the permanent contrast method, allowed three categories and seven subcategories to be established. Social exclusion, barriers to access, and social position were the main categories, and negative perceptions regarding access prevailed. Gaps and access limitations for people with disabilities were evident in drivers' accounts, which indicate an opportunity for a better understanding of the phenomenon. This study evaluated the access of disabled people to public transportation from the perspective of drivers in northern Chile It was found that drivers had a negative attitude and perception towards people with disabilities Drivers often reject disabled passengers, and they believe this can be blamed to the current public policies in Chile Drivers are aware that their service is poorly perceived by society, which causes disabled people to exclude themselves The lack of accessibility in public transportation affects the lives of disabled people as they have reduced access to health services, jobs or social activities.

Ashurst, A. (2019). "Key points of equality and diversity training." Nursing & Residential Care **21**(9): 534-536.

Equality and diversity is a frequently discussed topic that has many emotional and legal implications. Adrian Ashurst describes how he organises and structures training sessions on this subject and advises on further reading.

Bogenschutz, M., et al. (2021). "Vietnam and Disability Rights: Perspectives at the Time of Ratification of the UN Convention on the Rights of Persons with Disabilities." International Journal of Disability, Development & Education **68**(5): 717-733.

Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD's core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts.

Byrne, B., et al. (2021). "Enhancing Deaf People's Access to Justice in Northern Ireland: Implementing Article 13 of the UN Convention on the Rights of Persons with

Disabilities." Scandinavian Journal of Disability Research **23**(1): 74-84.
Article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) specifies that disabled people have the right to 'effective access to justice' on an equal basis with others. This includes Deaf people. There is a distinct lack of research which explores the extent to which Article 13 UNCRPD is implemented in practice and which actively involves Deaf people in its implementation and monitoring. This paper shares findings from a rights-based research study co-produced with a Deaf Advisory Group and a Deaf-led organisation. It explores the implementation of Article 13 UNCRPD in Northern Ireland through the experiences of key stakeholders across the justice system including police officers, solicitors, barristers, and judges. The findings of this research study suggest that Deaf people's access to the justice system is not well supported and that current provisions for Deaf people's legal needs fall well short of what is required by the UNCRPD.

Dineen, K. K. (2021). "Disability Discrimination Against People With Substance Use Disorders by Postacute Care Nursing Facilities: It is Time to Stop Tolerating Civil Rights Violations." Journal of Addiction Medicine **15**(1): 18-19.
People with substance use disorders (PWSUDs), including opioid use disorder (OUD), continue to face widespread discrimination, including in health care. As hospitals increasingly provide more appropriate and integrated care for PWSUDs, nursing facilities that provide postacute care are receiving more referrals for patients whose diagnosis of substance use disorders is acknowledged rather than ignored. A concerning number of these facilities refuse to admit or treat PWSUD, especially those with OUD receiving opioid agonist therapy (OAT). This practice violates multiple federal antidiscrimination laws. Postacute care nursing facilities, such a skilled nursing or rehabilitation facilities, must end discriminatory practices against PWSUDs. Legal actors, from government enforcers to public interest lawyers, should utilize existing laws to communicate that noncompliance is no longer tolerated and that the civil rights of PWSUDs matter.

Goggin, G. and K. Ellis (2020). "Disability, communication, and life itself in the COVID-19 pandemic." Health Sociology Review **29**(2): 168-176.
In this article we offer an analysis of a deeply problematic and troubling dual aspect of the COVID-19 pandemic: how disability is being understood within normative accounts of health and medicine to frame, interpret, and respond to its spread and implications; what are the terms of inclusion and exclusion in altered social life in the COVID crisis; and how people with disabilities fare. We find disturbing indications of disablism and oppressive biopolitics in the 'enforcing of normalcy' that frames and dominates COVID reconstruction of social life – a situation that we suggest needs urgent deciphering, critique, and intervention.

Haque, O. S. and M. A. Stein (2020). "COVID-19 Clinical Bias, Persons with Disabilities, and Human Rights." Health & Human Rights: An International Journal **22**(2): 285-290.
In the article, the authors discuss the clinical biases experienced by patients with disabilities during the COVID-19 pandemic and how said stigma affects their equal access to health care. Also cited are how the application of international human rights norms will prevent the biases, the provisions of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), and the COVID-19 care for patients with paraplegia as example.

Johnson, B. J. (2020). "Daily life in National Disability Insurance Scheme times: Parenting a child with Down syndrome and the disability politics in everyday places." Qualitative Social Work **19**(3): 532-548.
Social inclusion for people with disability is bound up with experiences of place in

everyday life. In Australia, the inclusion agenda has been recently propelled by the National Disability Insurance Scheme which promotes – and funds – the full inclusion of people with disability so that their lives are conducted in everyday settings. This article addresses what lies between the aspirational policy principles of full inclusion and the experience of family life with a young child who has Down syndrome. Through auto-ethnographic inquiry, a series of vignettes describe my own encounters in everyday places such as shops, childcare centres and public swimming pools. I focus on 'sense of place' which is generated through everyday practices and can shape individual identity and belonging. Using ideas from feminist poststructuralism and critical disability studies, I argue that ableist discourses on disability are produced by people in everyday places through their attitudes, actions and expectations, disrupting regular family life and imposing oppressive modes of subjectivity upon children with intellectual disability and their parent-carers. In response, parents of children with intellectual disability are challenged to undertake the political labour of everyday disability advocacy. It is important for social work to recognise that this labour can become a significant part of the contemporary parent-carer role.

Mukhopadhyay, S. and E. Moswela (2020). "Disability Rights in Botswana: Perspectives of Individuals With Disabilities." Journal of Disability Policy Studies **31**(1): 46-56.
Even though the United Nations Convention on the Rights of Persons With Disabilities (UN-CRPD) 2006 has been in existence for the last 10 years, the Government of Botswana has not ratified the convention. As a result, individuals with disabilities (IWDs) fail to access services and are at the mercy of the service providers. This qualitative study involved in-depth interviews with 30 IWDs about their experiences related to disability rights. Analysis of the data indicated that IWDs face several challenges in exercising their basic rights; these challenges being (a) stigmatization, (b) infrastructural barriers, (c) transport barriers, and (d) information barriers. Findings suggested that awareness of disability rights among IWDs, caregivers, and the general public was generally low. As a result, many IWDs were not aware of their rights and therefore could not exercise their rights fully.

Puyaltó, C. and M. Pallisera (2020). "Living Independently in Spain: Barriers and Supports from the Views of People with Intellectual Disabilities." International Journal of Disability, Development & Education **67**(3): 306-319.
The Convention on the Rights of Persons with Disabilities recognises the right to independent living. Given the lack of studies carried out in Spain, the aim of this research is to explore the barriers and supports that people with intellectual disability (ID) themselves believe affect their exercising of this right. To this end, an in-depth individual interview was designed and administered to 22 people with ID following various personal pathways. Thematic data analysis was conducted. According to the results, people with ID have highlighted the barriers and supports in different areas of their lives that affect their opportunities to exercise control over their lives, live and participate in ordinary and inclusive spaces within the community. In conclusion, this study helps to identify areas for improvement that are key to exercise the right to independent living.

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.
There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field

pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs.

Wescott, H., et al. (2023). "Participation, Legal Capacity, and Gender: Reflections from the United Nations Partnership on the Rights of Persons with Disabilities Project in Serbia." Disabilities **3**(1): 129-146.

Yilmaz, V. (2020). "An examination of disability and employment policy in Turkey through the perspectives of disability non-governmental organisations and policy-makers." Disability & Society **35**(5): 760-782.
This article examines disability and employment policy in Turkey after the country's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2009 through the perspectives of disability non-governmental organisations (disability NGOs) and policy-makers. Drawing on an exploratory qualitative study, the article analyses how disability NGOs and key policy-makers perceive the impact of this development on disability and employment policy. The article shows disability NGO representatives and policy-makers find the employment policy's over-reliance on the quota method inadequate to put the human rights model into practice. They call for greater policy emphasis on accessibility and effective anti-discrimination enforcement to complement the quota method, which reflects the idea that the human rights model has gained wider acceptance among them. The article, however, also reveals that disability NGOs and policy-makers hold divergent views on what constitutes a human rights approach to disability employment, especially concerning segregation in employment.

ATTITUDES toward disabilities (31)

Aarons, D. E. (2020). "The disability-rights perspective within the bioethics agenda." Nursing Ethics **27**(4): 1056-1065.
The life perspectives of persons with disabilities have been neglected in many countries and particularly in lower- and middle-income countries that have fewer resources to adequately address the societal needs of these persons. Bioethics purports normative standards for the way in which we treat with others, and the virtue of care should be at the heart of everyday life. Human rights are norms that aspire to protect all persons everywhere. Within this milieu, persons with disabilities who make up a significant portion of all societies worldwide meet many social barriers that inhibit their quality of life and leave them greatly disadvantaged in comparison to able-bodied persons. This article focuses on the notion of quality of life, the presumed perspectives of biomedicine and bioethics on disability, the neglect of the lived experience of persons with disabilities, and the discrimination underlying the struggle for equal rights and opportunities for persons with disability. It argues for equal access to social and beneficial medical interventions for persons with disabilities; that persons with disabilities should be seen as different but equal; that their contributions to societal

deliberations would enhance the richness of thought, views, narratives and perspectives; and that society should stop using the term disability and use instead the less value-laden term anomaly. Finally, it recommends educational campaigns to change negative attitudes towards persons with predicaments or anomalies, the respecting of human diversity, collaboration between upper-income and lower- and middle-income countries to develop strategies that seek to change negative attitudes towards persons with anomalies, and the inclusion worldwide of all these matters as a part of a bioethics agenda that advocates for respecting the human rights of persons with anomalies. [ABSTRACT FROM AUTHOR]

Ana Calle, C., et al. (2022). "Access to public transportation for people with disabilities in Chile: a case study regarding the experience of drivers." Disability & Society **37**(6): 1038-1053.

This study explored access to transportation for people with disabilities based on the accounts of public transportation drivers in the Atacama region of Northern Chile. The study is based on the naturalistic paradigm and uses the theory based on the systematic design of Strauss and Corbin. The analyzed data correspond to the open and axial phases of the methodology. Seven group interviews and three in-depth interviews were conducted, using a sample of 57 drivers. Sixteen categories emerged which, upon being refined through the permanent contrast method, allowed three categories and seven subcategories to be established. Social exclusion, barriers to access, and social position were the main categories, and negative perceptions regarding access prevailed. Gaps and access limitations for people with disabilities were evident in drivers' accounts, which indicate an opportunity for a better understanding of the phenomenon. This study evaluated the access of disabled people to public transportation from the perspective of drivers in northern Chile It was found that drivers had a negative attitude and perception towards people with disabilities Drivers often reject disabled passengers, and they believe this can be blamed to the current public policies in Chile Drivers are aware that their service is poorly perceived by society, which causes disabled people to exclude themselves The lack of accessibility in public transportation affects the lives of disabled people as they have reduced access to health services, jobs or social activities. [ABSTRACT FROM AUTHOR]

Bogenschutz, M., et al. (2021). "Vietnam and Disability Rights: Perspectives at the Time of Ratification of the UN Convention on the Rights of Persons with Disabilities." International Journal of Disability, Development & Education **68**(5): 717-733.

Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD's core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts. [ABSTRACT FROM AUTHOR]

Byrne, B., et al. (2021). "Enhancing Deaf People's Access to Justice in Northern Ireland: Implementing Article 13 of the UN Convention on the Rights of Persons with Disabilities." Scandinavian Journal of Disability Research **23**(1): 74-84.

Article 13 of the United Nations Convention on the Rights of Persons with Disabilities

(UNCRPD) specifies that disabled people have the right to 'effective access to justice' on an equal basis with others. This includes Deaf people. There is a distinct lack of research which explores the extent to which Article 13 UNCRPD is implemented in practice and which actively involves Deaf people in its implementation and monitoring. This paper shares findings from a rights-based research study co-produced with a Deaf Advisory Group and a Deaf-led organisation. It explores the implementation of Article 13 UNCRPD in Northern Ireland through the experiences of key stakeholders across the justice system including police officers, solicitors, barristers, and judges. The findings of this research study suggest that Deaf people's access to the justice system is not well supported and that current provisions for Deaf people's legal needs fall well short of what is required by the UNCRPD. [ABSTRACT FROM AUTHOR]

Carew, M. T., et al. (2020). "Predictors of negative beliefs toward the sexual rights and perceived sexual healthcare needs of people with physical disabilities in South Africa." Disability & Rehabilitation **42**(25): 3664-3672.
Background: Although sexuality is a ubiquitous human need, recent empirical research has shown that people without disabilities attribute fewer sexual rights and perceive sexual healthcare to benefit fewer people with disabilities, compared to non-disabled people. Within a global context, such misperceptions have tangible, deleterious consequences for people with disabilities (e.g., exclusion from sexual healthcare), creating an urgent need for effective strategies to change misperceptions. Methods: To lay the groundwork for developing such strategies, we examined predictors of the recognition of sexual rights of people with physical disabilities within the South African context, derived from three key social psychological literatures (prejudice, social dominance orientation and intergroup contact), as well as the relationship between sexual rights and beliefs about sexual healthcare. Data were obtained through a cross-sectional survey, given to non-disabled South Africans (N = 1989). Results: Findings indicated that lack of recognition of the sexual rights for physically disabled people predicted less positive beliefs about the benefits of sexual healthcare. In turn, high levels of prejudice (both cognitive and affective) toward disabled sexuality predicted less recognition of their sexual rights, while prejudice (both forms) was predicted by prior contact with disabled people and possessing a social dominance orientation (cognitive prejudice only). Evidence was also obtained for an indirect relationship of contact and social dominance orientation on sexual healthcare beliefs through prejudice, although these effects were extremely small. Conclusion: Results are discussed in terms of their implications for rehabilitation, as well as national-level strategies to tackle negative perceptions of disabled sexuality, particularly in contexts affected by HIV. Findings demonstrate an empirical link between prejudice toward disabled sexuality, lack of recognition of sexual rights and viewing sexual healthcare of less benefit for disabled people. Consequently, there is need for increased attention to these dimensions within the rehabilitative context. Contact with disabled people, including dedicated interventions, is unlikely to meaningfully impact beliefs about the benefits of sexual healthcare. [ABSTRACT FROM AUTHOR]

de Moura, L., et al. (2019). "Applying the ICF linking rules to compare population-based data from different sources: an exemplary analysis of tools used to collect information on disability." Disability & Rehabilitation **41**(5): 601-612.
Background: Data on disability are regularly collected by different institutions or ministries using specific tools for different purposes, for instance to estimate the prevalence of disability or eligibility of specific populations for social benefits. The interoperability of disability data collected in countries is essential for policy making and to monitor the implementation of the Convention on the Rights of Persons with Disabilities. The first objective of this paper is to map and compare tools that collect data on disability for different purposes, more specifically the Brazilian National Health

Survey and the Brazilian Functioning Index to the World Health Organization (WHO) and the World Bank Model Disability Survey (MDS), currently recommended as a standard tool for disability measurement. The second objective is to demonstrate the usefulness and value of the International Classification of Functioning, Disability and Health Linking Rules to map and compare population-based surveys and other content-related tools collecting data on disability, even when these have already been developed based on the International Classification of Functioning, Disability and Health. Methods: Disability information collected with the three different tools was mapped and compared using the International Classification of Functioning, Disability and Health Linking Rules. Results: Although the disability module in the Brazilian National Health Survey is fundamentally different from the MDS, the mapping disclosed that several modules of the Brazilian National Health Survey already cover many aspects necessary to estimate prevalence and understand disability as currently recommended by the WHO and the World Bank. The Brazilian Functioning Index and the MDS are both based on the International Classification of Functioning, Disability and Health and are very similar in the approach and content of their questions on functioning. Specific information on environmental factors is essential to identify needs and barriers, as well as to devise procedures to reduce injustice and inequalities. This information is still not targeted broadly enough in both the Brazilian National Health Survey and the Brazilian Functioning Index. Conclusions: Overall, this mapping exercise showed that applying the International Classification of Functioning, Disability and Health linking rules to population-based data coming from different sources provides researchers and stakeholders involved in decision-making with standardized and straightforward information about overlaps and gaps. Implications for Rehabilitation: Data on functioning and disability regularly collected with different purposes and by different institutions or ministries within a country can be compared using the International Classification of Functioning, Disability and Health as a reference framework and the International Classification of Functioning, Disability and Health linking rules. The recently published refinements of the International Classification of Functioning, Disability and Health Linking Rules go beyond the sole linking to International Classification of Functioning, Disability and Health categories and provide standardized procedures to document the perspective of linked questions or the categorization of response options. They are therefore useful to compared tools that have been developed based on the International Classification of Functioning, Disability and Health. The current disability module of the Brazilian Health Survey needs a revision to be suitable to collect data on disability that is Convention on the Rights of Persons with Disabilities conform and guarantees interoperability with disability data from other sources in Brazil, especially from disability assessment for social benefits and implementation of policies. [ABSTRACT FROM AUTHOR]

Dermaut, V., et al. (2020). "Citizenship, disability rights and the changing relationship between formal and informal caregivers: it takes three to tango." Disability & Society **35**(2): 280-302.

Citizenship and rights conventionally refer to the ways in which the relationship between the individual and the state is constructed. These concepts concern the vital political and democratic values of freedom, equality and solidarity. As realising the citizenship and rights of disabled people has become an explicit aim of many western democratic governments, we explore in this article how these notions are encompassed in the formal rhetoric of social policy-makers. However, social policy rhetoric is potentially paradoxical when a critical consideration is made about how even promising ideas are implemented in practice. Therefore, we investigate the implications of policy developments based on real-life experiences of informal caregivers. A directed approach to qualitative context analysis was applied. We conclude that these democratic values should be inextricably related and (re)balanced to substantively realise the citizenship and rights of disabled people and their informal caregivers in practice. [ABSTRACT FROM AUTHOR]

Eyraud, B. and I. Taran (2023). "From Substitute to Supported Decision-Making: Participatory Action Research on the Convention on the Rights of Persons With Disabilities." Journal of Disability Policy Studies **34**(1): 39-48.
In this article, we present findings from a participatory action-research program in France on the exercise of human rights and supported and substitute decision-making, inspired by the United Nations Convention on the Rights of Persons with Disabilities ("CRPD"). Bringing together persons with the lived experience of disability; academics; and health, social care, and support professionals, the project used the method of "experience-based construction of public problem" to transform experience into collective expertise. This enabled the exploration of support that people in vulnerable situations, whose capacity to exercise their human rights has weakened, need to make decisions in their lives and participate meaningfully in public debate. The relationship between the awareness of rights and exercise of rights is discussed. We argue for the need to balance out the positions of different contributors in participatory action research, in a reasoned manner, by recognizing the scientific and citizen-based participation of all partners. [ABSTRACT FROM AUTHOR]

Forber-Pratt, A. J., et al. (2019). "Disability Identity and Allyship in Rehabilitation Psychology: Sit, Stand, Sign, and Show Up." Rehabilitation Psychology **64**(2): 119-129.
Purpose/Objective: The purpose of this conceptual paper was to put forth a call for rehabilitation practitioners to consider their role in developing disability identity in their clients, and to understand this action as a form of allyship toward the disability community. Method: This conceptual paper is organized to engage existing disability and disability-identity literature and its clinical implications. Practical tools and skills are offered for rehabilitation practitioners to develop disability identity and engage in disability allyship. Results: An overview of disability identity and its relationship to clinical practice is presented by way of a literature review. Conversation starters and two activities are presented for rehabilitation practitioners to develop and engage with clients about their disability identities. Descriptions of allyship actions for practitioners are presented. Discussion/Conclusion: In this conceptual paper, we framed disability in terms of both the medical and social models and argues that thinking about disability identity requires attention to the social model of disability. This attention is important, because it allows practitioners to think about themselves as allies to a particular community, rather than experts who must only "fix" clients' disabilities to elicit positive identity development. This shift toward allyship requires attention, engagement, and openness to see clients simultaneously as individuals and as members of a powerful, diverse community with a unique identity experience. [ABSTRACT FROM AUTHOR]

Garland-Thomson, R. (2019). "A Cross-Cultural Neuroethics View on the Language of Disability." AJOB Neuroscience **10**(2): 91-92.

Goggin, G. and K. Ellis (2020). "Disability, communication, and life itself in the COVID-19 pandemic." Health Sociology Review **29**(2): 168-176.
In this article we offer an analysis of a deeply problematic and troubling dual aspect of the COVID-19 pandemic: how disability is being understood within normative accounts of health and medicine to frame, interpret, and respond to its spread and implications; what are the terms of inclusion and exclusion in altered social life in the COVID crisis; and how people with disabilities fare. We find disturbing indications of disablism and oppressive biopolitics in the 'enforcing of normalcy' that frames and dominates COVID reconstruction of social life – a situation that we suggest needs urgent deciphering, critique, and intervention. [ABSTRACT FROM AUTHOR]

Gould, J. B. (2021). "Duty, not gratuity: the ethics of social support for people with intellectual disabilities in the United States." Disability & Society **36**(8): 1240-1260.

Many adults with intellectual disabilities require assistance with activities of daily life and life skills training. This support is provided by professional caregivers. Because of low wages, a shortage of caregivers in the United States is now threatening services for adults with intellectual disabilities. The gratuity view treats social support for adults with intellectual disabilities as an undeserved favor. Society owes them nothing as a matter of duty, and they have no right to services. I reject the gratuity view and defend the entitlement view: social care is deserved by adults with intellectual disabilities. Support services in the form of adequate professional caregiving are a human right and offering them a social duty. This article examines the ethics of social support for people with intellectual disabilities by using a case study of the state of Illinois. In order to enjoy a good life, people with intellectual disabilities need day programs and residential services—both staffed by professional caregivers. Because of inadequate government funding, the United States is experiencing a shortage of professional caregivers who assist people with intellectual disabilities. There are two views of social care for people with intellectual disabilities: the gratuity view sees it as an undeserved favor, while the entitlement view sees it as a human right. This article argues that government-funded support services, including professional caregiving, are a matter of justice, not charity. [ABSTRACT FROM AUTHOR]

Gupta, S., et al. (2021). "Dimensions of invisibility: insights into the daily realities of persons with disabilities living in rural communities in India." Disability & Society **36**(8): 1285-1307.

Persons with disabilities in rural India do not have the opportunity to lead a self-determined life and be included in their community as required by the convention on the rights of persons with disabilities. To investigate their experience of living everyday life and the amount of agency they are able to exercise, in-depth interviews were undertaken. The Capability Approach (CA) was used to analyse the situation that was seen in terms of outcome of the interplay between internal and external factors resulting in loss of agency. The results show that the dependency they experience due to lack of adequate support to undertake activities and being completely dependent on the family places them in a vicious circle of 'self-worthlessness'. Reducing the dependency disabled people face and changing perceptions of the community towards disability may break this circle. In rural India persons with disabilities are unable to live a self-determined life and to participate in home and community activities. The research shows that the interaction between personal, social and environmental factors makes it difficult for persons with disabilities to live a self-determined life and increase dependency. The dependency encountered, coupled with the negative attitude of the community towards disability, places the persons with disabilities in a vicious circle of 'worthlessness'. The recommendations suggest reducing the dependency of persons with disabilities on their families, improving the perception of disability in the community and increasing self-esteem of persons with disabilities. [ABSTRACT FROM AUTHOR]

Illes, J. and H. Lou (2019). "A Cross-Cultural Neuroethics View on the Language of Disability." AJOB Neuroscience **10**(2): 75-84.

Jaramillo Ruiz, F., et al. (2023). "The inclusion of disability as a non-trade issue in preferential trade agreements." Global Social Policy **23**(1): 148-166.

This study examines the inclusion of disability provisions in preferential trade agreements (PTAs). We analyse how disability is referenced in 518 PTAs negotiated between 1948 and 2020. As an inductive analysis, our research identifies five main modes of inclusion of disability. In doing so, it problematizes the way disability materializes in PTAs, underscoring the prevalence of a medical model of disability and the limited scope of the provisions regarding the rights of persons with disabilities. These findings contribute to the understanding of the insertion of non-trade issues in international trade agreements and to the place of disability in global governance. [ABSTRACT FROM AUTHOR]

Johnson, B. J. (2020). "Daily life in National Disability Insurance Scheme times: Parenting a child with Down syndrome and the disability politics in everyday places." Qualitative Social Work **19**(3): 532-548.
Social inclusion for people with disability is bound up with experiences of place in everyday life. In Australia, the inclusion agenda has been recently propelled by the National Disability Insurance Scheme which promotes – and funds – the full inclusion of people with disability so that their lives are conducted in everyday settings. This article addresses what lies between the aspirational policy principles of full inclusion and the experience of family life with a young child who has Down syndrome. Through auto-ethnographic inquiry, a series of vignettes describe my own encounters in everyday places such as shops, childcare centres and public swimming pools. I focus on 'sense of place' which is generated through everyday practices and can shape individual identity and belonging. Using ideas from feminist poststructuralism and critical disability studies, I argue that ableist discourses on disability are produced by people in everyday places through their attitudes, actions and expectations, disrupting regular family life and imposing oppressive modes of subjectivity upon children with intellectual disability and their parent-carers. In response, parents of children with intellectual disability are challenged to undertake the political labour of everyday disability advocacy. It is important for social work to recognise that this labour can become a significant part of the contemporary parent-carer role. [ABSTRACT FROM AUTHOR]

Johnson, E., et al. (2020). "Principles of disability support in rural and remote Australia: Lessons from parents and carers." Health & Social Care in the Community **28**(6): 2208-2217.
This study describes the understanding, experiences and expectations of families living in rural and remote Australia regarding core concepts relating to disability service provision, including person-centred practice (PCP), family-centred practice (FCP), transdisciplinary practice (TDP), choice, control, inclusion, and equity. Thirteen parents or carers, each with a child with an intellectual disability aged between 6 and 16 years, living in rural and remote areas as described by the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) and Modified Monash Model (MMM) – were recruited through distribution of flyers (hard copies or by email) to clinicians, schools, and advocacy agencies. Semi-structured interviews were conducted with participants either in-person or via telephone between July and October 2015. Data were analysed using thematic analysis. Participants reported that their understanding of many of the disability principles (PCP, FCP, choice, control, inclusion, and equity) was different from providers, and that many providers struggled to understand families, and therefore they did not share meaning of the principles of best practice disability supports. Families did not identify transdisciplinary practice as a core issue or tenet of effective service delivery. Families also reported experiences of missing out on services, feeling a sense of isolation in their communities, struggling to access skilled therapists, and difficulty finding supports and goals that were relevant to their child. The quality of supports that these families accessed was often below the standard that they expected. They did not expect that support standards will change in rural and remote Australia, so many have very low expectations of the National Disability Insurance Scheme (NDIS) in the future. Although more data will need to be collected as the NDIS and its markets mature, these data show that many rural and remote participants and their supporters have a variety of concerns about how they will access quality allied health services through the Scheme. [ABSTRACT FROM AUTHOR]

Lee, K., et al. (2022). "The Long-term Effect of a Paralympic Sports Class on Korean High School Students' Attitudes towards Peers with Disabilities and Perceptions of Their Human Rights." International Journal of Disability, Development & Education **69**(4): 1360-1372.

Purpose: Negative attitudes towards peers with disabilities can lead to undesirable behaviour and reduced social participation of students with disabilities. The present study aimed to investigate the effectiveness of a Paralympic sports class on the attitudes towards peers with disabilities and perceptions of human rights of Korean high school students without disabilities. Method: Participants were 168 freshmen high school students without disabilities. Participants were randomly divided into two groups. The intervention group participated in a Paralympic sports class and the control group in a general physical education class. The Attitude towards Peer with Disabilities Scale (APDS) and Human Rights Sensitivity Scale (HRSS) were measured three times – pre-intervention, post-intervention, and after a 9-month follow-up period. Results: APDS and HRSS scores significantly increased following intervention and maintained after 12 months. No changes were observed in the control group. Conclusions: The attitudes of high school students towards peers with disabilities and their human rights sensitivity improved and this improvement was maintained for 9 month s after completing a Paralympic sports class. Such classes could provide benefits for the psychosocial development of high school students without disabilities. [ABSTRACT FROM AUTHOR]

Luckasson, R., et al. (2023). "The intellectual and developmental disability shared citizenship paradigm: its cross-cultural status, implementation and confirmation." Journal of Intellectual Disability Research **67**(1): 64-76.

Background: Dramatic changes in societal approaches to people with intellectual and developmental disabilities (IDD), and the services and supports they receive are reflected in a new paradigm that we name the shared citizenship paradigm. The shared citizenship paradigm (1) incorporates an updated and contemporary set of values and beliefs about people with IDD and their right to participate fully in all aspects of life and society; (2) is characterised by a holistic approach to IDD, a contextual model of human functioning, disability rights principles and person-centred implementation strategies; (3) incorporates the exponential growth in knowledge about the causes and characteristics of IDD and factors influencing the elimination of barriers to positive outcomes for people with IDD; and (4) is reflected in international covenants, such as the United Nations Convention on the Rights of People with Disabilities (UNCRPD), and in international policy goals and associated personal outcome domains. Method: We conducted a preliminary survey on the cross-cultural status of the shared citizenship paradigm with a small purposefully sampled international group of professionals known to have extensive knowledge, experience, and publications regarding their country's current IDD-related policies and practices. Results: One or more paradigm components were evident to a moderate degree in the respondents' countries, and the paradigm is being used to provide individualised services and supports, to guide organisation transformation and systems change, and, to a lesser degree, to frame evidence-based inquiry. Conclusions: Core components of the shared citizenship paradigm are present internationally. To further enhance implementation and confirmation of the paradigm, we propose implementation strategies and confirmation techniques. [ABSTRACT FROM AUTHOR]

Mladenov, T. and C. S. Brennan (2021). "The global COVID-19 Disability Rights Monitor: implementation, findings, disability studies response." Disability & Society **36**(8): 1356-1361.

The global COVID-19 Disability Rights Monitor (COVID-19 DRM) has revealed major injustices suffered by disabled people around the world during the first stage of the pandemic, including enhanced institutionalisation, breakdown of essential services in the community, multiplication of intersectional harms, and denial of access to healthcare. In this paper, we present an overview of the COVID-19 DRM and its findings. We also offer a disability studies response by making recourse to the social model of disability, independent living philosophy, and analyses of biopolitics. We argue that the COVID-19 DRM illuminates systemic flaws that predate the pandemic, and that it is these flaws that need to be addressed in post-pandemic efforts at reconstruction. [ABSTRACT FROM AUTHOR]

Mukhopadhyay, S. and E. Moswela (2020). "Disability Rights in Botswana: Perspectives of Individuals With Disabilities." Journal of Disability Policy Studies **31**(1): 46-56.
Even though the United Nations Convention on the Rights of Persons With Disabilities (UN-CRPD) 2006 has been in existence for the last 10 years, the Government of Botswana has not ratified the convention. As a result, individuals with disabilities (IWDs) fail to access services and are at the mercy of the service providers. This qualitative study involved in-depth interviews with 30 IWDs about their experiences related to disability rights. Analysis of the data indicated that IWDs face several challenges in exercising their basic rights; these challenges being (a) stigmatization, (b) infrastructural barriers, (c) transport barriers, and (d) information barriers. Findings suggested that awareness of disability rights among IWDs, caregivers, and the general public was generally low. As a result, many IWDs were not aware of their rights and therefore could not exercise their rights fully. [ABSTRACT FROM AUTHOR]

Pașcalău-Vrabete, A., et al. (2021). "Restricted mobility and unheard voices: perceptions of accessibility and inclusion expressed on Romanian disability-specific blogs and forums." Disability & Rehabilitation **43**(25): 3680-3687.
Concerning psychosocial aproaches to disability, Romania is characterized by significant discrepancies between the Disability Rights legislation and reality, while the input of people with disabilities regarding the matter is largely overlooked. This study aims to explore perceptions regarding Romania's built and sociocultural environment, as they are expressed by bloggers with disabilities and users of disability-specific forums. Data were collected from four personal blogs and three discussion forums on the topic of physical disabilities. Thematic analysis was performed. Four major themes emerged from the analysis: the disabling built environment; the isolating sociocultural environment; blaming others and the past; self-empowerment and the movement towards independent living. The resistance of disabled people to negative perceptions of disability and their calls to action in this regard may foster positive changes in social attitudes towards disability. Romanians with physical disabilities perceive that the adaptation and implementation of inclusion and accessibility regulations are superficial. They promote a proactive defence of their rights, independence, and dignity, to resist against discrimination and stigma resulting from the medicalization of disability. Education regarding disability, its evaluation, and the development of inclusion policies should stop focusing on "incapacity" as an individual attribute and focus more on the disabling roles of environmental factors. Responsible authorities should understand and enforce the implementation of inclusion and accessibility regulations accordingly. [ABSTRACT FROM AUTHOR]

Pașcalău-Vrabete, A., et al. (2021). "Restricted mobility and unheard voices: perceptions of accessibility and inclusion expressed on Romanian disability-specific blogs and forums." Disability & Rehabilitation **43**(25): 3680-3687.
Concerning psychosocial aproaches to disability, Romania is characterized by significant discrepancies between the Disability Rights legislation and reality, while the input of people with disabilities regarding the matter is largely overlooked. This study

aims to explore perceptions regarding Romania's built and sociocultural environment, as they are expressed by bloggers with disabilities and users of disability-specific forums. Data were collected from four personal blogs and three discussion forums on the topic of physical disabilities. Thematic analysis was performed. Four major themes emerged from the analysis: the disabling built environment; the isolating sociocultural environment; blaming others and the past; self-empowerment and the movement towards independent living. The resistance of disabled people to negative perceptions of disability and their calls to action in this regard may foster positive changes in social attitudes towards disability. Romanians with physical disabilities perceive that the adaptation and implementation of inclusion and accessibility regulations are superficial. They promote a proactive defence of their rights, independence, and dignity, to resist against discrimination and stigma resulting from the medicalization of disability. Education regarding disability, its evaluation, and the development of inclusion policies should stop focusing on "incapacity" as an individual attribute and focus more on the disabling roles of environmental factors. Responsible authorities should understand and enforce the implementation of inclusion and accessibility regulations accordingly. [ABSTRACT FROM AUTHOR]

Phillips, B. A., et al. (2019). "College Students' Social Perceptions Toward Individuals With Intellectual Disability." Journal of Disability Policy Studies **30**(1): 3-10.
The purpose of the current study was to describe the social perceptions of American college students toward individuals with intellectual disability (ID), identify factors that influence social perception, and determine if level of functioning alters one's perception. The sample was comprised of 186 American college students. The participants completed the Attitudes Toward Intellectual Disability Questionnaire (ATTID). The ATTID measures five factors--discomfort toward ID, knowledge of capacity and rights, interaction with individuals with ID, sensibility/tenderness, and knowledge of causes. The students' overall social perception toward ID was primarily positive for all factors except for sensibility/tenderness. More positive social perception was found among students with greater knowledge of ID and more frequent and more positive interactions with individuals with ID. In addition, social perception was significantly more negative for lower functioning than higher functioning individuals with ID. This study helped identify factors that need more attention in awareness campaigns and educational programs. [ABSTRACT FROM AUTHOR]

Puyaltó, C. and M. Pallisera (2020). "Living Independently in Spain: Barriers and Supports from the Views of People with Intellectual Disabilities." International Journal of Disability, Development & Education **67**(3): 306-319.
The Convention on the Rights of Persons with Disabilities recognises the right to independent living. Given the lack of studies carried out in Spain, the aim of this research is to explore the barriers and supports that people with intellectual disability (ID) themselves believe affect their exercising of this right. To this end, an in-depth individual interview was designed and administered to 22 people with ID following various personal pathways. Thematic data analysis was conducted. According to the results, people with ID have highlighted the barriers and supports in different areas of their lives that affect their opportunities to exercise control over their lives, live and participate in ordinary and inclusive spaces within the community. In conclusion, this study helps to identify areas for improvement that are key to exercise the right to independent living. [ABSTRACT FROM AUTHOR]

Puyaltó, C. and M. Pallisera (2020). "Living Independently in Spain: Barriers and Supports from the Views of People with Intellectual Disabilities." International Journal of Disability, Development & Education **67**(3): 306-319.
The Convention on the Rights of Persons with Disabilities recognises the right to

independent living. Given the lack of studies carried out in Spain, the aim of this research is to explore the barriers and supports that people with intellectual disability (ID) themselves believe affect their exercising of this right. To this end, an in-depth individual interview was designed and administered to 22 people with ID following various personal pathways. Thematic data analysis was conducted. According to the results, people with ID have highlighted the barriers and supports in different areas of their lives that affect their opportunities to exercise control over their lives, live and participate in ordinary and inclusive spaces within the community. In conclusion, this study helps to identify areas for improvement that are key to exercise the right to independent living. [ABSTRACT FROM AUTHOR]

Robinson, S. and J. Idle (2023). "Loneliness and how to counter it: People with intellectual disability share their experiences and ideas." Journal of Intellectual & Developmental Disability **48**(1): 58-70.
People with intellectual disability are at higher risk of experiencing social isolation in their everyday lives, because of exclusionary practices, discriminatory social policies and structural exclusion. However, less is known about what people with intellectual disability themselves think about loneliness in their lives and what might alleviate it. In this inclusive research study, 17 people with intellectual disability participated in focus groups or individual interviews and talked about what makes them feel lonely and what helps them to feel included. Our findings indicate that the domains of interaction, participation, personal security and attitudes are areas of strong influence on people's experience of inclusion and exclusion and hold opportunities for positive change. Change at systems and community levels is needed to ensure people with intellectual disability are included, have access to disability-ready places that respect their human rights, listen, recognise and include their strategies to alleviate loneliness. [ABSTRACT FROM AUTHOR]

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.
There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs. [ABSTRACT FROM AUTHOR]

Sprong, M. E., et al. (2019). "The Role of Disability in the Hiring Process: Does Knowledge of the Americans with Disabilities Act Matter?" Journal of Rehabilitation **85**(4): 42-49.
Participation in competitive employment and other meaningful work activities is considered a fundamental human right and crucial to the health and well-being of people with and without disabilities. Approximately less than 30% of the persons with a

disability aged 16 to 64 were employed in 2017, which is a striking disparity given that 73.5 % of people in this age group without disabilities were employed. Several 2 x 2 Factorial Designs were used to determine how a job applicant's disability status (disability disclosed, disability not disclosed) and gender (female, male) impacted how Human Resource Managers' (N = 392) evaluated the job applicant in three areas, including (a) how likely are they to hire this job applicant, (b) how qualified do they view this job applicant, and (c) what would they recommend as a starting salary if the applicant was hired. Furthermore, there was an interest in investigating how knowledge of Title 1 of the Americans with Disabilities Act (ADA) influenced the Human Resource Managers' hiring-related decisions. Findings revealed that the starting salary was significantly lower for the applicant with a disability. Knowledge of the ADA did not control for any hiring-related decisions. Discussion and implications are provided. [ABSTRACT FROM AUTHOR]

Wayland, S., et al. (2022). "I had every right to be there: discriminatory acts towards young people with disabilities on public transport." Disability & Society **37**(2): 296-319.
This article examines findings from a qualitative study exploring the experiences of young adults with disabilities regarding their perceptions of interpersonal discrimination on public transport in two Australian states. Interpersonal discrimination by members of the public included contests for accessible seating, receiving unwanted physical assistance, bullying and intimidation. Participants reported that transport staff engaged in verbal abuse and hostile interactions including questioning the young person's disability. These experiences appeared to be influenced by narrow perceptions of disability, visibility or otherwise of the young person's impairment, limited understanding of the needs of young people with disabilities, and the age and gender of the person behaving in a discriminatory way. The discriminatory experiences were reported to have had a negative impact on the social and economic participation of these young adults in their communities. The participants of the study disclosed diverse experiences of interpersonal discrimination by the travelling public and transport officials. Interpersonal discrimination impacted on some of the young adults' capacity to move about freely, as they sought to avoid exposure to prejudicial attitudes and verbal abuse. Heightened concerns about getting to and from activities safely affected the young adults' willingness to use public transport for their daily activities. Eliminating day-to-day interpersonal discrimination that young adults with disabilities experience on public transport requires legislative, policy and societal change. [ABSTRACT FROM AUTHOR]

Yilmaz, V. (2020). "An examination of disability and employment policy in Turkey through the perspectives of disability non-governmental organisations and policy-makers." Disability & Society **35**(5): 760-782.
This article examines disability and employment policy in Turkey after the country's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2009 through the perspectives of disability non-governmental organisations (disability NGOs) and policy-makers. Drawing on an exploratory qualitative study, the article analyses how disability NGOs and key policy-makers perceive the impact of this development on disability and employment policy. The article shows disability NGO representatives and policy-makers find the employment policy's over-reliance on the quota method inadequate to put the human rights model into practice. They call for greater policy emphasis on accessibility and effective anti-discrimination enforcement to complement the quota method, which reflects the idea that the human rights model has gained wider acceptance among them. The article, however, also reveals that disability NGOs and policy-makers hold divergent views on what constitutes a human rights approach to disability employment, especially concerning segregation in employment. [ABSTRACT FROM AUTHOR]

BLACK people (17)

(2021). "COVID-19 in Communities of Color: Structural Racism and Social Determinants of Health." Online Journal of Issues in Nursing **26**(2): N.PAG-N.PAG.
Black, Indigenous, People of Color (BIPOC) communities have a disproportionally high prevalence of COVID-19 and, subsequently, a higher mortality rate. Many of the root causes, such as structural racism and the social determinants of health, account for an increased number of preexisting conditions that influence risk for poor outcomes from COVID-19 as well as other disparities in BIPOC communities. In this article we address Structural Factors that Contribute to Disparities, such as economics; access to healthcare; environment and housing concerns; occupational risks; policing and carceral systems effects; and diet and nutrition. Further, we outline strategies for nurses to address racism (the ultimate underlying condition) and the social and economic determinants of health that impact BIPOC communities. [ABSTRACT FROM AUTHOR]

(2022). "Dismantling the scaffolding of institutional racism and institutionalising anti-racism." Journal of Family Therapy **44**(1): 91-108.
This paper addresses the challenge to organisations seeking to address institutional racism. It is argued that racism is systemic in its historical roots, anchored in racialising discourses, bolstered and fused by the ideology of Whiteness. It describes an approach to organisational consultancy, where the consultant can facilitate change in organisations by adopting an anti-racism stance and approach which disrupts Whiteness and engages the organisation in anti-racism praxis, towards dismantling institutionalised racism. Ways in which this process can be facilitated are outlined, as part of the change process towards institutionalising anti-racism praxis. Practitioner pointsWhat is already known about this topicRacism is historically scaffolded by Whiteness, and it is institutionalised in every aspect of organisations, including in policies, structures and practices.Whiteness is reproduced, including in the theories, models and practices of systemic psychotherapy, our training institutions and services.Scrutinising and disrupting Whiteness in systems in which we work, and in organisations we consult to, is essential to anti-racism praxis. [ABSTRACT FROM AUTHOR]

Anderson, C. A., et al. (2021). "Empowering Community Voices: The Influences of Consumer Race, Disability, and Poverty on Public Vocational Rehabilitation Service Engagement." Journal of Rehabilitation **87**(1): 40-47.
The public Vocational Rehabilitation (VR) program provides key services and supports to individuals with disabilities seeking to improve their employment, careers, and economic mobility. However, engagement in the VR program is not consistent across all populations, with a focus on those residing in historically underserved and marginalized low-income communities of color. The purpose of this study was to better understand the needs of current and former Black American VR consumers residing in a large urban area to inform current and future policy and practice needs within the state agency. While data was collected just prior to the COVID-19 pandemic, the views shared by participants regarding the stress and trauma of experiencing a chronic lack of resource and recommendations for improvements within the public VR program are perhaps even more relevant considering the disproportionate impact of the pandemic on this and similar communities. Recommendations for training and future research to enhance engagement, understanding, and better serve this population through the public VR program are offered. [ABSTRACT FROM AUTHOR]

Arday, J. (2021). "It's the end of the World as we know it: Racism as a global killer of Black

people and their emancipatory freedoms." Educational Philosophy & Theory **53**(14): 1418-1420.
An editorial is presented on Black Lives Matter (BLM) movement reacting to the latest laceration on Black liberty and human rights. Topics include yearning for the emancipatory liberties and human rights of all global citizens particularly Black people; and Britons heralding British Imperialism as a symbol of Britannia's enduring greatness and regardless of the colonial and debilitating impact upon Black communities.

Burrell, M., et al. (2021). "Depicting "the system": How structural racism and disenfranchisement in the United States can cause dynamics in community violence among males in urban black communities." Social Science & Medicine **272**: N.PAG-N.PAG.
A complex system of factors interacting across time shapes community violence. It is not well understood how features of persons, institutions and communities interact as a "system" to produce escalating community violence. We aimed to integrate theoretical and experiential knowledge among young African-American urban males to develop a concept model of key causal structures driving dynamics of community violence escalation over time in a context of historical racism. We analyzed three published sources (two documentary films and one ethnography) containing lived experience perspectives on community violence escalation among African American males in three U.S. cities experiencing civil unrest due to structural racism. Qualitative descriptive analysis identified features in three key thematic categories: racialized policies and practices, economic and social disenfranchisement, and intrapsychic factors. We used causal loop diagramming, a system dynamics method designed for depicting dynamic hypotheses about the system structure producing observed trends over time, to represent the dynamic relationships among identified individual and community variables. The concept model contained key feedback structures capable of generating exponential growth in violence - providing detailed dynamic hypotheses about how violence can beget more violence ("violence escalation") within a community. Referred to as reinforcing feedback loops, these dynamics involved development of kill-or-be-killed norms, civil unrest emerging from racially oppressive policies, internalizing the code of the streets to seek outward displays of power, and processes that get one "stuck" or not able to break out of the system of violence. Qualitative system dynamics methods offered an approach to uncover and hypothesize the complex, dynamic relationships between variables shaping violence escalation trends. The resulting causal loop diagram hypothesized dynamic mechanisms capable of creating and perpetuating racial disparities in community violence escalation, that can be tested in future research to inform action to break observed cycles of community violence. United States, community violence, system dynamics, causal loop diagram, African American, civil unrest, structural racism • Community violence transmission and escalation emerges from feedback structures. • Feedback loops among variables, stocks and flows in communities transmit violence. • Racialized policies and practices from racism leads to factors escalating violence. • Economic opportunity, mobility and intrapsychic factors interact to cause violence. • Kill-or-be-killed norms and displays of power permit violence to perpetuate. [ABSTRACT FROM AUTHOR]

De Almeida, D. A., et al. (2021). "COMBATE AO RACISMO PELO “CENTRO DE CULTURA NEGRA - NEGRO COSME” DE IMPERATRIZ (MA)." COMBATING RACISM BY AT THE “CENTER FOR BLACK CULTURE - NEGRO COSME”, IMPERATRIZ (MA). **46**(3): 1460-1474.
This work aims to discuss and analyze the history of the Center for Black Culture - Negro Cosme (CCN-NC) in the fight against racism and in the promotion of citizenship and human rights in Imperatriz – MA. For the theoretical framework we used Sousa (2013), Gomes (2012), Munanga (2005), Almeida (2018-2020) and others. We adopted

in the methodology the bibliographic research, documentary and structured interview. We point to the action of the Center committed to guaranteeing human rights and the exercise of citizenship of the black population in Imperatriz - MA. And that, his way of doing social militancy assures him a character of black movement educator that seeks to combat racism from within social structures where racial prejudice is entrenched. (English) [ABSTRACT FROM AUTHOR]

Dineen, K. K. and E. Pendo (2022). "Engaging Disability Rights Law to Address the Distinct Harms at the Intersection of Race and Disability for People with Substance Use Disorder." Journal of Law, Medicine & Ethics **50**(1): 38-51.
This article examines the unique disadvantages experienced by Black people and other people of color with substance use disorder in health care, and argues that an intersectional approach to enforcing disability rights laws offer an opportunity to ameliorate some of the harms of oppression to this population. [ABSTRACT FROM AUTHOR]

Dordunoo, D. (2020). "RAÇA NÃO É PATOLÓGICA, MAS O RACISMO É." RACE IS NOT PATHOLOGICAL BUT RACISM IS. **34**: 1-7.
Objectives: To provide a brief history of the race variable, to discuss the misuse of race as a biological rather than a social construction and its implications for the practice of nursing and to suggest racism as a primary determinant of health among people of African descent. Method: Critical reflection on the concept of race and racism. Results: Racism has not changed over the years, but its unit of measurement: race has evolved. Conclusion: It is important to explore the history of the race to understand that African descent has little to do with the physical and mental health profile of black people. The inconsistencies in the classification of people of the same species across countries do not remove the social implications of racism, because the notion of inequality is implicit in racial groups. Disparities in social determinants of health tend to continue and worsen for people of African descent. (English) [ABSTRACT FROM AUTHOR]

El-Mowafi, I. M., et al. (2021). "The politest form of racism: sexual and reproductive health and rights paradigm in Canada." Reproductive Health **18**(1): 1-5.
The Canadian national identity is often understood as what it is not; American. Inundation with American history, news, and culture around race and racism imbues Canadians with a false impression of egalitarianism, resulting in a lack of critical national reflection. While this is true in instances, the cruel reality of inequity, injustice and racism is rampant within the Canadian sexual and reproductive health and rights realm. Indeed, the inequitable health outcomes for Black, Indigenous and people of color (BIPOC) are rooted in policy, research, health promotion and patient care. Built by colonial settlers, many of the systems currently in place have yet to embark on the necessary process of addressing the colonial, racist, and ableist structures perpetuating inequities in health outcomes. The mere fact that Canada sees itself as better than America in terms of race relations is an excuse to overlook its decades of racial and cultural discrimination against Indigenous and Black people. While this commentary may not be ground-breaking for BIPOC communities who have remained vocal about these issues at a grassroots level for decades, there exists a gap in the Canadian literature in exploring these difficult and often underlying dynamics of racism. In this commentary series, the authors aim to promote strategies addressing systemic racism and incorporating a reproductive justice framework in an attempt to reduce health inequities among Indigenous, Black and racialized communities in Canada. [ABSTRACT FROM AUTHOR]

Farr, L. T. (2020). "Taking Action: Increasing Efforts to Promote Diversity, Equity, Inclusion." Journal of the Academy of Nutrition and Dietetics **120**(10): 1629-1631.

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.

Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.

Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Homan, P. A. and T. H. Brown (2022). "Sick And Tired Of Being Excluded: Structural Racism In Disenfranchisement As A Threat To Population Health Equity." Health Affairs **41**(2): 219-227.

Theoretical research suggests that racialized felony disenfranchisement--a form of structural racism--is likely to undermine the health of Black people, yet empirical studies on the topic are scant. We used administrative data on disproportionate felony disenfranchisement of Black residents across US states, linked to geocoded individual-level health data from the 2016 Health and Retirement Study, to estimate race-specific regression models describing the relationship between racialized disenfranchisement and health among middle-aged and older adults, adjusting for other individual- and state-level factors. Results show that living in states with higher levels of racialized disenfranchisement is associated with more depressive symptoms, more functional limitations, more difficulty performing instrumental activities of daily living, and more difficulty performing activities of daily living among Black people. However, there are no statistically significant relationships between racialized disenfranchisement and health among White people. These findings suggest that policies aiming to mitigate disproportionate Black felony disenfranchisement not only are essential for political inclusion but also may be valuable tools for improving population health equity. [ABSTRACT FROM AUTHOR]

King, C., et al. (2021). "From Preproduction to Coproduction: COVID-19, whiteness, and making black mental health matter." The lancet. Psychiatry **8**(2): 93-95.

Obasi, C. (2022). "Black social workers: Identity, racism, invisibility/hypervisibility at work." Journal of Social Work **22**(2): 479-497.

Summary: This article provides a reflexive account of qualitative research with Black female social workers in the North of England. It uses 'Africanist Sista-hood in Britain' as the theoretical framework guiding the research. The data are gathered from six semi-structured interviews and two focus groups. Data were analysed via thematic analysis. Participant data are used to discuss issues of identity, race and racism as they contribute to positions of visibility, invisibility and hypervisibility within the social work spaces discussed. The article challenges Western forms of knowledge production as the dominant discourse in social work research, practice, education and training and links this to wider issues of power, privilege and suppression of marginalised voices. Findings: The findings section reveals examples of racism, marginality, invisibility and hypervisibility as part of the lived experiences of Black female social workers in the study. It includes discussions of 'collective strategic projection' as a consequence of the development of the 'race taboo' often present in these work environments. Applications: The article calls for social work educators, practitioners and the wider academic field to do more to centralise anti-racist approaches in an attempt to challenge racism in social work. [ABSTRACT FROM AUTHOR]

Tosam, M. J. (2020). "Global bioethics and respect for cultural diversity: how do we avoid moral relativism and moral imperialism?" Medicine, health care, and philosophy **23**(4): 611-620.

One of the major concerns of advocates of common morality is that respect for cultural diversity may result in moral relativism. On their part, proponents of culturally responsive bioethics are concerned that common morality may result in moral imperialism because of the asymmetry of power in the world. It is in this context that critics argue that global bioethics is impossible because of the difficulties to address these two theoretical concerns. In this paper, I argue that global bioethics is possible if we adopt a culturally responsive and self-critical attitude towards our moral values and those of others. I use the example of women's reproductive autonomy in indigenous African culture to show that the difference between the leading Euro-American and indigenous African construal of autonomy is that the former ascribes greater weight on individual self-determination while the latter emphasizes responsibilities towards the community. One develops dignity in virtue of their capacity for communing with others. Hence, women have rights, but as members of the community, they also have obligations including the duty to procreate. The involvement of the family in reproductive decisions does not contravene women's dignity and human rights. In applying the principle of autonomy in this communitarian context, one has to be sensitive to these ontological and moral specificities. The aim of global bioethics should not be to reach common grounds at all costs; any common norms should be the result of a negotiated democratic dialogue between cultures and not the result of imposition by the preponderant culture(s).

West, K., et al. (2021). "Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'." British Journal of Social Psychology **60**(4): 1136-1153.

The Black Lives Matter (BLM) movement has been called the 'civil rights issue of our time' (Holt & Sweitzer, 2020, Self and Identity, 19(, p. 16) but the All Lives Matter (ALM) movement swiftly emerged as an oppositional response to BLM. Prior research has investigated some predictors of support for ALM over BLM, but these predictors have thus far not included levels of racial bias or potentially relevant constructions of racism. This pre-registered, cross-sectional study (N = 287) tested the degree to which

White participants' support for ALM could be predicted using measures of racism (implicit and explicit) and ideological stances around the construction of 'racism' (that discourage the recognition of contemporary inequalities and discrimination). Using multiple regression analyses, we found that implicit racism, colour-blind ideology, and narrow definitional boundaries of discrimination positively predicted support for ALM over BLM. Explicit racism, collective narcissism, and right-wing political orientation did not predict ALM support, nor did any (2-way) interaction of these predictors. Implications for our understanding of the All Lives Matter movement are discussed. [ABSTRACT FROM AUTHOR]

CONVENTION on the Rights of Persons with Disabilities (28)

Aluh, D. O., et al. (2022). "Nigeria's mental health and substance abuse bill 2019: Analysis of its compliance with the United Nations convention on the rights of persons with disabilities." International Journal of Law & Psychiatry **83**: N.PAG-N.PAG.
Countries are struggling with reconciling their national mental health legislation with the CRPD approach, which stresses equality as the focal point of legislation, policies, and practices that affect people with disabilities. Several failed attempts have been made over the last two decades to update Nigeria's obsolete mental health legislation. The most recent attempt is the Mental Health and Substance abuse Bill 2019, which aims to protect the rights of people with mental health needs. It addresses many areas neglected by previous bills, such as non-discrimination of people with mental and substance use problems in the exercise of their civil, political, economic, social, full employment, religious, educational, and cultural rights. It categorically prohibits the use of seclusion in the treatment of people with mental health problems, makes provision for service users to be members of the Mental health review tribunal and allows for the protection of privacy and confidentiality of information about people with mental health problems. While keeping to most of WHO's recommendations for mental health legislation, the bill diverges from the CRPD's recommendations by allowing forced admission and treatment based on mental capacity, substitute decision-making by legal representatives or closest relatives, and non-prohibition of coercive practices. The bill does not make provisions for advance directives and is silent on informed consent to participate in research. Despite the bill's deficiencies, it would be a significant step forward for the country, whose current mental health legislation is the Lunacy Act of 1958. Although the CRPD has left it unclear how countries, especially low resource countries, should go about creating a workable legal framework, it is clear that all countries are expected to join the current global effort to eliminate, or at least reduce to the barest minimum, the use of coercion in mental health care. We expect that future revisions of this bill will examine its limitations in light of Nigeria's socio-cultural context. [ABSTRACT FROM AUTHOR]

Badran, L., et al. (2023). "‘i am an arab palestinian living in israel with a disability’: Marginalisation and the limits of human rights." Disability & Society.
This article examines Arabs with disabilities living in Israel. Centring their experiences and voices, it argues that the group’s marginalisation is predominantly shaped by the ongoing political conflict. Arabs in Israel suffer deep social and institutional marginalisation on the basis of their ethnic identity and perceived threat and opposition to the state. Arabs with disabilities are neither exempted nor alleviated from this discriminatory framework. Therefore, those services, rights, and policies which are in place are not always fully granted, revealing the deficiency of a rights-based model for advancing their cause. Strikingly, however, it is the barriers and limiting normative beliefs within the community of Arabs in Israel where discrimination is most acutely felt. Being seen only through their disability means a battle for acceptance, integration,

and participation in Arab society. Again, without a significant shift in social awareness and underlying normative perceptions, a rights-based model will only go so far. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Chua, H. (2023). "The Voluntary Sterilisation Act: Best Interests, Caregivers, and Disability Rights." Medical Law Review **31**(2): 205-225.
How can caregivers' interests be balanced with disability rights in decisions about whether to sterilise an intellectually disabled person? This question is considered in the context of Singapore, a commonwealth country that lacks a test case. Singapore has a lesser-known history of eugenics, and has struck an uneasy compromise between communitarian values and obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in recent years. This article provides an overview of Singaporean law under the Voluntary Sterilisation Act 1974 and the Mental Capacity Act 2008, and compares this with the law in Canada, England and Wales, and Australia. This article also situates the CRPD in the context of Singapore's dualist view of international law and communitarian approach to disability policy. It argues that CRPD rights to bodily integrity can be presumptively upheld in best interests determinations on sterilisation, while caregivers' interests can be accommodated in a relational understanding of best interests. A decisional framework along these lines is proposed. (© The Author(s) 2022. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Chubb, D. and N. Zadeh-Cummings (2023). "International engagement with North Korea: disability, human rights and humanitarian aid." Third World Quarterly **44**(1): 134-151.
This article examines disability rights in North Korea as an area of shared interest between humanitarian workers (who operate inside, with the consent of North Korean authorities) and human rights actors (who work outside, in defiance of the regime). Disability issues represent a notable deviation from the usual separation evident between these actors when it comes to their work on North Korea, insofar as the issue is one that both groups agree represents a critical area for engagement. Drawing from a small but deep pool of expert interviews, this article argues that international practitioners across these approaches recognise evidence of improvements in the area of disabilities inside North Korea and perceive potential for further meaningful change in a country that can be difficult to understand and challenging to achieve progress within. It further argues that the human rights model of disability provides a conceptual framing rooted in the disability studies literature, which allows for a clearer articulation of the shared meanings embedded in the different approaches to disability in North Korea. [ABSTRACT FROM AUTHOR]

Colon-Cabrera, D., et al. (2021). "Examining the role of governmsent in shaping disability inclusiveness around COVID-19: a framework analysis of Australian guidelines." International Journal for Equity in Health **20**(1): 1-11.
Background: The COVID-19 pandemic has uncovered the ways in which disabled people are made more vulnerable due to structural inequalities. These vulnerabilities are the result of the interaction between individual and structural factors that shape how risk is experienced by disabled people. In Australia, these vulnerabilities are influenced by the way disability services and care for disabled people are delivered through a consumer-directed approach. We analysed the policies and documentation made by the Australian Government and state and territory governments during the pandemic to explore whether these were disability-inclusive. We aimed to unpack how these policies shaped disabled people as vulnerable citizens. Methods: Guided by documentary research, we used framework analysis to examine the policies of the Australian Government and state and territory governments. We analysed legislation that was given royal assent by the federal, state and territory governments, and documents (reports, fact

sheets, guidance documents, etc.) published by the federal government and the state of Victoria (given that this state experienced the brunt of the epidemic in Australia) between February 2020 to August of 2020. Results: We found that most of the resources were not aimed at disabled people, but at carers and workers within disability services. In addition, most policies formulated by the Australian Government were related to the expansion of welfare services and the creation of economic stimulus schemes. However, while the stimulus included unemployed people, the expansion of benefits explicitly excluded disabled people who were not employed. Most of the legislation and documents offered accessibility options, though most of these options were only available in English. Disability oriented agencies offered more extensive accessibility options. Conclusions: The findings indicate a large number of documents addressing the needs of disabled people. However, disability-inclusiveness appeared to be inconsistent and not fully considered, leaving disabled people exposed to greater risk of COVID-19. Neoliberal policies in the health and welfare sector in Australia have led to an individualisation of the responsibility to remain healthy and a reliance on people as independent consumers. Governments need to take a clear stance towards the emergence of such a discourse that actively disvalues disabled people. [ABSTRACT FROM AUTHOR]

Cratsley, K. (2020). "Human rights and global mental health policy: moving beyond the moral impasse." European Psychiatry **63**: S165-S165.

Introduction: The field of mental health is currently at a moral impasse. Recent developments have brought a new level of ethical scrutiny, particularly to psychiatry's role as social and legal arbiter. Most notably, the United Nations' Convention on the Rights of Persons with Disabilities (CRPD) includes an unprecedented commitment to legal capacity as an inviolable right. Alongside this, the service user movement continues to call for reform, and the rapidly growing body of research on coercion within psychiatry only further complicates its moral status. Objectives: The aim of this presentation is to address the implications of these pressing issues. The question that the field must confront can be simply put: how can we reconcile the commitment to protecting the dignity of services users with the need to retain coercive treatment as an intervention of last resort?. Methods: These issues are evaluated from an ethical and policybased perspective, in light of core human rights commitments and prevailing global health policy frameworks. Results: There are few easy answers, but constructive compromise positions are available. For instance, the continuing debate surrounding the CRPD can be resolved through flexible implementation, allowing for coercive measures in select, highly regulated cases. This is not necessarily inconsistent with an otherwise unalloyed commitment to respecting service users' subjective best interests (which may value well-being over health). Conclusions: Mental health must continue to grapple with the ethical implications of coercive practices. While the CRPD has been the source of considerable consternation, international policy directives still represent important instruments for the protection of human rights. [ABSTRACT FROM AUTHOR]

de Beco, G. (2023). "Taking economic and social rights earnestly: What does international human rights law offer persons with disabilities in situations of armed conflict?" International Review of the Red Cross **105**(922): 306-322.

This article studies the economic and social rights of people with disabilities in times of armed conflict. While hostilities prevent them from accessing the essential goods and services that they rely on to enjoy these rights, the topic has attracted little attention to date. Calling upon international human rights law, the article applies the Convention on the Rights of Persons with Disabilities, with a view to complementing the provisions of international humanitarian law. It focuses on the requirements above the provision of medical care and examines the legal obligations attached to economic and social rights. [ABSTRACT FROM AUTHOR]

Ebuenyi, I. D., et al. (2019). "Legal and policy provisions for reasonable accommodation in employment of persons with mental disability in East Africa: A review." International Journal of Law & Psychiatry **64**: 99-105.

Despite an elaborated framework on reasonable accommodations in the UN Convention on the Rights of Persons with Disabilities (UN CRPD), persons with mental disabilities continue to face significant limitations to employment in East Africa. The aim of our study is to explore legal provisions related to reasonable accommodations in the employment-related laws regarding persons with mental disabilities in East Africa, and to suggest ways to bridge the gap between principles of international law and provisions of domestic laws. The disability, labour and human rights laws of 18 East African countries were accessed from the database of WHO MiNDbank and the International Labour Organisation. These laws were reviewed in the light of the framework of Article 27 of the UN CRPD. We found that 15 (83%) of the countries in East Africa have ratified the UN CRPD, and 12 (67%) have formulated an explicit definition of disability that includes mental illness. Eleven countries (61%) have explicit laws mandating employers to provide reasonable accommodations for persons with a mental disability. Eight countries (44%) have submitted a state report to the CRPD Committee. Lack of clear and specific definition of reasonable accommodations or the existence of vague definitions create challenges. If persons with a mental disability are to exercise their right to inclusive and gainful employment, there is a need for legal reforms that guarantee access to inclusive employment practices. [ABSTRACT FROM AUTHOR]

Fontaine, F. (2019). "Inclusive education for learners with disabilities: the role of the European Union." Developmental Medicine & Child Neurology **61**(2): 109-109.

The article offers information on Petitions Committee of the European Parliament. It informs that the Committee organizes annual events in its implementation of the United Nations Convention on the Rights of Persons with Disabilities; efforts of the Committee in offering services for people with disabilities; use of inclusive education for helping the same. It also informs on human rights of the people with disabilities.

Francis, L. (2019). "Maintaining the Legal Status of People with Intellectual Disabilities as Parents: The ADA and the CRPD." Family Court Review **57**(1): 21-36.

People with intellectual disabilities face proceedings to terminate their parental rights with disturbing regularity, with protecting the interests of offspring the primary justification. Although protecting children from harm is surely critical, these termination proceedings involve problematic assumptions about how fitness to parent is understood, how parenting is legally constructed, and what nondiscrimination requires for parents with intellectual disabilities. Using Article 12 of the Convention on the Rights of Persons with Disabilities as a model, it suggests two alternatives to the all-or-nothing termination processes in place today that might better realize the enjoyment of legal capacity as parents on an equal basis with others for people with intellectual disabilities: limited terminations analogous to limited guardianships and supported parenting along the lines of supported decision making proposed in the CRPD. Key Points for the Family Court Community: State statutes that list parental intellectual disability or mental illness as grounds to be considered in proceedings for termination of parental rights are discriminatory and should be amended; states should be required instead to provide clear evidence of risks of harm to the child in termination proceedings.States are obligated under the Americans with Disabilities Act (ADA) to provide individualized assessments of parental capacities and reasonable accommodations in services for parents with intellectual disabilities; these may include adjustments in time frames, visitation structures, or instructional methods.Failure to provide accommodations for parents with intellectual disabilities may be violations of the ADA even in states holding that the failure to provide ADA accommodations is not a defense to a termination of parental rights.Limited terminations and supported decision making should be considered instead of all-or-nothing terminations of parental rights. [ABSTRACT FROM AUTHOR]

Georgaca, E., et al. (2023). "Assessing quality of care and observance of human rights in residential mental health facilities in Greece through the WHO QualityRights tool kit." International Journal of Psychology **58**(1): 59-68.
In this paper, we present and reflect upon the process of evaluating two residential mental health facilities in Thessaloniki, Greece, through the WHO QualityRights tool kit. The QualityRights tool kit is a structured process for assessing quality of care and human rights in mental health and social care facilities, in accordance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), introduced by the World Health Organization in 2012. We have piloted the use of the Toolkit in two supported accommodation facilities, a hostel and a service supervising independent living in apartments, for individuals with long-term severe mental health problems in the region of Thessaloniki. In this paper, we present the methodology and process of evaluating the facilities, including the challenges posed to the evaluation process by restrictions due to the Covid-19 pandemic. We showcase the outcome of this evaluation through presenting a summary of the results and the ensuing recommendations for improvement. Finally, we reflect on the usefulness, appropriateness and relevance of the Toolkit for evaluating mental health care facilities in the particular context of contemporary Greece. [ABSTRACT FROM AUTHOR]

Gómez, L. E., et al. (2022). "Quality of life and the International Convention on the Rights of Persons with Disabilities: Consensus indicators for assessment." Psicothema **34**(2): 182-191.
Background: The quality of life construct provides an ideal conceptual framework for translating such abstract concepts as self-determination, equity, accessibility, and inclusion. Through consultation with expert raters, we sought to develop and validate a bank of indicators and items, based on the quality of life conceptual framework, to be used as a means of evaluating and implementing the Articles of the Convention on the Rights of Persons with Disabilities (CRPD). Method: Thirty-two experts in the field of intellectual and developmental disabilities participated, rating the suitability, importance, and clarity of a bank of 296 items, as well as the relevance of controlling for 70 sociodemographic variables. Results: After qualitative and quantitative analysis of the data, the final selection comprised 60 sociodemographic variables and 153 items that scored highly on all criteria and produced an excellent level of agreement between the experts. Conclusions: This bank of items and set of sociodemographic variables constitute the pilot version of a CRPD assessment and monitoring instrument with sufficient evidence of content validity, which may be useful in developing evidence-based practices and in detecting rights violations. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Gordon, S., et al. (2022). "From Substitute to Supported Decision Making: Practitioner, Community and Service-User Perspectives on Privileging Will and Preferences in Mental Health Care." International journal of environmental research and public health **19**(10).
Compliance with the Convention on the Rights of Persons with Disabilities (CRPD) requires substitute decision making being abolished and replaced with supported decision making. The current exploratory study involved a series of hui (meetings) with subject matter experts across the spectrum of the mental health care system to identify interventions facilitative of supported decision making; and the prioritisation of those in accordance with their own perspectives. A mixed-methods approach was used to categorise, describe and rank the data. Categories of intervention identified included

proactive pre-event planning/post-event debriefing, enabling options and choices, information provision, facilitating conditions and support to make a decision, and education. The category of facilitating conditions and support to make a decision was prioritised by the majority of stakeholders; however, people from Māori, Pasifika, and LGBTQIA+ perspectives, who disproportionally experience inequities and discrimination, prioritised the categories of proactive post-event debriefing/pre-event planning and/or information provision. Similar attributes across categories of intervention detailed the importance of easily and variably accessible options and choices and how these could best be supported in terms of people, place, time, material resources, regular reviews and reflection. Implications of these findings, particularly in terms of the operationalisation of supported decision making in practice, are discussed.

Guerrero Morales, J. (2022). "Progresividad en el acceso al trabajo de las mujeres con discapacidad en Colombia." Progressivity in Access to Work for Women with Disabilities in Colombia. **71**: 225-238.
This article's purpose is to determine the status of the fulfillment of the progressive equality concerning access to for women with disabilities. The article uses qualitative-descriptive and analytical methodology. It integrates the systematization and classification of the State's obligations in this matter and is based on interviews with the relevant entities. Their compliance is evaluated based on indicator 27.4 of the Committee of the Convention on the Rights of Persons with Disabilities (CRPD). It concludes that, in Colombia, there is no updated and consistent information about this topic. Neither law nor public policies have been made specifically to recognize, strengthen, and assure the enjoyment of this right under equal conditions. (English) [ABSTRACT FROM AUTHOR]

Harris, J. E. (2019). "Legal Capacity at a Crossroad: Mental Disability and Family Law." Family Court Review **57**(1): 14-20.
In this introductory essay to the Special Issue, I argue that both family law and disability rights law scholars should examine a key point of intersection across areas: legal capacity or the law's recognition of the rights and responsibilities of an individual. For example, parental termination proceedings center on parental fitness and functional capabilities. I contextualize the articles in the Special Issue by Leslie Francis and Robyn Powell on the role of reasonable accommodations for parents with disabilities in parental termination proceedings. In addition, I call upon legal scholars, family law courts, and practitioners to reimagine governing legal standards in family law according to principles of universal design to shift the baseline capabilities associated with parenting and parental fitness. Key Points for the Family Court Community: Legal capacity is an underexplored intersection between family law and disability rights law.There are two ways to think about applying a critical disability lens to family law proceedings such as parental rights terminations. First, courts and practitioners should consider the ways in which disability rights laws, such as the Americans with Disabilities Act, require courts to apply differential standards of parental fitness as reasonable accommodations. Second, and more radically, rather than providing reasonable accommodations and maintaining the current normative baselines, the author challenges institutional designers to consider principles of universal design that challenge the normative standards themselves.This introductory article contextualizes the articles in this Special Issue of Family Court Review. [ABSTRACT FROM AUTHOR]

Herro, A. (2019). "The Pre-negotiation of UN Human Rights Treaties: The Case of the Convention on the Rights of Persons with Disabilities." International Negotiation **24**(2): 240-265.
Since 1965, nine UN human rights treaties have been adopted. Surprisingly, we know

little about the conditions under which states arrived at the negotiation table because there has been no serious attempt to empirically identify the unique attributes of pre-negotiation in this context. This article examines the pre-negotiation of the UN Convention on the Rights of Persons (CRPD), drawing on diverse qualitative data sources such as interviews with state and non-state participants. Informed by a constructivist perspective, this study identifies esteem-seeking behavior as a key motivation for some states to negotiate. The article also shows how a transnational advocacy network influenced the pre-negotiation process by leveraging states' esteem-seeking ambitions and appealing to their reputation as a way of pushing parties to negotiate. Additional tactics that the transnational advocacy network employ at the international level to expedite negotiations are also identified. [ABSTRACT FROM AUTHOR]

Hilgert, J. (2020). "Deeming Laws and Practices as Violations of the Rights of People With Work-Acquired Disabilities in Canada." New solutions : a journal of environmental and occupational health policy : NS **29**(4): 536-544.

Kakoullis, E. J. (2019). "Monitoring mechanisms designed to serve persons with intellectual disabilities: exploring the implementation of Article 16 CRPD in Cyprus." International Journal of Law in Context **15**(1): 33-50.
In its concluding observations for Cyprus, the UN Convention on the Rights of Persons with Disabilities (CRPD) Committee stated that it 'is concerned about the insufficiency of legal provisions and accessible mechanisms to detect, report, prevent and combat all forms of violence'. 1 This paper focuses on the independent monitoring obligation Article 16(3) CRPD places on states parties, and discusses the implications of the insufficient implementation of Article 16(3) as it affects adults with intellectual disabilities in Cyprus. It examines the existing monitoring frameworks, explains why they do not meet with Article 16(3) CRPD requirements and explores the relationship of the national human rights institutions (NHRIs) with Article 16(3). This paper enables understanding as to how, despite pre-existing monitoring frameworks in place, no independent monitoring action has been taken since the ratification of the CRPD. It argues that there is an immediate need for measures to achieve the implementation of Article 16(3) and makes recommendations for Cyprus and other states parties. [ABSTRACT FROM AUTHOR]

Kienzler, H., et al. (2022). "The experience of people with psychosocial disabilities of living independently and being included in the community in war-affected settings: A review of the literature." International Journal of Law and Psychiatry **81**: 101764.
This article explores the experience of people with psychosocial disabilities with independent living and community inclusion in war-affected settings. While the UN CRPD obliges states to protect the rights of persons with psychosocial disabilities to community living (Article 19) in contexts of war (Article 11), information is lacking about people's lived experience. We reviewed studies published between 1980 and 2020, exploring concepts central to the CRPD's Article 19. Sixteen articles met the inclusion criteria. Findings indicate that support for persons with psychosocial disabilities is lacking while also being insufficiently described; little information is available about types of mental health and psychosocial support services; and data are almost absent about access to community services available for the general population. To ensure independent living and community integration in contexts of war, we emphasize the need for comprehensive and intersectional approaches that are locally relevant, participatory, and based on human rights. (Copyright © 2021 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Newton-Howes, G. and S. Gordon (2020). "Who controls your future: The convention on the

rights of persons with disabilities from a service user focused perspective." Australian & New Zealand Journal of Psychiatry **54**(2): 134-137.
Although notions of personal autonomy are increasingly enshrined as the primary principle of ethical medical practice, psychiatry appears to have real difficulty in applying this. Notions such as compulsory treatment and mental health legislation serve to reinforce paternalism. This may not be in the interests of either the patient or the doctor. The Convention on the Rights of Persons with Disabilities (CRPD), although providing no new rights to mental health patients, has led to guidance as to what existing rights entail and how they should be applied. While service users were involved in the drafting of the Convention on the Rights of Persons with Disabilities, what is lacking is service user focused perspectives in the critique and debate that has ensued in response to the Convention on the Rights of Persons with Disabilities committee's informed guidance as to the correct interpretation of the rights. Furthermore, consideration of how to translate the rights into practice is also lacking. This co-produced viewpoint aims to contribute to this debate and provides a brief overview of a novel educational approach to translating the Convention on the Rights of Persons with Disabilities committee's guidance into clinical practice. [ABSTRACT FROM AUTHOR]

O'Sullivan, C. and D. Ferri (2020). "The Recast Reception Conditions Directive and the Rights of Asylum Seekers with Disabilities: Opportunities, Challenges and the Quest for Reform." European Journal of Migration & Law **22**(2): 272-307.
In recent years, the European Union (EU) has, like much of the developed world, experienced a sustained period of inward migration from refugee-producing States in Africa and the Middle-East. This 'refugee crisis' has placed a strain not only on the political will of the EU institutions and Member States to find a satisfactory resolution to deal with the flow of migrants, but also on their ability to put in place fair processes for any resulting claims for asylum and to adequately support the needs of asylum seekers while those claims are being processed. This article discusses the latter issue from a discreet angle, focusing on how the EU has addressed the needs of asylum seekers with disabilities. As a party to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which enjoys sub-constitutional status within the EU legal order, the EU is obligated to interpret all legislation in light of the Convention. Thus, this article seeks to assess the degree to which Directive 2013/33/EU on the material reception conditions for asylum seekers can protect and promote the rights of asylum seekers with disabilities and fulfill the 'human rights model of disability' embedded within the CRPD. It also assesses the most recent proposal to replace the Directive, and examines whether the potential shortcomings within it have been addressed thus far. Ultimately, it finds that the ambiguities and lack of procedural certainty within the current Directive provide too much room to derogate from the standards arguably mandated by the Convention, and these have yet to be addressed within the new Proposal. [ABSTRACT FROM AUTHOR]

Pang, S. (2019). "Criminalising Health Care? The Use of Offences in the Mental Health Act 2015 (ACT)." Journal of law and medicine **26**(3): 638-654.
Mental health statutes in every Australian jurisdiction contain penalties for breaching certain provisions. The Australian Capital Territory's new Mental Health Act 2015 (ACT) is notable in using not only financial penalties, but also including specific offences and the possibility of imprisonment to regulate certain procedures related to the involuntary detention and treatment of those with mental illness. The penalties for committing the offences range from small fines to 12 months' imprisonment. There is a concern that the threat of criminal punishment may discourage practitioners from routinely using the Act's immediate detention procedure. Failure to adhere to extensive notification requirements can result in financial penalties. Private psychiatric facilities

may also face particular penalties. The inclusion of separate provisions which are specifically labelled as offences in mental health legislation has received minimal attention. Criminalising aspects of mental health care creates stigma, may encourage defensive medical practice, and works against the recovery movement. There is a slow development of this trend in other health specialties.

Pinilla-Roncancio, M., et al. (2020). "Data and human rights for persons with disabilities: the case of deprivation of liberty." International Journal of Human Rights **24**(6): 828-849.
The purpose of this article is to analyse the available evidence on deprivation of liberty based on disability in 15 countries from the five regions of the world. We analysed international and regional human rights legislation and collected legal and statistical information on this topic in each of the countries. Using this information, we study how countries are collecting and analysing data, and how the analysis of the fulfilment of human rights for people with disabilities can be limited by the non-fulfilment of duties concerning data collection. A list of 31 indicators was elaborated and a questionnaire was designed to collect information on these indicators. The findings reveal that, despite a general commitment to the right to liberty, there is a contradiction within national legal frameworks, allowing for disability-specific deprivation of liberty. In all countries, available information was incomplete or outdated. No country has information regarding the number of institutions for people with disabilities or the total number of people with disabilities living in disability-specific settings. There is a generalised lack of valid data on this topic, creating barriers for the analysis of the negative consequences of deprivation of liberty on the lives of persons with disabilities around the globe. [ABSTRACT FROM AUTHOR]

Puyaltó, C., et al. (2022). "Challenges of having a loving partner: The views of adults with intellectual disabilities." International Journal of Developmental Disabilities **68**(1): 64-72.
Background: Making decisions about feelings and relationships is a challenge for many people with intellectual disabilities (ID). The aim of this article is to explore their opinions regarding the difficulties they experience in relation to having a partner and living together. Method: Nine advisers with ID with experience in inclusive research discussed issues about having a loving partner during 8 meetings. Discussions were recorded, and a thematic content analysis was conducted. Results: The results show that the network of social relationships, control over one’s own intimate relationships, obtaining the right support and having training in couple relationships are key elements in people with ID having a satisfying couple relationship. Conclusions: The research gives visibility to the difficulties that people with ID encounter in having intimate couple relationships and sheds light on the need to undertake actions that contribute to their right to intimate citizenship. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Ramanujam, N. and N. Caivano (2023). "Centering economic inclusion in policy for realizing disability rights in india." Disability & Society.
The impact of the coronavirus pandemic on persons with disabilities has laid bare the link between health and economic outcomes. This article reviews the legal and policy framework impacting economic outcomes for persons with disabilities in India against the backdrop of the Sustainable Development Goals (SDGs) on poverty, economic growth, and productive employment. It offers a policy framework for realizing the human rights of persons with disabilities by advancing their inclusion in India’s economic development. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Wharehoka, T. (2021). "DISABILITY RIGHTS AND COMPULSORY PSYCHIATRIC TREATMENT: THE CASE FOR A BALANCED APPROACH UNDER THE

MENTAL HEALTH (COMPULSORY ASSESSMENT AND TREATMENT) ACT 1992." Victoria University of Wellington Law Review **52**(1): 221-244.
This article argues the New Zealand Government's current approach to compulsory psychiatric treatment is unjustifiable in a human rights context. Under s 59 of the Mental Health (Compulsory Assessment and Treatment) Act 1992, clinicians are empowered to administer compulsory psychiatric treatment to individuals without, or contrary to, their consent. This article analyses s 59, and its underlying justifications, in light of the New Zealand Government's commitments under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Further, it analyses the approach for compulsory psychiatric treatment advocated by the UNCRPD in light of Aotearoa New Zealand's mental health context to evaluate whether this approach would be more desirable than the current approach under s 59. The article then advocates for a more balanced approach to compulsory psychatric treatment which puts the rights of disabled individuals at the forefront and also ensures there are limits to these rights which are justifiable within a human rights context. [ABSTRACT FROM AUTHOR]

Williams, J. and E. Y. Drogin (2019). "Older adult mental health law special issue, International Journal of Law and Psychiatry." International Journal of Law & Psychiatry **66**: N.PAG-N.PAG.

Ковачек, Г. Б. and С. О. Самарџић (2023). "ПЕРСПЕКТИВЕ ПОТПУНИЈЕГ ОСТВАРИВАЊА ПРАВА ИЗ ЧЛАНА 12 КОНВЕНЦИЈЕ УЈЕДИЊЕНИХ НАЦИЈА О ПРАВИМА ОСОБА СА ИНВАЛИДИТЕТОМ У РЕПУБЛИЦИ СРБИЈИ." Perspectives of More Complete Realization of Rights from Article 12 of the UN Convention on the Rights of Persons with Disabilities in the Republic of Serbia. **57**(1): 19-38.
Recognition of per sons with disabilities as deserving of the same rights, i.e. equality before the law is clearly highlighted in the UN Convention on the Rights of Persons with Disabilities from 2006. In addition to this Convention, the European Court of Human Rights has stated in its decisions that even a more serious mental deficiency can not be the only reason for the deprivation of le gal capacity. In some countries, this understanding has been approved and accepted for a long time, and significant steps have been taken, primarily in the sense of abolishing a complete deprivation of legal capacity and moving to a system of providing support in decision-making instead of providing substitute decisionmakers. In the Republic of Serbia, laws passed more than two de ca des ago are still in force and still unchanged regarding questions of legal capacity, which in practice leads to complete de privation of legal capacity as a dominant way of decision-making. Although the Preliminary Draft of the Law on Amendments and Supplements to the Family Law has been drawn up, according to which complete deprivation of legal capacity is replaced by “restriction of le gal capacity”, it seems that this change may not bring substantial changes. It is necessary to work on changing the political narrative and understanding first in or der for the real changes to actually occur. (English) [ABSTRACT FROM AUTHOR]

Cultural Diversity (28)

(2021). "Diversity Awards." Johns Hopkins Nursing **19**(2): 23-23.

An, K. and H. Ahn (2022). "A journey to reach diversity, equity, and inclusiveness within SNRS." Research in Nursing & Health **45**(3): 272-273.

Anderson, C. A., et al. (2021). "Empowering Community Voices: The Influences of Consumer

Race, Disability, and Poverty on Public Vocational Rehabilitation Service Engagement." Journal of Rehabilitation **87**(1): 40-47.
The public Vocational Rehabilitation (VR) program provides key services and supports to individuals with disabilities seeking to improve their employment, careers, and economic mobility. However, engagement in the VR program is not consistent across all populations, with a focus on those residing in historically underserved and marginalized low-income communities of color. The purpose of this study was to better understand the needs of current and former Black American VR consumers residing in a large urban area to inform current and future policy and practice needs within the state agency. While data was collected just prior to the COVID-19 pandemic, the views shared by participants regarding the stress and trauma of experiencing a chronic lack of resource and recommendations for improvements within the public VR program are perhaps even more relevant considering the disproportionate impact of the pandemic on this and similar communities. Recommendations for training and future research to enhance engagement, understanding, and better serve this population through the public VR program are offered.

Angus, C. and C. Morriss-Roberts (2019). "THE COLLEGE'S COMMITMENT TO EQUALITY & DIVERSITY." Podiatry Now **22**(1): 2-2.

Baker, K. A. (2020). "LESSONS IN DIVERSITY, EQUITY, AND INCLUSION." Gastroenterology Nursing **43**(4): 281-283.

Bentley, K. J., et al. (2019). "Teaching Social Work Research Through the Lens of Social Justice, Human Rights, and Diversity." Journal of Social Work Education **55**(3): 433-448.
In response to the official charge of the Council on Social Work Education's Commission on Research to promote quality in research curricula across methods and paradigms in BSW, MSW, and doctoral education, this article offers ideas, as well as an annotated bibliography, on how to apply a distinct lens of social justice, human rights, and diversity in teaching research methods in social work. We hope it will play a part in advancing the science of social work by more widely disseminating knowledge about effectively and intentionally focusing our research methods courses in ways that are more reflective of the values and purposes of the profession. Toward that end, we explore key themes for course topics, content, and strategies for inclusion.

Bezerra, J. B. and H. C. Alves (2022). "Na EKO na EBA, goes and comes from immigration: daily, identity and demands of African immigrants' university students." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-22.
Introduction: By embracing cultural diversity, human rights, and social justice -- in its practice and knowledge production --, occupational therapy has been interested in discussing the theme of Africa, problematizing different contemporary social dynamics. Objective: To understand the trajectory, the construction of identity, and the demands of young African immigrant university students. Method: Qualitative approach using semi-structured interviews for data collection and thematic content analysis. Results: The first category, "Culture, identity, and daily life: crossing the Black Atlantic", encompasses the perception of young people about otherness and cultural differences/identifications between Brazil and Africa in their daily lives. The second, "'A country of hunters?': prejudice, discrimination and colonial imaginary" dealt with reports of discrimination in everyday life and the imaginary about Africa in Brazil; The last category, "'The house belongs to the other': institutional support/helplessness and coping strategies", discusses the conditions of reception and permanence of the African immigrant student at the university. Conclusion: The trajectory of African students goes through institutional

care, and social and relational needs, which overlap in daily life, culture, and academic performance, emphasizing the experience of racial discrimination inside and outside the university that guides otherness in the construction of subjectivity of young people. The appreciation of African themes demonstrates a tendency of the profession to seek new epistems and decolonial theoretical-methodological constructions that produce other looks for human action in the tension of culture and power relations established by the modern world system.

Brathwaite, S., et al. (2021). "Moving forward: Recommendations to overcome existing structural racism." Journal of vascular surgery **74**(2S): 47S-55S.
A critical need exists to address structural racism within academic and community medicine and surgery and determine methods that will serve to repair its long-standing effects and alleviate the associated negative consequences. Because of our broad skillset and the populations we serve, vascular surgeons are uniquely positioned to identify and address the effects of structural racism in our places of work and for the populations we treat. Our goal is to discuss the effects of racism on healthcare outcomes and provide recommendations on how to combat these through equitable practices such as the diversification of the vascular surgery workforce, inclusivity as partners and leaders, and the promotion of improved outcomes among our most vulnerable patients from racial and ethnic minority groups. It is imperative that we stand for antiracism within our field through our societies, journals, clinical trials, training programs, clinical practice groups, and leadership. (Published by Elsevier Inc.)

Buchanan, P. (2022). "HOW IMPORTANT IS EQUALITY AND DIVERSITY TO YOUR PRACTICE?" Dermatological Nursing **21**(1): 6-6.

Davis, R., et al. (2021). "Increasing Diversity in the Field of Lactation: An Interview With the Directors of Pathway 2 IBCLC Programs at Historically Black Colleges and Universities...Janiya Williams." Journal of Human Lactation **37**(2): 230-235.
In this issue's Lactation Newsmakers: Documenting our History, we are featuring two emerging leaders in the field of lactation. Rachel Davis and Janiya Williams are both International Board Certified Lactation Consultants and hold positions as directors for the only two Pathway 2 Lactation Consultant Training Programs in Historically Black Colleges / Universities. Rachel is Program Director for the Lactation Consultant Training Program at Johnson C. Smith University in Charlotte, North Carolina, while Janiya directs the Human Lactation Training Program at North Carolina Agricultural and Technical State University an hour and a half away in Greensboro, North Carolina. While their backgrounds are quite different, both women care passionately about increasing diversity and equity in the field of lactation support, as well as normalizing nursing for Black and brown families transitioning into parenthood. In this interview they speak to relationships they have developed with their students, their students have developed with each other, and the strength of community created within and between their programs. They describe the difficulties their students encounter with institutional racism within the medical system, and the additional preparation they receive to navigate it. Both programs experience high volumes of applicants—almost 350 for the 12 positions at Johnson C. Smith University—demonstrating the significant need for this curriculum in Historically Black Universities/Colleges. The importance of this model in diversifying the field of lactation cannot be underestimated, and the outspoken women doing this work will be influencers in this field for years to come. (RD = Rachel Davis; JW = Janiya Williams; EC = Ellen Chetwynd).

Dehghanpour, M. (2022). "Diversity, Equity, and Inclusion in Health Science Education." Radiologic Technology **94**(2): 152-154.
The article discusses updates in the efforts to achieve diversity, equity and inclusion

(DEI) in health science education. Also cited are how the memorandum by U.S. President Barack Obama to the National Security Workforce on the need to diversify American workforce led to creation of DEI policies in various professions, the importance of DEI in health care, and the potential positive outcomes of a diverse, equitable and inclusive workforce like improved morale, and reduced conflict.

Destro Bisol, G., et al. (2019). "A new Italian manifesto against racism." Nature **566**(7745): 455.

Egli-Gany, D., et al. (2021). "The social and structural determinants of sexual and reproductive health and rights in migrants and refugees: a systematic review of reviews." Eastern Mediterranean Health Journal **27**(12): 1203-1213.
Background: The sexual and reproductive health and rights (SRHR) of migrants and refugees present important public health challenges. Social and structural determinants affect both the general health and SRHR of migrants, but the drivers of SRHR among migrant and refugee populations remain understudied. Aims: To identify upstream social and structural determinants of SRHR health of migrants and refugees reported in systematic reviews. Methods: We conducted a systematic review of reviews. We studied 3 aspects of SRHR: sexually transmitted infections, sexual violence and unintended pregnancy in migrants and refugees. We used an inductive approach to synthesize emerging themes, summarized them in a narrative format and made an adapted version of Dahlgren and Whitehead's social determinants of health (SDH) model. Results: We included 12 systematic reviews, of which 10 were related to sexually transmitted infections, 4 to sexual vi- olence and 2 to unintended pregnancy. We identified 6 themes that operate at 4 different levels in an adapted version of the Dahlgren and Whitehead SDH model: economic crisis and hostile discourse on migration; limited legal entitlements, rights and administrative barriers; inadequate resources and financial constraints; poor living and working conditions; cultural and linguistic barriers; and stigma and discrimination based on migration status, gender, sex and ethnicity. Conclusion: This review provides evidence of how upstream social and structural determinants undermine the SRHR of refugees and migrants. Unless these are addressed in policy-making and planning, the health of migrants and refugees is at risk.

Ellis, C., et al. (2021). "The Impact of Racism, Power, Privilege, and Positionality on Communication Sciences and Disorders Research: Time to Reconceptualize and Seek a Pathway to Equity." American Journal of Speech-Language Pathology **30**(9): 2032-2039.
Purpose: The purpose of this article is to explore how racism, privilege, power, and positionality negatively impact clinical research conducted in the discipline of communication sciences and disorders. Conclusions: Evidence suggests solutions will not emerge from a minor revision or adjustment of current research approaches. Instead, to make deep and necessary changes, a complete restructuring of the research process is needed. This restructuring calls for a reconceptualization of how research questions and hypotheses are formed, how methods are selected, how data are analyzed and interpreted, and who is at the table throughout this process of knowledge generation. Such an overhaul of current research approaches will offer the field a solution-oriented roadmap for scientific investigation that facilitates greater equity in the research enterprise that translates into improved clinical outcomes for all clients served.

Firat, M. and B. Ataca (2022). "Does perceived cultural distance mediate the relationship between intergroup contact and support for refugee rights? A preliminary investigation." Journal of Community & Applied Social Psychology **32**(1): 57-72.
Despite the importance of cultural difference perceptions in intergroup relations, prior work has paid insufficient attention to the intersection between intergroup contact, perceived cultural distance, and policy support. Using cross-sectional data from a

community sample of 210 Turkish citizens, this study examined whether perceived cultural distance would mediate the link between intergroup contact and support for Syrian refugee rights. The results showed that perceived cultural distance mediated the relationship between contact quality, but not contact quantity, and support for refugee rights. This mediated relationship was further moderated by political orientation, such that perceived cultural distance mediated the role of contact quality in support for refugee rights only among participants with a leftist (vs. rightist) orientation. Theoretical and practical implications of the findings were discussed, along with a reflection on future research directions. Please refer to the Supplementary Material section to find this article's Community and Social Impact Statement.

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.
In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges' drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis.

García-Lastra, M. and J. M. Osoro Sierra (2021). "Territory and treatment of diversity: The case of the Communities of Cantabria, Asturias, Andalusia, and Valencia (Spain)." International Journal of Intercultural Relations **84**: 181-190.
The presence of culturally diverse students in the classrooms of educational centers suggests that the autonomous communities with educational powers in Spain address the issue in a rather complex way. The case that concerns us in this text centers on the legislative and organizational analysis of four autonomous communities in Spain: Cantabria, Asturias, Andalusia, and Valencia. Each of the territories analyzed has distinct characteristics in terms of the approaches taken in relation to this type of student body, derived not only from the number of such students present in the classrooms, but also from other criteria of an ideological nature and educational or pedagogical positioning given this reality. We move from a macro analysis to a more concrete one that tries to define what, who and how the autonomous communities and the educational centers coordinate this process. This leads us to the consideration of at least three elements that are related to this decision-making process: the legislation that results from this reality, the specific organization of the educational centers, and the structures that have been created ad-hoc to respond to diversity. The process must be understood from a broad view of the situation that goes beyond that which is exclusively school-based. We must not forget that this is a matter of human rights, of democratically agreed-upon values, and of establishing appropriate conditions so that rights and values can be made possible within educational contexts. Without forgetting this macro perspective, the analysis includes the way in which communities present the cultural project and how this is manifested in the official curriculum in the form of practices that are determined by the construction of an image of childhood.

Geens, N., et al. (2019). "Parents' perspectives of social support and social cohesion in urban contexts of diversity." European Journal of Social Work **22**(3): 423-434.
Although provisions for young children are increasingly considered as ideal places to foster an inclusive and socially just society by embracing issues of social support and social cohesion, there is no in-depth understanding of the role these provisions can play

in enabling supportive and cohesive encounters in contexts of diversity. Even more striking is the absence of parents' voices in this discussion. Based on an analysis of qualitative interviews with 18 parents who use childcare services in urban contexts of diversity, our findings show the relevance of ephemeral contacts with diverse people that could offer bridging opportunities in terms of social connectedness to familiarise within diversity while decoding the other in urban contexts of diversity. However, neither bonding nor bridging contacts appear as self-evident. Our research shows that the role of childcare services might be vital in creating light and temporal communities as the prerequisite for social cohesion to flourish, in both individual as well as collective dimensions.

Ghaly, M., et al. (2023). "Bioethics and the thorny question of diversity: The example of Qatar-based institutions hosting the World Congress of Bioethics 2024." Bioethics **37**(4): 326-330.
In 2022, the Research Center for Islamic Legislation & Ethics (CILE) and the World Innovation Summit for Health (WISH) submitted a proposal to host the 17th edition of the World Congress of Bioethics. After announcing that the CILE-WISH proposal was the winning bid, concerns were raised by bioethicists based in Europe and the USA. To address these concerns, the International Association of Bioethics (IAB) developed a dedicated FAQ section, in coordination with the host institutions, for the first time in IAB history. One-to-one communication ensued and individual responses were shared with these colleagues. As a continuation of this conversation, we (CILE Acting Director, WISH Research Fellow and Head of Content, and WISH CEO) address the concerns raised in the Letter-to-the-Editor of Bioethics by Graaf et al. As we support the call to revisit some contentious issues within the global community of bioethicists, we maintain that this should be based on meticulously discussed, informed, consistent and equitable criteria. We also argue that mutual learning from diverse cultures and moral traditions is the optimal way for our scholarly community to be truly global and to eschew the flaws ensuing from ethnocentric discourses. (© 2023 John Wiley & Sons Ltd.)

Hoisler Sallet, B. (2019). "A UNIVERSALIDADE DOS DIREITOS HUMANOS DIANTE DA DIVERSIDADE CULTURAL: A POSSÍVEL VIA DA INTERCULTURALIDADE." THE UNIVERSALITY OF HUMAN RIGHTS IN FACE OF CULTURAL DIVERSITY: THE WAY OF INTERCULTURALITY. **5**(2): 35-49.

Lane, J. and L. Ngo (2020). "Perspectives of minority nursing students on diversity in the classroom." Nurse Education Today **85**: N.PAG-N.PAG.

Nancarrow, S., et al. (2023). "Diversity in the Australian speech-language pathology workforce: Addressing Sustainable Development Goals 3, 4, 8, and 10." International Journal of Speech-Language Pathology **25**(1): 119-124.
Individuals have multiple intersecting identities, unique perspectives, and experiences which provide opportunities for new ways to interact, support inclusion and equity, and address the Sustainable Development Goals (SDGs). This commentary explores the diversity of the speech-language pathology workforce in Australia. A survey of Australian speech-language pathologists (SLPs; n = 1,638) distributed in November and December 2021 explored personal characteristics and experiences of the workforce. Almost 30% of SLPs who responded reported having experiences or perspectives that were relevant to service users and a quarter described other lived experiences, which included disability, cultural and linguistic background, mental health, caring responsibilities, neurodiversity, and being LGBTQI+. This commentary affirms the value of diversity among allied health professions to enrich practice with individuals and communities. By understanding the diversity of the speech-language pathology

workforce and perspectives of historically marginalised or invisible groups, the profession can introduce strategies to more meaningfully engage and support people with diverse backgrounds and perspectives in the workforce and enhance service equity and accessibility for people with communication and swallowing disabilities. This commentary focusses on SDG 3, SDG 4, SDG 8, SDG 10.

Rogge, N. and R. Self (2019). "Measuring regional social inclusion performances in the EU: Looking for unity in diversity." Journal of European Social Policy **29**(3): 325-344.
This study measures and benchmarks regional social inclusion performances in Europe using a composite index constructed on the basis of the commonly agreed sub-indicators of the Europe 2020 headline indicators. The multidimensional nature of these issues and the disparate social policy priorities of nations/regions in addressing them call for a reconciliatory performance evaluation framework, for which this article advocates the use of benefit-of-the-doubt (BoD) weighting. Based on the composite scores, leading and lagging regions in social inclusion are identified and the impact of regional contextual characteristics is examined. Overall results show that regions of Denmark and Sweden are consistently strong performers, while the Continental regions of Italy and Spain typically perform poorly. As to the poverty and social exclusion determinants, results show that low educational attainment and a high percentage of single-parent households relate negatively to regional social inclusion.

Sanchez, M. (2021). "An introduction to equity, diversity, and inclusion." Nursing Made Incredibly Easy! **19**(5): 39-48.

Sanfelici, M. (2021). "Diversity and equality in social work: a qualitative study in Italy." European Journal of Social Work **24**(2): 267-277.
This study was designed to explore the professionals' process of reasoning about values in social work practice, when challenges arise in the intervention with clients from different cultural backgrounds. The research was carried out using a purposeful sample of Italian social workers, employed in different municipalities. The interviewees were presented a story in which an Italian social worker interacts with a married couple from Morocco, asking for financial help. After a situation of cultural clashing, a subsequent meeting is organised with two other social workers, who express contrasting opinions about what to do in this case and their rationale for decision making. The interview was made to explore (a) how the meanings of equality and diversity are constructed in the social workers' discourses and (b) how the professionals take into account cultural differences. The results reveal important variations within individual accounts and rationales provided to make sense of values and different ways of interpreting the social workers' role in approaching cultural differences.

Shaw, P. (2019). "INSPIRING DIVERSITY AND INCLUSION IN THE NHS." Community Practitioner **92**(10): 18-19.
The author discusses the significance of receiving the National BAME Health & Care Award in the category Inspiring Diversity and Inclusion Lead. She describes her efforts to raise the profile and needs of the black, Asian and minority ethnic (BAME) community. She also emphasizes the need for the National Health Service to cultivate a more diverse and effective leadership in order to achieve meaningful inclusion and high-quality care.

Sutton, E. and V. Montgomery Rice (2021). "Impact of the Lack of Diversity Within Surgery Career Pathways and Mitigating Factors." The American surgeon **87**(11): 1713-1717.
The lack of diversity in surgical career pathways impacts the cultural competence of the learning and working environment, the variety of leadership styles found within surgical leadership, and the ability of an organization to achieve equity in the workplace due to

ongoing mistrust and untouched bias. Leading mitigating factors include developing pathways for greater numbers of diverse people at the high school and college level and implicit bias training. Though educators have had some success with these factors in the initial stages of diversifying early pathways, these factors are not yet correlated to entry into a surgical career. Future solutions to the lack of diversity in surgery will be predicated on surgeons collectively valuing justice, equity, diversity, and inclusion.

Tosam, M. J. (2020). "Global bioethics and respect for cultural diversity: how do we avoid moral relativism and moral imperialism?" Medicine, health care, and philosophy **23**(4): 611-620.
One of the major concerns of advocates of common morality is that respect for cultural diversity may result in moral relativism. On their part, proponents of culturally responsive bioethics are concerned that common morality may result in moral imperialism because of the asymmetry of power in the world. It is in this context that critics argue that global bioethics is impossible because of the difficulties to address these two theoretical concerns. In this paper, I argue that global bioethics is possible if we adopt a culturally responsive and self-critical attitude towards our moral values and those of others. I use the example of women's reproductive autonomy in indigenous African culture to show that the difference between the leading Euro-American and indigenous African construal of autonomy is that the former ascribes greater weight on individual self-determination while the latter emphasizes responsibilities towards the community. One develops dignity in virtue of their capacity for communing with others. Hence, women have rights, but as members of the community, they also have obligations including the duty to procreate. The involvement of the family in reproductive decisions does not contravene women's dignity and human rights. In applying the principle of autonomy in this communitarian context, one has to be sensitive to these ontological and moral specificities. The aim of global bioethics should not be to reach common grounds at all costs; any common norms should be the result of a negotiated democratic dialogue between cultures and not the result of imposition by the preponderant culture(s).

Disabilities (62)

Acosta-Jiménez, M. A. (2022). "Social work practices towards people with disabilities in Portugal: A reflectiveness proposal for conscious interventions and social work training." Social Work Education **41**(5): 943-961.
This article compiles reflections and discussions derived from a research made in Portugal in 2018, in which professional practices implemented by social workers towards disability were approached. In order to understand the models of disability applied by practitioners within organisations whose main service users are people disabilities, some questions about training and social work education arose. Using a qualitative methodology with a hermeneutic perspective, the study collected the voices of eight social workers from six organisations and their service users contacted through the Observatory of Disability and Human Rights at the University of Lisbon. Results presented in this document correspond to an analysis of the practices in accordance to the type of organization in which social workers were working for. Discussions revolved around micro, meso and macro variants in which personal believes, institutional discourses and sociocultural constructions were explored. Finally, implications and recommendations for social work were presented using as a framework critical disability studies, critical social work and a human rights approach. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Aliyeva, Z. (2023). "Reform of the system of rehabilitation of people with disabilities in

Azerbaijan: A new social model transformation." Disability & Society **38**(3): 530-534.
Azerbaijan is in the process of dismantling a system of medical model approaches to rehabilitation of people with disabilities inherited from the Soviet Union, and replacing it with a new approach to services based on social model thinking. This transformational initiative, designed to improve the lives of people with disabilities, is a priority of the EU-Azerbaijan Partnership. In Azerbaijan the voices of disabled people, their families, caregivers and representative organizations have previously been seldom heard. Now their voices will be heard alongside those of policy makers and service providers, in order to make sure that people with disabilities will become the principal architects of systems for their support in Azerbaijan. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Amucheazi, C. and C. M. Nwankwo (2020). "Accessibility to infrastructure and disability rights in Nigeria: an analysis of the potential of the discrimination against persons with disability (prohibition) act 2018." Commonwealth Law Bulletin **46**(4): 689-710.
A viable way to establish a sense of inclusion for the physically challenged in Nigeria like elsewhere is to provide a sustainable infrastructural plan that integrates the utility concerns of the disabled. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. This paper examines the right of persons with disability to public vehicular and infrastructural use. It focuses on the recently enacted Discrimination against Persons with Disability (Prohibition) Act, 2018 as well as other international human rights instruments from which Nigeria derives her international obligations. It is observed that the Nigerian society is still unfriendly to the disabled as public infrastructure is constructed without considerations for the disabled. [ABSTRACT FROM AUTHOR]

Araque Barboza, F., et al. (2019). "Discapacidad, familia y derechos humanos." Disability, Family and Human Rights. **24**: 206-216.
The objective of this work is to analyze some theoretical-conceptual proposals about people with disabilities in the context of the family, with the purpose of promoting the development of an attitude of critical reflection from a human rights approach. A narrative review of national and international literature was carried out, with a documentary-bibliographic methodology. It is evident that there is tension between needs, inalienable rights and diversity of social expectations in a world affected by the absence of a shared ethic for the common good. Human rights are promoted from the axiological perspective in various fields of social life. (English) [ABSTRACT FROM AUTHOR]

Arenas, A. d. P., et al. (2020). "Ciudad física y ciudad representada: discapacidad, justicia espacial e innovación social." Physical and represented city: disability, spatial justice and social innovation. **25**: 175-194.
The objective of this article is to socialize the results of a research process on the daily experiences of the subject in a disability situation around the construction of the right to the city, for the development of a mobile application to identify accessible spaces in Ibagué. A mixed and cross-section methodology was used in which thirty people participated, managing to identify the experience and appropriation of the city from the accessibility and spatial justice categories. Likewise, how the application was constituted in a process of social innovation tending to promote community inclusion and participation. (English) [ABSTRACT FROM AUTHOR]

Badran, L., et al. (2023). "'i am an arab palestinian living in israel with a disability': Marginalisation and the limits of human rights." Disability & Society.
This article examines Arabs with disabilities living in Israel. Centring their experiences and voices, it argues that the group's marginalisation is predominantly shaped by the

ongoing political conflict. Arabs in Israel suffer deep social and institutional marginalisation on the basis of their ethnic identity and perceived threat and opposition to the state. Arabs with disabilities are neither exempted nor alleviated from this discriminatory framework. Therefore, those services, rights, and policies which are in place are not always fully granted, revealing the deficiency of a rights-based model for advancing their cause. Strikingly, however, it is the barriers and limiting normative beliefs within the community of Arabs in Israel where discrimination is most acutely felt. Being seen only through their disability means a battle for acceptance, integration, and participation in Arab society. Again, without a significant shift in social awareness and underlying normative perceptions, a rights-based model will only go so far. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Berghs, M., et al. (2019). "Rights to social determinants of flourishing? A paradigm for disability and public health research and policy." BMC Public Health **19**(1): N.PAG-N.PAG.
<bold>Background: </bold>The term evidence based medicine was introduced in the early 1990s in clinical medicine to educate clinicians about how to assess the 'credibility' of research to ensure best treatments for their patients. The evidence based medicine paradigm has become more diffuse in times of austerity and randomised controlled designs are being used to address complex issues in public health and disability research. This research is not addressing inequalities in terms of disability nor how people can live well with disabilities.<bold>Main Text: </bold>We argue that there are four ways that public health research needs to change if it wants to address inequalities linked to disability: 1) rethinking theoretical connections between public health and disability; 2) building ethics and equity into interventions through a human rights approach; 3) ensuring ethical inclusion through intersectionality; and 4) evaluating policy and other social impacts to ensure they capture diversity. We argue that these are key issues to building a social determinants of flourishing.<bold>Conclusions: </bold>We need to understand how disability might have an accumulative impact across the life course, as well as how to ensure equity for people living with disabilities. This means conceptualising a social determinants of flourishing where we evaluate how exactly randomised controlled trials and public health interventions, not only lead to greater equality but also ensure rights to health and wellbeing. [ABSTRACT FROM AUTHOR]

Bezzina, L. (2019). "Disabled people's organisations and the disability movement: Perspectives from Burkina Faso." African Journal of Disability **8**: 1-10.
Background: In Burkina Faso, the disability movement is rather weak, both in terms of funding and staffing – its range does not extend far outside the capital city and is largely dependent on international non-governmental organisations (INGOs). Despite the huge number of grassroots disabled people's organisations (DPOs), many of these organisations do not function beyond the occasional meeting and celebration of the International Day of Persons with Disabilities. The reasons for this are various, including dependency on external funding (such as from international organisations), lack of access to resources, being dependent on voluntary members, and lack of organisation. Objectives: This article looks at the functioning of – and politics governing – DPOs in Burkina Faso, their significance in the lives of people with disabilities and the challenges they encounter. Method: This article is based on research findings obtained through interviews conducted with people with disabilities, as well as INGOs working with people with disabilities and state authorities in Burkina Faso. Results: Evidence suggests that the farther people with disabilities are from the capital, the lesser are their chances of being heard and of being involved in decision-making. However, DPOs offer a haven for many, offering people with disabilities solace in meeting other members and finding a sense of belonging in these associations. Others

give importance to the role of DPOs in raising awareness and human rights advocacy. Conclusion: Finally, the article raises the question as to what the future of DPOs in Burkina Faso might entail. Keywords: Burkina Faso; disability identity; disability movement; disabled people's organisations; income-generating activities; international non-governmental organisations; socialisation; vie associative ; voluntary organisations; urban–rural divide. [ABSTRACT FROM AUTHOR]

Bogenschutz, M., et al. (2021). "Vietnam and disability rights: Perspectives at the time of ratification of the UN convention on the rights of persons with disabilities." International Journal of Disability, Development and Education **68**(5): 717-733.

Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD’s core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Boland, G. and S. Guerin (2022). "Connecting locally: An examination of the role of service providers in supporting the social inclusion of adults with intellectual disabilities in their neighbourhoods." Journal of Policy and Practice in Intellectual Disabilities **19**(3): 288-299.

Article 19 of the UN Convention on the Rights of People with Disabilities calls for all people with disabilities to live independently and be included in their community. Adults with intellectual disabilities may live in neighbourhoods, but often have limited experience of social connectedness. This study aimed to examine the role of service provider organisations in supporting social inclusion in neighbourhoods of adults with intellectual disabilities. The understanding of social inclusion locally for adults with intellectual disabilities was explored and whether organisational policies (if any) had been drawn up to guide the support actions of staff. A mixed methods design was employed, with CEOs/service leaders of 40 service provider organisations completing an online survey. Follow-up telephone interviews were completed with a randomised sample. Data were analysed using descriptive statistics and qualitative content analysis. Service leaders understood social inclusion to encompass purposeful engagement that moved beyond mere physical presence. Individuals having a sense of connection to place and belonging to people who live locally included fostering mutually supportive connections with neighbours. Equality of access to local services and supports were underscored. Active citizenship and service provider/staff supports for a socially included life were highlighted. Almost all service leaders rated the role of service providers at organisational/strategic level as important. However, their values and beliefs revealed contrasting views on the appropriate level of visibility of service providers when supporting individuals. Close to two-thirds of service providers did not have an organisational policy regarding social inclusion in neighbourhoods. Developing specific service policies on social inclusion in neighbourhoods, based on the UNCRPD, and reflecting relevant national disability policies is proposed. This may enhance strategic planning and service providers decision-making on targeted resource allocation. Further implications for policy, practice and research arising from this study are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Caldera-GonzÁLez, D. C., et al. (2021). "INCLUSIÓN (¿O EXCLUSIÓN?) LABORAL DE PERSONAS CON DISCAPACIDAD. APUNTES PARA EL ESTADO DE GUANAJUATO, MÉXICO." LABOR INCLUSION (OR EXCLUSION?) OF PEOPLE WITH DISABILITIES. NOTES FOR THE STATE OF GUANAJUATO, MÉXICO. **6**: 1-19.
People with disabilities is one of the most vulnerable groups in any society. The objective of this paper is to reflect about the inclusion and exclusion of people with disabilities in Mexico and specifically in the state of Guanajuato, which helps to understand what happens with government initiatives to provide assistance and support to this sector, population, which is still far from fully exercising its right to work and an independent life. It is a theoretical investigation, of descriptive scope and non-experimental approach. The conclusions suggest that societies are increasingly aware of diversity, however, exclusion still prevails for people with disabilities in different spheres, especially labor, which is reinforced by stereotypes that limit the exercise of their human rights. (English) [ABSTRACT FROM AUTHOR]

Carty, C., et al. (2021). "The first global physical activity and sedentary behavior guidelines for people living with disability." Journal of Physical Activity & Health **18**(1): 86-93.
Background: The World Health Organization has released the first global public health guidelines on physical activity and sedentary behavior for people living with disability. This paper presents the guidelines, related processes, and evidence, and elaborates upon how the guidelines can support inclusive policy, practice, and research. Methods: Methods were consistent with the World Health Organization protocols for developing guidelines. Systematic reviews of the evidence on physical activity for health for people living with disability were appraised, along with a consideration of the evidence used to inform the general 2020 World Health Organization guidelines. Results: Evidence supported the development of recommendations for people living with disability, stressing that there are no major risks to engaging in physical activity appropriate to an individual’s current activity level, health status, and physical function, and that the health benefits accrued generally outweigh the risks. They also emphasize the benefits of limiting sedentary behavior. Conclusions: The guidelines mark a positive step forward for disability inclusion, but considerable effort is needed to advance the agenda. This paper highlights key considerations for the implementation of the new recommendations for people living with disability, in line with the human rights agenda underpinning the Global Action Plan on Physical Activity 2018–2030 and allied policies. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Chauhan, U. M., et al. (2022). "Caregiver’s perception of barriers to implementation of the 'Rights of Persons with Disabilities (RPWD) act, 2016 in India'." Vulnerable Children and Youth Studies **17**(3): 248-258.
This study was planned to study caregiver’s perception of barriers to implementation of the Rights of Persons with Disabilities (RPWD) Act, 2016 in India. An online cross-sectional survey was carried out among parents of children with disabilities. A prevalidated structured and semi-structured questionnaire was used. Results of structured items are summarized as mean (SD), frequencies and percentages. For open-ended questions, responses were analyzed by manual content analysis; results were presented in the form of a framework. From 316 responses, 44.8% of respondents availed disability certificate however utilization was largely limited to travel and educational settings. 82.2% of respondents were not aware of any of the national health schemes. Only 6.2% of children could engage in play activity at the playground. Accessibility, health issues and social stigma were the main barriers to recreation for children with disabilities. While 25.8% of children did not attend school at all, 58.1% of

children attending normal school were facing difficulties due to lack of appropriate school infrastructure, transportation issues, and untrained teachers. Responses to open-ended questions were predominantly related to needs of homegrown research, better infrastructure, and trained teachers in schools, life security of child and development of national registry for better health information. The study highlights the importance of implementation of concrete strategies at every level of policy decisions to create more awareness regarding RPWD act in India. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

de Beco, G. (2020). "Intersectionality and disability in international human rights law." International Journal of Human Rights **24**(5): 593-614.

This article addresses the question of intersectionality in the field of international human rights law. While in this field much attention has been given to gender and race, here it is extended to disability. Starting from the Convention on the Rights of Persons with Disabilities (CRPD), the article explores a new as yet unexplored research avenue: how international human rights law can be used to protect different groups of disabled people by applying the Convention along with other human rights treaties. It focuses on three groups of disabled people: (1) disabled people belonging to racial or ethnic minorities; (2) disabled women and; (3) disabled children. These three groups have been chosen because all three come within the remit of human rights treaties that concern these groups in addition to the CRPD. Some other groups of disabled people are also considered. The article discusses the problems that emerge for these groups and shows how they can be resolved through international human rights law. This is done through an analysis of the jurisprudence of UN treaty bodies. [ABSTRACT FROM AUTHOR]

Duda-Mikulin, E., et al. (2020). "Wasted lives in scapegoat Britain: Overlaps and departures between migration studies and disability studies." Disability & Society **35**(9): 1373-1397.

The focus of this paper is to consider how disability studies and migration studies may be brought into further conversation with one another. While their experiences overlap and intersect in many ways, the lives of disabled people and migrants have rarely been considered together and this is an omission we address through a discussion on points of intersection and departure between migration studies and disability studies. We argue that migrants and disabled people are among the most marginalised individuals today whilst a Global North neoliberal rhetoric has pushed them further to the margins. We draw on Bauman’s theorisation of ‘wasted lives’ to bring disability studies and migration studies in dialogue with one another. Through this analysis, we highlight how bringing both disciplines together may help to inform debates focused on social justice and rights to dignity for some of world’s most marginalised communities. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Dufour, M., et al. (2020). "The United Nations Convention on the Rights of Persons with Disabilities: La convention de l’onu relative aux droits des personnes handicapées." The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie **65**(9): 668-673.

This article discusses the United Nations Convention on the Rights of Persons with Disabilities. In 2006, the United Nations (UN) adopted an international treaty of utmost importance: the Convention on the Rights of Persons with Disabilities (CRPD). The CPRD’s primary purpose is 'to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.' The Canadian Psychiatric Association (CPA) fully supports the principles entrenched in the CRPD. No person suffering from a mental disorder or other disability should be discriminated against based on his or her disability. This principle is consistent with the principles underlying mental health legislation outlined by the CPA elsewhere. The CPA supports the government of

Canada in maintaining this reservation, which is necessary to counter the contentious manner in which the CRPD Committee has interpreted the CRPD. The CRPD Committee is responsible for reviewing the reports that signatory countries submit every five years and for determining whether their legislation complies with the Committee's interpretation of the Convention. The CPA supports the CRPD and its objectives. However, the CPA rejects the interpretation of the Convention by the CRPD Committee. Canada should retain its reservation to prevent these unintended but devastating consequences from occurring. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Elkhateeb, I. and D. Peter (2019). "Negation of the Right of Women with disabilities in Palestine to Marry: Cultural considerations for disability." Sexuality and Disability **37**(4): 559-570.

The right to marriage, family, and parenthood is embodied in Article 23 of the Convention on the Rights of Person's with disabilities. The purpose of this study was to explore the access to marriage for women with physical disabilities in Palestine. Seventeen women who acquired their disability before the age of 16 were interviewed. Fourteen participants were not married. Although these unwed participants believed they had the physical capacity to marry, and some had suitors, their families prohibited marriage. Participants reported marriage censure was buttressed by strong community attitudes. Three participants had married, with the support of the their birth family, but with the strong disapproval of the husband's family. The study explores the relationship between Palestinian cultural practices in regard to marriage and disability and argues that in Palestinian culture a prohibition of marriage results in the negation of the rights of women with disabilities. The study illuminates and raises questions of power and inequity and deepens our understanding of the intersection of gender, gender roles and disability in the Palestinian context, examines the tension between social justice for individuals and respecting a cultural context of collectivism and binding familial relations, and the cultural assumptions made about physical norms and capability. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Flynn, E. (2019). "The rejection of capacity assessments in favor of respect for will and preferences: The radical promise of the UN Convention on the Rights of Persons with Disabilities." World Psychiatry **18**(1): 50-51.

Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). G. Szmukler argues for an interpretation of 'will and preferences' that allows for determinations of decision-making ability, in the form of functional assessments of mental capacity, to be used to interpret the decisions of those who appear to display conflicting will and preferences. Szmukler proposes, it is my contention – in keeping with the jurisprudence of the CRPD Committee – that functional assessments of mental capacity cannot be used to determine whether a particular preference should take precedence over what others perceive to be the individual's will, or whether third parties' interpretation of a person's will can justify ignoring the individual's clearly expressed preference. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Friedrich Dupont, M., et al. (2021). "PROMOÇÃO DE RESILIÊNCIA E TRATAMENTO PSICOLÓGICO PARA CRIANÇAS E ADOLESCENTES COM DEFICIÊNCIA VÍTIMAS DE VIOLÊNCIA SEXUAL." Promotion of Resilience and Psychological Treatment for Children and Adolescents with Disabilities Victims of Sexual Violence. **21**(3): 1-11.

Sexual violence against children and adolescents is a public health problem that constitutes a serious violation of human rights, and that can lead to a series of short, medium, and long-term consequences on the victim's cognitive, emotional and physical spheres. Furthermore, children and adolescents with disabilities are at greater risk of

suffering interpersonal violence than the general population, including sexual violence. We can understand, therefore, that psychological treatment can be important to promote resilience in this population and to assist in coping mechanisms. The purpose of this narrative review is to discuss what are the main scientific evidence related to psychological treatment to promote resilience in children and adolescents with disabilities who have suffered sexual violence. As main results, it was found that most treatment protocols for children and adolescents victims of sexual violence exclude people with disabilities from their sample, and, because of that, studies that are focused on this specific population are scarce in the literature. Given this scenario, the importance of developing empirical studies that provide scientific evidence and treatment guidelines for children and adolescents with disabilities who are victims of sexual violence is emphasized, as well as the investment in improving the skills of professionals in this area. (English) [ABSTRACT FROM AUTHOR]

Friggi Ivanovich, A. C. and M. Gesser (2020). "Deficiência e capacitismo: correção dos corpos e produção de sujeitos (a)políticos." Quaderns de Psicologia **22**(3): 1-21.
Abstract: Este estudo objetivou investigar os significados acerca da deficiência presentes no processo de criação e implementação de um Conselho Municipal de Direitos para Pessoas com Deficiência de uma cidade do sul do Brasil. Para tanto, foram realizadas entrevistas semiestruturadas com nove participantes da criação e implementação desse Conselho, as quais foram analisadas a partir da análise dos processos de significação. A pesquisa foi baseada nos Estudos da Deficiência, com destaque para a perspectiva da pesquisa emancipatória. Os participantes relataram haver uma compreensão da deficiência circunscrita ao modelo médico, que reiterava a hierarquização dos corpos, a busca pela cura e que deslegitimava o corpo com deficiência como político. Todavia, a apropriação do campo dos estudos da deficiência e o conhecimento dos direitos previstos na legislação contribuiu para a significação da deficiência como circunscrita à justiça social e para fortalecer a luta pela aprovação do conselho de direitos. Abstract: This study aimed to investigate the meanings about disability present in the process of creating and implementing a Municipal Council of Rights for People with Disabilities in a city in southern Brazil. To this end, semi-structured interviews were conducted with nine participants in the creation and implementation of this Council, which were analyzed based on the analysis of the processes of meaning. The research was based on Disability Studies, with emphasis on the perspective of emancipatory research. Participants reported an understanding of disability limited to the medical model, which reiterated the hierarchy of bodies, the search for a cure and that delegitimized the disabled body as a politician. However, the appropriation of the field of disability studies and the knowledge of the rights provided for in the legislation contributed to the meaning of disability as social justice and to strengthen the struggle for the approval of the rights council.

Funk, M. and N. Drew (2019). "Practical strategies to end coercive practices in mental health services." World Psychiatry **18**(1): 43-44.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). Coercive practices are particularly challenging to change, since they are commonly accepted in society, seen as necessary to protect persons from harm, and are firmly cemented and sanctioned in law and policy across all countries. This despite the absence of evidence for their effectiveness, and the available evidence demonstrating that practices such as seclusion and restraint actively cause harm to physical and mental health, and can lead to death. G. Szmukler argues that there are exceptions where, in the interest of promoting people’s autonomy, it becomes necessary to utilize involuntary interventions, and that a person’s ability to make a decision should be a decisive factor in determining whether forced admission and treatment is a legitimate response. Below, we set out our disagreement with this position and also address some specific points

raised by the author. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Galderisi, S. (2019). "The UN Convention on the Rights of Persons with Disabilities: Great opportunities and dangerous interpretations." World Psychiatry **18**(1): 47-48.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). G. Szmukler’s paper provides an in depth analysis of some critical aspects of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) that make its implementation problematic in mental health care laws and provisions. Articles 12 and 14 represent the best examples. The text of these articles requires appropriate measures by States Parties to guarantee persons with disabilities the support they may require in exercising their legal capacity. However, in the interpretation provided by the Committee, these articles would preclude all non-consensual treatment and substitute decision making on behalf of persons with mental disorders. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Garibo PeyrÓ, A.-P. (2019). "El derecho a la vida cuando ésta es frágil como una exigencia de justicia: la perspectiva que ofrecen las acciones de wrongful birth y wrongful life sobre las personas con discapacidad." The Right to Life when it is Fragile as a Demand for Justice: the Perspective offered by Wrongful Birth and Wrongful Life Actions on People with Disabilities. **81**(2): 323-348.
In the present work I propose to reflect on the unquestionable respect that especially vulnerable life deserves, such as that of the Nascituri who suffer from some type of disability. This respect would constitute a basic requirement of the content of justice. The reflection is made in the context of two alleged new rights to which the so-called wrongful birth and wrongful life actions originated in Anglo-Saxon jurisprudence have given rise: it is about the right not to be born (or perhaps more precisely, the right not to have been born) and the right not to be born with relevant physical or mental limitations. (English) [ABSTRACT FROM AUTHOR]

Geva, T. and S. Werner (2021). "Activism, Growth, and Empowerment of Israeli Parents of Children With Disabilities." Family Process **60**(4): 1437-1452.
Traditionally, studies on parenting children with disabilities have focused mostly on experiences of stress. More recently, studies have turned to examining parental coping from the perspective of strength, focusing on the ability to achieve growth and empowerment. Most studies, however, have not examined parental activism as a coping mechanism. Based on the Double ABCX Model of Family Adjustment and Adaptation, this study, conducted in Israel, assessed the adequacy of a theoretical model linking stress, coping, activism, growth, and empowerment of parents of children with disabilities. Activist and nonactivist parents (N = 123) completed a structured questionnaire that included measures of stress, coping, empowerment, and growth. Stress was negatively associated with empowerment and growth, whereas problem-focused coping and parental activism were positively associated with empowerment and growth. Activism was found to mediate the relationships between stress and growth and empowerment, with lower levels of stress being related to higher levels of activism, which was in turn correlated to higher levels of empowerment and growth. Parental activism, consisting of deconstructing problems faced by the family and demanding change in social discourse with a view toward inclusion, choice, rights, and equality, is a useful mechanism for parents in alleviating levels of stress and enhancing sense of empowerment and growth. (English) [ABSTRACT FROM AUTHOR]

Goggin, G. and K. Ellis (2020). "Disability, communication, and life itself in the COVID-19 pandemic." Health Sociology Review **29**(2): 168-176.
In this article we offer an analysis of a deeply problematic and troubling dual aspect of the COVID-19 pandemic: how disability is being understood within normative accounts

of health and medicine to frame, interpret, and respond to its spread and implications; what are the terms of inclusion and exclusion in altered social life in the COVID crisis; and how people with disabilities fare. We find disturbing indications of disablism and oppressive biopolitics in the ‘enforcing of normalcy’ that frames and dominates COVID reconstruction of social life—a situation that we suggest needs urgent deciphering, critique, and intervention. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Gómez Sánchez, L. E., et al. (2022). "Quality of life and the International Convention on the Rights of Persons With Disabilities: consensus indicators for assessment." Psicothema **34**(2): 182-191.

Abstract: Antecedentes: el constructo de calidad de vida proporciona un marco conceptual ideal para traducir conceptos abstractos como autodeterminación, equidad, accesibilidad o inclusión. Mediante una consulta a expertos se pretende desarrollar y validar un banco de indicadores e ítems basados en el marco conceptual de la calidad de vida que pueda ser utilizado para evaluar e implementar los derechos recogidos en la Convención sobre los Derechos de las Personas con Discapacidad (CDPD). Método: participaron 32 expertos en el campo de las discapacidades intelectuales y del desarrollo calificando la idoneidad, importancia y claridad de un banco de 296 ítems, así como la relevancia de controlar 70 variables sociodemográficas. Resultados: tras el análisis cualitativo y cuantitativo de los datos, se llegó a una solución consensuada de 60 variables sociodemográficas y 153 ítems que puntuaron alto en todos los criterios y obtuvieron un excelente grado de acuerdo entre los expertos. Conclusiones: este banco de ítems y conjunto de variables sociodemográficas constituye la versión piloto de un instrumento de evaluación y seguimiento de la CDPD con suficientes evidencias de validez basadas en el contenido, que puede ser útil para desarrollar prácticas basadas en la evidencia y para detectar violaciones de derechos. Abstract: Background: the quality of life construct provides an ideal conceptual framework for translating such abstract concepts as self-determination, equity, accessibility, and inclusion. Through consultation with expert raters, we sought to develop and validate a bank of indicators and items, based on the quality of life conceptual framework, to be used as a means of evaluating and implementing the Articles of the Convention on the Rights of Persons with Disabilities (CRPD). Method: thirty-two experts in the field of intellectual and developmental disabilities participated, rating the suitability, importance, and clarity of a bank of 296 items, as well as the relevance of controlling for 70 sociodemographic variables. Results: after qualitative and quantitative analysis of the data, the final selection comprised 60 sociodemographic variables and 153 items that scored highly on all criteria and produced an excellent level of agreement between the experts. Conclusions: this bank of items and set of sociodemographic variables constitute the pilot version of a CRPD assessment and monitoring instrument with sufficient evidence of content validity, which may be useful in developing evidence-based practices and in detecting rights violations.

Guerrero Morales, J. (2022). "Progresividad en el acceso al trabajo de las mujeres con discapacidad en Colombia." Progressivity in Access to Work for Women with Disabilities in Colombia. **71**: 225-238.

This article’s purpose is to determine the status of the fulfillment of the progressive equality concerning access to for women with disabilities. The article uses qualitative-descriptive and analytical methodology. It integrates the systematization and classification of the State’s obligations in this matter and is based on interviews with the relevant entities. Their compliance is evaluated based on indicator 27.4 of the Committee of the Convention on the Rights of Persons with Disabilities (CRPD). It concludes that, in Colombia, there is no updated and consistent information about this topic. Neither law nor public policies have been made specifically to recognize, strengthen, and assure the enjoyment of this right under equal conditions. (English)

[ABSTRACT FROM AUTHOR]

Guo, Y. (2020). "Acceptance psychology of disabled adolescents: an analysis based on the convention of the rights of persons with disabilities." Revista Argentina de Clínica Psicológica [edición electrónica] **29**(2): 678-684.
Abstract: Abstract: The Convention of the Rights of Persons with Disabilities(CRPD) provides an important guarantee for the disabled. Like ordinary people, the right to education is a basic human right for the disabled. This paper mainly analyzes the acceptance psychology of disabled adolescents for physical education, under the protection of the CRPD. First, the meaning and features of the acceptance psychology of disabled adolescents were elaborated based on the CRPD. Then, a questionnaire survey was conducted in several special education schools in Chongqing, China. Based on the survey data, the author analyzed the acceptance psychology of the disabled adolescents for physical education. The results show that the disabled adolescents have an average level of cognition of the CRPD, which varies from person to person; the main motivations for the disabled adolescents to participate in sports exercises are enhancing physical fitness, taking rehabilitation training, enhancing self-confidence and promoting mental and physical health; most disabled adolescents only receive physical exercise in class, without truly accepting the importance of physical education. The research results help to promote the rights of the disabled in China.

Guo, Y. (2020). "Acceptance psychology of disabled adolescents: An analysis based on the convention of the rights of persons with disabilities." Revista Argentina de Clínica Psicológica **29**(2): 678-684.
The Convention of the Rights of Persons with Disabilities (CRPD) provides an important guarantee for the disabled. Like ordinary people, the right to education is a basic human right for the disabled. This paper mainly analyzes the acceptance psychology of disabled adolescents for physical education, under the protection of the CRPD. First, the meaning and features of the acceptance psychology of disabled adolescents were elaborated based on the CRPD. Then, a questionnaire survey was conducted in several special education schools in Chongqing, China. Based on the survey data, the author analyzed the acceptance psychology of the disabled adolescents for physical education. The results show that the disabled adolescents have an average level of cognition of the CRPD, which varies from person to person; the main motivations for the disabled adolescents to participate in sports exercises are enhancing physical fitness, taking rehabilitation training, enhancing self-confidence and promoting mental and physical health; most disabled adolescents only receive physical exercise in class, without truly accepting the importance of physical education. The research results help to promote the rights of the disabled in China. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Heikkilä, M., et al. (2020). "Disability and vulnerability: a human rights reading of the responsive state." International Journal of Human Rights **24**(8): 1180-1200.
Universal human rights of all are complemented with particular, targeted protection of some, especially those that traditionally have been left behind. By juxtaposing the ideas of universality and particularity, the article studies vulnerability as a particularising tool within human rights with a comparative approach to the influential vulnerability theory by Martha Fineman. By outlining the similarities and the differences between the two approaches of vulnerability theory and human rights project, the article sheds light on how the particular protection needs of persons with disabilities play out in the universalistic logic of vulnerability. The article argues that both universal and particular obligations of responsive states – and responsive humans – are needed as a way of materialising substantive equality for persons with disabilities as vulnerable legal subjects. Such obligations cannot be codified in full detail, but the intrinsic essence of

rights requires each right to be interpreted in context and with regard to the particular individual vulnerabilities and resilience of each person. In operationalising the obligations arising from such rights, the human rights project and the vulnerability theory complement and reinforce each other in terms of specifying the rationale and the detailed benchmarks for state action. [ABSTRACT FROM AUTHOR]

Laklija, M., et al. (2020). "Institutionalization of children with disabilities in Croatia: Social workers' perspectives." Child & Youth Services **41**(2): 184-203.
This study aims to advance understanding of social workers' perceptions of the circumstances necessitating and preventing the placement of children with disabilities (CwDs) in institutions. This retrospective study involved thematic analyses of one focus group (n = 7) and semi-structured individual interviews (n = 12). Participants included social work professionals with experience providing welfare services for CwDs and their families. In effort to prevent separation of CwDs from their families, results suggest a need for continued monitoring of deinstitutionalization of CwDs alongside increased availability, accessibility, and quality of childcare, alternative child welfare and family support services. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Lawson, A. and A. E. Beckett (2021). "The social and human rights models of disability: towards a complementarity thesis." International Journal of Human Rights **25**(2): 348-379.
This article aims to reorient thinking about the relationship between the long-standing social model of disability and the rapidly emerging human rights model. In particular, it contests the influential view that the latter develops and improves upon the former (the improvement thesis) and argues instead that the two models are complementary (the complementarity thesis). The article begins with a discursive analysis of relevant documents to investigate how each of the two models has been used in the crafting and monitoring of the UN Convention on the Rights of Persons with Disabilities. This highlights the increasing importance of the human rights model in this policy context. It also provides examples of the operation of the two models which inform the remainder of the discussion. We then critique the comparisons between the models which underpin the improvement thesis; and, drawing on Foucault's technologies of power and Beckett and Campbell's 'oppositional device' methodology, deepen and develop this comparative analysis. The result, we argue, is that the two models have different subjects and different functions. In the human rights context, their roles are complementary and supportive. [ABSTRACT FROM AUTHOR]

Lima, M. d. and S. M. D'Affonseca (2020). "Um estudo sobre denúncias de violência registradas no Disque 100 - pessoas com deficiência." Estudos e Pesquisas em Psicologia **20**(3): 729-750.
Abstract: As pessoas com deficiência, quando comparadas a seus pares sem deficiência, são mais vulneráveis a sofrerem violência. O presente trabalho tem por objetivo analisar os dados relativos às denúncias de violência contra pessoas com deficiência disponibilizados pelo Disque Direitos Humanos - Disque 100. Utilizou-se como fonte de dados o Disque 100 - Balanço Anual 2017 - Pessoas com Deficiência, sendo analisados os dados referentes à agressão (frequência, tipo de violação e local); às características da vítima (deficiência, etnia, idade e sexo) e dos agressores (relação com a vítima, idade, sexo e etnia); quem foi o denunciante. Verificou-se um número considerável de denúncias entre os anos de 2011 e 2017 (M=8800, dp=2879), sendo que a maior parte dos casos (35,8%) foi de negligência (abandono, alimentação, amparo, higiene, medicamentos/assistência à saúde). As violações ocorreram no espaço privado do lar (85,6%) e as vítimas eram em sua maioria mulheres (52,8%), pardas (29,7%), com idade entre 18 a 50 anos (76,9%) e deficiência intelectual (65,8%). A maioria dos

perpetradores era familiares (57,1%), homens (57,6%), com idade entre 18 a 50 anos (39,6%). Tal quadro sinaliza a necessidade de ações para a prevenção da violência cometidas contra pessoas com deficiência. Abstract: People with disabilities are more vulnerable to violence when compared to their non-disabled peers. The purpose of this study was to analyze report data of violence against people with disabilities available by Human Rights Hotline (Disque 100). Data source was the Human Rights Hotline's (Disque 100) Annual Balance of 2017- People with Disabilities, and the data analyzed regarding type of aggression (frequency, type of violation and location); characteristics of the victim (disability, ethnicity, age and sex) and aggressors (relationship to victim, age, sex and ethnicity); and who was the whistleblower. There was a considerable number of complaints between 2011 and 2017 (M = 8800, SD = 2879), with the majority of cases (35.8%) being negligence (abandonment, food, shelter, hygiene, medicines / health care). Violations occurred mostly at home (85.6%) and the victims were mostly women (52.8%), brown (29.7%), aged between 18 and 50 years (76.9%), and presented intellectual disability (65.8%). The majority of perpetrators were family members (57.1%), men (57.6%), aged 18-50 years (39.6%). Such a framework points the necessity of actions to prevent violence against people with disabilities.

Lin, J.-J. and H.-h. Chang (2023). "Reconsidering disability in taiwan: A perspective on globalisation and postcolonialism." Disability & Society.
Postcolonial perspectives on disability studies argue that globalisation has significantly impacted disability politics in many countries. This study uses secondary analysis to explore how globalisation has affected Taiwan’s disability politics. It selects three different themes to illustrate the development of disability politics in Taiwan: special education, disability terminology, and disability classification. These cases show that missionaries, colonisers, and international organisations were the main actors in changing Taiwan’s traditional understandings of disability. However, this development, which differs markedly from that in Western industrialised countries, mainly followed a top-down approach, lacking the political mobilisation of disabled people on the ground. Consequently, the implementation of disability human rights failed to empower Taiwanese disabled people effectively and led to some unexpected outcomes for them. Furthermore, medical and traditional charity-focused thinking about disability has not been altered and remains prevalent in Taiwan. Points of interest Taiwanese culture views disabled people as a pitiful population. Disabled people were mainly isolated and cared for only by their families. This research examines in detail how globalisation played a significant role in changing the negative attitudes toward Taiwanese disabled people. For example, transnational organisations asked the Taiwanese government to protect the human rights of disabled people. Nevertheless, the Taiwanese government’s support for disabled people did not work well, and many disabled people felt that they faced more difficulties than before. This study found that disabled people’s lives were not improved because many local governments did not have sufficient resources, and the Taiwanese government seldom listened to the needs and opinions of disabled people. This study is important because it found that disabled people may still face other difficulties when the government tries to implement human rights for them. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Magnusson, L., et al. (2021). "Access to basic needs and health care for Malawian prosthetic and orthotic users with lower limb physical disabilities: a cross-sectional study." Disability and rehabilitation **43**(26): 3764-3771.
Purpose: To investigate access to basic human rights such as health, a standard of living adequate for health, education, work, marrying and establishing a family, and voting for prosthetic and orthotic users with lower limb disabilities in Malawi.; Materials and Methods: A cross-sectional design and a questionnaire were used to collect data from 83 participants.; Results: Most participants reported their overall physical and mental

health as good (60 [72%] and 50 [60%], respectively) and said they could access medical care (69 [83%]). Fifty (60%) participants had access to food, 72 (87%) had access to basic water, and 55 (66%) lived in housing adequate for their health. Most participants had studied in school (74 [89%]) but only 27 (33%) of the participants were working. Forty-three (52%) were married and 53 (64%) had children. Seventy-six (92%) participants could vote if they wished.; Conclusions: Rurality and high costs of transport and medication increase the barriers to accessing several basic human rights for people with lower limb physical disabilities. Interventions to target these barriers and increase access to secondary school, employment, and income could improve health equity for people with physical disabilities in Malawi and similar contexts.Implications for RehabilitationIn Malawi, the convention on the rights of persons with disabilities is yet to be implemented.Policy makers in Malawi need to take actions to increase access to regular and specialized healthcare services for persons with physical disabilities including financial support to afford medications and transport to reach health services.Policy makers in Malawi need to take actions to increase access to secondary and higher education, and employment for persons with physical disabilities to increase their possibilities to earn an income.

Mao, X. and L. Chen (2022). ""To go, or not to go, that is the question": perceived inaccessibility among individuals with disabilities in Shanghai." Disability & Society **37**(10): 1659-1677.
This study explored how individuals with disabilities in Shanghai perceive the accessibility of public spaces and their experiences of various barriers in transit to public spaces. We conducted semi-structured, in-depth interviews with community-dwelling individuals with mild to severe physical, sensory, and multiple disabilities (N = 16). Our findings suggest that despite government efforts to improve accessibility, participants still perceived public spaces to be inaccessible. They encountered physical barriers, social barriers, and unusable accessible facilities in the process of accessing public spaces. Their sense of being a burden to family caregivers also compelled participants to limit their mobility radius. Despite some participants' attempts to advocate for their mobility and accessibility rights, they ultimately chose to compromise when their efforts were not acknowledged. This study seeks to inform policy and practice by increasing understanding of public space accessibility from the perspectives of people with disabilities in urban China. This study is among the first to explore what people with disabilities experience when going to public spaces in urban China, and how they understand these experiences. People with disabilities in Shanghai face various difficulties when going to public spaces. Although there are facilities designed to assist people with disabilities in moving around public spaces in Shanghai, these facilities are often occupied, blocked, or broken, and thus cannot be properly used. Most study participants chose to stay at home and in familiar places to avoid difficulties in going to public spaces and burdening their family members. Participants who tried to advocate for their rights gave up after their efforts were not responded to. Policymakers and practitioners should understand the difficulties of people with disabilities and their families when they go to public spaces and include them when developing and implementing relevant policies and services. [ABSTRACT FROM AUTHOR]

McCulloch, J., et al. (2021). "Justice perspectives of women with disability: An Australian story." International Review of Victimology **27**(2): 196-210.
The article explores the meaning of ‘justice’ for women with disability who have experienced and reported violent crimes, typically, sexual assault and family violence. It contributes to the small body of literature that considers justice as articulated by those who have experienced violence and represents the only published research that brings to the fore perspectives on justice from the viewpoint of women with disability. Based on interviews and focus groups with 36 women with disability in the Australian states of

Victoria and New South Wales, it explores these women's 'justice' ideals and the gap between those ideals and the responses they received from the service and criminal justice systems. Mostly, the women's desired outcomes in response to reports of violence were focused on recognition of what had occurred, an acknowledgement of their rights and status, and a pathway to security and safety. These desires related to justice were linked to being able to leave a situation of danger, retain custody of children, have access to care and advocacy services and gain a sense of safety or, sometimes, simply survive. The women's desires underline how inadequate the typical narrow criminal justice response is in meeting the 'justice' ideals and needs of women with disability because it is focused on establishing the guilt or otherwise of the defendant and on any subsequent punitive sanctions. These women's experiences and insights highlight the impact of discrimination and inequality on both justice as an ideal and justice as it is experienced. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Molina SaorÍN, J., et al. (2022). "EL ASISTENTE SEXUAL COMO FIGURA DE APOYO PARA LAS PERSONAS QUE SE ENCUENTRAN EN SITUACIÓN DE DISCAPACIDAD: PERCEPCIÓN SOBRE SU RECONOCIMIENTO JURÍDICO Y SOPORTE ECONÓMICO." The Sexual Assistant as a Support Person for the People that Are in a Situation of Disability: Perception about its Legal Recognition and Financial Support. **53**(3): 117-126.

Sexual assistance understood from a human rights perspective is constituted as the tool for those people who are in a situation of disability to access their own body and thus develop their sexuality. This figure is involved in a great controversy, so this article addresses one of its most controversial issues: its legal recognition and financial support. The following pages include a qualitative study through written documents and interviews with those people directly linked to the subject (sexual assistant and people who receiving this support) with the testimonies of two experts in this topic. As it is an emerging figure and little known so far, through this article are shown the diversity of paradigms that revolve around it and the need to make visible the free exercise of the right to live a free and full sexuality. (English) [ABSTRACT FROM AUTHOR]

Njelesani, J. (2019). "'A child who is hidden has no rights': Responses to violence against children with disabilities." Child Abuse & Neglect **89**: 58-69.

Background: There is an urgent need to understand how best to prevent and respond to violence against children with disabilities as they are at a high risk for violence because they are marginalized, isolated, and targeted and have little power within their communities. Objective: Guided by social-ecological theory, this study explores responses to violence against children with disabilities, including preventative measures and treatment of victims in the West African countries of Guinea, Niger, Sierra Leone, and Togo. Participants: Participants were recruited using purposive and snowball sampling from the following three groups: disability stakeholders including representatives from local, national, and international organizations and governments; community members including parents, teachers, and leaders; and children with disabilities. Methods: A qualitative study design guided data generation, that included document analysis, semi-structured interviews, and focus groups across the four countries. In total, 419 people participated. Of those participants, 191 took part in an interview and the rest participated in one of 55 focus groups. Findings: Responses to disability-based violence are driven at the mesosystem and exosystem levels. Prevailing views indicated that national level policies and laws are not always considered part of solutions, communities are leading responses to violence, and children with disabilities are hidden at home or in institutions for both their own and their family's safety. Conclusions The findings can inform development of prevention and intervention programs that will protect children with disabilities from violence in contexts with high levels of disability stigma, social conflict, violence, and poverty. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Oliver, S., et al. (2022). "The outcomes of individualized housing for people with disability and complex needs: A scoping review." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(7): 1141-1155.
Purpose: Worldwide, disability systems are moving away from congregated living towards individualized models of housing. Individualized housing aims to provide choice regarding living arrangements and the option to live in houses in the community, just like people without disability. The purpose of this scoping review was to determine what is currently known about outcomes associated with individualized housing for adults with disability and complex needs. Methods: Five databases were systematically searched to find studies that reported on outcomes associated with individualized housing for adults (aged 18–65 years) with disability and complex needs. Results: Individualized housing was positively associated with human rights (i.e., self-determination, choice and autonomy) outcomes. Individualized housing also demonstrated favourable outcomes in regards to domestic tasks, social relationships, challenging behaviour and mood. However, outcomes regarding adaptive behaviour, self-care, scheduled activities and safety showed no difference, or less favourable results, when compared to group homes. Conclusions: The literature indicates that individualized housing has favourable outcomes for people with disability, particularly for human rights. Quality formal and informal supports were identified as important for positive outcomes in individualized housing. Future research should use clear and consistent terminology and longitudinal research methods to investigate individualized housing outcomes for people with disability. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Orr, Z., et al. (2021). "The challenges and dilemmas of local translators of human rights: The case of disability rights among Jewish ultra-Orthodox communities." Journal of Human Rights **20**(3): 339-355.
Translators of global liberal human rights ideas into religious conservative communities are intermediaries who occupy a liminal position. They are located at a complex crossroad of incompatible values and norms. This article examines the translators' challenges and dilemmas that stem from this position. The article focuses on translators of human rights of people with disabilities in Jewish ultra-Orthodox communities in Israel as a case study. The article analyzes the translators' questions of identity and belonging, as well as their dilemmas and difficulties when there is a contradiction between the human rights discourse and the ultra-Orthodox discourse. It also illuminates the dilemmas that result from the tension between the state authorities' perspective and the ultra-Orthodox perspective. These dilemmas differ from those discussed in the literature, which are usually related to choosing activist strategies. Furthermore, the findings suggest that, unlike previous studies that have portrayed human rights translators as actors with "double subjectivity" who can flexibly move between the global and the local moral worlds, the translators in this case are deeply entrenched in the local religious world. For them, localization is not merely an instrumental means to legitimize the global human rights principles but, rather, an essential way to settle their conflicting identities and beliefs. [ABSTRACT FROM AUTHOR]

Ortiz de Zarate Beitia, N. (2021). "La mediación y el acceso a la justicia en el ámbito de la discapacidad." REVISTA de MEDIACIÓN. ADR, Análisis y Resolución de Conflictos **14**(1): 1-7.
Abstract: Para las personas con discapacidad, la mediación no solo se presenta como una vía alternativa a través de la cual ejercer el derecho de acceso a la justicia de forma más accesible y eficaz, sino también como un instrumento que favorece su inclusión

social. Sin embargo, en el presente artículo se identifican algunos aspectos, tanto normativos como prácticos, que dificultan a este colectivo disfrutar de los beneficios de la mediación. Si bien las recientes reformas procesales y civiles prometen impulsar el uso de la mediación, este trabajo pretende analizar la contribución de las mismas en la mejora de la accesibilidad de la mediación, así como proponer una serie de recomendaciones con el objetivo de hacer más alcanzable esta forma de acceder a la justicia. Abstract: For people with disabilities, mediation is not only an alternative way to enjoy the right to justice in an accessible and efficient way but it is also a tool to promote their social integration. However, in this paper some aspects are presented, both normative and practical, that show how difficult it is for people with disabilities to enjoy the benefits of mediation. Even if the recent procedural and civil reforms promised to foster the use of mediation, this article aims at analyzing their contributions to the improvement of accessibility to mediation as well as the proposal of a set of recommendations in order to make this way of accessing justice more reachable.

Parey, B., et al. (2023). "Falling short of equal opportunities for persons with disabilities in Trinidad and Tobago: evidence from Equal Opportunity Commission case files." Equality, Diversity & Inclusion **42**(3): 382-397.
Purpose: The purpose of the study is to examine if the existing legislative framework in Trinidad and Tobago supports equal opportunities and the achievement of fundamental human rights for persons with disabilities seeking to access education, employment, accommodations and goods and services. Design/methodology/approach: Data were collected from 105 complaints filed with Trinidad and Tobago's Equal Opportunity Commission from 2010 to 2021 regarding disability discrimination. The steps of constant comparison were used to analyse characteristics of each case, complainants' desired outcomes and the actual outcomes of the cases (i.e. withdrawn, closed, forwarded to conciliation or the Equal Opportunity Tribunal). Findings: Across all cases, persons with disabilities desired access to unavailable services, opportunities for employment or an apology for emotional distress. Cases that were withdrawn reflected missed opportunities to address systemic issues, closed cases reflected a bounded process for redress, and cases advancing to conciliation or the Tribunal required documentation or support. Originality/value: This study provides insights into how the current policy and its implementation miss opportunities to address discrimination at organisational and systemic levels. Specifically, cases revealed dominant/subordinate dynamics in society and a lack of transparency throughout the system. Authors provide recommendations for policy and systemic change, including addressing gaps in national legislation and adopting strong equality of opportunity and equality of well-being approaches. [ABSTRACT FROM AUTHOR]

Parey, B. and L. Sinanan (2022). "Healthcare barriers among working-age persons with disabilities in Trinidad." Qualitative Health Research **32**(3): 479-490.
Even though easily accessible and cost-effective healthcare is a fundamental human right, many persons with disabilities experience healthcare barriers and poor health outcomes. We explore the healthcare barriers among working-age persons with disabilities in Trinidad using a qualitative descriptive approach. Semi-structured interviews with 26 participants reveal barriers at the personal, healthcare facility, and societal levels. The findings indicate the need for a nation-wide integrated digitalized system and increased intersectoral collaborations to support adequate healthcare among persons with disabilities in Trinidad. Increased consultation with persons with disabilities and transformation of the disability discourses within the healthcare system and at the national level are also recommended as part of the humanisation of their care. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Pinto, O. Y., et al. (2020). "Exploring the right to work among persons with disabilities: The

role of labor-oriented values." Work: Journal of Prevention, Assessment & Rehabilitation **67**(1): 193-202.
Background: The UN Convention on the Rights of Persons with Disabilities (CRPD) assumes that persons with disabilities have similar rights, motivations to work and personal values as those without disabilities. Objective: The article examines the corroboration between this assumption and real-life facts to better understand the importance of labor-oriented values in people with disabilities. Methods: We tested the relationship between human values, employment and wages among Israelis with disabilities who cope with prejudice, negative attitudes and a lack of accessible workplaces in comparison to Israelis without disabilities. Results: We found that the effect of labor-oriented values on employment status is 70% higher among people with disabilities than among those without disabilities. Furthermore, persons with disabilities ranked power and achievement as important values related to employment, but these values were not included in the considerations of persons without disabilities. Conclusions: These results highlight the importance of labor-oriented values for people with disabilities to overcome challenges in the labor market. Our findings suggest that rehabilitation policies would benefit from identifying personal human values of people with disabilities at an early stage of their career. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Puras, D. and P. Gooding (2019). "Mental health and human rights in the 21st century." World Psychiatry **18**(1): 42-43.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). Mental health is emerging from the shadows. Human rights are on the agenda, and advocates are increasingly calling for parity with general health funding and a reduction of the treatment gap for people in crisis, particularly in low- and middle-income countries. There is high-level agreement on key components of good mental health policy, from promotion to prevention, treatment and rehabilitation. Szmukler’s paper makes a substantial contribution to this effort. He elucidates some of the practical and conceptual requirements involved in a move toward a 'will and preferences framework' and asks seriously what the CRPD means for the future of psychiatry, and for global health governance more generally. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Ramanujam, N. and N. Caivano (2023). "Centering economic inclusion in policy for realizing disability rights in india." Disability & Society.
The impact of the coronavirus pandemic on persons with disabilities has laid bare the link between health and economic outcomes. This article reviews the legal and policy framework impacting economic outcomes for persons with disabilities in India against the backdrop of the Sustainable Development Goals (SDGs) on poverty, economic growth, and productive employment. It offers a policy framework for realizing the human rights of persons with disabilities by advancing their inclusion in India’s economic development. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Riddle, C. A. (2020). "Why we do not need a ‘stronger’ social model of disability." Disability & Society **35**(9): 1509-1513.
Recent calls to amend the social model of disability to articulate and defend a broader set of rights for people with disabilities should be met with critical reflection. For example, Berghs et al. suggest a move to a ‘stronger’ social model - one that acts as a response to the threats against disabled people’s human rights. While the article brings to the forefront the many violations of human rights present in the lives of people with disabilities, it nonetheless mischaracterizes the solution. While people with disabilities do face tremendous injustices, many of which can rightly be thought of as violations of human rights, the proper target of our concern should be on how we conceptualize the

notions of equality and justice to inform sound policy, and not on how we model the experience of disability. I suggest these arguments put the cart before the horse. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Shakespeare, T., et al. (2019). "Rights in mind: Thinking differently about dementia and disability." Dementia: The International Journal of Social Research and Practice **18**(3): 1075-1088.
The aim of this paper is to argue for the utility of a relational model of disability, as a way of conceptualizing dementia. We explore whether dementia should be considered as a disability, and whether people with dementia might consider themselves as disabled people. We review examples of, and issues raised by, the political activism of people with dementia. We consider how language constructs dementia negatively. We discuss how the environment influences the experience of dementia. In conclusion, we show that a relational model of dementia lays the basis for a human rights approach to the condition, based on collaborative partnerships between people with dementia and people from other disability communities. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Siegel, L. (2019). "TECHNOLOGY AND DISABILITY. THE ENRICHMENT OF HUMAN RIGHTS." Scientific Papers of Silesian University of Technology. Organization & Management / Zeszyty Naukowe Politechniki Slaskiej. Seria Organizacji i Zarzadzanie(140): 317-325.
Our primary aim is to analyze the impacts of technology on people with disability. Persons with a disability can be encouraged to fully engage in society by using specific types of technology (medical devices that target particular limitations). Many experts argue that medical exoskeletons or wheelchairs with motorized stand-up function provide people with severe disabilities with new possibilities. Impact of these opportunities is enormous and they directly influence the quality of life. Philosophers Amartya Sen and Martha Nussbaum in their "capability approach" assume that any form of impact that enables a person to pursue what they deem as essential influences quality of their life. Similarly, Eva Feder Kittay (philosopher) argues that care for the elderly, disabled, or children is crucial for any society. These authors will provide a philosophical basis for our arguments for the enrichment of human rights through technology for persons with disabilities. [ABSTRACT FROM AUTHOR]

Specht, R. (2021). "Sexuelle Selbstbestimmung für Menschen mit Behinderungen: Bestandsaufnahme und Handlungsempfehlungen für die institutionelle Praxis = Sexual self-determination for people with disabilities: Current situation and recommendations for institutional practice." Zeitschrift für Sexualforschung **34**(3): 175-181.
For a long time, people with disabilities were not granted sexual self-determination. At the same time, the fact that people with disabilities are at significantly greater risk of becoming victims of sexual violence has been almost completely ignored. Fortunately, this is changing more and more. Since 2009, the United Nations Convention on the Rights of Persons with Disabilities, known for short as the Disability Rights Convention, has also documented the right to self-determination as a human right in Germany. This applies not least to the area of sexuality, although it is not explicitly mentioned. This practical contribution outlines the current situation – including a historical review – and makes recommendations for action, in particular with regard to institutional practice. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Steinborn, M. L. and E. A. Nusbaum (2019). "Cripping human rights education with disability studies: An undergraduate reading list." Educational Studies: Journal of the American Educational Studies Association **55**(4): 489-504.
Aiming to place disability studies in conversation with other antioppressive educational

frameworks, this article 'crips' human rights education (HRE), a field that, by definition, teaches people about equality, dignity, and respect. A theoretical sampling of HRE journals and an online library database uncovers that human rights scholarship largely overlooks disability outside a medical or legal framework, though disability scholars consistently reference human rights in their work. We argue that these absences exemplify the active erasure of disability at the ontological level, and in response we urge scholars to reconceptualize where and how politics, activism, and social change take place. This 'visibilizing' project follows Baxi's dictum that HRE must constantly adapt to people’s localized experiences and the needs of future generations. We offer a reading list to begin this 'visibilizing' project in undergraduate university settings, proposing that teachers use 'Disability and Human Rights Praxis: Intersectional, Interdisciplinary Readings for Educators' to conceptualize how they might pair disability studies in education and HRE texts to facilitate interdisciplinary class discussions and student projects. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Subía Cabrera, A. C. and D. S. Proaño Tamayo (2022). "LA CAPACIDAD JURÍDICA DE LAS PERSONAS CON DISCAPACIDAD EN EL ECUADOR." THE LEGAL CAPACITY OF PEOPLE WITH DISABILITIES IN ECUADOR. **11**(2): 12-28.
The objective of this study was to analyze the structural indicators based on the human rights model of people with disabilities in Ecuador. For this, documentary sources and bibliographic information were collected and interpreted. Initially, the situation of people with disabilities and the process of protecting rights at the normative level were identified. It is concluded from the analysis that the rights of people with disabilities have been included within the socioeconomic context through labor regulations of social insertion. Within the structural indicators through a comparative analysis with Colombia and Argentina, it is deduced that there is legislation that limits people with disabilities in their rights, that is, in the institution of interdiction. Therefore, the implementation of the figure of support systems and safeguards is urgent. (English) [ABSTRACT FROM AUTHOR]

Symeonidou, S. and K. Mavrou (2020). "Problematising disabling discourses on the assessment and placement of learners with disabilities: Can interdependence inform an alternative narrative for inclusion?" European Journal of Special Needs Education **35**(1): 70-84.
In this paper, we seek to explore how the concepts of dependence, independence and interdependence are reflected in discourses on documents prepared by two Commissioners in Cyprus (the Commissioner for the Rights of the Child, and the Commissioner for Administration and Protection of Human Rights). These documents reflect the views of parents, professionals, policymakers, and the Commissioners. Our analysis reveals that thinking in terms of the ‘dependence-independence’ binary informs a disabling discourse that views learners with disabilities as ‘dependent’ or ‘not independent enough’. At the same time, it secures the ‘independence’ of education stakeholders, and learners without disabilities. We argue that an alternative discourse, based on the concept of ‘interdependence’, could inform the inclusive education narrative in ways that would benefit the learners with disabilities, their families, and the education stakeholders involved in the decision-making process. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Szmukler, G. (2019). "'Capacity', 'best interests', 'will and preferences' and the UN Convention on the Rights of Persons with Disabilities." World Psychiatry **18**(1): 34-41.
The United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) is the most up-to-date international legal instrument concerning the rights of persons with disabilities. Such persons are taken to include those with serious mental disorders. According to an authoritative interpretation of a crucial Article (Article 12—

Equal recognition before the law) by the UN CRPD Committee, involuntary detention and treatment of people with mental health disabilities are prohibited under the Convention. Both conventional mental health law and 'capacity-based' law are deemed to violate the Convention. However, some other UN bodies are not in full agreement (for example, the UN Human Rights Committee and the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), while others are less explicitly absolutist (for example, the Human Rights Council). Furthermore, strong criticisms of the position of the CRPD Committee have been mounted from a number of academic quarters. These criticisms center on whether the role of a person’s ability to make a decision can be ignored, no matter the circumstances. Much of the above debate turns on the concept of 'legal capacity' and the now often-repeated precept that one must always respect the 'will and preferences' of the person with a disability. However, 'will and preferences' remains undefined. In this paper, I offer an analysis of 'will and preferences' that can clarify interventions that may be acceptable or non-acceptable under the terms of the UN Convention. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Velarde, M. R., et al. (2022). "Disarmament, demobilization, and reintegration in Colombia: Lost human rights opportunities for ex-combatants with disabilities." Journal of Human Rights **21**(1): 18-35.
This article examines whether and how the circumstances of Colombian ex-combatants with disabilities were recognized in the disarmament, demobilization, and reintegration (DDR) processes in the period following the adoption of the 2016 peace agreement. Our results suggest severe procedural and substantive shortcomings during the drafting of the peace agreement and the implementation of the DDR processes that exacerbated the exclusion of ex-combatants with disabilities from available opportunities for their social, economic, and political reintegration. We conclude that a better understanding of the disabling impact of conflict and the experiences of impairment and disability could have mitigated such neglect. [ABSTRACT FROM AUTHOR]

Walsh, C., et al. (2023). "Supporting indigenous people with disability in contact with the justice system: A systematic scoping review." Disability & Society.
The relationship between race, disability and criminality is complex and poorly understood. Scant information, and lack of action, exists on how to best keep Indigenous people with disability out of the justice system, and support this cohort while in the system. This systematic scoping review collates grey and peer-reviewed literature in Australia, Aotearoa (New Zealand), the United States and Canada, to gain insight into the current practices in place for justice-involved Indigenous people with disability, and list promising principles which may inform future practice. We identified 1,301 sources, and 19 of these met the inclusion criteria. Across these sources, nine key principles emerged: need for Indigenous designed, led and owned approaches; appropriately identify and respond to disability/needs; appropriate court models; appropriate diversionary options; therapeutic, trauma-informed, strengths-based and agency-building responses; facilitate connection to family, community and support networks; break down communication barriers; protect human rights; and provide post-release support. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(12): 2806-2814.
Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings

conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP's preference had been established, it was considered immaterial to the final decision. Conclusions: The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Implications for Rehabilitation: Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability; The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Webber, L. S., et al. (2019). "Factors associated with the use of mechanical restraint in disability services." Journal of Intellectual and Developmental Disability **44**(1): 116-120.
Background: Mechanical restraint refers to the use of materials or devices to restrict the behaviours of a person with a disability, where the restraint is neither for therapeutic purposes or required by law. The inappropriate use of mechanical restraint is recognised in legislation and policy as a violation of people's human rights, and a risk to their health and wellbeing. Understanding who is at risk of mechanical restraint may assist service providers to better support people with a disability. Method: State-wide data collected between July 2012 to June 2013 were sourced. Odds ratios were used to describe the associations between individual characteristics and whether an individual was subjected to mechanical restraint. Results: Individuals with certain characteristics, such as the presence of a hearing, physical, neurological, communication or visual impairment, and autism spectrum disorder had an increased likelihood of being mechanically restrained. Conclusion: Initiatives to reduce mechanical restraint should pay particular attention to the support needs of those with sensory impairments and complex communication support needs including those with autism spectrum disorder and those with a physical impairment. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Whitburn, B. and T. Corcoran (2021). "Diversity training, inclusive education and our inevitable lament." Journal of Research in Special Educational Needs **21**(Suppl 1): 17-24.
As education systems the world over acknowledge the significance of supporting students with disabilities and related conditions to maintain school enrolment, building the capacity of educators to fulfil an inclusive ambition is frequently promoted through activities like awareness training. Here, the intention is to potentially change how people

living with disability are understood and related to. Traditionally, awareness raising work relies on psychological interventions targeting human being’s cognitive-behavioural triumvirate – thoughts, feelings and behaviours, nudging public policy and individual attitudes to sustain such changes. Yet, an inevitable lament typically befalls researchers and practitioners when inclusive ideals are not reached through the promotion of human rights, individualised support and positive attitudes. Advancing a conceptual approach to orientating to difference resourced by theory from critical psychology, critical disability and affirmative ethics, our discussion seeks to question the validity of current orientations to awareness training in favour of engaging difference differently. The discussion is relevant to education policy makers and practitioners seeking to reduce inequities, particularly among students living diverse ways of being within mainstream populations, so they might engage difference differently to reduce school exclusion. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Wilbur, J., et al. (2021). "Qualitative study exploring the barriers to menstrual hygiene management faced by adolescents and young people with a disability, and their carers in the Kavrepalanchok district, Nepal." BMC Public Health **21**(1): 1-15.
<bold>Background: </bold>Menstrual hygiene management (MHM) is a recognised public health, social and educational issue, which must be achieved to allow the realisation of human rights. People with disabilities are likely to experience layers of discrimination when they are menstruating, but little evidence exists.<bold>Methods: </bold>The study aims to investigate barriers to MHM that people with disabilities and their carers face in the Kavrepalanchok, Nepal, using qualitative methods. Twenty people with disabilities, aged 15-24, who menstruate and experience 'a lot of difficulty' or more across one or more of the Washington Group functional domains were included, as well as 13 carers who provide menstrual support to these individuals. Purposeful sampling was applied to select participants. Different approaches were used to investigating barriers to MHM and triangulate data: in-depth interviews, observation, PhotoVoice and ranking. We analysed data thematically, using Nvivo 11.<bold>Results: </bold>Barriers to MHM experienced by people with disabilities differ according to the impairment. Inaccessible WASH facilities were a major challenge for people with mobility, self-care and visual impairments. People with intellectual impairments had difficulty accessing MHM information and their carers despaired when they showed their menstrual blood to others, which could result in abuse. No support mechanisms existed for carers for MHM, and they felt overwhelmed and isolated. Menstrual discomfort was a major challenge; these were managed with home remedies, or not at all. Most participants followed menstrual restrictions, which were widespread and expected; many feared they would be cursed if they did not. As disability is often viewed as a curse, this demonstrates the layers of discrimination faced.<bold>Conclusion: </bold>Issues related to MHM for people with disabilities is more complex than for others in the population due to the additional disability discrimination and impairment experienced. Research exploring these issues must be conducted in different settings, and MHM interventions, tailored for impairment type and carers requirements,should be developed. Attention to, and resourcing for disability inclusive MHM must be prioritised to ensure 'no one is left behind'. [ABSTRACT FROM AUTHOR]

Zoanni, T. (2022). "Disability Rights and Wrongs in Uganda." Current History **121**(835): 190-195.

disability (90)

(2022). "Disability-based arguments against assisted dying laws." Bioethics **36**(6): 680-686.
Some of the most common arguments against legalizing assisted dying are based on appealing to the rights of people with disabilities. This article identifies and responds to those arguments, including that people with disabilities univocally oppose assisted dying laws; that those laws harm people with disabilities, or show disrespect; and that those laws undermine other vital aspects of healthcare. Drawing on philosophical argument, as well as on evidence from jurisdictions where assisted dying is legal, the article concludes that considerations of disability do not in fact generate good arguments against assisted dying laws. In fact, the opposite is true. There are nevertheless important lessons that proponents and defenders of such laws can learn in conversation with people with disabilities, including about safeguards on assisted dying to protect their well-being and autonomy. [ABSTRACT FROM AUTHOR]

Aarons, D. E. (2020). "The disability-rights perspective within the bioethics agenda." Nursing Ethics **27**(4): 1056-1065.
The life perspectives of persons with disabilities have been neglected in many countries and particularly in lower- and middle-income countries that have fewer resources to adequately address the societal needs of these persons. Bioethics purports normative standards for the way in which we treat with others, and the virtue of care should be at the heart of everyday life. Human rights are norms that aspire to protect all persons everywhere. Within this milieu, persons with disabilities who make up a significant portion of all societies worldwide meet many social barriers that inhibit their quality of life and leave them greatly disadvantaged in comparison to able-bodied persons. This article focuses on the notion of quality of life, the presumed perspectives of biomedicine and bioethics on disability, the neglect of the lived experience of persons with disabilities, and the discrimination underlying the struggle for equal rights and opportunities for persons with disability. It argues for equal access to social and beneficial medical interventions for persons with disabilities; that persons with disabilities should be seen as different but equal; that their contributions to societal deliberations would enhance the richness of thought, views, narratives and perspectives; and that society should stop using the term disability and use instead the less value-laden term anomaly. Finally, it recommends educational campaigns to change negative attitudes towards persons with predicaments or anomalies, the respecting of human diversity, collaboration between upper-income and lower- and middle-income countries to develop strategies that seek to change negative attitudes towards persons with anomalies, and the inclusion worldwide of all these matters as a part of a bioethics agenda that advocates for respecting the human rights of persons with anomalies. [ABSTRACT FROM AUTHOR]

Aitken, Z., et al. (2019). "Precariously placed: housing affordability, quality and satisfaction of Australians with disabilities." Disability & Society **34**(1): 121-142.
Access to adequate, safe, secure, accessible and affordable housing is a fundamental human right and one stipulated in the United Nations Conventions on the Rights of Persons with Disabilities. Australian adults with disabilities experience housing disadvantage including homelessness, poor-quality housing and housing unaffordability; however, we lack a comprehensive comparison of the housing circumstances of people with and without disabilities and differences by impairment type. We analysed data from a nationally representative sample of 11,394 working-aged Australians collected in 2011. We found that people with disabilities experienced disadvantage across all housing indicators, and people with intellectual and psychological disabilities fared worst. These findings suggest that there is a housing crisis for Australians with disabilities, which may intensify with the introduction of the National Disability Insurance Scheme. There is a need to develop long-term housing solutions that promote independence, are accessible and affordable, and that consider location and

neighbourhood context. [ABSTRACT FROM AUTHOR]

Aliyeva, Z. (2023). "Reform of the system of rehabilitation of people with disabilities in Azerbaijan: A new social model transformation." Disability & Society **38**(3): 530-534.
Azerbaijan is in the process of dismantling a system of medical model approaches to rehabilitation of people with disabilities inherited from the Soviet Union, and replacing it with a new approach to services based on social model thinking. This transformational initiative, designed to improve the lives of people with disabilities, is a priority of the EU-Azerbaijan Partnership. In Azerbaijan the voices of disabled people, their families, caregivers and representative organizations have previously been seldom heard. Now their voices will be heard alongside those of policy makers and service providers, in order to make sure that people with disabilities will become the principal architects of systems for their support in Azerbaijan. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Ana Calle, C., et al. (2022). "Access to public transportation for people with disabilities in Chile: a case study regarding the experience of drivers." Disability & Society **37**(6): 1038-1053.
This study explored access to transportation for people with disabilities based on the accounts of public transportation drivers in the Atacama region of Northern Chile. The study is based on the naturalistic paradigm and uses the theory based on the systematic design of Strauss and Corbin. The analyzed data correspond to the open and axial phases of the methodology. Seven group interviews and three in-depth interviews were conducted, using a sample of 57 drivers. Sixteen categories emerged which, upon being refined through the permanent contrast method, allowed three categories and seven subcategories to be established. Social exclusion, barriers to access, and social position were the main categories, and negative perceptions regarding access prevailed. Gaps and access limitations for people with disabilities were evident in drivers' accounts, which indicate an opportunity for a better understanding of the phenomenon. This study evaluated the access of disabled people to public transportation from the perspective of drivers in northern Chile It was found that drivers had a negative attitude and perception towards people with disabilities Drivers often reject disabled passengers, and they believe this can be blamed to the current public policies in Chile Drivers are aware that their service is poorly perceived by society, which causes disabled people to exclude themselves The lack of accessibility in public transportation affects the lives of disabled people as they have reduced access to health services, jobs or social activities. [ABSTRACT FROM AUTHOR]

Anderson, C. A., et al. (2021). "Empowering Community Voices: The Influences of Consumer Race, Disability, and Poverty on Public Vocational Rehabilitation Service Engagement." Journal of Rehabilitation **87**(1): 40-47.
The public Vocational Rehabilitation (VR) program provides key services and supports to individuals with disabilities seeking to improve their employment, careers, and economic mobility. However, engagement in the VR program is not consistent across all populations, with a focus on those residing in historically underserved and marginalized low-income communities of color. The purpose of this study was to better understand the needs of current and former Black American VR consumers residing in a large urban area to inform current and future policy and practice needs within the state agency. While data was collected just prior to the COVID-19 pandemic, the views shared by participants regarding the stress and trauma of experiencing a chronic lack of resource and recommendations for improvements within the public VR program are perhaps even more relevant considering the disproportionate impact of the pandemic on this and similar communities. Recommendations for training and future research to enhance engagement, understanding, and better serve this population through the public VR

program are offered. [ABSTRACT FROM AUTHOR]

Araque Barboza, F., et al. (2019). "Discapacidad, familia y derechos humanos." Disability, Family and Human Rights. **24**: 206-216.
The objective of this work is to analyze some theoretical-conceptual proposals about people with disabilities in the context of the family, with the purpose of promoting the development of an attitude of critical reflection from a human rights approach. A narrative review of national and international literature was carried out, with a documentary-bibliographic methodology. It is evident that there is tension between needs, inalienable rights and diversity of social expectations in a world affected by the absence of a shared ethic for the common good. Human rights are promoted from the axiological perspective in various fields of social life. (English) [ABSTRACT FROM AUTHOR]

Arenas, A. d. P., et al. (2020). "Ciudad física y ciudad representada: discapacidad, justicia espacial e innovación social." Physical and represented city: disability, spatial justice and social innovation. **25**: 175-194.
The objective of this article is to socialize the results of a research process on the daily experiences of the subject in a disability situation around the construction of the right to the city, for the development of a mobile application to identify accessible spaces in Ibagué. A mixed and cross-section methodology was used in which thirty people participated, managing to identify the experience and appropriation of the city from the accessibility and spatial justice categories. Likewise, how the application was constituted in a process of social innovation tending to promote community inclusion and participation. (English) [ABSTRACT FROM AUTHOR]

Badran, L., et al. (2023). "'i am an arab palestinian living in israel with a disability': Marginalisation and the limits of human rights." Disability & Society.
This article examines Arabs with disabilities living in Israel. Centring their experiences and voices, it argues that the group's marginalisation is predominantly shaped by the ongoing political conflict. Arabs in Israel suffer deep social and institutional marginalisation on the basis of their ethnic identity and perceived threat and opposition to the state. Arabs with disabilities are neither exempted nor alleviated from this discriminatory framework. Therefore, those services, rights, and policies which are in place are not always fully granted, revealing the deficiency of a rights-based model for advancing their cause. Strikingly, however, it is the barriers and limiting normative beliefs within the community of Arabs in Israel where discrimination is most acutely felt. Being seen only through their disability means a battle for acceptance, integration, and participation in Arab society. Again, without a significant shift in social awareness and underlying normative perceptions, a rights-based model will only go so far. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Barrios Flores, L. F. (2020). "[Law and mental health (goals achieved and pending challenges in Spain). SESPAS report 2020]." Gaceta Sanitaria **34 Suppl 1**: 76-80.
After the approval of the Constitution there have been major improvements on the juridical status of the patient in general and specifically of the mental kind. Nevertheless the regulation of the rights regarding the mental patients has been less thorough. Consequently there are significant deficiencies regarding this matter, being the existing regulations minimal, those which do not take on account the most relevant international reference tools. With the approval of the New York Convention major legal reforms have been introduced regarding the sensory and physically handicapped. However not the same has happened with the case of those with mental conditions. On this subject exists a sizable delay on the adaptation of our juridical application to this Convention. Furthermore major problems arise for its implementation. This changes the traditional

assistance model (towards rehabilitation) for the social model and uses new concepts brought by the Convention (legal capacity) which do not coincide with other ones characteristic of the Spanish legislative tradition. The interpretation of the Convention done by the Committee on the Rights of Persons with Disabilities adds difficulties to validate our regulation to the Convention. With all this in mind it is clear to see that there are many challenges to take on the future, being necessary for this the implementation of a previous rational dialogue. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Berghs, M., et al. (2019). "Rights to social determinants of flourishing? A paradigm for disability and public health research and policy." BMC Public Health **19**(1): N.PAG-N.PAG.
<bold>Background: </bold>The term evidence based medicine was introduced in the early 1990s in clinical medicine to educate clinicians about how to assess the 'credibility' of research to ensure best treatments for their patients. The evidence based medicine paradigm has become more diffuse in times of austerity and randomised controlled designs are being used to address complex issues in public health and disability research. This research is not addressing inequalities in terms of disability nor how people can live well with disabilities.<bold>Main Text: </bold>We argue that there are four ways that public health research needs to change if it wants to address inequalities linked to disability: 1) rethinking theoretical connections between public health and disability; 2) building ethics and equity into interventions through a human rights approach; 3) ensuring ethical inclusion through intersectionality; and 4) evaluating policy and other social impacts to ensure they capture diversity. We argue that these are key issues to building a social determinants of flourishing.<bold>Conclusions: </bold>We need to understand how disability might have an accumulative impact across the life course, as well as how to ensure equity for people living with disabilities. This means conceptualising a social determinants of flourishing where we evaluate how exactly randomised controlled trials and public health interventions, not only lead to greater equality but also ensure rights to health and wellbeing. [ABSTRACT FROM AUTHOR]

Bhatia, N. (2022). "Manchester University NHS Foundation Trust v WV [2022] EWCOP 9: The Court of Protection: On balancing risks; best interests and kidney transplantation." Journal of Bioethical Inquiry **19**(3): 357-361.
At first glance, this case might give the impression that a resolution would have been straightforward. A 17-year-old young man with moderate to severe learning disabilities and other conditions discussed below required a kidney transplant–the Court of Protection was tasked with determining whether this was in his best interests. However, the case of WV was in fact far more technical and required nuanced discussion and expert medical evidence from a range of specialists to objectively balance the needs of WV and the risks to WV, and to ultimately determine his fate of life or death based on receiving a kidney transplant. Manchester University NHS Foundation Trust ("The Trust") applied for a declaration in relation to the capacity of William Verdon ("WV") and for the court to consider whether an order should be made that it was not in his best interests to have a kidney transplant with sedation and ventilation post-operatively. [ABSTRACT FROM AUTHOR]

Bunn, R. (2019). "Conceptualizing Addiction as Disability in Discrimination Law: A Situated Comparison." Contemporary Drug Problems **46**(1): 58-77.
People labeled as having an addiction and people with disabilities face significant discrimination in their daily lives. In countries where targeted disability discrimination law is applied, it is often assumed that including addiction in the definition of disability will protect those labeled as having an addiction from discrimination. Several scholars

have considered the effects of excluding addiction from the remit of discrimination law, but there has been less work examining the consequences—both positive and negative—of including addiction. Using the method of "situated comparisons" developed by intersectionality scholars, this article interrogates how addiction and disability are co-constituted in two contrasting legal and geographical contexts, where people labeled as having an addiction have sought to assert their right to equality before the law. By comparing the application of targeted discrimination law in Australia with a human rights charter in Canada, it demonstrates how systems of power such as ableism and neoliberalism work through the law to co-constitute addiction and disability in ways that are stigmatizing, even within legal approaches that aim to eliminate discrimination. Furthermore, the law, in both contexts, fails to recognize the intersectional nature of discrimination often experienced by these groups. The article contends that conceptualizing addiction as a disability will not necessarily reduce the discrimination faced by people labeled as having an addiction and concludes with recommendations for both policy and legal practice. [ABSTRACT FROM AUTHOR]

Caldera-GonzÁLez, D. C., et al. (2021). "INCLUSIÓN (¿O EXCLUSIÓN?) LABORAL DE PERSONAS CON DISCAPACIDAD. APUNTES PARA EL ESTADO DE GUANAJUATO, MÉXICO." LABOR INCLUSION (OR EXCLUSION?) OF PEOPLE WITH DISABILITIES. NOTES FOR THE STATE OF GUANAJUATO, MÉXICO. **6**: 1-19.
People with disabilities is one of the most vulnerable groups in any society. The objective of this paper is to reflect about the inclusion and exclusion of people with disabilities in Mexico and specifically in the state of Guanajuato, which helps to understand what happens with government initiatives to provide assistance and support to this sector, population, which is still far from fully exercising its right to work and an independent life. It is a theoretical investigation, of descriptive scope and non-experimental approach. The conclusions suggest that societies are increasingly aware of diversity, however, exclusion still prevails for people with disabilities in different spheres, especially labor, which is reinforced by stereotypes that limit the exercise of their human rights. (English) [ABSTRACT FROM AUTHOR]

Chapman, K., et al. (2022). "An undignified disaster reality for Australians with disability." Australian Health Review **46**(6): 710-712.
The United Nations Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Management establish the importance of ensuring the equitable protection of human rights in disaster planning, relief, and recovery. However, internationally and within Australia, the reality is one of indignity, human rights violations, and corruption. Australia is living in a perpetual state of crisis, following 3years of environmental and health disaster events. Vulnerable Australian citizens, especially people with disability, are at a great risk of human rights violations and may have restricted access to resilience-building resources that would enable them to recover. Embedding dignity into disaster management and recovery can safeguard human rights and improve outcomes for people with disability. What is known about this topic? People with disability are more vulnerable to the negative impacts of disaster and are marginalised and excluded in recovery efforts. What does this paper add? The paper focuses on embedding dignity into disaster planning, response and recovery to conserve human rights of people with disability and improve outcomes. What are the implications for practitioners? Health practitioners are important front-line responders to both health and environmental disasters and should consider how dignity can improve service for people with disability and increase positive outcomes to build back better. [ABSTRACT FROM AUTHOR]

Chauhan, U. M., et al. (2022). "Caregiver’s perception of barriers to implementation of the

'Rights of Persons with Disabilities (RPWD) act, 2016 in India'." Vulnerable Children and Youth Studies **17**(3): 248-258.
This study was planned to study caregiver's perception of barriers to implementation of the Rights of Persons with Disabilities (RPWD) Act, 2016 in India. An online cross-sectional survey was carried out among parents of children with disabilities. A prevalidated structured and semi-structured questionnaire was used. Results of structured items are summarized as mean (SD), frequencies and percentages. For open-ended questions, responses were analyzed by manual content analysis; results were presented in the form of a framework. From 316 responses, 44.8% of respondents availed disability certificate however utilization was largely limited to travel and educational settings. 82.2% of respondents were not aware of any of the national health schemes. Only 6.2% of children could engage in play activity at the playground. Accessibility, health issues and social stigma were the main barriers to recreation for children with disabilities. While 25.8% of children did not attend school at all, 58.1% of children attending normal school were facing difficulties due to lack of appropriate school infrastructure, transportation issues, and untrained teachers. Responses to open-ended questions were predominantly related to needs of homegrown research, better infrastructure, and trained teachers in schools, life security of child and development of national registry for better health information. The study highlights the importance of implementation of concrete strategies at every level of policy decisions to create more awareness regarding RPWD act in India. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Chubb, D. and N. Zadeh-Cummings (2023). "International engagement with North Korea: disability, human rights and humanitarian aid." Third World Quarterly **44**(1): 134-151.
This article examines disability rights in North Korea as an area of shared interest between humanitarian workers (who operate inside, with the consent of North Korean authorities) and human rights actors (who work outside, in defiance of the regime). Disability issues represent a notable deviation from the usual separation evident between these actors when it comes to their work on North Korea, insofar as the issue is one that both groups agree represents a critical area for engagement. Drawing from a small but deep pool of expert interviews, this article argues that international practitioners across these approaches recognise evidence of improvements in the area of disabilities inside North Korea and perceive potential for further meaningful change in a country that can be difficult to understand and challenging to achieve progress within. It further argues that the human rights model of disability provides a conceptual framing rooted in the disability studies literature, which allows for a clearer articulation of the shared meanings embedded in the different approaches to disability in North Korea. [ABSTRACT FROM AUTHOR]

Colon-Cabrera, D., et al. (2021). "Examining the role of governmsent in shaping disability inclusiveness around COVID-19: a framework analysis of Australian guidelines." International Journal for Equity in Health **20**(1): 1-11.
Background: The COVID-19 pandemic has uncovered the ways in which disabled people are made more vulnerable due to structural inequalities. These vulnerabilities are the result of the interaction between individual and structural factors that shape how risk is experienced by disabled people. In Australia, these vulnerabilities are influenced by the way disability services and care for disabled people are delivered through a consumer-directed approach. We analysed the policies and documentation made by the Australian Government and state and territory governments during the pandemic to explore whether these were disability-inclusive. We aimed to unpack how these policies shaped disabled people as vulnerable citizens. Methods: Guided by documentary research, we used framework analysis to examine the policies of the Australian Government and state and territory governments. We analysed legislation that was given

royal assent by the federal, state and territory governments, and documents (reports, fact sheets, guidance documents, etc.) published by the federal government and the state of Victoria (given that this state experienced the brunt of the epidemic in Australia) between February 2020 to August of 2020. Results: We found that most of the resources were not aimed at disabled people, but at carers and workers within disability services. In addition, most policies formulated by the Australian Government were related to the expansion of welfare services and the creation of economic stimulus schemes. However, while the stimulus included unemployed people, the expansion of benefits explicitly excluded disabled people who were not employed. Most of the legislation and documents offered accessibility options, though most of these options were only available in English. Disability oriented agencies offered more extensive accessibility options. Conclusions: The findings indicate a large number of documents addressing the needs of disabled people. However, disability-inclusiveness appeared to be inconsistent and not fully considered, leaving disabled people exposed to greater risk of COVID-19. Neoliberal policies in the health and welfare sector in Australia have led to an individualisation of the responsibility to remain healthy and a reliance on people as independent consumers. Governments need to take a clear stance towards the emergence of such a discourse that actively disvalues disabled people. [ABSTRACT FROM AUTHOR]

de Beco, G. (2020). "Intersectionality and disability in international human rights law." International Journal of Human Rights **24**(5): 593-614.
This article addresses the question of intersectionality in the field of international human rights law. While in this field much attention has been given to gender and race, here it is extended to disability. Starting from the Convention on the Rights of Persons with Disabilities (CRPD), the article explores a new as yet unexplored research avenue: how international human rights law can be used to protect different groups of disabled people by applying the Convention along with other human rights treaties. It focuses on three groups of disabled people: (1) disabled people belonging to racial or ethnic minorities; (2) disabled women and; (3) disabled children. These three groups have been chosen because all three come within the remit of human rights treaties that concern these groups in addition to the CRPD. Some other groups of disabled people are also considered. The article discusses the problems that emerge for these groups and shows how they can be resolved through international human rights law. This is done through an analysis of the jurisprudence of UN treaty bodies. [ABSTRACT FROM AUTHOR]

Diesfeld, K., et al. (2020). "Breaches of New Zealand's Health and Disability Services Consumers' Rights: Human Rights Review Tribunal Decisions." Journal of law and medicine **27**(3): 679-692.
This article illuminates New Zealand's legal response to breaches of rights within the health and disability services context. Alleged breaches of the Code of Health and Disability Services Consumers' Rights may be heard by the Human Rights Review Tribunal. The article describes this body's composition and powers, as well as patterns within the 44 relevant decisions published between 1 January 2002 and 30 June 2019. New Zealand's unique medico-legal system created a distinctive legal response to breaches of the rights of "consumers". The Tribunal decisions in this article relate to breaches of consumers' rights by both registered and unregistered providers. The research contributes to international scholarship regarding how justice is administered when consumers' rights are breached. Also, it contributes to international debates devoted to public protection and complaints resolution, through constructive critique.; Competing Interests: None.

Dineen, K. K. and E. Pendo (2022). "Engaging Disability Rights Law to Address the Distinct Harms at the Intersection of Race and Disability for People with Substance Use

Disorder." Journal of Law, Medicine & Ethics **50**(1): 38-51.

This article examines the unique disadvantages experienced by Black people and other people of color with substance use disorder in health care, and argues that an intersectional approach to enforcing disability rights laws offer an opportunity to ameliorate some of the harms of oppression to this population. [ABSTRACT FROM AUTHOR]

Duda-Mikulin, E., et al. (2020). "Wasted lives in scapegoat Britain: Overlaps and departures between migration studies and disability studies." Disability & Society **35**(9): 1373-1397.

The focus of this paper is to consider how disability studies and migration studies may be brought into further conversation with one another. While their experiences overlap and intersect in many ways, the lives of disabled people and migrants have rarely been considered together and this is an omission we address through a discussion on points of intersection and departure between migration studies and disability studies. We argue that migrants and disabled people are among the most marginalised individuals today whilst a Global North neoliberal rhetoric has pushed them further to the margins. We draw on Bauman’s theorisation of ‘wasted lives’ to bring disability studies and migration studies in dialogue with one another. Through this analysis, we highlight how bringing both disciplines together may help to inform debates focused on social justice and rights to dignity for some of world’s most marginalised communities. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Dunbar, P., et al. (2022). "Incidence and type of restrictive practice use in residential disability facilities in Ireland, a cross-sectional study." Health & Social Care in the Community **30**(6): e6009-e6017.

Restrictive practices (RPs) are a contentious issue in health and social care services. While use may be warranted in some instances, there are risks and concerns around human rights infringements. There are limited data available on the types and incidences of RPs used in health and social care services internationally. The objective of this study is to describe the type of RPs and incidence of use in disability residential care facilities (RCFs) in Ireland. RP notifications from disability RCFs reported from November 2019 to October 2020 were extracted from the Database of Statutory Notifications from Social Care in Ireland. National frequency and incidence of use of categories and type of RPs were calculated. The number and percentage of disability RCFs reporting RP use, along with the mean annual incidence of use, were also calculated. A total of 48,877 uses of RPs were notified from 1387 disability RCFs (9487 beds) during the 12-month period. The national incidence of RPs use per 1000 beds was as follows: all categories: 5152.0, environmental: 2988.2, physical: 1403.0, other: 527.0 and chemical: 233.8. The most frequently used RPs for each category was as follows: environmental: door locks, physical: other physical, other: liberty and autonomy and chemical: anxiolytics. Most RCFs (81.7%) reported at least one RPs use. The median incidence of any RPs per 1000 beds in these RCFs was 4.75 (IQR: 2.00 to 51.66). Usage of RPs was generally low, although some RCFs reported relatively high usage. Nationally, on average, five RPs were applied per resident over 12 months; environmental contributing to more than half. These findings can be used to inform policy, measure progress in reducing RPs use and for cross-jurisdiction comparisons. (© 2022 John Wiley & Sons Ltd.)

Dunbar, P., et al. (2022). "Incidence and type of restrictive practice use in residential disability facilities in Ireland, a cross-sectional study." Health & Social Care in the Community **30**(6): e6009-e6017.

Restrictive practices (RPs) are a contentious issue in health and social care services. While use may be warranted in some instances, there are risks and concerns around

human rights infringements. There are limited data available on the types and incidences of RPs used in health and social care services internationally. The objective of this study is to describe the type of RPs and incidence of use in disability residential care facilities (RCFs) in Ireland. RP notifications from disability RCFs reported from November 2019 to October 2020 were extracted from the Database of Statutory Notifications from Social Care in Ireland. National frequency and incidence of use of categories and type of RPs were calculated. The number and percentage of disability RCFs reporting RP use, along with the mean annual incidence of use, were also calculated. A total of 48,877 uses of RPs were notified from 1387 disability RCFs (9487 beds) during the 12-month period. The national incidence of RPs use per 1000 beds was as follows: all categories: 5152.0, environmental: 2988.2, physical: 1403.0, other: 527.0 and chemical: 233.8. The most frequently used RPs for each category was as follows: environmental: door locks, physical: other physical, other: liberty and autonomy and chemical: anxiolytics. Most RCFs (81.7%) reported at least one RPs use. The median incidence of any RPs per 1000 beds in these RCFs was 4.75 (IQR: 2.00 to 51.66). Usage of RPs was generally low, although some RCFs reported relatively high usage. Nationally, on average, five RPs were applied per resident over 12 months; environmental contributing to more than half. These findings can be used to inform policy, measure progress in reducing RPs use and for cross-jurisdiction comparisons. [ABSTRACT FROM AUTHOR]

El Morr, C., et al. (2021). "A Virtual Community for Disability Advocacy: Development of a Searchable Artificial Intelligence-Supported Platform." JMIR formative research **5**(11): e33335.

Background: The lack of availability of disability data has been identified as a major challenge hindering continuous disability equity monitoring. It is important to develop a platform that enables searching for disability data to expose systemic discrimination and social exclusion, which increase vulnerability to inequitable social conditions.; Objective: Our project aims to create an accessible and multilingual pilot disability website that structures and integrates data about people with disabilities and provides data for national and international disability advocacy communities. The platform will be endowed with a document upload function with hybrid (automated and manual) paragraph tagging, while the querying function will involve an intelligent natural language search in the supported languages.; Methods: We have designed and implemented a virtual community platform using Wikibase, Semantic Web, machine learning, and web programming tools to enable disability communities to upload and search for disability documents. The platform data model is based on an ontology we have designed following the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The virtual community facilitates the uploading and sharing of validated information, and supports disability rights advocacy by enabling dissemination of knowledge.; Results: Using health informatics and artificial intelligence techniques (namely Semantic Web, machine learning, and natural language processing techniques), we were able to develop a pilot virtual community that supports disability rights advocacy by facilitating uploading, sharing, and accessing disability data. The system consists of a website on top of a Wikibase (a Semantic Web-based datastore). The virtual community accepts 4 types of users: information producers, information consumers, validators, and administrators. The virtual community enables the uploading of documents, semiautomatic tagging of their paragraphs with meaningful keywords, and validation of the process before uploading the data to the disability Wikibase. Once uploaded, public users (information consumers) can perform a semantic search using an intelligent and multilingual search engine (QAnswer). Further enhancements of the platform are planned.; Conclusions: The platform ontology is flexible and can accommodate advocacy reports and disability policy and legislation from specific jurisdictions, which can be accessed in relation to the CRPD articles. The platform ontology can be expanded to fit international contexts. The virtual community supports information upload and search. Semiautomatic tagging and intelligent multilingual semantic search using natural language are enabled using artificial intelligence techniques, namely Semantic Web, machine learning, and natural language processing. (©Christo El Morr, Pierre Maret, Fabrice Muhlenbach, Dhayananth Dharmalingam, Rediet Tadesse, Alexandra Creighton, Bushra Kundi, Alexis Buettgen, Thumeka Mgwigwi, Serban Dinca-Panaitescu, Enakshi Dua, Rachel Gorman. Originally published in JMIR Formative Research (https://formative.jmir.org), 05.11.2021.)

Etieyibo, E. (2020). "RIGHTS OF PERSONS WITH DISABILITIES IN NIGERIA." Afrika Focus **33**(1): 59-81.
This paper employs the conceptual-analytical method to analyse literature and news reports on disabilities, and international legal documents and instruments on human rights and the rights of persons with disabilities to which Nigeria is a signatory. This study is conducted in the context of exclusionary and discriminatory practices against persons with disabilities in Nigeria. The practices and rights that are examined are in the areas of education and accessibility with regard to adults and children with disabilities, work and employment, and the employment or use of children with disabilities in alms-soliciting. The paper's broad objective in critically discussing these practices is to make a case for why and how they violate the rights of persons with disabilities. [ABSTRACT FROM AUTHOR]

Fisher, K. R., et al. (2023). "Reaching people who are marginalized in major disability policy reform." Global Social Policy **23**(1): 109-126.
Policy changes often aim to improve the access of socially marginalized people who face systemic, social and personal barriers to the support they need. A major policy reform in Australia was the National Disability Insurance Scheme (NDIS), which was introduced to meet the country's human rights obligations. NDIS is publicly funded to allocate individual funding packages to 10% of people with disability and facilitates access to mainstream services for all people with disability. Support services are intended to be entitlements, consistent with a human rights framework. Predictably, the most marginalized people remain under-represented in both packages and mainstream access, including people with psychosocial disability who are at risk of homelessness. A 2-year project was conducted to familiarize people with disability and service providers who have contact with them about how to access support. People with Disability Australia managed the project as action research with university researchers. The research used interviews to study how to improve access. People with disability were advisors to the governance and research design. The findings were that it took many months for people with disability and the organizations that support them to trust the project staff, understand the relevance of disability to their lives, and to take steps to seek their entitlements to support. Some implications for policy are conceptual in terms of the policy language of disability, which alienates some people from the services to which they are entitled. Other implications are bureaucratic – the gap between homeless and disability organizations means that they prioritize people's immediate needs and people who are easier to serve, rather than facilitating sustainable support. A global social policy implication is that specialized interventions to advocate for the rights of marginalized people with disability and to demonstrate how to engage with them remains a priority while gaps between service types persist. [ABSTRACT FROM AUTHOR]

Garibo PeyrÓ, A.-P. (2019). "El derecho a la vida cuando ésta es frágil como una exigencia de justicia: la perspectiva que ofrecen las acciones de wrongful birth y wrongful life sobre las personas con discapacidad." The Right to Life when it is Fragile as a Demand for Justice: the Perspective offered by Wrongful Birth and Wrongful Life Actions on People

with Disabilities. **81**(2): 323-348.
In the present work I propose to reflect on the unquestionable respect that especially vulnerable life deserves, such as that of the Nascituri who suffer from some type of disability. This respect would constitute a basic requirement of the content of justice. The reflection is made in the context of two alleged new rights to which the so-called wrongful birth and wrongful life actions originated in Anglo-Saxon jurisprudence have given rise: it is about the right not to be born (or perhaps more precisely, the right not to have been born) and the right not to be born with relevant physical or mental limitations. (English) [ABSTRACT FROM AUTHOR]

Ginsburg, F. and R. Rapp (2020). "Disability/anthropology: rethinking the parameters of the human. An introduction to Supplement 21." Current anthropology (Supplement) **61**(21): S4-S15.

Goggin, G. and K. Ellis (2020). "Disability, communication, and life itself in the COVID-19 pandemic." Health Sociology Review **29**(2): 168-176.
In this article we offer an analysis of a deeply problematic and troubling dual aspect of the COVID-19 pandemic: how disability is being understood within normative accounts of health and medicine to frame, interpret, and respond to its spread and implications; what are the terms of inclusion and exclusion in altered social life in the COVID crisis; and how people with disabilities fare. We find disturbing indications of disablism and oppressive biopolitics in the 'enforcing of normalcy' that frames and dominates COVID reconstruction of social life – a situation that we suggest needs urgent deciphering, critique, and intervention. [ABSTRACT FROM AUTHOR]

Goggin, G. and K. Ellis (2020). "Disability, communication, and life itself in the COVID-19 pandemic." Health Sociology Review **29**(2): 168-176.
In this article we offer an analysis of a deeply problematic and troubling dual aspect of the COVID-19 pandemic: how disability is being understood within normative accounts of health and medicine to frame, interpret, and respond to its spread and implications; what are the terms of inclusion and exclusion in altered social life in the COVID crisis; and how people with disabilities fare. We find disturbing indications of disablism and oppressive biopolitics in the ‘enforcing of normalcy’ that frames and dominates COVID reconstruction of social life—a situation that we suggest needs urgent deciphering, critique, and intervention. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Gorman, R., et al. (2021). "The Potential of an Artificial Intelligence for Disability Advocacy: The WikiDisability Project." Studies in health technology and informatics **281**: 1025-1026.
Human rights monitoring for people with disabilities is in urgent need for disability data that is shared and available for local and international disability stakeholders (e.g., advocacy groups). Our aim is to use a Wikibase for editing, integrating, storing structured disability related data and to develop a Natural Language Processing (NLP) enabled multilingual search engine to tap into the wikibase data. In this paper, we explain the project first phase.

Grant, D. C. (2021). "Poetry therapy and disability studies: an investigation." Journal of Poetry Therapy **34**(4): 223-241.
Poetry therapy research is examined in a clinical, community and developmental setting, where the various researchers conducted their study from a medical model perspective of disability. The author looked at twelve articles and analysed nine of them from the social model perspective of disability. It was found that people with disabilities are excluded from poetry therapy research. As such, the author advocated for people with disabilities to have a voice in poetry therapy research. [ABSTRACT FROM AUTHOR]

Grischow, J., et al. (2022). "Reflections on national disability programs and disability rights in Ghana." International journal of African historical studies **55**(2): 183-205.

Guerrero Morales, J. (2022). "Progresividad en el acceso al trabajo de las mujeres con discapacidad en Colombia." Progressivity in Access to Work for Women with Disabilities in Colombia. **71**: 225-238.
This article's purpose is to determine the status of the fulfillment of the progressive equality concerning access to for women with disabilities. The article uses qualitative-descriptive and analytical methodology. It integrates the systematization and classification of the State's obligations in this matter and is based on interviews with the relevant entities. Their compliance is evaluated based on indicator 27.4 of the Committee of the Convention on the Rights of Persons with Disabilities (CRPD). It concludes that, in Colombia, there is no updated and consistent information about this topic. Neither law nor public policies have been made specifically to recognize, strengthen, and assure the enjoyment of this right under equal conditions. (English) [ABSTRACT FROM AUTHOR]

Heikkilä, M., et al. (2020). "Disability and vulnerability: a human rights reading of the responsive state." International Journal of Human Rights **24**(8): 1180-1200.
Universal human rights of all are complemented with particular, targeted protection of some, especially those that traditionally have been left behind. By juxtaposing the ideas of universality and particularity, the article studies vulnerability as a particularising tool within human rights with a comparative approach to the influential vulnerability theory by Martha Fineman. By outlining the similarities and the differences between the two approaches of vulnerability theory and human rights project, the article sheds light on how the particular protection needs of persons with disabilities play out in the universalistic logic of vulnerability. The article argues that both universal and particular obligations of responsive states – and responsive humans – are needed as a way of materialising substantive equality for persons with disabilities as vulnerable legal subjects. Such obligations cannot be codified in full detail, but the intrinsic essence of rights requires each right to be interpreted in context and with regard to the particular individual vulnerabilities and resilience of each person. In operationalising the obligations arising from such rights, the human rights project and the vulnerability theory complement and reinforce each other in terms of specifying the rationale and the detailed benchmarks for state action. [ABSTRACT FROM AUTHOR]

Herro, A. (2019). "The Pre-negotiation of UN Human Rights Treaties: The Case of the Convention on the Rights of Persons with Disabilities." International Negotiation **24**(2): 240-265.
Since 1965, nine UN human rights treaties have been adopted. Surprisingly, we know little about the conditions under which states arrived at the negotiation table because there has been no serious attempt to empirically identify the unique attributes of pre-negotiation in this context. This article examines the pre-negotiation of the UN Convention on the Rights of Persons (CRPD), drawing on diverse qualitative data sources such as interviews with state and non-state participants. Informed by a constructivist perspective, this study identifies esteem-seeking behavior as a key motivation for some states to negotiate. The article also shows how a transnational advocacy network influenced the pre-negotiation process by leveraging states' esteem-seeking ambitions and appealing to their reputation as a way of pushing parties to negotiate. Additional tactics that the transnational advocacy network employ at the international level to expedite negotiations are also identified. [ABSTRACT FROM AUTHOR]

Izutsu, T., et al. (2023). "Effect of Diversity Education on Young Adolescents in Japan: Toward the "Do No Harm" Principle." International journal of environmental research and public health **20**(6).

This study evaluated the impact of a semi-structured diversity education program on young adolescents, which included five 45-min sessions facilitated by schoolteachers using an instructors' manual. The study compared changes in knowledge and attitude related to diversity, self-esteem, and mental health among participants before and after the program. The participants were 776 junior high school students. Self-esteem and mental health conditions were assessed with the Rosenberg Self-Esteem Scale (RSES) and Kessler 6-Item Psychological Distress Scale (K6). The ratio of those who answered the knowledge and attitude questions correctly increased significantly for most questions, while the ratio decreased significantly for two questions. The RSES scores improved significantly after the program, but the difference was very small. Mental health, as measured by K6, became significantly worse after the program. A logistic regression analysis indicated that lower K6 scores before the program and worse academic grades had significantly higher odds ratios; being a girl, not having a disability, and having close friends were associated with worse K6 scores after the program. Further, this indicates the importance of developing processes based on evidence and the "nothing about us without us" principle.

Janjusevic, A., et al. (2019). "Predictors of health related-quality of life among elderly with disabilities." Psychogeriatrics **19**(2): 141-149.

Aim: There have been no previous studies of health-related quality of life (HRQOL) among adults aged 65 years and older with disabilities in Serbia. The aim of study was to identify predictors of HRQOL in the context of sociodemographic characteristics, disability aetiology, comorbid diseases, indices of comorbidities, realization of social rights, and domestic violence. Methods: The cross-sectional study involved 275 consecutive elderly outpatients with disabilities. They were recruited by general practitioners at Primary Health Centers in Belgrade, Serbia, from March to May 2015. Data were acquired through face-to-face interviews and general practitioners' charts, while the generic 36-item Short Form Health Survey was used to assess HRQOL. In statistical analysis, Student's t-test, Z-test, Spearman's correlation test, and both univariate and multivariate linear regression were performed. Results: Multivariate analysis revealed that a higher Functional Comorbidity Index ($\beta = -0.194$, $P < 0.01$) and not asking for realization of right to assistance and care financial benefits ($\beta = -0.142$, $P < 0.05$) were predictors of a lower scores Mental Composite Score ($F = 9.262$; $P < 0.001$). Not asking for realization of right to assistance and care financial benefits ($\beta = -0.187$, $P < 0.01$), congestive heart failure ($\beta = -0.123$, $P < 0.05$), and stroke ($\beta = -0.120$, $P < 0.05$) were predictors of a lower Physical Composite Score ($F = 7.169$, $P < 0.001$). Conclusions: This study provides valuable data for better understanding the underlying factors associated with the HRQOL of elderly persons with disabilities, and currently, these are the only available data of their kind in Serbia. National authorities could identify predictors of HRQOL as a basic starting point for improving the social welfare and health-care systems. Better prevention and management of clinical factors, increased access to social services, and enhanced delivery of social services will improve the ageing process and HRQOL of this vulnerable population. [ABSTRACT FROM AUTHOR]

Jaramillo Ruiz, F., et al. (2023). "The inclusion of disability as a non-trade issue in preferential trade agreements." Global Social Policy **23**(1): 148-166.

This study examines the inclusion of disability provisions in preferential trade agreements (PTAs). We analyse how disability is referenced in 518 PTAs negotiated between 1948 and 2020. As an inductive analysis, our research identifies five main modes of inclusion of disability. In doing so, it problematizes the way disability materializes in PTAs, underscoring the prevalence of a medical model of disability and the limited scope of the provisions regarding the rights of persons with disabilities. These findings contribute to the understanding of the insertion of non-trade issues in international trade agreements and to the place of disability in global governance. [ABSTRACT FROM AUTHOR]

Jönson, H. and P. Norberg (2023). "Being an older person or a person with a disability: Are supportive policies ageist?" Disability & Society **38**(1): 148-168.
The article concerns the Swedish support system's legal discourse, and investigates the rationale for excluding people over the age of 65 from services that younger people with disabilities may obtain. Data consist of government texts and court decisions under the Severe Disability Act about services for people over the age of 65. It was found that little in the legal discourse concerns the needs and rights of older people, and the general belief is that the Severe Disability Act is primarily intended for children, young people, and adults of working age. Othering of older people was indirectly present in three assumptions about differences in categorizations (people with disabilities vs older people with support needs), needs (active age vs not active age), and comparisons (with people without disabilities of the same age vs with others receiving eldercare). In Sweden, as in many other countries, the support system excludes older people with disabilities from some services, using a division between the categories 'people with disabilities' and 'older people'. The legislation that governs the support system communicates the message that older people with disabilities have different needs as compared to non-old people with disabilities. Justice for non-old people with disabilities is to have similar living conditions as people without disabilities of a similar age, and justice for older people with disabilities is to have similar living conditions as others who receive eldercare. The support system of Sweden rests on the assumption that disability after retirement age is caused by the process of ageing. People who grow old with experience of being part of disability movements may establish new identities as older people with disabilities, and challenge the present order. [ABSTRACT FROM AUTHOR]

Kasnitz, D. (2020). "The politics of disability performativity. An autoethnography." Current anthropology (Supplement) **61**(21): S16-S25.

Lawson, A. and A. E. Beckett (2021). "The social and human rights models of disability: towards a complementarity thesis." International Journal of Human Rights **25**(2): 348-379.
This article aims to reorient thinking about the relationship between the long-standing social model of disability and the rapidly emerging human rights model. In particular, it contests the influential view that the latter develops and improves upon the former (the improvement thesis) and argues instead that the two models are complementary (the complementarity thesis). The article begins with a discursive analysis of relevant documents to investigate how each of the two models has been used in the crafting and monitoring of the UN Convention on the Rights of Persons with Disabilities. This highlights the increasing importance of the human rights model in this policy context. It also provides examples of the operation of the two models which inform the remainder of the discussion. We then critique the comparisons between the models which underpin the improvement thesis; and, drawing on Foucault's technologies of power and Beckett and Campbell's 'oppositional device' methodology, deepen and develop this comparative analysis. The result, we argue, is that the two models have different subjects and different functions. In the human rights context, their roles are complementary and supportive. [ABSTRACT FROM AUTHOR]

Liasidou, A. (2023). "Trauma-informed disability politics: interdisciplinary navigations and

implications." Disability & Society **38**(4): 683-699.
The article explores the concept of 'disability as trauma' and discusses the ways in which this metaphor has implications for developing a more nuanced understanding of the complexity and idiosyncrasies of disability experience. Disability is not trauma, but disability and trauma share tangled histories as they can be constitutive elements of disability experiences. The hitherto disciplinary ghettoization of disability studies and critical trauma studies has treated disability and trauma as two distinct experiential entities, thereby preventing theorizations of the ways in which disability intersects with, emanates from and results in trauma, and impacts the ways in which disability is experienced. The sheer complexity of disability experience necessitates the development of a more comprehensive interpretative framework to elicit the ways in which disability relates to trauma. These theoretical interstices have implications for problematizing policy responses that silence the traumatizing ramifications of human rights violations and structural inequities in disability politics. The article explores the role of trauma in developing a better understanding of disability experience. Even though disability is not trauma, disabled people can experience 'trauma' due to discriminatory treatment. The 'voices' and 'lived' experiences of people with disabilities have played an important role in understanding the ways in which disability relates to trauma. Policies and professional practices need to take into consideration the relationship between disability and trauma. [ABSTRACT FROM AUTHOR]

Liasidou, A. and A. Gregoriou (2021). "A Longitudinal Analysis of Disability-Related Interpersonal Violence and Some Implications for Violence Prevention Work." Journal of Interpersonal Violence **36**(15-16): NP8687-NP8705.
This article explores the extent to which disabled individuals experience interpersonal violence due to victimization. Data on people injured by violence were collated directly from the accident and emergency units in hospitals. High frequency daily data were obtained from computerized records of 26 major accident and emergency departments in London for each day throughout the year of 2016. The final sample consisted of 408,000 observations. A fundamental distinction of our research lies in applying the Generalized Method of Moments system panel estimator to our sample. This makes our empirical estimates robust to endogeneity and joint determination unlike previous empirical research in this area. Data analysis provides strong evidence confirming the victimization of people with disabilities and the necessity to focus on disability equality in violence prevention work.

Lin, J.-J. and H.-h. Chang (2023). "Reconsidering disability in taiwan: A perspective on globalisation and postcolonialism." Disability & Society.
Postcolonial perspectives on disability studies argue that globalisation has significantly impacted disability politics in many countries. This study uses secondary analysis to explore how globalisation has affected Taiwan’s disability politics. It selects three different themes to illustrate the development of disability politics in Taiwan: special education, disability terminology, and disability classification. These cases show that missionaries, colonisers, and international organisations were the main actors in changing Taiwan’s traditional understandings of disability. However, this development, which differs markedly from that in Western industrialised countries, mainly followed a top-down approach, lacking the political mobilisation of disabled people on the ground. Consequently, the implementation of disability human rights failed to empower Taiwanese disabled people effectively and led to some unexpected outcomes for them. Furthermore, medical and traditional charity-focused thinking about disability has not been altered and remains prevalent in Taiwan. Points of interest Taiwanese culture views disabled people as a pitiful population. Disabled people were mainly isolated and cared for only by their families. This research examines in detail how globalisation played a significant role in changing the negative attitudes toward Taiwanese disabled

people. For example, transnational organisations asked the Taiwanese government to protect the human rights of disabled people. Nevertheless, the Taiwanese government's support for disabled people did not work well, and many disabled people felt that they faced more difficulties than before. This study found that disabled people's lives were not improved because many local governments did not have sufficient resources, and the Taiwanese government seldom listened to the needs and opinions of disabled people. This study is important because it found that disabled people may still face other difficulties when the government tries to implement human rights for them. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Lyra, T. M., et al. (2022). "The National Health Policy for people with disabilities in Brazil: an analysis of the content, context and the performance of social actors." Health policy and planning **37**(9): 1086-1097.

The purpose of this article is to analyse the circumstances in which the National Health Policy for Persons with Disabilities (PNSPCD) came into place in 2002 and the factors supporting or impeding its implementation from 2002 to 2018. The analysis was based on the Comprehensive Policy Analysis Model proposed by Walt and Gilson and focussed on understanding the context, process, content and actors involved in the formulation and implementation of the Policy. Data were obtained from two sources: document analysis of the key relevant documents and seven key informant interviews. Content analysis was undertaken using the Condensation of Meanings technique. The research demonstrates that the development and implementation of PNSPCD is marked by advances and retreats, determined, above all, by national and international macro-political decisions. The policy was formulated during Fernando Henrique's governments, under pressure from social movements and the international agenda and constituted a breakthrough for the rights of persons with disabilities. However, progress on implementation only took place under subsequent centre-left governments with the establishment of a care network for people with disabilities and a defined specific budget. These developments resulted from the mobilization of social movements, the ratification of the United Nations Convention on the rights of people with disabilities and the adherence of these governments to the human rights agenda. The coming to power of ultra-right governments triggered fiscal austerity, a setback in the implementation of the care network and a weakening in the content of various social policies related to the care of people with disabilities. During this era, the political approach changed, with the attempt to evade the role of the State, and the perspective of guaranteeing social rights. Undoubtedly, the neoliberal offensive on social policies, especially the Unified Health System, is the main obstacle to the effective implementation of the PNPCD in Brazil. (© The Author(s) 2022. Published by Oxford University Press in association with The London School of Hygiene and Tropical Medicine.)

Maican, P. (2020). "Overcoming Exclusion in Eastern Orthodoxy: Human Dignity and Disability from a Christological Perspective." Studies in Christian Ethics **33**(4): 496-509.

'The Russian Orthodox Church's Basic Teaching on Human Dignity, Freedom and Rights' has been a constant source of controversy since its release in 2008. While most scholars debated the document for its political implications, little attention has been paid to its anthropological consequences, particularly those deriving from linking a dignified life with the ethical use of freedom. The article highlights that if the sole criteria for living a dignified life is freedom then the most vulnerable categories in society (persons with severe cognitive disabilities or those struggling with addictions) can claim only basic dignity. Engaging constructively with the work of Romanian theologian Dumitru Stăniloae, it will be argued that the source of human dignity is not a specific capacity, but the recapitulation of all human beings in Christ's death and resurrection. The dignity

that belongs to Christ is transferred through recapitulation to all humans irrespective of their abilities or sins. In fact, what changes with the use of freedom is not the dignity of the person, but our ability to perceive that dignity. [ABSTRACT FROM AUTHOR]

Maican, P. (2022). "The Care of Persons with Intellectual Disabilities in Romania: Between Politics and Theology." Political Theology **23**(3): 201-214.
The abuses of persons with intellectual disabilities in Romania's state institutions has been in the attention of European human rights system for many years. Still despite the best efforts put into changing this deplorable situation nothing changed. The article argues that there are two main reasons for the unsuccessful attempts made to improve the care of persons with intellectual disabilities in Romania. On the one hand, the notion of human rights at the heart of the European vision does not resonate well with the dominant ethical discourse issuing from the Orthodox Church. On the other hand, the main paradigm of Orthodox theology either implies they are defective – because they lack the consciousness and the moral freedom needed to attain deification (the very goal of their existence) – or sees them as instruments for spiritual healing and deification of their carers. [ABSTRACT FROM AUTHOR]

Math, S., et al. (2019). "The rights of persons with disability act, 2016: Challenges and opportunities." Indian Journal of Psychiatry **61**: 809-815.
India signed the United Nations Convention on the Rights of Person with Disabilities (UNCRPD) and subsequently ratified the same on October 1, 2007. The UNCRPD proclaims that disability results from an interaction of impairments with attitudinal and environmental barriers which hinders full and active participation in society on an equal basis. Further, the convention also mandates the signatories to change their national laws, to identify and eliminate obstacles and barriers, and to comply with the terms of the UNCRPD. In this regard, the Government of India initially undertook the amendment of laws such as Persons with Disability Act, 1995 (PWD Act 1995). The Rights of PWD Act, 2016 (RPWD Act 2016) replaced the PWD Act 1995 to comply with the UNCRPD. The new act was fine-tuned considering the socio-cultural and local needs of the society, and the available resources. Persons with Mental Illness (PMI) are often stigmatized and discriminated, which hinders their full and active participation in society. This is a much larger issue, especially in women, gender minorities, backward communities, and the poor and the migrated populations. Adding to the complexities, PMIs are often not aware of their illness, refuse the much-needed treatment and often are not in a place to exercise their rights. There is an urgent need to address this issue of attitudinal barrier so that the rights of PMI are upheld. Hence, this article discusses challenges and opportunities in the RPWD Act 2016 from the perspective of PMI. [ABSTRACT FROM AUTHOR]

McKinney, E. L., et al. (2021). "Access to healthcare for people with disabilities in South Africa: Bad at any time, worse during COVID-19?" South African family practice : official journal of the South African Academy of Family Practice/Primary Care **63**(1): e1-e5.
People with disabilities, especially those living in low- and middle-income countries, experience significant challenges in accessing healthcare services and support. At times of disasters and emergencies, people with disabilities are further marginalised and excluded. During the coronavirus disease 2019 (COVID-19) pandemic, many people with disabilities are unable to access healthcare facilities, receive therapeutic interventions or rehabilitation, or gain access to medication. Of those who are able to access facilities, many experience challenges, and at times direct discrimination, accessing life-saving treatment such as intensive care unit admission and ventilator support. In addition, research has shown that people with disabilities are at higher risk of contracting the virus because of factors that include the need for interpersonal caregivers

and living in residential facilities. We explore some of the challenges that people with disabilities residing in South Africa currently experience in relation to accessing healthcare facilities.

Murphy, K. and E. Bantry-White (2021). "Behind closed doors: human rights in residential care for people with an intellectual disability in Ireland." Disability & Society **36**(5): 750-771.
Historically people with an intellectual disability have been excluded from society and many continue to live separately in institutions, group homes and segregated campuses. This article provides a unique analysis of what it is like to live separately from society in Irish centres for people with a disability. An analysis was undertaken of data from 627 inspection reports published in 2016 by the Inspectorate of residential care in Ireland. A Human Rights Framework was developed, based on the United Nations Convention on Rights of Persons with Disabilities (CRPD), to interpret the data by linking various interrelated articles of the CRPD into nine Human Rights Themes. The findings demonstrated that people with an intellectual disability were not regarded as citizens capable of full inclusion in society but rather experienced daily restrictions on their lives. The findings also emphasised the need to ensure human rights are at the core of service delivery. In this research, we put the spotlight on the human rights of people living in residential care in Ireland. Our research looked at all inspection reports for residential care centres published in 2016. We mapped the reports against the human rights named in the Convention on the Rights of Persons with Disabilities. We found out that people with an intellectual disability living in residential care have little or no control over their own lives. We would like to share how we did our research with governments, funders and services. More research like this can help make sure the guiding principles of the Convention on the Rights of Persons with Disabilities are at the heart of all service delivery. [ABSTRACT FROM AUTHOR]

Mustaniemi-Laakso, M., et al. (2022). "Vulnerability, Disability, and Agency: Exploring Structures for Inclusive Decision-Making and Participation in a Responsive State." International journal for the semiotics of law = Revue internationale de semiotique juridique: 1-29.
By unpacking some of the dichotomies inherent in the concepts of vulnerability and disability, the article problematises some of the current legal approaches to disability in Finland. It argues that where used to single out population groups or individuals due to their embodied characteristics, the vulnerability paradigm can be seen to create binaries both among the persons with disabilities, and between the "vulnerable" persons with disabilities and the perception of a rational, self-standing and autonomous human being. To mitigate such binaries, the article explores an agency-centred discourse of vulnerability, one that recognises the co-existence of agency and vulnerability and sees agency as dynamic and responsive to the societal support structures that surround all of us. One of the central arguments of the article is that generalised approaches do, however, not suffice to make agency a reality for all persons with disabilities. Given the extensive diversity of intra-group variations between persons with disabilities, individualised solutions are needed for agency to be possible for all. To overcome objectification and de-agencification - and to enhance agency - this diversity of situations, needs and contexts of lived-in realities of individuals also needs to be expressly reflected in the legal language in addressing disability. (© The Author(s) 2022.)

Njelesani, J. (2019). "'A child who is hidden has no rights': Responses to violence against children with disabilities." Child Abuse & Neglect **89**: 58-69.
Background: There is an urgent need to understand how best to prevent and respond to violence against children with disabilities as they are at a high risk for violence because

they are marginalized, isolated, and targeted and have little power within their communities. Objective: Guided by social-ecological theory, this study explores responses to violence against children with disabilities, including preventative measures and treatment of victims in the West African countries of Guinea, Niger, Sierra Leone, and Togo. Participants: Participants were recruited using purposive and snowball sampling from the following three groups: disability stakeholders including representatives from local, national, and international organizations and governments; community members including parents, teachers, and leaders; and children with disabilities. Methods: A qualitative study design guided data generation, that included document analysis, semi-structured interviews, and focus groups across the four countries. In total, 419 people participated. Of those participants, 191 took part in an interview and the rest participated in one of 55 focus groups. Findings: Responses to disability-based violence are driven at the mesosystem and exosystem levels. Prevailing views indicated that national level policies and laws are not always considered part of solutions, communities are leading responses to violence, and children with disabilities are hidden at home or in institutions for both their own and their family's safety. Conclusions The findings can inform development of prevention and intervention programs that will protect children with disabilities from violence in contexts with high levels of disability stigma, social conflict, violence, and poverty. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Oliver, S., et al. (2022). "The outcomes of individualized housing for people with disability and complex needs: a scoping review." Disability & Rehabilitation **44**(7): 1141-1155.
Worldwide, disability systems are moving away from congregated living towards individualized models of housing. Individualized housing aims to provide choice regarding living arrangements and the option to live in houses in the community, just like people without disability. The purpose of this scoping review was to determine what is currently known about outcomes associated with individualized housing for adults with disability and complex needs. Five databases were systematically searched to find studies that reported on outcomes associated with individualized housing for adults (aged 18–65 years) with disability and complex needs. Individualized housing was positively associated with human rights (i.e., self-determination, choice and autonomy) outcomes. Individualized housing also demonstrated favourable outcomes in regards to domestic tasks, social relationships, challenging behaviour and mood. However, outcomes regarding adaptive behaviour, self-care, scheduled activities and safety showed no difference, or less favourable results, when compared to group homes. The literature indicates that individualized housing has favourable outcomes for people with disability, particularly for human rights. Quality formal and informal supports were identified as important for positive outcomes in individualized housing. Future research should use clear and consistent terminology and longitudinal research methods to investigate individualized housing outcomes for people with disability. Individualized housing models can foster self-determination, choice and autonomy for adults with disability and complex needs. Having alignment between paid and informal support is important for positive outcomes of individualized housing arrangements. A more substantial evidence base regarding individualized housing outcomes, in particular long-term outcomes, and outcomes for people with an acquired disability, is required. [ABSTRACT FROM AUTHOR]

Oliver, S., et al. (2022). "The outcomes of individualized housing for people with disability and complex needs: A scoping review." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(7): 1141-1155.
Purpose: Worldwide, disability systems are moving away from congregated living towards individualized models of housing. Individualized housing aims to provide choice regarding living arrangements and the option to live in houses in the community,

just like people without disability. The purpose of this scoping review was to determine what is currently known about outcomes associated with individualized housing for adults with disability and complex needs. Methods: Five databases were systematically searched to find studies that reported on outcomes associated with individualized housing for adults (aged 18–65 years) with disability and complex needs. Results: Individualized housing was positively associated with human rights (i.e., self-determination, choice and autonomy) outcomes. Individualized housing also demonstrated favourable outcomes in regards to domestic tasks, social relationships, challenging behaviour and mood. However, outcomes regarding adaptive behaviour, self-care, scheduled activities and safety showed no difference, or less favourable results, when compared to group homes. Conclusions: The literature indicates that individualized housing has favourable outcomes for people with disability, particularly for human rights. Quality formal and informal supports were identified as important for positive outcomes in individualized housing. Future research should use clear and consistent terminology and longitudinal research methods to investigate individualized housing outcomes for people with disability. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Parey, B. and L. Sinanan (2022). "Healthcare barriers among working-age persons with disabilities in Trinidad." Qualitative Health Research **32**(3): 479-490.
Even though easily accessible and cost-effective healthcare is a fundamental human right, many persons with disabilities experience healthcare barriers and poor health outcomes. We explore the healthcare barriers among working-age persons with disabilities in Trinidad using a qualitative descriptive approach. Semi-structured interviews with 26 participants reveal barriers at the personal, healthcare facility, and societal levels. The findings indicate the need for a nation-wide integrated digitalized system and increased intersectoral collaborations to support adequate healthcare among persons with disabilities in Trinidad. Increased consultation with persons with disabilities and transformation of the disability discourses within the healthcare system and at the national level are also recommended as part of the humanisation of their care. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Perego, C., et al. (2022). "«Progetto di Vita» and Universal Design for Persons with Disabilities." Studies in health technology and informatics **297**: 201-208.
«Progetto di Vita» ("PdV" Life Project) represents the crucial element to design and build the Quality of Life of persons with disabilities, in coherence with the UN Convention on the Rights of Persons with Disabilities. In Italy, Law no. 112/16 identifies in the PdV the principle around which to build a convergence of intents and interests for the realisation of the «Dopo di Noi» (After Us) that can take place «durante Noi» (during Us) through the construction of empowerment paths towards autonomy in a perspective of prevention, gradualness, emancipation and accompaniment to detachment. In order to experience autonomy «durante Noi», preparing for the «Dopo di Noi», the living space, the surrounding environment and the community of reference represent fundamental functional and/or spatial environments. The aim of this article is to map and analyse the good practices that have emerged from the concrete application of the Law through the activation of housing welfare projects that represent innovative forms of living built around the PdV approach.

Perrin, P. B. (2019). "Diversity and Social Justice in Disability: The Heart and Soul of Rehabilitation Psychology." Rehabilitation Psychology **64**(2): 105-110.
Rehabilitation psychology uniquely incorporates a holistic, psychosocial perspective encompassing all aspects of disability, with a particular focus on the connection between disabled people and the social environment. This article introduces a special issue of Rehabilitation Psychology on diversity and social justice in disability research.

The 13 articles in this special issue coalesce around the 3 themes of (a) critical disability identity theory, (b) discrimination and prejudice, and (c) health disparities in the context of disability. This article introduces each of these articles and draws upon the work contained in this special issue to highlight important future directions for research on diversity and social justice in disability across the following areas: (a) nondisabled privilege, (b) rehabilitation versus cure versus adjustment, (c) diverse modes of knowing, and (d) a priori diversity and strength-based measures. This special issue helps rehabilitation psychologists consider how they can best fulfill their social justice, human rights, and advocacy missions in order to advance access and inclusion with and for diverse groups of disabled people. [ABSTRACT FROM AUTHOR]

Pinilla-Roncancio, M., et al. (2020). "Data and human rights for persons with disabilities: the case of deprivation of liberty." International Journal of Human Rights **24**(6): 828-849.
The purpose of this article is to analyse the available evidence on deprivation of liberty based on disability in 15 countries from the five regions of the world. We analysed international and regional human rights legislation and collected legal and statistical information on this topic in each of the countries. Using this information, we study how countries are collecting and analysing data, and how the analysis of the fulfilment of human rights for people with disabilities can be limited by the non-fulfilment of duties concerning data collection. A list of 31 indicators was elaborated and a questionnaire was designed to collect information on these indicators. The findings reveal that, despite a general commitment to the right to liberty, there is a contradiction within national legal frameworks, allowing for disability-specific deprivation of liberty. In all countries, available information was incomplete or outdated. No country has information regarding the number of institutions for people with disabilities or the total number of people with disabilities living in disability-specific settings. There is a generalised lack of valid data on this topic, creating barriers for the analysis of the negative consequences of deprivation of liberty on the lives of persons with disabilities around the globe. [ABSTRACT FROM AUTHOR]

Pinilla-Roncancio, M. and N. Rodríguez Caicedo (2022). "Legislation on Disability and Employment: To What Extent Are Employment Rights Guaranteed for Persons with Disabilities?" International journal of environmental research and public health **19**(9).
Although the Convention on the Rights of Persons with Disabilities guarantees the right to employment and most countries in Latin America have signed and ratified the Convention, a large proportion of the population with disabilities still does not participate in the labour market. (1) Objective: The objective of this research was to understand how legislation in seven Latin American countries (Bolivia, Costa Rica, Chile, Colombia, Ecuador, Mexico, and Peru) has defined and enabled the inclusion of people with disabilities in the labour market. (2) Methods: We conducted a thematic analysis of the content of 34 documents and generated two thematic networks that summarise the results of the thematic analysis and represent the general relationships between the categories of analysis in each country. Using this information, we analysed the differences between countries and the advance in their legislation to fulfil the recommendations made by the Convention. (3) Results: Although all countries have enacted legislation promoting the employment rights of persons with disabilities, six of the seven countries (except Chile) have applied a medical perspective to the definition of disability in their labour legislation, thus imposing a barrier to the labour-market inclusion of this population and perpetuating the association of disability with lack of capacity to work.

Ramanujam, N. and N. Caivano (2023). "Centering economic inclusion in policy for realizing disability rights in india." Disability & Society.
The impact of the coronavirus pandemic on persons with disabilities has laid bare the

link between health and economic outcomes. This article reviews the legal and policy framework impacting economic outcomes for persons with disabilities in India against the backdrop of the Sustainable Development Goals (SDGs) on poverty, economic growth, and productive employment. It offers a policy framework for realizing the human rights of persons with disabilities by advancing their inclusion in India's economic development. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Reynolds Whyte, S. (2020). "In the long run. Ugandans living with disability." Current anthropology (Supplement) **61**(21): S132-S140.

Rohr, R. (2021). "Taxing Disability: A Critical Look into the Medical Cannabis Regime under the New Cannabis Act, 2018." Journal of Canadian Studies **55**(2): 436-457.
Medical marijuana users represent many people with disabilities in Canada. Recent legislative attempts have allowed people with disabilities to access cannabis as medicine, however the landscape is ever changing. The Cannabis Act was recently introduced, legalizing marijuana for all; however, people with disabilities have not been accounted for when it comes to the issue of access to medicine. Those who rely on cannabis as medicine and those who enjoy it recreationally are now part of the same system, for better or worse. The new medical marijuana regime, under the new Cannabis Act, boasts a "two-stream" process, and it claims that it will be maintaining and improving the old medical regime alongside the new recreational regime. The applicable taxes tell a different story. Medical marijuana has always been subject to sales tax despite being effectively prescribed by doctors to manage and treat many disabilities and illnesses. Now, with the enactment of the Cannabis Act, medical marijuana is subject to an excise tax too—colloquially known as the "sin tax." Recreational and medical marijuana are subject to the same taxation scheme, making any notion of a "two-stream" process nonsensical and blatantly unfair. The purpose of this article is to provide insight into the varying faults concerning the medical marijuana regime in Canada, with specific emphasis on the issue of taxation. In the simplest terms, taxing medical marijuana is taxing medicine and effectively taxing people with disabilities. Broken down into five parts, this article discusses the underlying reasons for the taxes surrounding medical marijuana, provides a case study of the most important tax case for medical marijuana users, scrutinizes the lack of recognition of medical marijuana as a proper prescription, outlines the ways to improve legislation, and, finally, explores a potential Charter challenge that can be effectively brought against this taxation. (English) [ABSTRACT FROM AUTHOR]

Rohr, R. (2021). "Taxing Disability: A Critical Look into the Medical Cannabis Regime under the New Cannabis Act, 2018." Journal of Canadian Studies **55**(2): 436-457.
Medical marijuana users represent many people with disabilities in Canada. Recent legislative attempts have allowed people with disabilities to access cannabis as medicine, however the landscape is ever changing. The Cannabis Act was recently introduced, legalizing marijuana for all; however, people with disabilities have not been accounted for when it comes to the issue of access to medicine. Those who rely on cannabis as medicine and those who enjoy it recreationally are now part of the same system, for better or worse. The new medical marijuana regime, under the new Cannabis Act, boasts a "two-stream" process, and it claims that it will be maintaining and improving the old medical regime alongside the new recreational regime. The applicable taxes tell a different story. Medical marijuana has always been subject to sales tax despite being effectively prescribed by doctors to manage and treat many disabilities and illnesses. Now, with the enactment of the Cannabis Act, medical marijuana is subject to an excise tax too—colloquially known as the "sin tax." Recreational and medical marijuana are subject to the same taxation scheme, making any notion of a "two-stream" process nonsensical and blatantly unfair. The purpose of this article is to

provide insight into the varying faults concerning the medical marijuana regime in Canada, with specific emphasis on the issue of taxation. In the simplest terms, taxing medical marijuana is taxing medicine and effectively taxing people with disabilities. Broken down into five parts, this article discusses the underlying reasons for the taxes surrounding medical marijuana, provides a case study of the most important tax case for medical marijuana users, scrutinizes the lack of recognition of medical marijuana as a proper prescription, outlines the ways to improve legislation, and, finally, explores a potential Charter challenge that can be effectively brought against this taxation. (English) [ABSTRACT FROM AUTHOR]

Rospigliosi, E. V. (2021). "LA REPRESENTACIÓN DEL APOYO DE LA PERSONA CON DISCAPACIDAD. EL NUEVO ESQUEMA DE LA CAPACIDAD JURÍDICA EN EL PERÚ." The representation of the support of the person with disability: The new scheme of legal capacity in Peru. **27**(2): 211-222.
Capacity is a subject of transversal interest in Law, it is present in all its fields. It is an attribute that every subject has through which he/she can perform acts that are not prohibited. Since 2018, by Legislative Decree 1384, we have a new treatment of capacity in the Civil Code that is in line with the guidelines in favor of the autonomy and full legal capacity of persons with disabilities, aligning national legislation to the International Convention on the Rights of Persons with Disabilities. The regime of substitution of the will of incapable persons is replaced by a social model through supports and safeguards. We are facing an inclusive, democratic model, according to the respect for the human rights of all citizens (dignity and equality), based on the principle that people with disabilities have full exercise capacity in equal conditions in each and every aspect of their lives, recognizing their right to make their own decisions as well as the right to make mistakes. The function of the support in favor of the disabled person is developed, analyzing their powers of representation. We start from the principle that the support does not replace the manifestation of will, it only interprets it and collaborates in an adequate manifestation of will so that the person with disability can exercise his legal capacity, enjoying his rights and freedoms. (English) [ABSTRACT FROM AUTHOR]

Sanabria Barradas, B., et al. (2019). "Consentimiento informado en la discapacidad: trastorno del espectro autista." Informed consent in disability: autism spectrum disorder. **19**(36-1): 11-24.
This article shows the importance of informed consent in scientific research processes and therefore the vulnerability faced by people with disabilities in this procedure. The evolution of the concept of informed consent in different countries of Latin America and the United States is presented. Similarly, the various criteria that must be considered within the informed consent are addressed, as well as the treaties and declarations that must be taken into account so as not to violate the human rights of the participants in scientific research. In addition, within this ethical dilemma in our times, the autism spectrum disorder (ASD) is addressed, a neurodevelopmental disorder that, by presenting varying degrees of severity, does not allow people with ASD to give their opinion, combined with the cases where the participants are underage, an issue that puts them in a condition of vulnerability. (English) [ABSTRACT FROM AUTHOR]

Schiariti, V., et al. (2023). "Global COVID-19 childhood disability data coordination: A collaborative initiative of the International Alliance of Academies of Childhood Disability." Journal of pediatric rehabilitation medicine **16**(2): 275-286.
Purpose: The International Alliance of Academies of Childhood Disability created a COVID-19 Task Force with the goal of understanding the global impact of COVID-19 on children with disabilities and their families. The aim of this paper is to synthesize existing evidence describing the impact of COVID-19 on people with disabilities,

derived from surveys conducted across the globe.; Methods: A descriptive environmental scan of surveys was conducted. From June to November 2020, a global call for surveys addressing the impact of COVID-19 on disability was launched. To identify gaps and overlaps, the content of the surveys was compared to the Convention on the Rights of the Child and the International Classification of Functioning, Disability and Health.; Results: Forty-nine surveys, involving information from more than 17,230 participants around the world were collected. Overall, surveys identified that COVID-19 has negatively impacted several areas of functioning - including mental health, and human rights of people with disabilities and their families worldwide.; Conclusion: Globally, the surveys highlight that impact of COVID-19 on mental health of people with disabilities, caregivers, and professionals continues to be a major issue. Rapid dissemination of collected information is essential for ameliorating the impact of COVID-19 across the globe.

Sempertegui, M. M. and N. Britos (2020). "Transformaciones normativas recientes en el derecho a la seguridad social de las personas con discapacidad en Argentina." <u>Legal transformations in Social Security entitlements for people with disabilities in Argentina.</u>(24): 86-105.
The objective of this work is to examine the transformations that have taken place in the right to social security for people with disabilities in Argentina, focusing on the policy of non-contributory disability pensions between 2003 and 2019. From the analysis of the normative framework, the measures taken by the State in two periods are analyzed. On the one hand, the period 2003-2015, characterized by the expansion of coverage that meant a progressive improvement in the right to social security for this population, an improvement that presented little institutionality since it was not the result of the repeal of a normative anticonventional (Regulatory Decree No. 432/1997). On the other hand, the period 2016-2019 in which, from the adoption of a series of regressive measures, both at the normative level and in the results of the disability pension policy, a massive suspension and reduction of benefits is carried out. Thus restricting the right to social security for this populational group. It is pointed out that the non-derogation of a national normative that transgresses international human rights standards, constituted an act of omission by the governments of the two periods analyzed. (English) [ABSTRACT FROM AUTHOR]

Shakespeare, T. (2019). "When the political becomes personal: Reflecting on disability bioethics." <u>Bioethics</u> **33**(8): 914-921.
A discussion of the connection between activism and academia in bioethics, highlighting the author's own trajectory, exploring the extent to which academics have an obliation to be 'judges' rather than 'barristers' (as explored by Jonathan Haidt) and asking questions about the relationship of disability to positions in bioethics. (© 2019 John Wiley & Sons Ltd.)

Šiška, J. and J. Beadle-Brown (2022). "Progress on deinstitutionalisation and the development of community living for persons with disabilities in europe: Are we nearly there?" <u>Disability & Society</u>.
Following the publication of the UN Convention on the Rights of Persons with a Disability, the rights and situation of people with disabilities have once again become a focus of national, European and international policy and advocacy. Mansell et al., (2007) identified that there were over 1million people with disabilities in Europe living in institutions of over 30 places in size and almost 1.4 million in some form of residential care. This paper reports findings from a review of national and international sources of data on living situation for 27 European countries as of 2019. Although there had been some changes, especially for children and especially in countries where EU structural funds had been used, there were still 1.4 million people living in residential

care, with many still for more than 30 people. People with intellectual and developmental disabilities were those who were most likely to still be in residential services. We consider some of the potential reasons for these findings and discuss what might be needed to really advance deinstitutionalisation. Point of interest People with disabilities have the same rights as everyone else to live in the community. This paper looks at where people with disabilities live and how this has changed over time. We found that many people with disabilities still live in institutions and that the number had not changed much since 2007. There have been more changes for children than adults. Fewer children now live in institutions. People with intellectual disabilities are most likely to still live in institutions and least likely to be living and participating in the community. Many countries in Europe still do not have good information about where people with disabilities live and whether they have choice and control or are active citizens. There was more change in countries which had received money from the European Union. However, in many countries, there were no plans for how to help more people to live in the community. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Smith, E. M., et al. (2022). "Assistive technologies are central to the realization of the Convention on the Rights of Persons with Disabilities." Disability and rehabilitation. Assistive technology: 1-6.
Purpose: In this paper, we highlight examples of how AT may play a role in realizing each of the fundamental rights affirmed in the UNCRPD.; Materials and Methods: We conducted an indicative literature search for relevant literature to each of the substantive articles of the CRPD.; Results: Assistive technology plays a critical role in achieving the rights affirmed by the Convention on the Rights of Persons with Disabilities.; Conclusions: Ensuring adequate provision of AT by states parties is critical to the progressive realization of the rights of persons with disabilities and to fulfilling commitments made by states parties upon ratification of the CRPD.Implications for rehabilitationAssistive technology (AT) is critical to enable full participation of persons with disability in society and the achievement of rights affirmed by the Convention on the Rights of Persons with Disabilities.Governments and other key stakeholders should endeavour to improve access to AT through inclusive, evidence-informed programs and services.Advocacy is required to improve access to AT through universal health coverage.

Song, Y. J. C., et al. (2022). "Missing in action: the right to the highest attainable standard of mental health care." International Journal of Mental Health Systems **16**(1): 26.
Background: The right to the highest attainable standard of mental health remains a distant goal worldwide. The Report of the UN Special Rapporteur on the right of all people to enjoyment of the highest attainable standard of physical and mental health pleaded the urgent need for governments to act through appropriate laws and policies. We argue that Australia is in breach of international obligations, with inadequate access to mental health services, inconsistent mental health legislation across jurisdictions and ongoing structural (systematic) and individual discrimination.; Discussion: Inadequate access to mental health services is a worldwide phenomenon. Australia has committed to international law obligations under the Convention on the Rights of Persons with Disabilities (CRPD) to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disability, with respect to their inherent dignity'. This includes people with mental health impairment and this convention includes the right to 'the highest attainable standard of mental health'. Under the Australian Constitution, ratification of this convention enables the national government to pass laws to implement the convention obligations, and such national laws would prevail over any inconsistent state (or territory) laws governing mental health service provision. The authors argue that enabling positive rights through

legislation and legally binding mental health service standards may facilitate enhanced accountability and enforcement of such rights. These steps may support critical key stakeholders to improve the standards of mental health service provision supported by the implementation of international obligations, thereby accelerating mental health system reform. Improved legislation would encourage better governance and the evolution of better services, making mental health care more accessible, without structural or individual discrimination, enabling all people to enjoy the highest attainable standard of health. (© 2022. The Author(s).)

Srikanthan, S. (2023). "Contested Disability: Sickle Cell Disease." Health & social work.
The world's first "molecular disease," sickle cell disease (SCD) has captivated the medical community's attention as a multisystem blood disorder linked to abnormalities in one molecule: hemoglobin. While the molecular model of SCD has led to advances in medical management, its reductionism obfuscates the sociopolitical dimensions of the condition, affording little attention to the racialized, gendered, classed, and disabling disparities faced by people with SCD. Consequently, SCD is frequently contested as a disability-opportunities to support people with SCD in everyday challenges escape many healthcare providers. These trends speak to the legacy of anti-Black racism in the Global North, which deeply entwines disability with racialized boundaries of citizenship and broader debates about "deservingness" of welfare. To address these gaps, this article delineates the medical and social models of disability as well as anti-Black racism to explore how social workers can embed human rights for people with SCD in everyday practice. This article is contextualized in Ontario, Canada, a province that recently launched a quality standard, Sickle Cell Disease: Care for People of All Ages. (© 2023 National Association of Social Workers.)

Stenhouse, R. (2021). "Understanding equality and diversity in nursing practice." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **36**(2): 27-33.
Equality and diversity are terms that are used frequently in nursing, healthcare and workplace settings. Nurses' professional standards of practice and behaviour are underpinned by values of equality and diversity. This means that nurses must treat people as individuals, avoid making assumptions about them, recognise diversity and individual choice, and respect and uphold their dignity and human rights. This article explores what equality and diversity mean in nursing practice, the legal framework that underpins these terms, and the inequalities and discrimination that patients and staff may experience in health and social care settings. It discusses the role of organisational culture in supporting nurses to uphold the values of equality and diversity and encourages nurses to reflect on this topic to enhance their practice.; Competing Interests: None declared (© 2020 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

Symeonidou, S. and K. Mavrou (2020). "Problematising disabling discourses on the assessment and placement of learners with disabilities: Can interdependence inform an alternative narrative for inclusion?" European Journal of Special Needs Education **35**(1): 70-84.
In this paper, we seek to explore how the concepts of dependence, independence and interdependence are reflected in discourses on documents prepared by two Commissioners in Cyprus (the Commissioner for the Rights of the Child, and the Commissioner for Administration and Protection of Human Rights). These documents reflect the views of parents, professionals, policymakers, and the Commissioners. Our analysis reveals that thinking in terms of the ‘dependence-independence’ binary informs a disabling discourse that views learners with disabilities as ‘dependent’ or ‘not independent enough’. At the same time, it secures the ‘independence’ of education stakeholders, and learners without disabilities. We argue that an alternative discourse,

based on the concept of ‘interdependence’, could inform the inclusive education narrative in ways that would benefit the learners with disabilities, their families, and the education stakeholders involved in the decision-making process. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Toquero, C. M. D. (2021). "Provision of mental health services for people with disabilities in the Philippines amid coronavirus outbreak." Disability & Society **36**(6): 1026-1032.
The confirmed cases in the Philippines breached the 578, 381 mark, while global cases reached 114, 710, 514 as of March 01, 2021. As the COVID-19 escalates, it also heightens stress, depression, and anxiety to people with disabilities. COVID-19 also exacerbates healthcare inequalities, and people with disabilities experienced elevated healthcare difficulties as their health essentials are neglected during the emergency. Hence, this article calls on the need for the provision of mental health services for people with disabilities, and for the governments to have a rights-based disability lens in their policy decision-making relative to emergency health response and recovery health plans. More research is needed to examine the impact of the COVID-19 to the mental health conditions of people with disabilities and the health services they receive during the crisis and post-pandemic. [ABSTRACT FROM AUTHOR]

Trani, J.-F., et al. (2022). "Access to Services from Persons with Disabilities in Afghanistan: Is Community Based Rehabilitation Making a Difference?" International journal of environmental research and public health **19**(10).
The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), ratified in 2006, states that the achievement of equal rights, empowerment, and social inclusion of people with disabilities requires comprehensive rehabilitation services involving educational, social, economic, and medical interventions, all dimensions of the World Health Organization Community based rehabilitation (CBR) matrix. CBR programs aim at achieving those goals. In the present study, we investigated whether a large scale CBR program is improving access to multiple services (namely physical therapy, assistive technology, education, employment, advocacy, and community awareness) and providing satisfactions (by measuring the reduction in unmet needs) of Afghans with disabilities. We enrolled in the study 1861 newly recruited CBR participants with disabilities from 169 villages between July 2012 and December 2013, and 1132 controls screened with disabilities randomly selected with a two-stage process within 6000 households from 100 villages in the same provinces as the CBR but outside its catchment area. Using propensity score matching (PSM) and difference in difference analysis, we estimated the differences in accessing services. There were statistically significant differences between participants and controls on the access of available services between the baseline and endline. Using PSM we also found that needs were more often met among CBR participants compared to the controls. Our study indicates that a CBR program may be an effective way to provide services for persons with disabilities even in a conflict context such as Afghanistan. It contributes to addressing the longstanding question whether CBR can actually improve the rehabilitation of persons with disabilities.

van Hees, S. G. M., et al. (2019). "Voting barriers and solutions: The experiences of people with disabilities during the Dutch national election in 2017." Disability & Society **34**(5): 819-836.
Exercising the right to vote at elections is frequently denied to people with disabilities. In this study, we examined the voting behaviour of individuals with physical or learning impairments and the barriers they encountered during the national elections in 2017 in the Netherlands. A survey design was chosen to allow large-scale questioning of both target groups. Over 90% of people with physical impairments voted and respondents found that voting was accessible. Voter turnout among people with learning

impairments was much lower (46%). They experienced difficulty to prepare themselves and at the polling station. The Netherlands seems well on the way to achieving an inclusive environment for people with physical impairments. Recommendations are given about accessibility for all and for exploring alternative methods of voting such as proxy voting and tailoring information and procedures to the needs of people with learning impairments. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Vrana, H. (2023). "All the love: transnational youth and disability in El Salvador's civil war." Social History **48**(1): 162-183.

During El Salvador's civil war, the Farabundo Martí National Liberation Front (FMLN) developed infrastructure and expertise to improve medical attention for combatants and rural and poor Salvadorans alike. This expansive popular health system included Salvadoran nurses, foreign physicians and community health promotors. However, hundreds of wounded combatants required more intensive rehabilitation. This article discusses the FMLN's approach to youth and disability through a trio of documentary films that examine the popular health system, the 26 July rehabilitation camp outside of Havana and the work of German physician Christa Baatz. These films fused youth, disability and transnational solidarity to appeal to a spirit of revolutionary love. They not only spoke of transnational solidarity but were also transnational texts that circulated in order to build support for the FMLN. Most importantly, they conveyed the voices of young disabled combatants whose understandings of loss, sacrifice and revolution are otherwise forgotten. The films suggest the formation of an identity as lisiados de guerra grounded in the mutualist principles of the popular health system. However, the signing of the Peace Accords in 1992 ensured that human rights would become the dominant framework for disability politics, sidelining the solidarity that guided popular health. [ABSTRACT FROM AUTHOR]

Walsh, C., et al. (2023). "Supporting indigenous people with disability in contact with the justice system: A systematic scoping review." Disability & Society.

The relationship between race, disability and criminality is complex and poorly understood. Scant information, and lack of action, exists on how to best keep Indigenous people with disability out of the justice system, and support this cohort while in the system. This systematic scoping review collates grey and peer-reviewed literature in Australia, Aotearoa (New Zealand), the United States and Canada, to gain insight into the current practices in place for justice-involved Indigenous people with disability, and list promising principles which may inform future practice. We identified 1,301 sources, and 19 of these met the inclusion criteria. Across these sources, nine key principles emerged: need for Indigenous designed, led and owned approaches; appropriately identify and respond to disability/needs; appropriate court models; appropriate diversionary options; therapeutic, trauma-informed, strengths-based and agency-building responses; facilitate connection to family, community and support networks; break down communication barriers; protect human rights; and provide post-release support. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Ward, E., et al. (2022). "Left behind: persons with disabilities in HIV prevalence research and national strategic plans in east and Southern Africa." Disability & Rehabilitation **44**(1): 114-123.

To assess recent estimates of HIV prevalence and the inclusion of persons with disabilities in the HIV response in sub-Saharan Africa. A systematic literature search was conducted of recent HIV prevalence studies among persons with disabilities in sub-Saharan Africa and National Strategic Plans from 18 countries in east and southern Africa were reviewed. Results were compared to a 2014 literature search and a 2009 National Strategic Plans review that used similar methods. Between 2013 and 2018, four published studies were identified with estimates of HIV prevalence among persons with disabilities in sub-Saharan Africa. In each study, HIV prevalence was higher among persons with disabilities than national population estimates. Fourteen of the 18 National Strategic Plans reviewed identified persons with disabilities as a vulnerable or marginalized population and thirteen National Strategic Plans proposed targeted programs for persons with disabilities. Among seven assessed disability inclusion indicators of National Strategic Plans, four showed some improvement, two showed no change, and one regressed compared to the 2009 analysis. Data on HIV prevalence among persons with disabilities is rare. In addition, inclusion of this population in National Strategic Plans in East and Southern African countries is often lacking specific detail. HIV prevalence studies in sub-Saharan Africa among persons with disabilities are rare and community studies do not disaggregate by type of disability. Estimates of HIV prevalence among persons with disabilities are greater than national averages. Government National HIV Strategic Plans often mention persons with disabilities as a vulnerable population but less often identify specific interventions or inclusive strategies for prevention or care. The integration of attention to disability in national HIV bio-behavioral surveys would allow increased understanding of HIV vulnerability and prevalence and could increase attention to persons with disabilities as a key population within National Strategic Plans. [ABSTRACT FROM AUTHOR]

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability & Rehabilitation **44**(12): 2806-2814.
Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP's preference had been established, it was considered immaterial to the final decision. The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability; The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties. [ABSTRACT FROM AUTHOR]

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and rehabilitation **44**(12): 2806-2814.
Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12.; Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically.; Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP's preference had been established, it was considered immaterial to the final decision.; Conclusions: The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally.IMPLICATIONS FOR REHABILITATIONLegal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability;The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability;Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe;Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties.

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(12): 2806-2814.
Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP’s preference had been established, it was considered immaterial to the final decision. Conclusions: The paper concludes with a promising discussion of the new Guardianship

and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Implications for Rehabilitation: Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability; The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Wells, R. and S. Kommers (2022). "Graduate and Professional Education for Students with Disabilities: Examining Access to STEM, Legal, and Health Fields in the United States." International Journal of Disability, Development & Education **69**(2): 672-686.
People with disabilities have been historically marginalised and consistently underrepresented at all levels of education. In the U.S., the Individuals with Disabilities Act (IDEA) in the 1970s changed the landscape for primary and secondary education, increasing access for many students. In 1990, the Americans with Disabilities Act (ADA) was passed, and since that time students with disabilities have entered postsecondary institutions at greater rates. While in 2001, only about 5% of college students identified as having a disability, more recent estimates put the proportion of undergraduate students with disabilities at approximately 11%. Despite this growth, only 5% of post-baccalaureate students report having a disability relative to undergraduate students. This raises the question of how accessible graduate and professional education is for students with disabilities. [ABSTRACT FROM AUTHOR]

Wilbur, J., et al. (2021). "Qualitative study exploring the barriers to menstrual hygiene management faced by adolescents and young people with a disability, and their carers in the Kavrepalanchok district, Nepal." BMC Public Health **21**(1): 1-15.
<bold>Background: </bold>Menstrual hygiene management (MHM) is a recognised public health, social and educational issue, which must be achieved to allow the realisation of human rights. People with disabilities are likely to experience layers of discrimination when they are menstruating, but little evidence exists.<bold>Methods: </bold>The study aims to investigate barriers to MHM that people with disabilities and their carers face in the Kavrepalanchok, Nepal, using qualitative methods. Twenty people with disabilities, aged 15-24, who menstruate and experience 'a lot of difficulty' or more across one or more of the Washington Group functional domains were included, as well as 13 carers who provide menstrual support to these individuals. Purposeful sampling was applied to select participants. Different approaches were used to investigating barriers to MHM and triangulate data: in-depth interviews, observation, PhotoVoice and ranking. We analysed data thematically, using Nvivo 11.<bold>Results: </bold>Barriers to MHM experienced by people with disabilities differ according to the impairment. Inaccessible WASH facilities were a major challenge for people with mobility, self-care and visual impairments. People with intellectual impairments had difficulty accessing MHM information and their carers despaired when they showed their menstrual blood to others, which could result in abuse. No support mechanisms existed for carers for MHM, and they felt overwhelmed and isolated. Menstrual discomfort was a major challenge; these were managed with

home remedies, or not at all. Most participants followed menstrual restrictions, which were widespread and expected; many feared they would be cursed if they did not. As disability is often viewed as a curse, this demonstrates the layers of discrimination faced.<bold>Conclusion: </bold>Issues related to MHM for people with disabilities is more complex than for others in the population due to the additional disability discrimination and impairment experienced. Research exploring these issues must be conducted in different settings, and MHM interventions, tailored for impairment type and carers requirements,should be developed. Attention to, and resourcing for disability inclusive MHM must be prioritised to ensure 'no one is left behind'. [ABSTRACT FROM AUTHOR]

Wilbur, J., et al. (2021). "Are Nepal's water, sanitation and hygiene and menstrual hygiene policies and supporting documents inclusive of disability? A policy analysis." International Journal for Equity in Health **20**(1): 1-14.
Purpose: This study assesses the inclusion of disability in Nepal's policy and guidance relevant to water, sanitation and hygiene (WASH), and menstrual hygiene management (MHM) in comparison to gender. We investigated both policy formulation and implementation, using the Kavrepalanchok district as a case study. Materials and methods: We used the EquiFrame framework, adapted for disability and gender, and focusing on WASH and MHM. Ten Nepali policies and guidance documents were reviewed and scored for quality against the framework, which included 21 core concepts of human rights. We also interviewed key informants to consider the inclusion of disability in the implementation of MHM interventions. We applied stratified purpose sampling to 12 government officials and service providers working in Kathmandu and the Kavrepalanchock district; conducted in-depth interviews and analysed data thematically using Nvivo 11. Results: Disability was inadequately covered within the policy documents, and MHM policy commitments for disability were almost non-existent. Participation of people with disabilities in policy development was limited; within Kavrepalanchok, policy commitments were not implemented as intended and disability service providers were unable to allocate government resources. Inadequate data on disability and MHM resulted in limited professional understanding of the issues, as service providers had no training. A narrow WASH infrastructure approach to improving MHM for people with disabilities was prioritised. MHM interventions were delivered in schools; these failed to reach children with disabilities who are often out of school. Finally, there were indications that some caregivers seek sterilisation for people with disabilities who are unable to manage menstruation independently. Conclusion: Though the Constitution of Nepal enshrines gender equality and disability inclusion, there are consistent gaps in attention to disability and MHM in policies and practice. These omit and exclude people with disabilities from MHM interventions. Investment is required to generate evidence on the MHM barriers faced by people with disabilities, which would then be drawn on to develop training on these issues for professionals to improve understanding. Subsequently, policy makers could include more concepts of human rights against disability in relevant policies and service providers could implement policy commitments as intended. [ABSTRACT FROM AUTHOR]

Yusupov, D. and A. Abdukhalilov (2022). "Barriers to disability-inclusive employment in Uzbekistan: A pilot qualitative study of disabled people's lived experiences." Journal of International Development **34**(5): 1048-1068.
Despite the recent advances in the field of protection of the rights of disabled people in Uzbekistan, their right to work and be protected from unemployment is not fully implemented. The reported levels of disability employment remain significantly low. The findings of this pilot qualitative study reveal that the current institutional framework which takes its roots in the Soviet disability policies coupled with environmental and attitudinal barriers is restricting disabled people's right to work. Based on the lived

experiences of disabled people in Tashkent city and the Tashkent region this study calls for the removal of all the barriers. [ABSTRACT FROM AUTHOR]

Αλεξιάδου, Ε. Α. (2020). "Αναπηρία και ανισότητες στην υγειονομική περίθαλψη στην Ελλάδα υπό την οπτική των ανθρώπινων δικαιωμάτων." Disability and inequalities in health care in Greece from the human rights perspective. **37**(1): 98-105.
Persons with disabilities constitute a vulnerable population group in Europe, systematically exposed to high levels of poverty and social exclusion, with adverse effects on their health and well-being. This paper analyzes the legal scope of equal treatment and non-discrimination of persons with disabilities in healthcare settings from the human rights perspective. Disability constitutes a multidimensional concept and, as such, it must be approached not only from the public health perspective, but also from the human rights perspective. In this analysis, the case of Greece is examined, to identify the extent to which there is a sense of state responsibility towards ensuring and, ultimately, implementing the equal treatment of persons with disabilities in healthcare settings. Finally, the full participation of persons with disabilities, and disability mainstreaming in the design and implementation of interventions, are proposed as practical ways for eliminating the inequalities in health care currently experienced by persons with disabilities. (English) [ABSTRACT FROM AUTHOR]

DISABILITY laws (33)

Antova, I. (2020). "Disability Rights During COVID-19: Emergency Law and Guidelines in England." Medical Law Review **28**(4): 804-816.
Disabled people may be disproportionately impacted by the response to the COVID-19 outbreak because of the kinds of countermeasures needed to tackle it, and serious disruptions to the services on which they rely. There are reports from the disability community in England and elsewhere that measures taken to contain the spread of COVID-19 impact negatively on their human rights and experiences. This commentary focuses on the healthcare and social care systems in England and describes how laws and practices have changed under the COVID-19 pandemic, and how these changes affect the rights of disabled people. [ABSTRACT FROM AUTHOR]

Bianchi, D. (2020). "Advance directives: Addressing the obligations of support as part of the right of a person with disabilities to equal recognition before the law?" International Journal of Law and Psychiatry **70**.
Depending upon how they are regulated in domestic law, advance directives (ADs) can enable persons to make decisions that have legal effect in the future as directed in the AD. There is some agreement in the academic literature that ADs are a legitimate way of giving effect to the obligations arising from Article 12 (3) of the United Nations Convention on the Rights of Persons with Disabilities to take appropriate measures to provide access by persons with disabilities (PWDs) to the support they may require in exercising their legal capacity. It is the purpose of this article to question when and how ADs address the obligations of support arising from Article 12 (3), concluding that it cannot and should not be assumed that ADs address those obligations only because they embody and give effect to their maker's agency. The article instead highlights the questions that must be posed to obtain legal certainty as to when and how ADs will be a form of Article 12 (3) support. The article also refutes some of the instances in the academic literature when ADs have been presented as support, while offering an account as to how the regulation of ADs should be reconsidered in order to specifically address the obligations arising from Article 12 (3) both when PWDs can and when they cannot communicate their wishes to others. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Bogenschutz, M., et al. (2021). "Vietnam and disability rights: Perspectives at the time of ratification of the UN convention on the rights of persons with disabilities." International Journal of Disability, Development and Education **68**(5): 717-733.

Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD's core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Bunn, R. (2019). "Conceptualizing Addiction as Disability in Discrimination Law: A Situated Comparison." Contemporary Drug Problems **46**(1): 58-77.

People labeled as having an addiction and people with disabilities face significant discrimination in their daily lives. In countries where targeted disability discrimination law is applied, it is often assumed that including addiction in the definition of disability will protect those labeled as having an addiction from discrimination. Several scholars have considered the effects of excluding addiction from the remit of discrimination law, but there has been less work examining the consequences—both positive and negative—of including addiction. Using the method of "situated comparisons" developed by intersectionality scholars, this article interrogates how addiction and disability are co-constituted in two contrasting legal and geographical contexts, where people labeled as having an addiction have sought to assert their right to equality before the law. By comparing the application of targeted discrimination law in Australia with a human rights charter in Canada, it demonstrates how systems of power such as ableism and neoliberalism work through the law to co-constitute addiction and disability in ways that are stigmatizing, even within legal approaches that aim to eliminate discrimination. Furthermore, the law, in both contexts, fails to recognize the intersectional nature of discrimination often experienced by these groups. The article contends that conceptualizing addiction as a disability will not necessarily reduce the discrimination faced by people labeled as having an addiction and concludes with recommendations for both policy and legal practice. [ABSTRACT FROM AUTHOR]

Couper-Kenney, F. and S. Riddell (2021). "The impact of COVID-19 on children with additional support needs and disabilities in Scotland." European Journal of Special Needs Education **36**(1): 20-34.

Recently, as a result of international treaties and domestic legislation, children's rights have moved to centre stage. In Scotland, under the terms of the Education (Scotland) Act 2016, those with additional support needs and disabilities (ASND) enjoy enhanced and legally enforceable rights, described by the Scottish Government as the most progressive children's rights regime in Europe. This paper assesses the extent to which children's rights have been prioritised during the COVID-19 crisis. Evidence is drawn from a qualitative study of the experiences of 16 families including a child with ASND during June and July 2020. We conclude that, particularly in the early days of the lockdown, scant regard was paid to the rights of children with ASND as education and care services were suddenly withdrawn. Existing inequalities were exacerbated, such as

unequal access to IT, varying levels of support and differences in family resources. Families also reported some positive experiences, such as enjoying more time together and a release from school-generated stress. The paper concludes by arguing that the hiatus in educational provision is likely to have a negative impact on the educational progress and wellbeing of children with ASND, which will take determined efforts to rectify in the future. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

de Beco, G. (2023). "Taking economic and social rights earnestly: What does international human rights law offer persons with disabilities in situations of armed conflict?" International Review of the Red Cross **105**(922): 306-322.
This article studies the economic and social rights of people with disabilities in times of armed conflict. While hostilities prevent them from accessing the essential goods and services that they rely on to enjoy these rights, the topic has attracted little attention to date. Calling upon international human rights law, the article applies the Convention on the Rights of Persons with Disabilities, with a view to complementing the provisions of international humanitarian law. It focuses on the requirements above the provision of medical care and examines the legal obligations attached to economic and social rights. [ABSTRACT FROM AUTHOR]

Devi, N., et al. (2020). "Investigating Supported Decision-Making for Persons With Mild to Moderate Intellectual Disability Using Institutional Ethnography." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 143-156.
Making one's own choices is an important part of leading a fulfilling life within society. However, people with IDs often face significant obstacles when making their own decisions. Article 12 (Equal recognition before the law) of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) aims to ensure firstly that people with IDs and others with compromised capacity are nonetheless recognized as legal individuals, and secondly that assistance is provided in the form of supported decision-making in order to exercise this resulting legal capacity. It is unclear whether current national legislation in any country satisfies these requirements in practice. This study utilizes institutional ethnography to reveal how decision-making is coordinated in practice for people with mild to moderate IDs living in supported residential environments in England, and to determine whether these processes are compliant with Article 12 of the CRPD. Data collection was based on observations, semi-structured interviews, and documentary analysis, involving 29 participants including people with mild to moderate IDs. The results point to the complexity of supported decision-making and identify three main categories of decision-making: spontaneous decisions, mid-term decisions, and strategic decisions. The data also show that people with mild to moderate IDs are able to exercise their legal capacity through support decision-making in their everyday life. Immediate and informal supported decision-making exists in daily practice for people with mild to moderate IDs living in supported residential environments. Although there are structures in place for implementing supported decision-making, various barriers persist that limit the overall efficacy and consistency of the realization of supported decision-making, for example, multiple use of mental capacity assessments. Such practices move away from the supported decision-making model toward substituted decision-making. [ABSTRACT FROM AUTHOR]

Fabian, E., et al. (2021). "The road to work: Youth with disabilities and their views on employment and the ADA." Rehabilitation Research, Policy and Education **35**(2): 70-82.
Background: Research indicates that transition-age youth with disabilities face several obstacles with regard to finding employment. However, research on the extent to which barriers and facilitators differ across disability types and contexts is lacking. Objective: The primary purpose of this qualitative study was to understand employment-related

challenges encountered by a cross-section of transition-age youth with disabilities across multiple settings. In addition, the study also examined transition-aged youth's knowledge and use of rights under the Americans with Disabilities Act (ADA). Methods: We adopted a focus group strategy to understand the barriers faced by transition-aged youth with disabilities; five focus groups were conducted at five community-based locations in three states (Maryland, Delaware, and Virginia) in Federal Region 3 (i.e., Mid-Atlantic). Participants ranged in age from 16 to 24 (53.5% male; 44.2% White). Findings: Findings indicated that youth with disabilities faced several barriers in the form of stigma, lack of workplace supports and accommodations, their disability condition, and anxiety. In addition, a very small proportion of the sample were aware about the ADA and their rights under Title I. Conclusions: Findings highlight the need to develop programs that equip transition-aged youth with disabilities with the necessary skills as they prepare to enter the work force. In addition, efforts should be targeted at addressing the barriers identified in the study, such as stigma, as well as at increase students' knowledge of the ADA by embedding information within secondary and postsecondary academic curricula. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Gergel, T. (2020). "The ‘Mental Health and Justice Project’: Using interdisciplinarity to move beyond impasse in disability rights." International Journal of Law and Psychiatry **71**.
This article presents an introduction to the ‘Mental Health and Justice Project’. The United Nations Conventions on the Rights for Persons with Disabilities (CRPD) introduces a paradigm shift in disability rights. ‘Mental Health and Justice’ is a 5-year interdisciplinary project, funded by the Wellcome Trust, which explores ongoing research interests within the context of this paradigm shift. It considers the concepts of decision making ability and support in mental health and moves towards finding practicable ways to realize the CRPD aspirations. Based at King's College London, but with collaborators both in the UK and globally, this project brings together psychiatry, philosophy, law, service user involvement, social sciences, and neuroscience. We aim to show how the combined perspectives and methods of interdisciplinary research can use conceptual understanding to achieve direct outcomes on practice and policy. This Special Issue presents ten papers from the Project's first half and one ‘guest paper’. Given that the CRPD represents a dramatic shift in how one thinks about persons with disabilities and the adaptations necessary for ensuring true equality, controversy is unsurprising, in relation to both interpretation and implementation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Gerlinger, G., et al. (2019). "Nach der Reform ist vor der Reform: Ergebnisse der Novellierungsprozesse der Psychisch-Kranken-Hilfe-Gesetze der Bundesländer = After the reform is before the reform: Results of the amendment processes of mental health law in German federal states." Der Nervenarzt **90**(1): 45-57.
Background: On the basis of mental health law, which differs between the federal states in Germany, courts can order the involuntary commitment of people with severe mental disorders in psychiatric hospitals, if they present a danger to themselves or to others. Due to decisions of the highest courts, these laws have been subject to revision since 2011. The aim of this paper is to analyze and compare the results of the revision processes in order to define the need for action for federal and state legislature. Material and methods: Research of the current status of the revision processes in the federal states and a comparative analysis. The state laws were compared on the basis of selected particularly relevant areas with respect to human rights and treatment. Results: In spite of the revisions the state laws are extremely heterogeneous and in many states do not fully comply with the requirements of the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) or the highest courts’ decisions. Conclusion: The state laws should be harmonized, particularly where they restrict basic and human

rights, e. g. regarding prerequisites and objectives of involuntary commitment and coercive measures. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Gill, N. S., et al. (2020). "Human rights implications of introducing a new mental health act - principles, challenges and opportunities." Australasian Psychiatry **28**(2): 167-170.

<bold>Objective: </bold>The United Nations Convention on the Rights of Persons with Disabilities (CRPD), 2006 has influenced the evolution of mental health legislation to protect and promote human rights of individuals with mental illness. This review introduces how the human rights agenda can be systematised into mental health services. Exploration is made of how some principles of CRPD have been incorporated into Queensland's Mental Health Act 2016.<bold>Conclusion: </bold>Although progress has been made in some areas, e.g. heavier reliance on capacity assessment and new supported decision-making mechanisms, MHA 2016 has continued to focus on involuntary treatment. A Human Rights Act 2019 has been passed by the Queensland parliament, which may fill in the gap by strengthening positive rights. [ABSTRACT FROM AUTHOR]

Goswami, S. P. (2020). ""Rights of Persons with Disability" Act: A Boon for Persons with Aphasia." Annals of Indian Academy of Neurology **23**: S51-S51.

The article discusses the "Rights of Persons with Disabilities" Act has passed by the Parliament of India on 27th December 2016 (RPWD-2016) and operational from 19th April 2017. Topics include a certificate stating the disability score from a medical board constituted by the Medical Superintendent, Neurologist, and a certified Speech-Language Pathologist has mandatory; and the International Classification of Functions has the cynosure of RPWD-2016 and improving the social activity level.

Guilloud, S. D. (2019). "The right to liberty of persons with psychosocial disabilities at the United Nations: A tale of two interpretations." International Journal of Law and Psychiatry **66**.

This article explores the current debate which exists within the United Nations human rights system regarding the right to liberty of persons with psychosocial disabilities. Article 14 of the UN Convention on the Rights of Persons with Disabilities states that the existence of a disability cannot be a justificatory ground for the involuntary detention of a person. In interpreting Article 14, the UN Committee on the Rights of Persons with Disabilities has called for States Parties to repeal legislation which provides for detention based on the existence of a psychosocial disability, either solely or in combination with other factors such as a perceived dangerousness or need for treatment—essentially requiring the abolition of mental health laws. However, a number of other human rights bodies within the UN, including the Human Rights Committee, have continued to affirm the lawfulness of deprivations of liberty under mental health legislation in certain circumstances. This article will set out the current state of this discourse and conclude by making a determination on the governing legal interpretation of the right to liberty of persons with psychosocial disabilities under international law. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Kanter, A. S. (2019). "Do Human Rights Treaties Matter: The Case for the United Nations Convention on the Rights of People with Disabilities." Vanderbilt Journal of Transnational Law **52**(3): 577-609.

In the United States, and throughout many other parts of the world, we are witnessing attacks on basic human rights. As poverty, inequality, and suffering are evident in so many parts of the world today, there are those who say that the entire human rights regime has failed. This author does not agree. While it is true that human rights treaties have not realized their full potential in every country that has ratified them, human rights treaties do "matter." This Article makes the case for human rights treaties by referring to the success of the Convention on the Rights of People with Disabilities (CRPD), which was adopted by the UN in 2006 and has been ratified by 177 countries. The CRPD has spurred the development of new laws, policies, and practices that are transforming societies and offering new protections and opportunities for people with and without disabilities. The CRPD is also creating new norms within the international human rights system itself. Based on the impact of the CRPD to date, the human rights treaty regime has not only not failed but is, in fact, thriving. [ABSTRACT FROM AUTHOR]

Koishibayev, M. M., et al. (2020). "National plans to ensure the rights of persons with disabilities in Kazakhstan—amendments to the legislation." Disability & Society **35**(8): 1355-1359.
The signing and ratification of the Convention on the Rights of Persons with Disabilities by the Republic of Kazakhstan require amendments to the state legislation in order to comply with the norms of this international document. This article shows how Kazakhstan's legislation largely complies with the UN Convention on the Rights of Persons with Disabilities. However, there are still many challenges, which we discuss in this article. The main challenge of implementing the state disability policy is the lack of effective mechanisms to achieve the goals and the objectives set forth. [ABSTRACT FROM AUTHOR]

Lau, P. L. (2022). "Addressing Cognitive Vulnerabilities through Genome and Epigenome Editing: Techno-Legal Adaptations for Persons with Intellectual Disabilities." European Journal of Health Law **29**(3/5): 409-434.
The key aim of this paper is to highlight the oft-under-represented narrative of how persons with disabilities (specifically, those with intellectual disabilities) may access the benefits that genome editing may offer. Firstly, this paper reflects on the critical need for a paradigm shift in how we view intellectual disabilities, and centering the rights of persons with disabilities to allow them to access the broad scope of their right to health under various international law instruments (including the complementary right to habilitation under Article 26 of the CRPD). Secondly, the paper evaluates the legal provisions in the CRPD and other international instruments relating to the rights of persons with intellectual disabilities, and their access to genome editing technologies. This analysis intends to demonstrate that human rights in disability discourse be complemented with emancipatory, participatory, and transformative research. Finally, the paper argues for a reinvigorated line of thinking that expands on the social model of disability: to align with inclusive, contemporary disability discourse that embodies greater responsibility and innovation in perpetuating better access to genome editing technologies for persons with intellectual disabilities. [ABSTRACT FROM AUTHOR]

Math, S., et al. (2019). "The rights of persons with disability act, 2016: Challenges and opportunities." Indian Journal of Psychiatry **61**: 809-815.
India signed the United Nations Convention on the Rights of Person with Disabilities (UNCRPD) and subsequently ratified the same on October 1, 2007. The UNCRPD proclaims that disability results from an interaction of impairments with attitudinal and environmental barriers which hinders full and active participation in society on an equal basis. Further, the convention also mandates the signatories to change their national laws, to identify and eliminate obstacles and barriers, and to comply with the terms of the UNCRPD. In this regard, the Government of India initially undertook the amendment of laws such as Persons with Disability Act, 1995 (PWD Act 1995). The Rights of PWD Act, 2016 (RPWD Act 2016) replaced the PWD Act 1995 to comply with the UNCRPD. The new act was fine-tuned considering the socio-cultural and local needs of the society, and the available resources. Persons with Mental Illness (PMI) are often stigmatized and discriminated, which hinders their full and active participation in

society. This is a much larger issue, especially in women, gender minorities, backward communities, and the poor and the migrated populations. Adding to the complexities, PMIs are often not aware of their illness, refuse the much-needed treatment and often are not in a place to exercise their rights. There is an urgent need to address this issue of attitudinal barrier so that the rights of PMI are upheld. Hence, this article discusses challenges and opportunities in the RPWD Act 2016 from the perspective of PMI. [ABSTRACT FROM AUTHOR]

Mladenov, T. and C. S. Brennan (2021). "The global COVID-19 Disability Rights Monitor: implementation, findings, disability studies response." <u>Disability & Society</u> **36**(8): 1356-1361.

The global COVID-19 Disability Rights Monitor (COVID-19 DRM) has revealed major injustices suffered by disabled people around the world during the first stage of the pandemic, including enhanced institutionalisation, breakdown of essential services in the community, multiplication of intersectional harms, and denial of access to healthcare. In this paper, we present an overview of the COVID-19 DRM and its findings. We also offer a disability studies response by making recourse to the social model of disability, independent living philosophy, and analyses of biopolitics. We argue that the COVID-19 DRM illuminates systemic flaws that predate the pandemic, and that it is these flaws that need to be addressed in post-pandemic efforts at reconstruction. [ABSTRACT FROM AUTHOR]

Paul, N., et al. (2019). "A Comprehensive Study of Community-Based Inclusion, Rehabilitation, and Multidisciplinary Approach toward Cross-Disabilities in Panchayats of North India." <u>Indian Journal of Occupational Therapy (Wolters Kluwer India Pvt Ltd)</u> **51**(3): 77-84.

Background: Demonstrated multidisciplinary, scalable, and replicable panchayat models for effective inclusion of persons with disabilities (PwDs) are much needed in a developing country like India, with its 70% of population being rural. Literature on disability suggests a shift in policy thinking from the charity-, medical-, and institutional-based models of disability to social, community-based rehabilitation (CBR), and rights-based models. This study explored in-depth the Community-Based Inclusion and Rehabilitation (CBIR) program model of the Chinmaya Organisation for Rural Development (CORD), a nongovernmental organization working with 1800 PwDs in 100 panchayats of Kangra district of Himachal Pradesh. Objectives: The objectives were to identify PwDs with all types of disabilities in ten selected panchayats associated under the CORD's CBIR program as per the definitions of disabilities under the PWD Act, 1995, and the National Trust Act, 1999, and to explore multidisciplinary, scalable, and replicable aspects and interventions under the CBIR as a model for inclusion of all types of PwDs in rural India with reference to the World Health Organization's (WHO's) CBR matrix. Study Design: This is a descriptive, qualitative, and quantitative study conducted on the CORD's CBIR model with reference to the WHO's CBR matrix. Methods: A convenient sample of ten panchayats out of 100 panchayats under the CORD's CBIR interventions was studied. The principal investigator with a team of two co-researchers and five field facilitators worked as a team to conduct this study. A baseline format with reference to the WHO's CBR matrix was developed and administered for the collection of primary data besides related interviews of PwDs, their families, and related stakeholders. The CORD's CBIR program data, narratives, and focus group discussions were used to supplement the outcomes of this study. Results: This study observed that availability of disabilities specific, disaggregated and recorded government data on PwDs at the panchayat level was poor and non-existent. Primary data of 124 (100%) PwDs among the 4487 households with a total population of 22,438 in ten panchayats were collected and further investigated from April 2017 to March 2018. The findings highlighted 87 (70%) PwDs newly identified during the study, 60

(48%) PwDs below poverty line, and 113 (91%) marginal and socially backward PwDs. The program interventions enrolled 26 (21%) PwDs in schools, 72 (58%) mothers and women with disabilities in community groups, and 44 (35%) PwDs in productive livelihoods locally. Conclusion: There was evident marginalization of PwDs in multiple ways varying from data to dignity issues at the panchayat level. The CORD's CBIR model promotes the "empowering inclusion and development" of PwDs in the mainstream community at the panchayat level. The recent enactment of the comprehensive Rights of Persons with Disabilities Act 2016, covering 21 types of disabilities, further share an opportunity for effective inclusion of PwDs within the existing policies, programs, and development agenda in rural India as well as globally. [ABSTRACT FROM AUTHOR]

Pritchard-Jones, L. (2019). "Exploring the potential and the pitfalls of the United Nations Convention on the Rights of Persons with Disabilities and General Comment no 1 for people with dementia." International Journal of Law and Psychiatry **66**.
The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has widely been heralded as representing a shift in disability politics; a 'new way of thinking about disability, centered on citizenship, equality, and inclusion'. This is in part undoubtedly down to the fact that people with disabilities were heavily involved in its drafting and remain involved through their membership on the Committee on the Rights of Persons with Disabilities, and their role in monitoring its implementation under Article 33. Its creation represents a shift in not only how we view disability, but also where we view disability; it has brought the voices of many persons with disabilities to the forefront of international human rights law-making. These are all features for which the UNCRPD, as a piece of law, has rightly been praised. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Puyaltó, C., et al. (2022). "Challenges of having a loving partner: The views of adults with intellectual disabilities." International Journal of Developmental Disabilities **68**(1): 64-72.
Background: Making decisions about feelings and relationships is a challenge for many people with intellectual disabilities (ID). The aim of this article is to explore their opinions regarding the difficulties they experience in relation to having a partner and living together. Method: Nine advisers with ID with experience in inclusive research discussed issues about having a loving partner during 8 meetings. Discussions were recorded, and a thematic content analysis was conducted. Results: The results show that the network of social relationships, control over one’s own intimate relationships, obtaining the right support and having training in couple relationships are key elements in people with ID having a satisfying couple relationship. Conclusions: The research gives visibility to the difficulties that people with ID encounter in having intimate couple relationships and sheds light on the need to undertake actions that contribute to their right to intimate citizenship. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Ricciardelli, L. A. and K. Jaskyte (2019). "A Value-Critical Policy Analysis of Georgia's Beyond a Reasonable Doubt Standard of Proof of Intellectual Disability." Journal of Disability Policy Studies **30**(1): 56-64.
The U.S. Supreme Court's Atkins v. Virginia decision barred the execution of persons with Intellectual disability, but provided minimal specification regarding adjudication. One exception to the lack of instruction was the recommendation that states generally conform to accepted clinical practice and norms, positioning professional associations to take an important role in this discourse. This study uses Chambers and Wedel's value-critical method of analysis to examine the policy element, standard of proof of intellectual disability, within Georgia's 1988 statute prohibiting the execution of persons

with intellectual disability. Owing to the public outcry that followed Georgia's controversial execution of Jerome Bowden, who evidenced significant impairments in intellectual and adaptive functioning, the 1988 statute was the first in the nation to bar such executions, and predated the Attains decision by 14 years. However, due to a drafting error, Georgia was also the only state to invoke the highest standard of proof, beyond a reasonable doubt. When states use a standard of proof of intellectual disability that is higher than the lowest standard, a preponderance of the evidence, capital defendants with intellectual disability are at an increased risk for unlawful execution. We present findings and recommendations across the identified analytical contexts. [ABSTRACT FROM AUTHOR]

Roets, G., et al. (2020). "A Critical Analysis of Disability Policy and Practice in Flanders: Toward Differentiated Manifestations of Interdependency." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 108-115.
Notions of citizenship and disability rights denote abstract, ambiguous, and contested principles, and realizing these ideas entails complexity in practice. This is particularly the case since the welfare state is no longer conceived as the principal provider of welfare services and resources in many European welfare states. In that vein, we critically analyze the underlying principles, rationales, values, and potential implications of the White Paper "Perspective 2020: a new support policy for disabled people" in Flanders (the Dutch speaking part of Belgium). We tease out which understanding of the disabled human subject is promoted by this so-called innovative social policy and excavate how policy makers and a diversity of actors involved in the policy implementation process consider the provision of care and support. Our main argument entails that the welfare state should acknowledge and vindicate differentiated manifestations of interdependency rather than reinforcing a dichotomy that is based on notions of in/dependent human subjects. [ABSTRACT FROM AUTHOR]

Schiariti, V. (2020). "The human rights of children with disabilities during health emergencies: the challenge of COVID-19." Developmental Medicine & Child Neurology **62**(6): 661-661.
Outbreaks and health emergencies - such as the new COVID-19 pandemic - pose many ethical and public health questions on how to adequately respond and control transmission. The Latin American Academy of Child Development and Disabilities (ALDID) invites researchers and clinicians working in the field of pediatric disability to advocate for clear standards on inclusive humanitarian responses in our communities. [Extracted from the article]

Shakespeare, T. (2020). "Participation as human right and health benefit for young people with physical disabilities." Developmental Medicine & Child Neurology **62**(5): 548-549.
This commentary is on the original article by Anaby et al. on pages 640–646 of this issue. [ABSTRACT FROM AUTHOR]

Specht, R. (2021). "Sexuelle Selbstbestimmung für Menschen mit Behinderungen: Bestandsaufnahme und Handlungsempfehlungen für die institutionelle Praxis = Sexual self-determination for people with disabilities: Current situation and recommendations for institutional practice." Zeitschrift für Sexualforschung **34**(3): 175-181.
For a long time, people with disabilities were not granted sexual self-determination. At the same time, the fact that people with disabilities are at significantly greater risk of becoming victims of sexual violence has been almost completely ignored. Fortunately, this is changing more and more. Since 2009, the United Nations Convention on the Rights of Persons with Disabilities, known for short as the Disability Rights Convention, has also documented the right to self-determination as a human right in Germany. This applies not least to the area of sexuality, although it is not explicitly

mentioned. This practical contribution outlines the current situation – including a historical review – and makes recommendations for action, in particular with regard to institutional practice. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Šubic, N. (2022). "Challenging the Use of EU Funds: Locus Standi as a Roadblock for Disability Organisations: ECJ Order of 15 April 2021, Case C-622/20 P, Validity and Center for Independent Living v Commission." European Constitutional Law Review **18**(1): 59-81.

Subramanyam, A., et al. (2022). "Disability certification in psychiatry." Indian Journal of Psychiatry **64**: 185-195.
The article focuses on disability certification in psychiatry.

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability & Rehabilitation **44**(12): 2806-2814.
Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP's preference had been established, it was considered immaterial to the final decision. The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability; The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties. [ABSTRACT FROM AUTHOR]

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(12): 2806-2814.
Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also

reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP's preference had been established, it was considered immaterial to the final decision. Conclusions: The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Implications for Rehabilitation: Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability; The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Wharehoka, T. (2021). "DISABILITY RIGHTS AND COMPULSORY PSYCHIATRIC TREATMENT: THE CASE FOR A BALANCED APPROACH UNDER THE MENTAL HEALTH (COMPULSORY ASSESSMENT AND TREATMENT) ACT 1992." Victoria University of Wellington Law Review **52**(1): 221-244.
This article argues the New Zealand Government's current approach to compulsory psychiatric treatment is unjustifiable in a human rights context. Under s 59 of the Mental Health (Compulsory Assessment and Treatment) Act 1992, clinicians are empowered to administer compulsory psychiatric treatment to individuals without, or contrary to, their consent. This article analyses s 59, and its underlying justifications, in light of the New Zealand Government's commitments under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Further, it analyses the approach for compulsory psychiatric treatment advocated by the UNCRPD in light of Aotearoa New Zealand's mental health context to evaluate whether this approach would be more desirable than the current approach under s 59. The article then advocates for a more balanced approach to compulsory psychatric treatment which puts the rights of disabled individuals at the forefront and also ensures there are limits to these rights which are justifiable within a human rights context. [ABSTRACT FROM AUTHOR]

Williams, J. and E. Y. Drogin (2019). "Older adult mental health law special issue, International Journal of Law and Psychiatry." International Journal of Law & Psychiatry **66**: N.PAG-N.PAG.

주영하 (2021). "장애에 관한 차별금지법 국제비교." International Comparison of Anti-Discrimination Laws on Disability. **19**(12): 469-475.
The purpose of this study was to compare the elements of anti-discrimination laws on disability in major OECD countries. This study used the analysis framework for the elements of the anti-discrimination law on disability presented in the national report of Chopin et al.,(2018). In addition, It was analyzed including the Anti-Discrimination Act on Disability, the General Anti-Discrimination Act including Disability, the Equality Act in the UK, and the Human Rights Act in Canada. The research results were as follows. In Austria, Belgium, France and Sweden, it were found that the countrys satisfied all of the provisions of the Act on 'Direct discrimination', 'Indirect discrimination', 'Harassment', 'Legal standing to act on behalf of victims', 'Legal standing to act in support of victims' and 'Prohibition of victimisation'. In particular, in Korea, 'Legal standing to act on behalf of victims' and 'Legal standing to act in support of victims' were not included. However, it was a country that satisfied the provisions of the Act on 'Direct discrimination', 'Indirect discrimination', 'Harassment' and 'Prohibition of victimisation'. Finally, this study suggested legal and institutional supplementation. [ABSTRACT FROM AUTHOR]

disability rights (22)

Antova, I. (2020). "Disability Rights During COVID-19: Emergency Law and Guidelines in England." Medical Law Review **28**(4): 804-816.
Disabled people may be disproportionately impacted by the response to the COVID-19 outbreak because of the kinds of countermeasures needed to tackle it, and serious disruptions to the services on which they rely. There are reports from the disability community in England and elsewhere that measures taken to contain the spread of COVID-19 impact negatively on their human rights and experiences. This commentary focuses on the healthcare and social care systems in England and describes how laws and practices have changed under the COVID-19 pandemic, and how these changes affect the rights of disabled people. [ABSTRACT FROM AUTHOR]

Bogenschutz, M., et al. (2021). "Vietnam and Disability Rights: Perspectives at the Time of Ratification of the UN Convention on the Rights of Persons with Disabilities." International Journal of Disability, Development & Education **68**(5): 717-733.
Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD's core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts. [ABSTRACT FROM AUTHOR]

Bogenschutz, M., et al. (2021). "Vietnam and disability rights: Perspectives at the time of ratification of the UN convention on the rights of persons with disabilities." International Journal of Disability, Development and Education **68**(5): 717-733.
Vietnam ratified the United Nations Convention on the Rights of Persons with

Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD's core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Byrne, B., et al. (2021). "Enhancing Deaf People's Access to Justice in Northern Ireland: Implementing Article 13 of the UN Convention on the Rights of Persons with Disabilities." Scandinavian Journal of Disability Research **23**(1): 74-84.
Article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) specifies that disabled people have the right to 'effective access to justice' on an equal basis with others. This includes Deaf people. There is a distinct lack of research which explores the extent to which Article 13 UNCRPD is implemented in practice and which actively involves Deaf people in its implementation and monitoring. This paper shares findings from a rights-based research study co-produced with a Deaf Advisory Group and a Deaf-led organisation. It explores the implementation of Article 13 UNCRPD in Northern Ireland through the experiences of key stakeholders across the justice system including police officers, solicitors, barristers, and judges. The findings of this research study suggest that Deaf people's access to the justice system is not well supported and that current provisions for Deaf people's legal needs fall well short of what is required by the UNCRPD. [ABSTRACT FROM AUTHOR]

Couper-Kenney, F. and S. Riddell (2021). "The impact of COVID-19 on children with additional support needs and disabilities in Scotland." European Journal of Special Needs Education **36**(1): 20-34.
Recently, as a result of international treaties and domestic legislation, children's rights have moved to centre stage. In Scotland, under the terms of the Education (Scotland) Act 2016, those with additional support needs and disabilities (ASND) enjoy enhanced and legally enforceable rights, described by the Scottish Government as the most progressive children's rights regime in Europe. This paper assesses the extent to which children's rights have been prioritised during the COVID-19 crisis. Evidence is drawn from a qualitative study of the experiences of 16 families including a child with ASND during June and July 2020. We conclude that, particularly in the early days of the lockdown, scant regard was paid to the rights of children with ASND as education and care services were suddenly withdrawn. Existing inequalities were exacerbated, such as unequal access to IT, varying levels of support and differences in family resources. Families also reported some positive experiences, such as enjoying more time together and a release from school-generated stress. The paper concludes by arguing that the hiatus in educational provision is likely to have a negative impact on the educational progress and wellbeing of children with ASND, which will take determined efforts to rectify in the future. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Dermaut, V., et al. (2020). "Citizenship, disability rights and the changing relationship between formal and informal caregivers: it takes three to tango." Disability & Society **35**(2): 280-302.
Citizenship and rights conventionally refer to the ways in which the relationship

between the individual and the state is constructed. These concepts concern the vital political and democratic values of freedom, equality and solidarity. As realising the citizenship and rights of disabled people has become an explicit aim of many western democratic governments, we explore in this article how these notions are encompassed in the formal rhetoric of social policy-makers. However, social policy rhetoric is potentially paradoxical when a critical consideration is made about how even promising ideas are implemented in practice. Therefore, we investigate the implications of policy developments based on real-life experiences of informal caregivers. A directed approach to qualitative context analysis was applied. We conclude that these democratic values should be inextricably related and (re)balanced to substantively realise the citizenship and rights of disabled people and their informal caregivers in practice. [ABSTRACT FROM AUTHOR]

Eiler, E. C. and K. D'Angelo (2020). "Tensions and connections between social work and anti-capitalist disability activism: disability rights, disability justice, and implications for practice." Journal of Community Practice **28**(4): 356-372.
Social work's relationship to disability activism under capitalism is an underexplored area of the profession's literature. This paper aims to help address this gap by providing a conceptual discussion of the tensions within disability activism, within social work, and between the two. Lenin's analysis of the state is used to integrate opposing ideologies. We begin by providing a historical overview of the disability rights and disability justice movements along with recommendations for an integrated approach. We then connect ideological trends within social work to these models. We end with implications for social work practice with disabled people and suggested research. [ABSTRACT FROM AUTHOR]

El Morr, C., et al. (2021). "A Virtual Community for Disability Advocacy: Development of a Searchable Artificial Intelligence-Supported Platform." JMIR formative research **5**(11): e33335.
Background: The lack of availability of disability data has been identified as a major challenge hindering continuous disability equity monitoring. It is important to develop a platform that enables searching for disability data to expose systemic discrimination and social exclusion, which increase vulnerability to inequitable social conditions.; Objective: Our project aims to create an accessible and multilingual pilot disability website that structures and integrates data about people with disabilities and provides data for national and international disability advocacy communities. The platform will be endowed with a document upload function with hybrid (automated and manual) paragraph tagging, while the querying function will involve an intelligent natural language search in the supported languages.; Methods: We have designed and implemented a virtual community platform using Wikibase, Semantic Web, machine learning, and web programming tools to enable disability communities to upload and search for disability documents. The platform data model is based on an ontology we have designed following the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The virtual community facilitates the uploading and sharing of validated information, and supports disability rights advocacy by enabling dissemination of knowledge.; Results: Using health informatics and artificial intelligence techniques (namely Semantic Web, machine learning, and natural language processing techniques), we were able to develop a pilot virtual community that supports disability rights advocacy by facilitating uploading, sharing, and accessing disability data. The system consists of a website on top of a Wikibase (a Semantic Web-based datastore). The virtual community accepts 4 types of users: information producers, information consumers, validators, and administrators. The virtual community enables the uploading of documents, semiautomatic tagging of their paragraphs with meaningful keywords, and validation of the process before uploading the data to the disability Wikibase. Once

uploaded, public users (information consumers) can perform a semantic search using an intelligent and multilingual search engine (QAnswer). Further enhancements of the platform are planned.; Conclusions: The platform ontology is flexible and can accommodate advocacy reports and disability policy and legislation from specific jurisdictions, which can be accessed in relation to the CRPD articles. The platform ontology can be expanded to fit international contexts. The virtual community supports information upload and search. Semiautomatic tagging and intelligent multilingual semantic search using natural language are enabled using artificial intelligence techniques, namely Semantic Web, machine learning, and natural language processing. (©Christo El Morr, Pierre Maret, Fabrice Muhlenbach, Dhayananth Dharmalingam, Rediet Tadesse, Alexandra Creighton, Bushra Kundi, Alexis Buettgen, Thumeka Mgwigwi, Serban Dinca-Panaitescu, Enakshi Dua, Rachel Gorman. Originally published in JMIR Formative Research (https://formative.jmir.org), 05.11.2021.)

Gergel, T. (2020). "The ‘Mental Health and Justice Project’: Using interdisciplinarity to move beyond impasse in disability rights." International Journal of Law and Psychiatry **71**.
This article presents an introduction to the ‘Mental Health and Justice Project’. The United Nations Conventions on the Rights for Persons with Disabilities (CRPD) introduces a paradigm shift in disability rights. ‘Mental Health and Justice’ is a 5-year interdisciplinary project, funded by the Wellcome Trust, which explores ongoing research interests within the context of this paradigm shift. It considers the concepts of decision making ability and support in mental health and moves towards finding practicable ways to realize the CRPD aspirations. Based at King's College London, but with collaborators both in the UK and globally, this project brings together psychiatry, philosophy, law, service user involvement, social sciences, and neuroscience. We aim to show how the combined perspectives and methods of interdisciplinary research can use conceptual understanding to achieve direct outcomes on practice and policy. This Special Issue presents ten papers from the Project's first half and one ‘guest paper’. Given that the CRPD represents a dramatic shift in how one thinks about persons with disabilities and the adaptations necessary for ensuring true equality, controversy is unsurprising, in relation to both interpretation and implementation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Kirichenko, K. A. and A. Król (2022). "Intersectionality and the CRPD: an analysis of the CRPD committee's discourse and civil society advocacy at the intersections of disability and LGBTI." Global Public Health **17**(11): 3224-3242.
The United Nation ('UN') Convention on the Rights of Persons with Disabilities ('CRPD' or 'Convention'), while addressing some intersectionalities, does not explicitly mention sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). However, the practice of the Committee on the Rights of Persons with Disabilities ('CteeRPD' or 'Committee') has developed significantly over the past years to include the intersections of disability and SOGIESC into the discourse. This paper examines these developments from a queer intersectional perspective based on the document analysis. We analysed a range of documents adopted by the Committee itself, as well as shadow reports submitted to the CteeRPD by civil society, to map the challenges existing at the intersections of disability and SOGIESC. The results of the analysis demonstrate a quantitative shift in the CRPD intersectional discourse, but also qualitative changes in the positioning of the subject – the one living on the intersections of disability and SOGIESC, related structural powers and hierarchies. Based on the analysis, we use a quadruple framework to show how this subject is defined, described, protected and embraced by the CteeRPD, what concrete features of this positioning has been developed already, what gaps still exist and how they can be addressed. [ABSTRACT FROM AUTHOR]

Kirichenko, K. A. and A. Król (2022). "Intersectionality and the CRPD: an analysis of the CRPD committee's discourse and civil society advocacy at the intersections of disability and LGBTI." Global Public Health **17**(11): 3224-3242.
The United Nation ('UN') Convention on the Rights of Persons with Disabilities ('CRPD' or 'Convention'), while addressing some intersectionalities, does not explicitly mention sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). However, the practice of the Committee on the Rights of Persons with Disabilities ('CteeRPD' or 'Committee') has developed significantly over the past years to include the intersections of disability and SOGIESC into the discourse. This paper examines these developments from a queer intersectional perspective based on the document analysis. We analysed a range of documents adopted by the Committee itself, as well as shadow reports submitted to the CteeRPD by civil society, to map the challenges existing at the intersections of disability and SOGIESC. The results of the analysis demonstrate a quantitative shift in the CRPD intersectional discourse, but also qualitative changes in the positioning of the subject - the one living on the intersections of disability and SOGIESC, related structural powers and hierarchies. Based on the analysis, we use a quadruple framework to show how this subject is defined, described, protected and embraced by the CteeRPD, what concrete features of this positioning has been developed already, what gaps still exist and how they can be addressed.

Lenagh-Glue, J., et al. (2023). "Use of advance directives to promote supported decision-making in mental health care: Implications of international trends for reform in New Zealand." Australian & New Zealand Journal of Psychiatry **57**(5): 636-641.
Advance directives are advocated, in many jurisdictions, as a way to promote supported decision-making for people who use mental health services and to promote countries' compliance with their obligations under the United Nations Convention on the Rights of Persons with Disabilities. The United Nations Convention on the Rights of Persons with Disabilities promotes the use of tools to further personal autonomy which would include integrating the use of advance directives into mental health law, to clarify the effect (or force) an advance directive carries when its maker comes under the relevant mental health legislation. In addition, securing the active use of advance directives requires adoption of certain supportive practices and policies within health services. Here, we discuss a number of approaches taken to advance directives in revised mental health legislation, and the associated practices we think are required. [ABSTRACT FROM AUTHOR]

Lenagh-Glue, J., et al. (2023). "Use of advance directives to promote supported decision-making in mental health care: Implications of international trends for reform in New Zealand." The Australian and New Zealand journal of psychiatry **57**(5): 636-641.
Advance directives are advocated, in many jurisdictions, as a way to promote supported decision-making for people who use mental health services and to promote countries' compliance with their obligations under the United Nations Convention on the Rights of Persons with Disabilities. The United Nations Convention on the Rights of Persons with Disabilities promotes the use of tools to further personal autonomy which would include integrating the use of advance directives into mental health law, to clarify the effect (or force) an advance directive carries when its maker comes under the relevant mental health legislation. In addition, securing the active use of advance directives requires adoption of certain supportive practices and policies within health services. Here, we discuss a number of approaches taken to advance directives in revised mental health legislation, and the associated practices we think are required.

Mladenov, T. and C. S. Brennan (2021). "The global COVID-19 Disability Rights Monitor: implementation, findings, disability studies response." Disability & Society **36**(8): 1356-1361.

The global COVID-19 Disability Rights Monitor (COVID-19 DRM) has revealed major injustices suffered by disabled people around the world during the first stage of the pandemic, including enhanced institutionalisation, breakdown of essential services in the community, multiplication of intersectional harms, and denial of access to healthcare. In this paper, we present an overview of the COVID-19 DRM and its findings. We also offer a disability studies response by making recourse to the social model of disability, independent living philosophy, and analyses of biopolitics. We argue that the COVID-19 DRM illuminates systemic flaws that predate the pandemic, and that it is these flaws that need to be addressed in post-pandemic efforts at reconstruction. [ABSTRACT FROM AUTHOR]

Mukhopadhyay, S. and E. Moswela (2020). "Disability Rights in Botswana: Perspectives of Individuals With Disabilities." Journal of Disability Policy Studies **31**(1): 46-56.
Even though the United Nations Convention on the Rights of Persons With Disabilities (UN-CRPD) 2006 has been in existence for the last 10 years, the Government of Botswana has not ratified the convention. As a result, individuals with disabilities (IWDs) fail to access services and are at the mercy of the service providers. This qualitative study involved in-depth interviews with 30 IWDs about their experiences related to disability rights. Analysis of the data indicated that IWDs face several challenges in exercising their basic rights; these challenges being (a) stigmatization, (b) infrastructural barriers, (c) transport barriers, and (d) information barriers. Findings suggested that awareness of disability rights among IWDs, caregivers, and the general public was generally low. As a result, many IWDs were not aware of their rights and therefore could not exercise their rights fully. [ABSTRACT FROM AUTHOR]

Ne'eman, A., et al. (2021). "The Treatment of Disability under Crisis Standards of Care: An Empirical and Normative Analysis of Change over Time during COVID-19." Journal of Health Politics, Policy & Law **46**(5): 831-860.
Context: COVID-19 has prompted debates between bioethicists and disability activists about Crisis Standards of Care plans (CSCs), triage protocols determining the allocation of scarce life- saving care. Methods: We examine CSCs in 35 states and code how they approach disability, comparing states that have revised their plans over time to those that have not. We offer ethical and legal analyses evaluating to what extent changes to state policy aligned with disability rights law and ethics during the early pandemic and subsequently as stakeholder engagement grew. Findings: While disability rights views were not well represented in CSCs that were not updated or updated early in the pandemic, states that revised their plans later in the pandemic were more aligned with advocate priorities. However, many CSCs continue to include concerning provisions, especially the reliance on long-term survival, which implicates considerations of both disability rights and racial justice. Conclusions: The disability rights movenient's successes in in fluencing state triage policy should inform future CSCs and set the stage for further work on how stakeholders influence bioethics policy debates. We offer thoughts for examining bioethics policy making reflecting the processes by which activists seek policy change andthe tension policy makers face between expert delegation and mediating values conflicts. [ABSTRACT FROM AUTHOR]

Rohr, R. (2021). "Taxing Disability: A Critical Look into the Medical Cannabis Regime under the New Cannabis Act, 2018." Journal of Canadian Studies **55**(2): 436-457.
Medical marijuana users represent many people with disabilities in Canada. Recent legislative attempts have allowed people with disabilities to access cannabis as medicine, however the landscape is ever changing. The Cannabis Act was recently introduced, legalizing marijuana for all; however, people with disabilities have not been accounted for when it comes to the issue of access to medicine. Those who rely on cannabis as medicine and those who enjoy it recreationally are now part of the same

system, for better or worse. The new medical marijuana regime, under the new Cannabis Act, boasts a "two-stream" process, and it claims that it will be maintaining and improving the old medical regime alongside the new recreational regime. The applicable taxes tell a different story. Medical marijuana has always been subject to sales tax despite being effectively prescribed by doctors to manage and treat many disabilities and illnesses. Now, with the enactment of the Cannabis Act, medical marijuana is subject to an excise tax too—colloquially known as the "sin tax." Recreational and medical marijuana are subject to the same taxation scheme, making any notion of a "two-stream" process nonsensical and blatantly unfair. The purpose of this article is to provide insight into the varying faults concerning the medical marijuana regime in Canada, with specific emphasis on the issue of taxation. In the simplest terms, taxing medical marijuana is taxing medicine and effectively taxing people with disabilities. Broken down into five parts, this article discusses the underlying reasons for the taxes surrounding medical marijuana, provides a case study of the most important tax case for medical marijuana users, scrutinizes the lack of recognition of medical marijuana as a proper prescription, outlines the ways to improve legislation, and, finally, explores a potential Charter challenge that can be effectively brought against this taxation. (English) [ABSTRACT FROM AUTHOR]

Rohr, R. (2021). "Taxing Disability: A Critical Look into the Medical Cannabis Regime under the New Cannabis Act, 2018." Journal of Canadian Studies **55**(2): 436-457.
Medical marijuana users represent many people with disabilities in Canada. Recent legislative attempts have allowed people with disabilities to access cannabis as medicine, however the landscape is ever changing. The Cannabis Act was recently introduced, legalizing marijuana for all; however, people with disabilities have not been accounted for when it comes to the issue of access to medicine. Those who rely on cannabis as medicine and those who enjoy it recreationally are now part of the same system, for better or worse. The new medical marijuana regime, under the new Cannabis Act, boasts a "two-stream" process, and it claims that it will be maintaining and improving the old medical regime alongside the new recreational regime. The applicable taxes tell a different story. Medical marijuana has always been subject to sales tax despite being effectively prescribed by doctors to manage and treat many disabilities and illnesses. Now, with the enactment of the Cannabis Act, medical marijuana is subject to an excise tax too—colloquially known as the "sin tax." Recreational and medical marijuana are subject to the same taxation scheme, making any notion of a "two-stream" process nonsensical and blatantly unfair. The purpose of this article is to provide insight into the varying faults concerning the medical marijuana regime in Canada, with specific emphasis on the issue of taxation. In the simplest terms, taxing medical marijuana is taxing medicine and effectively taxing people with disabilities. Broken down into five parts, this article discusses the underlying reasons for the taxes surrounding medical marijuana, provides a case study of the most important tax case for medical marijuana users, scrutinizes the lack of recognition of medical marijuana as a proper prescription, outlines the ways to improve legislation, and, finally, explores a potential Charter challenge that can be effectively brought against this taxation. (English) [ABSTRACT FROM AUTHOR]

Rubeis, G. and F. Steger (2019). "A burden from birth? Non-invasive prenatal testing and the stigmatization of people with disabilities." Bioethics **33**(1): 91-97.
The notion of being a burden to others is mostly discussed in the context of care-intensive diseases or end-of-life decisions. But the notion is also crucial in decision-making at the beginning of life, namely regarding prenatal testing. Ever more sophisticated testing methods, especially non-invasive prenatal testing (NIPT), allow the detection of genetic traits in the unborn child that may cause disabilities. A positive result often influences the decision of the pregnant women towards a termination of the

pregnancy. Thus, critics claim that these testing methods send a negative message to people with disabilities. At the core of this is what we call the burden assumption. This assumption claims that children with disabilities are necessarily a burden to others, especially to their parents and other family members. In this paper, we discuss what being a burden to others means in this context and how such an attitude can be avoided without restraining reproductive autonomy. A closer examination shows that the burden assumption is mostly based on misinformation and a false model of disability. Empirical studies as well as narrative evidence from parents who raise a child with disabilities show that the burden assumption is wrong. Raising a child with disabilities does not necessarily mean a decrease in the quality of life. We show how the burden assumption can be challenged through an advanced genetic counselling that combines empirical evidence with narratives from a first-person perspective. (© 2018 John Wiley & Sons Ltd.)

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability & Rehabilitation **44**(12): 2806-2814.

Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP's preference had been established, it was considered immaterial to the final decision. The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability; The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties. [ABSTRACT FROM AUTHOR]

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and rehabilitation **44**(12): 2806-2814.

Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12.; Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically.; Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP's preference had been established, it was considered immaterial to the final decision.; Conclusions: The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally.IMPLICATIONS FOR REHABILITATIONLegal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability;The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability;Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe;Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties.

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(12): 2806-2814.
Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP’s preference had been established, it was considered immaterial to the final decision. Conclusions: The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Implications for Rehabilitation: Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person’s cognitive and/or communication disability; The supported decision making

mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Disabled Persons (38)

Adams, R. (2022). "Urgent care: disability, pandemic, and the value of a life." Lancet (London, England) **399**(10323): 430-431.

Andrés Pino-Morán, J., et al. (2021). "Subvertir la vulneración médica: itinerarios corporales disidentes de la discapacidad en Chile." Subverting medical vulneration: Dissident bodily itineraries of disability in Chile. **17**: 1-16.
Acknowledging dissident bodies of persons with disabilities is an act of continuous resistance, and as such our objective in this article is to analyze the vulnerability and bodily violation of disability activists in Chile. In order to do so, between September 2018 and February 2019 we conducted 11 in-depth interviews using the technique of bodily itineraries, as well as 6 discussion groups. Through qualitative thematic analysis, several categories emerged: the central category of "Bodily change or difference: experiences of medicalized fragility;" and three subcategories, "Bodily diagnosis: the institutional management of differences;" "Medical treatment: correcting bodily and social abnormality;" and "Rehabilitation: to function once again as a normative body." Activists' itineraries reveal the coaptation and bodily violation that they are subjected to by the biomedical apparatus, where they are systematically denied their human rights; however, despite attempts to discipline and control them, they create subversive strategies to validate their corporealities. (English) [ABSTRACT FROM AUTHOR]

Arstein-Kerslake, A. and J. Black (2020). "Right to legal capacity in therapeutic jurisprudence: Insights from critical disability theory and the convention on the rights of persons with disabilities." International Journal of Law and Psychiatry **68**: 101535.
This article addresses whether autonomy is being adequately protected within therapeutic jurisprudence models. It first outlines the history and theory of therapeutic jurisprudence - noting that protection for autonomy has been theorised as a key component of therapeutic jurisprudence. It then examines therapeutic jurisprudence in light of critical disability theory and identifies that traditional therapeutic models, which often prioritises the decision-making of professionals, can undermine the autonomy of the individual. The article then describes the protection for autonomy provided by the right to legal capacity in Article 12 of the Convention on the Rights of Persons with Disabilities. An analysis is undertaken of practical examples of where therapeutic jurisprudence falls short of the demands of Article 12. Finally, the article presents solutions for how therapeutic jurisprudence models could better protect autonomy via respect for the right to legal capacity in Article 12. (Copyright © 2019 Elsevier Ltd. All rights reserved.)

Ayalon, L., et al. (2021). "Participation of older persons with mental health conditions and psychosocial disabilities in the labor market." The American Journal of Geriatric

Psychiatry **29**(10): 1033-1037.
This paper discusses the right to work as a basic human right that should be granted unrelated to chronological age, health or mental health status and disability including declining cognitive functioning. The benefits of continued employment are both at the individual level and at the organizational and societal levels. Nonetheless, there are multiple barriers that prevent older people and particularly older people with mental conditions and psychosocial disabilities from remaining in the workforce and/or from rejoining the workforce. We outline interventions at the organizational, national, and international levels to ensure the full participation of people of all ages and abilities in the workforce. Such interventions should address the intersection between disabilities and advanced age at the global, regional, and country levels. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Bianchi, D. (2020). "Advance directives: Addressing the obligations of support as part of the right of a person with disabilities to equal recognition before the law?" International Journal of Law and Psychiatry **70**.
Depending upon how they are regulated in domestic law, advance directives (ADs) can enable persons to make decisions that have legal effect in the future as directed in the AD. There is some agreement in the academic literature that ADs are a legitimate way of giving effect to the obligations arising from Article 12 (3) of the United Nations Convention on the Rights of Persons with Disabilities to take appropriate measures to provide access by persons with disabilities (PWDs) to the support they may require in exercising their legal capacity. It is the purpose of this article to question when and how ADs address the obligations of support arising from Article 12 (3), concluding that it cannot and should not be assumed that ADs address those obligations only because they embody and give effect to their maker's agency. The article instead highlights the questions that must be posed to obtain legal certainty as to when and how ADs will be a form of Article 12 (3) support. The article also refutes some of the instances in the academic literature when ADs have been presented as support, while offering an account as to how the regulation of ADs should be reconsidered in order to specifically address the obligations arising from Article 12 (3) both when PWDs can and when they cannot communicate their wishes to others. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Cooney, J., et al. (2021). "Making the Convention on the Rights of Persons with Disabilities real: our word is our bond." The New Zealand medical journal **134**(1534): 8-10.
Competing Interests: Nil.

Davidson, L. (2020). "A Key, Not a Straitjacket: The Case for Interim Mental Health Legislation Pending Complete Prohibition of Psychiatric Coercion in Accordance with the Convention on the Rights of Persons with Disabilities." Health and human rights **22**(1): 163-178.
The practice of coercion on the basis of psychosocial disability is plainly discriminatory. This has resulted in a demand from the Committee on the Rights of Persons with Disabilities (the CRPD Committee) for a paradigm shift away from the traditional biomedical model and a global ban on compulsion in the psychiatric context. However, that has not occurred. This paper considers conflicting pronouncements of the CRPD Committee and other United Nations bodies. Assuming the former's interpretations of the Convention on the Rights of Persons with Disability (CRPD) are accurate, involuntary psychiatric detention and enforced treatment on the basis of psychosocial disability are prima facie discriminatory and unlawful practices. However, dedicated mental health legislation both permits discrimination and protects and enhances rights. This paper proposes a practical way out of the present impasse: the global introduction of interim "holding" legislation lacking full compliance with the CRPD. While

imperfect, such a framework would facilitate a move toward a complete ban on psychiatric coercion. The paper outlines four essential ingredients that any interim legislation ought to contain, including clear timebound targets for full CRPD implementation. It concludes by urging the CRPD Committee to take the unprecedented step of issuing a general comment providing reluctant "permission" for the progressive realization of respect for articles 12 and 14 of the CRPD.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Davidson.)

Doyle Guilloud, S. (2019). "The right to liberty of persons with psychosocial disabilities at the United Nations: A tale of two interpretations." International Journal of Law and Psychiatry **66**: 101497.
This article explores the current debate which exists within the United Nations human rights system regarding the right to liberty of persons with psychosocial disabilities. Article 14 of the UN Convention on the Rights of Persons with Disabilities states that the existence of a disability cannot be a justificatory ground for the involuntary detention of a person. In interpreting Article 14, the UN Committee on the Rights of Persons with Disabilities has called for States Parties to repeal legislation which provides for detention based on the existence of a psychosocial disability, either solely or in combination with other factors such as a perceived dangerousness or need for treatment - essentially requiring the abolition of mental health laws. However, a number of other human rights bodies within the UN, including the Human Rights Committee, have continued to affirm the lawfulness of deprivations of liberty under mental health legislation in certain circumstances. This article will set out the current state of this discourse and conclude by making a determination on the governing legal interpretation of the right to liberty of persons with psychosocial disabilities under international law. (Copyright © 2019 Elsevier Ltd. All rights reserved.)

Dufour, M., et al. (2020). "The United Nations Convention on the Rights of Persons with Disabilities: La convention de l’onu relative aux droits des personnes handicapées." The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie **65**(9): 668-673.
This article discusses the United Nations Convention on the Rights of Persons with Disabilities. In 2006, the United Nations (UN) adopted an international treaty of utmost importance: the Convention on the Rights of Persons with Disabilities (CRPD). The CPRD’s primary purpose is 'to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.' The Canadian Psychiatric Association (CPA) fully supports the principles entrenched in the CRPD. No person suffering from a mental disorder or other disability should be discriminated against based on his or her disability. This principle is consistent with the principles underlying mental health legislation outlined by the CPA elsewhere. The CPA supports the government of Canada in maintaining this reservation, which is necessary to counter the contentious manner in which the CRPD Committee has interpreted the CRPD. The CRPD Committee is responsible for reviewing the reports that signatory countries submit every five years and for determining whether their legislation complies with the Committee’s interpretation of the Convention. The CPA supports the CRPD and its objectives. However, the CPA rejects the interpretation of the Convention by the CRPD Committee. Canada should retain its reservation to prevent these unintended but devastating consequences from occurring. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Ebuenyi, I. D., et al. (2019). "Legal and policy provisions for reasonable accommodation in employment of persons with mental disability in East Africa: A review." International Journal of Law and Psychiatry **64**: 99-105.
Despite an elaborated framework on reasonable accommodations in the UN Convention

on the Rights of Persons with Disabilities (UN CRPD), persons with mental disabilities continue to face significant limitations to employment in East Africa. The aim of our study is to explore legal provisions related to reasonable accommodations in the employment-related laws regarding persons with mental disabilities in East Africa, and to suggest ways to bridge the gap between principles of international law and provisions of domestic laws. The disability, labour and human rights laws of 18 East African countries were accessed from the database of WHO MiNDbank and the International Labour Organisation. These laws were reviewed in the light of the framework of Article 27 of the UN CRPD. We found that 15 (83%) of the countries in East Africa have ratified the UN CRPD, and 12 (67%) have formulated an explicit definition of disability that includes mental illness. Eleven countries (61%) have explicit laws mandating employers to provide reasonable accommodations for persons with a mental disability. Eight countries (44%) have submitted a state report to the CRPD Committee. Lack of clear and specific definition of reasonable accommodations or the existence of vague definitions create challenges. If persons with a mental disability are to exercise their right to inclusive and gainful employment, there is a need for legal reforms that guarantee access to inclusive employment practices. (Copyright © 2019 Elsevier Ltd. All rights reserved.)

Funk, M. and N. D. Bold (2020). "WHO's QualityRights Initiative: Transforming Services and Promoting Rights in Mental Health." Health and human rights **22**(1): 69-75.
Competing Interests: Competing interests: None declared.

Gergel, T. (2020). "The 'Mental Health and Justice Project': Using interdisciplinarity to move beyond impasse in disability rights." International Journal of Law and Psychiatry **71**: 101570.

Gill, N. S., et al. (2020). "Human rights implications of introducing a new mental health act - principles, challenges and opportunities." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **28**(2): 167-170.
Objective: The United Nations Convention on the Rights of Persons with Disabilities (CRPD), 2006 has influenced the evolution of mental health legislation to protect and promote human rights of individuals with mental illness. This review introduces how the human rights agenda can be systematised into mental health services. Exploration is made of how some principles of CRPD have been incorporated into Queensland's Mental Health Act 2016 .; Conclusion: Although progress has been made in some areas, e.g. heavier reliance on capacity assessment and new supported decision-making mechanisms, MHA 2016 has continued to focus on involuntary treatment. A Human Rights Act 2019 has been passed by the Queensland parliament, which may fill in the gap by strengthening positive rights.

Gill, N. S., et al. (2020). "Measuring the impact of revised mental health legislation on human rights in Queensland, Australia." International Journal of Law and Psychiatry **73**: 101634.
The Convention on the Rights of Persons with Disabilities (2006) (CRPD) has been instrumental for initiating and shaping the reform of mental health legislation in many countries, including the eight Australian jurisdictions. Multiple approaches have been proposed to assess and monitor the compliance of States Parties' mental health legislation with the CRPD, and to evaluate its success in protecting and promoting the human rights of people with disabilities. This article reports an effort to index the impact of legislation on human rights by measuring changes in the prevalence of compulsory treatment orders applied to people with mental illness after the introduction of CRPD influenced mental health legislation in the Australian state of Queensland. We found that despite reforms intended to enhance patient autonomy, the prevalence of

compulsory treatment orders increased after implementation of the new legislation. Possible reasons behind this unintended consequence of the legislative reform may include a lack of systematized voluntary alternatives to compulsory treatment, a paternalistic and restrictive culture in mental health services and risk aversion in clinicians and society. We recommend that the reforms in mental health policy as well as legislation need to go further in order to achieve the goals embodied in the human rights framework of the CRPD. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Gulati, G., et al. (2020). "Experiences of people with intellectual disabilities encountering law enforcement officials as the suspects of crime - A narrative systematic review." International Journal of Law and Psychiatry **71**: 101609.
It is well established internationally that there is a high prevalence of intellectual disability (ID) among people in police custody. Some people with ID may face particular challenges in negotiating the forensic formalities adopted by police at the pre-trial stage of the criminal process. These challenges need to be acknowledged and mitigated through appropriate procedural safeguards in order to, at once, preserve the fact-finding accuracy of criminal investigations and minimise the risk of securing a wrongful conviction. And yet, despite the formative role which pre-trial procedures exert over the trajectory of proceedings, little is known about the experiences of people with ID during their initial interaction with law enforcement officers. In an attempt to address this research lacuna, we reviewed six databases systematically to identify studies that explore such experiences. Seven studies with a total of 1199 participants were identified. Frequently, participants with ID describe challenges in police custody, experiencing particular difficulties in understanding and communicating information. They report a paucity of appropriate supports generally in this setting and an unmet need for the provision of procedural and emotional supports. Consistent implementation of legal safeguards is necessary, along with consistent availability of accessible practical measures to support people with ID within the criminal justice system.; Competing Interests: Declaration of Competing Interest GG is Chair of the Faculty of Forensic Psychiatry at the College of Psychiatrists of Ireland. The views expressed are his own. BDK, AC, SK and CPD have no conflicts of interest to declare. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Gulati, G., et al. (2022). "The collaborative development through multidisciplinary and advocate consensus of an accessible notice of rights for people with intellectual disabilities in police custody." International Journal of Law and Psychiatry **83**: 101815.
Background People with intellectual disabilities are over-represented in the criminal justice system. The United Nations' Convention on the Rights of Persons with Disabilities (UNCRPD) enshrines a right to equal access to justice for persons with disabilities (Article 13, UNCRPD). Accessible information is a key aspect of exercising this right. Yet, many jurisdictions, including Ireland, are yet to develop accessible information for disabled people who may be arrested. Aims This paper describes the collaborative development through multidisciplinary and advocate consensus of an accessible (Easy -to- Read) Notice of Rights (ERNR) for people with intellectual disabilities in police custody in Ireland. Methods Guidelines developed by Ireland's representative organisation for people with intellectual disabilities and examples of international practice were used to develop a draft ERNR by the primary researcher in partnership with an expert from a representative organisation for people with intellectual disabilities. The ERNR was developed thereafter through two focus groups with a view to achieving consensus with a focus on accessibility, accuracy and layout. This included a multidisciplinary focus group with participants from a representative organisation for people with intellectual disabilities, psychology, speech and language therapy, the police force, public health, forensic psychiatry, mental health, law and, subsequently, a focus group of people with lived experience of intellectual disability. Results

Progressive development of the ERNR resulted in incremental improvements in textual accuracy as well as the inclusion of more accessible language and imagery. Originality/value This is the first attempt at developing an easy-to-read document relating to the legal rights of suspects in police custody in Ireland and, accordingly, this procedural innovation promises to assist, not just persons with intellectual disabilities, but also those with limited literacy at the point of arrest. The methodology used in the preparation of the document, employing a focus group to achieve consensus with participation from both multiple disciplines and persons with an intellectual disability, is in harmony with the ethos of the UNCPRD. This methodology may usefully be employed by other member states that have ratified the Convention but have yet to develop accessible version of the legal rights and entitlements that extend to arrested persons under their domestic law. (Copyright © 2022 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Gurbai, S. (2020). "Beyond the Pragmatic Definition? The Right to Non-discrimination of Persons with Disabilities in the Context of Coercive Interventions." Health and human rights **22**(1): 279-292.

According to a longstanding definition of non-discrimination, differential treatment does not constitute discrimination if the purpose or effect of the differential treatment is to achieve a legitimate aim and if the differential treatment can be objectively and reasonably justified. This characterization reflects what Wouter Vandenhole has described as the "widely-used pragmatic definition of discrimination." In mental health policy, one important application of this definition pertains to the disputed question of whether coercive psychiatric interventions constitute discrimination on the basis of disability. In this paper, I consider whether the well-established pragmatic definition of discrimination remains valid in light of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). I review evidence from the convention, from the general comment on equality and non-discrimination published by the Committee on the Rights of Persons with Disabilities, and from the committee's adjudication of individual allegations of discrimination. I conclude that the CRPD and its treaty body send mixed signals in relation to the pragmatic definition: The convention itself is silent as regards the pragmatic definition, and while the committee has in some instances invoked it, it also seems to be pointing toward a new approach that goes beyond the pragmatic definition. I survey three possible alternatives to the pragmatic definition, tracing each to suggestions in the jurisprudence of the Committee on the Rights of Persons with Disabilities, and illustrating how each can be applied in determining whether coercive psychiatry is discriminatory.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Gurbai.)

Hilgert, J. (2020). "Deeming Laws and Practices as Violations of the Rights of People With Work-Acquired Disabilities in Canada." New solutions : a journal of environmental and occupational health policy : NS **29**(4): 536-544.

Hughes, N., et al. (2020). "Ensuring the rights of children with neurodevelopmental disabilities within child justice systems." The Lancet. Child & adolescent health **4**(2): 163-166.

A recent UN general comment on criminal justice systems includes guidance to state parties regarding the implementation of the Convention on the Rights of the Child for children with developmental delays or neurodevelopmental disorders or disabilities. This guidance asserts that these children "should not be in the child justice system at all", but when present "should be individually assessed" to enable appropriate safeguards and accommodations to ensure the protection of their rights without discrimination. In this Viewpoint, we examine the significant barriers faced by children who are affected by neurodevelopmental disabilities to the realisation of their rights under international law and standards. These barriers include systemic and cultural

barriers created by a lack of awareness among justice professionals about how to identify and work with children who have neurodevelopmental disabilities, as well as procedural barriers, which arise from the complexity and rigidity of many criminal justice processes. The effect of these barriers is that the child is denied their rights on an equal basis with other children without such disabilities. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Ip, I. M. H., et al. (2022). "Attitudes toward dating people with disability amongst young people in australia and hong kong." Sexuality and Disability.
This paper explores attitudes toward dating people with disability amongst young people in Australia and Hong Kong. Data relating to disability were extracted from an e-survey that investigated young people's (n = 2208) experiences of and attitudes toward dating. Quantitative data were analysed using descriptive statistics while open ended responses were subjected to interpretive content analysis. When asked about preferred characteristics for potential dates, young people identified factors that were unlikely to be negatively influenced by disability, such as loyalty, honesty, dedication, humour, and kindness. Yet when asked whether disability would influence their dating choices, most said that it would and expressed an unwillingness to date people with disability. Young adults in Hong Kong expressed less openness to dating people with disability than those in Australia. Physical disability and mental health issues were seen as less of a barrier to dating than intellectual or developmental disability. Despite recent gains in public attitudes toward people with disability, improvements are needed in terms of young people in the general population viewing people with disability as suitable partners and thus, allowing them to enjoy equal rights to relationships and sexuality. Culture is an important determinant, indicating a potential for change. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Kelly, B. D. (2021). "Mental Capacity, Human Rights, and the UN's Convention on the Rights of Persons with Disabilities." The journal of the American Academy of Psychiatry and the Law **49**(2): 152-156.

Lee, B. and S.-Y. Park (2021). "Curriculum development on the human rights of people with disabilities for future medical education: using a modified Delphi." BMC medical education **21**(1): 548.
Background: In order for doctors to effectively provide medical services to patients with disabilities, an understanding of this population is necessary, along with the knowledge, attitudes, and technical abilities necessary to address health problems associated with each type of disability. One way of doing this is by educating doctors about disabilities and ensuring their frequent contact with people with disabilities while they are in medical school. Therefore, this study aimed to develop a systematic medical education curriculum to enhance doctors' understanding of people with disabilities.; Methods: The authors conducted a systematic literature review to develop and verify the basic framework of the educational content and curriculum. Two surveys were also developed using the Delphi method to evaluate the adequacy and necessity of educational topics. Items with a content validity ratio equal to or greater than the minimum value were considered valid. Survey panels comprised academic experts and health care practitioners who were working with people with disabilities. We conducted two surveys, one for a basic and the other for an advanced course, in which 13 to 16 respondents took part.; Results: The authors selected 13 topics for the 'Basic Introductory Course' and included general educational content on the health rights of people with disabilities focused on improving students' knowledge of disabilities. The authors also selected 12 topics for the 'Care and Communication for Patients with Disabilities Course' designed to improve students' understanding of interviewing and communicating with patients with disabilities.; Conclusions: In Korea, disability has

received little attention in the medical curriculum to date. The curriculum developed in this study provides preliminary data for guiding future directions in medical education and developing specific support plans for an education that promotes people with disabilities' health rights. (© 2021. The Author(s).)

McKinney, E. L., et al. (2021). "Access to healthcare for people with disabilities in South Africa: Bad at any time, worse during COVID-19?" South African family practice : official journal of the South African Academy of Family Practice/Primary Care **63**(1): e1-e5.

People with disabilities, especially those living in low- and middle-income countries, experience significant challenges in accessing healthcare services and support. At times of disasters and emergencies, people with disabilities are further marginalised and excluded. During the coronavirus disease 2019 (COVID-19) pandemic, many people with disabilities are unable to access healthcare facilities, receive therapeutic interventions or rehabilitation, or gain access to medication. Of those who are able to access facilities, many experience challenges, and at times direct discrimination, accessing life-saving treatment such as intensive care unit admission and ventilator support. In addition, research has shown that people with disabilities are at higher risk of contracting the virus because of factors that include the need for interpersonal caregivers and living in residential facilities. We explore some of the challenges that people with disabilities residing in South Africa currently experience in relation to accessing healthcare facilities.

Newton-Howes, G. (2019). "Do Community Treatment Orders in Psychiatry Stand Up to Principalism: Considerations Reflected through the Prism of the Convention on the Rights of Persons with Disabilities." The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics **47**(1): 126-133.

Compulsory psychiatric treatment is the norm in many Western countries, despite the increasingly individualistic and autonomous approach to medical interventions. Community Treatment Orders (CTOs) are the singular best example of this, requiring community patients to accept a variety of interventions, both pharmacological and social, despite their explicit wish not to do so. The epidemiological, medical/treatment and legal intricacies of CTOs have been examined in detail, however the ethical considerations are less commonly considered. Principlism, the normative ethical code based on the principles of autonomy, beneficence, non-maleficence and justice, underpins modern medical ethics. Conflict exists between patient centred commentary that reflects individual autonomy in decision making and the need for supported decision making, as described in the Convention on the Rights of Persons with Disabilities (CRPD) and the increasing use of such coercive measures, which undermines this principle. What appears to have been lost is the analysis of whether CTOs, or any coercive measure in psychiatric practice measures up against these ethical principles. We consider whether CTOs, as an exemplar of coercive psychiatric practice, measures up against the tenets of principalism in the modern context in order to further this debate.

Oliver, S., et al. (2022). "The outcomes of individualized housing for people with disability and complex needs: A scoping review." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(7): 1141-1155.

Purpose: Worldwide, disability systems are moving away from congregated living towards individualized models of housing. Individualized housing aims to provide choice regarding living arrangements and the option to live in houses in the community, just like people without disability. The purpose of this scoping review was to determine what is currently known about outcomes associated with individualized housing for adults with disability and complex needs. Methods: Five databases were systematically

searched to find studies that reported on outcomes associated with individualized housing for adults (aged 18–65 years) with disability and complex needs. Results: Individualized housing was positively associated with human rights (i.e., self-determination, choice and autonomy) outcomes. Individualized housing also demonstrated favourable outcomes in regards to domestic tasks, social relationships, challenging behaviour and mood. However, outcomes regarding adaptive behaviour, self-care, scheduled activities and safety showed no difference, or less favourable results, when compared to group homes. Conclusions: The literature indicates that individualized housing has favourable outcomes for people with disability, particularly for human rights. Quality formal and informal supports were identified as important for positive outcomes in individualized housing. Future research should use clear and consistent terminology and longitudinal research methods to investigate individualized housing outcomes for people with disability. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Pino-Morán, J. A., et al. (2021). "[Subverting medical vulneration: Dissident bodily itineraries of disability in Chile]." Salud colectiva **17**: e3021.
Acknowledging dissident bodies of persons with disabilities is an act of continuous resistance, and as such our objective in this article is to analyze the vulnerability and bodily violation of disability activists in Chile. In order to do so, between September 2018 and February 2019 we conducted 11 in-depth interviews using the technique of bodily itineraries, as well as 6 discussion groups. Through qualitative thematic analysis, several categories emerged: the central category of "Bodily change or difference: experiences of medicalized fragility;" and three subcategories, "Bodily diagnosis: the institutional management of differences;" "Medical treatment: correcting bodily and social abnormality;" and "Rehabilitation: to function once again as a normative body." Activists' itineraries reveal the coaptation and bodily violation that they are subjected to by the biomedical apparatus, where they are systematically denied their human rights; however, despite attempts to discipline and control them, they create subversive strategies to validate their corporealities.

Pinto, O. Y., et al. (2020). "Exploring the right to work among persons with disabilities: The role of labor-oriented values." Work: Journal of Prevention, Assessment & Rehabilitation **67**(1): 193-202.
Background: The UN Convention on the Rights of Persons with Disabilities (CRPD) assumes that persons with disabilities have similar rights, motivations to work and personal values as those without disabilities. Objective: The article examines the corroboration between this assumption and real-life facts to better understand the importance of labor-oriented values in people with disabilities. Methods: We tested the relationship between human values, employment and wages among Israelis with disabilities who cope with prejudice, negative attitudes and a lack of accessible workplaces in comparison to Israelis without disabilities. Results: We found that the effect of labor-oriented values on employment status is 70% higher among people with disabilities than among those without disabilities. Furthermore, persons with disabilities ranked power and achievement as important values related to employment, but these values were not included in the considerations of persons without disabilities. Conclusions: These results highlight the importance of labor-oriented values for people with disabilities to overcome challenges in the labor market. Our findings suggest that rehabilitation policies would benefit from identifying personal human values of people with disabilities at an early stage of their career. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Pritchard-Jones, L. (2019). "Exploring the potential and the pitfalls of the United Nations Convention on the Rights of Persons with Disabilities and General Comment no 1 for

people with dementia." International Journal of Law and Psychiatry **66**.
The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has widely been heralded as representing a shift in disability politics; a 'new way of thinking about disability, centered on citizenship, equality, and inclusion'. This is in part undoubtedly down to the fact that people with disabilities were heavily involved in its drafting and remain involved through their membership on the Committee on the Rights of Persons with Disabilities, and their role in monitoring its implementation under Article 33. Its creation represents a shift in not only how we view disability, but also where we view disability; it has brought the voices of many persons with disabilities to the forefront of international human rights law-making. These are all features for which the UNCRPD, as a piece of law, has rightly been praised. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Quinn, G. and C. Mahler (2021). "Reducing the burden of ageism, mentalism, and ableism: Transforming the narrative for older persons with mental health conditions and psychosocial disability." The American Journal of Geriatric Psychiatry **29**(10): 993-994.
The article discusses the importance of providing a high level of care to older persons with mental health conditions and psychosocial disability. Older persons represent the fastest growing and the most heterogeneous groups of the global population. Part of this group are older persons with disabilities and the highest number are persons with cognitive impairments (e.g., dementia). There is now a growing awareness of the negative impacts of ageism—whether considered separately from, or alongside, those of ableism. Ageism also entered the sphere of WHO and the authors are grateful that a cooperation of UN Agencies under the leadership of WHO released a global report. The report says: 'ageism has far-reaching consequences for people's health, well-being and human rights. Ageism pervades many ways institutions and sectors of society, including those providing health and social care, the workplace, the media and the legal system.' The authors look forward to the day when older persons can enjoy a similar level of protection as persons with disabilities. COVID-19 has shown that this is not an abstract aspiration but a glaring necessity. They commend this work as a valuable contribution toward a recognition of the human rights of older persons including those with disabilities. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Russo, J. and S. Wooley (2020). "The Implementation of the Convention on the Rights of Persons with Disabilities: More Than Just Another Reform of Psychiatry." Health and human rights **22**(1): 151-161.
The social model of disability-which is grounded in the lived realities of disabled people, as well as their activism, research, and theoretical work-has enabled a historic turn in the understanding of disability. This model also facilitates the transition to the rights-based approach that is at the core of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). However, the social model of disability does not straightforwardly translate to the lives of people who end up being detained and forcibly treated in psychiatric facilities. This paper examines the implications of the lack of an equivalent theoretical framework to counteract the hegemony of the biomedical model of "mental illness" and to underpin and guide the implementation of the CRPD for people with psychiatric diagnoses. Critically engaging with some recent attempts to make the CRPD provisions integral to psychiatry, we expose fundamental contradictions inherent in such projects. Our discussion seeks to extend the task of implementation of the CRPD beyond reforming psychiatry, suggesting a much broader agenda for change. We argue for the indispensability of first-person knowledge in developing and owning this agenda and point to the dangers of merely remaking former treatment objects into objects of human rights.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Russo and Wooley.)

Shakespeare, T., et al. (2019). "Rights in mind: Thinking differently about dementia and disability." Dementia: The International Journal of Social Research and Practice **18**(3): 1075-1088.

The aim of this paper is to argue for the utility of a relational model of disability, as a way of conceptualizing dementia. We explore whether dementia should be considered as a disability, and whether people with dementia might consider themselves as disabled people. We review examples of, and issues raised by, the political activism of people with dementia. We consider how language constructs dementia negatively. We discuss how the environment influences the experience of dementia. In conclusion, we show that a relational model of dementia lays the basis for a human rights approach to the condition, based on collaborative partnerships between people with dementia and people from other disability communities. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Singh, S., et al. (2020). "Disability-inclusive compassionate care: Disability competencies for an Indian Medical Graduate." Journal of family medicine and primary care **9**(3): 1719-1727.

The new curriculum of the Medical Council of India (MCI) lacks disability-related competencies. This further involves the risk of perpetuating the medicalization of diverse human experiences and many medical students may graduate with little to no exposure to the principles of disability-inclusive compassionate care. Taking into consideration the UN Convention, the Rights of Persons with Disabilities, Act 2016, and by involving the three key stakeholders - disability rights activists, doctors with disabilities, and health profession educators - in the focus group discussions, 52 disability competencies were framed under the five roles of an Indian Medical Graduate (IMG) as prescribed by the MCI. Based on feedback from other stakeholders all over India, the competencies were further refined into 27 disability competencies (clinician: 9; leader: 4; communicator: 5; lifelong learner: 5; and professional: 4) which the stakeholders felt should be demonstrated by health professionals while they care for patients with disabilities. The competencies are based on the human rights approach to disability and are also aligned with the competencies defined by accreditation boards in the US and in Canada. The paper describes the approach used in the framing of these competencies, and how parts of these were ultimately included in the new competency-based medical education curriculum in India.; Competing Interests: There are no conflicts of interest. (Copyright: © 2020 Journal of Family Medicine and Primary Care.)

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(12): 2806-2814.

Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP’s preference had been established, it was considered immaterial to the final decision.

Conclusions: The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Implications for Rehabilitation: Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person’s cognitive and/or communication disability; The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person’s expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members’ rather than the management of conflict between interested parties. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Williams, J. and E. Y. Drogin (2019). "Older adult mental health law special issue, International Journal of Law and Psychiatry." International Journal of Law and Psychiatry **66**: 101465.

Wilson, K. E. (2020). "The Abolition or Reform of Mental Health Law: How Should the Law Recognise and Respond to the Vulnerability of Persons with Mental Impairment?" Medical Law Review **28**(1): 30-64.
Vulnerability theory challenges the assumption that human beings are abstract and invulnerable liberal subjects and insists that any decent and just society must create law that takes into account and tries to ameliorate human vulnerability. In this article, I explore how vulnerability might apply in the context of the debate about the future of mental health law that has arisen since the entry into force of the Convention on the Rights of Persons with Disabilities (CRPD) in 2008; namely, whether mental health law should be abolished or reformed. In doing so, this article addresses three key issues: (i) how to conceptualise vulnerability; (ii) whether persons with mental impairments really are vulnerable and in what ways; and (iii) how the law should respond to the vulnerability of persons with mental impairments post-CRPD. It describes and compares three different approaches with respect to how well they address vulnerability: the Abolition with Support, Mental Capacity with Support, and the Support Except Where There is Harm Models. It argues that the law should try to accurately capture and ameliorate the vulnerability of those who are subject to it as much as possible. It also argues that from a vulnerability perspective, the reform of mental health law may be better than its abolition and that decreasing the vulnerability of persons with mental impairment requires systemic reform, resources, and cultural change. (© The Author(s) 2019. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Winkler, P., et al. (2020). "Adherence to the Convention on the Rights of People with Disabilities in Czech Psychiatric Hospitals: A Nationwide Evaluation Study." Health and human rights **22**(1): 21-33.
This study sought to evaluate the quality of care in Czech psychiatric hospitals and adherence to the Convention on the Rights of Persons with Disabilities (CRPD). Each psychiatric hospital was evaluated by a team comprising a service user, a psychiatrist, a social worker, a human rights lawyer, and a researcher, all trained in using the World Health Organization's QualityRights Toolkit. We conducted content analysis on internal documents from psychiatric hospitals, observed everyday practices, and conducted 579

interviews across public psychiatric hospitals between 2017 and 2019. We found that none of the CRPD articles as assessed by the QualityRights Toolkit was fully adhered to in Czech psychiatric hospitals. We recommend both facility- and system-level interventions to improve CRPD adherence in the Czech context and in the wider region of Central and Eastern Europe. To achieve this, substantial investments are required.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Winkler, Kondrátová, Kagstrom, Kučera, Palánová, Salomonová, Šturma, Roboch, and Murko.)

Wispelwey, B. and Y. A. Jamei (2020). "The Great March of Return: Lessons from Gaza on Mass Resistance and Mental Health." Health and human rights **22**(1): 179-185.
The Gaza Strip is under an Israeli land, sea, and air blockade that is exacerbated by Egyptian restrictions and imposes an enormous cost in terms of human suffering. The effects of blockade, poverty, and frequent attacks suffered by the population have taken a significant toll on people's mental health. The Great March of Return, a mass resistance movement begun in March 2018, initially provided a positive impact on community mental health via a sense of agency, hope, and unprecedented community mobilization. This improvement, however, has since been offset by the heavy burden of death, disability, and trauma suffered by protestors and family members, as well as by a failure of local and international governments to alleviate conditions for Palestinians in Gaza. Reflecting on the ephemerality of the material and political gains of this movement, this paper shows that Palestinian and international health practitioners have an opportunity to develop an understanding of the psychosocial consequences of community organizing and mass resistance while simultaneously providing holistic mental and physical health care to community members affected by the events of the Great March of Return and other efforts.; Competing Interests: Competing interests: Bram Wispelwey and Yasser Abu Jamei direct community health programs in Palestine (Health for Palestine and Gaza Community Mental Health Programme, respectively). (Copyright © 2020 Wispelwey and Abu Jamei.)

Yupanqui Concha, A. and V. A. Ferrer Pérez (2019). "[World scientific production analysis in forced sterilization of women with disabilities between 1997-2016]." Gaceta Sanitaria **33**(4): 381-388.
Objective: To explore world scientific production in forced sterilization of women with disabilities between 1997 and 2016, written in English and Spanish.; Method: We carried out a descriptive, retrospective longitudinal study. The bibliometrics indicators of productivity, collaboration and subject-matter were studied. Critical Appraisal Skills Programme (CASP) was used as an evidence-based framework to evaluate original articles and literature reviews.; Results: A total of 139 documents were studied, in which 114 institutions from 24 countries participated. The results show that the greatest productivity was between 2007 and 2016, with predominance of studies written by female authors, based on literature review methodology, written in the English language. The majority of the authors were affiliated with a university and from activism of women with disabilities rather than any other organization.; Conclusions: It is concluded that while insufficiently explored in either language, there is a growing interest in this issue. There is a prominent focus in the literature on denunciation of this practice as a violation of human rights, with greater emphasis after The Convention on the Rights of Persons with Disabilities. Violence against women with disabilities is a global health problem; one of its manifestations has been the practice of forced sterilization, which has received relatively little attention in the literature. Governments, health professionals and communities must have access to this knowledge, awareness and the likelihood of eradicating all forms of violence must be increased. (Copyright © 2018 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Disabled Persons* (48)

Alexandrov, N. V. and N. Schuck (2021). "Coercive interventions under the new Dutch mental health law: Towards a CRPD-compliant law?" International Journal of Law and Psychiatry **76**: 101685.

The Netherlands became State Party to the United Nation Convention on the Rights of Persons with Disabilities (CRPD) in 2016, a treaty that holds great promise for promoting and protecting human rights of persons with mental disorders. Yet, the Dutch government also made explicit reservations to the Convention. On 1 January 2020, the Netherlands introduced a new mental health law, the Compulsory Mental Health Care Act (CMHCA), which aims to strengthen the legal status of persons with psychiatric illnesses. To which extent does the new Dutch mental health law comply with the regulations as outlined in the CRPD? In this article, we examine how coercive interventions, specifically the elements of competence, involuntary treatment and involuntary admission are regulated in the domestic legislation and compare them to the CRPD approach. A normative analysis combined with literature review helps to understand the law, reveal the gaps and uncover the barriers that remain. Is there a need to reassess the domestic legal provisions allowing for coercive treatment, and if so, what advancements are required? After all, should the CRPD be strictly adhered to at all times? (Copyright © 2021 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

Aluh, D. O., et al. (2022). "Nigeria's mental health and substance abuse bill 2019: Analysis of its compliance with the United Nations convention on the rights of persons with disabilities." International Journal of Law and Psychiatry **83**: 101817.

Countries are struggling with reconciling their national mental health legislation with the CRPD approach, which stresses equality as the focal point of legislation, policies, and practices that affect people with disabilities. Several failed attempts have been made over the last two decades to update Nigeria's obsolete mental health legislation. The most recent attempt is the Mental Health and Substance abuse Bill 2019, which aims to protect the rights of people with mental health needs. It addresses many areas neglected by previous bills, such as non-discrimination of people with mental and substance use problems in the exercise of their civil, political, economic, social, full employment, religious, educational, and cultural rights. It categorically prohibits the use of seclusion in the treatment of people with mental health problems, makes provision for service users to be members of the Mental health review tribunal and allows for the protection of privacy and confidentiality of information about people with mental health problems. While keeping to most of WHO's recommendations for mental health legislation, the bill diverges from the CRPD's recommendations by allowing forced admission and treatment based on mental capacity, substitute decision-making by legal representatives or closest relatives, and non-prohibition of coercive practices. The bill does not make provisions for advance directives and is silent on informed consent to participate in research. Despite the bill's deficiencies, it would be a significant step forward for the country, whose current mental health legislation is the Lunacy Act of 1958. Although the CRPD has left it unclear how countries, especially low resource countries, should go about creating a workable legal framework, it is clear that all countries are expected to join the current global effort to eliminate, or at least reduce to the barest minimum, the use of coercion in mental health care. We expect that future revisions of this bill will examine its limitations in light of Nigeria's socio-cultural context. (Copyright © 2022 Elsevier Ltd. All rights reserved.)

Angothu, H., et al. (2020). "Admission of persons with disabilities into nursing and midwifery courses: Progress made by the Indian Nursing Council." Indian journal of medical ethics **V**(4): 1-18.

India's Persons with Disabilities Act, 1995 (PWD Act, 1995) mandated a minimum enrollment reservation of 3% for persons with disability (PwDs) across all educational courses supported by government funding. Following this, the Indian Nursing Council (INC) issued regulations limiting such an enrollment quota to PwDs with lower limb locomotor disability ranging between 40%-50%. The Medical Council of India (MCI) also restricted admissions under the PwD category to PwDs with a lower limb locomotor disability to comply with the Act. The Rights of Persons with Disabilities (RPwD) Act, 2016, which replaced the PwD Act, 1995, raised the minimum reservation to 5% for all government-funded institutions of higher education and extended this reservation to PwDs under 21 different clinical conditions, rather than the seven conditions included under the PwD Act, 1995. Following the enactment of the RPwD Act, 2016, the MCI issued regulations that allowed PwDs with locomotor disability and those with a few other types of disabilities in the range of 40%-80%, to pursue graduate and postgraduate medical courses, while the INC has not made any changes. This article addresses the complexities of inclusion of PwDs in the healthcare workforce, offers suggestions for inclusive measures; and compares the INC admission regulation released in 2019 to the MCI 2019 admission guidelines for graduate and postgraduate medical courses.

Barrios Flores, L. F. (2020). "[Law and mental health (goals achieved and pending challenges in Spain). SESPAS report 2020]." Gaceta Sanitaria **34 Suppl 1**: 76-80.
After the approval of the Constitution there have been major improvements on the juridical status of the patient in general and specifically of the mental kind. Nevertheless the regulation of the rights regarding the mental patients has been less thorough. Consequently there are significant deficiencies regarding this matter, being the existing regulations minimal, those which do not take on account the most relevant international reference tools. With the approval of the New York Convention major legal reforms have been introduced regarding the sensory and physically handicapped. However not the same has happened with the case of those with mental conditions. On this subject exists a sizable delay on the adaptation of our juridical application to this Convention. Furthermore major problems arise for its implementation. This changes the traditional assistance model (towards rehabilitation) for the social model and uses new concepts brought by the Convention (legal capacity) which do not coincide with other ones characteristic of the Spanish legislative tradition. The interpretation of the Convention done by the Committee on the Rights of Persons with Disabilities adds difficulties to validate our regulation to the Convention. With all this in mind it is clear to see that there are many challenges to take on the future, being necessary for this the implementation of a previous rational dialogue. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Blose, S., et al. (2021). "Community-based rehabilitation implementation for people with disabilities in South Africa: a protocol for a scoping review." Systematic reviews **10**(1): 279.
Background: People with disabilities (PWDs) remain among the poorest and least empowered population. They experience limited access to basic services, especially in low- and middle-income countries (LMIC). The infringement of their human rights remains at an alarming level, despite the availability of the community-based rehabilitation (CBR) strategy and the United Nations Convention on the Rights of People with Disabilities (UNCRPD). CBR, as a strategy for poverty alleviation, social inclusion and equalisation of opportunity, has broadened its scope from a mere strategy for access to health and rehabilitation services to include education, livelihood, social inclusivity and empowerment. CBR is implemented across the world in the majority of LMIC signatories to the UNCRPD. South Africa is among the countries that are implementing CBR. However, the extent and the nature of implementation is not

known. This study, therefore, aims to map out the empirical evidence of the implementation of CBR in South Africa.; Method: The study is a scoping review based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extended for Scoping Review (PRISMA-ScR) methodology. The information will be extracted and captured on a data charting template that will be used through each phase of the study. The review will be guided by the following research question validated by the amended population-concept-context framework according to the Joanna Briggs Institute methodology for scoping reviews: 'An investigation into CBR implementation in South Africa.' The search will be conducted in the following electronic databases Google Scholar, PubMed, Medline, and Cochrane, etc, using Boolean logic. Restrictions will be set for years (Jan. 2009-Dec. 2019), English language peer-reviewed studies based on South Africa. The search output will be screened for primary studies on Community based rehabilitation in South Africa. Two independent reviewers will conduct title and abstract screening to identify potential eligible studies. After which full-text screening on the potential eligible studies and assessed for inclusion by the two independent reviewers. The Mixed Method Appraisal Tool will be applied to assess the quality of the studies included in the review.; Discussion: The gathered evidence from the selected studies will be discussed in relation to the research questions using a narrative to identify and explore emergent themes. The review will provide a baseline of evidence on the implementation of CBR and will highlight gaps regarding the implementation of CBR in a South African Context. The gaps identified will be used to develop a framework that will guide implementation of CBR in South Africa. (© 2021. The Author(s).)

Chua, H. (2023). "The Voluntary Sterilisation Act: Best Interests, Caregivers, and Disability Rights." Medical Law Review **31**(2): 205-225.
How can caregivers' interests be balanced with disability rights in decisions about whether to sterilise an intellectually disabled person? This question is considered in the context of Singapore, a commonwealth country that lacks a test case. Singapore has a lesser-known history of eugenics, and has struck an uneasy compromise between communitarian values and obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in recent years. This article provides an overview of Singaporean law under the Voluntary Sterilisation Act 1974 and the Mental Capacity Act 2008, and compares this with the law in Canada, England and Wales, and Australia. This article also situates the CRPD in the context of Singapore's dualist view of international law and communitarian approach to disability policy. It argues that CRPD rights to bodily integrity can be presumptively upheld in best interests determinations on sterilisation, while caregivers' interests can be accommodated in a relational understanding of best interests. A decisional framework along these lines is proposed. (© The Author(s) 2022. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Diesfeld, K., et al. (2020). "Breaches of New Zealand's Health and Disability Services Consumers' Rights: Human Rights Review Tribunal Decisions." Journal of law and medicine **27**(3): 679-692.
This article illuminates New Zealand's legal response to breaches of rights within the health and disability services context. Alleged breaches of the Code of Health and Disability Services Consumers' Rights may be heard by the Human Rights Review Tribunal. The article describes this body's composition and powers, as well as patterns within the 44 relevant decisions published between 1 January 2002 and 30 June 2019. New Zealand's unique medico-legal system created a distinctive legal response to breaches of the rights of "consumers". The Tribunal decisions in this article relate to breaches of consumers' rights by both registered and unregistered providers. The research contributes to international scholarship regarding how justice is administered

when consumers' rights are breached. Also, it contributes to international debates devoted to public protection and complaints resolution, through constructive critique.; Competing Interests: None.

Eaton, J., et al. (2021). "Accountability for the Rights of People with Psychosocial Disabilities: An Assessment of Country Reports for the Convention on the Rights of Persons with Disabilities." Health and human rights **23**(1): 175-189.
The Convention on the Rights of Persons with Disabilities (CRPD) has been identified as a milestone in human rights protection, offering people with psychosocial disabilities the opportunity to hold their governments accountable for the realization of their rights. To facilitate such accountability, the country reports produced under the CRPD reporting process should adequately reflect these persons' experiences and relevant positive or negative developments in the country. Our study used content analysis to review the extent and quality of reporting related to mental health and psychosocial disabilities in 19 country reports. The criteria used were based on provisions of the CRPD and on priorities identified by a steering committee of people with psychosocial disabilities. We found a wide variation in the quantity and quality of states' reporting, with an indication that this variation relates to countries' economic development. Increasing the participation of representative organizations of people with psychosocial disabilities is needed for state parties to fulfill their reporting obligations. While there has been progress in improving organizations of persons with disabilities capacity to be heard at the global level, our findings suggest low levels of participation in CRPD processes at the national level in many countries. State parties must actively include these groups to ensure implementation of the CRPD principles.; Competing Interests: Competing interests: None declared. (Copyright © 2021 Eaton et al.)

Freckelton, I. (2021). "Sex Therapy as a Reasonable and Necessary Support for Persons with a Disability." Journal of law and medicine **28**(2): 323-335.
Historically, there has been inadequate recognition of the need for persons with disabilities to have the opportunity for meaningful sexual expression. Many impediments lie in the way of such recognition and, for some with a disability, professional assistance is required. In a precedent-setting decision by the Full Court of the Federal Court of Australia (National Disability Insurance Agency v WRMF (2020) 276 FCR 415; [2020] FCAFC 79) a woman with multiple sclerosis who had been accepted onto the National Disability Insurance Scheme was affirmed to be eligible for taxpayer-funded receipt of services from a sex worker, in spite of the National Disability Insurance Scheme having declined such services as not constituting a reasonable and necessary support. However, it may be that the decision will be overturned by a controversial legislative amendment. This section reviews the reasoning in the decision and the human rights and political issues raised by the decision that require consideration and engagement.; Competing Interests: None.

Gómez, L. E., et al. (2020). "Measurable Indicators of CRPD for People with Intellectual and Developmental Disabilities within the Quality of Life Framework." International journal of environmental research and public health **17**(14).
This article proposes the quality of life (QOL) construct as a framework from which to develop useful indicators to operationalize, measure, and implement the Articles of the Convention on the Rights of Persons with Disabilities (CRPD). A systematic review of the scientific literature on people with intellectual and developmental disabilities (IDD) was carried out, with the aim of identifying personal outcomes that can be translated into specific and measurable items for each of the CRPD Articles aligned to the eight QOL domains. Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, the systematic review was conducted across the Web of Science Core Collection, Current Contents Connect (CCC), MEDLINE, KCI-Korean

Journal Database, Russian Science Citation Index and SciELO Citation Index, for articles published between 2008 and 2020. A total of 65 articles focusing on people with IDD were selected. The results were grouped into four broad categories: conceptual frameworks used to monitor the CRPD; instruments used to assess the rights set out in the CRPD; recommendations on the use of inclusive research; and indicators or personal outcomes associated with specific rights contained in the CRPD.

Gordon, S., et al. (2022). "From Substitute to Supported Decision Making: Practitioner, Community and Service-User Perspectives on Privileging Will and Preferences in Mental Health Care." International journal of environmental research and public health **19**(10).
Compliance with the Convention on the Rights of Persons with Disabilities (CRPD) requires substitute decision making being abolished and replaced with supported decision making. The current exploratory study involved a series of hui (meetings) with subject matter experts across the spectrum of the mental health care system to identify interventions facilitative of supported decision making; and the prioritisation of those in accordance with their own perspectives. A mixed-methods approach was used to categorise, describe and rank the data. Categories of intervention identified included proactive pre-event planning/post-event debriefing, enabling options and choices, information provision, facilitating conditions and support to make a decision, and education. The category of facilitating conditions and support to make a decision was prioritised by the majority of stakeholders; however, people from Māori, Pasifika, and LGBTQIA+ perspectives, who disproportionally experience inequities and discrimination, prioritised the categories of proactive post-event debriefing/pre-event planning and/or information provision. Similar attributes across categories of intervention detailed the importance of easily and variably accessible options and choices and how these could best be supported in terms of people, place, time, material resources, regular reviews and reflection. Implications of these findings, particularly in terms of the operationalisation of supported decision making in practice, are discussed.

Gorman, R., et al. (2021). "The Potential of an Artificial Intelligence for Disability Advocacy: The WikiDisability Project." Studies in health technology and informatics **281**: 1025-1026.
Human rights monitoring for people with disabilities is in urgent need for disability data that is shared and available for local and international disability stakeholders (e.g., advocacy groups). Our aim is to use a Wikibase for editing, integrating, storing structured disability related data and to develop a Natural Language Processing (NLP) enabled multilingual search engine to tap into the wikibase data. In this paper, we explain the project first phase.

Gosling, J., et al. (2023). "We have a duty to promote disability inclusive refugee responses to achieve the highest attainable standard of health in the European region." BMJ (Clinical research ed.) **381**: p1416.
Competing Interests: Competing interests: none declared.

Grue, J. (2021). "The rights of persons with disabilities and the role of doctors." Tidsskrift for den Norske laegeforening : tidsskrift for praktisk medicin, ny raekke **141**(6).

Hao, Y. and P. Li (2020). "Employment Legal Framework for Persons with Disabilities in China: Effectiveness and Reasons." International journal of environmental research and public health **17**(14).
In order to promote the employment of persons with disabilities, two dominant legal approaches-anti-discrimination legislation based on the social model of disability and an employment quota scheme based on the medical model-are usually employed on a

nation-state basis in disability policies. This article systematically examines the reasons why both the anti-discrimination and employment quota scheme legal frameworks have limited effectiveness in promoting employment of persons with disabilities in China. We found that the lack of a definition of disability, the lack of a definition of discrimination, and the absence of effective enforcement mechanisms are the reasons for poor outcomes of the anti-discrimination legal framework. For the employment quota scheme, conflicts between the mainstream labor market legal framework and the quota scheme legal framework have prompted employers to pay penalties rather than hire persons with disabilities. China should address these issues in the current legal system in the short term. Meanwhile, the CRPD should be more strongly emphasized in China. This article argues for the human rights model espoused by the CRPD, instead of the medical model, to develop a coherent and sustainable disability legal framework for promoting participation of persons with disabilities, rather than focusing on viewing them as recipients of care.

Haque, O. S. and M. A. Stein (2020). "COVID-19 Clinical Bias, Persons with Disabilities, and Human Rights." Health and human rights **22**(2): 285-290.
Competing Interests: Competing interests: None declared.

Kienzler, H., et al. (2022). "The experience of people with psychosocial disabilities of living independently and being included in the community in war-affected settings: A review of the literature." International Journal of Law and Psychiatry **81**: 101764.
This article explores the experience of people with psychosocial disabilities with independent living and community inclusion in war-affected settings. While the UN CRPD obliges states to protect the rights of persons with psychosocial disabilities to community living (Article 19) in contexts of war (Article 11), information is lacking about people's lived experience. We reviewed studies published between 1980 and 2020, exploring concepts central to the CRPD's Article 19. Sixteen articles met the inclusion criteria. Findings indicate that support for persons with psychosocial disabilities is lacking while also being insufficiently described; little information is available about types of mental health and psychosocial support services; and data are almost absent about access to community services available for the general population. To ensure independent living and community integration in contexts of war, we emphasize the need for comprehensive and intersectional approaches that are locally relevant, participatory, and based on human rights. (Copyright © 2021 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Kirichenko, K. A. and A. Król (2022). "Intersectionality and the CRPD: an analysis of the CRPD committee's discourse and civil society advocacy at the intersections of disability and LGBTI." Global Public Health **17**(11): 3224-3242.
The United Nation ('UN') Convention on the Rights of Persons with Disabilities ('CRPD' or 'Convention'), while addressing some intersectionalities, does not explicitly mention sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). However, the practice of the Committee on the Rights of Persons with Disabilities ('CteeRPD' or 'Committee') has developed significantly over the past years to include the intersections of disability and SOGIESC into the discourse. This paper examines these developments from a queer intersectional perspective based on the document analysis. We analysed a range of documents adopted by the Committee itself, as well as shadow reports submitted to the CteeRPD by civil society, to map the challenges existing at the intersections of disability and SOGIESC. The results of the analysis demonstrate a quantitative shift in the CRPD intersectional discourse, but also qualitative changes in the positioning of the subject - the one living on the intersections of disability and SOGIESC, related structural powers and hierarchies. Based on the analysis, we use a quadruple framework to show how this subject is defined, described,

protected and embraced by the CteeRPD, what concrete features of this positioning has been developed already, what gaps still exist and how they can be addressed.

Lane, R. (2022). "Dinesh Palipana: clinician and leading disability rights advocate." Lancet (London, England) **400**(10355): 803.

Lee, B. and S.-Y. Park (2021). "Curriculum development on the human rights of people with disabilities for future medical education: using a modified Delphi." BMC medical education **21**(1): 548.
Background: In order for doctors to effectively provide medical services to patients with disabilities, an understanding of this population is necessary, along with the knowledge, attitudes, and technical abilities necessary to address health problems associated with each type of disability. One way of doing this is by educating doctors about disabilities and ensuring their frequent contact with people with disabilities while they are in medical school. Therefore, this study aimed to develop a systematic medical education curriculum to enhance doctors' understanding of people with disabilities.; Methods: The authors conducted a systematic literature review to develop and verify the basic framework of the educational content and curriculum. Two surveys were also developed using the Delphi method to evaluate the adequacy and necessity of educational topics. Items with a content validity ratio equal to or greater than the minimum value were considered valid. Survey panels comprised academic experts and health care practitioners who were working with people with disabilities. We conducted two surveys, one for a basic and the other for an advanced course, in which 13 to 16 respondents took part.; Results: The authors selected 13 topics for the 'Basic Introductory Course' and included general educational content on the health rights of people with disabilities focused on improving students' knowledge of disabilities. The authors also selected 12 topics for the 'Care and Communication for Patients with Disabilities Course' designed to improve students' understanding of interviewing and communicating with patients with disabilities.; Conclusions: In Korea, disability has received little attention in the medical curriculum to date. The curriculum developed in this study provides preliminary data for guiding future directions in medical education and developing specific support plans for an education that promotes people with disabilities' health rights. (© 2021. The Author(s).)

Liasidou, A. and A. Gregoriou (2021). "A Longitudinal Analysis of Disability-Related Interpersonal Violence and Some Implications for Violence Prevention Work." Journal of Interpersonal Violence **36**(15-16): NP8687-NP8705.
This article explores the extent to which disabled individuals experience interpersonal violence due to victimization. Data on people injured by violence were collated directly from the accident and emergency units in hospitals. High frequency daily data were obtained from computerized records of 26 major accident and emergency departments in London for each day throughout the year of 2016. The final sample consisted of 408,000 observations. A fundamental distinction of our research lies in applying the Generalized Method of Moments system panel estimator to our sample. This makes our empirical estimates robust to endogeneity and joint determination unlike previous empirical research in this area. Data analysis provides strong evidence confirming the victimization of people with disabilities and the necessity to focus on disability equality in violence prevention work.

Lyra, T. M., et al. (2022). "The National Health Policy for people with disabilities in Brazil: an analysis of the content, context and the performance of social actors." Health policy and planning **37**(9): 1086-1097.
The purpose of this article is to analyse the circumstances in which the National Health Policy for Persons with Disabilities (PNSPCD) came into place in 2002 and the factors

supporting or impeding its implementation from 2002 to 2018. The analysis was based on the Comprehensive Policy Analysis Model proposed by Walt and Gilson and focussed on understanding the context, process, content and actors involved in the formulation and implementation of the Policy. Data were obtained from two sources: document analysis of the key relevant documents and seven key informant interviews. Content analysis was undertaken using the Condensation of Meanings technique. The research demonstrates that the development and implementation of PNSPCD is marked by advances and retreats, determined, above all, by national and international macro-political decisions. The policy was formulated during Fernando Henrique's governments, under pressure from social movements and the international agenda and constituted a breakthrough for the rights of persons with disabilities. However, progress on implementation only took place under subsequent centre-left governments with the establishment of a care network for people with disabilities and a defined specific budget. These developments resulted from the mobilization of social movements, the ratification of the United Nations Convention on the rights of people with disabilities and the adherence of these governments to the human rights agenda. The coming to power of ultra-right governments triggered fiscal austerity, a setback in the implementation of the care network and a weakening in the content of various social policies related to the care of people with disabilities. During this era, the political approach changed, with the attempt to evade the role of the State, and the perspective of guaranteeing social rights. Undoubtedly, the neoliberal offensive on social policies, especially the Unified Health System, is the main obstacle to the effective implementation of the PNPCD in Brazil. (© The Author(s) 2022. Published by Oxford University Press in association with The London School of Hygiene and Tropical Medicine.)

Magnusson, L., et al. (2021). "Access to basic needs and health care for Malawian prosthetic and orthotic users with lower limb physical disabilities: a cross-sectional study." Disability and rehabilitation **43**(26): 3764-3771.
Purpose: To investigate access to basic human rights such as health, a standard of living adequate for health, education, work, marrying and establishing a family, and voting for prosthetic and orthotic users with lower limb disabilities in Malawi.; Materials and Methods: A cross-sectional design and a questionnaire were used to collect data from 83 participants.; Results: Most participants reported their overall physical and mental health as good (60 [72%] and 50 [60%], respectively) and said they could access medical care (69 [83%]). Fifty (60%) participants had access to food, 72 (87%) had access to basic water, and 55 (66%) lived in housing adequate for their health. Most participants had studied in school (74 [89%]) but only 27 (33%) of the participants were working. Forty-three (52%) were married and 53 (64%) had children. Seventy-six (92%) participants could vote if they wished.; Conclusions: Rurality and high costs of transport and medication increase the barriers to accessing several basic human rights for people with lower limb physical disabilities. Interventions to target these barriers and increase access to secondary school, employment, and income could improve health equity for people with physical disabilities in Malawi and similar contexts.Implications for RehabilitationIn Malawi, the convention on the rights of persons with disabilities is yet to be implemented.Policy makers in Malawi need to take actions to increase access to regular and specialized healthcare services for persons with physical disabilities including financial support to afford medications and transport to reach health services.Policy makers in Malawi need to take actions to increase access to secondary and higher education, and employment for persons with physical disabilities to increase their possibilities to earn an income.

McConkey, R., et al. (2021). "Perceptions of the rights and capabilities of people with intellectual disability in the United States." Journal of applied research in intellectual

disabilities : JARID **34**(2): 537-545.
Background: The United States has yet to ratify the UN Convention on the Rights of Persons with Disabilities. The extent of public support in the United States for the rights of persons with intellectual disability is not known.; Methods: Online public opinion polls were conducted nationally and in eight selected cities in 2017 and repeated in 2018 with 26,876 respondents in total.; Results: Support for rights was high: notably in accessing healthcare, schooling, playing sports and getting married. However, less support was evident for the rights of people who were perceived as less capable. Respondents with prior frequent personal contact and who had an engagement with Special Olympics were those most likely to support the rights and capabilities of persons with intellectual disability.; Conclusions: Public support for the ratification of the UN Convention seems likely. Further longitudinal research could identify successful strategies for implementing the rights of disabled persons locally and nationally. (© 2020 The Authors. Journal of Applied Research in Intellectual Disabilities published by John Wiley & Sons Ltd.)

McNamara, D. M. (2021). "Building a collaborative approach to policing in an age of disability human rights law." Journal of psychiatric and mental health nursing **28**(1): 107-114.

Myerholtz, L. and E. Myerholtz (2022). "The Supreme Court of the United States, Disability Rights, and Implications for Mental Health Parity." Family medicine **54**(8): 661-663.

Perego, C., et al. (2022). "«Progetto di Vita» and Universal Design for Persons with Disabilities." Studies in health technology and informatics **297**: 201-208.
«Progetto di Vita» ("PdV" Life Project) represents the crucial element to design and build the Quality of Life of persons with disabilities, in coherence with the UN Convention on the Rights of Persons with Disabilities. In Italy, Law no. 112/16 identifies in the PdV the principle around which to build a convergence of intents and interests for the realisation of the «Dopo di Noi» (After Us) that can take place «durante Noi» (during Us) through the construction of empowerment paths towards autonomy in a perspective of prevention, gradualness, emancipation and accompaniment to detachment. In order to experience autonomy «durante Noi», preparing for the «Dopo di Noi», the living space, the surrounding environment and the community of reference represent fundamental functional and/or spatial environments. The aim of this article is to map and analyse the good practices that have emerged from the concrete application of the Law through the activation of housing welfare projects that represent innovative forms of living built around the PdV approach.

Pinilla-Roncancio, M. and N. Rodríguez Caicedo (2022). "Legislation on Disability and Employment: To What Extent Are Employment Rights Guaranteed for Persons with Disabilities?" International journal of environmental research and public health **19**(9).
Although the Convention on the Rights of Persons with Disabilities guarantees the right to employment and most countries in Latin America have signed and ratified the Convention, a large proportion of the population with disabilities still does not participate in the labour market. (1) Objective: The objective of this research was to understand how legislation in seven Latin American countries (Bolivia, Costa Rica, Chile, Colombia, Ecuador, Mexico, and Peru) has defined and enabled the inclusion of people with disabilities in the labour market. (2) Methods: We conducted a thematic analysis of the content of 34 documents and generated two thematic networks that summarise the results of the thematic analysis and represent the general relationships between the categories of analysis in each country. Using this information, we analysed the differences between countries and the advance in their legislation to fulfil the recommendations made by the Convention. (3) Results: Although all countries have enacted legislation promoting the employment rights of persons with disabilities, six of

the seven countries (except Chile) have applied a medical perspective to the definition of disability in their labour legislation, thus imposing a barrier to the labour-market inclusion of this population and perpetuating the association of disability with lack of capacity to work.

Pino-Morán, J. A., et al. (2021). "[Subverting medical vulneration: Dissident bodily itineraries of disability in Chile]." Salud colectiva **17**: e3021.
Acknowledging dissident bodies of persons with disabilities is an act of continuous resistance, and as such our objective in this article is to analyze the vulnerability and bodily violation of disability activists in Chile. In order to do so, between September 2018 and February 2019 we conducted 11 in-depth interviews using the technique of bodily itineraries, as well as 6 discussion groups. Through qualitative thematic analysis, several categories emerged: the central category of "Bodily change or difference: experiences of medicalized fragility;" and three subcategories, "Bodily diagnosis: the institutional management of differences;" "Medical treatment: correcting bodily and social abnormality;" and "Rehabilitation: to function once again as a normative body." Activists' itineraries reveal the coaptation and bodily violation that they are subjected to by the biomedical apparatus, where they are systematically denied their human rights; however, despite attempts to discipline and control them, they create subversive strategies to validate their corporealities.

Pinto, O. Y., et al. (2020). "Exploring the right to work among persons with disabilities: The role of labor-oriented values." Work (Reading, Mass.) **67**(1): 193-202.
Background: The UN Convention on the Rights of Persons with Disabilities (CRPD) assumes that persons with disabilities have similar rights, motivations to work and personal values as those without disabilities.; Objective: The article examines the corroboration between this assumption and real-life facts to better understand the importance of labor-oriented values in people with disabilities.; Methods: We tested the relationship between human values, employment and wages among Israelis with disabilities who cope with prejudice, negative attitudes and a lack of accessible workplaces in comparison to Israelis without disabilities.; Results: We found that the effect of labor-oriented values on employment status is 70% higher among people with disabilities than among those without disabilities. Furthermore, persons with disabilities ranked power and achievement as important values related to employment, but these values were not included in the considerations of persons without disabilities.; Conclusions: These results highlight the importance of labor-oriented values for people with disabilities to overcome challenges in the labor market. Our findings suggest that rehabilitation policies would benefit from identifying personal human values of people with disabilities at an early stage of their career.

Rathore, F. A. and S. N. Mansoor (2019). "Disability Rights and Management in Pakistan: Time to Face the Bitter Truth." Journal of the College of Physicians and Surgeons--Pakistan : JCPSP **29**(12): 1131-1132.

Saraceno, B. (2023). "Human rights of persons with mental disability: from discourse to reality." International review of psychiatry (Abingdon, England) **35**(2): 163-166.
Since 1989, the major professional organization of psychiatrists has expressed concern for the human rights of people with mental disorders: "Involuntary intervention is a great infringement of the human rights and the fundamental freedom of a patient. Therefore, specific, and carefully defined criteria and safeguards are needed for such intervention. Hospitalization or treatment against the will of a patient should not be conducted unless the patient suffers from serious mental illness. Involuntary intervention must be conducted in accordance with the least restrictive principle.

Schiariti, V., et al. (2023). "Global COVID-19 childhood disability data coordination: A collaborative initiative of the International Alliance of Academies of Childhood Disability." Journal of pediatric rehabilitation medicine **16**(2): 275-286.
Purpose: The International Alliance of Academies of Childhood Disability created a COVID-19 Task Force with the goal of understanding the global impact of COVID-19 on children with disabilities and their families. The aim of this paper is to synthesize existing evidence describing the impact of COVID-19 on people with disabilities, derived from surveys conducted across the globe.; Methods: A descriptive environmental scan of surveys was conducted. From June to November 2020, a global call for surveys addressing the impact of COVID-19 on disability was launched. To identify gaps and overlaps, the content of the surveys was compared to the Convention on the Rights of the Child and the International Classification of Functioning, Disability and Health.; Results: Forty-nine surveys, involving information from more than 17,230 participants around the world were collected. Overall, surveys identified that COVID-19 has negatively impacted several areas of functioning - including mental health, and human rights of people with disabilities and their families worldwide.; Conclusion: Globally, the surveys highlight that impact of COVID-19 on mental health of people with disabilities, caregivers, and professionals continues to be a major issue. Rapid dissemination of collected information is essential for ameliorating the impact of COVID-19 across the globe.

Scholten, M., et al. (2022). "[The combined supported decision making model : A template for an ethically justifiable implementation of Article 12 of the UN Convention on the Rights of Persons with Disabilities in psychiatry]." Der Nervenarzt **93**(11): 1093-1103.
Background: The interpretation of Article 12 of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) by the UN Committee on the Rights of Persons with Disabilities led to a controversy over the implementation of the article in psychiatry.; Objective: How can Article 12 CRPD be implemented in psychiatry in an ethically justifiable way?; Material and Method: An empirically and legally informed conceptual and ethical analysis was carried out.; Results: The suggested combined supported decision making model ensures the recognition of people with mental disorders as persons before the law, their equal treatment in the informed consent process and the provision of supported decision making. According to this model, coercive treatment can only be carried out in accordance with the will and preferences of the person and is subject to further conditions of proportionality and review by an independent body.; Conclusion: The combined supported decision making model makes an ethically justifiable implementation of Article 12 CRPD possible in psychiatry. (© 2022. The Author(s).)

Shakespeare, T. (2019). "When the political becomes personal: Reflecting on disability bioethics." Bioethics **33**(8): 914-921.
A discussion of the connection between activism and academia in bioethics, highlighting the author's own trajectory, exploring the extent to which academics have an obliation to be 'judges' rather than 'barristers' (as explored by Jonathan Haidt) and asking questions about the relationship of disability to positions in bioethics. (© 2019 John Wiley & Sons Ltd.)

Shakespeare, T. (2020). "Participation as human right and health benefit for young people with physical disabilities." Developmental medicine and child neurology **62**(5): 548-549.

Shakespeare, T., et al. (2019). "Actions, not words: progress since ICPD on disability and SRHR." Sexual and reproductive health matters **27**(1): 1676512.

Shakespeare, T., et al. (2019). "Rights in Mind: Thinking Differently About Dementia and

Disability." Dementia (London, England) **18**(3): 1075-1088.
The aim of this paper is to argue for the utility of a relational model of disability, as a way of conceptualizing dementia. We explore whether dementia should be considered as a disability, and whether people with dementia might consider themselves as disabled people. We review examples of, and issues raised by, the political activism of people with dementia. We consider how language constructs dementia negatively. We discuss how the environment influences the experience of dementia. In conclusion, we show that a relational model of dementia lays the basis for a human rights approach to the condition, based on collaborative partnerships between people with dementia and people from other disability communities.

Singh, S. (2019). "Medical Council of India's new guidelines on admission of persons with specified disabilities: Unfair, discriminatory and unlawful." Indian journal of medical ethics **4**(1): 29-34.
The Medical Council of India (MCI)'s recent guidelines on admission of persons with specified disabilities into the medical course under the disability quota has escalated into a huge controversy. Multiple litigations have been initiated against MCI by successful National Eligibility cum Entrance Test candidates with disabilities across the country. In light of our new Rights of Persons with Disabilities Act, 2016, and the United Nations Convention on the Rights of Persons with Disabilities, I argue in this essay that these guidelines are unfair, discriminatory and unlawful. I quote Supreme Court judgments on reasonable accommodation, equality and discrimination and highlight the exclusion of doctors with disabilities in policy making.

Singh, S., et al. (2022). "Using the health humanities to impart disability competencies to undergraduate medical students." Disability and Health Journal **15**(1): 101218.
Background: Disability competencies were included, for the first time, in India's new undergraduate competency-based curriculum as a result of physician-led advocacy in 2019; the regulatory body also recommended the use of the humanities in medicine.; Objective: To use tools from the health humanities to impart disability competencies and help students appreciate the social and human rights issues associated with disability.; Methods: A module was developed and piloted in the foundation course on the new cohort of students. The tools included storytelling, visual art, poetry, narratives, and Forum Theatre; many facilitators were doctors and patients with disabilities. Learners were introduced to the concept of universal design through a field visit. Quantitative and open-ended feedback was taken from learners after module delivery; reflections were sought after four months.; Results: The data revealed that the humanities tools used in the module had the potential to help learners explore struggle and oppression and to expose discriminatory attitudes. Learners were able to think beyond the hegemony of normalcy, and show an understanding of diversity, dignity, autonomy, disableism, social inclusion, equity, and universal design. They admitted to the misconceptions they carried and showed keenness to advocate for change.; Conclusion: This study piloted a novel disability competencies module using tools from the health humanities and found that learners were able to engage with and show an understanding of the social and human rights issues associated with disability. Conversations by, for, and with people with disabilities must be part of such interventions in developing and delivering disability courses. (Copyright © 2021 Elsevier Inc. All rights reserved.)

Sit, C., et al. (2022). "Promoting Physical Activity Among Children and Adolescents With Disabilities: The Translation of Policy to Practice Internationally." Journal of Physical Activity & Health **19**(11): 758-768.
Background: Physical inactivity among children and adolescents with disabilities (CAWD) is a global public health issue. Policy efforts to promote physical activity (PA)

among CAWD have increased. This study summarizes the international policy trend for promoting PA among CAWD, with behavioral and policy insights specific to CAWD from country/regional indicators from the Active Healthy Kids Global Alliance Matrix on Physical Activity for Children and Adolescents to determine policy translation into practice.; Methods: International and national PA policy documents on CAWD were assessed. Data from the Global Matrix Para Report Cards on the behavioral and government indicators from 14 countries or regions (grouped by human development index) were reviewed and compared.; Results: Policy instruments began promoting PA for CAWD in 1989 via the Convention on the Rights of the Child. International policy has been advocating PA specifically for CAWD recently. In 2020, the World Health Organization published specific PA guidelines for CAWD. Data from the 14 Para Report Car found 14 grades on the average behavioral indicator and 12 on the government indicator. A gap between the average behavioral indicator (D-) and the government indicator (C+) was found in the Para Report Card data.; Conclusions: Although international policies are consistent in their attention to the needs of CAWD, national/regional policies vary. Coverage ranges from nonexistent to embedded in broader inclusion concepts. A gap in policies to promote PA of CAWD is prevalent and is more prominent in countries or regions with a lower human development index ranking.

Sotelo-Monroy, G. E., et al. (2023). "[Controversies between mental health and disability standards in Mexico]." Revista medica del Instituto Mexicano del Seguro Social **61**(2): 204-211.
There are controversies between the practice of psychiatry, current international standards and mental disorders or conditions with disabilities, framed in social care models. The objective of this work is to provide evidence and analyze the main gaps in mental health such as: the invisibility of some people with disabilities for the design of policies, legislation, or public programs; the predominance of the medical model, in which the substitution of decision-making in informed consent prevails, which violates the rights of legal personality, equality, freedom, security and respect for personal integrity, among others. This analysis highlights the importance of: a) integrating the legal provisions on health and disability to international standards, and complying with the Human Rights framework of the Political Constitution of the United States of Mexico, especially the pro personae principle and to the conforming interpretation clause; b) reform the General Health Law in matters of mental health and general health, in order to change the paradigm of asylum care to move towards that of community care with a focus on primary health care, adjacent to the services of the National System of Health; c) prohibit the institutionalization of people with mental disorders, as well as coercive measures as containment measures, and instead train and encourage verbal de-escalation techniques. (© 2023 Revista Médica del Instituto Mexicano del Seguro Social.)

Srour, S. A. (2021). "Social action to achieve a dignified life for people with disabilities in the occupied Palestinian territory." Lancet (London, England) **397**(10277): 861-862.

Trani, J.-F., et al. (2022). "Access to Services from Persons with Disabilities in Afghanistan: Is Community Based Rehabilitation Making a Difference?" International journal of environmental research and public health **19**(10).
The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), ratified in 2006, states that the achievement of equal rights, empowerment, and social inclusion of people with disabilities requires comprehensive rehabilitation services involving educational, social, economic, and medical interventions, all dimensions of the World Health Organization Community based rehabilitation (CBR) matrix. CBR programs aim at achieving those goals. In the present study, we investigated whether a

large scale CBR program is improving access to multiple services (namely physical therapy, assistive technology, education, employment, advocacy, and community awareness) and providing satisfactions (by measuring the reduction in unmet needs) of Afghans with disabilities. We enrolled in the study 1861 newly recruited CBR participants with disabilities from 169 villages between July 2012 and December 2013, and 1132 controls screened with disabilities randomly selected with a two-stage process within 6000 households from 100 villages in the same provinces as the CBR but outside its catchment area. Using propensity score matching (PSM) and difference in difference analysis, we estimated the differences in accessing services. There were statistically significant differences between participants and controls on the access of available services between the baseline and endline. Using PSM we also found that needs were more often met among CBR participants compared to the controls. Our study indicates that a CBR program may be an effective way to provide services for persons with disabilities even in a conflict context such as Afghanistan. It contributes to addressing the longstanding question whether CBR can actually improve the rehabilitation of persons with disabilities.

Verbeek, H., et al. (2021). "Human Rights to Inclusive Living and Care for Older People With Mental Health Conditions." The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry **29**(10): 1015-1020.
Although older persons wish to age at home, many older persons with mental health conditions and psychosocial disability (MHC-PSD) spend the last few years of their life in residential facilities. This paper will examine the impact of ageism and human rights violations manifested in environmental design, specifically regarding social isolation, loneliness, inadequate psychosocial, environmental, recreational and spiritual support. This is compounded by failure to meet basic care needs-nutrition, hydration, pain and medication support. This paper highlights two innovative initiatives from the Netherlands, which show that older persons' rights can be maintained in innovative, collective living arrangements. It is concluded that the creation of inclusive and safe environments for older persons with MHC-PSD can facilitate the enjoyment of Human Rights. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Ward, E., et al. (2022). "Left behind: persons with disabilities in HIV prevalence research and national strategic plans in east and Southern Africa." Disability and rehabilitation **44**(1): 114-123.
Purpose: To assess recent estimates of HIV prevalence and the inclusion of persons with disabilities in the HIV response in sub-Saharan Africa.; Methods: A systematic literature search was conducted of recent HIV prevalence studies among persons with disabilities in sub-Saharan Africa and National Strategic Plans from 18 countries in east and southern Africa were reviewed. Results were compared to a 2014 literature search and a 2009 National Strategic Plans review that used similar methods.; Results: Between 2013 and 2018, four published studies were identified with estimates of HIV prevalence among persons with disabilities in sub-Saharan Africa. In each study, HIV prevalence was higher among persons with disabilities than national population estimates. Fourteen of the 18 National Strategic Plans reviewed identified persons with disabilities as a vulnerable or marginalized population and thirteen National Strategic Plans proposed targeted programs for persons with disabilities. Among seven assessed disability inclusion indicators of National Strategic Plans, four showed some improvement, two showed no change, and one regressed compared to the 2009 analysis.; Conclusions: Data on HIV prevalence among persons with disabilities is rare. In addition, inclusion of this population in National Strategic Plans in East and Southern African countries is often lacking specific detail.Implications for rehabilitationHIV prevalence studies in sub-Saharan Africa among persons with disabilities are rare and community studies do

not disaggregate by type of disability.Estimates of HIV prevalence among persons with disabilities are greater than national averages.Government National HIV Strategic Plans often mention persons with disabilities as a vulnerable population but less often identify specific interventions or inclusive strategies for prevention or care.The integration of attention to disability in national HIV bio-behavioral surveys would allow increased understanding of HIV vulnerability and prevalence and could increase attention to persons with disabilities as a key population within National Strategic Plans.

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and rehabilitation **44**(12): 2806-2814.
Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12.; Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically.; Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP's preference had been established, it was considered immaterial to the final decision.; Conclusions: The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally.IMPLICATIONS FOR REHABILITATIONLegal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person's cognitive and/or communication disability;The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person's expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability;Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe;Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members' rather than the management of conflict between interested parties.

Weinstein, L. C., et al. (2021). "'It's common sense that an individual must eat': Advocating for food justice with people with psychiatric disabilities through photovoice." Health expectations : an international journal of public participation in health care and health policy **24 Suppl 1**: 161-173.
Background: People with SMI have often been excluded in advocacy efforts focused on physical health, health care and health and social policy.; Objective: Following a Photovoice project focused on barriers to healthy eating and physical activity in urban neighbourhoods, participant-researchers were invited to present their insights in community advocacy settings. The purpose of this study was to explore the feasibility and participant-researchers' experience of these community advocacy activities.; Design: We held four focus groups with the eight participant-researchers after each

community advocacy activity to explore their experience with public speaking, presenting their experiences and advocating.; Setting and Participants: People with serious mental illness who were overweight/obese living in supportive housing.; Analysis Approach: Qualitative analysis of the focus group transcripts, using a modified grounded theory approach followed by structured coding focused on empowerment, participation and non-discrimination.; Results: Participant-researchers gave three oral presentations of their photographs at a variety of community-based programmes and settings and participated in a rally to advocate for SNAP benefits. Two themes emerged from analysis: (a) Empowerment (the level of choice, influence and control that users of mental health services can exercise over events in their lives) and (b) Barriers to Empowerment (obstacles to participation and well-being).; Conclusions: This evaluation strengthens the evidence that it is feasible for participant-researchers in Photovoice projects to engage in robust advocacy activities, such as presentations and discussions with local policymakers. During focus groups, participant-researchers demonstrated realistic optimism towards their roles as change agents and influencers in spite of acknowledged systemic barriers. (© 2020 The Authors Health Expectations published by John Wiley & Sons Ltd.)

discapacidad (13)

Araque Barboza, F., et al. (2019). "Discapacidad, familia y derechos humanos." Disability, Family and Human Rights. **24**: 206-216.
The objective of this work is to analyze some theoretical-conceptual proposals about people with disabilities in the context of the family, with the purpose of promoting the development of an attitude of critical reflection from a human rights approach. A narrative review of national and international literature was carried out, with a documentary-bibliographic methodology. It is evident that there is tension between needs, inalienable rights and diversity of social expectations in a world affected by the absence of a shared ethic for the common good. Human rights are promoted from the axiological perspective in various fields of social life. (English) [ABSTRACT FROM AUTHOR]

Arenas, A. d. P., et al. (2020). "Ciudad física y ciudad representada: discapacidad, justicia espacial e innovación social." Physical and represented city: disability, spatial justice and social innovation. **25**: 175-194.
The objective of this article is to socialize the results of a research process on the daily experiences of the subject in a disability situation around the construction of the right to the city, for the development of a mobile application to identify accessible spaces in Ibagué. A mixed and cross-section methodology was used in which thirty people participated, managing to identify the experience and appropriation of the city from the accessibility and spatial justice categories. Likewise, how the application was constituted in a process of social innovation tending to promote community inclusion and participation. (English) [ABSTRACT FROM AUTHOR]

Barrios Flores, L. F. (2020). "[Law and mental health (goals achieved and pending challenges in Spain). SESPAS report 2020]." Gaceta Sanitaria **34 Suppl 1**: 76-80.
After the approval of the Constitution there have been major improvements on the juridical status of the patient in general and specifically of the mental kind. Nevertheless the regulation of the rights regarding the mental patients has been less thorough. Consequently there are significant deficiencies regarding this matter, being the existing regulations minimal, those which do not take on account the most relevant international reference tools. With the approval of the New York Convention major legal reforms have been introduced regarding the sensory and physically handicapped. However not

the same has happened with the case of those with mental conditions. On this subject exists a sizable delay on the adaptation of our juridical application to this Convention. Furthermore major problems arise for its implementation. This changes the traditional assistance model (towards rehabilitation) for the social model and uses new concepts brought by the Convention (legal capacity) which do not coincide with other ones characteristic of the Spanish legislative tradition. The interpretation of the Convention done by the Committee on the Rights of Persons with Disabilities adds difficulties to validate our regulation to the Convention. With all this in mind it is clear to see that there are many challenges to take on the future, being necessary for this the implementation of a previous rational dialogue. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Biel Portero, I. and R. A. Hernández Silva (2019). "La inclusión de las personas con discapacidad en los acuerdos de paz de Colombia." Revista Iberoamericana de Estudios de Desarrollo **8**(2): 86-107.
Existe una especial conexión entre discapacidad y conflicto armado. Las situaciones graves de violencia no solo generan nuevas discapacidades, sino que agravan las existentes. Teniendo en cuenta que la discapacidad es una cuestión de derechos humanos, así como el alto número de víctimas del conflicto que tienen algún tipo de discapacidad, hubiese sido deseable que el Acuerdo Final de Paz con las FARC-EP en Colombia incluyese un enfoque específico sobre discapacidad. Su ausencia puede contribuir a perpetuar su situación de exclusión. En el proceso de negociación con el ELN, se abre una posibilidad para subsanar esta omisión.

Caldera-GonzÁLez, D. C., et al. (2021). "INCLUSIÓN (¿O EXCLUSIÓN?) LABORAL DE PERSONAS CON DISCAPACIDAD. APUNTES PARA EL ESTADO DE GUANAJUATO, MÉXICO." LABOR INCLUSION (OR EXCLUSION?) OF PEOPLE WITH DISABILITIES. NOTES FOR THE STATE OF GUANAJUATO, MÉXICO. **6**: 1-19.
People with disabilities is one of the most vulnerable groups in any society. The objective of this paper is to reflect about the inclusion and exclusion of people with disabilities in Mexico and specifically in the state of Guanajuato, which helps to understand what happens with government initiatives to provide assistance and support to this sector, population, which is still far from fully exercising its right to work and an independent life. It is a theoretical investigation, of descriptive scope and non-experimental approach. The conclusions suggest that societies are increasingly aware of diversity, however, exclusion still prevails for people with disabilities in different spheres, especially labor, which is reinforced by stereotypes that limit the exercise of their human rights. (English) [ABSTRACT FROM AUTHOR]

Friedrich Dupont, M., et al. (2021). "PROMOÇÃO DE RESILIÊNCIA E TRATAMENTO PSICOLÓGICO PARA CRIANÇAS E ADOLESCENTES COM DEFICIÊNCIA VÍTIMAS DE VIOLÊNCIA SEXUAL." Promotion of Resilience and Psychological Treatment for Children and Adolescents with Disabilities Victims of Sexual Violence. **21**(3): 1-11.
Sexual violence against children and adolescents is a public health problem that constitutes a serious violation of human rights, and that can lead to a series of short, medium, and long-term consequences on the victim's cognitive, emotional and physical spheres. Furthermore, children and adolescents with disabilities are at greater risk of suffering interpersonal violence than the general population, including sexual violence. We can understand, therefore, that psychological treatment can be important to promote resilience in this population and to assist in coping mechanisms. The purpose of this narrative review is to discuss what are the main scientific evidence related to psychological treatment to promote resilience in children and adolescents with

disabilities who have suffered sexual violence. As main results, it was found that most treatment protocols for children and adolescents victims of sexual violence exclude people with disabilities from their sample, and, because of that, studies that are focused on this specific population are scarce in the literature. Given this scenario, the importance of developing empirical studies that provide scientific evidence and treatment guidelines for children and adolescents with disabilities who are victims of sexual violence is emphasized, as well as the investment in improving the skills of professionals in this area. (English) [ABSTRACT FROM AUTHOR]

Garibo PeyrÓ, A.-P. (2019). "El derecho a la vida cuando ésta es frágil como una exigencia de justicia: la perspectiva que ofrecen las acciones de wrongful birth y wrongful life sobre las personas con discapacidad." The Right to Life when it is Fragile as a Demand for Justice: the Perspective offered by Wrongful Birth and Wrongful Life Actions on People with Disabilities. **81**(2): 323-348.
In the present work I propose to reflect on the unquestionable respect that especially vulnerable life deserves, such as that of the Nasciturі who suffer from some type of disability. This respect would constitute a basic requirement of the content of justice. The reflection is made in the context of two alleged new rights to which the so-called wrongful birth and wrongful life actions originated in Anglo-Saxon jurisprudence have given rise: it is about the right not to be born (or perhaps more precisely, the right not to have been born) and the right not to be born with relevant physical or mental limitations. (English) [ABSTRACT FROM AUTHOR]

Guerrero Morales, J. (2022). "Progresividad en el acceso al trabajo de las mujeres con discapacidad en Colombia." Progressivity in Access to Work for Women with Disabilities in Colombia. **71**: 225-238.
This article’s purpose is to determine the status of the fulfillment of the progressive equality concerning access to for women with disabilities. The article uses qualitative-descriptive and analytical methodology. It integrates the systematization and classification of the State’s obligations in this matter and is based on interviews with the relevant entities. Their compliance is evaluated based on indicator 27.4 of the Committee of the Convention on the Rights of Persons with Disabilities (CRPD). It concludes that, in Colombia, there is no updated and consistent information about this topic. Neither law nor public policies have been made specifically to recognize, strengthen, and assure the enjoyment of this right under equal conditions. (English) [ABSTRACT FROM AUTHOR]

Limón Aguirre, C. G. and J. M. Duarte Cruz (2020). "Intervención del profesional del trabajo social con personas jóvenes y adultas con alguna discapacidad." Azarbe. Revista Internacional de Trabajo Social y Bienestar(9): 17-28.
Esta investigación analiza los tipos de intervención del profesional de trabajo social con jóvenes y adultos que presentan alguna discapacidad. Se desarrolló en una asociación civil en Chiapas, México, mediante un abordaje cualitativo. Los hallazgos señalan que el modelo de la diversidad, centrado en el respeto, valoración de los derechos humanos, puede encaminarlos a procesos de resiliencia de largo plazo. La intervención debe tener presente el contexto histórico, social, familiar, económico, cultural y los aspectos biológicos del ser humano; además, concebir a estas personas como individuos con derechos, sentimientos, motivaciones y capacidades. Todo en su conjunto coadyuvará en la mejora de sus condiciones de vida y su integración en la sociedad.

Mareño Sempertegui, M. and N. Britos (2020). "Transformaciones normativas recientes en el derecho a la seguridad social de las personas con discapacidad en Argentina." Gestión y Análisis de Políticas Públicas(24): 86-105.
Este trabajo tiene como objetivo examinar las transformaciones acaecidas en el derecho

a la seguridad social de las personas con discapacidad en Argentina, focalizando la mirada en la política de pensiones no contributivas por invalidez entre los años 2003 y 2019. A partir del análisis del marco normativo, se analizan las medidas tomadas por el Estado en dos períodos. Por un lado, el período 2003-2015, caracterizado por la expansión de la cobertura que supuso una mejora progresiva en el derecho a la seguridad social para esta población, mejora que presentó escasa institucionalidad ya que no fue el resultado de la derogación de una normativa anticonvencional (Decreto Reglamentario Nº 432/1997). Por el otro, el período 2016-2019 en el que, a partir de la adopción de una serie de medidas regresivas, tanto a nivel normativo como en los resultados de la política de pensiones por invalidez, se ejecuta una masiva suspensión y baja de prestaciones, restringiéndose así el derecho a la seguridad social para este grupo poblacional. Se señala que la no derogación de una normativa nacional que transgrede estándares internacionales de derechos humanos constituyó un acto de omisión por parte de los gobiernos de los dos períodos analizados.

Rospigliosi, E. V. (2021). "LA REPRESENTACIÓN DEL APOYO DE LA PERSONA CON DISCAPACIDAD. EL NUEVO ESQUEMA DE LA CAPACIDAD JURÍDICA EN EL PERÚ." The representation of the support of the person with disability: The new scheme of legal capacity in Peru. **27**(2): 211-222.
Capacity is a subject of transversal interest in Law, it is present in all its fields. It is an attribute that every subject has through which he/she can perform acts that are not prohibited. Since 2018, by Legislative Decree 1384, we have a new treatment of capacity in the Civil Code that is in line with the guidelines in favor of the autonomy and full legal capacity of persons with disabilities, aligning national legislation to the International Convention on the Rights of Persons with Disabilities. The regime of substitution of the will of incapable persons is replaced by a social model through supports and safeguards. We are facing an inclusive, democratic model, according to the respect for the human rights of all citizens (dignity and equality), based on the principle that people with disabilities have full exercise capacity in equal conditions in each and every aspect of their lives, recognizing their right to make their own decisions as well as the right to make mistakes. The function of the support in favor of the disabled person is developed, analyzing their powers of representation. We start from the principle that the support does not replace the manifestation of will, it only interprets it and collaborates in an adequate manifestation of will so that the person with disability can exercise his legal capacity, enjoying his rights and freedoms. (English) [ABSTRACT FROM AUTHOR]

Sanabria Barradas, B., et al. (2019). "Consentimiento informado en la discapacidad: trastorno del espectro autista." Informed consent in disability: autism spectrum disorder. **19**(36-1): 11-24.
This article shows the importance of informed consent in scientific research processes and therefore the vulnerability faced by people with disabilities in this procedure. The evolution of the concept of informed consent in different countries of Latin America and the United States is presented. Similarly, the various criteria that must be considered within the informed consent are addressed, as well as the treaties and declarations that must be taken into account so as not to violate the human rights of the participants in scientific research. In addition, within this ethical dilemma in our times, the autism spectrum disorder (ASD) is addressed, a neurodevelopmental disorder that, by presenting varying degrees of severity, does not allow people with ASD to give their opinion, combined with the cases where the participants are underage, an issue that puts them in a condition of vulnerability. (English) [ABSTRACT FROM AUTHOR]

Sempertegui, M. M. and N. Britos (2020). "Transformaciones normativas recientes en el derecho a la seguridad social de las personas con discapacidad en Argentina." Legal

transformations in Social Security entitlements for people with disabilities in Argentina.(24): 86-105.

The objective of this work is to examine the transformations that have taken place in the right to social security for people with disabilities in Argentina, focusing on the policy of non-contributory disability pensions between 2003 and 2019. From the analysis of the normative framework, the measures taken by the State in two periods are analyzed. On the one hand, the period 2003-2015, characterized by the expansion of coverage that meant a progressive improvement in the right to social security for this population, an improvement that presented little institutionality since it was not the result of the repeal of a normative anticonventional (Regulatory Decree No. 432/1997). On the other hand, the period 2016-2019 in which, from the adoption of a series of regressive measures, both at the normative level and in the results of the disability pension policy, a massive suspension and reduction of benefits is carried out. Thus restricting the right to social security for this populational group. It is pointed out that the non-derogation of a national normative that transgresses international human rights standards, constituted an act of omission by the governments of the two periods analyzed. (English) [ABSTRACT FROM AUTHOR]

discrimination (43)

Aarons, D. E. (2020). "The disability-rights perspective within the bioethics agenda." Nursing Ethics **27**(4): 1056-1065.

The life perspectives of persons with disabilities have been neglected in many countries and particularly in lower- and middle-income countries that have fewer resources to adequately address the societal needs of these persons. Bioethics purports normative standards for the way in which we treat with others, and the virtue of care should be at the heart of everyday life. Human rights are norms that aspire to protect all persons everywhere. Within this milieu, persons with disabilities who make up a significant portion of all societies worldwide meet many social barriers that inhibit their quality of life and leave them greatly disadvantaged in comparison to able-bodied persons. This article focuses on the notion of quality of life, the presumed perspectives of biomedicine and bioethics on disability, the neglect of the lived experience of persons with disabilities, and the discrimination underlying the struggle for equal rights and opportunities for persons with disability. It argues for equal access to social and beneficial medical interventions for persons with disabilities; that persons with disabilities should be seen as different but equal; that their contributions to societal deliberations would enhance the richness of thought, views, narratives and perspectives; and that society should stop using the term disability and use instead the less value-laden term anomaly. Finally, it recommends educational campaigns to change negative attitudes towards persons with predicaments or anomalies, the respecting of human diversity, collaboration between upper-income and lower- and middle-income countries to develop strategies that seek to change negative attitudes towards persons with anomalies, and the inclusion worldwide of all these matters as a part of a bioethics agenda that advocates for respecting the human rights of persons with anomalies. [ABSTRACT FROM AUTHOR]

Ayalon, L., et al. (2021). "Participation of older persons with mental health conditions and psychosocial disabilities in the labor market." The American Journal of Geriatric Psychiatry **29**(10): 1033-1037.

This paper discusses the right to work as a basic human right that should be granted unrelated to chronological age, health or mental health status and disability including declining cognitive functioning. The benefits of continued employment are both at the individual level and at the organizational and societal levels. Nonetheless, there are multiple barriers that prevent older people and particularly older people with mental conditions and psychosocial disabilities from remaining in the workforce and/or from rejoining the workforce. We outline interventions at the organizational, national, and international levels to ensure the full participation of people of all ages and abilities in the workforce. Such interventions should address the intersection between disabilities and advanced age at the global, regional, and country levels. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Barber, C. (2022). "Use of language in nursing discourse: framing disability." British Journal of Nursing **31**(18): 922-922.
The article comments on the use of language to frame disability discourse in health care including in the nursing profession. It cautions on the implications of the phrase human person for those with disabilities and contends that the use of the word disorder in autism spectrum disorder (ASD) has potential for harmful treatment, denial of human and person rights, rejection and even destruction of the person. It argues that words and ideas are the beginning of discrimination and hate crimes.

Barman-Aksözen, J., et al. (2022). "'... they had interpreted "disability" as referring to a patently visible disability': experience of a patient group with NICE." Disability & Society **37**(7): 1239-1245.
Erythropoietic protoporphyria (EPP) is an ultra-rare genetic disorder characterised by intolerance to visible light. Starting in early childhood, people with EPP suffer from social isolation, impaired educational and occupational opportunities, and low quality of life. Afamelanotide is the only effective and approved therapy for EPP. In England, its cost-effectiveness is currently assessed by the National Institute for Health and Care Excellence (NICE), which in 2018 issued a negative recommendation for funding. Stakeholder organisations, including our patient organisation, submitted appeals against the recommendation, which were upheld in all possible grounds. Moreover, the appeal panel expressed concerns about whether the evaluating committee discriminated against people with EPP and suggested that it seek guidance regarding the Equality Act 2010. However, three years later, the identified issues have not been addressed and patients in England remain without treatment. Afamelanotide represents another example for the trend towards a loss of fairness in NICE decisions.

Birger, L. and Y. Nadan (2022). "Social workers and refugee service users (re)constructing their relationships in a hostile political climate." Journal of Social Work **22**(2): 402-421.
Summary: This article explores the relationship between social workers and adult Eritrean refugee service users in the context of a hostile political climate and restrictive state policies. It examines the implications of politics and policies on the formation of this relationship based on findings from a qualitative study conducted in Israel and Germany. Semi-structured in-depth interviews were conducted with 38 participants – 16 Eritrean refugees and 22 social workers who work with refugees. Findings: Despite different political, social and organizational contexts, especially in the asylum policies towards Eritrean refugees, our thematic analysis yielded two main themes common to both countries: First, changing relationship structures, in particular moving away from a 'traditional' conceptualization of the social work relationship towards 'informal' practices. These included modifications of the setting, of professional boundaries and of the therapeutic language. Second, shifting power relations, characterized by a friend-like dynamic, which enabled more egalitarian relations, and a parent–child dynamic, which included increased power imbalances and dependency. Implications: An increased understanding of the role of restrictive policies, everyday racism and exclusionary political discourse in the reconstruction of the user-worker relationship dynamics could inform social work education and practice. Beyond the refugee arena, establishing informal relationship structures could help to reduce power differentials, increase trust-

building and improve therapeutic outcomes with refugees and other service users. The possible risks of informal relations, such as misunderstandings or worker burnout, are also discussed.

Bogenschutz, M., et al. (2021). "Vietnam and Disability Rights: Perspectives at the Time of Ratification of the UN Convention on the Rights of Persons with Disabilities." International Journal of Disability, Development & Education **68**(5): 717-733.
Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD's core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts.

Boräng, F., et al. (2020). "Unions and the rights of migrants in the long run." Journal of European Social Policy **30**(5): 557-570.
We use historical data on union density and new historical data on policies toward migrants to study the long-run relationship between the strength of trade unions and the social and economic rights of migrants in the Global North. In countries with strong trade unions, there was, for a long time, a widening distance between the rights of migrants and the rights of citizens, probably because the rights of citizens expanded sooner and more quickly than the rights of migrants. Over time, however, the differences between countries with strong and weak unions have diminished, and in more recent years, the 'rights gap' between citizens and migrants has in fact been smaller in countries with strong unions than in countries with weak unions. [ABSTRACT FROM AUTHOR]

Bunn, R. (2019). "Conceptualizing Addiction as Disability in Discrimination Law: A Situated Comparison." Contemporary Drug Problems **46**(1): 58-77.
People labeled as having an addiction and people with disabilities face significant discrimination in their daily lives. In countries where targeted disability discrimination law is applied, it is often assumed that including addiction in the definition of disability will protect those labeled as having an addiction from discrimination. Several scholars have considered the effects of excluding addiction from the remit of discrimination law, but there has been less work examining the consequences—both positive and negative—of including addiction. Using the method of "situated comparisons" developed by intersectionality scholars, this article interrogates how addiction and disability are co-constituted in two contrasting legal and geographical contexts, where people labeled as having an addiction have sought to assert their right to equality before the law. By comparing the application of targeted discrimination law in Australia with a human rights charter in Canada, it demonstrates how systems of power such as ableism and neoliberalism work through the law to co-constitute addiction and disability in ways that are stigmatizing, even within legal approaches that aim to eliminate discrimination. Furthermore, the law, in both contexts, fails to recognize the intersectional nature of discrimination often experienced by these groups. The article contends that conceptualizing addiction as a disability will not necessarily reduce the discrimination faced by people labeled as having an addiction and concludes with recommendations for

both policy and legal practice. [ABSTRACT FROM AUTHOR]

Byrne, B., et al. (2021). "Enhancing Deaf People's Access to Justice in Northern Ireland: Implementing Article 13 of the UN Convention on the Rights of Persons with Disabilities." Scandinavian Journal of Disability Research **23**(1): 74-84.
Article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) specifies that disabled people have the right to 'effective access to justice' on an equal basis with others. This includes Deaf people. There is a distinct lack of research which explores the extent to which Article 13 UNCRPD is implemented in practice and which actively involves Deaf people in its implementation and monitoring. This paper shares findings from a rights-based research study co-produced with a Deaf Advisory Group and a Deaf-led organisation. It explores the implementation of Article 13 UNCRPD in Northern Ireland through the experiences of key stakeholders across the justice system including police officers, solicitors, barristers, and judges. The findings of this research study suggest that Deaf people's access to the justice system is not well supported and that current provisions for Deaf people's legal needs fall well short of what is required by the UNCRPD. [ABSTRACT FROM AUTHOR]

Cascalheira, C. J. and N.-Y. Choi (2023). "Transgender dehumanization and mental health: Microaggressions, sexual objectification, and shame." The Counseling Psychologist **51**(4): 532-559.
Using structural equation modeling in a national, nonprobabilistic sample of 292 transgender women and men, this project extends the pantheoretical dehumanization framework by testing direct and indirect relations between dehumanization (i.e., a higher-order construct from experiences of transgender microaggressions and sexual objectification), internalization processes (i.e., internalized transnegativity, self-objectification), shame, and general mental health. The model explained 55% of the variance in general mental health. Direct relations between dehumanization and all internalization processes were positive and significant. Internalized transnegativity and shame were significant, negative, direct predictors of mental health, but neither dehumanization nor self-objectification were significant direct predictors of transgender mental health. Both self-objectification and internalized transnegativity directly predicted more feelings of shame. However, only shame yielded a significant indirect pathway from dehumanization to mental health. The indirect relations from self-objectification and internalized transnegativity to mental health through shame were significant. We discuss research, advocacy, and clinical implications. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Chadwick, D. D. (2019). "Online risk for people with intellectual disabilities." Tizard Learning Disability Review **24**(4): 180-187.
Purpose: The purpose of this paper is to summarise the current state of empirical knowledge pertaining to online risk and cybercrime relating to people with intellectual disabilities (ID). Design/methodology/approach: This narrative review summarises, synthesises and critically evaluates the current literature and state of knowledge and offers suggestions for extending current knowledge and practice. Findings: Evidence regarding risk for people with ID is limited but growing. Existing findings highlight that: risk may increase contingent upon higher levels of sociability, loneliness, anxiety and depression, poorer insight, judgement, discrimination and ability to detect deception online and reduced experience and life opportunities; people without ID perceive high online risk for people with ID, which may lead to gatekeeping restrictions and controlling digital access; restriction may potentially impede online self-determination, participation and development by people with ID; and experience of risk may enhance awareness, independence and resilience in managing future online risk amongst people with ID. Further research work is needed in this area to enhance understanding of risk

experience and effective support strategies. Originality/value: This review of current knowledge has highlighted the necessity for more research to better understand the propensity for engagement in different risky online behaviours and to better inform support practices to help people with ID to manage risk whilst maintaining digital inclusion.

Chapman, A., et al. (2020). "Reimagining the Mental Health Paradigm for Our Collective Well-Being." Health & Human Rights: An International Journal **22**(1): 1-6.
An introduction to articles published within the issue is presented on topics including the daily facilitators that contribute to the confinement of dementia patients in Australian care homes, the quality of care in Czech psychiatric hospitals, and the underprioritization and underfunding of mental health.

Dineen, K. K. (2021). "Disability Discrimination Against People With Substance Use Disorders by Postacute Care Nursing Facilities: It is Time to Stop Tolerating Civil Rights Violations." Journal of Addiction Medicine **15**(1): 18-19.
People with substance use disorders (PWSUDs), including opioid use disorder (OUD), continue to face widespread discrimination, including in health care. As hospitals increasingly provide more appropriate and integrated care for PWSUDs, nursing facilities that provide postacute care are receiving more referrals for patients whose diagnosis of substance use disorders is acknowledged rather than ignored. A concerning number of these facilities refuse to admit or treat PWSUD, especially those with OUD receiving opioid agonist therapy (OAT). This practice violates multiple federal antidiscrimination laws. Postacute care nursing facilities, such a skilled nursing or rehabilitation facilities, must end discriminatory practices against PWSUDs. Legal actors, from government enforcers to public interest lawyers, should utilize existing laws to communicate that noncompliance is no longer tolerated and that the civil rights of PWSUDs matter.

Donaldson, A. L. (2021). "Disability in Speech and Hearing Sciences: Reflections on Representation." Perspectives of the ASHA Special Interest Groups **6**(3): 513-519.
Purpose: This article reflects on a diversity and equity view of disability and offers a perspective on the representation of disability within speech and hearing sciences in terms of membership, research, and pedagogy. Conclusions: All areas of representation can be improved to support American Speech-Language-Hearing Association's strategic objectives of increasing diversity of membership and improving cultural competence. American Speech-Language-Hearing Association is encouraged to collect data regarding disability status to inform understanding of disability representation and potentially increase positive exposure, retention, and recruitment of disabled professionals. Research can be impacted through use of participatory models and focusing on community experiences, diversity issues, and increased understanding of the impact of ableism on clinical practice. Finally, curriculum specific to disability issues is needed to support students' understanding of the variability inherent within the disability community and their role as clinicians in partnering with the disability community.

Egli-Gany, D., et al. (2021). "The social and structural determinants of sexual and reproductive health and rights in migrants and refugees: a systematic review of reviews." Eastern Mediterranean Health Journal **27**(12): 1203-1213.
Background: The sexual and reproductive health and rights (SRHR) of migrants and refugees present important public health challenges. Social and structural determinants affect both the general health and SRHR of migrants, but the drivers of SRHR among migrant and refugee populations remain understudied. Aims: To identify upstream social and structural determinants of SRHR health of migrants and refugees reported in

systematic reviews. Methods: We conducted a systematic review of reviews. We studied 3 aspects of SRHR: sexually transmitted infections, sexual violence and unintended pregnancy in migrants and refugees. We used an inductive approach to synthesize emerging themes, summarized them in a narrative format and made an adapted version of Dahlgren and Whitehead's social determinants of health (SDH) model. Results: We included 12 systematic reviews, of which 10 were related to sexually transmitted infections, 4 to sexual vi- olence and 2 to unintended pregnancy. We identified 6 themes that operate at 4 different levels in an adapted version of the Dahlgren and Whitehead SDH model: economic crisis and hostile discourse on migration; limited legal entitlements, rights and administrative barriers; inadequate resources and financial constraints; poor living and working conditions; cultural and linguistic barriers; and stigma and discrimination based on migration status, gender, sex and ethnicity. Conclusion: This review provides evidence of how upstream social and structural determinants undermine the SRHR of refugees and migrants. Unless these are addressed in policy-making and planning, the health of migrants and refugees is at risk.

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.
In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges' drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis.

Girma, E., et al. (2022). "Mental health stigma and discrimination in Ethiopia: evidence synthesis to inform stigma reduction interventions." International Journal of Mental Health Systems **16**(1): 1-18.
Background: People with mental illnesses are at an increased risk of experiencing human rights violations, stigma and discrimination. Even though mental health stigma and discrimination are universal, there appears to be a higher burden in low- and middle-income countries. Anti-stigma interventions need to be grounded in local evidence. The aim of this paper was to synthesize evidence on mental health stigma and discrimination in Ethiopia to inform the development of anti-stigma interventions. Methods: This evidence synthesis was conducted as a part of formative work for the International Study of Discrimination and Stigma Outcomes (INDIGO) Partnership research program. Electronic searches were conducted using PubMed for scientific articles, and Google Search and Google Scholar were used for grey literature. Records fulfilling eligibility criteria were selected for the evidence synthesis. The findings were synthesized using a framework designed to capture features of mental health stigma to inform cultural adaptation of anti-stigma interventions. Results: A total of 37 records (2 grey literature and 35 scientific articles) were included in the evidence synthesis. Some of these records were described more than once depending on themes of the synthesis. The records were synthesized under the themes of explanatory models of stigma (3 records on labels and 4 records on symptoms and causes), perceived and experienced forms of stigma (7 records on public stigma, 6 records on structural stigma, 2 records on courtesy stigma and 4 records on self-stigma), impact of stigma on help-seeking (6 records) and interventions to reduce stigma (12 records). Only two intervention studies assessed stigma reduction— one study showed reduced discrimination due to improved access to effective mental health care, whereas the other study did not find evidence on

reduction of discrimination following a community-based rehabilitation intervention in combination with facility-based care. Conclusion: There is widespread stigma and discrimination in Ethiopia which has contributed to under-utilization of available mental health services in the country. This should be addressed with contextually designed and effective stigma reduction interventions that engage stakeholders (service users, service providers, community representatives and service developers and policy makers) so that the United Nations universal health coverage goal for mental health can be achieved in Ethiopia. [ABSTRACT FROM AUTHOR]

Gould, D. (2023). "Social and Legal Justice for People Given a Mental Health Diagnosis? A Real Possibility, or an Impossible Dream?" British Journal of Social Work **53**(3): 1647-1656.
This article represents reflections on current social and legal issues for people given a mental diagnosis, from a lived experience perspective. The article addresses: • Major obstacles to social and legal justice for people with this lived experience. • What differences people with lived experience have been able to make. • Key challenges for the British Association of Social Workers (BASW) from a lived experience perspective. The UN Convention on the Rights of Persons with Disabilities is used as a basis for the reflections. The article has a particular emphasis on literature written, or substantially influenced by disabled people, including people with lived experience of receiving a mental health diagnosis. The user-led group Liberation is utilised as an example of what difference people with lived experience can make to obstacles which they experience. Three challenges are made to BASW, related to utilising the Convention to ensure social and legal justice for us, confronting human rights breaches in the draft Mental Health Bill and working in partnership with user-led groups in these spheres.

Haque, O. S. and M. A. Stein (2020). "COVID-19 Clinical Bias, Persons with Disabilities, and Human Rights." Health & Human Rights: An International Journal **22**(2): 285-290.
In the article, the authors discuss the clinical biases experienced by patients with disabilities during the COVID-19 pandemic and how said stigma affects their equal access to health care. Also cited are how the application of international human rights norms will prevent the biases, the provisions of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), and the COVID-19 care for patients with paraplegia as example.

Jarvis, G. E. and L. J. Kirmayer (2023). "Global migration: Moral, political and mental health challenges." Transcultural Psychiatry **60**(1): 5-12.
Global migration is expected to continue to increase as climate change, conflict and economic disparities continue to challenge peoples' lives. The political response to migration is a social determinant of mental health. Despite the potential benefits of migration, many migrants and refugees face significant challenges after they resettle. The papers collected in this thematic issue of Transcultural Psychiatry explore the experience of migration and highlight some of the challenges that governments and healthcare services need to address to facilitate the social integration and mental health of migrants. Clinicians need training and resources to work effectively with migrants, focusing on their resilience and on long-term adaptive processes. Efforts to counter the systemic discrimination and structural violence that migrants often face need to be broad-based, unified, and persistent to make meaningful change. When migrants are free to realize their talents and aspirations, they can help build local communities and societies that value diversity. [ABSTRACT FROM AUTHOR]

Jauregui, J. C., et al. (2021). "Experiences of Violence and Mental Health Concerns Among Sexual and Gender Minority Adults in Western Kenya." LGBT Health **8**(7): 494-501.
Purpose: Sexual and gender minority (SGM) populations throughout Kenya as well as

other sub-Saharan African countries face systemic discrimination and substantial human rights violations, yet scant literature documents the potentially harmful mental health effects of these experiences. This study sought to understand the relationship among experiences of violence, social support, and mental health among SGM adults in Kenya. Methods: Members of a local LGBT community-based organization collected survey data in Western Kenya from October 2017 to April 2018, recruiting 527 SGM participants through an array of community outreach methods. Respondents in this cross-sectional study completed a survey regarding their mental health and other psychosocial factors. Multiple linear regression analyses were conducted to assess associations between experiences of violence (SGM violence and intimate partner violence [IPV]) and mental health outcomes (depressive symptoms and post-traumatic stress symptoms [PTSSs]) and to examine the potential moderating effect of social support on these relationships. Results: Relative to those who had never faced violence, participants who experienced IPV and/or violence based on their sexual orientation, gender identity, or gender expression (SGM violence) reported significantly higher levels of depressive symptoms and PTSSs. Emotional support was associated with lower levels of PTSSs. Social support did not moderate the relationship between SGM violence and mental health symptoms. Conclusions: These findings suggest that there may be a relationship between experiences of violence and poor mental health among SGM Kenyans. More studies are needed to better understand SGM-specific risk factors for poor mental well-being among SGM people in Kenya and the types of interventions that may help mitigate these challenges.

Koly, K. N., et al. (2022). "Mental Health and Community-Based Rehabilitation: A Qualitative Description of the Experiences and Perspectives of Service Users and Carers in Bangladesh." Community Mental Health Journal **58**(1): 52-66.
Since 2016, Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPB) has been working to include people with psychosocial disabilities in their community-based inclusive development work, and to increase access to formal mental health care. Field visits were carried out to PHRPBD catchment areas in Dhaka and Chittagong for a case study on the integration of mental health into community-based rehabilitation (CBR). This paper synthesizes the results of twenty-five semi-structured interviews carried out as part of the case study. Participants included people with psychosocial disabilities, intellectual disabilities, epilepsy or other cognitive impairments and their carers as needed. Interviews were audio-recorded, transcribed and translated from Bangla to English, then hand-coded for content analysis. Results were organized into five overarching categories: (1) explanatory models, (2) help-seeking behaviors, (3) impact of services, (4) challenges and barriers to improving mental health, (5) recommendations of users and carers. Respondents either had no explanation for why service users had become unwell or attributed it to physically and/or emotionally traumatic events or supernatural causes. Before attending PHRPBD's mental health services, most had visited formal or informal health care providers, often with disappointing results. Despite positive feedback on PHRPBD's services, participants identified ongoing challenges. Stigma, discrimination and human rights abuses persist and are compounded by issues of gender inequality. Participants also identified barriers and made recommendations specific to the program itself, mainly regarding accessibility (e.g., cost, distance, frequency). This study adds to the limited body of qualitative research on mental health in Bangladesh, reinforcing previous findings on explanatory models and health-seeking behaviors while providing new insights into the impact of a CBR program in this context. Feedback of service users and carers suggests that CBR may indeed be a useful approach to increase access to services in Bangladesh for people with psychosocial or intellectual disabilities, epilepsy or other cognitive impairments. However, this program is not without its limitations, some of which are the product of broader issues within the mental health system and others of

the social and cultural context. More research is needed to formally evaluate this and other CBR programs in the Global South.

Lane, J. and L. Ngo (2020). "Perspectives of minority nursing students on diversity in the classroom." Nurse Education Today **85**: N.PAG-N.PAG.

Lejeune, A. (2023). "Fighting for sheltered workshops or for inclusive workplaces? Trade unions pursuing disability rights in Belgium." Disability & Society **38**(2): 228-246.
The field of disability studies has largely overlooked the role of trade unions in the promotion of the rights of workers with disabilities. To address this oversight, this article explores how union activists pursue disability rights and how this cause is situated in their struggle for workers' rights in Belgium, a country which both has a strong welfare system and gives a predominant role to social partners in industrial relations. It argues that there is a division of work inside unions between representatives at branch level who lobby to increase job opportunities in sheltered workshops and diversity officers at interbranch level who attempt to strengthen equality in the ordinary labour market. Although these two groups do not pursue disability rights in the same way, they share in common a reluctance to mobilise antidiscrimination law because the ideals of equality contradict the routinised practices of employers and of workers' organisations. In most countries, people with disabilities experience higher unemployment rates than those without a disability. When they work, they are more likely to be found at lower-skilled and part-time positions, as they face discrimination. In Belgium, trade unions are very active in supporting workers' rights but their attitude towards disability rights is still very poorly documented. Based on interviews with union activists, this study shows that trade unions focus mainly on the development of an adapted work sector, by increasing the number of places in sheltered workshops. Diversity officers working in trade unions aim to combat discrimination in employment but they are reluctant to criticise an employer who do not comply with the law because they fear to harm further negotiation with employers. [ABSTRACT FROM AUTHOR]

Markham, S. (2023). "The Need for Practicable Normative Right-based Social Work Practice in Secure and Forensic Mental Health Services." British Journal of Social Work **53**(3): 1726-1734.
We (both author and reader) will explore the need to develop a practicable evaluative human rights-based approach to the care, treatment and discharge of forensic mental health patients. It can be argued that patients in secure and forensic services are potentially the most marginalised and extensively stigmatised of all patient cohorts, and that the extent to which they are discriminated against should not be underestimated. We will consider the concept of right-based practice in secure and forensic mental health settings, and how the quality of practice can be strengthened. We will ground our exploration in the lived experiences of secure and forensic mental health patients and seek through the lens of lived experience to envisage what could constitute fairer and more supportive systems of care.

Math, S., et al. (2019). "The rights of persons with disability act, 2016: Challenges and opportunities." Indian Journal of Psychiatry **61**: 809-815.
India signed the United Nations Convention on the Rights of Person with Disabilities (UNCRPD) and subsequently ratified the same on October 1, 2007. The UNCRPD proclaims that disability results from an interaction of impairments with attitudinal and environmental barriers which hinders full and active participation in society on an equal basis. Further, the convention also mandates the signatories to change their national laws, to identify and eliminate obstacles and barriers, and to comply with the terms of the UNCRPD. In this regard, the Government of India initially undertook the amendment of laws such as Persons with Disability Act, 1995 (PWD Act 1995). The

Rights of PWD Act, 2016 (RPWD Act 2016) replaced the PWD Act 1995 to comply with the UNCRPD. The new act was fine-tuned considering the socio-cultural and local needs of the society, and the available resources. Persons with Mental Illness (PMI) are often stigmatized and discriminated, which hinders their full and active participation in society. This is a much larger issue, especially in women, gender minorities, backward communities, and the poor and the migrated populations. Adding to the complexities, PMIs are often not aware of their illness, refuse the much-needed treatment and often are not in a place to exercise their rights. There is an urgent need to address this issue of attitudinal barrier so that the rights of PMI are upheld. Hence, this article discusses challenges and opportunities in the RPWD Act 2016 from the perspective of PMI.

McCarthy, H. (2021). "Self-Advocacy and Ally-Advocacy for Disability Justice: Organisational, Psychosocial, and Political Resources." Disability, CBR & Inclusive Development **32**(2): 160-178.

The world of today sees more persistent, collective work of marginalised people resisting structural oppression rooted in racism and misogyny through newlyorganised multinational movements like Black Lives Matter, #IamSpeaking, and Me Too. This has led to a rapid rise in public consciousness and activism about social injustices across many sectors of society. Ableism and other types of discrimination in education, employment and community-living experienced by people with a disability have both similarities to, and differences from, the indignity and impact of racism and misogyny. The activist disability community is working hard to have their advocacy agendas gain more public awareness and support. The common ground among all oppressed groups is their demand to have their human rights honoured. This requires two societal value shifts: (1) listening to voices outside the dominant culture and power structures through the involvement of insiders, based on their lived experience as members of the marginalised groups, and (2) collaborative advocacy to achieve milestones on their journey towards social justice. Applying these principles, this article aims to elevate and amplify the historical and current activities of self-advocates from the disability community to affirm and secure their human rights. The article provides explanations and examples of: (1) the complexities of disability-based discrimination; (2) political activism by the disability rights and independent living movements in the United States; (3) the psychosocial dimensions of embracing disability identity, culture, and pride; and (4) various outstanding consumer-driven artistic and organisational resources that are shaping the evolution of equal opportunity and disability justice.

McKinney, E. L., et al. (2021). "Access to healthcare for people with disabilities in South Africa: Bad at any time, worse during COVID-19?" South African family practice : official journal of the South African Academy of Family Practice/Primary Care **63**(1): e1-e5.

People with disabilities, especially those living in low- and middle-income countries, experience significant challenges in accessing healthcare services and support. At times of disasters and emergencies, people with disabilities are further marginalised and excluded. During the coronavirus disease 2019 (COVID-19) pandemic, many people with disabilities are unable to access healthcare facilities, receive therapeutic interventions or rehabilitation, or gain access to medication. Of those who are able to access facilities, many experience challenges, and at times direct discrimination, accessing life-saving treatment such as intensive care unit admission and ventilator support. In addition, research has shown that people with disabilities are at higher risk of contracting the virus because of factors that include the need for interpersonal caregivers and living in residential facilities. We explore some of the challenges that people with disabilities residing in South Africa currently experience in relation to accessing healthcare facilities.

Parey, B., et al. (2023). "Falling short of equal opportunities for persons with disabilities in Trinidad and Tobago: evidence from Equal Opportunity Commission case files." Equality, Diversity & Inclusion **42**(3): 382-397.

Purpose: The purpose of the study is to examine if the existing legislative framework in Trinidad and Tobago supports equal opportunities and the achievement of fundamental human rights for persons with disabilities seeking to access education, employment, accommodations and goods and services. Design/methodology/approach: Data were collected from 105 complaints filed with Trinidad and Tobago's Equal Opportunity Commission from 2010 to 2021 regarding disability discrimination. The steps of constant comparison were used to analyse characteristics of each case, complainants' desired outcomes and the actual outcomes of the cases (i.e. withdrawn, closed, forwarded to conciliation or the Equal Opportunity Tribunal). Findings: Across all cases, persons with disabilities desired access to unavailable services, opportunities for employment or an apology for emotional distress. Cases that were withdrawn reflected missed opportunities to address systemic issues, closed cases reflected a bounded process for redress, and cases advancing to conciliation or the Tribunal required documentation or support. Originality/value: This study provides insights into how the current policy and its implementation miss opportunities to address discrimination at organisational and systemic levels. Specifically, cases revealed dominant/subordinate dynamics in society and a lack of transparency throughout the system. Authors provide recommendations for policy and systemic change, including addressing gaps in national legislation and adopting strong equality of opportunity and equality of well-being approaches. [ABSTRACT FROM AUTHOR]

Prabandari, A. P., et al. (2021). "Human Rights and Legal Protection of Persons with Disabilities in Aviation Industry in Indonesia." Medico-Legal Update **21**(1): 1689-1693.

Various matters relating to persons with disabilities are often overlooked and often lead to discrimination against them in various fields of life. Likewise, in Indonesia there is often discrimination against persons with disabilities in various aspects of life, including in aviation. For this reason, it is very important to analyze the protection of the rights of persons with disabilities in Indonesian aviation. The method used is a normative juridical method using a statute approach and conceptual approach to analyze secondary data obtained through library research. The government as a duty bearer is fully responsible for ensuring good and accessible service quality and providing facilities for persons with disabilities in flight. Likewise, airport and airline operators as air transport service providers should have SOPs of services that are in accordance with Government policy in order to provide maximum and equal services for persons with disabilities, as a form of protection for the rights possessed by persons with disabilities.

Rahier, J. M. (2020). "From the transatlantic slave trade to contemporary ethnoracial law in multicultural Ecuador. The 'changing same' of anti-Black racism as revealed by two lawsuits filed by Afrodescendants." Current anthropology (Supplement) **61**(22): S248-S259.

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.

There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs. [ABSTRACT FROM AUTHOR]

Song, Y. J. C., et al. (2022). "Missing in action: the right to the highest attainable standard of mental health care." International Journal of Mental Health Systems **16**(1): 26.
Background: The right to the highest attainable standard of mental health remains a distant goal worldwide. The Report of the UN Special Rapporteur on the right of all people to enjoyment of the highest attainable standard of physical and mental health pleaded the urgent need for governments to act through appropriate laws and policies. We argue that Australia is in breach of international obligations, with inadequate access to mental health services, inconsistent mental health legislation across jurisdictions and ongoing structural (systematic) and individual discrimination.; Discussion: Inadequate access to mental health services is a worldwide phenomenon. Australia has committed to international law obligations under the Convention on the Rights of Persons with Disabilities (CRPD) to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disability, with respect to their inherent dignity'. This includes people with mental health impairment and this convention includes the right to 'the highest attainable standard of mental health'. Under the Australian Constitution, ratification of this convention enables the national government to pass laws to implement the convention obligations, and such national laws would prevail over any inconsistent state (or territory) laws governing mental health service provision. The authors argue that enabling positive rights through legislation and legally binding mental health service standards may facilitate enhanced accountability and enforcement of such rights. These steps may support critical key stakeholders to improve the standards of mental health service provision supported by the implementation of international obligations, thereby accelerating mental health system reform. Improved legislation would encourage better governance and the evolution of better services, making mental health care more accessible, without structural or individual discrimination, enabling all people to enjoy the highest attainable standard of health. (© 2022. The Author(s).)

Sprong, M. E., et al. (2019). "The Role of Disability in the Hiring Process: Does Knowledge of the Americans with Disabilities Act Matter?" Journal of Rehabilitation **85**(4): 42-49.
Participation in competitive employment and other meaningful work activities is considered a fundamental human right and crucial to the health and well-being of people with and without disabilities. Approximately less than 30% of the persons with a disability aged 16 to 64 were employed in 2017, which is a striking disparity given that 73.5 % of people in this age group without disabilities were employed. Several 2 x 2 Factorial Designs were used to determine how a job applicant's disability status (disability disclosed, disability not disclosed) and gender (female, male) impacted how Human Resource Managers' (N = 392) evaluated the job applicant in three areas, including (a) how likely are they to hire this job applicant, (b) how qualified do they view this job applicant, and (c) what would they recommend as a starting salary if the applicant was hired. Furthermore, there was an interest in investigating how knowledge of Title 1 of the Americans with Disabilities Act (ADA) influenced the Human Resource Managers' hiring-related decisions. Findings revealed that the starting salary

was significantly lower for the applicant with a disability. Knowledge of the ADA did not control for any hiring-related decisions. Discussion and implications are provided. [ABSTRACT FROM AUTHOR]

Stenhouse, R. (2021). "Understanding equality and diversity in nursing practice." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **36**(2): 27-33.
Equality and diversity are terms that are used frequently in nursing, healthcare and workplace settings. Nurses' professional standards of practice and behaviour are underpinned by values of equality and diversity. This means that nurses must treat people as individuals, avoid making assumptions about them, recognise diversity and individual choice, and respect and uphold their dignity and human rights. This article explores what equality and diversity mean in nursing practice, the legal framework that underpins these terms, and the inequalities and discrimination that patients and staff may experience in health and social care settings. It discusses the role of organisational culture in supporting nurses to uphold the values of equality and diversity and encourages nurses to reflect on this topic to enhance their practice.; Competing Interests: None declared (© 2020 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

Stonehouse, D. P. (2021). "Understanding nurses' responsibilities in promoting equality and diversity." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **36**(6): 27-33.
Nurses have a duty to promote the values of equality and diversity during their interactions with patients and their families and carers, as well as peers and colleagues. This article defines the terms equality, diversity and inclusion, and explains the importance of the Equality Act 2010 and the Human Rights Act 1998 in protecting people from various types of discrimination. It also outlines nurses' responsibilities in promoting equality and diversity by treating all patients and colleagues with respect and dignity, providing compassionate leadership, and practising in accordance with the ethical principle of justice. The article encourages and empowers nurses to recognise and challenge discrimination wherever they see it, thereby delivering high-quality care to all patients.; Competing Interests: None declared (© 2021 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

Talamaivao, N., et al. (2021). "Informing Anti-Racism Health Policy in Aotearoa New Zealand." Policy Quarterly **17**(4): 50-57.
Racism is firmly established as a determinant of health and an underlying cause of ethnic health inequities. As an organised system, racism operates at multiple levels (including structurally and interpersonally). Racism and its many manifestations are breaches of international human rights obligations and, in the Aotearoa New Zealand context, te Tiriti o Waitangi. This article considers approaches to anti-racism in health and disability policy in the 30 years following the foundational publication Püao-te-Ata-Tü (Ministerial Advisory Committee on a M äori Perspective for the Department of Social Welfare, 1988), which was one of the first government publications to name and call out the harmful impacts of institutional racism. The article then examines the ways in which government health and disability sector organisations have talked about and responded to racism at a national level since 1980. The results of this research urge a stronger organisational-level approach to antiracism in the health and disability system for more tangible results, requiring multi-level solutions, and transforming what is considered 'business as usual' in health and disability sector institutions. [ABSTRACT FROM AUTHOR]

Tesfai, A., et al. (2023). "Human Rights Violations and Mistrust among Refugees in South Africa: Implications for Public Health during the COVID Pandemic." Social Sciences (2076-0760) **12**(4): 224.

Despite the open policy of integration, refugees in South Africa have been experiencing increasing exclusion and discrimination in socio-economic development and from social services. State-sanctioned discrimination contributes to mistrust among marginalized groups toward the government and its institutions. However, public trust towards healthcare authorities and government institutions is critical during pandemic outbreaks to ensure the population's willingness to follow public health initiatives and protocols to contain the spread of a pandemic. Eleven key informants, including refugee community leaders and refugee-serving NGOs, were virtually interviewed about refugees' access to healthcare in South Africa during the COVID-19 pandemic and the consequences of inconsistent access and discrimination on their trust of public healthcare initiatives. Interviews were analyzed using critical thematic analysis. The results suggest that refugees' access to public healthcare services were perceived as exclusionary and discriminatory. Furthermore, the growing mistrust in institutions and authorities, particularly the healthcare system, and misperceptions of COVID-19 compromised refugees' trust and adherence to public health initiatives. This ultimately exacerbates the vulnerability of the refugee community, as well as the wellbeing of the overall population. [ABSTRACT FROM AUTHOR]

Wayland, S., et al. (2022). "I had every right to be there: discriminatory acts towards young people with disabilities on public transport." Disability & Society **37**(2): 296-319.

This article examines findings from a qualitative study exploring the experiences of young adults with disabilities regarding their perceptions of interpersonal discrimination on public transport in two Australian states. Interpersonal discrimination by members of the public included contests for accessible seating, receiving unwanted physical assistance, bullying and intimidation. Participants reported that transport staff engaged in verbal abuse and hostile interactions including questioning the young person's disability. These experiences appeared to be influenced by narrow perceptions of disability, visibility or otherwise of the young person's impairment, limited understanding of the needs of young people with disabilities, and the age and gender of the person behaving in a discriminatory way. The discriminatory experiences were reported to have had a negative impact on the social and economic participation of these young adults in their communities. The participants of the study disclosed diverse experiences of interpersonal discrimination by the travelling public and transport officials. Interpersonal discrimination impacted on some of the young adults' capacity to move about freely, as they sought to avoid exposure to prejudicial attitudes and verbal abuse. Heightened concerns about getting to and from activities safely affected the young adults' willingness to use public transport for their daily activities. Eliminating day-to-day interpersonal discrimination that young adults with disabilities experience on public transport requires legislative, policy and societal change. [ABSTRACT FROM AUTHOR]

West, K., et al. (2021). "Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'." British Journal of Social Psychology **60**(4): 1136-1153.

The Black Lives Matter (BLM) movement has been called the 'civil rights issue of our time' (Holt & Sweitzer, 2020, Self and Identity, 19(, p. 16) but the All Lives Matter (ALM) movement swiftly emerged as an oppositional response to BLM. Prior research has investigated some predictors of support for ALM over BLM, but these predictors have thus far not included levels of racial bias or potentially relevant constructions of racism. This pre-registered, cross-sectional study (N = 287) tested the degree to which White participants' support for ALM could be predicted using measures of racism

(implicit and explicit) and ideological stances around the construction of 'racism' (that discourage the recognition of contemporary inequalities and discrimination). Using multiple regression analyses, we found that implicit racism, colour-blind ideology, and narrow definitional boundaries of discrimination positively predicted support for ALM over BLM. Explicit racism, collective narcissism, and right-wing political orientation did not predict ALM support, nor did any (2-way) interaction of these predictors. Implications for our understanding of the All Lives Matter movement are discussed.

Willey, S., et al. (2022). "Racism, healthcare access and health equity for people seeking asylum." Nursing Inquiry **29**(1): 1-9.
People seeking asylum are at risk of receiving poorer quality healthcare due, in part, to racist and discriminatory attitudes, behaviours and policies in the health system. Despite fleeing war and conflict; exposure to torture and traumatic events and living with uncertainty; people seeking asylum are at high-risk of experiencing long-term poor physical and mental health outcomes in their host country. This article aims to raise awareness and bring attention to some common issues people seeking asylum face when seeking healthcare in high-income countries where the health system is dominated by a Western biomedical view of health. Clinical case scenarios are used to highlight instances of racist healthcare policies and practices that create and maintain ongoing health disparities; limited access to culturally and linguistically appropriate health services, and lack of trauma-informed approaches to care. Nurses and midwives can play an important role in countering racism in healthcare settings; by identifying and calling out discriminatory practice and modelling tolerance, respect and empathy in daily practice. We present recommendations for individuals, organisations and governments that can inform changes to policies and practices that will reduce racism and improve health equity for people seeking asylum.

Yilmaz, V. (2020). "An examination of disability and employment policy in Turkey through the perspectives of disability non-governmental organisations and policy-makers." Disability & Society **35**(5): 760-782.
This article examines disability and employment policy in Turkey after the country's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2009 through the perspectives of disability non-governmental organisations (disability NGOs) and policy-makers. Drawing on an exploratory qualitative study, the article analyses how disability NGOs and key policy-makers perceive the impact of this development on disability and employment policy. The article shows disability NGO representatives and policy-makers find the employment policy's over-reliance on the quota method inadequate to put the human rights model into practice. They call for greater policy emphasis on accessibility and effective anti-discrimination enforcement to complement the quota method, which reflects the idea that the human rights model has gained wider acceptance among them. The article, however, also reveals that disability NGOs and policy-makers hold divergent views on what constitutes a human rights approach to disability employment, especially concerning segregation in employment.

Yupanqui-Concha, A., et al. (2022). ""I was raped inside, being in a place where I was supposed to be taken care of": Experiences of oppression and violence in health contexts towards women with disabilities and approaches from feminist occupational therapy." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-25.
Introduction: The practices of violence in health contexts constitute one of the multiple manifestations of violence against women with disabilities. In Chile, as in the rest of the world, the development of studies on this violence is still incipient. Objectives: To characterize practices of violence against women with disabilities in health contexts, and

to characterize experiences of vindication of human rights of this group of women in Chile, from the voices of activists and professional occupational therapists. Method: A secondary analysis of qualitative data from a study executed between 2015 and 2020 was conducted. From a qualitative approach and collective case study, a secondary thematic analysis of the data obtained from 8 interviewees was performed. Results: From the perspective of the informants, women with disabilities experience structural violence in a systematic and transversal way, which crosses other various forms of violence: physical, psychological, sexual, obstetric, and symbolic-institutional. The experiences of this group in claiming their human rights reflect processes of emancipation, resistance, and construction of practices that transform these violations. Conclusion: The practices of violence in health contexts toward women with disabilities in Chile is a situation visualized as manifestations of domination and oppression against them, which perpetuate their social exclusion and inequalities in health. Faced with this situation of social injustice, women activists and professional occupational therapists propose the need to implement strategies for the vindication of human rights, together with practices of collective resistance.

DISCRIMINATION (Sociology) (26)

Aarons, D. E. (2020). "The disability-rights perspective within the bioethics agenda." Nursing Ethics **27**(4): 1056-1065.

The life perspectives of persons with disabilities have been neglected in many countries and particularly in lower- and middle-income countries that have fewer resources to adequately address the societal needs of these persons. Bioethics purports normative standards for the way in which we treat with others, and the virtue of care should be at the heart of everyday life. Human rights are norms that aspire to protect all persons everywhere. Within this milieu, persons with disabilities who make up a significant portion of all societies worldwide meet many social barriers that inhibit their quality of life and leave them greatly disadvantaged in comparison to able-bodied persons. This article focuses on the notion of quality of life, the presumed perspectives of biomedicine and bioethics on disability, the neglect of the lived experience of persons with disabilities, and the discrimination underlying the struggle for equal rights and opportunities for persons with disability. It argues for equal access to social and beneficial medical interventions for persons with disabilities; that persons with disabilities should be seen as different but equal; that their contributions to societal deliberations would enhance the richness of thought, views, narratives and perspectives; and that society should stop using the term disability and use instead the less value-laden term anomaly. Finally, it recommends educational campaigns to change negative attitudes towards persons with predicaments or anomalies, the respecting of human diversity, collaboration between upper-income and lower- and middle-income countries to develop strategies that seek to change negative attitudes towards persons with anomalies, and the inclusion worldwide of all these matters as a part of a bioethics agenda that advocates for respecting the human rights of persons with anomalies. [ABSTRACT FROM AUTHOR]

Amucheazi, C. and C. M. Nwankwo (2020). "Accessibility to infrastructure and disability rights in Nigeria: an analysis of the potential of the discrimination against persons with disability (prohibition) act 2018." Commonwealth Law Bulletin **46**(4): 689-710.

A viable way to establish a sense of inclusion for the physically challenged in Nigeria like elsewhere is to provide a sustainable infrastructural plan that integrates the utility concerns of the disabled. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. This paper examines the right of persons with disability to public vehicular and infrastructural use. It focuses on the recently enacted Discrimination against Persons with Disability (Prohibition) Act, 2018 as well as other international human rights instruments from which Nigeria derives her international obligations. It is observed that the Nigerian society is still unfriendly to the disabled as public infrastructure is constructed without considerations for the disabled. [ABSTRACT FROM AUTHOR]

Barman-Aksözen, J., et al. (2022). "'... they had interpreted "disability" as referring to a patently visible disability': experience of a patient group with NICE." Disability & Society **37**(7): 1239-1245.
Erythropoietic protoporphyria (EPP) is an ultra-rare genetic disorder characterised by intolerance to visible light. Starting in early childhood, people with EPP suffer from social isolation, impaired educational and occupational opportunities, and low quality of life. Afamelanotide is the only effective and approved therapy for EPP. In England, its cost-effectiveness is currently assessed by the National Institute for Health and Care Excellence (NICE), which in 2018 issued a negative recommendation for funding. Stakeholder organisations, including our patient organisation, submitted appeals against the recommendation, which were upheld in all possible grounds. Moreover, the appeal panel expressed concerns about whether the evaluating committee discriminated against people with EPP and suggested that it seek guidance regarding the Equality Act 2010. However, three years later, the identified issues have not been addressed and patients in England remain without treatment. Afamelanotide represents another example for the trend towards a loss of fairness in NICE decisions. [ABSTRACT FROM AUTHOR]

Birger, L. and Y. Nadan (2022). "Social workers and refugee service users (re)constructing their relationships in a hostile political climate." Journal of Social Work **22**(2): 402-421.
Summary: This article explores the relationship between social workers and adult Eritrean refugee service users in the context of a hostile political climate and restrictive state policies. It examines the implications of politics and policies on the formation of this relationship based on findings from a qualitative study conducted in Israel and Germany. Semi-structured in-depth interviews were conducted with 38 participants – 16 Eritrean refugees and 22 social workers who work with refugees. Findings: Despite different political, social and organizational contexts, especially in the asylum policies towards Eritrean refugees, our thematic analysis yielded two main themes common to both countries: First, changing relationship structures, in particular moving away from a 'traditional' conceptualization of the social work relationship towards 'informal' practices. These included modifications of the setting, of professional boundaries and of the therapeutic language. Second, shifting power relations, characterized by a friend-like dynamic, which enabled more egalitarian relations, and a parent–child dynamic, which included increased power imbalances and dependency. Implications: An increased understanding of the role of restrictive policies, everyday racism and exclusionary political discourse in the reconstruction of the user-worker relationship dynamics could inform social work education and practice. Beyond the refugee arena, establishing informal relationship structures could help to reduce power differentials, increase trust-building and improve therapeutic outcomes with refugees and other service users. The possible risks of informal relations, such as misunderstandings or worker burnout, are also discussed. [ABSTRACT FROM AUTHOR]

Bogenschutz, M., et al. (2021). "Vietnam and Disability Rights: Perspectives at the Time of Ratification of the UN Convention on the Rights of Persons with Disabilities." International Journal of Disability, Development & Education **68**(5): 717-733.
Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work

opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD's core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts. [ABSTRACT FROM AUTHOR]

Boräng, F., et al. (2020). "Unions and the rights of migrants in the long run." Journal of European Social Policy **30**(5): 557-570.
We use historical data on union density and new historical data on policies toward migrants to study the long-run relationship between the strength of trade unions and the social and economic rights of migrants in the Global North. In countries with strong trade unions, there was, for a long time, a widening distance between the rights of migrants and the rights of citizens, probably because the rights of citizens expanded sooner and more quickly than the rights of migrants. Over time, however, the differences between countries with strong and weak unions have diminished, and in more recent years, the 'rights gap' between citizens and migrants has in fact been smaller in countries with strong unions than in countries with weak unions. [ABSTRACT FROM AUTHOR]

Chadwick, D. D. (2019). "Online risk for people with intellectual disabilities." Tizard Learning Disability Review **24**(4): 180-187.
Purpose: The purpose of this paper is to summarise the current state of empirical knowledge pertaining to online risk and cybercrime relating to people with intellectual disabilities (ID). Design/methodology/approach: This narrative review summarises, synthesises and critically evaluates the current literature and state of knowledge and offers suggestions for extending current knowledge and practice. Findings: Evidence regarding risk for people with ID is limited but growing. Existing findings highlight that: risk may increase contingent upon higher levels of sociability, loneliness, anxiety and depression, poorer insight, judgement, discrimination and ability to detect deception online and reduced experience and life opportunities; people without ID perceive high online risk for people with ID, which may lead to gatekeeping restrictions and controlling digital access; restriction may potentially impede online self-determination, participation and development by people with ID; and experience of risk may enhance awareness, independence and resilience in managing future online risk amongst people with ID. Further research work is needed in this area to enhance understanding of risk experience and effective support strategies. Originality/value: This review of current knowledge has highlighted the necessity for more research to better understand the propensity for engagement in different risky online behaviours and to better inform support practices to help people with ID to manage risk whilst maintaining digital inclusion. [ABSTRACT FROM AUTHOR]

Dressel, A., et al. (2020). "Attitudes among working professionals toward immigrants and refugees living in Ecuador: Impacts on health and well-being." Public Health Nursing **37**(4): 517-524.
Objective: To explore attitudes toward immigrants and refugees living in Ecuador. Design and Measures: A transnationalism framework informed this qualitative study, which utilized a semi-structured interview guide to elicit responses from participants about their attitudes toward immigrants and refugees. Interviews were conducted in Spanish, audio-taped, transcribed, coded, and analyzed in Spanish to identify emergent themes. Demographic data were analyzed using SPSS. Sample: Participants (n = 50)

were recruited from five sectors that interact with refugees: health care, the press, the police, nongovernmental organizations, and education. Fifty interviews were conducted with adults in Quito, Ecuador, in 2017. Results: Participants reported concerns about the health and well-being of immigrants and refugees, expressed a willingness to assist them, but within limits, noted discrimination and bias against refugees, and cited social policies and human rights as factors that influenced their attitudes. Conclusions: Our findings indicate that immigrants and refugees face challenges which impact their health and well-being, according to participants in the study. Social policies can influence attitudes, but are also affected by rapidly shifting immigration patterns. Migration flows in South America is an under-studied area of research, with opportunity for further public health nursing inquiry. [ABSTRACT FROM AUTHOR]

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.
In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges' drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis. [ABSTRACT FROM AUTHOR]

Hassan, G., et al. (2019). "Impact of the Charter of Quebec Values on psychological well-being of francophone university students." Transcultural Psychiatry **56**(6): 1139-1154.
This paper discusses results from a pilot study conducted in the spring of 2014 among young adults living in Montreal. The main objective of this study was to assess the relation between perception of the Charter of Quebec Values, 1 self-identification, perception of intercommunity relations, perceived discrimination, and psychological well-being in young students enrolled in undergraduate or graduate programs of a francophone university in Montreal. A total of 441 students (30.5% male, 69.5% female) took part in a web survey designed by the research team. The data analyses and results suggest that the debate around the Charter of Quebec values was associated with a shift from a predominantly positive perception of intercommunity relations to a predominantly negative one, particularly among women, immigrants, and those who self-identified as cultural or religious minorities. In addition, more than 30% of participants reported having experienced some form of ethnic or religious discrimination since the Charter was released (personally or as a witness). This was particularly the case among immigrants, as well as those who self-identified as bicultural or from cultural or religious minority groups. This study's results thus highlight the exacerbation of intercommunity tensions linked to the public debate around identity and intercommunity relations in Quebec. [ABSTRACT FROM AUTHOR]

Heymann, J. (2023). "Needless barriers: Despite advances, equal rights for people with disabilities still lag far behind." Global Social Policy **23**(1): 184-187.

Johnson, E., et al. (2020). "Principles of disability support in rural and remote Australia: Lessons from parents and carers." Health & Social Care in the Community **28**(6): 2208-2217.
This study describes the understanding, experiences and expectations of families living in rural and remote Australia regarding core concepts relating to disability service provision, including person-centred practice (PCP), family-centred practice (FCP), transdisciplinary practice (TDP), choice, control, inclusion, and equity. Thirteen parents

or carers, each with a child with an intellectual disability aged between 6 and 16 years, living in rural and remote areas as described by the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) and Modified Monash Model (MMM) – were recruited through distribution of flyers (hard copies or by email) to clinicians, schools, and advocacy agencies. Semi-structured interviews were conducted with participants either in-person or via telephone between July and October 2015. Data were analysed using thematic analysis. Participants reported that their understanding of many of the disability principles (PCP, FCP, choice, control, inclusion, and equity) was different from providers, and that many providers struggled to understand families, and therefore they did not share meaning of the principles of best practice disability supports. Families did not identify transdisciplinary practice as a core issue or tenet of effective service delivery. Families also reported experiences of missing out on services, feeling a sense of isolation in their communities, struggling to access skilled therapists, and difficulty finding supports and goals that were relevant to their child. The quality of supports that these families accessed was often below the standard that they expected. They did not expect that support standards will change in rural and remote Australia, so many have very low expectations of the National Disability Insurance Scheme (NDIS) in the future. Although more data will need to be collected as the NDIS and its markets mature, these data show that many rural and remote participants and their supporters have a variety of concerns about how they will access quality allied health services through the Scheme. [ABSTRACT FROM AUTHOR]

Kashnitsky, D. and J. M. Richter (2022). "'In Short, We Will Deport You': Disrupted temporalities of migrants with HIV in Russia." Global Public Health **17**(11): 2841-2853.
Migrants experience several challenges en route to or in their host country. Current legislation in Russia imposes a permanent ban on international migrants with HIV obtaining a residence permit in Russia. Using qualitative methodology, we conducted semi-structured interviews with 15 international migrants who have lived with HIV in Russia and 12 interviews with healthcare providers in Russia. With the help of Bonnington's temporal framework, the study finds that the HIV-positive status of migrants becomes a biographical event that interrupts their migration cycle, thereby leading to the disruption of their normal life course which results in 'short term planning' and instability. Although most people living with HIV face similar challenges, Russian law concerning international migrants living with HIV worsens their living experience in Russia. International migrants living with HIV further face social exclusion, serious stigma and discrimination. The results show that the country's demand for migrants with HIV to leave the country to reduce the spread of HIV in Russia is counterproductive: it does not mobilise heath-seeking behaviour among migrants. Therefore, such legislation has to be amended to encourage international migrants living with HIV to access adequate HIV services. [ABSTRACT FROM AUTHOR]

Kirmayer, L. J. (2019). "The Politics of Diversity: Pluralism, Multiculturalism and Mental Health." Transcultural Psychiatry **56**(6): 1119-1138.

Koly, K. N., et al. (2022). "Mental Health and Community-Based Rehabilitation: A Qualitative Description of the Experiences and Perspectives of Service Users and Carers in Bangladesh." Community Mental Health Journal **58**(1): 52-66.
Since 2016, Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPB) has been working to include people with psychosocial disabilities in their community-based inclusive development work, and to increase access to formal mental health care. Field visits were carried out to PHRPBD catchment areas in Dhaka and Chittagong for a case study on the integration of mental health into community-based rehabilitation (CBR). This paper synthesizes the results of twenty-five semi-structured interviews carried out as part of the case study. Participants included people with

psychosocial disabilities, intellectual disabilities, epilepsy or other cognitive impairments and their carers as needed. Interviews were audio-recorded, transcribed and translated from Bangla to English, then hand-coded for content analysis. Results were organized into five overarching categories: (1) explanatory models, (2) help-seeking behaviors, (3) impact of services, (4) challenges and barriers to improving mental health, (5) recommendations of users and carers. Respondents either had no explanation for why service users had become unwell or attributed it to physically and/or emotionally traumatic events or supernatural causes. Before attending PHRPBD's mental health services, most had visited formal or informal health care providers, often with disappointing results. Despite positive feedback on PHRPBD's services, participants identified ongoing challenges. Stigma, discrimination and human rights abuses persist and are compounded by issues of gender inequality. Participants also identified barriers and made recommendations specific to the program itself, mainly regarding accessibility (e.g., cost, distance, frequency). This study adds to the limited body of qualitative research on mental health in Bangladesh, reinforcing previous findings on explanatory models and health-seeking behaviors while providing new insights into the impact of a CBR program in this context. Feedback of service users and carers suggests that CBR may indeed be a useful approach to increase access to services in Bangladesh for people with psychosocial or intellectual disabilities, epilepsy or other cognitive impairments. However, this program is not without its limitations, some of which are the product of broader issues within the mental health system and others of the social and cultural context. More research is needed to formally evaluate this and other CBR programs in the Global South. [ABSTRACT FROM AUTHOR]

Lugon Arantes, P. d. T. (2021). "The Due Diligence Standard and the Prevention of Racism and Discrimination." Netherlands International Law Review (Springer Science & Business Media B.V.) **68**(3): 407-431.
The due diligence standard has played a significant role in preventing human rights violations, including racial discrimination. Yet, it is significantly articulated in neutral terms, often failing to grasp the specificities of violations of this type. Moreover, the positive structural impact that due diligence can produce is still subject to debate and is approached with reluctance by human rights courts and monitoring bodies. The principle of substantive (racial) equality has considerably contributed to improving the law on racial discrimination, but with limited impact on collective or structural claims. In the wake of new social events demanding responses to racism beyond the classical individual perspective, it makes it necessary to inquire whether, or to what extent, this standard can play a role in enhancing such structural responses by international human rights law. This article aims to analyze the main components of the due diligence standard (the preventive limb) to assess the relevant shortcomings, and to propose ways forward in order to enhance a structural perspective in racial discrimination. [ABSTRACT FROM AUTHOR]

Math, S., et al. (2019). "The rights of persons with disability act, 2016: Challenges and opportunities." Indian Journal of Psychiatry **61**: 809-815.
India signed the United Nations Convention on the Rights of Person with Disabilities (UNCRPD) and subsequently ratified the same on October 1, 2007. The UNCRPD proclaims that disability results from an interaction of impairments with attitudinal and environmental barriers which hinders full and active participation in society on an equal basis. Further, the convention also mandates the signatories to change their national laws, to identify and eliminate obstacles and barriers, and to comply with the terms of the UNCRPD. In this regard, the Government of India initially undertook the amendment of laws such as Persons with Disability Act, 1995 (PWD Act 1995). The Rights of PWD Act, 2016 (RPWD Act 2016) replaced the PWD Act 1995 to comply with the UNCRPD. The new act was fine-tuned considering the socio-cultural and local

needs of the society, and the available resources. Persons with Mental Illness (PMI) are often stigmatized and discriminated, which hinders their full and active participation in society. This is a much larger issue, especially in women, gender minorities, backward communities, and the poor and the migrated populations. Adding to the complexities, PMIs are often not aware of their illness, refuse the much-needed treatment and often are not in a place to exercise their rights. There is an urgent need to address this issue of attitudinal barrier so that the rights of PMI are upheld. Hence, this article discusses challenges and opportunities in the RPWD Act 2016 from the perspective of PMI. [ABSTRACT FROM AUTHOR]

Mulé, N. J. (2022). "Mental health issues and needs of LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada." Psychology & Sexuality **13**(5): 1168-1178.
LGBTQ+ people experience mental health challenges due to their minoritized status, systemic inequities and structural disparities. For LGBTQ+ asylum seekers, refugee claimants and refugees the impact on their mental health can be compounding. This study, which featured a series of focus groups with LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada, was part of a larger international study 'Envisioning Global LGBT Human Rights' that looked at colonising effects on LGBTQ people in the Commonwealth. The migration process, – often forced due to persecution in their country of origin based on sexual orientation or gender identity and expression – produced traumatic experiences involving life-changing decisions, accessing information and resources, cultural shifts, conceptualisation of identities, and navigating the refugees claims process. The specialised experiences of LGBTQ+ asylum seekers, refugee claimants and refugees can have a deleterious effect on their mental health that a critical psychology perspective can address clinically by recognising the particularised needs of this population and systemically by addressing the structural inequities. [ABSTRACT FROM AUTHOR]

Nguyen, T. V., et al. (2019). "Maternal Healthcare Experiences of and Challenges for Women with Physical Disabilities in Low and Middle-Income Countries: A Review of Qualitative Evidence." Sexuality & Disability **37**(2): 175-201.
This article reports on the outcomes of a comprehensive review of qualitative research using the Joanna Briggs Institute (JBI) guidelines to guide a systematic approach addressing women with physical disabilities (WWPD)'s access to and utilization of maternal health care services in low and middle-income countries. The article specifically examines existing literature on the experiences and challenges facing WWPD in accessing and utilization of these services during pregnancy, childbirth and the post-natal period. Fifteen studies that met inclusion criteria were identified. Findings from the review highlight that pregnancy and motherhood are meaningful for WWPD in both individual and socio-cultural ways. Multiple challenges facing WWPD were identified, including low self-esteem and confidence, negative responses and lack of family support, problematic experiences of transport, health and other social systems for maternal healthcare of WWPD, and social unacceptance and discrimination from the community. Addressing barriers in accessing healthcare services was perceived as an individual responsibility of WWPD and their families, rather than perceptions that society had a responsibility to act. The reproductive rights of WWPD, particularly expression of sexuality and the right to motherhood needs to be conceptualized beyond individual responsibility. Society needs to eliminate attitudinal and environmental barriers to ensure WWPD can choose to be mothers without threat of discrimination or negative social consequences. [ABSTRACT FROM AUTHOR]

Obasi, C. (2022). "Black social workers: Identity, racism, invisibility/hypervisibility at work." Journal of Social Work **22**(2): 479-497.
Summary: This article provides a reflexive account of qualitative research with Black

female social workers in the North of England. It uses 'Africanist Sista-hood in Britain' as the theoretical framework guiding the research. The data are gathered from six semi-structured interviews and two focus groups. Data were analysed via thematic analysis. Participant data are used to discuss issues of identity, race and racism as they contribute to positions of visibility, invisibility and hypervisibility within the social work spaces discussed. The article challenges Western forms of knowledge production as the dominant discourse in social work research, practice, education and training and links this to wider issues of power, privilege and suppression of marginalised voices. Findings: The findings section reveals examples of racism, marginality, invisibility and hypervisibility as part of the lived experiences of Black female social workers in the study. It includes discussions of 'collective strategic projection' as a consequence of the development of the 'race taboo' often present in these work environments. Applications: The article calls for social work educators, practitioners and the wider academic field to do more to centralise anti-racist approaches in an attempt to challenge racism in social work. [ABSTRACT FROM AUTHOR]

O'Leary, P. and M.-s. Tsui (2019). "Working with differences and diversities: From discrimination to dignity." International Social Work **62**(3): 1041-1042.
An editorial is presents that discusses the importance of developing social work globally. It mentions the global agenda promote social and economic equalities, the dignity of peoples, environmental and community sustainability, and human relationships and also highlights the mission of social work to safeguard human rights and social justice.

Slade, N. (2019). "Representing refugees in advocacy campaigns." Revista Migraciones Forzadas(61): 47-48.
The article focuses on the role of the representations of the refugees which play a major role in advocacy campaigns. These representations by humanitarian groups can be helpful in attaining support and solidarity for the refugees. In New Zealand many refugee advocates approached the government to raise annual funding for displaced refugees. Which gained a lot of media attention, in one of the instances it ended up with stereotypical comments from one of the representatives. This article proposes a Responsible way of representing the refugees avoiding stereotypes, structural inequalities and injustice.

Ventura, C. A. A., et al. (2021). "Nursing care in mental health: Human rights and ethical issues." Nursing Ethics **28**(4): 463-480.
People with mental illness are subjected to stigma and discrimination and constantly face restrictions in the exercise of their political, civil and social rights. Considering this scenario, mental health, ethics and human rights are key approaches to advance the well-being of persons with mental illnesses. The study was conducted to review the scope of the empirical literature available to answer the research question: What evidence is available regarding human rights and ethical issues regarding nursing care to persons with mental illnesses? A scoping review methodology guided by Arksey and O'Malley was used. Studies were identified by conducting electronic searches on CINAHL, PubMed, SCOPUS and Hein databases. Of 312 citations, 26 articles matched the inclusion criteria. The central theme which emerged from the literature was "Ethics and Human Rights Boundaries to Mental Health Nursing practice". Mental health nurses play a key and valuable role in ensuring that their interventions are based on ethical and human rights principles. Mental health nurses seem to have difficulty engaging with the ethical issues in mental health, and generally are dealing with acts of paternalism and with the common justification for those acts. It is important to open a debate regarding possible solutions for this ethical dilemma, with the purpose to enable nurses to function in a way that is morally acceptable to the profession, patients and members of the

public. This review may serve as an instrument for healthcare professionals, especially nurses, to reflect about how to fulfil their ethical responsibilities towards persons with mental illnesses, protecting them from discrimination and safeguarding their human rights, respecting their autonomy, and as a value, keeping the individual at the centre of ethical discourse. [ABSTRACT FROM AUTHOR]

West, K., et al. (2021). "Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'." British Journal of Social Psychology **60**(4): 1136-1153.
The Black Lives Matter (BLM) movement has been called the 'civil rights issue of our time' (Holt & Sweitzer, 2020, Self and Identity, 19(, p. 16) but the All Lives Matter (ALM) movement swiftly emerged as an oppositional response to BLM. Prior research has investigated some predictors of support for ALM over BLM, but these predictors have thus far not included levels of racial bias or potentially relevant constructions of racism. This pre-registered, cross-sectional study (N = 287) tested the degree to which White participants' support for ALM could be predicted using measures of racism (implicit and explicit) and ideological stances around the construction of 'racism' (that discourage the recognition of contemporary inequalities and discrimination). Using multiple regression analyses, we found that implicit racism, colour-blind ideology, and narrow definitional boundaries of discrimination positively predicted support for ALM over BLM. Explicit racism, collective narcissism, and right-wing political orientation did not predict ALM support, nor did any (2-way) interaction of these predictors. Implications for our understanding of the All Lives Matter movement are discussed. [ABSTRACT FROM AUTHOR]

Yilmaz, V. (2020). "An examination of disability and employment policy in Turkey through the perspectives of disability non-governmental organisations and policy-makers." Disability & Society **35**(5): 760-782.
This article examines disability and employment policy in Turkey after the country's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2009 through the perspectives of disability non-governmental organisations (disability NGOs) and policy-makers. Drawing on an exploratory qualitative study, the article analyses how disability NGOs and key policy-makers perceive the impact of this development on disability and employment policy. The article shows disability NGO representatives and policy-makers find the employment policy's over-reliance on the quota method inadequate to put the human rights model into practice. They call for greater policy emphasis on accessibility and effective anti-discrimination enforcement to complement the quota method, which reflects the idea that the human rights model has gained wider acceptance among them. The article, however, also reveals that disability NGOs and policy-makers hold divergent views on what constitutes a human rights approach to disability employment, especially concerning segregation in employment. [ABSTRACT FROM AUTHOR]

주영하 (2021). "장애에 관한 차별금지법 국제비교." International Comparison of Anti-Discrimination Laws on Disability. **19**(12): 469-475.
The purpose of this study was to compare the elements of anti-discrimination laws on disability in major OECD countries. This study used the analysis framework for the elements of the anti-discrimination law on disability presented in the national report of Chopin et al.,(2018). In addition, It was analyzed including the Anti-Discrimination Act on Disability, the General Anti-Discrimination Act including Disability, the Equality Act in the UK, and the Human Rights Act in Canada. The research results were as follows. In Austria, Belgium, France and Sweden, it were found that the countrys satisfied all of the provisions of the Act on 'Direct discrimination', 'Indirect

discrimination', 'Harassment', 'Legal standing to act on behalf of victims', 'Legal standing to act in support of victims' and 'Prohibition of victimisation'. In particular, in Korea, 'Legal standing to act on behalf of victims' and 'Legal standing to act in support of victims' were not included. However, it was a country that satisfied the provisions of the Act on 'Direct discrimination', 'Indirect discrimination', 'Harassment' and 'Prohibition of victimisation'. Finally, this study suggested legal and institutional supplementation. [ABSTRACT FROM AUTHOR]

diversity (26)

Araque Barboza, F., et al. (2019). "Discapacidad, familia y derechos humanos." Disability, Family and Human Rights. **24**: 206-216.

The objective of this work is to analyze some theoretical-conceptual proposals about people with disabilities in the context of the family, with the purpose of promoting the development of an attitude of critical reflection from a human rights approach. A narrative review of national and international literature was carried out, with a documentary-bibliographic methodology. It is evident that there is tension between needs, inalienable rights and diversity of social expectations in a world affected by the absence of a shared ethic for the common good. Human rights are promoted from the axiological perspective in various fields of social life. (English) [ABSTRACT FROM AUTHOR]

Beji, R., et al. (2021). "Board Diversity and Corporate Social Responsibility: Empirical Evidence from France." Journal of Business Ethics **173**(1): 133-155.

This study analyzes how the board's characteristics could be associated with globally corporate social responsibility CSR and specific areas of CSR. It is drawn on all listed firms, in 2016, on the SBF120 between 2003 and 2016. Our results provide strong evidence that diversity in boards and diversity of boards globally are positively associated with corporate social performance. However, they influence differently specific dimensions of CSR performance. First, we show that large boards are positively associated with all areas of CSR performance, while specific and overall CSR scores are negatively associated with CEO-chair structures. Second, board gender diversity is positively associated with human rights and corporate governance dimensions. Third, age diversity is positively associated with corporate governance, human resources, human rights, and environmental activities. Also, our results provide evidence that outside directors care about CSR performance. Specifically, the presence of foreign directors is positively associated with environmental performance and community involvement, whereas CSR-Governance dimension is positively associated with the presence of independent directors. Regarding the director's educational level, post-graduated directors are positively and significantly associated with overall CSR score and all CSR sub-scores, except the corporate governance one. When directors have multiple directorships, they are more concerned about human resources, environmental performance, and business ethics. Finally, our findings are robust only in non-family firms. In fact, family boards are less diverse than non-family ones; specifically, they have a lower number of independent, foreign, and high-educated directors. [ABSTRACT FROM AUTHOR]

Beji, R., et al. (2021). "Board diversity and corporate social responsibility: Empirical evidence from France." Journal of Business Ethics **173**(1): 133-155.

This study analyzes how the board’s characteristics could be associated with globally corporate social responsibility CSR and specific areas of CSR. It is drawn on all listed firms, in 2016, on the SBF120 between 2003 and 2016. Our results provide strong evidence that diversity in boards and diversity of boards globally are positively

associated with corporate social performance. However, they influence differently specific dimensions of CSR performance. First, we show that large boards are positively associated with all areas of CSR performance, while specific and overall CSR scores are negatively associated with CEO-chair structures. Second, board gender diversity is positively associated with human rights and corporate governance dimensions. Third, age diversity is positively associated with corporate governance, human resources, human rights, and environmental activities. Also, our results provide evidence that outside directors care about CSR performance. Specifically, the presence of foreign directors is positively associated with environmental performance and community involvement, whereas CSR-Governance dimension is positively associated with the presence of independent directors. Regarding the director’s educational level, post-graduated directors are positively and significantly associated with overall CSR score and all CSR sub-scores, except the corporate governance one. When directors have multiple directorships, they are more concerned about human resources, environmental performance, and business ethics. Finally, our findings are robust only in non-family firms. In fact, family boards are less diverse than non-family ones; specifically, they have a lower number of independent, foreign, and high-educated directors. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Cameron, J. J. and D. A. Stinson (2019). "Gender (mis)measurement: Guidelines for respecting gender diversity in psychological research." Social and Personality Psychology Compass **13**(11).
Empirical evidence affirms that gender is a nonbinary spectrum. Yet our review of recently published empirical articles reveals that demographic gender measurement in psychology still assumes that gender comprises just two categories: women and men. This common practice is problematic. It fails to represent psychologists' current understanding of gender, violates our ethical principles as scientists, and can result in gender misclassification. Psychologists' reliance on binary measures also conveys an exclusionary attitude that is contrary to recent ethical recommendations and contrary to the growing public concern about transgender rights. We extend five simple, no-cost recommendations that begin to resolve these ethical and methodological problems: use and report, nonbinary gender measures; report the prevalence of nonbinary participants; clarify their inclusion and treatment in analysis; and use gender inclusive language. We also address common concerns expressed by researchers, including whether measuring 'sex' resolves the issue and whether gender-inclusive measures confuse or offend participants. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Charleston, L. t. and R. B. Halker Singh (2021). "Virtual issue: Diversity, equity, and inclusion." Headache **61**(9): 1302-1303.

Corona-Aguilar, A., et al. (2021). "Participation by women with physical functional diversity: From inherited oppression to social integration." Australian Social Work **74**(3): 320-331.
This paper analyses the participation processes displayed by women with physical functional diversity in Spain, from the perspective of feminism and human rights. Responses from 18 participants with physical functional diversity allowed us to describe the female participants, as well as to explain their participation histories and plans, including any enabling or obstructing elements. This feedback also allowed us to interpret the participation models of women in positions or situations of influence. This paper, using qualitative methodology, combines grounded theory, intersectionality, and discourse narration to analyse the life contexts and elements that impede access to social participation on a level playing field for these women. The results present emancipatory tools for women and arguments for political decision-making that can help women overcome oppression and violence, thereby facilitating their integration into society.

Implications: The defence of people’s rights is a professional endeavour grounded in social work theory and involves drawing attention to inequalities, in this case, those faced by women with functional diversity. Social work training should prepare social workers for advocacy based on human rights and be led by people with disabilities themselves. Research into disability in social work yields advances in strategies for social and civic participation, particularly for women with functional diversity. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

de Castro, É. S., et al. (2022). "O DISCURSO PÓS-CRÍTICO DE GÊNERO E DIVERSIDADE: UMA PROPOSTA DOS DIREITOS HUMANOS." THE POST-CRITICAL DISCOURSE ON GENDER AND DIVERSITY: A HUMAN RIGHTS PROPOSAL. **17**(3): 1888-1903.

This article aims to develop a debate on the post-critical discourse of gender and diversity, by considering the proposal about them from the perspective of human rights, starting from the objective of understanding the post-critical discourse of gender and diversity within the framework of human rights. It also seeks to understand the relationship between the Universal Declaration of Human Rights and the discussion on gender and diversity, analyzing what are human rights and what is the proposal established by the Declaration when dealing with gender relations instituted and experienced by various societies, as well as to investigate the distortion between discourse and practice in the theme presented. This is a bibliographical research carried out through readings, abstracts, and annotations. We conclude that gender and diversity issues have been silenced throughout the history of human rights. (English) [ABSTRACT FROM AUTHOR]

Foster, B. P., et al. (2023). "Which diversity measures best capture public company value?" Corporate Social Responsibility & Environmental Management **30**(1): 236-247.

Prior research has shown that companies' diversity efforts lead to improved company performance and market value. However, measuring and comparing diversity is a challenge for firms since there is not a comprehensive, universally accepted method to measure firm diversity. This study evaluates three publicly available proxy measures (the Human Rights Campaign Foundation's Corporate Equality Index (CEI) ratings and Bloomberg's environmental, social, and governance (ESG) scores, and a Board of Directors gender diversity index) that report on various aspects of firm diversity to assess which are most closely associated with long-term company value using panel regression. We find that higher CEI ratings and Bloomberg's ESG scores are significantly associated with higher Tobin's q levels. A Granger causality analysis found evidence that diversity efforts at firms lead to higher future market performance, not that firms with better market performance are more likely to increase their diversity. [ABSTRACT FROM AUTHOR]

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.

In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges' drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis. [ABSTRACT FROM AUTHOR]

Garrido, R., et al. (2021). "Diversity and equity in Ibero-American universities: An ecological analysis and proposals for action-research from psychology." Journal of Community & Applied Social Psychology **31**(6): 796-810.
Despite the numerous advances towards the recognition of LGBT rights worldwide, real equity has not yet been achieved. It is therefore necessary to take into consideration not only the socio-political context but also the concrete practices that have been developed in specific settings. The university represents an important scene, which generates knowledge and development in societies. This study, from a Liberating Community Psychology approach, analysed five good practices related to LGBT issues and psychology placed in four countries with different socio-cultural backgrounds: Brazil, Uruguay, Colombia and Spain. The results from an ecological SWOT analysis—based on interviews and questionnaires with diverse stakeholders and experts—showed the internal weaknesses (e.g., lack of resources) and strengths (e.g., high promoters' commitment, students acceptance) of the good practices, as well as their external opportunities and threats in the academic (e.g., social status of the university, curricula gaps), but also in the socio-political context (e.g., protecting policies, attacks from conservative sectors). Additionally, action-research proposals to improve equity in/from universities were suggested by stakeholders and prioritized by experts through a Delphi panel. The main theoretical and practical contributions are discussed. Please refer to the Supplementary Material section to find this article's Community and Social Impact Statement. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

George, E. (2021). "Racism as a Human Rights Risk: Reconsidering the Corporate 'Responsibility to Respect' Rights." Business & Human Rights Journal **6**(3): 576-583.
Darnella Frazer, a teenage witness to a fatal police encounter, used social media to share her cell phone video footage capturing a white police officer casually kneeling on the neck of a handcuffed Black man named George Floyd for nearly nine minutes. Her video rapidly went viral, sparking civil unrest across the United States (US) and protests around the world.1 Independent experts of the Special Procedures of the United Nations Human Rights Council came together to issue a joint statement condemning 'systemic racism' and 'state sponsored racial violence' in the US.2 George Floyd was not the first unarmed Black person to die in police custody under questionable circumstances,3 but his murder motivated many to confront the reality of racism in American society. A broad section of the business community reacted to the civil unrest in the immediate aftermath of the murder of George Floyd with solidarity statements denouncing racism and pledges to promote racial equality.4 Brands rushed to embrace the previously untouchable #BlackLivesMatter movement in marketing campaigns. Business leaders expressed interested in evaluating how particular policies and practices operate in ways that serve to promote racial discrimination or perpetuate racial inequality.5 [ABSTRACT FROM AUTHOR]

Harvey, S. C. (2019). "Diversity and social justice? Comment on Leong, Pickren, and Vasquez (2017)." American Psychologist **74**(4): 506-507.
This is a comment on Leong, Pickren, and Vasquez (2017). The current author contends that in using the American Psychological Association’s response to the Hoffman Report as one milestone in the organization’s evolution in the realm of culture, diversity, and social justice, Leong et al. perpetuated a number of mistruths from that flawed document while also highlighting the challenges involved when speaking about a culture different from their own. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Horton, C. (2023). "Depathologising diversity: Trans children and families' experiences of pathologisation in the UK." Children & Society **37**(3): 753-770.
In January 2022 the World Health Organization removed transgender identities from

categorisation as a mental illness, marking a significant global shift from the pathologisation of gender diversity. However, a legacy of pathologisation of trans identities continues to impact trans lives, particularly on trans children. Informed by qualitative data from 30 families with trans children, this article examines the continued impacts of pathologisation on trans children and families in the UK, exploring how pathologisation manifests at individual, institutional and societal levels. The article advocates for trans depathologisation as a critical priority for child rights and social justice. [ABSTRACT FROM AUTHOR]

Husni, et al. (2022). "RELIGIOUS DIVERSITY AND ITS LEGAL PROBLEMS." Journal Research of Social Science, Economics & Management: 1501-1516.
The basis for freedom of religion in Indonesia is regulated in Article 28E, Article 28I, Article 29 of the 1945 Constitution and Article 4, Article 22 of Law Number 39 of 1999 concerning Human Rights. However, this freedom is not absolute and must be limited to maintain religious harmony in Indonesia. This study aims to determine the actions that often trigger religious disputes with blasphemy or blasphemy of religion either directly or through various online media. This type of research is doctrinal or normative. In this study, all norms, legal principles, legal documents, court decisions, laws and regulations related to religious freedom in Indonesia will be studied. Based on the results of research to maintain religious harmony, the government issued Law Number 1 of 1946 concerning the Criminal Code, Law Number 1/PNPS/1965 concerning the Prevention of Abuse and/or Blasphemy of Religion, Law Number 40 of 2008 concerning the Elimination of Race and Religious Blasphemy. Religion. Ethnic Discrimination, Law Number 19 of 2016 concerning Amendments to Law Number 11 of 2008 concerning Electronic Transaction Information. In addition to legal action against perpetrators of blasphemy, the government and the community must work together to maintain religious tolerance and prevent fanaticism towards their respective religious identities so that it has the potential to cause horizontal conflicts between religious adherents in Indonesia. [ABSTRACT FROM AUTHOR]

Izutsu, T., et al. (2023). "Effect of Diversity Education on Young Adolescents in Japan: Toward the "Do No Harm" Principle." International journal of environmental research and public health **20**(6).
This study evaluated the impact of a semi-structured diversity education program on young adolescents, which included five 45-min sessions facilitated by schoolteachers using an instructors' manual. The study compared changes in knowledge and attitude related to diversity, self-esteem, and mental health among participants before and after the program. The participants were 776 junior high school students. Self-esteem and mental health conditions were assessed with the Rosenberg Self-Esteem Scale (RSES) and Kessler 6-Item Psychological Distress Scale (K6). The ratio of those who answered the knowledge and attitude questions correctly increased significantly for most questions, while the ratio decreased significantly for two questions. The RSES scores improved significantly after the program, but the difference was very small. Mental health, as measured by K6, became significantly worse after the program. A logistic regression analysis indicated that lower K6 scores before the program and worse academic grades had significantly higher odds ratios; being a girl, not having a disability, and having close friends were associated with worse K6 scores after the program. Further, this indicates the importance of developing processes based on evidence and the "nothing about us without us" principle.

Leong, F. T. L., et al. (2019). "Complexities in the History of Diversity and Social Justice: Reply to Harvey (2019)." American Psychologist **74**(4): 508-509.
The authors provide a reply to Harvey's (2019) comment on the authors' article regarding the American Psychological Association's efforts to promote diversity and

social justice (Leong et al., 2017). [ABSTRACT FROM AUTHOR]

Marie Robinson, Z., et al. (2020). "Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities." Learning Disability Practice **23**(6): 24-31.
People with learning disabilities experience many barriers that prevent them from expressing their sexuality and developing loving and sexual relationships, particularly if they identify as lesbian, gay, bisexual and trans (LGBT). This article explores the challenges faced by people with learning disabilities who identify as LGBT in expressing their sexual identities and having sexual relationships, as well as the challenges faced by support workers and health and social care staff in supporting clients in those aspects of their lives. The method used consisted of combining the lived experiences of participants in a Twitter chat with an exploration of the recent literature. The themes that emerged from these combined sources included the importance of love and sexual relationships, the policy context, legal framework, barriers in practice and the concept of intersectionality. This article discusses these themes and outlines implications for practice and research, including the training needs of staff. [ABSTRACT FROM AUTHOR]

Monro, S. (2020). "Sexual and gender diversities: Implications for LGBTQ studies." Journal of Homosexuality **67**(3): 315-324.
This think piece provides a critical analysis of the terms lesbian, gay, bisexual, transgender, and queer (LGBTQ) from an international perspective that draws on citizenship studies, providing some indications of the implications for LGBTQ studies. It outlines difficulties with the LGBTQ acronym in the Global North and South. Internationally, scholarship to support the human rights of non-heterosexuals and gender-diverse people is badly needed, but the think piece concludes that it is crucial to consider the social context of different cases, and to address the materialist, cultural, neo-colonial, and other forces that affect the formation of non-heterosexual and gender-diverse identities. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Muñoz, R. F., et al. (2019). "Indigeneity, diversity, and equity in Internet interventions: Could ISRII contribute to making health care a universal human right?" Internet interventions **18**: 100269.
This article is a partially revised version of a keynote address presented at the 10th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII) in Auckland, New Zealand. It addresses six points: 1) the meanings of indigeneity, diversity, and equity, 2) the strong emotional reactions elicited by the inequities experienced by indigenous groups throughout the world, 3) the aspirations of members of ISRII in terms of what we would like our field to accomplish to address these inequities, 4) the United Nations goal of making health care a universal human right, 5) the difficulties encountered by other health sciences in attempting to include diverse populations into major studies, and 6) ways in which the Internet interventions and digital health field could include indigeneity, diversity, and equity in our work, and by doing so, contribute to the United Nations goal of making health care a universal human right. The authors suggest that providing access to health care to all people, no matter where they are on the socioeconomic continuum, is a key strategy to pursue. The field of Internet interventions could contribute by creating digital apothecaries that would develop, evaluate, and disseminate evidence-based Massive Open Online Interventions to anyone in the world who needs them.; Competing Interests: None. (© 2019 The Authors.)

Perrin, P. B. (2019). "Diversity and Social Justice in Disability: The Heart and Soul of Rehabilitation Psychology." Rehabilitation Psychology **64**(2): 105-110.

Rehabilitation psychology uniquely incorporates a holistic, psychosocial perspective encompassing all aspects of disability, with a particular focus on the connection between disabled people and the social environment. This article introduces a special issue of Rehabilitation Psychology on diversity and social justice in disability research. The 13 articles in this special issue coalesce around the 3 themes of (a) critical disability identity theory, (b) discrimination and prejudice, and (c) health disparities in the context of disability. This article introduces each of these articles and draws upon the work contained in this special issue to highlight important future directions for research on diversity and social justice in disability across the following areas: (a) nondisabled privilege, (b) rehabilitation versus cure versus adjustment, (c) diverse modes of knowing, and (d) a priori diversity and strength-based measures. This special issue helps rehabilitation psychologists consider how they can best fulfill their social justice, human rights, and advocacy missions in order to advance access and inclusion with and for diverse groups of disabled people. [ABSTRACT FROM AUTHOR]

Qureshi, A. P., et al. (2021). "Diversity in Scientific Discovery." The American surgeon **87**(11): 1732-1738.
Presented here is a brief discussion on the imperative need and thoughtful approaches to embracing diversity, equity and inclusion within scientific enquiry.

Roberson, Q. (2020). "Access to justice as a human right, organizational entitlement and precursor to diversity and inclusion." Equality, Diversity & Inclusion **39**(7): 787-791.
Purpose: In the wake of the death of George Floyd in the United States, many corporate leaders have released statements condemning racism and police brutality and committed their organizations to focus on diversity and inclusion. While such statements, intentions, and goals are laudable, they evade the phenomenon at the crux of the current social movement: access to justice. Design/methodology/approach: This essay draws upon theory and research across a variety of disciplines to examine the accessibility of justice for African Americans in society and in work organizations. Findings: As corporate leaders have made statements decrying racism and police brutality and offered their support to civil rights groups and organizations fighting for racial justice, there is a need for that same level of scrutiny and support within their own organizations. As a precursor to diversity and inclusion initiatives, corporate leaders need to take actions to ensure the fairness of outcomes, policies and practices, and treatment by others for African Americans within their organizations. Practical implications: Strategies for reviewing and revising organizational policies and practices to preserve fairness in the work experiences of African Americans and for creating and maintaining cultures of fairness are offered. Originality/value: The author integrates historical documents, research, opinion, and literary devices to understand the meaning and practice of justice in society and organizations. [ABSTRACT FROM AUTHOR]

Stenhouse, R. (2021). "Understanding equality and diversity in nursing practice." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **36**(2): 27-33.
Equality and diversity are terms that are used frequently in nursing, healthcare and workplace settings. Nurses' professional standards of practice and behaviour are underpinned by values of equality and diversity. This means that nurses must treat people as individuals, avoid making assumptions about them, recognise diversity and individual choice, and respect and uphold their dignity and human rights. This article explores what equality and diversity mean in nursing practice, the legal framework that underpins these terms, and the inequalities and discrimination that patients and staff may experience in health and social care settings. It discusses the role of organisational culture in supporting nurses to uphold the values of equality and diversity and encourages nurses to reflect on this topic to enhance their practice.; Competing Interests: None declared (© 2020 RCN Publishing Company Ltd. All rights reserved.

Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

Stonehouse, D. P. (2021). "Understanding nurses' responsibilities in promoting equality and diversity." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **36**(6): 27-33.
Nurses have a duty to promote the values of equality and diversity during their interactions with patients and their families and carers, as well as peers and colleagues. This article defines the terms equality, diversity and inclusion, and explains the importance of the Equality Act 2010 and the Human Rights Act 1998 in protecting people from various types of discrimination. It also outlines nurses' responsibilities in promoting equality and diversity by treating all patients and colleagues with respect and dignity, providing compassionate leadership, and practising in accordance with the ethical principle of justice. The article encourages and empowers nurses to recognise and challenge discrimination wherever they see it, thereby delivering high-quality care to all patients.; Competing Interests: None declared (© 2021 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

Sutton, E. and V. Montgomery Rice (2021). "Impact of the Lack of Diversity Within Surgery Career Pathways and Mitigating Factors." The American surgeon **87**(11): 1713-1717.
The lack of diversity in surgical career pathways impacts the cultural competence of the learning and working environment, the variety of leadership styles found within surgical leadership, and the ability of an organization to achieve equity in the workplace due to ongoing mistrust and untouched bias. Leading mitigating factors include developing pathways for greater numbers of diverse people at the high school and college level and implicit bias training. Though educators have had some success with these factors in the initial stages of diversifying early pathways, these factors are not yet correlated to entry into a surgical career. Future solutions to the lack of diversity in surgery will be predicated on surgeons collectively valuing justice, equity, diversity, and inclusion.

Vassilopoulou, J., et al. (2019). "International Perspectives on Securing Human and Social Rights and Diversity Gains at Work in the Aftermath of the Global Economic Crisis and in Times of Austerity." European Management Review **16**(4): 837-845.
This editorial illuminates the evidence of how human and social rights and diversity gains at work are under attack in the aftermath of the global economic crisis and in times of austerity. We provide a brief overview of the six articles in this issue, which draw upon a wide range of theories and engage with different, but in many ways connected, issues pertinent to human and social right, diversity and equality in the light of the economic crisis and austerity. The editorial concludes discussing a number of dilemmas and problematic issues that remain despite the increased scholarly attention to the threat to human and social rights and diversity gains at work in current times. Lastly, we offer recommendations to how diversity advocates can develop new approaches and strategies in order to resist the current threat to the diversity agenda internationally. [ABSTRACT FROM AUTHOR]

EMIGRATION & immigration (39)

(2019). "ETHIOPIA – SAUDI ARABIA: Migrants Abandoned." Africa Research Bulletin: Political, Social & Cultural Series **56**(8): 22422A-22423C.

Ahmad, N. (2021). "Refugees and Algorithmic Humanitarianism: Applying Artificial Intelligence to RSD Procedures and Immigration Decisions and Making Global Human

Rights Obligations Relevant to AI Governance." International Journal on Minority & Group Rights **28**(3): 367-435.

Artificial intelligence (AI) has created algorithmic-driven humanitarianism without ethics, justice, and morality. Current AI dynamics do not protect humanity and mitigate its sufferings in refugee status determination procedures and immigration decisions, raising a host of data privacy and confidentiality issues. Data from refugees, asylum–seekers and migrants and the stateless might be deployed and manipulated for geostrategic, geopolitical, geo-engineering, medico-research, socio-economic, and demographical purposes by international organisations and governments. AI lacks anthropogenic sensitivity, critical thinking, and human traits of subjectivity and objectivity. The author ruminates on these issues by examining the application of AI and assessing its impact on the global human rights norms. The author adopts a human rights-based approach while espousing the reprogramming of algorithmic humanitarianism within new AI technologies for sustainable artificial intelligence. [ABSTRACT FROM AUTHOR]

Akinsulure-Smith, A. M., et al. (2023). "Evaluating Asylum Claims Based on Female Genital Mutilation/Cutting for Immigration Court—Opportunities and Challenges for Licensed Mental Health Professionals." Professional Psychology: Research & Practice **54**(2): 167-176.

Although female genital mutilation/cutting (FGM/C) is illegal in many countries, over 200 million women and girls have been subjected to the practice worldwide. FGM/C has been declared a violation of human rights and constitutes grounds for asylum in many nations. Despite the reported physical and psychological sequelae of the practice, typically only medical professionals are sought to provide expert testimony in immigration court (IC). However, with growing recognition that licensed mental health professionals (LMHPs) can offer significant contributions to immigration proceedings, increasingly LMHPs have become involved in conducting psychological evaluations for such cases. This article highlights the key contributions that LMHPs with specialized knowledge and clinical skills can provide during immigration proceedings when evaluating females who have experienced or are at risk for FGM/C, including working with the asylum seeker and her attorney, conducting the evaluation, writing the affidavit, and testifying in IC. Public Significance Statement: This article discusses the critical contributions licensed mental health professionals can make to immigration proceedings in cases pertaining to females who have experienced or are at risk for female genital mutilation/cutting. [ABSTRACT FROM AUTHOR]

Andrade, M. E. (2020). "CLIMATE MIGRATION BEYOND THE REFUGEE FRAMEWORK: CREATING BRIDGES BETWEEN HUMAN RIGHTS AND INTERNATIONAL CLIMATE LAW." Sustainable Development Law & Policy **21**(1): 18-25.

The article presents brief overview of the complex nature of climate-related migration and proposals for a comprehensive and cooperative approach that highlights the interface between the fields of human rights and climate change law. It mentions United Nations Framework Convention on Climate Change (UNFCCC), capable of taking into consideration the complex and unique nature of climate-induced migration.

Arnold-Fernández, E. E. (2019). "National Governance Frameworks in the Global Compact on Refugees: Dangers and Opportunities." International Migration **57**(6): 188-207.

This article examines the treatment of national governance frameworks in the Global Compact on Refugees. Given that national governance frameworks are the primary determinants of whether a refugee can live safely, move freely, work, and access state and private services such as education, healthcare, banking and justice, their treatment in the Global Compact has important implications for future prospects for local

integration, the durable solution least-often discussed but most likely to become the de facto reality for most of the world's refugees. [ABSTRACT FROM AUTHOR]

Avila Hernandez, F. M., et al. (2020). "Derechos emergentes de los migrantes forzados venezolanos en Colombia. Propuesta de los iura vivendi y migrandi, al ius integrandi." Emerging rights of venezuelan forced migrants in Colombia. Proposal of the iura vivendi and migrandi, to the ius integrandi. **25**: 133-146.
This study analyzes the current Colombian international and national legal order of immigration, in light of the COVID 19 Pandemic. The research is located in the actual situation of violation of the rights of forced venezuelan migrants and the violation of their human dignity, in the context of colombian rule of law. First, the nature of the current international legal order of migrations is studied. Next, the different profiles of the human vulnerability of the migrant's condition are analyzed; facing the contingency generated by COVID 19 and the responses that, from the political and legal point of view, the Colombian State has given on the occasion of the contingency. (English) [ABSTRACT FROM AUTHOR]

Brock, G. (2020). "Self-determination, Democracy, Human Rights, and Migrants' Rights: A Reply to Sangiovanni and Stilz." International Journal of Applied Philosophy **34**(2): 295-309.
What weight should we place on self-determination, democracy, human rights and equality in an account of migration justice? Anna Stilz and Andrea Sangiovanni offer insightful comments that prompt us to consider such questions. In addressing their welcome critiques I aim to show how my account can help reduce migration injustice in our contemporary world. As I argue, there is no right to free movement across state borders. However, migrants do have rights to a fair process for determining their rights. Democratic communities should have scope to make many migration decisions, although there are constraints on that self-determination. The migration governance oversight arrangements I favor are compatible with core requirements of agency and responsiveness that are operative in mature democracies. In responding to concerns about objectionable power inequalities that often characterize temporary worker programs, I show why addressing these issues requires various institutional protections that are well enforced. Robust migration governance arrangements can assist in formulating defensible migration policies that we can implement here and now as we aim to reduce migration injustices in our current world. [ABSTRACT FROM AUTHOR]

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.
The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-

affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. [ABSTRACT FROM AUTHOR]

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.
The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. [ABSTRACT FROM AUTHOR]

Corrêa Ferreira, L., et al. (2022). "Português como Língua de Acolhimento e os desafios do

acesso a uma universidade pública no Brasil." Portuguese as a Welcoming Language and the challenges of entering a public University in Brazil. **15**(1): 1-12.
Portuguese as a Welcoming Language is a discipline which finds its place both in the scope of Applied Linguistics and also in the field of Human Rights since education is a human right according to the Brazilian Constitution of 1988. The globalization and the advent of international migration in general motivated the development of the field of Portuguese as a Welcoming Language (GROSSO, 2010; AMADO, 2013). In this chapter, we are interested in analyzing from an emic perspective the linguistic ideologies and beliefs that emerge in the speech of a Haitian student during an informal conversation about his approval in the Brazilian exam of access to the Brazilian higher education, Exame Nacional do Ensino Médio (ENEM), and the consequent admission to a free public University in Brazil. (English) [ABSTRACT FROM AUTHOR]

Correa-Cabrera, G. and N. Koizumi (2021). "Explicando las caravanas migrantes: ¿hipótesis de trabajo, activismo académico o teorías conspirativas?" Explaining Migrant Caravans: Research hypotheses, academic activism or conspiracy theories? **33**: 1-14.
El articulo discute sobre activísimo académico y teorías conspirativas acerca de las carvanas migrantes. El articulo también se centra en la política migratoria estadounidense y mexicana, las redes de tranfico ilícito de personas en las rutas de tránsito y fronteras de Norteamericana, Centroamericana y los derechos humanos de los refugiados .

Damousi, J. (2020). "World Refugee Year 1959–60: Humanitarian Rights in Postwar Australia." Australian Historical Studies **51**(2): 212-227.
In 1959, the United Nations (UN) proclaimed the year 1959–60 World Refugee Year (WRY). The aim of WRY was to urge members of the UN to focus on the issue of refugees in camps, provide additional financial support and foster humanitarian solutions to resettle refugees. In this article, I focus on the Victorian committee which was formed to oversee WRY activities, to consider the concept of 'rights', and its relationship to humanitarianism. Three arguments are advanced. First, moving beyond the polarisation between human rights and humanitarianism this article discusses the notion of humanitarian rights to capture the shifts taking place during the postwar period. Second, WRY illustrates techniques of modern humanitarian campaigning and fundraising, suggesting that compassion had to be generated. Finally, WRY provides a valuable opportunity to consider a key historic moment which throws into sharp relief a consideration of humanitarian rights in postwar Australia. [ABSTRACT FROM AUTHOR]

Damousi, J. (2020). "World Refugee Year 1959–60: Humanitarian Rights in Postwar Australia." Australian Historical Studies **51**(2): 212-227.
In 1959, the United Nations (UN) proclaimed the year 1959–60 World Refugee Year (WRY). The aim of WRY was to urge members of the UN to focus on the issue of refugees in camps, provide additional financial support and foster humanitarian solutions to resettle refugees. In this article, I focus on the Victorian committee which was formed to oversee WRY activities, to consider the concept of 'rights', and its relationship to humanitarianism. Three arguments are advanced. First, moving beyond the polarisation between human rights and humanitarianism this article discusses the notion of humanitarian rights to capture the shifts taking place during the postwar period. Second, WRY illustrates techniques of modern humanitarian campaigning and fundraising, suggesting that compassion had to be generated. Finally, WRY provides a valuable opportunity to consider a key historic moment which throws into sharp relief a consideration of humanitarian rights in postwar Australia. [ABSTRACT FROM AUTHOR]

Degani, P. and C. Ghanem (2019). "How Does the European Union Talk about Migrant Women and Religion? A Critical Discourse Analysis of the Agenda on Migration of the European Union and the Case Study of Nigerian Women." Religions **10**(1): 27-21.
Women with different identity and migration origins represent one of the most significant groups in the migration flows of the Mediterranean in recent years and the intersection of their religious identity and gender has been often neglected in migration policies. The paper applies the method of Critical Frame Analysis (CFA) to analyze the ways in which European policy documents address the intersection between gender and religious diversity. Through the CFA, the article examines the European Agenda on Migration and the priorities identified in the text. The analysis of the document is based on recent case studies of trafficked Nigerian women, which provide examples of the dangerous invisibility of ethnic and religious women in the priorities highlighted in the policy document of the European Commission. The CFA results show that the European Agenda on Migration, in responding to the increased number of arriving migrants from Africa and in designing a new approach towards mixed migration flows, lacks any reference to the gender perspective of migration and gender mainstreaming is missing from the text. The neutrality of the document and the securitization frame applied does not take into perspective the importance of recognizing a gender and intersectional dimension of migration flows, which impacts primarily women coming from African countries beholding strong religious beliefs. [ABSTRACT FROM AUTHOR]

DeGooyer, S. (2022). "Resettling Refugee History." American Literary History **34**(3): 893-911.
This article pursues a longue durée study of the US refugee to resettle, in necessary and generative ways, contemporary interest in the refugee as representative of a current "global crisis" and as inherently tied to the unique violence of the twentieth and twenty-first centuries. It argues that the twentieth century is not the only thinkable or relevant period for a refugee literary history. The colonial construction of "asylum," the word we refer today as a legal source of political protection for refugees, was in earlier times intertwined with the development of an exclusionary migration regime, vestiges of which continue to govern the reception of migrants today. The very idea of asylum, despite becoming a legal fixture of human rights law in the twentieth century, was never meant to be expansive in the US. How we make sense of this disjuncture is a serious project for literary scholarship invested in refugees and migration. The limbo that many contemporary refugees find themselves in today, in detention camps and other make-shift shelters, is tied to the US's early fictional conception of itself as a refuge for white European foreigners. [ABSTRACT FROM AUTHOR]

Dursun, G. and S. NİZamoĞLu (2021). "TÜRKİYE'DE İŞGÜCÜ PİYASALARINDA SURİYELİ KADIN MÜLTECİLER: KONFEKSİYON ENDÜSTRİSİ ÖRNEĞİ." SYRIAN WOMEN REFUGEES IN THE TURKEY LABOUR MARKET: THE CASE OF CLOTHING INDUSTRY.: 109-132.
The ongoing war in Syria since 2011, initially just about Turkey, it caused the forced migration of approximately 7 million people to neighboring countries such as Lebanon, Jordan, Iraq and Egypt and this wave of immigration has brought along a potential labor flow. This major displacement has led to increased exploitation in the labor markets, as well as the human rights and security issues for refugees in host countries. In this study, Syrian refugee women are examined how they adapt to the labor market, through their clothing industry concentrated in Turkey. For this purpose, semi-structured, narrative, and in-depth interviewing were made with 15 Syrian women refugee workers in two clothing factory established in Bağcılar, Istanbul, where Syrian immigrants are concentrated. All women in both workshops work informally and are temporary workers. The main reason for Syrian refugee women being employed intensively in clothing factory is that they carry out their activities on a small business basis without a work permit. Another reason is that cheap and abundant labor input in production can

increase the profitability of companies. Findings obtained from the study show that Syrian women refugees have adapted to the labor market in ready-made clothing sector, a branch of labor that requires unskilled labor. However, this way of working is not a preference. Most refugee women do not have a work permit. It is uncertain, unqualified, or their education is incomplete. For these reasons, they have to work in factory producing contract manufacturing. It has not been observed that the average wages of Syrian women refugee are lower than domestic women workers. Despite the difficulties and discrimination that women refugee experience at all stages of the migration process, their participation in the labor markets is an important tool for them to express themselves. Although the laws designed to protect women by taking into account the welfare of women migrants (such as laws requiring official immigration permits for unskilled workers) are a source of pressure and exploitation for Syrian women refugees, such factory contribute to increasing their economic freedom for refugee women. However, this situation is also evident as a proof that migrant women mask their exploitation and marginalization. (English) [ABSTRACT FROM AUTHOR]

Ferris, E. E. and S. F. Martin (2019). "The Global Compacts on Refugees and for Safe, Orderly and Regular Migration: Introduction to the Special Issue." International Migration **57**(6): 5-18.
In December 2018, the UN General Assembly adopted two Global Compacts: The Global Compact on Refugees (GCR) and the Global Compact for Safe, Orderly and Regular Migration (GCM). These two compacts, while non-binding and aspirational in nature, offer the first widely-accepted new normative frameworks on the movement of people since the ratification of the 1951 refugee convention and its 1967 protocol. This special issue of International Migration aims to analyse the way in which these two compacts were negotiated, examine their potential impact in a number of areas, and compare the way they deal with common themes such as gender, civil society and security. This introductory article describes the background and the process of negotiating the global compacts, provides a short summary of the articles included in this special issue, and highlights gaps in the two compacts that are not elsewhere discussed herein. [ABSTRACT FROM AUTHOR]

Gest, J., et al. (2019). "Protecting and Benchmarking Migrants' Rights: An Analysis of the Global Compact for Safe, Orderly and Regular Migration." International Migration **57**(6): 60-79.
The Global Compact for Safe, Orderly, and Regular Migration (GCM) was to be "guided by human rights law and standards" in recognition of the rights of international migrants, who are currently protected by an overlapping patchwork of treaties and international law. The GCM contains many laudable commitments that, if implemented, will ensure that states more consistently respect, protect, and fulfil the rights of all migrants and also that states incorporate data on migration into a more cohesive governance regime that does more to promote cooperation on the issue of international migration. However, many concerns remain. Using a legal analysis and cross-national policy data, we find that the GCM neither fully articulates existing law nor makes use of international consensus to expand the rights of migrants. In its first section, this article provides a concise analysis of the GCM's compliance with a set of core principles of existing international human rights law regarding migrants. In the second section, we apply a novel instrument to create an objective, cross-national accounting of the laws protecting migrants' rights in various national legal frameworks. Focusing on a sample of five diverse destination and sending countries, the results suggest we are close to an international consensus on the protection of a core set of migrants' rights. This analysis should help prioritize the work necessary to implement the GCM. [ABSTRACT FROM AUTHOR]

Grange, M., et al. (2020). "Using detention to talk about the elephant in the room: the Global Compact for Migration and the significance of its neglect of the UN Migrant Workers Convention." International Journal of Law in Context **16**(3): 287-303.
The paper discusses the (unsteady) evolution of multilateral processes on migration since the 1980s, with a focus on immigration detention as a growing response to migratory movements. It identifies distinct periods leading up to the Global Compact for Migration (GCM). The paper exposes double standards in the treatment of migration at the UN and beyond, connected with states' view of migration as a toxic topic. While the GCM put the issue of migration back on the global agenda, the paper argues against the claim that the GCM is the first-ever inter-governmentally negotiated agreement covering all dimensions of international migration. This description better fits the 1990 Migrant Workers Convention. Furthermore, the paper illustrates how the GCM poses a threat to human rights protection in the area of migration: given its focus on co-operation and a state-led non-binding approach, it may overshadow existing international norms and widely endorsed standards monitored by UN bodies. [ABSTRACT FROM AUTHOR]

Jarvis, G. E. and L. J. Kirmayer (2023). "Global migration: Moral, political and mental health challenges." Transcultural Psychiatry **60**(1): 5-12.
Global migration is expected to continue to increase as climate change, conflict and economic disparities continue to challenge peoples' lives. The political response to migration is a social determinant of mental health. Despite the potential benefits of migration, many migrants and refugees face significant challenges after they resettle. The papers collected in this thematic issue of Transcultural Psychiatry explore the experience of migration and highlight some of the challenges that governments and healthcare services need to address to facilitate the social integration and mental health of migrants. Clinicians need training and resources to work effectively with migrants, focusing on their resilience and on long-term adaptive processes. Efforts to counter the systemic discrimination and structural violence that migrants often face need to be broad-based, unified, and persistent to make meaningful change. When migrants are free to realize their talents and aspirations, they can help build local communities and societies that value diversity. [ABSTRACT FROM AUTHOR]

Jensen, J. and N. Piper (2022). "Migrant workers, the ILO and the potential for labour justice." Global Social Policy **22**(2): 239-243.

Jubilut, L. L. and M. M. Casagrande (2019). "Shortcomings and/or Missed Opportunities of the Global Compacts for the Protection of Forced Migrants." International Migration **57**(6): 139-157.
The Global Compact for Safe, Orderly and Regular Migration (GCM) and the Global Compact on Refugees (GCR) are norm-creating exercises, in the sense of being international legal documents for a new framework that reinforces existing structures and attempt to renew migration governance globally. They were expected to further develop the protection of all migrants. However, despite some progress, there are shortcomings and/or missed opportunities in what they were able to achieve, especially in the case of the protection of forced migrants. Understanding these shortcomings and/or missed opportunities as being conceptual and institutional in nature, and to assess both these sets, this article presents the idea of forced migration and the lack of international protection of forced migrants (part 1), describes the protection of forced migrants achieved by the Compacts (part 2), and ends by assessing the shortcomings and/or missed opportunities in both Compacts (part 3). [ABSTRACT FROM AUTHOR]

Kale, B. and M. Erdoğan (2019). "The Impact of GCR on Local Governments and Syrian

Refugees in Turkey." International Migration **57**(6): 224-242.
In the last couple of years, more than 3.6 million Syrian refugees have been hosted under the "temporary protection" scheme in Turkey. Despite these high numbers Turkey did not have a centralized refugee settlement and integration policy. As a result, various stakeholders including local governments have played critical roles in providing refugee assistance services. This research looks at the role of local governments in delivering services evolving from emergency response to local integration. This article argues that this role with respect to the United Nations' Global Compact on Refugees (GCR) has to be further strengthened. The data for this research were collected through a comprehensive study based on interviews and surveys carried out in İstanbul with local authorities, İstanbul Metropolitan Municipality, and its 39 district municipalities in 2016-2017. Although this research has its focus on İstanbul as the selected case study, the findings can reveal conclusions relevant to global implications and perspectives. [ABSTRACT FROM AUTHOR]

Larkin, A. (2019). "ITALY AND THE AQUARIUS: A MIGRANT CRISIS." Pace International Law Review **32**(1): 137-169.
Italian journalist Indro Montanelli once wrote, "[w]e Italians are tolerant and civil with all those who are different. Black, red, yellow. Especially when they are far away, at a telescopic distance from us."1 In recent years, Italy had a resurgence of nationalist and far-right political leaders, who have taken an anti-immigration stance.2 Public interest in migration of refugees and asylum seekers is due both to media coverage of their stories3 and to litigation4 before international courts.5 One high-profile story that made headlines in the summer of 2018 was Italy's treatment of the Aquarius, a rescue vessel operated by the German non-governmental organization SOS Méditerranée and Doctors Without Borders/Médecins Sans Frontières. This comment will focus on what the international community currently does to protect migrants at sea and what role international law has played and could play in the future. Part I will analyze whether Italy violated Article 33 of the United Nations High Commissioner for Refugees' (UNHCR) 1951 Refugee Convention. Part II will analyze whether Italy violated the European Convention on Human Rights (ECHR) Article 1. Finally, Part III will be a brief discussion of other legal avenues that might be available to refugees. [ABSTRACT FROM AUTHOR]

Majcher, I. (2019). "Immigration Detention under the Global Compacts in the Light of Refugee and Human Rights Law Standards." International Migration **57**(6): 91-114.
The article explores how immigration detention is addressed in the Global Compact on Refugees (GCR) and Global Compact for Safe, Orderly and Regular Migration (GCM) and investigates the potential implications of the compacts on the existing legal framework regulating the use of immigration detention. While Objective 13 of the GCM largely reflects detention-related standards under international human rights law, the GCR makes only scarce references to detention in §60. Overall, the compacts risk inhibiting gradual endorsement of the norm of non-detention of children. On the other hand, they rightly restate the priority for alternatives to detention for adults. States should implement the provisions of the compacts in line with their obligations under international human rights and refugee law. The compacts cannot be used as a pretext to lower domestic detention-related standards or to diminish the validity of the existing framework governing immigration detention. [ABSTRACT FROM AUTHOR]

Masoumi, A. (2022). "Fast Refugee Protection: Temporality and Migration Control." Social & Legal Studies **31**(2): 197-215.
This article explores the temporality of migration control through an analysis of refugee claim processing in Canada. I draw on organizational reports, commissioned studies, media reports, interviews and archival data to argue that time is a key technology of

state-controlled migration regulation. I show that temporal technologies have long been used to both control the access of migrants and the labour of civil servants. Furthermore, I show that procedural temporalities have been consistently manipulated to reflect and facilitate growing restrictionism in Canadian migration regulation. In short, I suggest that migration regulation regimes devise and use temporal technologies to block, deter or delay access to rights to unwanted and unauthorized migrants, and to reduce the cost of doing so where possible. [ABSTRACT FROM AUTHOR]

MeÇE, M. H. (2020). "HUMAN TRAFFICKING AND HUMAN RIGHTS IN HUMANITARIAN CRISES: THE CASE OF REFUGEE CAMPS." Balkan Social Science Review **15**(15): 177-196.

Recent global statistics show that refugee situations are on the rise. A growing body of literature has focused on the scale of the crises, mostly in rich countries, portraying refugees as „victims?, „burden? and „problems?. In general, host communities have been perceived as being homogenous while socially constructed differences between them and refugees have been understudied. Implementation of top-down interventions with a primary focus on refugees? basic needs satisfaction increased their dependency on aid and instilled their dignity triggering the strategy of their confinement mainly in camps. Accommodation of refugees in camps has not always been the best solution because they did not always provide a safe place for their dignified life. Operational gaps in some refugee-accepting countries, on the one hand, and the disproportionate efforts made by the international community to support them to manage humanitarian crises, on the other hand, have made refugees a profitable target for human traffickers. While human trafficking has been perceived as a side effect rather than a direct consequence of the humanitarian crises, it has not been prioritized in humanitarian responses? design. Considering the existing gaps in the literature about challenges faced by refugees in camps and insufficient research about refugee-host communities? relations, this paper aims at discussing the risk of human trafficking in refugee camps and how it is addressed. It examines how policies and approaches advocated by International Office for Migration, European Commission, and the United Nations High Commissioner for Refugees call to promote a rightsbased anti-trafficking response in refugee camps during humanitarian crises. It uses secondary data to illustrate the vulnerability of refugees to human trafficking in refugee camps and provides some recommendations to be taken into consideration. [ABSTRACT FROM AUTHOR]

Moon, D. J. (2021). "Dependents and Deviants: The Social Construction of Asian Migrant Women in the United States." Affilia: Journal of Women & Social Work **36**(3): 391-405.

The pathways of equitable access to work and residency for migrants in the United States are fraught with inconsistencies. Spouses of migrants on a specialty occupation visa (H1B) cannot obtain a social security number, and therefore, their legal standing entirely depends on their H1B spouses. Moreover, these spouses, who are predominantly women from non-Western countries, are strictly prohibited from participating in any type of income-generating activities, including self-employment. Restriction on migrant spouses' workforce participation perpetuates their involuntary financial dependency, which creates such problems as lowered self-esteem, depression, suicidality, marital problems, and domestic violence. In this article, I build on the previous works to further illuminate how the social construction, that is, a popular image or stereotypes of non-Western women as dependents and deviants might have contributed to creating and maintaining the H4 visa regulations while contemplating its long-term impact in light of the U.S. nation-building effort based on the Theory of Social Construction of Target Populations. The social construction lens offers a framework for social work scholars, educators, and practitioners to critically examine and articulate the mechanisms through which stereotypes and bias toward vulnerable populations influence policy design and thereby dictate their life choices and positioning in society. [ABSTRACT FROM AUTHOR]

Nillsuwan, B. (2023). "Interacting with global refugee complexity and wresting control: Shan refugees and migrants in Thailand." Asian Politics & Policy **15**(2): 226-248.
The changes in Thailand's policy on labor migrant control appeared optimistic for refugee and human rights issues in recent years. This article argues that such positive adjustment is to take control of refugees and migrants outside the space of the global refugee regime. Using the case of Chiang Mai, Thailand, it discussed how the movement of Shan people in this area indicates mixed migration and how the Thai authorities and local Thais' views of them affect their status in Thailand. It examined the role of international norms that influence Thailand's policy and treatment of the Shan refugees and migrants in education and healthcare. Recent adjustments demonstrated that the Thai government began altering migration restrictions, although this is an attempt to seize control. In the refugee regime complexity, Thailand interacts with the regimes in two areas: education and healthcare, to maintain the control and manageability of refugees and migrants. (English) [ABSTRACT FROM AUTHOR]

Nolan-Ferrell, C. (2021). "Pedimos Posada: Local Mediators and Guatemalan Refugees in Mexico, 1978-1984." Pedimos posada: mediadores locales y refugiados guatemaltecos en México, 1978-1984.(80): 153-178.
Objective/Context: This article investigates how indigenous Guatemalan campesinos who took refuge in Chiapas, Mexico, relied upon Mexican mediators and community solidarity to secure their safety during the Guatemalan army's genocidal campaign (1979-1983) against Mayan campesinos. The objective is to identify why different groups of mediators successfully met refugee needs. Methodology: Using the framework of forced migration studies, the article uses archival and oral histories to examine patterns of labor migration and refugee movement. Originality: The study uses previously uncatalogued archival collections, including the Guatemalan Refugees Collection in the Archivo Histórico Diocesano de San Cristóbal de las Casas, local documents from the Instituto Nacional de los Pueblos Indígenas (formerly Instituto Nacional Indígena, ini), and oral histories collected in communities of ex-refugiados. Conclusions: Refugees relied upon local mediators, primarily campesinos and small farmers, for food, shelter, and work. Although formal mediators (governmental and intergovernmental organizations) potentially offered more services to refugee settlements, refugee camps also required formal registration and restricted peoples' rights to work and move freely. Indigenous Maya villagers on both sides of the border shared long histories of labor migration, along with social, religious, and family ties. These links formed the base of new communities and provided refugees with needed flexibility. More broadly, this research shows how grassroots community formation protected, and at times exploited, the human rights of refugees. (English) [ABSTRACT FROM AUTHOR]

Nolan-Ferrell, C. (2021). "Pedimos Posada: Local Mediators and Guatemalan Refugees in Mexico, 1978-1984." Pedimos posada: mediadores locales y refugiados guatemaltecos en México, 1978-1984.(80): 153-178.
Objective/Context: This article investigates how indigenous Guatemalan campesinos who took refuge in Chiapas, Mexico, relied upon Mexican mediators and community solidarity to secure their safety during the Guatemalan army's genocidal campaign (1979-1983) against Mayan campesinos. The objective is to identify why different groups of mediators successfully met refugee needs. Methodology: Using the framework of forced migration studies, the article uses archival and oral histories to examine patterns of labor migration and refugee movement. Originality: The study uses previously uncatalogued archival collections, including the Guatemalan Refugees

Collection in the Archivo Histórico Diocesano de San Cristóbal de las Casas, local documents from the Instituto Nacional de los Pueblos Indígenas (formerly Instituto Nacional Indígena, ini), and oral histories collected in communities of ex-refugiados. Conclusions: Refugees relied upon local mediators, primarily campesinos and small farmers, for food, shelter, and work. Although formal mediators (governmental and intergovernmental organizations) potentially offered more services to refugee settlements, refugee camps also required formal registration and restricted peoples' rights to work and move freely. Indigenous Maya villagers on both sides of the border shared long histories of labor migration, along with social, religious, and family ties. These links formed the base of new communities and provided refugees with needed flexibility. More broadly, this research shows how grassroots community formation protected, and at times exploited, the human rights of refugees. (English) [ABSTRACT FROM AUTHOR]

Palmer, W. and A. Missbach (2019). "Enforcing labour rights of irregular migrants in Indonesia." Third World Quarterly **40**(5): 908-925.
The multi-directional nature of labour migration flows has resulted in an increasing number of countries having become both senders and receivers of regular and irregular migrants. However, some countries continue to see themselves primarily as senders and so ignore their role as a receiving country, which can have negative implications for the rights of migrants in their territory. Using the example of Indonesia, which is State Party to the 1990 UN Convention on the Rights of All Migrant Workers and Their Families, this article demonstrates that irregular migrant workers in this country have the legal right to protection against labour exploitation even when they work despite the government's prohibition on employment. The article discusses the 'right to work' and how international human rights law has translated it into the 'right to protection from labour exploitation' for irregular migrants in Indonesia. By way of two case studies about the Indonesian government's handling of irregular migrants, it shows how it prioritises enforcement of the employment immigration law over labour and employment laws much like countries that have not ratified the ICRMW. It also draws attention to legal protection gaps that emerge for asylum seekers when they are recognised to be genuine refugees. [ABSTRACT FROM AUTHOR]

Palmer, W. and A. Missbach (2019). "Enforcing labour rights of irregular migrants in Indonesia." Third World Quarterly **40**(5): 908-925.
The multi-directional nature of labour migration flows has resulted in an increasing number of countries having become both senders and receivers of regular and irregular migrants. However, some countries continue to see themselves primarily as senders and so ignore their role as a receiving country, which can have negative implications for the rights of migrants in their territory. Using the example of Indonesia, which is State Party to the 1990 UN Convention on the Rights of All Migrant Workers and Their Families, this article demonstrates that irregular migrant workers in this country have the legal right to protection against labour exploitation even when they work despite the government's prohibition on employment. The article discusses the 'right to work' and how international human rights law has translated it into the 'right to protection from labour exploitation' for irregular migrants in Indonesia. By way of two case studies about the Indonesian government's handling of irregular migrants, it shows how it prioritises enforcement of the employment immigration law over labour and employment laws much like countries that have not ratified the ICRMW. It also draws attention to legal protection gaps that emerge for asylum seekers when they are recognised to be genuine refugees. [ABSTRACT FROM AUTHOR]

Papoutsi, E. (2020). "THE PROTECTION OF UNACCOMPANIED MIGRANT MINORS UNDER INTERNATIONAL HUMAN RIGHTS LAW: REVISITING OLD

CONCEPTS AND CONFRONTING NEW CHALLENGES IN MODERN MIGRATION FLOWS." American University International Law Review **35**(2): 219-258.
The article discusses the legal issues that encompass the welfare and protection of unaccompanied migrant minors under international human rights and refugee law. Topics discussed include the increase in numbers of unaccompanied migrant minors according to statistics from the United Nations International Children's Emergency Fund, fundamental rights of these minors based on the observation of states' migration policies, and the reinforcement of human rights policy in this aspect.

Peralta, E. C. O., et al. (2021). "Filosofía y migración: Debates sobre la protección de los derechos de los refugiados venezolanos en Perú." Philosophy and Migration: Discussion on the Protection of the Rights of Venezuelan Refugees in Peru. **38**(99): 276-291.
This paper aims to analyze the migratory phenomenon in the light of philosophy. Mobility is a fact as old as humanity, it responds to the need for progress, which has significantly helped in the evolution of man. However, war, disease, poverty, social marginalization, conditioned social scenarios and prompted human beings to transcend their geographical limits, seeking better life opportunities, thus guaranteeing the right to survival, advancing towards the consolidation of universal human rights. The present investigation assumes this theoretical-philosophical position; However, it recognizes the political, economic and social impact of migration in current scenarios; Therefore, it evaluates the specific case of the Venezuelan migration to Peru, pointing out the role that the Special Commission for Refugees has played in its performance as a state body whose function is to protect and enforce the right of refugees who enter the country Peruvian territory. For this reason, the importance of international agreements in the protection of refugees is recognized and, at the same time, the intrinsic value that exists in human nature is emphasized. (English) [ABSTRACT FROM AUTHOR]

Prabhat, D., et al. (2019). "Age is Just a Number? Supporting Migrant Young People with Precarious Legal Status in the UK." International Journal of Children's Rights **27**(2): 228-250.
This paper challenges the focus on age 18 as an exclusionary point in law for migrant young people, particularly unaccompanied migrants, with insecure legal status. Initially meant to provide a protective category of "childhood" in law, focus on age 18 creates a sharp transition point in law for young people. This chronological concept of age does not match up with the reality of lives of many young people who step into adulthood without being able to live in a self-supporting manner. Law recognises the constraints and provides some respite for British national children who are in care; however, non-UK migrant and/or asylum-seeking young people in this situation are immediately at risk of losing their liberty. We suggest that non-British migrant young people aged 18–21 should be treated as a youth category in a manner similar to that used for British young people in care. [ABSTRACT FROM AUTHOR]

van Selm, J. (2023). "Whose Pathways are They? The Top-Down/Bottom-Up Conundrum of Complementary Pathways for Refugees." European Journal of Migration & Law **25**(2): 137-163.
With so many actors and varying motivations involved, one aspect of the ongoing development of complementary pathways that requires greater attention is the question of whether the pathways are best seen as a top-down or a bottom-up endeavour. Linked to this is the issue of the roles of various actors (i.e., communities, national authorities, the national protection regime and the refugees themselves) in practically creating pathways, and embedding them in an overall refugee protection regime, and how to keep a balance of inputs and expectations among all these different players. The key enquiry of this article is thus whether the bottom-up aspect of complementary pathways

lend them any greater chance of success? Can community action be inspired, even requested 'from above' by governments or the international organizations? Or does it have to be organic, and start from below? And if complementary pathways are for refugees, how are refugees included? [ABSTRACT FROM AUTHOR]

Welfens, N. (2020). "Protecting Refugees Inside, Protecting Borders Abroad? Gender in the EU's Responses to the 'Refugee Crisis'." Political Studies Review **18**(3): 378-392.
Migration tends to be denoted as a crisis which needs a solution. The European Union has developed policies for dealing with this crisis internally, within its borders, and externally. Both the experiences of migrants and European Union policy responses are gendered and have gendered effects. This article analyses how the European Union refers to gender in its definitions of and responses to the crisis. Grounded in feminist policy analysis, I scrutinize European Union internal and external policies under its Agenda of Migration. The analysis finds that European Union internal crisis responses demonstrate a more comprehensive understanding of gendered vulnerabilities and a commitment to human right provisions. External crisis responses reduce gender considerations to refugee women and the policy objective of reducing refugee arrivals which leads to further curtailing refugees' access to protection. Showing how the crisis transforms the very meaning and scope of gender considerations to various degrees, the article furthers insights on how the European Union's normative commitments develop in times of crisis. [ABSTRACT FROM AUTHOR]

Western, S. D., et al. (2019). "Does anyone care about migrant rights? An analysis of why countries enter the convention on the rights of migrant workers and their families." International Journal of Human Rights **23**(8): 1276-1299.
Although the Convention on the Rights of Migrant Workers (CRMW) is a 'core' human rights treaty, it is poorly ratified. Previous studies have elucidated the barriers to ratification; in this article we focus on the factors that generate incentives to ratify. We argue that states that ratify this treaty desire to strengthen their relationships with their own emigrants and their citizens at home who advocate for emigrant protections, not to protect the rights of immigrants residing in their own country. The political incentives to strengthen this relationship depend on the costs and benefits that inward migration and outward migration bring to the state. The benefits of emigration are captured by the size of remittance flows, the net immigration position of the country, and by the ratio of unskilled to skilled emigrants, whereas the costs are reflected in the size of the immigrant stock. When the benefits of migration are substantial and the costs of potentially providing rights are small, states will be more likely to ratify this agreement. These determinants are distinctive from the explanations proffered for other human rights treaties. Our statistical analysis is consistent with the theoretical arguments that we make. [ABSTRACT FROM AUTHOR]

ETHNIC groups (13)

(2021). "COVID-19 in Communities of Color: Structural Racism and Social Determinants of Health." Online Journal of Issues in Nursing **26**(2): N.PAG-N.PAG.
Black, Indigenous, People of Color (BIPOC) communities have a disproportionally high prevalence of COVID-19 and, subsequently, a higher mortality rate. Many of the root causes, such as structural racism and the social determinants of health, account for an increased number of preexisting conditions that influence risk for poor outcomes from COVID-19 as well as other disparities in BIPOC communities. In this article we address Structural Factors that Contribute to Disparities, such as economics; access to healthcare; environment and housing concerns; occupational risks; policing and carceral systems effects; and diet and nutrition. Further, we outline strategies for nurses to

address racism (the ultimate underlying condition) and the social and economic determinants of health that impact BIPOC communities. [ABSTRACT FROM AUTHOR]

Ashurst, A. (2019). "Key points of equality and diversity training." Nursing & Residential Care **21**(9): 534-536.
Equality and diversity is a frequently discussed topic that has many emotional and legal implications. Adrian Ashurst describes how he organises and structures training sessions on this subject and advises on further reading.

Dehghan, R. and J. Wilson (2019). "Healthcare professionals as gatekeepers in research involving refugee survivors of sexual torture: An examination of the ethical issues." Developing World Bioethics **19**(4): 215-223.
This paper examines the ethical issues that arise when healthcare providers act as gatekeepers to research involving vulnerable populations. Traumatised refugees serve as an example of this subset of research participants. Highlighting the particular vulnerabilities of this group, we argue that specific ethical considerations are required that go beyond the conventional research approaches. While gatekeeping responds to some of those vulnerabilities, it risks wronging through unwarranted paternalism. Instead, we will propose that a relational ethics of justice and care serves as a more appropriate framework for responding to the challenges of research involving traumatised refugees. Specifically, such a framework allows us to reflect more deeply on the role of the gatekeeper. In conclusion, we recommend that clinicians and researchers collaborate with survivors' advisory groups in the development of specific research ethical guidelines.

Dreyer, B. P. (2020). "The Hate U Give: Protecting Children and Families From Racism, Bias, Discrimination, and Hatred." Academic Pediatrics **20**(2): 145-151.
The article informs about the collective trauma which ever-present the risk of being complicit by remaining silent and not raging against the hate. It mentions that the diatricians to protect children and families from racism, bias, discrimination, and hatred. It also informs that the social determinant of health but experienced as an adverse childhood experience (ACE), and have long-term consequences on physical and mental health and academic success.

Egli-Gany, D., et al. (2021). "The social and structural determinants of sexual and reproductive health and rights in migrants and refugees: a systematic review of reviews." Eastern Mediterranean Health Journal **27**(12): 1203-1213.
Background: The sexual and reproductive health and rights (SRHR) of migrants and refugees present important public health challenges. Social and structural determinants affect both the general health and SRHR of migrants, but the drivers of SRHR among migrant and refugee populations remain understudied. Aims: To identify upstream social and structural determinants of SRHR health of migrants and refugees reported in systematic reviews. Methods: We conducted a systematic review of reviews. We studied 3 aspects of SRHR: sexually transmitted infections, sexual violence and unintended pregnancy in migrants and refugees. We used an inductive approach to synthesize emerging themes, summarized them in a narrative format and made an adapted version of Dahlgren and Whitehead's social determinants of health (SDH) model. Results: We included 12 systematic reviews, of which 10 were related to sexually transmitted infections, 4 to sexual vi- olence and 2 to unintended pregnancy. We identified 6 themes that operate at 4 different levels in an adapted version of the Dahlgren and Whitehead SDH model: economic crisis and hostile discourse on migration; limited legal entitlements, rights and administrative barriers; inadequate resources and financial constraints; poor living and working conditions; cultural and linguistic barriers; and

stigma and discrimination based on migration status, gender, sex and ethnicity. Conclusion: This review provides evidence of how upstream social and structural determinants undermine the SRHR of refugees and migrants. Unless these are addressed in policy-making and planning, the health of migrants and refugees is at risk.

Kirmayer, L. J. (2019). "The Politics of Diversity: Pluralism, Multiculturalism and Mental Health." Transcultural Psychiatry **56**(6): 1119-1138.

Lerma, B. R. L. (2022). "Social Uprising, Racism, and Resistance in Cali's National Strike." South Atlantic Quarterly **121**(2): 425-434.

Lordos, A., et al. (2021). "Societal Healing in Rwanda: Toward a Multisystemic Framework for Mental Health, Social Cohesion, and Sustainable Livelihoods among Survivors and Perpetrators of the Genocide against the Tutsi." Health & Human Rights: An International Journal **23**(1): 105-118.
The genocide against the Tutsi in Rwanda left the country almost completely devastated, with tremendous consequences for mental health, social cohesion, and livelihoods. In the aftermath of such extreme circumstances and human rights violations, societal healing should be conceptualized and approached based on a multisystemic framework that considers these three sectors--mental health, social cohesion, and livelihoods--as well as their interactions. The aims of the present study are twofold: (1) to review evidence on multisystemic healing initiatives already applied in Rwanda using fieldwork notes from interviews and focus groups, alongside relevant scholarly and gray literature, and (2) to propose a scalable multisystemic framework for societal healing in Rwanda that builds on existing innovations. Within a participatory action research methodology, we used a grounded theory approach to synthesize fieldwork findings and compare them with literature to generate a set of principles for multisystemic recovery in Rwanda. Recognizing the strengths and limitations of the current mental health system and other initiatives, including sociotherapy and collaborative livelihood projects, we propose a scalable and rights-based multisystemic approach for recovery and resilience that would target mental health, social cohesion, and sustainable livelihoods within an integrative cross-sectoral framework, thus reducing the risk of post-genocide conflict.

Mahabir, D. F., et al. (2021). "Classism and Everyday Racism as Experienced by Racialized Health Care Users: A Concept Mapping Study." International Journal of Health Services **51**(3): 350-363.
In Toronto, Canada, 51.5 % of the population are members of racialized groups. Systemic labor market racism has resulted in an overrepresentation of racialized groups in low-income and precarious jobs, a racialization of poverty, and poor health. Yet, the health care system is structured around a model of service delivery and policies that fail to consider unequal power social relations or racism. This study examines how racialized health care users experience classism and everyday racism in the health care setting and whether these experiences differ within stratifications such as social class, gender, and immigration status. A concept mapping design was used to identify mechanisms of classism and everyday racism. For the rating activity, 41 participants identified as racialized health care users. The data analysis was completed using concept systems software. Racialized health care users reported "race"/ethnic-based discrimination as moderate to high and socioeconomic position-/social class-based discrimination as moderate in importance for the challenges experienced when receiving health care; differences within stratifications were also identified. To improve access to services and quality of care, antiracist policies that focus on unequal power social relations and a broader systems thinking are needed to address institutional racism within the health care system.

Mukhtar, S. (2023). "COVID-19 feminist framework and biopsychosocial-spiritual perspective for social workers and mental health practitioners to manage violence, abuse, and trauma against children, women, BIPOC, and LGBTQIA+ during and post-COVID-19." International Social Work **66**(1): 93-106.

This article explains the integrated implementation of a COVID-19 Feminist Framework (CFF) and biopsychosocial-spiritual perspective (BPSS-P) on the inclusive equitability of social service providers, practitioners, and policy-developers on global platforms. Mechanisms of CFF and BPSS-P entail the process to address/mitigate institutional inequities, mental health issues, violation of human rights, race/sex/gender-based violence, abuse, and trauma amid COVID-19. This discourse is about raising consciousness, collective liberation, wellbeing, and equality for women, children, BIPOC, LGBTQIA+, and gender-diverse people. This article further discusses social workers and mental health practitioners' uniqueness for short-term and long-term support for emotional, cognitive-behavioral, and psychosocial repercussions on the individual and community levels. [ABSTRACT FROM AUTHOR]

Schouler-Ocak, M., et al. (2020). "Mental health of migrants." Indian Journal of Psychiatry **62**(3): 242-246.

The article reflects on mental health of migrants and risk factors such as poor medical care, separation of family and children as well as other relatives. It include homelessness, lack of food and water, xenophobic attacks, poor education, perceived and experienced discrimination, and a high risk of death and injury. It also mentions prevalence of dementia among those with a migrant background are currently lacking and psychiatric disorders in refugees and internally displaced persons.

West, K., et al. (2021). "Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'." British Journal of Social Psychology **60**(4): 1136-1153.

The Black Lives Matter (BLM) movement has been called the 'civil rights issue of our time' (Holt & Sweitzer, 2020, Self and Identity, 19(, p. 16) but the All Lives Matter (ALM) movement swiftly emerged as an oppositional response to BLM. Prior research has investigated some predictors of support for ALM over BLM, but these predictors have thus far not included levels of racial bias or potentially relevant constructions of racism. This pre-registered, cross-sectional study (N = 287) tested the degree to which White participants' support for ALM could be predicted using measures of racism (implicit and explicit) and ideological stances around the construction of 'racism' (that discourage the recognition of contemporary inequalities and discrimination). Using multiple regression analyses, we found that implicit racism, colour-blind ideology, and narrow definitional boundaries of discrimination positively predicted support for ALM over BLM. Explicit racism, collective narcissism, and right-wing political orientation did not predict ALM support, nor did any (2-way) interaction of these predictors. Implications for our understanding of the All Lives Matter movement are discussed. [ABSTRACT FROM AUTHOR]

West, K., et al. (2021). "Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'." British Journal of Social Psychology **60**(4): 1136-1153.

The Black Lives Matter (BLM) movement has been called the 'civil rights issue of our time' (Holt & Sweitzer, 2020, Self and Identity, 19(, p. 16) but the All Lives Matter (ALM) movement swiftly emerged as an oppositional response to BLM. Prior research has investigated some predictors of support for ALM over BLM, but these predictors have thus far not included levels of racial bias or potentially relevant constructions of racism. This pre-registered, cross-sectional study (N = 287) tested the degree to which

White participants' support for ALM could be predicted using measures of racism (implicit and explicit) and ideological stances around the construction of 'racism' (that discourage the recognition of contemporary inequalities and discrimination). Using multiple regression analyses, we found that implicit racism, colour-blind ideology, and narrow definitional boundaries of discrimination positively predicted support for ALM over BLM. Explicit racism, collective narcissism, and right-wing political orientation did not predict ALM support, nor did any (2-way) interaction of these predictors. Implications for our understanding of the All Lives Matter movement are discussed.

Gender Identity (14)

Ashurst, A. (2019). "Key points of equality and diversity training." Nursing & Residential Care **21**(9): 534-536.
Equality and diversity is a frequently discussed topic that has many emotional and legal implications. Adrian Ashurst describes how he organises and structures training sessions on this subject and advises on further reading.

Caetano, M., et al. (2019). "DIVERSIDADE SEXUAL, GÊNERO E SEXUALIDADES: TEMAS IMPORTANTES À EDUCAÇÃO DEMOCRÁTICA." SEXUAL DIVERSITY, GENDER AND SEXUALITY: IMPORTANT THEMES TO DEMOCRATIC EDUCATION. **16**(3): 5-16.
This essay has some observations on the concepts of gender, sexuality, sexual orientation and gender identity, themes that, but never, are necessary to reflect on the school contexts. The reflections that have been made here have been formulated within research projects that deal with the construction of gender identities in the school and part of the formative experiences with teachers of the states of Bahia and Rio Grande do Sul. The teaching defends a school that, in interrogating the differences, educating the recognition of gender and sexuality dissent, I understand them as inseparable parts of democratic and city society. In addition, the text proposes to offer some epistemological notes to confront the conservative discourses that in the present day renew their fights against the city education, whose main objective is the expansion of human rights, the political participation and the notion of humanity. (English) [ABSTRACT FROM AUTHOR]

Cameron, J. J. and D. A. Stinson (2019). "Gender (mis)measurement: Guidelines for respecting gender diversity in psychological research." Social and Personality Psychology Compass **13**(11).
Empirical evidence affirms that gender is a nonbinary spectrum. Yet our review of recently published empirical articles reveals that demographic gender measurement in psychology still assumes that gender comprises just two categories: women and men. This common practice is problematic. It fails to represent psychologists' current understanding of gender, violates our ethical principles as scientists, and can result in gender misclassification. Psychologists' reliance on binary measures also conveys an exclusionary attitude that is contrary to recent ethical recommendations and contrary to the growing public concern about transgender rights. We extend five simple, no-cost recommendations that begin to resolve these ethical and methodological problems: use and report, nonbinary gender measures; report the prevalence of nonbinary participants; clarify their inclusion and treatment in analysis; and use gender inclusive language. We also address common concerns expressed by researchers, including whether measuring 'sex' resolves the issue and whether gender-inclusive measures confuse or offend participants. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Gasch Gallén, Á., et al. (2021). "Diversidad afectivo-sexual, corporal y de género más allá del

binarismo en la formación en ciencias de la salud." Gaceta Sanitaria **35**(4): 383-388.
Abstract: Los sistemas de salud y la formación de profesionales parten del binarismo de género. En las diferentes etapas del ciclo vital existen situaciones que provocan inequidades, falta de oportunidades y riesgos para la salud de las personas lesbianas, gais, bisexuales, trans e intersex (LGBTI). Este trabajo pretende explorar la necesidad de incluir la diversidad afectivo-sexual, corporal y de género (DASCG) en los currículos de las titulaciones en ciencias de la salud. Se ha realizado una revisión bibliográfica narrativa para identificar recomendaciones basadas en marcos y experiencias internacionales con nuevos enfoques para incorporar la DASCG, además de un análisis crítico de la situación actual acerca de las carencias en la inclusión de la DASCG en las titulaciones en ciencias de la salud. En la actualidad existe una progresiva inclusión de la DASCG en las ciencias de la salud en muchos países, que es considerada fundamental para unas prácticas profesionales éticas y una asistencia y unos cuidados de excelencia. Ofrecemos un resumen de los avances, los debates emergentes y las estrategias docentes para la inclusión de la DASCG en experiencias previas internacionales. Estas experiencias señalan la necesidad de la inclusión de la DASCG, la falta de conocimientos sobre las necesidades específicas de las personas LGBTI y los beneficios de la ruptura con la imposición binaria. Se recomienda aumentar los conocimientos sobre terminología, derechos y desigualdades, y la participación activa de las personas y las comunidades LGBTI. Abstract: Health systems and professional training are based on gender binarism. At different stages of the life cycle, there are situations that cause inequities, lack of opportunities and risks to the health of lesbian, gay, bisexual, trans and intersex (LGBTI) people. This work aims to explore the need to include affective-sexual, bodily and gender diversity (ASBGD) in the curricula of health sciences degrees. A narrative bibliographic review was performed to identify recommendations based on international frameworks and experiences with new approaches to incorporate ASBGD, as well as a critical analysis of the current situation regarding the deficiencies in the inclusion of ASBGD in health sciences degrees. At present there is a progressive inclusion of ASBGD in health sciences in many countries, which is considered fundamental for ethical professional practices, and excellence in care. We offer a summary of advances, emerging debates and teaching strategies for the inclusion of ASBGD from previous international experiences. These experiences highlight the need for inclusion of ASBGD, the lack of knowledge about specific needs of LGBTI people and the benefits of breaking with the binary imposition. They recommend increasing knowledge about terminology, rights and inequalities, and the active participation of LGBTI people and communities.

Gasch-Gallén, Á., et al. (2021). "[Affective-sexual, bodily and gender diversity beyond binarism in health sciences education]." Gaceta Sanitaria **35**(4): 383-388.
Health systems and professional training are based on gender binarism. At different stages of the life cycle, there are situations that cause inequities, lack of opportunities and risks to the health of lesbian, gay, bisexual, trans and intersex (LGBTI) people. This work aims to explore the need to include affective-sexual, bodily and gender diversity (ASBGD) in the curricula of health sciences degrees. A narrative bibliographic review was performed to identify recommendations based on international frameworks and experiences with new approaches to incorporate ASBGD, as well as a critical analysis of the current situation regarding the deficiencies in the inclusion of ASBGD in health sciences degrees. At present there is a progressive inclusion of ASBGD in health sciences in many countries, which is considered fundamental for ethical professional practices, and excellence in care. We offer a summary of advances, emerging debates and teaching strategies for the inclusion of ASBGD from previous international experiences. These experiences highlight the need for inclusion of ASBGD, the lack of knowledge about specific needs of LGBTI people and the benefits of breaking with the binary imposition. They recommend increasing knowledge about terminology, rights

and inequalities, and the active participation of LGBTI people and communities. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Horton, C. (2023). "Depathologising diversity: Trans children and families' experiences of pathologisation in the UK." Children & Society **37**(3): 753-770.
In January 2022 the World Health Organization removed transgender identities from categorisation as a mental illness, marking a significant global shift from the pathologisation of gender diversity. However, a legacy of pathologisation of trans identities continues to impact trans lives, particularly on trans children. Informed by qualitative data from 30 families with trans children, this article examines the continued impacts of pathologisation on trans children and families in the UK, exploring how pathologisation manifests at individual, institutional and societal levels. The article advocates for trans depathologisation as a critical priority for child rights and social justice. [ABSTRACT FROM AUTHOR]

Jauregui, J. C., et al. (2021). "Experiences of Violence and Mental Health Concerns Among Sexual and Gender Minority Adults in Western Kenya." LGBT Health **8**(7): 494-501.
Purpose: Sexual and gender minority (SGM) populations throughout Kenya as well as other sub-Saharan African countries face systemic discrimination and substantial human rights violations, yet scant literature documents the potentially harmful mental health effects of these experiences. This study sought to understand the relationship among experiences of violence, social support, and mental health among SGM adults in Kenya. Methods: Members of a local LGBT community-based organization collected survey data in Western Kenya from October 2017 to April 2018, recruiting 527 SGM participants through an array of community outreach methods. Respondents in this cross-sectional study completed a survey regarding their mental health and other psychosocial factors. Multiple linear regression analyses were conducted to assess associations between experiences of violence (SGM violence and intimate partner violence [IPV]) and mental health outcomes (depressive symptoms and post-traumatic stress symptoms [PTSSs]) and to examine the potential moderating effect of social support on these relationships. Results: Relative to those who had never faced violence, participants who experienced IPV and/or violence based on their sexual orientation, gender identity, or gender expression (SGM violence) reported significantly higher levels of depressive symptoms and PTSSs. Emotional support was associated with lower levels of PTSSs. Social support did not moderate the relationship between SGM violence and mental health symptoms. Conclusions: These findings suggest that there may be a relationship between experiences of violence and poor mental health among SGM Kenyans. More studies are needed to better understand SGM-specific risk factors for poor mental well-being among SGM people in Kenya and the types of interventions that may help mitigate these challenges.

Kirichenko, K. A. and A. Król (2022). "Intersectionality and the CRPD: an analysis of the CRPD committee's discourse and civil society advocacy at the intersections of disability and LGBTI." Global Public Health **17**(11): 3224-3242.
The United Nation ('UN') Convention on the Rights of Persons with Disabilities ('CRPD' or 'Convention'), while addressing some intersectionalities, does not explicitly mention sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). However, the practice of the Committee on the Rights of Persons with Disabilities ('CteeRPD' or 'Committee') has developed significantly over the past years to include the intersections of disability and SOGIESC into the discourse. This paper examines these developments from a queer intersectional perspective based on the document analysis. We analysed a range of documents adopted by the Committee itself, as well as shadow reports submitted to the CteeRPD by civil society, to map the

challenges existing at the intersections of disability and SOGIESC. The results of the analysis demonstrate a quantitative shift in the CRPD intersectional discourse, but also qualitative changes in the positioning of the subject – the one living on the intersections of disability and SOGIESC, related structural powers and hierarchies. Based on the analysis, we use a quadruple framework to show how this subject is defined, described, protected and embraced by the CteeRPD, what concrete features of this positioning has been developed already, what gaps still exist and how they can be addressed. [ABSTRACT FROM AUTHOR]

Kirichenko, K. A. and A. Król (2022). "Intersectionality and the CRPD: an analysis of the CRPD committee's discourse and civil society advocacy at the intersections of disability and LGBTI." Global Public Health **17**(11): 3224-3242.

The United Nation ('UN') Convention on the Rights of Persons with Disabilities ('CRPD' or 'Convention'), while addressing some intersectionalities, does not explicitly mention sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). However, the practice of the Committee on the Rights of Persons with Disabilities ('CteeRPD' or 'Committee') has developed significantly over the past years to include the intersections of disability and SOGIESC into the discourse. This paper examines these developments from a queer intersectional perspective based on the document analysis. We analysed a range of documents adopted by the Committee itself, as well as shadow reports submitted to the CteeRPD by civil society, to map the challenges existing at the intersections of disability and SOGIESC. The results of the analysis demonstrate a quantitative shift in the CRPD intersectional discourse, but also qualitative changes in the positioning of the subject - the one living on the intersections of disability and SOGIESC, related structural powers and hierarchies. Based on the analysis, we use a quadruple framework to show how this subject is defined, described, protected and embraced by the CteeRPD, what concrete features of this positioning has been developed already, what gaps still exist and how they can be addressed.

Marie Robinson, Z., et al. (2020). "Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities." Learning Disability Practice **23**(6): 24-31.

People with learning disabilities experience many barriers that prevent them from expressing their sexuality and developing loving and sexual relationships, particularly if they identify as lesbian, gay, bisexual and trans (LGBT). This article explores the challenges faced by people with learning disabilities who identify as LGBT in expressing their sexual identities and having sexual relationships, as well as the challenges faced by support workers and health and social care staff in supporting clients in those aspects of their lives. The method used consisted of combining the lived experiences of participants in a Twitter chat with an exploration of the recent literature. The themes that emerged from these combined sources included the importance of love and sexual relationships, the policy context, legal framework, barriers in practice and the concept of intersectionality. This article discusses these themes and outlines implications for practice and research, including the training needs of staff. [ABSTRACT FROM AUTHOR]

Marie Robinson, Z., et al. (2020). "Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities." Learning Disability Practice **23**(6): 24-31.

People with learning disabilities experience many barriers that prevent them from expressing their sexuality and developing loving and sexual relationships, particularly if they identify as lesbian, gay, bisexual and trans (LGBT). This article explores the challenges faced by people with learning disabilities who identify as LGBT in expressing their sexual identities and having sexual relationships, as well as the

challenges faced by support workers and health and social care staff in supporting clients in those aspects of their lives. The method used consisted of combining the lived experiences of participants in a Twitter chat with an exploration of the recent literature. The themes that emerged from these combined sources included the importance of love and sexual relationships, the policy context, legal framework, barriers in practice and the concept of intersectionality. This article discusses these themes and outlines implications for practice and research, including the training needs of staff.

Mulé, N. J. (2022). "Mental health issues and needs of LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada." Psychology & Sexuality **13**(5): 1168-1178.
LGBTQ+ people experience mental health challenges due to their minoritized status, systemic inequities and structural disparities. For LGBTQ+ asylum seekers, refugee claimants and refugees the impact on their mental health can be compounding. This study, which featured a series of focus groups with LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada, was part of a larger international study 'Envisioning Global LGBT Human Rights' that looked at colonising effects on LGBTQ people in the Commonwealth. The migration process, – often forced due to persecution in their country of origin based on sexual orientation or gender identity and expression – produced traumatic experiences involving life-changing decisions, accessing information and resources, cultural shifts, conceptualisation of identities, and navigating the refugees claims process. The specialised experiences of LGBTQ+ asylum seekers, refugee claimants and refugees can have a deleterious effect on their mental health that a critical psychology perspective can address clinically by recognising the particularised needs of this population and systemically by addressing the structural inequities. [ABSTRACT FROM AUTHOR]

Ritter-Hayashi, D., et al. (2019). "Is this a man's world? The effect of gender diversity and gender equality on firm innovativeness." PLoS ONE **14**(9): e0222443.
Gender diversity is known to have a positive effect on innovation in developed countries. However, it is unclear whether the benefits of gender diversity for innovation also apply to the particular context of developing countries, which is characterized by diverse and lower levels of gender equality. We propose that gender diversity positively impacts innovation in the developing countries participating in our study. In addition, we expect that this effect is moderated by country-specific levels of gender equality. In a cross-country study covering 18,547 firms in 15 developing countries, we find that gender diversity among a firm's owners and workforce as well as having a female top manager benefit innovation in developing countries. Yet, contradictory to our expectations, gender equality does not significantly moderate this relationship. As such, our results underline the importance of enabling and fostering gender diversity and have critical implications for firms and policy makers alike.; Competing Interests: The authors have declared that no competing interests exist.

Suess Schwend, A. (2020). "[The trans depathologization perspective: a contribution to public health approaches and clinical practices in mental health? SESPAS Report 2020]." Gaceta Sanitaria **34 Suppl 1**: 54-60.
Over the last decade, the academic-activist trans depathologization perspective has contributed to a change in the conceptualization of gender transition processes. Observing an interrelation between psychiatrization and transphobic violence, trans depathologization activist groups and allies demand the removal of the diagnostic classification of transexuality as a mental disorder. Furthermore, they have developed trans health care models and legal gender recognition processes based on depathologization and human rights perspectives. They propose changing the role of mental health professionals in trans health care, substituting the psychiatric assessment role by accompaniment and psychological support tasks. The trans depathologization

perspective can be related to various approaches and topics relevant in public health and mental health, among them sociology of diagnosis, human rights based approaches to health, human rights protection in mental health, universal health coverage, review of diagnostic classifications, intersectionality perspectives, reflections on bioethical principles, models of integrated people-centered health services and approaches to research ethics. Over the last few years, informed decision-making models have been developed for trans health care in several countries and world regions. Health professionals, including mental health professionals, as well as professionals from the educational and judicial-administrative sector, can have an important role in addressing situations of discrimination and transphobic violence, contributing to the construction of a society that respects, recognizes and celebrates gender diversity. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

HEALTH promotion (29)

Ardila-Gómez, S., et al. (2019). "The mental health users' movement in Argentina from the perspective of Latin American Collective Health." Global Public Health **14**(6/7): 1008-1019.

The mental health users' movement is a worldwide phenomenon that seeks to resist disempowerment and marginalisation of people living with mental illness. The Latin American Collective Health movement sees the mental health users' movement as an opportunity for power redistribution and for autonomous participation. The present paper aims to analyze the users' movement in Argentina from a Collective Health perspective, by tracing the history of users' movement in the Country. A heterogeneous research team used a qualitative approach to study mental health users' associations in Argentina. The local impact of the Convention on the Rights of Persons with Disabilities and the regulations of Argentina's National Mental Health Law are taken as fundamental milestones. A strong tradition of social activism in Argentina ensured that the mental health care reforms included users' involvement. However, the resulting growth of users' associations after 2006, mainly to promote their participation through institutional channels, has not been followed by a more radical power distribution. Associations dedicated to the self-advocacy include a combination of actors with different motives. Despite the need for users to form alliances with other actors to gain ground, professional power struggles and the historical disempowerment of 'patients' stand as obstacles for users' autonomous participation. [ABSTRACT FROM AUTHOR]

Ardila-Gómez, S., et al. (2019). "The mental health users' movement in Argentina from the perspective of Latin American Collective Health." Global Public Health **14**(6/7): 1008-1019.

The mental health users' movement is a worldwide phenomenon that seeks to resist disempowerment and marginalisation of people living with mental illness. The Latin American Collective Health movement sees the mental health users' movement as an opportunity for power redistribution and for autonomous participation. The present paper aims to analyze the users' movement in Argentina from a Collective Health perspective, by tracing the history of users' movement in the Country. A heterogeneous research team used a qualitative approach to study mental health users' associations in Argentina. The local impact of the Convention on the Rights of Persons with Disabilities and the regulations of Argentina's National Mental Health Law are taken as fundamental milestones. A strong tradition of social activism in Argentina ensured that the mental health care reforms included users' involvement. However, the resulting growth of users' associations after 2006, mainly to promote their participation through institutional channels, has not been followed by a more radical power distribution. Associations dedicated to the self-advocacy include a combination of actors with

different motives. Despite the need for users to form alliances with other actors to gain ground, professional power struggles and the historical disempowerment of 'patients' stand as obstacles for users' autonomous participation.

Carta, M. G. and D. Bhugra (2023). "Human rights and Mental health: critical challenges for health professionals, users, and citizens'." International Review of Psychiatry **35**(2): 147-149.
An introduction to articles published within the issue is presented, including one which offered an overview of the current global situation of human rights in mental health services, another which investigated public attitudes towards protecting human rights, and one on the impact of the COVID-19 pandemic on the well-being of individuals with severe mental health conditions.

Carty, C., et al. (2021). "The first global physical activity and sedentary behavior guidelines for people living with disability." Journal of Physical Activity & Health **18**(1): 86-93.
Background: The World Health Organization has released the first global public health guidelines on physical activity and sedentary behavior for people living with disability. This paper presents the guidelines, related processes, and evidence, and elaborates upon how the guidelines can support inclusive policy, practice, and research. Methods: Methods were consistent with the World Health Organization protocols for developing guidelines. Systematic reviews of the evidence on physical activity for health for people living with disability were appraised, along with a consideration of the evidence used to inform the general 2020 World Health Organization guidelines. Results: Evidence supported the development of recommendations for people living with disability, stressing that there are no major risks to engaging in physical activity appropriate to an individual’s current activity level, health status, and physical function, and that the health benefits accrued generally outweigh the risks. They also emphasize the benefits of limiting sedentary behavior. Conclusions: The guidelines mark a positive step forward for disability inclusion, but considerable effort is needed to advance the agenda. This paper highlights key considerations for the implementation of the new recommendations for people living with disability, in line with the human rights agenda underpinning the Global Action Plan on Physical Activity 2018–2030 and allied policies. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of Intellectual Disability Research **63**(9): 1125-1136.
Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers. Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015. Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by transforming the perspectives of the parents and service workers from viewing sexuality

as a social problem to understanding the sexual rights of adults with ID. Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. [ABSTRACT FROM AUTHOR]

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of Intellectual Disability Research **63**(9): 1125-1136.
Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers. Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015. Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by transforming the perspectives of the parents and service workers from viewing sexuality as a social problem to understanding the sexual rights of adults with ID. Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. [ABSTRACT FROM AUTHOR]

Cosgrove, L. and A. F. Shaughnessy (2020). "Mental Health as a Basic Human Right and the Interference of Commercialized Science." Health and human rights **22**(1): 61-68.
Although there is consensus that a rights-based approach to mental health is needed, there is disagreement about how best to conceptualize and execute it. The dominance of the medical model and industry's influence on psychiatry has led to an over-emphasis on intra-individual solutions, namely increasing individuals' access to biomedical treatments, with a resultant under-appreciation for the social and psychosocial determinants of health and the need for population-based health promotion. This paper argues that a robust rights-based approach to mental health is needed in order to overcome the effects of commercial interests on the mental health field. We show how commercialized science-the use of science primarily to meet industry needs-deflects attention away from the sociopolitical determinants of health, and we offer solutions for reform.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Cosgrove and Shaughnessy.)

Gostin, L. O. (2019). "WHO Global Action Plan to Promote the Health of Refugees and Migrants." Milbank Quarterly **97**(3): 631-635.
The article reflects author's opinion on World Health Organization (WHO) global action plan to promote the health of refugees and migrants. Topics discussed include United Nations (UN) response to crisis of forced migration; migrants lack access to health care

or medications for chronic conditions; and All-cause mortality is higher among international migrants living in countries with restrictive policies.

Gostin, L. O. (2019). "WHO Global Action Plan to Promote the Health of Refugees and Migrants." Milbank Quarterly **97**(3): 631-635.
The article reflects author's opinion on World Health Organization (WHO) global action plan to promote the health of refugees and migrants. Topics discussed include United Nations (UN) response to crisis of forced migration; migrants lack access to health care or medications for chronic conditions; and All-cause mortality is higher among international migrants living in countries with restrictive policies.

JosÉ De JesÚS Alvizo Perera, E. and R. Quintal LÓPez (2022). "Estrategias de prevención del vih/sida en hombres mayas migrantes de Yucatán: aportes desde la mercadotecnia social." hiv/aids prevention Strategies in Mayan migrant men from Yucatan: contributions from social marketing. **59**: 239-263.
There has been an increase in the amount of research that shows how migration status influences an increased risk of acquiring hiv/aids. The findings show that structural conditions of inequality lead to greater vulnerability. In Mexico, those who come from rural or indigenous populations face greater material shortage and abuses of their human rights. To achieve a better impact on prevention, less explored health promotion models need to be applied. The present work, carried out in two localities in southern Yucatan, shows how social marketing is a relevant and effective tool to build hiv/aids prevention strategies among the male Mayan population migrating to regional destinations. The research was carried out in two stages: a) the collection of data through the application of surveys that explore socio-demographic data, vulnerability factors, knowledge about hiv/aids and risk practices, which served as input for the second stage; b) the collaborative development of a prevention strategy based on Lee and Kotler Social Marketing model. With this we identified the desired outcomes for health; the threats to achieving those outcomes; the behavioral changes sought; the main barriers; the messages to be strengthened in interpersonal communication; the attitudes and knowledge that existed in response to the phenomenon. Finally, in collaboration with the participants we created a video and a play that were accepted in both communities. (English) [ABSTRACT FROM AUTHOR]

Lenagh-Glue, J., et al. (2023). "Use of advance directives to promote supported decision-making in mental health care: Implications of international trends for reform in New Zealand." Australian & New Zealand Journal of Psychiatry **57**(5): 636-641.
Advance directives are advocated, in many jurisdictions, as a way to promote supported decision-making for people who use mental health services and to promote countries' compliance with their obligations under the United Nations Convention on the Rights of Persons with Disabilities. The United Nations Convention on the Rights of Persons with Disabilities promotes the use of tools to further personal autonomy which would include integrating the use of advance directives into mental health law, to clarify the effect (or force) an advance directive carries when its maker comes under the relevant mental health legislation. In addition, securing the active use of advance directives requires adoption of certain supportive practices and policies within health services. Here, we discuss a number of approaches taken to advance directives in revised mental health legislation, and the associated practices we think are required. [ABSTRACT FROM AUTHOR]

Marie Robinson, Z., et al. (2020). "Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities." Learning Disability Practice **23**(6): 24-31.
People with learning disabilities experience many barriers that prevent them from

expressing their sexuality and developing loving and sexual relationships, particularly if they identify as lesbian, gay, bisexual and trans (LGBT). This article explores the challenges faced by people with learning disabilities who identify as LGBT in expressing their sexual identities and having sexual relationships, as well as the challenges faced by support workers and health and social care staff in supporting clients in those aspects of their lives. The method used consisted of combining the lived experiences of participants in a Twitter chat with an exploration of the recent literature. The themes that emerged from these combined sources included the importance of love and sexual relationships, the policy context, legal framework, barriers in practice and the concept of intersectionality. This article discusses these themes and outlines implications for practice and research, including the training needs of staff. [ABSTRACT FROM AUTHOR]

Mollica, R. F. (2021). "Moving Beyond the Enormity Problem: Tackling the Global Refugee Crisis." Psychiatric Times **38**(12): 20-22.
The article discusses the mental health issues linked to the global refugee crisis. Also cited are the scientific and cultural advances that led to reduced cost of care for common illnesses like anxiety, depression and stigma due to mental health disorders, and other topics like ecocide, climate change, and the COVID-19 pandemic.

Mollica, R. F. (2021). "Moving Beyond the Enormity Problem: Tackling the Global Refugee Crisis." Psychiatric Times **38**(12): 20-22.
The article discusses the mental health issues linked to the global refugee crisis. Also cited are the scientific and cultural advances that led to reduced cost of care for common illnesses like anxiety, depression and stigma due to mental health disorders, and other topics like ecocide, climate change, and the COVID-19 pandemic.

Nankervis, K. and J. Chan (2021). "Applying the CRPD to people with intellectual and developmental disability with behaviors of concern during COVID-19." Journal of Policy and Practice in Intellectual Disabilities **18**(3): 197-202.
People with intellectual and developmental disability (IDD) are a vulnerable population in all aspects of access and participation, abuse and neglect, and being subject to the use of restrictive practices. Accordingly, they are a group whose human rights can be impacted where equal access to supports, services, and accessible information is compromised. The current COVID-19 pandemic is a global humanitarian emergency that has had a devastating impact across the world, for all people. Growing concern has been raised about the impact of the COVID-19 virus on the health of people with disabilities and there has been subsequent development of strategies and protocols to promote equal access to information, health supports, and services. People with IDD have high levels of underlying comorbidity that increases their risk of contracting COVID-19 and measures to protect them from infection are critically important. However, those measures may trigger behaviors of concern and increase the risk of being subjected to restrictive practices. While some attention has been paid to the health impacts of COVID-19 on people with disabilities, there has been less paid to the impact on the human rights of people with IDD who present with behaviors of concern. The aim of this paper is to provide a hypothetical exploration of the impacts of pandemic prevention measures on people with IDD and behaviors of concern in the context of the Convention on the Rights of Persons with Disabilities (CRPD). In the absence of available guidance for working with people with IDD with behaviors of concern during COVID-19, we suggest behavior support response plans that aim to ensure that people with IDD with behaviors of concern are supported properly in a time of significant disruption for them, thereby safeguarding their human rights. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Okoli, C. (2023). "Equitable Mental Health Care Is Mental Health Care for All." Journal of the American Psychiatric Nurses Association **29**(3): 271-273.

Sampietro, H. M., et al. (2023). "Recovery-oriented Care in Public Mental Health Policies in Spain: Opportunities and Barriers." La atención orientada a la recuperación en las políticas públicas de salud mental en España: oportunidades y barreras. **34**(1): 35-40.
Recovery-oriented care is the proposal incorporated in the new mental health strategic plans of both the World Health Organization and the Spanish National Health System. This article takes a journey from the initial proposals of the recovery model to the way recovery-oriented care is currently defined, understood as a community intervention, personcentred, and based on rights. The existing consensus around the CHIME model is also explained in order to understand what kind of interventions are needed to transform mental health services. Likewise, some of the main existing programs and projects to promote recovery-oriented care are presented, and a number of existing barriers to their implementation are analysed. (English) [ABSTRACT FROM AUTHOR]

Sawaf, S. (2022). "Applying Theoretical Perspectives and Activism to Understand and Combat Mental Health Stigma." Journal of Recovery in Mental Health **5**(2): 42-46.
Mental health-related stigma results in individual, communal, and societal consequences such as stereotypical thoughts, prejudiced feelings and attitudes, discriminatory behaviours, social injustice, and inequity toward individuals with mental health issues. As a result, individuals living with mental illness often experience decreased self-esteem, loss of identity, isolation, exacerbated mental illness, internalized self-stigma, housing and employment discrimination, academic challenges, and barriers in various aspects of life. Research indicated that stigma continues to persist despite increased knowledge about mental health, expanded treatment options, and an abundance of mental health promotion and stigma reduction programs. Thus, we must further examine mental health-related stigma from various theoretical conceptualizations to understand its persistence. This paper applied two theoretical frameworks: Social Learning Theory and Sociological Imagination Theory to better understand mental health stigma. It argues that activism aids in reducing mental health stigma. This paper also suggests that program developers of future mental health stigma reduction efforts should apply activism into their initiatives to promote social justice and equity for people living with mental disorders. [ABSTRACT FROM AUTHOR]

Sit, C., et al. (2022). "Promoting Physical Activity Among Children and Adolescents With Disabilities: The Translation of Policy to Practice Internationally." Journal of Physical Activity & Health **19**(11): 758-768.
Background: Physical inactivity among children and adolescents with disabilities (CAWD) is a global public health issue. Policy efforts to promote physical activity (PA) among CAWD have increased. This study summarizes the international policy trend for promoting PA among CAWD, with behavioral and policy insights specific to CAWD from country/regional indicators from the Active Healthy Kids Global Alliance Matrix on Physical Activity for Children and Adolescents to determine policy translation into practice.; Methods: International and national PA policy documents on CAWD were assessed. Data from the Global Matrix Para Report Cards on the behavioral and government indicators from 14 countries or regions (grouped by human development index) were reviewed and compared.; Results: Policy instruments began promoting PA for CAWD in 1989 via the Convention on the Rights of the Child. International policy has been advocating PA specifically for CAWD recently. In 2020, the World Health Organization published specific PA guidelines for CAWD. Data from the 14 Para Report Car found 14 grades on the average behavioral indicator and 12 on the government indicator. A gap between the average behavioral indicator (D-) and the government indicator (C+) was found in the Para Report Card data.; Conclusions:

Although international policies are consistent in their attention to the needs of CAWD, national/regional policies vary. Coverage ranges from nonexistent to embedded in broader inclusion concepts. A gap in policies to promote PA of CAWD is prevalent and is more prominent in countries or regions with a lower human development index ranking.

Sivakumar, P., et al. (2019). "Implications of Mental Healthcare Act 2017 for geriatric mental health care delivery: A critical appraisal." Indian Journal of Psychiatry **61**: 763-767.
The prevalence of mental health problems in older adults is increasing globally as well as in India due to population ageing. Mental Healthcare Act (MHCA) 2017 has a rights-based approach and came into force in India in May 2018. Its provisions have significant implications for promoting mental health care and protecting the rights of persons with mental illness (PMI). Older adults with mental health problems such as dementia have a high risk for loss of mental capacity, abuse, violation of their rights, and institutionalization. This act advocates the development of specialized clinical services for the older adults in mental health care institutions. It also recognizes the rights of PMI to access a range of services required, including rehabilitation services. Several provisions of the act, such as those related to mental capacity, advance directive, nominated representative, and responsibilities of other agencies, have specific challenges related to older adults with mental illness. In this article, we present a critical appraisal of the implications of MHCA 2017 in the context of the care of the older adults with mental illness. [ABSTRACT FROM AUTHOR]

Sivakumar, P., et al. (2019). "Implications of Mental Healthcare Act 2017 for geriatric mental health care delivery: A critical appraisal." Indian Journal of Psychiatry **61**: 763-767.
The prevalence of mental health problems in older adults is increasing globally as well as in India due to population ageing. Mental Healthcare Act (MHCA) 2017 has a rights-based approach and came into force in India in May 2018. Its provisions have significant implications for promoting mental health care and protecting the rights of persons with mental illness (PMI). Older adults with mental health problems such as dementia have a high risk for loss of mental capacity, abuse, violation of their rights, and institutionalization. This act advocates the development of specialized clinical services for the older adults in mental health care institutions. It also recognizes the rights of PMI to access a range of services required, including rehabilitation services. Several provisions of the act, such as those related to mental capacity, advance directive, nominated representative, and responsibilities of other agencies, have specific challenges related to older adults with mental illness. In this article, we present a critical appraisal of the implications of MHCA 2017 in the context of the care of the older adults with mental illness.

Smith, A., et al. (2023). "The United Kingdom's Rwanda asylum policy and the European Court of Human Rights' Interim Measure: Challenges for mental health and the importance of social psychiatry." International Journal of Social Psychiatry **69**(2): 239-242.
The article focuses on the British government's policy to remove migrants entering Britain through apparent illegal means to Rwanda, Africa and its mental health consequences for these individuals. Topics include migrant populations are a vulnerable group susceptible to psychopathology, forcibly relocating these individuals to a region where they may lack sociocultural and familial connections could heighten psychological distress, and Rwanda may have insufficient mental health provisions.

Sullivan, W. F., et al. (2022). "Ethics framework and recommendations to support capabilities of people with intellectual and developmental disabilities during pandemics." Journal of Policy & Practice in Intellectual Disabilities **19**(1): 116-124.
A growing body of knowledge highlights the negative impact of the COVID-19

pandemic on the health and well-being of many people with intellectual and developmental disabilities (IDDs) and their caregivers. The underlying reasons are not only due to biomedical factors but also ethical issues. They stem from longstanding and pervasive structural injustices and negative social attitudes that continue to devalue people with IDD and that underlie certain clinical decisions and frameworks for public-health policies during this pandemic. Unless these fundamental ethical shortcomings are addressed, pandemic responses will continue to undermine the human rights and well-being of people with IDD. This paper proposes an ethics framing for policy and practices regarding clinical care and public health based on Martha Nussbaum's approach to Capability Theory. Such a framework can reorient healthcare professionals and healthcare systems to support the capabilities of people with IDD to protect, recover, and promote health and well-being. It could be applied during this pandemic and in planning for future pandemics. The paper presents some practical recommendations that follow from applying this framework. [ABSTRACT FROM AUTHOR]

Sullivan, W. F., et al. (2022). "Ethics framework and recommendations to support capabilities of people with intellectual and developmental disabilities during pandemics." Journal of Policy & Practice in Intellectual Disabilities **19**(1): 116-124.
A growing body of knowledge highlights the negative impact of the COVID-19 pandemic on the health and well-being of many people with intellectual and developmental disabilities (IDDs) and their caregivers. The underlying reasons are not only due to biomedical factors but also ethical issues. They stem from longstanding and pervasive structural injustices and negative social attitudes that continue to devalue people with IDD and that underlie certain clinical decisions and frameworks for public-health policies during this pandemic. Unless these fundamental ethical shortcomings are addressed, pandemic responses will continue to undermine the human rights and well-being of people with IDD. This paper proposes an ethics framing for policy and practices regarding clinical care and public health based on Martha Nussbaum's approach to Capability Theory. Such a framework can reorient healthcare professionals and healthcare systems to support the capabilities of people with IDD to protect, recover, and promote health and well-being. It could be applied during this pandemic and in planning for future pandemics. The paper presents some practical recommendations that follow from applying this framework.

Tamminen, N., et al. (2019). "Mental health promotion competencies in the health sector in Finland: a qualitative study of the views of professionals." Scandinavian Journal of Public Health **47**(2): 115-120.
Aims: In this study, we aimed to investigate what competencies are needed for mental health promotion in health sector practice in Finland. Methods: A qualitative study was carried out to seek the views of mental health professionals regarding mental health promotion-related competencies. The data were collected via two focus groups and a questionnaire survey of professionals working in the health sector in Finland. The focus groups consisted of a total of 13 professionals. Further, 20 questionnaires were received from the questionnaire survey. The data were analysed using the qualitative data analysis software ATLAS.ti Scientific Software Development GmbH, Berlin. A content analysis was carried out. Results: In total, 23 competencies were identified and clustered under the categories of theoretical knowledge, practical skills, and personal attitudes and values. In order to promote mental health, it is necessary to have a knowledge of the principles and concepts of mental health promotion, including methods and tools for effective practices. Furthermore, a variety of skills-based competencies such as communication and collaboration skills were described. Personal attitudes and values included a holistic approach and respect for human rights, among others. Conclusions: The study provides new information on what competencies are needed to plan,

implement and evaluate mental health promotion in health sector practice, with the aim of contributing to a more effective workforce. The competencies provide aid in planning training programmes and qualifications, as well as job descriptions and roles in health sector workplaces related to mental health promotion. [ABSTRACT FROM AUTHOR]

Watson, J., et al. (2022). "The impact of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on Victorian guardianship practice." Disability and Rehabilitation: An International, Multidisciplinary Journal **44**(12): 2806-2814.
Purpose: Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasises full and equal legal capacity of all citizens to participate in decisions. This paper examines whether the principles of Article 12, also reflected in other reform documents, were evident within 12 guardianship hearings conducted in Victoria, Australia from 2001 to 2016 involving adults with cognitive disability. The issues this study raises resonate loudly across the globe as multiple signatory nations to the CRPD grapple with the complexities of implementing Article 12. Methods: Reports of VCAT decisions with written reasons of Guardianship List hearings from 2001 to 2016 were selected from the Australasian Legal Information Institute site and analysed thematically. Results: Thematic analysis of proceedings revealed three consistent trends. Firstly, a presumption of incapacity based on disability excluded Proposed Represented Persons (PRP) from involvement in decision-making. Secondly, external perceptions of PRPs best interest were dominated by safeguarding concerns and conflict between supporters. Finally, in multiple cases, although a PRP’s preference had been established, it was considered immaterial to the final decision. Conclusions: The paper concludes with a promising discussion of the new Guardianship and Administration Act 2019 (Vic), which came into force on 1 March 2020, and recommendations for guardianship practice both locally and internationally. Implications for Rehabilitation: Legal capacity should be recognised as inherent in all people, and therefore decision making incapacity should not be assumed based on a person’s cognitive and/or communication disability; The supported decision making mechanisms, born from Article 12 of the CRPD, that facilitate acknowledgment, interpretation and acting upon a person’s expression of will and preference need to be recognised and promoted within the context of Guardianship proceedings and by health professionals when assessing decision making capacity of people with cognitive disability; Significant knowledge and attitudinal changes are required within the Tribunal and incorporated into the practice of health professionals informing the Tribunal, in order to counter many conceptual underpinnings embedded within current guardianship legislation across the globe; Ascertaining the will and preference of the proposed represented person should be prioritised by Guardianship tribunal members’ rather than the management of conflict between interested parties. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Withers, M., et al. (2020). "The Manila Declaration on Migration and Health: commentary of the Association of Pacific Rim Universities Global Health Program." Globalization & Health **16**(1): 1-6.
Background: Migration has played, and continues to play, an important role in shaping our global economy. As of 2017, there were 258 million international migrants worldwide, over 100 million of whom came from the Asia-Pacific region. Migration is increasingly recognized as a social determinant of health, as migrants often experience vulnerabilities that make them susceptible to a range of negative health outcomes. Addressing the health and human rights concerns of migrants requires concerted and global efforts from many stakeholders, including universities.Methods: The Global Health Program of the Association of Pacific Rim Universities (APRU), a non-profit network of more than 50 universities in the region, is an example of an avenue to foster research, innovation, collaborative engagement, and large-scale advocacy around

migration and health. In 2017, a special half-day workshop was held in Manila, convening 167 participants from 10 economies and 21 disciplines. The goal of the workshop was to delineate the role of universities in promoting migrant health and well-being. The global health experts from a diverse set of backgrounds collaboratively developed a policy statement to be used to better address migrant health and human rights. The objective of this paper is to disseminate the policy statement, highlighted specific action items that universities can take to protect and promote migrant health.Results: The Manila Declaration on Migration and Health highlights that universities must ensure that their campuses are safe, supportive, and empowering environments for all migrants and their families. Universities are also urged to capitalize on their educational and research expertise to generate data on migrant experiences and communicate this research to policymakers.Conclusions: This commentary highlights how institutions of higher education can serve as powerful avenues for promoting migrant health and human rights. Universities can play a vital role in building awareness and sensitivity to migrant challenges and needs, as well as helping to develop policy frameworks appropriate to their diverse contexts to guide, promote, and reinforce commitment to migrant rights and health. Universities should also ensure that their campuses are safe, supportive, and empowering environments for all migrants and their families.

Wu, J. and L. Sun (2020). "Social support networks and adaptive behaviour choice: A social adaptation model for migrant children in China based on grounded theory." Children & Youth Services Review **113**: N.PAG-N.PAG.

• China's growing urban migrant population has produced a migrant children problem. • Migrant children struggle with social adaptation, resulting in social alienation. • Study develops an environment interaction model based on interview data. • Migrant children adopt two types of adaption: selective and spontaneous inclusion. • Study makes recommendations to enhance migrant social adaptation to urban life. Undergoing rapid urbanisation, China's migrant population is expanding. Accordingly, the problem of migrant children has attracted widespread attention from various sectors of society. Despite the development of numerous supportive policies, the livelihood of these children remains fraught with difficulty. Addressing this issue, this study seeks to improve the adaptability of migrant children in China. Using grounded theory, this study develops an environment interaction model of migrant children's social adaptation. More specifically, we conducted in-depth interviews with and participant observation of 22 migrant children in Harbin. Focus was placed on understanding the subjective perception of their life experiences and their interaction with significant others in the city. Eight categories and the storyline connecting them were identified using grounded theory, and used to construct this study's environment interaction model. Findings show that in face of constraints on adaptation, migrant children with a sizeable social support network adopt selective and spontaneous inclusion to improve their quality of life. Results also indicate that current social support designed for migrant children protects their basic rights but influences their spontaneous inclusion, eventually shaping their sense of identity. This study suggests several recommendations based on the results of its interactive model of social adaptation. Urban society should actively embrace and accept migrant children. The Ministry of Education can adopt the method of 'counterpart assistance'. Third, migrant children need to maintain a good state of mind, improve their sense of self-worth, and improve their ability to socially adapt in terms of their psychological state. Local governments need to reflect on the role and significance of measures taken from migrant children's perspective and explore other ways to provide more effective social support for them.

Zhang, S. and Z. Chen (2021). "China's prevention policy for people with disabilities during the COVID-19 epidemic." Disability & Society **36**(8): 1368-1372.

During the COVID-19 pandemic, people with disabilities are a high-risk group, but they are also the group that is most easily ignored by public policy. Non-disabled people might not be able to imagine how many barriers disabled people encountered during this challenging period. This paper focuses on the barriers encountered by people with disabilities in China and the adjustments made to public policies in response. A deeper, social-physiological factor which should also be responsible is overlooked, and that is the 'empathy deficit'. Human rights and empathetic attitudes should go hand in hand with each other when formulation and implementation of welfare security policies for persons with disabilities during a major public health crisis. [ABSTRACT FROM AUTHOR]

IMMIGRANTS (63)

(2020). Medication Confiscation: How Migrant Children Are Placed in Medically Vulnerable Conditions. **145:** 3.
The article describes two cases to show how medication confiscation in undocumented immigrant detention facilities in the U.S. has placed migrant children in medically vulnerable conditions. Topics covered include the detrimental consequences of the Customs and Border Protection (CBP) policy breaches, the emerging problem for the health care system as illustrated by the cases, and ways on how pediatricians may advocate for children in similar situations.

(2020). Medication Confiscation: How Migrant Children Are Placed in Medically Vulnerable Conditions. **145:** 3.
The article describes two cases to show how medication confiscation in undocumented immigrant detention facilities in the U.S. has placed migrant children in medically vulnerable conditions. Topics covered include the detrimental consequences of the Customs and Border Protection (CBP) policy breaches, the emerging problem for the health care system as illustrated by the cases, and ways on how pediatricians may advocate for children in similar situations.

Akinsulure-Smith, A. M., et al. (2023). "Evaluating Asylum Claims Based on Female Genital Mutilation/Cutting for Immigration Court—Opportunities and Challenges for Licensed Mental Health Professionals." Professional Psychology: Research & Practice **54**(2): 167-176.
Although female genital mutilation/cutting (FGM/C) is illegal in many countries, over 200 million women and girls have been subjected to the practice worldwide. FGM/C has been declared a violation of human rights and constitutes grounds for asylum in many nations. Despite the reported physical and psychological sequelae of the practice, typically only medical professionals are sought to provide expert testimony in immigration court (IC). However, with growing recognition that licensed mental health professionals (LMHPs) can offer significant contributions to immigration proceedings, increasingly LMHPs have become involved in conducting psychological evaluations for such cases. This article highlights the key contributions that LMHPs with specialized knowledge and clinical skills can provide during immigration proceedings when evaluating females who have experienced or are at risk for FGM/C, including working with the asylum seeker and her attorney, conducting the evaluation, writing the affidavit, and testifying in IC. Public Significance Statement: This article discusses the critical contributions licensed mental health professionals can make to immigration proceedings in cases pertaining to females who have experienced or are at risk for female genital mutilation/cutting. [ABSTRACT FROM AUTHOR]

Albrekt Larsen, C. (2020). "The institutional logic of giving migrants access to social benefits

and services." Journal of European Social Policy **30**(1): 48-62.
The article analyses how the programmatic structure of welfare schemes in Denmark, the Netherlands and Germany shape public perceptions of and preferences for migrants' entitlement to social benefits and services. First, the article finds that despite high complexity and the presence of some severe misconceptions, the entitlement criteria of migrants within existing social benefits and services do shape public perceptions of reality. Second, the article finds that these institutional shaped perceptions of reality strongly influence preferences for how migrants' entitlement criteria should be. This status quo effect is more moderate among populist right-wing voters, in general, and in the critical case of attitudes to non-EU migrants' entitlement to social assistance in Denmark. However, in all segments, one finds strong correlations between 'are' and 'should be', which is taken as indications of clear and sizeable institutional effects. [ABSTRACT FROM AUTHOR]

Angeleri, S. (2022). "Access to health care for Venezuelan irregular migrants in Colombia: between constitutional adjudication and human rights law." International Journal of Human Rights **26**(6): 1056-1082.
In the last six years, Colombia has received an exceptionally high number of incoming people on the move, fleeing from neighbouring Venezuela, including around 1 million Venezuelan nationals in an irregular situation.1 Against this unique and challenging background, this article aims to ascertain the extent to which the jurisprudence of the Constitutional Court of Colombia and that of United Nations' human rights treaty bodies and InterAmerican institutions are synergetic and supportive of the idea that the right to health must be equitably accessible for irregular migrants and subgroups of the same. The case law of this Court provides useful insights into both the difficulties of implementing 'beyond minimalist' approaches to the rights of irregular migrants in a middle-income country and the unusually influential but selective role of international human rights law and the comments of treaty bodies in its findings. For this case study, I also systematise applicable arguments of UN and InterAmerican human rights law and demonstrate that they are normative frameworks capable of pitching the right to health of irregular migrants beyond access to urgent treatment by integrating arguments based on core rights and vulnerability into a primary health care approach to public health that 'brings promotion and prevention, cure and care together'.2 [ABSTRACT FROM AUTHOR]

Aslanpay ÖZdemİR□, E. (2021). "AVRUPA BİRLİĞİ VE TÜRKİYE ARASINDA DÜZENSİZ GÖÇ SÜRECİNDE MALİ YARDIM PROGRAMININ TOPLUMSAL CİNSİYET AÇISINDAN ANALİZİ." THE GENDER ANALYSIS OF THE EU FACILITY FOR REFUGEE IN TURKEY WITHIN THE CONTEXT IRREGULAR MIGRATION PROCESS.: 75-93.
There has been an irregular migration issue between Turkey and the European Union (EU) since almost the year 2010. This issue has turned into a "crisis" as a result of the rapid increase in illegal entries from Turkey to the EU countries. The geographical location of Turkey has led to becoming a transit country towards the EU countries for migrants. This situation has led to massive migration flows that almost no country has encountered to Turkey in the last decade. Most of the migrants with different statuses in Turkey, especially those coming from Syria, consist of women and children. This situation requires a gender perspective to deal with irregular migration entirely. The measures taken by the United Nations and the EU in this regard are insufficient due to the number and the density of migrants in some regions of Turkey. The Republic of Turkey has tried to manage this sudden and irregular migration, besides, it has coped with heavy fiscal and social burdens. The Facility for Refugees in Turkey (FRIT) has been developed and put into practice within the context of the financial assistance programs and projects between Turkey and the EU. This study examines the elements of

the gender perspective and the positive and negative aspects of implementation within the framework of the FRIT. The results show that more efforts are needed within the scope of the FRIT on "supporting, protecting and ensuring the human rights of women and girls, gender equality and empowerment of women and girls". (English) [ABSTRACT FROM AUTHOR]

Astorga-Morales, A. and P. Schaffhauser-Mizzi (2022). "Ex braceros mexicanos. Un movimiento social transnacional de (ex) migrantes." Mexican ex-Braceros. A Transnational Social Movement of (ex) Migrants. **14**(31): 93-122.
During the course of twenty-three years, the ex-braceros migrant social movement has maintained a binational presence in Mexico and the United States. It has manifested in a wide repertoire of actions, such as protests from the domestic to the transnational sphere. This article will give an account of this movement's origin in 1998 and the central narrative of its process, explaining the injustices that arose during the Bracero Program (1942-1964) in which they base their current demands. There will also be a recount and analysis of the most significant protests that led this movement to obtain certain achievements, as well as the institutional failures during the operation of the social support program for ex-braceros. This paper offers an historical and sociological approach to this social phenomenon. There will also be an account of theoretical-conceptual references such as: memory, identity, agnotology and repertoires of action. It will also be noted that in the face of neglect and null dialogue in the domestic sphere, the development of new social practices was promoted. These would be manifested in civil protests, allowing the case to come before the United Nations (UN), the Inter-American Commission on Human Rights (IACHR), and courts of conscience such as the Permanent Peoples' Tribunal, thereby consolidating the transnational character of the social movement. (English) [ABSTRACT FROM AUTHOR]

Avila Hernandez, F. M., et al. (2020). "Derechos emergentes de los migrantes forzados venezolanos en Colombia. Propuesta de los iura vivendi y migrandi, al ius integrandi." Emerging rights of venezuelan forced migrants in Colombia. Proposal of the iura vivendi and migrandi, to the ius integrandi. **25**: 133-146.
This study analyzes the current Colombian international and national legal order of immigration, in light of the COVID 19 Pandemic. The research is located in the actual situation of violation of the rights of forced venezuelan migrants and the violation of their human dignity, in the context of colombian rule of law. First, the nature of the current international legal order of migrations is studied. Next, the different profiles of the human vulnerability of the migrant's condition are analyzed; facing the contingency generated by COVID 19 and the responses that, from the political and legal point of view, the Colombian State has given on the occasion of the contingency. (English) [ABSTRACT FROM AUTHOR]

Bemak, F. and R. C.-Y. Chung (2021). "Contemporary Refugees: Issues, Challenges, and a Culturally Responsive Intervention Model for Effective Practice." Counseling Psychologist **49**(2): 305-324.
The vast number of worldwide refugees has caused a global refugee crisis, political turmoil, and heightened anxiety in resettlement countries, stimulating xenophobia and religious tensions. We provide an overview of the four articles in this Major Contribution as a foundation for describing contemporary issues, challenges, and present an effective culturally responsive model of intervention to work with present-day refugees.

Breakey, H., et al. (2021). "Migrant health professionals' systemic human rights vulnerabilities." International Migration **59**(5): 197-215.
This article investigates whether the methods by which states implement citizens' human

rights possess serious weaknesses for ensuring migrant health professionals' rights. Stemming from the discipline of normative philosophy, the moral approach to human rights sees rights as implemented through multiple waves of duties delivered by state-managed integrity systems. We argue that this otherwise comparatively reliable method can fail to deliver adequate outcomes to migrant health professionals. These professionals can encounter problems stemming from the following: their lack of political priority as non-citizens; the challenges to effective monitoring of migrant health professional pathways and outcomes; the incapacity of federal lawmakers to impact on key policy levers; the ever-present threat of "pathways to nowhere"; and state-enabled employee exploitation. The findings provide a philosophically grounded foundation for acknowledging the human rights concerns of even high-skilled migrants, and show why special regimes for rights protection, facilitation and monitoring are necessary for migrant health professionals. [ABSTRACT FROM AUTHOR]

Brock, G. (2020). "Self-determination, Democracy, Human Rights, and Migrants' Rights: A Reply to Sangiovanni and Stilz." International Journal of Applied Philosophy **34**(2): 295-309.
What weight should we place on self-determination, democracy, human rights and equality in an account of migration justice? Anna Stilz and Andrea Sangiovanni offer insightful comments that prompt us to consider such questions. In addressing their welcome critiques I aim to show how my account can help reduce migration injustice in our contemporary world. As I argue, there is no right to free movement across state borders. However, migrants do have rights to a fair process for determining their rights. Democratic communities should have scope to make many migration decisions, although there are constraints on that self-determination. The migration governance oversight arrangements I favor are compatible with core requirements of agency and responsiveness that are operative in mature democracies. In responding to concerns about objectionable power inequalities that often characterize temporary worker programs, I show why addressing these issues requires various institutional protections that are well enforced. Robust migration governance arrangements can assist in formulating defensible migration policies that we can implement here and now as we aim to reduce migration injustices in our current world. [ABSTRACT FROM AUTHOR]

Candiz, G. (2019). "Regularisation Policy and 'Migration Projects': The Case of Sub-Saharan Migrants in Morocco." Política de regularización migratoria y proyectos migratorios: el caso de los migrantes subsaharianos en Marruecos. **58**(3): 309-325.
In September 2013, Morocco established a new migration policy based on a report produced by the National Human Rights Council (NHRC), which resulted in the regularization of some 25,000 irregular migrants, most of them from Sub-Saharan Africa and Syria. Based on 31 interviews conducted in 2015 with Sub-Saharan migrants living in Rabat (Morocco) at the time of the regularisation campaign, this paper employs the theoretical notion of migration projects to analyze whether regularisation acted as an incentive for Sub-Saharan migrants to modify their migration projects and consider Morocco as a desirable destination country. The paper concludes that the regularization initiatives did not have significant effects on the migratory projects of Sub- Saharan migrants. While migrants faced many obstacles and problems when trying to regularize their status, the regularization campaign failed to develop a comprehensive approach to address them. (English) [ABSTRACT FROM AUTHOR]

Cusumano, E. and K. Gombeer (2020). "In deep waters: The legal, humanitarian and political implications of closing Italian ports to migrant rescuers." Mediterranean Politics **25**(2): 245-253.
The closure of ports to migrant rescue NGOs marked a turning point in Italy's approach

to seaborne migrations across the Mediterranean. This profile article examines the legal, humanitarian and political implications of this decision. Although closing ports is not necessarily unlawful under maritime, human rights and European law, this policy entails severe humanitarian externalities and may hardly help Italy's call for structured, long-term solidarity in addressing the challenge of large-scale maritime migrations. [ABSTRACT FROM AUTHOR]

Delcour, C. and L. Hustinx (2019). "How do Human Rights Fit into the Debate? The Representation and Frames of Social Movement Organizations in a Newspaper Debate on the 2010 French Eviction and Expulsion of Roma Migrants." Journalism Studies **20**(15): 2218-2236.
This paper analyzes the representation of social movement organizations (SMOs) and the frames to which they are linked in a newspaper debate developing after a specific human-rights violation. This analysis is intended to demonstrate how research on social movements and human-rights frames and research on the access of NGOs to the media can complement each other in the investigation of mediated human-rights debates. The violation addressed in this study concerns the eviction of many Roma from their dwellings and their expulsion from France in the summer of 2010. We analyzed the reports in the French newspaper Le Monde on this violation. In response to the first research question – "How were SMOs represented in the selected newspaper debate?" – our analysis indicates that SMOs were less strongly represented than were actors in the French government, except through general reference. With regard to the second research question – "To which frames on the human-rights violation were SMOs linked in the selected newspaper debate?" – the framing analysis reveals a prevalent anti-racist frame, very little explicit reference to human rights, and frames influenced by national logics. [ABSTRACT FROM AUTHOR]

Desmond, A. (2020). "Migrants' rights finally front and centre of the international agenda? Exploring the perils and possibilities of the SDGs and the GCM." International Journal of Law in Context **16**(3): 217-221.

Desmond, A. (2020). "A new dawn for the human rights of international migrants? Protection of migrants' rights in light of the UN's SDGs and Global Compact for Migration." International Journal of Law in Context **16**(3): 222-238.
This paper undertakes a sceptical analysis of the significance for the protection of migrants' rights represented by the Sustainable Development Goals (SDGs) 2030 and the UN Global Compact for Migration (GCM). Despite the positive view taken by many of these frameworks, I argue that, taken together, the SDGs and the GCM represent an acknowledgement of the failure of the international system of human rights protection to deal effectively with the protection of migrants' rights. With particular reference to the UN Migrant Workers Convention, I argue that adoption of the GCM underscores a decisive shift from the realm of binding international law to soft law for the purposes of dealing with migrants' rights. While acknowledging some of the signal benefits of this new regime, I highlight some of the many signs suggesting that these twin international developments do not guarantee progress on the road to the protection of migrants' rights. [ABSTRACT FROM AUTHOR]

Di Nuovo, S., et al. (2022). "Decent work and hope for the future among young migrants." Journal of Prevention & Intervention in the Community **50**(4): 361-374.
Work is a multidimensional construct that plays a crucial role in people's lives, assuring their psychological well-being, social connections, and self-determination. "Decent" work is conceptualized as a satisfactory job in conditions of equity, security, and respect for human rights. The paper reports the results of a study on the perception of the future and decent work in young immigrants, at risk of undertaking undignified and

unsatisfactory jobs. The data were collected through a semi-structured interview, aimed at exploring the representations of decent work and hope. Data analysis was conducted through both qualitative and quantitative methods. The results of the study are discussed with reference to career counseling promoting decent work for immigrant people, activating the motivation to plan the future, including hope. [ABSTRACT FROM AUTHOR]

Díez Bosch, M., et al. (2019). "Letting Diasporic Voices Be Heard: Refugees and Migrants in European Media." Ecumenical Review **71**(1/2): 110-132.

More than 68.5 million people were forced to move from their countries, according to the UN Refugee Agency, UNHCR, in 2018. Forced displacements are caused by poverty, war, and lack of safety. Since 2015, Europe has been experiencing a so-called refugee crisis that calls European values and policies into question. Beyond data, there are the experiences of those who are on the move. The number of people arriving on the continent has made integration a decisive topic. This research aims to discover the portrayal of refugees and migrants in media. This goal includes the challenge of making European media evaluate their work to improve the treatment given to complex subjects such as migration. This article is the result of research derived from the project Refugees Reporting in 2017, coordinated by the Europe Region of the World Association for Christian Communistories ancation and the Churches' Commission for Migrants in Europe. [ABSTRACT FROM AUTHOR]

Dressel, A., et al. (2020). "Attitudes among working professionals toward immigrants and refugees living in Ecuador: Impacts on health and well-being." Public Health Nursing **37**(4): 517-524.

Objective: To explore attitudes toward immigrants and refugees living in Ecuador. Design and Measures: A transnationalism framework informed this qualitative study, which utilized a semi-structured interview guide to elicit responses from participants about their attitudes toward immigrants and refugees. Interviews were conducted in Spanish, audio-taped, transcribed, coded, and analyzed in Spanish to identify emergent themes. Demographic data were analyzed using SPSS. Sample: Participants (n = 50) were recruited from five sectors that interact with refugees: health care, the press, the police, nongovernmental organizations, and education. Fifty interviews were conducted with adults in Quito, Ecuador, in 2017. Results: Participants reported concerns about the health and well-being of immigrants and refugees, expressed a willingness to assist them, but within limits, noted discrimination and bias against refugees, and cited social policies and human rights as factors that influenced their attitudes. Conclusions: Our findings indicate that immigrants and refugees face challenges which impact their health and well-being, according to participants in the study. Social policies can influence attitudes, but are also affected by rapidly shifting immigration patterns. Migration flows in South America is an under-studied area of research, with opportunity for further public health nursing inquiry. [ABSTRACT FROM AUTHOR]

Duque, T., et al. (2023). "Sociopolitical development of female migrant domestic workers in Southern Spain: A qualitative study of a pathway against injustice." Journal of Community & Applied Social Psychology **33**(2): 454-468.

Domestic work is a sector characterized by various forms of injustice, prompting some women to embark on a pathway towards activism. Based on the Sociopolitical Development (SPD) framework, this study aims to explore female Latin American migrants' experiences of injustice in the domestic work sector in Spain and how they challenge them, particularly when they become involved in organized collective action. To this end, in-depth interviews were conducted with 11 women of Latin American origin who actively participate in the Association of Domestic Workers of Seville. The qualitative analysis found that being a domestic worker, having experiences of exploitation, discovering rights, receiving rights training, sharing stories of oppression, and engaging in sociopolitical actions are key experiences in guiding migrant women from the acritical and adaptive stages of SPD towards the pre-critical, critical, and liberation ones. Knowledge about these significant life-changing events may be useful for designing interventions aimed at fostering different ways in which oppressed groups can challenge injustice. [ABSTRACT FROM AUTHOR]

Duque, T., et al. (2023). "Sociopolitical development of female migrant domestic workers in Southern Spain: A qualitative study of a pathway against injustice." Journal of Community & Applied Social Psychology **33**(2): 454-468.
Domestic work is a sector characterized by various forms of injustice, prompting some women to embark on a pathway towards activism. Based on the Sociopolitical Development (SPD) framework, this study aims to explore female Latin American migrants' experiences of injustice in the domestic work sector in Spain and how they challenge them, particularly when they become involved in organized collective action. To this end, in-depth interviews were conducted with 11 women of Latin American origin who actively participate in the Association of Domestic Workers of Seville. The qualitative analysis found that being a domestic worker, having experiences of exploitation, discovering rights, receiving rights training, sharing stories of oppression, and engaging in sociopolitical actions are key experiences in guiding migrant women from the acritical and adaptive stages of SPD towards the pre-critical, critical, and liberation ones. Knowledge about these significant life-changing events may be useful for designing interventions aimed at fostering different ways in which oppressed groups can challenge injustice.

Eda, L. N. (2021). "How Transnationally Effective are the UK Migration Policies in Relation to Missing Migrants? A Transnational Law Perspective." Vanderbilt Journal of Transnational Law **54**(2): 343-412.
All over the world, several thousands of migrants go missing when they attempt to flee from war, violence, persecution, repressive regimes, systematic human rights violations, etc. Thousands die each year in deadly shipwrecks in a desperate attempt to enter Europe and the United Kingdom. In these instances of deaths and loss, international human rights law imposes duties on states to account for people missing in transnational migration and to respect the rights of members of their families. Despite such provisions, states sometimes deny that they have obligations to deal with cases of migrants reported missing in transnational migration until migrants reach their territories. Such conflicting claims raise serious questions about migration policies and governance and how the subject of missing migrants should be dealt with at the international level. The newly adopted UN Global Compact for Safe, Orderly and Regular Migration (Objective 8(a-f)) answers a part of the question by recognising that migration generally, and missing migrants specifically, is a transnational social problem which requires greater cooperation amongst states as well as policies with transnational effects. The United Kingdom was one of the earliest countries to endorse the new migration compact, hinting that it respects the sovereign rights of states to determine and implement their own migration policies and protect national interest. The Article asks if, from a transnational law perspective, the UK migration policy in relation to missing migrants is transnationally effective such as to facilitate enforcement of the new Global Compact and other related international instruments nationally. Existing evidence in the literature shows limited knowledge about the transnational effects of UK policies in relation to missing migrants. Therefore, the Article highlights the imperatives of strengthening, in order to avoid a future policy vacuum, the transnational effectiveness of UK policies in addressing the increasing cases of people who go missing while attempting to reach international destinations. [ABSTRACT FROM AUTHOR]

Gürsoy, E. and L. D. Ertaşoğlu (2019). "Syrian refugees' perception of barriers and bridges towards integration into Turkish society." Language, Culture & Curriculum **32**(2): 128-141.

Population displacements have occurred in tremendous amounts in the last few decades due to the collapse in civil order of the neighbouring countries of Turkey. This situation not only created a need for researchers to deal with the social, psychological and economical aspects of this forced mobility, but also with the acculturation process of the refugees who left their home owing to serious human rights violations. Because they do not occupy a great space in the policy agendas, they are an 'invisible' group. This poses a major problem that there are no specific theories regarding the second language acquisition process of refugees, because they are considered together with all immigrants although their experiences distinguish them from other groups. Thus, feeling the need to be the voice of this unvoiced group with their SLA experiences and witnessing the swiftly changing dynamics in the world, the Middle East in particular, and its impact on the sociocultural context, this paper concentrates on the perceptions of Syrian refugees about the L2 (Turkish) and the target language group (Turkish people). [ABSTRACT FROM AUTHOR]

Hassan, G., et al. (2019). "Impact of the Charter of Quebec Values on psychological well-being of francophone university students." Transcultural Psychiatry **56**(6): 1139-1154.

This paper discusses results from a pilot study conducted in the spring of 2014 among young adults living in Montreal. The main objective of this study was to assess the relation between perception of the Charter of Quebec Values, 1 self-identification, perception of intercommunity relations, perceived discrimination, and psychological well-being in young students enrolled in undergraduate or graduate programs of a francophone university in Montreal. A total of 441 students (30.5% male, 69.5% female) took part in a web survey designed by the research team. The data analyses and results suggest that the debate around the Charter of Quebec values was associated with a shift from a predominantly positive perception of intercommunity relations to a predominantly negative one, particularly among women, immigrants, and those who self-identified as cultural or religious minorities. In addition, more than 30% of participants reported having experienced some form of ethnic or religious discrimination since the Charter was released (personally or as a witness). This was particularly the case among immigrants, as well as those who self-identified as bicultural or from cultural or religious minority groups. This study's results thus highlight the exacerbation of intercommunity tensions linked to the public debate around identity and intercommunity relations in Quebec. [ABSTRACT FROM AUTHOR]

Inocente Escamilla, Y. A. (2019). "Usos políticos del sufrimiento en el Vía Crucis del Migrante, Ixtepec, Oaxaca." The Politic Uses of Suffering on the Via Crucis of the Migrant, Ixtepec, Oaxaca. **40**(157): 33-52.

While observing the performance of the Vía Crucis of the migrant in Ixtepec, Oaxaca, in 2016, I realized that it provided a sociopolitical and heuristic framework for exploring the political uses of suffering. This specific form of suffering is perpetrated by the social and institutional forces that inflict violence on migrants. Following Didier Fassin's lead, I analyze how the violated body is exposed in the Vía Crucis of the migrant as a way to reclaim migrants' political rights. During the Vía Crucis of the migrant, the different kinds of violence that Central Americans migrants suffer are represented narratively in order to make visible their personal histories, their problems and the violence they confront during their sojourn. The objective of this narrative representation is to gain recognition of their rights. (English) [ABSTRACT FROM AUTHOR]

Izziyana, W. V., et al. (2019). "Health Insurance for Indonesian Migrant Workers." Medico-

Legal Update **19**(1): 188-192.
Health insurance is one of the aspects and part of the social insurance which must be given by the state to its citizens, including migrant workers. There are millions of Indonesian migrant workers who work overseas, so health insurance is an urgent need to be fulfilled, as it is a constitutional right of the citizens. The government gives a legal protection for migrant workers according to the legislation, the destination country's law, as well as the international laws and customs. One form of protection given by the government is the right to receive health insurance. Each country has its own characteristics and procedures in giving health insurance protection to its migrant workers, which may result to problems and obstacles in its implementation, which is caused by differences in it law and its government's administration. Indonesian social insurance protection for migrant workers is managed by BPJS (Badan Penyelenggara Jaminan Sosial/Social Security Administrator) as written in the Mandate of 1945 Constitution (Amanat UUD 1945), yet in reality, health insurance protection from the state of Indonesia for Indonesian migrant workers abroad is not yet operated because the facility mechanism overseas cannot work together with BPJS Kesehatan (Health).

Kaplin, D. (2019). "Framing the Issue: An Introduction to Various Types of International Migrants, Latest Figures, and the Central Role of the United Nations." Journal of Infant, Child & Adolescent Psychotherapy **18**(4): 313-318.
The purpose of this article is to introduce several distinctions between types of people on the move, their relative frequency, and the role the United Nations (UN) has played to develop guidelines to increase their protection. The article begins with distinctions between international migrants, refugees, asylum-seekers, internally displaced persons, and stateless persons. In total, there are an estimated 272 million people living outside their country of origin. This number includes 25.9 million refugees and 3.5 million asylum-seekers. Because these individuals experience forced migration, they are vulnerable to a myriad of challenges, and are in need of international protection. The United Nations has been at the forefront of protecting these vulnerable populations since the Universal Declaration of Human Rights. Several key doctrines that were subsequently written to protect immigrants, forcibly displaced individuals, and stateless persons are introduced to the reader. [ABSTRACT FROM AUTHOR]

Lavee, E., et al. (2022). "Families in Poverty and Noncitizenship: An Intersectional Perspective on Economic Exclusion." Journal of Family Issues **43**(7): 1922-1945.
Recent scholarship on families living in poverty has focused on immigrant and migrant families, legal and illegal. The element of citizenship has received relatively broad attention, as legal status has profound influence on the individual's life chances. However, studies exploring relations between noncitizenship and poverty have not provided a comprehensive explanation of the mechanisms that deprive noncitizens of the possibility of accumulating sufficient material resources. The study offers a nuanced, comprehensive account of the process of economic deprivation, focusing on four main survival strategies with respect to noncitizen Palestinian families residing in Israel. Drawing on 24 qualitative in-depth interviews with adult family members, we apply the intersectionality approach to decipher mechanisms of exclusion at work in the everyday lives of illegal migrants, shaping their ability to attain material resources. Findings point to a need to adopt a transnational protection framework in order to allow economic and social inclusion of noncitizens. [ABSTRACT FROM AUTHOR]

Mahabir, D. F., et al. (2021). "Classism and Everyday Racism as Experienced by Racialized Health Care Users: A Concept Mapping Study." International Journal of Health Services **51**(3): 350-363.
In Toronto, Canada, 51.5 % of the population are members of racialized groups. Systemic labor market racism has resulted in an overrepresentation of racialized groups

in low-income and precarious jobs, a racialization of poverty, and poor health. Yet, the health care system is structured around a model of service delivery and policies that fail to consider unequal power social relations or racism. This study examines how racialized health care users experience classism and everyday racism in the health care setting and whether these experiences differ within stratifications such as social class, gender, and immigration status. A concept mapping design was used to identify mechanisms of classism and everyday racism. For the rating activity, 41 participants identified as racialized health care users. The data analysis was completed using concept systems software. Racialized health care users reported "race"/ethnic-based discrimination as moderate to high and socioeconomic position-/social class-based discrimination as moderate in importance for the challenges experienced when receiving health care; differences within stratifications were also identified. To improve access to services and quality of care, antiracist policies that focus on unequal power social relations and a broader systems thinking are needed to address institutional racism within the health care system.

MemÓRia De Andrade, A. and T. C. Frota Mont'Alverne (2022). "Crianças refugiadas na Corte Europeia de Direitos Humanos." Refugee children at the European Court of Human Rights. **18**(36): 183-206.
We investigates the jurisprudence of the European Court of Human Rights regarding judged cases involving migrant minors, aiming to analyze whether their detention is a necessary or xenophobic measure. The methodology used was the bibliographic and documentary method, in addition to jurisprudential analysis. This is a current problem, as refugee children are a constant in migrations and require special protection, mainly when they are unaccompanied. We concluded that the European detentions of migrant minors constitute xenophobia. (English) [ABSTRACT FROM AUTHOR]

Mutola, S., et al. (2022). "The Plight of Female Cameroonian Migrant Sex Workers in N'Djamena, Chad: A Case of Intersectionality." Journal of Immigrant & Minority Health **24**(2): 430-436.
In most countries, sex-work is criminalized and frowned upon. This leads to human rights abuses, especially for migrant female sex workers. The burden is heavier on migrant female sex-workers whose gender and foreign citizenship intersect to produce a plethora of adverse health, social, and legal outcomes. This phenomenological study explores the intersectionality of individual factors leading to human rights abuses among migrant Cameroonian female sex workers in N'Djamena, Chad. Ten female sex workers and two key-informants were interviewed, and being a small sample, they gave detailed information about their experiences. The data was later analyzed using thematic analysis. Participants narrated experiences of social exclusion, exposure to diverse abuses, and health risks due to gender, immigrant status, and illegality of sex work. The experiences of female migrant sex workers, within contexts of sex work criminalization, are exacerbated by the intersectionality of these factors. Women endure several vulnerabilities in many African countries, more so when they have to survive on sex work as foreigners in a country where the act is illegal. [ABSTRACT FROM AUTHOR]

Nillsuwan, B. (2023). "Interacting with global refugee complexity and wresting control: Shan refugees and migrants in Thailand." Asian Politics & Policy **15**(2): 226-248.
The changes in Thailand's policy on labor migrant control appeared optimistic for refugee and human rights issues in recent years. This article argues that such positive adjustment is to take control of refugees and migrants outside the space of the global refugee regime. Using the case of Chiang Mai, Thailand, it discussed how the movement of Shan people in this area indicates mixed migration and how the Thai authorities and local Thais' views of them affect their status in Thailand. It examined the

role of international norms that influence Thailand's policy and treatment of the Shan refugees and migrants in education and healthcare. Recent adjustments demonstrated that the Thai government began altering migration restrictions, although this is an attempt to seize control. In the refugee regime complexity, Thailand interacts with the regimes in two areas: education and healthcare, to maintain the control and manageability of refugees and migrants. (English) [ABSTRACT FROM AUTHOR]

Noh, J.-E. (2021). "Korean Migrants' Transnational Activism in Australia: Collective Meaning Making around Human Rights." Voluntas: International Journal of Voluntary & Nonprofit Organizations **32**(3): 573-584.
Despite a growing evidence of transmigrants' political activism, empirical research is still in its infancy. This paper examined how migrants' political agency was constructed by their emotions, identities and transnational contexts. Data were collected from in-depth interviews with 11 Korean migrants who were residing in Brisbane, the third largest city of Australia, and engaging in home-country politics through self-organized activities. The study found that participants developed a human rights frame to suit their identities and contexts and in turn, the frame shaped their identities and political agency around human rights. The concepts of 'framing' and 'small group development' assisted in understanding interview participants' experiences of negotiating differences in conceptualization and strategization of social issues. [ABSTRACT FROM AUTHOR]

Norman, K. P. (2021). "Migrant and refugee mobilisation in North African host states: Egypt and Morocco in comparison." Journal of North African Studies **26**(4): 679-708.
Scholarly work on migration to Europe and North America asserts that states adopt liberal migration policies when migrants are able to mobilise and when they are assisted by state and non-state institutions. To what extent does this explanation for mobilisation transfer to the Global South where authoritarian state structures might be in place, thereby constraining certain political behaviours? This paper examines why migrants and refugees have been able to mobilise to a greater extent in Morocco than in Egypt. Drawing primarily on original data from semi-structured interviews, this paper assesses the formal and informal rules that constrain or permit certain political behaviours among non-national populations in each host state. I find that the Moroccan system has been more responsive than the Egyptian state to migrant and refugee mobilisation due primarily to the type of authoritarian governance in place. While both Egypt and Morocco seek to retain control overt opposition, the Moroccan regime since the 1990s has allowed for a degree of openness, permitting visible forms of resistance and ultimately co-opting critics, whereas Egypt – especially since 2013 – has sought to violently eliminate any form of contestation and since 2014 has also sought to limit any associational activities related to human rights promotion. The findings address the question of whether extant explanations for migrant mobilisation and subsequent policy reform travel to the Global South, and also contribute to understandings of whether and how the political mobilisation of migrants and refugees can take place in non-democratic spaces and to what effect. [ABSTRACT FROM AUTHOR]

Ortega VelÁZquez, E. (2019). "Cuando los niños se vuelven migrantes: niñez detenida en México y dislocación del discurso de derechos humanos." When Children Become Migrants: Children Detained in Mexico And the Dislocation of the Human Rights Discourse. **14**(2): 33-63.
The aim of this article is to argue and explain the dislocation of the human rights discourse with regard to migrant children detained in Mexico. First, it looks theoretically at the dislocation of the human rights discourse regarding migrants in general. Second, it analyzes the construction of the discourse of migrant children's human rights starting from three premises: 1) children have rights and need states to adopt special measures for their protection due to their age; 2) all children have all

rights; and, 3) children can only be detained as an absolutely exceptional measure of last resort. Third, the author delves into the normative and practical dislocation of the discourse about migrant children's human rights in Mexico. And fourth, she proposes three possible alternatives (legal, practical, and political) for articulating the discourse of migrant children's human rights to protect them and defend their rights. (English) [ABSTRACT FROM AUTHOR]

Palacios Sanabria, M. T. (2019). "RIGHTS OF MIGRANTS: NOTES ON THE JURISPRUDENCE OF THE INTERAMERICAN COURT OF HUMAN RIGHTS." Janus.Net: e-Journal of International Relations **10**(2): 124-140.
The rights of migrants represent a challenge for States, because their guarantee evidences the permanent tension between the sovereignty of the States and the protection of human rights in the international context. This article will analyse if it is really possible to affirm the existence of a true evolutionary development of the jurisprudence of the Inter-American Court of Human Rights in a contentious and consultative way and which, therefore, may contribute to the improvement of the rights of migrants in the IACHR. To this end, the text will address the following parts: I) Regulatory framework oriented to the sovereignty of States; II) The progressive contentious jurisprudence of the Inter-American Court III) The advisory opinions: integrating elements of rights and; IV) Conclusions. [ABSTRACT FROM AUTHOR]

Panagiotidis, J. (2020). "The power to expel vs. the rights of migrants: expulsion and freedom of movement in the Federal Republic of Germany, 1960s—1970s." Citizenship Studies **24**(3): 301-318.
Migrants have rights vis-à-vis the liberal state. But these rights are not simply given. This article argues that they are the product of historical evolution and of norms-based societal contestation of state power. Migrant rights are located in different national and international bodies of law – constitutions, treaties, and conventions – which came into being mostly after the Second World War and together strengthened the protection of foreigners against forced removal. Examining a case study of the attempted expulsion from West Germany of an immigrant woman with children during the 1960s and 1970s, the article shows how the active negotiation between state and societal actors translated national and international norms on the family and on entitlement-based welfare into a social reality in which migrants had rights protecting them from expulsion. It furthermore argues that the contestation of expulsions strengthened the individual right to stay as one pillar of a comprehensive individual right to free movement. [ABSTRACT FROM AUTHOR]

PeriŠIĆ, P. and P. OstojiĆ (2022). "PUSHBACKS OF MIGRANTS IN THE MEDITERRANEAN: RECONCILING BORDER CONTROL MEASURES AND THE OBLIGATION TO PROTECT HUMAN RIGHTS." ODVRAĆANJA MIGRANATA NA SREDOZEMNOM MORU – IZMEĐU MJERA Z AŠTITE DRŽAVNIH GRANICA I OBVEZE POŠTOVANJA LJUDSKIH PRAVA. **61**(176): 585-614.
This paper explores the practice of pushback operations in the Mediterranean Sea in the last decade, observing it both through the prism of states' security interests and through their obligations under human rights law. Analysis of the content of some of the basic human rights – in particular the right to life, the prohibition of refoulement and the prohibition of collective expulsions – and their applicability in the context of pushback operations reveals that it is virtually impossible to reconcile pushbacks as a means of safeguarding states' borders and states' human rights obligations. It seems that the Mediterranean states and the European Union have come full circle – from the Italian pushback programme in 2009, through the condemnation of the practice by the European Court of Human Rights in the landmark decision of Hirsi Jamaa v. Italy and the subsequent replacement of the practice of pushbacks with the practice of pullbacks,

to renewed systemic hot returns. A viable solution at the European Union level needs to be found or otherwise the states which are on the front line of migratory flows will continue to prioritise their own security interests over their human rights obligations. (English) [ABSTRACT FROM AUTHOR]

Rami, F., et al. (2023). "Health Inequities and Social Determinants of Health in Refugee and ImMigrant Communities." American Psychologist **78**(2): 160-172.
This article evaluates and elucidates the intersections across social and economic determinants of health and social structures that maintain current inequities and structural violence with a focus on the impact on imMigrants (immigrants and migrants), refugees, and those who remain invisible (e.g., people without immigration status who reside in the United States) from Black, Indigenous, and People of Color communities. Psychology has a history of treating individuals and families without adequately considering how trauma is cyclically and generationally maintained by structural violence, inequitable resources, and access to services. The field has not fully developed collaboration within an interdisciplinary framework or learning from best practices through international/global partnerships. Psychology has also been inattentive to the impact of structural violence prominent in impoverished communities. This structural harm has taken the form of the criminalization of imMigrants and refugees through detention, incarceration, and asylum citizenship processes. Most recently, the simultaneous occurrence of multiple catastrophic events, such as COVID-19, political polarization and unrest, police violence, and acceleration of climate change, has created a hypercomplex emergency for marginalized and vulnerable groups. We advance a framework that psychologists can use to inform, guide, and integrate their work. The foundation of this framework is select United Nations Sustainable Development Goals to address health inequities. [ABSTRACT FROM AUTHOR]

Rizcallah, C. (2019). "Facing the Refugee Challenge in Europe: A Litmus Test for the European Union: A Critical Appraisal of the Common European Asylum System through the Lens of Solidarity and Human Rights." European Journal of Migration & Law **21**(2): 238-260.
According to mainstream discourse, the EU is facing a 'refugee crisis' due to a mass influx of asylum seekers, which is putting the Common European Asylum System (CEAS) under pressure. Although this article acknowledges that the CEAS is currently under pressure, it aims to take a different view from the assumption that the—admittedly significant—arrival of asylum seekers constitutes in itself a problem for the EU. It suggests that the problems encountered by the CEAS are rather symptomatic of a deeper gridlock resulting from this system's lack of compliance with two main EU's fundamental values, the respect of which constitutes the 'fundamental premise' of EU integration, namely solidarity and human rights. From both an historical and a legal perspective, the EU is indeed founded on a set of values comprising the respect of human rights and solidarity. The treaties further require their respect internally (i.e. Articles 2 and 6 TEU), but also vis-à-vis the rest of the world (i.e. Articles 3(5) and 21 TEU). However, the current responses to the arrival of asylum-seekers are, in several respects, in contradiction with these founding values. On the one hand, the internal management of the influx of refugees reveals a lack of solidarity and results in breaches of asylum-seekers' fundamental rights. On the other, the EU's asylum policy does not meet the requirement according to which the Union shall, in its relations with the wider world, uphold and promote these values. These observations lead us to believe that facing the refugee challenge constitutes, from a normative perspective at least, a litmus test for the EU at large. Indeed, the EU's difficulties in dealing with the arrival of the asylum seekers—which have already been the subject of extensive research—appear to be the evidence of an identity crisis. The way the EU, hand in hand with its Member States, responds to this challenge thus amounts to a 'decisively indicative test' for its

normative foundations that are a prerequisite for the viability of the entire undertaking, and, notably, of the principle of mutual trust. [ABSTRACT FROM AUTHOR]

Rosenberger, S. (2019). "Navigating the Representative-Politics–Liberal-Rights Dilemma: Social Policy Designs for Nonremoved Migrants." Journal of Immigrant & Refugee Studies **17**(1): 11-26.
Although nonremoved rejected asylum seekers (NRASes) are declared unwanted, the liberal state is obliged to provide them with basic social protections. We argue that various social policy designs can mediate the representative-politics–liberal-rights dilemma and allow for (limited) access to differentiated, conditioned benefits. Drawing on migration control and welfare-state literature, the findings stem from expert interviews with stakeholders and document analysis in Austria, Sweden, and the Netherlands. Welfare-enabling approaches are context specific, varying from path dependencies in Sweden to change-resistant forms of policymaking in Austria. In the Netherlands, exclusionary measures are explained by early general welfare retrenchments. [ABSTRACT FROM AUTHOR]

Sambaraju, R. and A. Minescu (2019). "'I have not witnessed it personally myself, but...': Epistemics in managing talk on racism against immigrants in Ireland." European Journal of Social Psychology **49**(2): 398-412.
Social psychologists who study racism or prejudice argue that various versions of these are constructed in ways to suppress or minimise their relevance. However, researchers have not particularly examined how knowledge-claims about racism can also be variously made or negotiated in attending to the relevance of racism. We offer such an examination through a discursive psychological analysis of interview talk with Irish nationals on immigration, since in these settings issues of immigration and racism are not readily relevant. Findings show that participants treated how knowledge of racism can be accessed and who has the rights to make knowledge-claims about racism, as relevant. Epistemic access and rights were negotiated in ways that showed sensitivity to possibilities for suppressing alternative claims about racism. These findings are discussed in relation to current social psychological and discursive approaches to racism. [ABSTRACT FROM AUTHOR]

Sambaraju, R. and A. Minescu (2019). "'I have not witnessed it personally myself, but...': Epistemics in managing talk on racism against immigrants in Ireland." European Journal of Social Psychology **49**(2): 398-412.
Social psychologists who study racism or prejudice argue that various versions of these are constructed in ways to suppress or minimise their relevance. However, researchers have not particularly examined how knowledge-claims about racism can also be variously made or negotiated in attending to the relevance of racism. We offer such an examination through a discursive psychological analysis of interview talk with Irish nationals on immigration, since in these settings issues of immigration and racism are not readily relevant. Findings show that participants treated how knowledge of racism can be accessed and who has the rights to make knowledge-claims about racism, as relevant. Epistemic access and rights were negotiated in ways that showed sensitivity to possibilities for suppressing alternative claims about racism. These findings are discussed in relation to current social psychological and discursive approaches to racism. [ABSTRACT FROM AUTHOR]

Sanfelici, M. (2021). "Diversity and equality in social work: a qualitative study in Italy." European Journal of Social Work **24**(2): 267-277.
This study was designed to explore the professionals' process of reasoning about values in social work practice, when challenges arise in the intervention with clients from different cultural backgrounds. The research was carried out using a purposeful sample

of Italian social workers, employed in different municipalities. The interviewees were presented a story in which an Italian social worker interacts with a married couple from Morocco, asking for financial help. After a situation of cultural clashing, a subsequent meeting is organised with two other social workers, who express contrasting opinions about what to do in this case and their rationale for decision making. The interview was made to explore (a) how the meanings of equality and diversity are constructed in the social workers' discourses and (b) how the professionals take into account cultural differences. The results reveal important variations within individual accounts and rationales provided to make sense of values and different ways of interpreting the social workers' role in approaching cultural differences.

Santiago, A. M. and R. J. Smith (2019). "Community practice with immigrant and refugee populations: Responding to a growing human rights crisis." Journal of Community Practice **27**(2): 111-115.
An introduction is presented in which the editor discusses articles in the issue on topics including emergence-based approach in community practice; outcomes-based organizing by the rational planning model; and the development of the Garbage Can Model.

Scarabicchi, C. (2019). "Borrowed voices: narrating the migrant's story in contemporary European literature between advocacy, silence and ventriloquism." Journal for Cultural Research **23**(2): 173-186.
Over the last decade, Europe's immigration regulations have raised concerns regarding human rights and divided the public opinion on transnational movement, particularly with the ever-growing number of migrant deaths in the Mediterranean Sea. While the direct voices of migrants themselves are still often absent or marginalised in the debate, numerous European authors have mobilised in favour of a change in policies, portraying migrants' and refugees' stories in their works. This article addresses these complex cultural representations, acknowledging them as essential, albeit ambiguous, acts of solidarity. Drawing on the postcolonial notion of agency, and on the reflections on the representation of suffering subjects in humanitarian narratives, I will consider the cases of the Italian long poem Solo andata (One way only) by De Luca and the French novel Eldorado by Gaudé. While the authors' choice to recreate the migrant's perspective through fiction can be read as a strategy to re-humanise the protagonists of these journeys, I argue that such borrowing of the migrant's story from a non-autobiographical, external viewpoint simultaneously risks further disempowering and silencing them, raising a number of ethical questions on authorship and advocacy whose implications, in literature as in other contemporary media, still remain to be urgently addressed. [ABSTRACT FROM AUTHOR]

Schmid, L. (2022). "Saving Migrants' Basic Human Rights from Sovereign Rule." American Political Science Review **116**(3): 954-967.
States cannot legitimately enforce their borders against migrants if dominant conceptions of sovereignty inform enforcement because these conceptions undermine sufficient respect for migrants' basic human rights. Instead, such conceptions lead states to assert total control over outsiders' potential cross-border movements to support their in-group's self-rule. Thus, although legitimacy requires states to prioritize universal respect for basic human rights, sovereign states today generally fail to do so when it comes to border enforcement. I contend that this enforcement could only be rendered legitimate if it was predicated on more desirable conceptions of sovereignty that supported the universal prioritization of basic human rights. Specifically, desirable conceptions would not establish and require absolute state sovereignty over borders as a necessary precondition for true popular self-governance. [ABSTRACT FROM AUTHOR]

Schmid, L. (2022). "Saving Migrants' Basic Human Rights from Sovereign Rule." American Political Science Review **116**(3): 954-967.
States cannot legitimately enforce their borders against migrants if dominant conceptions of sovereignty inform enforcement because these conceptions undermine sufficient respect for migrants' basic human rights. Instead, such conceptions lead states to assert total control over outsiders' potential cross-border movements to support their in-group's self-rule. Thus, although legitimacy requires states to prioritize universal respect for basic human rights, sovereign states today generally fail to do so when it comes to border enforcement. I contend that this enforcement could only be rendered legitimate if it was predicated on more desirable conceptions of sovereignty that supported the universal prioritization of basic human rights. Specifically, desirable conceptions would not establish and require absolute state sovereignty over borders as a necessary precondition for true popular self-governance. [ABSTRACT FROM AUTHOR]

Slingenberg, L. (2020). "Evaluating 'Life Steeped in Power': Non-Domination, the Rule of Law and Spatial Restrictions for Irregular Migrants." Hague Journal on the Rule of Law **12**(3): 399-420.
Irregular migrants in Europe are increasingly subjected to state coercion, surveillance and spatial restrictions, such as containment, dispersal and forced transfers. Lawyers usually evaluate such practices in the light of human rights law, which only provides limited protection. For this reason, I propose an alternative normative framework to evaluate and assess coercive state practices towards irregular migrants: the concept of freedom as non-domination. In this article, I conceptualize non-domination from a rule of law perspective. To this end, I start from Lovett's procedural account of arbitrariness; and complement this with Benton's focus on unaccountable power and Palombella's argument for 'duality of law'. In the second part of this article, I apply this normative framework to coercive practices in shelters for irregular migrants in the Netherlands. This allows me to demonstrate the practical relevance and consequences of the theory. It discloses how the protection of freedom as non-domination, conceptualized from a rule of law perspective, sets more demanding criteria for the (courts of) law than the protection of human rights. At the same time, it does not require non-interference or elaborate positive obligations from the state. For irregular migrants, who do not have the right to reside in the territory, but who are entirely under the control of state power, non-domination as conceptualized in this paper provides, in my view, a necessary framework of review that ensures a kind of protection that is currently lacking. [ABSTRACT FROM AUTHOR]

Spencer, S. and N. Delvino (2019). "Municipal Activism on Irregular Migrants: The Framing of Inclusive Approaches at the Local Level." Journal of Immigrant & Refugee Studies **17**(1): 27-43.
This article explores the ways in which city policymakers in Europe frame the reasons for provision of welfare services to migrants with irregular status. In the context of restrictive national legal and policy frameworks, the article explores a tendency toward municipal activism in extending access to services, providing a typology of six policy frames used by policy makers that identify the intended beneficiaries and stated policy aims. Drawing on interviews with local policymakers and documentary sources, the article contributes to our understanding of the reasons why some European cities provide services to this particular section of the migrant population. [ABSTRACT FROM AUTHOR]

Spiegel, P., et al. (2020). "Migrant and refugee health: Complex health associations among diverse contexts call for tailored and rights-based solutions." PLoS Medicine **17**(3): 1-3.

In an Editorial, Guest Editors Paul Spiegel, Terry McGovern and Kol Wickramage discuss the Special Issue on Refugee and Migrant Health. [ABSTRACT FROM AUTHOR]

Thomas, M. (2021). "Discredit, Divide and Discord: Motives Behind 2021-22 Belarus-EU Migrant Crisis." Ukrainian Quarterly **77**(4): 26-29.

Torre Cantalapiedra, E. (2020). "Migrant 'caravans' in Mexico and the fight against smuggling." Forced Migration Review(64): 66-67.
The article informs about treatment of the migrant and asylum seeker caravans travelling through Mexico shows the negative consequences that the fight against people smuggling has had for those making these journeys and their defenders. Topics include caravans have been managed by the Mexican government raises key questions for State responses; and Several Mexican government representatives suggested that the activists supporting the caravans were involved in people smuggling.

Trevino-Rangel, J. (2019). "Magical legalism: human rights practitioners and undocumented migrants in Mexico." International Journal of Human Rights **23**(5): 843-861.
In the context of the war on drugs, undocumented international migration in Mexico is facing a serious human rights crisis. Each year, hundreds of thousands of migrants, above all from Central America, cross Mexico to reach the United States. Through their journey they risk extortion, kidnap, ill treatment, torture, forced disappearance, forced labour, sexual abuses, and death. Ironically, in the last few years, migrants' rights has become a profession for many people. Never before have there been so many rights-based organisations and human rights practitioners in Mexico working in the promotion and defence of migrants' rights. This article is a sociologically driven analysis that seeks to critically examine the role of human rights organisations and practitioners working in the field of transmigrants' rights in Mexico. The article analyses how human rights practitioners and rights-based organisations talk about the suffering and violence routinely experienced by transmigrants in Mexico; and identifies the most visible implications of that discourse. It argues that legalism over-dominates practitioners' work and agendas: practitioners address the problem of undocumented migration through a narrow legalistic lens that ignores or fails to challenge the wider political and social conditions that make the abuses possible in the first place. [ABSTRACT FROM AUTHOR]

Turanjanin, V. and S. Soković (2019). "MIGRANTS IN DETENTION: THE APPROACH OF THE EUROPEAN COURT OF HUMAN RIGHTS." ЛИШЕЊЕ СЛОБОДЕ МИГРАНАТА: ПРИСТУПЕВРОПСКОГ СУДА ЗА ЉУДСКА ПРАВА **43**(4): 957-980.
The Mediterranean migrant crisis is not calming down and in the last six decades the nature and character of these migrations has changed. The authors deal with one of the aspects of their position – detention. This work is divided into several parts. In the first part, the authors explore the problem of the migration crisis. After that, they explain in detail the Article 5 of the European Convention on Human Rights and Fundamental Freedoms. The main part of this work is devoted to the jurisprudence of the European Court of Human Rights related to the migrants‟ detention. (English) [ABSTRACT FROM AUTHOR]

Uribe Arzate, E. and J. Olvera GarcÍA (2019). "México: el nuevo destino para los migrantes de Centroamérica, o la quiebra del sueño americano." Mexico: The New Destiny for Migrants in Central America, or the American Dream Rupture. **24**: 133-148.
Work aims to build new explanations on the phenomenon of central American migration to the United States but must stay to live in Mexico as a result of the impossibility of

achieving its purpose. Collapsed the migration concepts and the human rights to survive and reside are categories of analysis. The methodology is documentary-based based on quantitative data on this reality. It is concluded that the migration has been collapsed by the prevalence of the element differentiating discourse that must be changed by a reconstruction of the language that facilitates the individual's insertion into new territories. (English) [ABSTRACT FROM AUTHOR]

Vigneswaran, D. (2020). "Migrant protection regimes: Beyond advocacy and towards exit in Thailand." Review of International Studies **46**(5): 652-671.
International migrants are subject to many types of violence, such as trafficking, detention, and forced labour. We need an improved understanding of what protects migrants from such violence. The concept of 'migrant protection regimes' draws our attention away from formal rights advocacy and to both the informal dimensions of protection and the way migrants help determine the quality of protection they receive. 'Migrant protection regimes' are sets of rules and practices regarding who ought to protect whom. These regimes include formal rights to protection in the law and informal relationships that protect migrants from lawful violence by the state. They may be changed by 'power grabs', when sovereign actors seek to monopolise protection relationships, but also by 'exits', when migrants refuse to accept the protection on offer. The study demonstrates the value of these concepts by using them to explain an unlikely case: a change in laws concerning migrant protection in an authoritarian state: Thailand. Drawing on rich qualitative sources, the article reveals how, after a human rights advocacy campaign had placed migrants' protection in jeopardy, a mass migrant exodus compelled the country's junta to offer migrants protection on better terms. [ABSTRACT FROM AUTHOR]

Walters, A. (2019). "Asylum evaluations: A call to action for mental health professionals." Brown University Child & Adolescent Behavior Letter **35**(8): 8-8.
Immigration policies have been a source of extensive controversy and intense media coverage of late. Within immigration law, one area particularly applicable to mental health professionals is the evaluation of asylum seekers for resettlement in the United States. The basis of current asylum law is found in the UN Universal Declaration of Human Rights of 1948, followed by the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol Relating to the Status of Refugees, all meant to provide safety to individuals fleeing violence and conflict. In the United States, the main difference between refugees and asylum seekers is the location at the time of the application. Refugees are typically outside of the United States, and asylum seekers are physically present in the United States at application. Regardless of category, the process is lengthy and complex. [ABSTRACT FROM AUTHOR]

Wolf, S. (2021). "Talking to Migrants: Invisibility, Vulnerability, and Protection." Geopolitics **26**(1): 193-214.
Individuals and families are being displaced from the Northern Triangle of Central America by structural and physical violence. Clandestine migration increases the invisibility of forced migrants and makes them difficult to access for researchers. Gatekeepers perceive or depict forced migrants as vulnerable populations and often deny investigators access to them, arguing that traumatised people should not be asked to retell their stories and be revictimised. The growing literature on research participation suggests that individuals categorised as vulnerable often decide to collaborate in studies, because they welcome the opportunity to talk about their experience to an empathetic listener and to help improve policies and services. Immediate distress produced by revisiting painful moments in life often dissipates quickly and is outweighed by the benefits of research participation, such as feelings of catharsis and a sense of acknowledgement and purpose. When gatekeepers deny

investigators access to vulnerable population groups, they preclude them from autonomously deciding whether to grant or withhold informed consent and from exercising their right to participate in research. Their invisibilities and silences render migrants more susceptible to human rights violations. Taking protection seriously means widening the research participation of vulnerable individuals. [ABSTRACT FROM AUTHOR]

Yang, O. (2019). "Political Ideology and Cultural Diversity in South Korea: Toward a Theory of Group-differentiated Rights." International Journal on Minority & Group Rights **26**(2): 289-303.
Korea has experienced ideological changes in the political sphere since society experienced ethnic diversity in the 1990s. The government urgently introduced new policy agenda 'Damunhwa' – multicultural – in the wake of up-surging social problems such as embracing cultural differences and human rights of foreigners as a salient issue following multicultural explosion with a large number of foreigners. As a result, many scholars argue that the Korean state response to cultural diversity has shifted from differential exclusion to assimilation toward immigrants in current society. However, it should be mentioned that it is implausible to link assimilation with a successful political ideology to manage ethnic diversity effectively. In this article, I argue that it is time to present a new political ideology for future directions in order to integrate ethnic minorities into a universally acceptable manner through consideration of the theory of group-differentiated rights in the context of Korean society. [ABSTRACT FROM AUTHOR]

Yilmaz, V. (2019). "The Emerging Welfare Mix for Syrian Refugees in Turkey: The Interplay between Humanitarian Assistance Programmes and the Turkish Welfare System." Journal of Social Policy **48**(4): 721-739.
This paper explores the key features of the emerging welfare mix for Syrian refugees in Turkey and identifies the modes of interaction between humanitarian assistance programmes, domestic policy responses and the Turkish welfare system. The welfare mix for Syrian refugees is a joint product of humanitarian assistance programmes implemented by international and domestic non-governmental organisations (NGOs) and domestic social policy programmes. Three policy domains are considered: social assistance schemes, employment and health care services. The paper suggests that granting of temporary protection status to Syrian migrants in Turkey and the agreement between Turkey and the EU shaped the welfare mix by empowering the public sector mandate vis-à-vis the humanitarian actors. As a result, the role of the public sector increases at the expense of NGOs, especially in social assistance and health care, while NGOs are increasingly specialised in protection work (especially in mental health support), where the Turkish welfare system has been weak. Employment has been essentially disregarded, in both humanitarian and social policy programmes, which casts doubt on the prospect of successful economic integration. Finally, this paper argues that the convergence of the rights of immigrants and citizens may well occur in mature components of less comprehensive welfare systems. [ABSTRACT FROM AUTHOR]

Yilmaz, V. (2019). "The Emerging Welfare Mix for Syrian Refugees in Turkey: The Interplay between Humanitarian Assistance Programmes and the Turkish Welfare System." Journal of Social Policy **48**(4): 721-739.
This paper explores the key features of the emerging welfare mix for Syrian refugees in Turkey and identifies the modes of interaction between humanitarian assistance programmes, domestic policy responses and the Turkish welfare system. The welfare mix for Syrian refugees is a joint product of humanitarian assistance programmes implemented by international and domestic non-governmental organisations (NGOs) and domestic social policy programmes. Three policy domains are considered: social

assistance schemes, employment and health care services. The paper suggests that granting of temporary protection status to Syrian migrants in Turkey and the agreement between Turkey and the EU shaped the welfare mix by empowering the public sector mandate vis-à-vis the humanitarian actors. As a result, the role of the public sector increases at the expense of NGOs, especially in social assistance and health care, while NGOs are increasingly specialised in protection work (especially in mental health support), where the Turkish welfare system has been weak. Employment has been essentially disregarded, in both humanitarian and social policy programmes, which casts doubt on the prospect of successful economic integration. Finally, this paper argues that the convergence of the rights of immigrants and citizens may well occur in mature components of less comprehensive welfare systems.

الشيخ سمير, ع. (2022). "مشكلة تعليم أطفال المهاجرين السوريين وبرامج الدمج الاجتماعي تركيا وألمانيا نموذجا." The problem of education for Syrian refugee children and social integration programs Turkey and Germany as an example.(23): 98-119.
The Syrian revolution, after ten years of the ongoing war in Syria, has produced the greatest human tragedy that humanity has known of the destruction and displacement of about 16 million unarmed civilians, with disastrous results that half of the victims are children and youth, who have big needs of basic human rights in education, food and medicine. It is noticeable that there is a great difference in national policies in dealing with Syrian refugees in countries of asylum, according to their different political systems and economic conditions, between the exclusion or social integration refuges children. This paper attempts to monitor these policies, and stop at the models of experiences of social integration of children for Syrian refugees in Turkey and Germany, and to indicate the level of success in the two experiences and the basic obstacles to social integration, starting with the problem of language, securing job opportunities and access to income and ending with understanding the regulations, laws and the culture of the host countries, and stopping at integration into society. Preserving the cultural identity, which will remain in the short term as a dual identity problem, may delay the integration process in the short and medium term, but integration will lead to preserving this duality in the event that children return to their homeland or remain in the host country, so the best investment will be in the formation of these human resources. In the interest of the countries that dealt humanely and rationally with this issue, these children become men of cultural and economic communication between their home country and the country that hosted and spent on their education. [ABSTRACT FROM AUTHOR]

Immigration (12)

Adbul-Majied, S. and Z. Kinkead-Clark (2022). "Exploring the early years needs of Venezuelan migrant children in Trinidad and Tobago." International Journal of Early Years Education **30**(2): 216-234.
Since 2015, Trinidad and Tobago experienced an influx of over 40,000 migrants from Venezuela. Having signed the Convention on the Rights of the Child and the Convention Relating to the Status of Refugees, young migrant children are entitled to education in Trinidad and Tobago. However, they face obstacles accessing schooling and social services [UNICEF EC (UNICEF Eastern Caribbean). 2019. 'Making Friendly Spaces for Venezuelan Children.' Accessed September 14, 2019. https://www.unicef.org/easterncaribbean/media_39482.html]. Broadly, this conceptual study sought to answer one primary question: What are the key issues Trinidad and Tobago's government must address in order to support young children from Venezuelan migrant families in the early years setting? To answer this, data from policy documents, government releases, peer-reviewed articles and news reports were analysed. Six

overarching themes emerged from the literature: policy gaps, fear/xenophobia, resource limitations, familial support, political risks and child rights infringements. Recommendations for overcoming challenges are included. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Akinsulure-Smith, A. M., et al. (2023). "Evaluating asylum claims based on female genital mutilation/cutting for immigration court—Opportunities and challenges for licensed mental health professionals." Professional Psychology: Research and Practice **54**(2): 167-176.
Although female genital mutilation/cutting (FGM/C) is illegal in many countries, over 200 million women and girls have been subjected to the practice worldwide. FGM/C has been declared a violation of human rights and constitutes grounds for asylum in many nations. Despite the reported physical and psychological sequelae of the practice, typically only medical professionals are sought to provide expert testimony in immigration court (IC). However, with growing recognition that licensed mental health professionals (LMHPs) can offer significant contributions to immigration proceedings, increasingly LMHPs have become involved in conducting psychological evaluations for such cases. This article highlights the key contributions that LMHPs with specialized knowledge and clinical skills can provide during immigration proceedings when evaluating females who have experienced or are at risk for FGM/C, including working with the asylum seeker and her attorney, conducting the evaluation, writing the affidavit, and testifying in IC. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Green, A. S., et al. (2022). "Immigration judges' perceptions of telephonic and in-person forensic mental health evaluations." Journal of the American Academy of Psychiatry and the Law **50**(2): 240-251.
Clinicians affiliated with medical human rights programs throughout the United States perform forensic evaluations of asylum seekers. Much of the best practice literature reflects the perspectives of clinicians and attorneys, rather than the viewpoints of immigration judges who incorporate forensic reports into their decision-making. The purpose of this study was to assess former immigration judges' perspectives on forensic mental health evaluations of asylum seekers. We examined the factors that immigration judges use to assess the affidavits resulting from mental health evaluations and explored their attitudes toward telehealth evaluations. We conducted semistructured interviews in April and May 2020 with nine former judges and systematically analyzed them using consensual qualitative research methodology. Our findings were grouped in five domains: general preferences for affidavits; roles of affidavits in current legal climate; appraisal and comparison of sample affidavits; attitudes toward telephonic evaluations; and recommendations for telephonic evaluations. Forensic evaluators should consider the practice recommendations of judges, both for telephonic and in-person evaluations, which can bolster the usefulness of their evaluations in the adjudication process. To our knowledge, this is the first published study to incorporate immigration judges' perceptions of forensic mental health evaluations, and the first to assess judges' attitudes toward telephonic evaluations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Green, A. S., et al. (2020). "Piloting forensic tele-mental health evaluations of asylum seekers." Psychiatry research **291**: 113256.
While the number of medical human rights programs has increased, there is substantial unmet need for forensic evaluations among asylum seekers throughout the United States. From September 2019 through May 2020, the Mount Sinai Human Rights Program has coordinated pro bono forensic mental health evaluations by telephone or video for individuals seeking protected immigration status who are unable to access in-

person services. The national network clinicians conducted 32 forensic evaluations of individuals in eight U.S. states and Mexico seeking immigration relief. Remote forensic services have been a relevant solution for individuals in immigration detention, particularly during the COVID-19 pandemic.; Competing Interests: Declaration of Competing Interest Dr. Katz is the national trauma consultant for Advanced Recovery Systems. The other authors declare that they have no competing interests. (Copyright © 2020 Elsevier B.V. All rights reserved.)

Herrawi, F., et al. (2022). "Global health, human rights, and neoliberalism: The need for structural frameworks when addressing mental health disparities." Journal of Theoretical and Philosophical Psychology **42**(1): 52-60.
In this paper we argue that the field of psychology—and the psy-disciplines generally—need to embrace an interdisciplinary approach if they are to be relevant and contribute to global social justice initiatives. We focus on two such initiatives: The Global Mental Health movement and calls for increasing access to mental health services for immigrants. We suggest that a stronger focus on the upstream causes of ill-health, a deeper appreciation for the ways in which neoliberalism deflects attention away from these upstream determinants, and a greater engagement with the field of human rights and other disciplines will lead to more substantive gains in population mental health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Herrawi, F., et al. (2022). "Global health, human rights, and neoliberalism: The need for structural frameworks when addressing mental health disparities." Journal of Theoretical and Philosophical Psychology **42**(1): 52-60.
In this paper we argue that the field of psychology—and the psy-disciplines generally—need to embrace an interdisciplinary approach if they are to be relevant and contribute to global social justice initiatives. We focus on two such initiatives: The Global Mental Health movement and calls for increasing access to mental health services for immigrants. We suggest that a stronger focus on the upstream causes of ill-health, a deeper appreciation for the ways in which neoliberalism deflects attention away from these upstream determinants, and a greater engagement with the field of human rights and other disciplines will lead to more substantive gains in population mental health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Kaplin, D. (2019). "Framing the issue: An introduction to various types of international migrants, latest figures, and the central role of the United Nations." Journal of Infant, Child & Adolescent Psychotherapy **18**(4): 313-318.
The purpose of this article is to introduce several distinctions between types of people on the move, their relative frequency, and the role the United Nations (UN) has played to develop guidelines to increase their protection. The article begins with distinctions between international migrants, refugees, asylum-seekers, internally displaced persons, and stateless persons. In total, there are an estimated 272 million people living outside their country of origin. This number includes 25.9 million refugees and 3.5 million asylum-seekers. Because these individuals experience forced migration, they are vulnerable to a myriad of challenges, and are in need of international protection. The United Nations has been at the forefront of protecting these vulnerable populations since the Universal Declaration of Human Rights. Several key doctrines that were subsequently written to protect immigrants, forcibly displaced individuals, and stateless persons are introduced to the reader. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Moon, D. J. (2021). "Dependents and Deviants: The Social Construction of Asian Migrant Women in the United States." Affilia: Journal of Women & Social Work **36**(3): 391-405.

The pathways of equitable access to work and residency for migrants in the United States are fraught with inconsistencies. Spouses of migrants on a specialty occupation visa (H1B) cannot obtain a social security number, and therefore, their legal standing entirely depends on their H1B spouses. Moreover, these spouses, who are predominantly women from non-Western countries, are strictly prohibited from participating in any type of income-generating activities, including self-employment. Restriction on migrant spouses' workforce participation perpetuates their involuntary financial dependency, which creates such problems as lowered self-esteem, depression, suicidality, marital problems, and domestic violence. In this article, I build on the previous works to further illuminate how the social construction, that is, a popular image or stereotypes of non-Western women as dependents and deviants might have contributed to creating and maintaining the H4 visa regulations while contemplating its long-term impact in light of the U.S. nation-building effort based on the Theory of Social Construction of Target Populations. The social construction lens offers a framework for social work scholars, educators, and practitioners to critically examine and articulate the mechanisms through which stereotypes and bias toward vulnerable populations influence policy design and thereby dictate their life choices and positioning in society. [ABSTRACT FROM AUTHOR]

Moon, D. J. (2021). "Dependents and deviants: The social construction of Asian migrant women in the United States." Affilia: Journal of Women & Social Work **36**(3): 391-405.
The pathways of equitable access to work and residency for migrants in the United States are fraught with inconsistencies. Spouses of migrants on a specialty occupation visa (H1B) cannot obtain a social security number, and therefore, their legal standing entirely depends on their H1B spouses. Moreover, these spouses, who are predominantly women from non-Western countries, are strictly prohibited from participating in any type of income-generating activities, including self-employment. Restriction on migrant spouses’ workforce participation perpetuates their involuntary financial dependency, which creates such problems as lowered self-esteem, depression, suicidality, marital problems, and domestic violence. In this article, I build on the previous works to further illuminate how the social construction, that is, a popular image or stereotypes of non-Western women as dependents and deviants might have contributed to creating and maintaining the H4 visa regulations while contemplating its long-term impact in light of the U.S. nation-building effort based on the Theory of Social Construction of Target Populations. The social construction lens offers a framework for social work scholars, educators, and practitioners to critically examine and articulate the mechanisms through which stereotypes and bias toward vulnerable populations influence policy design and thereby dictate their life choices and positioning in society. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Rami, F., et al. (2023). "Health inequities and social determinants of health in refugee and immigrant communities." American Psychologist **78**(2): 160-172.
This article evaluates and elucidates the intersections across social and economic determinants of health and social structures that maintain current inequities and structural violence with a focus on the impact on imMigrants (immigrants and migrants), refugees, and those who remain invisible (e.g., people without immigration status who reside in the United States) from Black, Indigenous, and People of Color communities. Psychology has a history of treating individuals and families without adequately considering how trauma is cyclically and generationally maintained by structural violence, inequitable resources, and access to services. The field has not fully developed collaboration within an interdisciplinary framework or learning from best practices through international/global partnerships. Psychology has also been inattentive to the impact of structural violence prominent in impoverished communities. This structural harm has taken the form of the criminalization of imMigrants and refugees

through detention, incarceration, and asylum citizenship processes. Most recently, the simultaneous occurrence of multiple catastrophic events, such as COVID-19, political polarization and unrest, police violence, and acceleration of climate change, has created a hypercomplex emergency for marginalized and vulnerable groups. We advance a framework that psychologists can use to inform, guide, and integrate their work. The foundation of this framework is select United Nations Sustainable Development Goals to address health inequities. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Sambaraju, R. and A. Minescu (2019). "'I have not witnessed it personally myself, but...': Epistemics in managing talk on racism against immigrants in Ireland." European Journal of Social Psychology **49**(2): 398-412.
Social psychologists who study racism or prejudice argue that various versions of these are constructed in ways to suppress or minimise their relevance. However, researchers have not particularly examined how knowledge-claims about racism can also be variously made or negotiated in attending to the relevance of racism. We offer such an examination through a discursive psychological analysis of interview talk with Irish nationals on immigration, since in these settings issues of immigration and racism are not readily relevant. Findings show that participants treated how knowledge of racism can be accessed and who has the rights to make knowledge-claims about racism, as relevant. Epistemic access and rights were negotiated in ways that showed sensitivity to possibilities for suppressing alternative claims about racism. These findings are discussed in relation to current social psychological and discursive approaches to racism. [ABSTRACT FROM AUTHOR]

Van Hout, M.-C., et al. (2020). "Migrant health situation when detained in European immigration detention centres: A synthesis of extant qualitative literature." International Journal of Prisoner Health **16**(3): 221-236.
Purpose: Many migrants are detained in Europe not because they have committed a crime but because of lack of certainty over their immigration status. Although generally in good physical health on entry to Europe, migrant detainees have complex health needs, often related to mental health. Very little is known about the current health situation and health care needs of migrants when detained in European immigration detention settings. The review aims to synthesize the qualitative literature available on this issue from the perspectives of staff and migrants. Design/methodology/approach: The authors undertook a synthesis of extant qualitative literature on migrant health experience and health situation when detained in European immigration detention settings; retrieved as part of a large-scale scoping review. Included records (n = 4) from Sweden and the UK representing both detainee and staff experiences were charted, synthesised and thematically analysed. Findings: Three themes emerged from the analysis, namely, conditions in immigration detention settings, uncertainties and communication barriers and considerations of migrant detainee health. Conditions were described as inhumane, resembling prison and underpinned by communication difficulties, lack of adequate nutrition and responsive health care. Practical implications: It is crucial that the experiences underpinning migration are understood to respond to the health needs of migrants, uphold their health rights and to ensure equitable access to health care in immigration detention settings. Originality/value: There is a dearth of qualitative research in this area because of the difficulty of access to immigration detention settings for migrants. The authors highlight the critical need for further investigation of migrant health needs, so as to inform appropriate staff support and health service responses. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

inclusion (22)

Bellino, M. J. and S. Dryden-Peterson (2019). "Inclusion and exclusion within a policy of national integration: refugee education in Kenya's Kakuma Refugee Camp." British Journal of Sociology of Education **40**(2): 222-238.

This article explores the impact of global policy shifts toward 'national integration' on schooling for refugee youth in Kenya. Based on interviews and classroom observations in Kakuma Refugee Camp, we theorize that integration manifests in a multidirectional, hierarchical manner as few refugees integrate "up" into government schools, while most integrate "down" into segregated camp schools. We examine how youth interpret and navigate these oppositional paths, imbued with assumptions about quality and status. We argue that global policy can foster structures for physical integration; however, social integration, integrally connected to protection and opportunity, depends on local strategies and practices, encompassing formal decisions about adapting policy, as well as embedded beliefs about the purposes of educating refugees and their long-term inclusion in host societies. This study responds to calls for deeper sociological attention to education and global migration, as states expand educational opportunities for refugee populations while negotiating educational rights amongst citizens. [ABSTRACT FROM AUTHOR]

Caldera-GonzÁLez, D. C., et al. (2021). "INCLUSIÓN (¿O EXCLUSIÓN?) LABORAL DE PERSONAS CON DISCAPACIDAD. APUNTES PARA EL ESTADO DE GUANAJUATO, MÉXICO." LABOR INCLUSION (OR EXCLUSION?) OF PEOPLE WITH DISABILITIES. NOTES FOR THE STATE OF GUANAJUATO, MÉXICO. **6**: 1-19.

People with disabilities is one of the most vulnerable groups in any society. The objective of this paper is to reflect about the inclusion and exclusion of people with disabilities in Mexico and specifically in the state of Guanajuato, which helps to understand what happens with government initiatives to provide assistance and support to this sector, population, which is still far from fully exercising its right to work and an independent life. It is a theoretical investigation, of descriptive scope and non-experimental approach. The conclusions suggest that societies are increasingly aware of diversity, however, exclusion still prevails for people with disabilities in different spheres, especially labor, which is reinforced by stereotypes that limit the exercise of their human rights. (English) [ABSTRACT FROM AUTHOR]

Cameron, J. J. and D. A. Stinson (2019). "Gender (mis)measurement: Guidelines for respecting gender diversity in psychological research." Social and Personality Psychology Compass **13**(11).

Empirical evidence affirms that gender is a nonbinary spectrum. Yet our review of recently published empirical articles reveals that demographic gender measurement in psychology still assumes that gender comprises just two categories: women and men. This common practice is problematic. It fails to represent psychologists' current understanding of gender, violates our ethical principles as scientists, and can result in gender misclassification. Psychologists' reliance on binary measures also conveys an exclusionary attitude that is contrary to recent ethical recommendations and contrary to the growing public concern about transgender rights. We extend five simple, no-cost recommendations that begin to resolve these ethical and methodological problems: use and report, nonbinary gender measures; report the prevalence of nonbinary participants; clarify their inclusion and treatment in analysis; and use gender inclusive language. We also address common concerns expressed by researchers, including whether measuring 'sex' resolves the issue and whether gender-inclusive measures confuse or offend participants. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Carty, C., et al. (2021). "The first global physical activity and sedentary behavior guidelines for

people living with disability." Journal of Physical Activity & Health **18**(1): 86-93.
Background: The World Health Organization has released the first global public health guidelines on physical activity and sedentary behavior for people living with disability. This paper presents the guidelines, related processes, and evidence, and elaborates upon how the guidelines can support inclusive policy, practice, and research. Methods: Methods were consistent with the World Health Organization protocols for developing guidelines. Systematic reviews of the evidence on physical activity for health for people living with disability were appraised, along with a consideration of the evidence used to inform the general 2020 World Health Organization guidelines. Results: Evidence supported the development of recommendations for people living with disability, stressing that there are no major risks to engaging in physical activity appropriate to an individual’s current activity level, health status, and physical function, and that the health benefits accrued generally outweigh the risks. They also emphasize the benefits of limiting sedentary behavior. Conclusions: The guidelines mark a positive step forward for disability inclusion, but considerable effort is needed to advance the agenda. This paper highlights key considerations for the implementation of the new recommendations for people living with disability, in line with the human rights agenda underpinning the Global Action Plan on Physical Activity 2018–2030 and allied policies. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Charleston, L. t. and R. B. Halker Singh (2021). "Virtual issue: Diversity, equity, and inclusion." Headache **61**(9): 1302-1303.

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.
In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges' drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis. [ABSTRACT FROM AUTHOR]

Grant, D. C. (2021). "Poetry therapy and disability studies: an investigation." Journal of Poetry Therapy **34**(4): 223-241.
Poetry therapy research is examined in a clinical, community and developmental setting, where the various researchers conducted their study from a medical model perspective of disability. The author looked at twelve articles and analysed nine of them from the social model perspective of disability. It was found that people with disabilities are excluded from poetry therapy research. As such, the author advocated for people with disabilities to have a voice in poetry therapy research. [ABSTRACT FROM AUTHOR]

Håndlykken-Luz, Å. (2020). "'Racism is a perfect crime': Favela residents’ everyday experiences of police pacification, urban militarization, and prejudice in Rio de Janeiro." Ethnic and Racial Studies **43**(16): 348-367.
This article examines residents’ everyday experiences and perceptions of changing urban politics and racism in a 'pacified' favela, or poor informal neighbourhood, in Rio de Janeiro, drawing on longitudinal ethnographic data from 2011 to 2018. The findings suggest that despite a discourse on inclusion, human rights, and citizenship, the police pacification program and urban security interventions aimed at 'civilizing' the favela’s residents as 'undesirable others,' drawing on racialization. The naturalization,

legitimization, and reproduction of police violence promote the operation of racial and socio-spatial inequalities and privileges through what I describe as pigmentocratic everyday practices. These processes continually shape the condition of possibilities for the dehumanization of blackness, exclusion, inclusion, and resistance in a society influenced by the myth of racial democracy and that celebrates both diversity and ideologies of whitening. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Izutsu, T., et al. (2023). "Effect of Diversity Education on Young Adolescents in Japan: Toward the "Do No Harm" Principle." International journal of environmental research and public health **20**(6).

This study evaluated the impact of a semi-structured diversity education program on young adolescents, which included five 45-min sessions facilitated by schoolteachers using an instructors' manual. The study compared changes in knowledge and attitude related to diversity, self-esteem, and mental health among participants before and after the program. The participants were 776 junior high school students. Self-esteem and mental health conditions were assessed with the Rosenberg Self-Esteem Scale (RSES) and Kessler 6-Item Psychological Distress Scale (K6). The ratio of those who answered the knowledge and attitude questions correctly increased significantly for most questions, while the ratio decreased significantly for two questions. The RSES scores improved significantly after the program, but the difference was very small. Mental health, as measured by K6, became significantly worse after the program. A logistic regression analysis indicated that lower K6 scores before the program and worse academic grades had significantly higher odds ratios; being a girl, not having a disability, and having close friends were associated with worse K6 scores after the program. Further, this indicates the importance of developing processes based on evidence and the "nothing about us without us" principle.

Kahonde, C. K. (2023). "A call to give a voice to people with intellectual disabilities in Africa through inclusive research." African Journal of Disability **12**: 1127.

Research looking into the day-to-day lives of people with intellectual disabilities (ID) is on the increase in Africa. However, not enough is being done to include people with ID as active contributors to this research through inclusive approaches. Inclusive research empowers people with ID as they have the agency and autonomy to speak for themselves and they are given an active voice in the research process and outcomes. This leads to services that cater for what matters to people with ID themselves as opposed to having their needs defined by other people. The common myths and misconceptions attached to ID in Africa, which increase stigma towards people affected by this type of disability can be abated by their visibility in research and evidence of their ability to express themselves. This article makes a call to researchers on the African continent to include people with ID in research as active contributors to the research and not simply as research subjects or respondents. A background is given of global developments that have occurred in inclusive research based on the literature and the author's personal experience, which African researchers can learn from while taking cognizance of the specific needs of their own contexts. This is followed by highlighting the gaps in Africa. The article ends with a discussion of possible reasons for a lack of inclusive research in Africa and suggestions and recommendations to address this gap.; Competing Interests: The author declares that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article. (© 2023. The Author.)

Kaleynska, T. (2020). "DIVERSITY AND COHESION IN EUROPE - CHALLENGES AND POLICY DEVELOPMENTS." Bulletin of the Transilvania University of Brasov. Series VII: Social Sciences. Law **13 (62)**: 71-80.

The paper presents the development of the policies of the Council of Europe for the development of a new multicultural environment in Europe based on overcoming hate speech and intolerance in Europe and by creating a policy of cohesion and inclusion. The research presents the legal framework, designed by the international organization for protecting and securing of the human rights, tolerance and basic freedoms. It also looks into the practical implementation of the legal standards. [ABSTRACT FROM AUTHOR]

Koishibayev, M. M., et al. (2020). "National plans to ensure the rights of persons with disabilities in Kazakhstan—amendments to the legislation." Disability & Society **35**(8): 1355-1359.
The signing and ratification of the Convention on the Rights of Persons with Disabilities by the Republic of Kazakhstan require amendments to the state legislation in order to comply with the norms of this international document. This article shows how Kazakhstan's legislation largely complies with the UN Convention on the Rights of Persons with Disabilities. However, there are still many challenges, which we discuss in this article. The main challenge of implementing the state disability policy is the lack of effective mechanisms to achieve the goals and the objectives set forth. [ABSTRACT FROM AUTHOR]

Lejeune, A. (2023). "Fighting for sheltered workshops or for inclusive workplaces? Trade unions pursuing disability rights in Belgium." Disability & Society **38**(2): 228-246.
The field of disability studies has largely overlooked the role of trade unions in the promotion of the rights of workers with disabilities. To address this oversight, this article explores how union activists pursue disability rights and how this cause is situated in their struggle for workers' rights in Belgium, a country which both has a strong welfare system and gives a predominant role to social partners in industrial relations. It argues that there is a division of work inside unions between representatives at branch level who lobby to increase job opportunities in sheltered workshops and diversity officers at interbranch level who attempt to strengthen equality in the ordinary labour market. Although these two groups do not pursue disability rights in the same way, they share in common a reluctance to mobilise antidiscrimination law because the ideals of equality contradict the routinised practices of employers and of workers' organisations. In most countries, people with disabilities experience higher unemployment rates than those without a disability. When they work, they are more likely to be found at lower-skilled and part-time positions, as they face discrimination. In Belgium, trade unions are very active in supporting workers' rights but their attitude towards disability rights is still very poorly documented. Based on interviews with union activists, this study shows that trade unions focus mainly on the development of an adapted work sector, by increasing the number of places in sheltered workshops. Diversity officers working in trade unions aim to combat discrimination in employment but they are reluctant to criticise an employer who do not comply with the law because they fear to harm further negotiation with employers. [ABSTRACT FROM AUTHOR]

MacKenzie, A., et al. (2020). "Barriers to Effective, Equitable and Quality Education: A Rights-based, Participatory Research Assessment of Inclusion of Children with Disabilities in Palestine." International Journal of Children's Rights **28**(4): 805-832.
The Israeli occupation has had a considerable negative impact on the lives of Palestinians, such that achieving an effective, equitable, quality education for all children is far from being realised. Palestinian children are not only adversely affected by the occupation, but also by an educational system that fails fully and systematically to accord them their rights. Using rights-based participatory methods informed by human rights protocols, we explored the experiences of children with disabilities' inclusion in schools. Our findings show that there is continuing failure to understand or implement the provisions of the UNCRC or UNCRPD, and that these children are

systematically excluded or marginalised from education. We suggest that children's rights to educational inclusion can be achieved by means of a whole system, whole educational and whole person approach, along with a consideration of a rights-based policy framework. [ABSTRACT FROM AUTHOR]

Paul, N., et al. (2019). "A Comprehensive Study of Community-Based Inclusion, Rehabilitation, and Multidisciplinary Approach toward Cross-Disabilities in Panchayats of North India." Indian Journal of Occupational Therapy (Wolters Kluwer India Pvt Ltd) **51**(3): 77-84.
Background: Demonstrated multidisciplinary, scalable, and replicable panchayat models for effective inclusion of persons with disabilities (PwDs) are much needed in a developing country like India, with its 70% of population being rural. Literature on disability suggests a shift in policy thinking from the charity-, medical-, and institutional-based models of disability to social, community-based rehabilitation (CBR), and rights-based models. This study explored in-depth the Community-Based Inclusion and Rehabilitation (CBIR) program model of the Chinmaya Organisation for Rural Development (CORD), a nongovernmental organization working with 1800 PwDs in 100 panchayats of Kangra district of Himachal Pradesh. Objectives: The objectives were to identify PwDs with all types of disabilities in ten selected panchayats associated under the CORD's CBIR program as per the definitions of disabilities under the PWD Act, 1995, and the National Trust Act, 1999, and to explore multidisciplinary, scalable, and replicable aspects and interventions under the CBIR as a model for inclusion of all types of PwDs in rural India with reference to the World Health Organization's (WHO's) CBR matrix. Study Design: This is a descriptive, qualitative, and quantitative study conducted on the CORD's CBIR model with reference to the WHO's CBR matrix. Methods: A convenient sample of ten panchayats out of 100 panchayats under the CORD's CBIR interventions was studied. The principal investigator with a team of two co-researchers and five field facilitators worked as a team to conduct this study. A baseline format with reference to the WHO's CBR matrix was developed and administered for the collection of primary data besides related interviews of PwDs, their families, and related stakeholders. The CORD's CBIR program data, narratives, and focus group discussions were used to supplement the outcomes of this study. Results: This study observed that availability of disabilities specific, disaggregated and recorded government data on PwDs at the panchayat level was poor and non-existent. Primary data of 124 (100%) PwDs among the 4487 households with a total population of 22,438 in ten panchayats were collected and further investigated from April 2017 to March 2018. The findings highlighted 87 (70%) PwDs newly identified during the study, 60 (48%) PwDs below poverty line, and 113 (91%) marginal and socially backward PwDs. The program interventions enrolled 26 (21%) PwDs in schools, 72 (58%) mothers and women with disabilities in community groups, and 44 (35%) PwDs in productive livelihoods locally. Conclusion: There was evident marginalization of PwDs in multiple ways varying from data to dignity issues at the panchayat level. The CORD's CBIR model promotes the "empowering inclusion and development" of PwDs in the mainstream community at the panchayat level. The recent enactment of the comprehensive Rights of Persons with Disabilities Act 2016, covering 21 types of disabilities, further share an opportunity for effective inclusion of PwDs within the existing policies, programs, and development agenda in rural India as well as globally. [ABSTRACT FROM AUTHOR]

Qureshi, A. P., et al. (2021). "Diversity in Scientific Discovery." The American surgeon **87**(11): 1732-1738.
Presented here is a brief discussion on the imperative need and thoughtful approaches to embracing diversity, equity and inclusion within scientific enquiry.

Ramanujam, N. and N. Caivano (2023). "Centering economic inclusion in policy for realizing disability rights in india." Disability & Society.

The impact of the coronavirus pandemic on persons with disabilities has laid bare the link between health and economic outcomes. This article reviews the legal and policy framework impacting economic outcomes for persons with disabilities in India against the backdrop of the Sustainable Development Goals (SDGs) on poverty, economic growth, and productive employment. It offers a policy framework for realizing the human rights of persons with disabilities by advancing their inclusion in India’s economic development. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Roberson, Q. (2020). "Access to justice as a human right, organizational entitlement and precursor to diversity and inclusion." Equality, Diversity & Inclusion **39**(7): 787-791.

Purpose: In the wake of the death of George Floyd in the United States, many corporate leaders have released statements condemning racism and police brutality and committed their organizations to focus on diversity and inclusion. While such statements, intentions, and goals are laudable, they evade the phenomenon at the crux of the current social movement: access to justice. Design/methodology/approach: This essay draws upon theory and research across a variety of disciplines to examine the accessibility of justice for African Americans in society and in work organizations. Findings: As corporate leaders have made statements decrying racism and police brutality and offered their support to civil rights groups and organizations fighting for racial justice, there is a need for that same level of scrutiny and support within their own organizations. As a precursor to diversity and inclusion initiatives, corporate leaders need to take actions to ensure the fairness of outcomes, policies and practices, and treatment by others for African Americans within their organizations. Practical implications: Strategies for reviewing and revising organizational policies and practices to preserve fairness in the work experiences of African Americans and for creating and maintaining cultures of fairness are offered. Originality/value: The author integrates historical documents, research, opinion, and literary devices to understand the meaning and practice of justice in society and organizations. [ABSTRACT FROM AUTHOR]

Robinson, S. and J. Idle (2023). "Loneliness and how to counter it: People with intellectual disability share their experiences and ideas." Journal of Intellectual & Developmental Disability **48**(1): 58-70.

People with intellectual disability are at higher risk of experiencing social isolation in their everyday lives, because of exclusionary practices, discriminatory social policies and structural exclusion. However, less is known about what people with intellectual disability themselves think about loneliness in their lives and what might alleviate it. In this inclusive research study, 17 people with intellectual disability participated in focus groups or individual interviews and talked about what makes them feel lonely and what helps them to feel included. Our findings indicate that the domains of interaction, participation, personal security and attitudes are areas of strong influence on people's experience of inclusion and exclusion and hold opportunities for positive change. Change at systems and community levels is needed to ensure people with intellectual disability are included, have access to disability-ready places that respect their human rights, listen, recognise and include their strategies to alleviate loneliness. [ABSTRACT FROM AUTHOR]

Šiška, J. and J. Beadle-Brown (2022). "Progress on deinstitutionalisation and the development of community living for persons with disabilities in europe: Are we nearly there?" Disability & Society.

Following the publication of the UN Convention on the Rights of Persons with a Disability, the rights and situation of people with disabilities have once again become a focus of national, European and international policy and advocacy. Mansell et al.,

(2007) identified that there were over 1million people with disabilities in Europe living in institutions of over 30 places in size and almost 1.4 million in some form of residential care. This paper reports findings from a review of national and international sources of data on living situation for 27 European countries as of 2019. Although there had been some changes, especially for children and especially in countries where EU structural funds had been used, there were still 1.4 million people living in residential care, with many still for more than 30 people. People with intellectual and developmental disabilities were those who were most likely to still be in residential services. We consider some of the potential reasons for these findings and discuss what might be needed to really advance deinstitutionalisation. Point of interest People with disabilities have the same rights as everyone else to live in the community. This paper looks at where people with disabilities live and how this has changed over time. We found that many people with disabilities still live in institutions and that the number had not changed much since 2007. There have been more changes for children than adults. Fewer children now live in institutions. People with intellectual disabilities are most likely to still live in institutions and least likely to be living and participating in the community. Many countries in Europe still do not have good information about where people with disabilities live and whether they have choice and control or are active citizens. There was more change in countries which had received money from the European Union. However, in many countries, there were no plans for how to help more people to live in the community. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Stenhouse, R. (2021). "Understanding equality and diversity in nursing practice." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **36**(2): 27-33.
Equality and diversity are terms that are used frequently in nursing, healthcare and workplace settings. Nurses' professional standards of practice and behaviour are underpinned by values of equality and diversity. This means that nurses must treat people as individuals, avoid making assumptions about them, recognise diversity and individual choice, and respect and uphold their dignity and human rights. This article explores what equality and diversity mean in nursing practice, the legal framework that underpins these terms, and the inequalities and discrimination that patients and staff may experience in health and social care settings. It discusses the role of organisational culture in supporting nurses to uphold the values of equality and diversity and encourages nurses to reflect on this topic to enhance their practice.; Competing Interests: None declared (© 2020 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

Stonehouse, D. P. (2021). "Understanding nurses' responsibilities in promoting equality and diversity." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **36**(6): 27-33.
Nurses have a duty to promote the values of equality and diversity during their interactions with patients and their families and carers, as well as peers and colleagues. This article defines the terms equality, diversity and inclusion, and explains the importance of the Equality Act 2010 and the Human Rights Act 1998 in protecting people from various types of discrimination. It also outlines nurses' responsibilities in promoting equality and diversity by treating all patients and colleagues with respect and dignity, providing compassionate leadership, and practising in accordance with the ethical principle of justice. The article encourages and empowers nurses to recognise and challenge discrimination wherever they see it, thereby delivering high-quality care to all patients.; Competing Interests: None declared (© 2021 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

INDIGENOUS peoples (13)

(2021). "COVID-19 in Communities of Color: Structural Racism and Social Determinants of Health." Online Journal of Issues in Nursing **26**(2): N.PAG-N.PAG.
Black, Indigenous, People of Color (BIPOC) communities have a disproportionally high prevalence of COVID-19 and, subsequently, a higher mortality rate. Many of the root causes, such as structural racism and the social determinants of health, account for an increased number of preexisting conditions that influence risk for poor outcomes from COVID-19 as well as other disparities in BIPOC communities. In this article we address Structural Factors that Contribute to Disparities, such as economics; access to healthcare; environment and housing concerns; occupational risks; policing and carceral systems effects; and diet and nutrition. Further, we outline strategies for nurses to address racism (the ultimate underlying condition) and the social and economic determinants of health that impact BIPOC communities. [ABSTRACT FROM AUTHOR]

Bouso, J. C. and C. SÁNchez-AvilÉS (2020). "Traditional Healing Practices Involving Psychoactive Plants and the Global Mental Health Agenda: Opportunities, Pitfalls, and Challenges in the "Right to Science" Framework." Health & Human Rights: An International Journal **22**(1): 145-150.
The article discusses the need for the global mental health movement to recognize the role of traditional medicines and healers. Topics covered include the high number of traditional healers compared to mental health workers in Global South countries, constituting as the main health resource that local populations use and believe in, and the need to address these traditional practices and epistemologies so these will not pose a challenge to health-related human rights.

Britt, A. J., et al. (2021). "The Convergence of COVID-19 and Systemic Racism: An Evaluation of Current Evidence, Health System Changes, and Solutions Grounded in Reproductive Justice." Journal of Midwifery & Women's Health **66**(3): 298-303.
The article focuses on the U.S. is experiencing the confluence of 2 deadly pandemics, that of systemic racism and of COVID-19 and widespread, deeply intertwined, and disproportionately affect Black, Indigenous, Latinx, and other people of color. Topics include the intersection of these 2 pandemics produces a perfect storm of color who are pregnant, the innovative solutions to the twin pandemics of systemic racism and COVID-19, and the intentional efforts focused on the expansion of the racial.

Came, H., et al. (2021). "Addressing Structural Racism Through Constitutional Transformation and Decolonization: Insights for the New Zealand Health Sector." Journal of Bioethical Inquiry **18**(1): 59-70.
In colonial states and settings, constitutional arrangements are often forged within contexts that serve to maintain structural racism against Indigenous people. In 2013 the New Zealand government initiated national conversations about the constitutional arrangements in Aotearoa. Māori (Indigenous) leadership preceded this, initiating a comprehensive engagement process among Māori in 2010, which resulted in a report by Matike Mai Aotearoa which articulated a collective Māori vision of a written constitution congruent with te Tiriti o Waitangi (the founding document of the colonial state of New Zealand) by 2040. This conceptual article explores the Matike Mai Aotearoa report on constitutional transformation as a novel means to address structural racism within the health system as a key domain within the constitutional sphere. Matike Mai suggests alternative conceptual structural formations through its focus on the kāwanatanga (governance), the relational and the tino rangatiratanga (sovereignty)

sphere. This framework is informed by a range of Indigenous ethical values such as tikanga (protocol), belonging, and balance that can usefully inform the redesign of the health sector. We assert that constitutional transformation and decolonization are potentially powerful ethical sources of disruption to whiteness and structural racism. We argue that, to eliminate entrenched health disparities, change processes need to be informed by the Indigenous inspirations expressed in the Matike Mai report. [ABSTRACT FROM AUTHOR]

Farley, M. (2022). "Exploiting Indigenous Peoples: Prostitution, Poverty, Climate Change, and Human Rights." Fourth World Journal: 104-115.
This article describes connections between resource extraction, prostitution, poverty, and climate change. Although resource extraction and prostitution have been viewed as separate phenomena, this article suggests that they are related harms that result in multiple violations of indigenous peoples' human rights. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.
Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.
Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Gordon, S., et al. (2022). "From Substitute to Supported Decision Making: Practitioner, Community and Service-User Perspectives on Privileging Will and Preferences in Mental Health Care." International journal of environmental research and public health **19**(10).
Compliance with the Convention on the Rights of Persons with Disabilities (CRPD) requires substitute decision making being abolished and replaced with supported

decision making. The current exploratory study involved a series of hui (meetings) with subject matter experts across the spectrum of the mental health care system to identify interventions facilitative of supported decision making; and the prioritisation of those in accordance with their own perspectives. A mixed-methods approach was used to categorise, describe and rank the data. Categories of intervention identified included proactive pre-event planning/post-event debriefing, enabling options and choices, information provision, facilitating conditions and support to make a decision, and education. The category of facilitating conditions and support to make a decision was prioritised by the majority of stakeholders; however, people from Māori, Pasifika, and LGBTQIA+ perspectives, who disproportionally experience inequities and discrimination, prioritised the categories of proactive post-event debriefing/pre-event planning and/or information provision. Similar attributes across categories of intervention detailed the importance of easily and variably accessible options and choices and how these could best be supported in terms of people, place, time, material resources, regular reviews and reflection. Implications of these findings, particularly in terms of the operationalisation of supported decision making in practice, are discussed.

JosÉ De JesÚS Alvizo Perera, E. and R. Quintal LÓPez (2022). "Estrategias de prevención del vih/sida en hombres mayas migrantes de Yucatán: aportes desde la mercadotecnia social." hiv/aids prevention Strategies in Mayan migrant men from Yucatan: contributions from social marketing. **59**: 239-263.
There has been an increase in the amount of research that shows how migration status influences an increased risk of acquiring hiv/aids. The findings show that structural conditions of inequality lead to greater vulnerability. In Mexico, those who come from rural or indigenous populations face greater material shortage and abuses of their human rights. To achieve a better impact on prevention, less explored health promotion models need to be applied. The present work, carried out in two localities in southern Yucatan, shows how social marketing is a relevant and effective tool to build hiv/aids prevention strategies among the male Mayan population migrating to regional destinations. The research was carried out in two stages: a) the collection of data through the application of surveys that explore socio-demographic data, vulnerability factors, knowledge about hiv/aids and risk practices, which served as input for the second stage; b) the collaborative development of a prevention strategy based on Lee and Kotler Social Marketing model. With this we identified the desired outcomes for health; the threats to achieving those outcomes; the behavioral changes sought; the main barriers; the messages to be strengthened in interpersonal communication; the attitudes and knowledge that existed in response to the phenomenon. Finally, in collaboration with the participants we created a video and a play that were accepted in both communities. (English) [ABSTRACT FROM AUTHOR]

Júnior, J. G., et al. (2020). "The mental health of those whose rights have been taken away: An essay on the mental health of indigenous peoples in the face of the 2019 Coronavirus (2019-nCoV) outbreak." Psychiatry research **289**: 113094.
Background: : In Latin America there are about 45 million indigenous people in 826 communities that represent 8.3% of the population. An estimated 798,365 Aboriginal and Torres Strait Islander were in Australia, 5,2 million indigenous people living in America and 2,13 million in Canada. Racial/ethnic disparities in mental health service use have increased especially in the context of the new coronavirus pandemic. Thus, we aimed to describe the mental health situation of the indigenous population in the context of the COVID-19 pandemic.; Method: : The studies were identified in well-known international journals found in three electronic databases: PubMed, Scopus, and MEDLINE. The data were cross-checked with information from the main international newspapers.; Results: : According to the literature, due to the COVID-19 pandemic there is a lack of specialized mental health services and professionals, a restricted access

to quality information and a lack of access to inputs, causing negative feelings and it can exacerbate pre-existing mental problems (eg: depression, suicidal ideation, smoking and binge drink). The cultural differences are a risk factor to worsen the mental health of this already vulnerable population.; Conclusion: : providing psychological first aid is an essential care component for indigenous populations that have been victims COVID-19 pandemic.; Competing Interests: The authors declare that they have no competing interests. (© 2020 Elsevier B.V. All rights reserved.)

Kirmayer, L. J. (2019). "The Politics of Diversity: Pluralism, Multiculturalism and Mental Health." Transcultural Psychiatry **56**(6): 1119-1138.

Mayes, C., et al. (2021). "Lead Essay—Institutional Racism, Whiteness, and the Role of Critical Bioethics." Journal of Bioethical Inquiry **18**(1): 9-12.

Ortega Domínguez, A. (2022). "The mestizo gaze: visualizing racism, citizenship, and rights in neoliberal Mexico." Ethnic and Racial Studies **45**(14): 2609-2630.

Intellectual Disability (81)

Arango, C. (2021). "Reply to: Another vision from the coronavirus health crisis in Spain: The perspective from the Plena inclusión developmental disabilities associative movement." Biological Psychiatry **89**(4): e19-e20.

Reply by the current author to the comments made by Enrique Galván (see record [rid]2021-09565-013[/rid]) on the original article (see record [rid]2020-68009-010[/rid]). In response to Mr. Galván’s comment that the government has not allowed people with intellectual disabilities or autism to go out in the streets, the author literally translates the government’s mandate: 'The activity of using public roads authorized in order to assist and care for the elderly, minors, dependents, people with disabilities, and especially vulnerable people....allow people with disabilities who have behavioral disturbances, such as people diagnosed with autism spectrum and disruptive behavior disorders, exacerbated by the lockdown under the declaration of the state of emergency, and a companion to use public roads, as long as they comply with the measures necessary to avoid contagion'. One problem that has been of great concern is the reading of the decree by some nongovernmental organizations and their constituents as a kind of 'victory' or affirmative action, interpreting the government’s decision as a more general option to go out, without appropriate consideration of the risks encountered if people become infected. Galván’s letter reflects the difference in perspectives of seeing the same reality from an office, rather than from personal experience on the front line. The lack of transparency in the messages conveyed to lay people has created a parallel reality in Spain. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Boland, G. and S. Guerin (2022). "Connecting locally: An examination of the role of service providers in supporting the social inclusion of adults with intellectual disabilities in their neighbourhoods." Journal of Policy and Practice in Intellectual Disabilities **19**(3): 288-299.

Article 19 of the UN Convention on the Rights of People with Disabilities calls for all people with disabilities to live independently and be included in their community. Adults with intellectual disabilities may live in neighbourhoods, but often have limited experience of social connectedness. This study aimed to examine the role of service provider organisations in supporting social inclusion in neighbourhoods of adults with intellectual disabilities. The understanding of social inclusion locally for adults with intellectual disabilities was explored and whether organisational policies (if any) had been drawn up to guide the support actions of staff. A mixed methods design was employed, with CEOs/service leaders of 40 service provider organisations completing an online survey. Follow-up telephone interviews were completed with a randomised sample. Data were analysed using descriptive statistics and qualitative content analysis. Service leaders understood social inclusion to encompass purposeful engagement that moved beyond mere physical presence. Individuals having a sense of connection to place and belonging to people who live locally included fostering mutually supportive connections with neighbours. Equality of access to local services and supports were underscored. Active citizenship and service provider/staff supports for a socially included life were highlighted. Almost all service leaders rated the role of service providers at organisational/strategic level as important. However, their values and beliefs revealed contrasting views on the appropriate level of visibility of service providers when supporting individuals. Close to two-thirds of service providers did not have an organisational policy regarding social inclusion in neighbourhoods. Developing specific service policies on social inclusion in neighbourhoods, based on the UNCRPD, and reflecting relevant national disability policies is proposed. This may enhance strategic planning and service providers decision-making on targeted resource allocation. Further implications for policy, practice and research arising from this study are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Buchner, T. and S. A. Thompson (2021). "From Plot Twists, Progress, and the Persistence of Segregated Education: The Continuing Struggle for Inclusive Education in Relation to Students With Intellectual Disabilities." Journal of Policy & Practice in Intellectual Disabilities **18**(1): 4-6.
The article discusses the course of the last decades, several countries for the world have taken efforts to make school systems inclusive. Topics include signing the United Nation's Convention on the Rights of Persons with Disabilities; and a global perspective, in comparison with other groups of learners, inclusive education in relation to students.

Büschi, E., et al. (2022). "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress." Tizard Learning Disability Review **27**(1): 31-39.
Purpose: This paper aims to provide an overview of the history, current status and future challenges for intellectual disability (ID) policy and practice in Switzerland. Design/methodology/approach: Following a review of the literature, academics in the field of ID in Switzerland reflect on critical issues. Findings: The implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) has resulted in the move from institutions to more flexible and individualised, community-based support services. Originality/value: This paper describes a Western-European country facing the challenges of deinstitutionalisation to become an inclusive society due to directions given by the CRPD. [ABSTRACT FROM AUTHOR]

Carey, E., et al. (2022). "Exercising autonomy—the effectiveness and meaningfulness of autonomy support interventions engaged by adults with intellectual disability A mixed-methods review." British Journal of Learning Disabilities.
Background The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recommend all disabled people receive support to develop their autonomy. Subsequently, evolving models for supported decision-making and informed consent present guidance to enable autonomy support, which have relevance to people with intellectual disabilities. To date, reviews have explored how adults with intellectual disabilities exercise their autonomy or factors impacting the development of their self-determination. This review aimed to establish the effectiveness of ‘autonomy support interventions’ engaged by adults with intellectual disability and the meaning of these interventions to this cohort. Methods A systematic search of Cinahl Complete,

PsychINFO and Scopus databases was undertaken. The search was limited to studies published between 2000 and 2020. Identified citations were uploaded to EndNote X9, duplicates removed, search outputs imported into Covidence and titles and abstracts screened. Data were extracted using an amended JBI data extraction Tool. The search strategy is reported in the adapted PRISMA flow diagram. Findings Twelve studies were included in the mixed methods review. Critical appraisal was undertaken using the Crowe Critical Appraisal Tool. These findings identified varied and creative autonomy support interventions utilised across ordinary activities with adults with intellectual disabilities. Conclusion This review identifies the essential components of how autonomy support interventions can enhance ordinary experiences for adults with intellectual disabilities while enabling them to develop skill sets to be more self-directed in the choices they make. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Chadwick, D. D. (2019). "Online risk for people with intellectual disabilities." Tizard Learning Disability Review **24**(4): 180-187.

Purpose: The purpose of this paper is to summarise the current state of empirical knowledge pertaining to online risk and cybercrime relating to people with intellectual disabilities (ID). Design/methodology/approach: This narrative review summarises, synthesises and critically evaluates the current literature and state of knowledge and offers suggestions for extending current knowledge and practice. Findings: Evidence regarding risk for people with ID is limited but growing. Existing findings highlight that: risk may increase contingent upon higher levels of sociability, loneliness, anxiety and depression, poorer insight, judgement, discrimination and ability to detect deception online and reduced experience and life opportunities; people without ID perceive high online risk for people with ID, which may lead to gatekeeping restrictions and controlling digital access; restriction may potentially impede online self-determination, participation and development by people with ID; and experience of risk may enhance awareness, independence and resilience in managing future online risk amongst people with ID. Further research work is needed in this area to enhance understanding of risk experience and effective support strategies. Originality/value: This review of current knowledge has highlighted the necessity for more research to better understand the propensity for engagement in different risky online behaviours and to better inform support practices to help people with ID to manage risk whilst maintaining digital inclusion.

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of Intellectual Disability Research **63**(9): 1125-1136.

Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers. Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015. Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by

transforming the perspectives of the parents and service workers from viewing sexuality as a social problem to understanding the sexual rights of adults with ID. Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. [ABSTRACT FROM AUTHOR]

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of intellectual disability research : JIDR **63**(9): 1125-1136.
Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers.; Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire - Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015.; Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by transforming the perspectives of the parents and service workers from viewing sexuality as a social problem to understanding the sexual rights of adults with ID.; Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. (© 2019 MENCAP and International Association of the Scientific Study of Intellectual and Developmental Disabilities and John Wiley & Sons Ltd.)

Chua, H. (2023). "The Voluntary Sterilisation Act: Best Interests, Caregivers, and Disability Rights." Medical Law Review **31**(2): 205-225.
How can caregivers' interests be balanced with disability rights in decisions about whether to sterilise an intellectually disabled person? This question is considered in the context of Singapore, a commonwealth country that lacks a test case. Singapore has a lesser-known history of eugenics, and has struck an uneasy compromise between communitarian values and obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in recent years. This article provides an overview of Singaporean law under the Voluntary Sterilisation Act 1974 and the Mental Capacity Act 2008, and compares this with the law in Canada, England and Wales, and Australia. This article also situates the CRPD in the context of Singapore's dualist view of international law and communitarian approach to disability policy. It argues that CRPD rights to bodily integrity can be presumptively upheld in best interests determinations on sterilisation, while caregivers' interests can be accommodated in a relational understanding of best interests. A decisional framework along these lines is proposed. (© The Author(s) 2022. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Clifton, M. and S. Chapman (2022). "Commentary on "Developing a logic model for implementing citizen advocacy for adults with learning disabilities based on the experience of community inclusion centres for disabled people"." Tizard Learning Disability Review **27**(2): 91-94.
Purpose: This commentary reflects on peer advocacy in relation to citizen advocacy in the context of the vital need for advocacy in all its different forms. Design/methodology/approach: The authors reflect from the standpoint of developing peer advocacy in secure mental health settings as an organisation based on self-advocacy and co-production. Findings: By reflecting on peer advocacy and citizen advocacy side by side, the authors affirm both and all kinds of advocacy as being vital to people with learning disabilities living full and free lives as citizens. Originality/value: The authors hope this commentary will enrich people's understandings of the essential role of peer advocacy within different kinds of advocacy, and the need to enlarge the range of possibilities and choices open to a person. [ABSTRACT FROM AUTHOR]

Clifton, M. and S. Chapman (2022). "Commentary on "Developing a logic model for implementing citizen advocacy for adults with learning disabilities based on the experience of community inclusion centres for disabled people"." Tizard Learning Disability Review **27**(2): 91-94.
Purpose: This commentary reflects on peer advocacy in relation to citizen advocacy in the context of the vital need for advocacy in all its different forms. Design/methodology/approach: The authors reflect from the standpoint of developing peer advocacy in secure mental health settings as an organisation based on self-advocacy and co-production. Findings: By reflecting on peer advocacy and citizen advocacy side by side, the authors affirm both and all kinds of advocacy as being vital to people with learning disabilities living full and free lives as citizens. Originality/value: The authors hope this commentary will enrich people's understandings of the essential role of peer advocacy within different kinds of advocacy, and the need to enlarge the range of possibilities and choices open to a person.

Correa, A. B., et al. (2022). "A meta-analytic review of attitudes towards the sexuality of adults with intellectual disabilities as measured by the ASQ-ID and related variables: Is context the key?" Journal of Intellectual Disability Research **66**(10): 727-742.
Background: The attitudes of others towards the sexuality of people with intellectual disabilities are one of the main perceived barriers to them expressing their sexuality. Research on what influences these attitudes yields heterogeneous results. Method: A systematic review of the literature and a meta-analysis were carried out. Results: Eleven studies using the Attitudes to Sexuality Questionnaire—Individuals with an Intellectual Disability (ASQ-ID) were included. Within the included studies, the country's socio-economic development and level of individualism were associated with attitudes towards the sexual rights, parenting and self-control of adults with intellectual disabilities. General population and staff samples held more favourable attitudes than family samples in terms of sexual rights and parenting. Age and gender did not yield significant results. Conclusions: Variables related to country context may underlie the differences observed between countries and therefore influence the population's general thinking and ideologies. Unexpectedly, no age differences were observed. Gender-related results may reflect rapprochement between genders in sexuality. These findings are relevant for researchers and practitioners, as they suggest the importance of considering contextual factors when developing effective interventions that aim to support adults with disabilities to live their sexuality. [ABSTRACT FROM AUTHOR]

Eaton, J., et al. (2021). "Accountability for the Rights of People with Psychosocial Disabilities: An Assessment of Country Reports for the Convention on the Rights of Persons with

Disabilities." Health & Human Rights: An International Journal **23**(1): 175-189.
The Convention on the Rights of Persons with Disabilities (CRPD) has been identified as a milestone in human rights protection, offering people with psychosocial disabilities the opportunity to hold their governments accountable for the realization of their rights. To facilitate such accountability, the country reports produced under the CRPD reporting process should adequately reflect these persons' experiences and relevant positive or negative developments in the country. Our study used content analysis to review the extent and quality of reporting related to mental health and psychosocial disabilities in 19 country reports. The criteria used were based on provisions of the CRPD and on priorities identified by a steering committee of people with psychosocial disabilities. We found a wide variation in the quantity and quality of states' reporting, with an indication that this variation relates to countries' economic development. Increasing the participation of representative organizations of people with psychosocial disabilities is needed for state parties to fulfill their reporting obligations. While there has been progress in improving organizations of persons with disabilities capacity to be heard at the global level, our findings suggest low levels of participation in CRPD processes at the national level in many countries. State parties must actively include these groups to ensure implementation of the CRPD principles.

Edwards, N., et al. (2020). "Chemical restraint of adults with intellectual disability and challenging behaviour in Queensland, Australia: Views of statutory decision makers." Journal of Intellectual Disabilities **24**(2): 194-211.
Background: Psychotropic medication is widely prescribed to treat mental illness. However, it is controversial when used as a chemical restraint (CR) to manage challenging behaviours (CBs) of adults with intellectual disability (ID). CR has potentially negative consequences and affects human rights. Method: Qualitative research conducted between 2014 and 2015 explored the views of ‘guardian’ decision makers appointed under unique Queensland legislation oversighting the use of CR. Results: Findings included (1) negative conceptualization of CR, (2) concerning relationships with prescribers and disability sector staff, (3) challenges to information seeking about people with ID prescribed CR and (4) problematic implementation of positive behaviour support plans. Conclusion: According to guardians, CR may be used in lieu of community supports, and prescribers sometimes diagnose mental illness to avoid CR legislative requirements. Guardians, prescribers and professionals would benefit from training that addresses the intersection between physical and mental health, CB and CR. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Fitzgerald, G., et al. (2020). "Improving the university library experience of students with intellectual disabilities: a case study from an Irish institution." Disability & Society **35**(10): 1698-1704.
This article describes a project on library engagement in an Irish university, involving certificate students with intellectual disabilities and librarians. It provides an opportunity for this project team (named above) to showcase to a wider audience, the value of inclusive, action research in resolving real-life challenges. Contributions in the paper touch on the higher education setting for students with disabilities as well as project aims and processes. These include getting University approval and funding, team setup, using focus groups to explore barriers to library use to using findings to create a student-centred library orientation video. Project outcomes include an accessible learning tool for and by students with intellectual disabilities and greater staff insights into the lived experience of this student group. Significantly, students have become powerful advocates for fellow students and have ensured that they are now visible members of the library community.

Fitzpatrick, P., et al. (2019). "Factors associated with the use of mechanical restraint in disability

services." Journal of Intellectual & Developmental Disability **44**(1): 116-120.
Background: Mechanical restraint refers to the use of materials or devices to restrict the behaviours of a person with a disability, where the restraint is neither for therapeutic purposes or required by law. The inappropriate use of mechanical restraint is recognised in legislation and policy as a violation of people's human rights, and a risk to their health and wellbeing. Understanding who is at risk of mechanical restraint may assist service providers to better support people with a disability. Method: State-wide data collected between July 2012 to June 2013 were sourced. Odds ratios were used to describe the associations between individual characteristics and whether an individual was subjected to mechanical restraint. Results: Individuals with certain characteristics, such as the presence of a hearing, physical, neurological, communication or visual impairment, and autism spectrum disorder had an increased likelihood of being mechanically restrained. Conclusion: Initiatives to reduce mechanical restraint should pay particular attention to the support needs of those with sensory impairments and complex communication support needs including those with autism spectrum disorder and those with a physical impairment. [ABSTRACT FROM AUTHOR]

Frank, K. and L. Sandman (2019). "Supporting Parents as Sexuality Educators for Individuals with Intellectual Disability: The Development of the Home B.A.S.E Curriculum." Sexuality & Disability **37**(3): 329-337.
All individuals with intellectual and developmental disabilities (I/DD) have the right to develop and express sexuality in an emotionally satisfying and socially appropriate manner. Questions have arisen as to whether sexuality education for this population should be the responsibility of the school or the family. Parents of children with I/DD report they want to be the primary sexuality educators for their children, but often overlook the responsibility because they do not know what to talk about, when to talk about it, or how to modify content so their child will understand. Available resources for parents of individuals with I/DD tend to provide opportunities for independent learning; Few in-person trainings where these parents can learn how and what to talk about regarding sexuality with their children exist. This article describes how the Home Based Adolescent Sexuality Education for Intellectual Disabilities (Home B.A.S.E.) curriculum was created to educate parents on their role as the primary sexuality educators for their adolescents with ID. The vision of the Home B.A.S.E. educational workshop is to increase parents' comfort and confidence in discussing sexuality and healthy relationship topics with their adolescents with ID. This curriculum has unique features considered in its development including: (1) The belief that sexuality is a human right for individuals with ID; (2) The perspective of individuals with disabilities speaking about their sexual rights and relationships; (3) Activities based on adult, social, and transformational learning theories; and (4) A small interactive group format that meets over multiple sessions. [ABSTRACT FROM AUTHOR]

Frank, K. and L. Sandman (2019). "Supporting Parents as Sexuality Educators for Individuals with Intellectual Disability: The Development of the Home B.A.S.E Curriculum." Sexuality & Disability **37**(3): 329-337.
All individuals with intellectual and developmental disabilities (I/DD) have the right to develop and express sexuality in an emotionally satisfying and socially appropriate manner. Questions have arisen as to whether sexuality education for this population should be the responsibility of the school or the family. Parents of children with I/DD report they want to be the primary sexuality educators for their children, but often overlook the responsibility because they do not know what to talk about, when to talk about it, or how to modify content so their child will understand. Available resources for parents of individuals with I/DD tend to provide opportunities for independent learning; Few in-person trainings where these parents can learn how and what to talk about regarding sexuality with their children exist. This article describes how the Home Based

Adolescent Sexuality Education for Intellectual Disabilities (Home B.A.S.E.) curriculum was created to educate parents on their role as the primary sexuality educators for their adolescents with ID. The vision of the Home B.A.S.E. educational workshop is to increase parents' comfort and confidence in discussing sexuality and healthy relationship topics with their adolescents with ID. This curriculum has unique features considered in its development including: (1) The belief that sexuality is a human right for individuals with ID; (2) The perspective of individuals with disabilities speaking about their sexual rights and relationships; (3) Activities based on adult, social, and transformational learning theories; and (4) A small interactive group format that meets over multiple sessions.

Frawley, P. and M. McCarthy (2022). "Supporting people with intellectual disabilities with sexuality and relationships." Journal of Applied Research in Intellectual Disabilities **35**(4): 919-920.

Frawley, P. and A. O'Shea (2020). "'Nothing about us without us': sex education by and for people with intellectual disability in Australia." Sex Education **20**(4): 413-424.
People with an intellectual disability experience a protective regime when it comes to their sexuality. Families, carers, services and others mediate their experiences and act as gatekeepers through policies and practices that focus on the regulation and management of sexuality. Sex education has traditionally been 'for' people with intellectual disabilities provided 'by' health professionals, teachers and other professions who position themselves as experts with the power to shape the sex education, information and learning opportunities that people with an intellectual disability access. This paper presents an alternative programme developed in collaboration with people with intellectual disabilities, which uses the stories of people with an intellectual disability and is facilitated by people with intellectual disabilities as peer educators. Crip theory rejects approaches to understanding the disability experience that privilege particular characteristics of disability experience over others including cognition. This paper argues this idea can offer a 'way in' for people with intellectual disabilities to research, debate and progress sexual rights within the current sexual rights vacuum in international law and policy. The paper demonstrates how an Australian peer education programme provides a liberating sex education for those involved through a focus on rights and use of peer education. [ABSTRACT FROM AUTHOR]

Fullana, J., et al. (2020). "Intellectual disability and independent living: Professionals' views via a Delphi study." Journal of Intellectual Disabilities **24**(4): 433-447.
<bold>Background: </bold>The Convention on the Rights of Persons with Disabilities (2006) states that people have the right to decide where to live and with whom. Professionals play a key role in supporting processes for independent living (IL). This research aimed to identify which ideas generated more or less consensus among professionals regarding the role of different agents involved in the processes of IL in Spain.<bold>Method: </bold>The Delphi method was applied to an expert panel of 25 professionals.<bold>Results: </bold>A high consensus was reached regarding the role that people with intellectual disabilities, their families and their natural support networks play in supporting IL processes, but there was less consensus on the role played by organizations and professionals.<bold>Conclusions: </bold>The study highlights the need to promote practices that favour the decision-making capacity of individuals to move towards models of support based on community and the human rights model. [ABSTRACT FROM AUTHOR]

Fullana, J., et al. (2020). "Intellectual disability and independent living: Professionals’ views via a Delphi study." Journal of Intellectual Disabilities **24**(4): 433-447.
Background: The Convention on the Rights of Persons with Disabilities (2006) states

that people have the right to decide where to live and with whom. Professionals play a key role in supporting processes for independent living (IL). This research aimed to identify which ideas generated more or less consensus among professionals regarding the role of different agents involved in the processes of IL in Spain. Method: The Delphi method was applied to an expert panel of 25 professionals. Results: A high consensus was reached regarding the role that people with intellectual disabilities, their families and their natural support networks play in supporting IL processes, but there was less consensus on the role played by organizations and professionals. Conclusions: The study highlights the need to promote practices that favour the decision-making capacity of individuals to move towards models of support based on community and the human rights model. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Gil-Llario, M. D., et al. (2021). "Validation of a Tool to Assess Attitudes Towards Sexuality of Individuals with Intellectual Disability (ASEXID): A Preliminary Study." Sexuality & Disability **39**(1): 147-165.

The high prevalence of people with Intellectual Disability (ID) fosters the recognition of their health, work, and social needs. However, few studies have focused on the assessment of their affective and sexual needs (a basic personal need and universal right). Even though the current literature suggests changes in social attitudes toward this population, it is unclear whether these changes have actually occurred and their impact on the development of healthy and non-stigmatized sexuality. This question is particularly relevant due to the lack of a sound measure to assess this shift in the social consideration of the sexuality of people with ID. Thus, this preliminary study focuses on the design and validation of a reliable measure to assess attitudes toward the sexuality of people with Intellectual Disability. This study comprises 1103 participants (43.3% men; 56.7% women) between 20 and 92 years old, classified into three groups: parents or relatives of people with ID, professionals working with ID individuals, and the general population. Results from Exploratory Factor Analysis (EFA) yielded three factors explaining 49.19% of the scale variance: Normalizing Attitudes (NOR-A), Negative Attitudes (NEG-A), and Paternalistic Attitudes (PAT-A). This three-factor structure was subsequently confirmed through Confirmatory Factor Analysis (CFA). Regarding internal consistency, Cronbach's alpha values ranged between 0.66 and 0.86. In conclusion, this research demonstrates that the ASEXID is useful and reliable for the assessment of relatives', professionals', and societal attitudes toward the sexuality of people with ID, contributing to the assessment of a potential paradigm shift in attitudes toward the affective sexual education of people with this condition. [ABSTRACT FROM AUTHOR]

Gil-Llario, M. D., et al. (2021). "Validation of a Tool to Assess Attitudes Towards Sexuality of Individuals with Intellectual Disability (ASEXID): A Preliminary Study." Sexuality & Disability **39**(1): 147-165.

The high prevalence of people with Intellectual Disability (ID) fosters the recognition of their health, work, and social needs. However, few studies have focused on the assessment of their affective and sexual needs (a basic personal need and universal right). Even though the current literature suggests changes in social attitudes toward this population, it is unclear whether these changes have actually occurred and their impact on the development of healthy and non-stigmatized sexuality. This question is particularly relevant due to the lack of a sound measure to assess this shift in the social consideration of the sexuality of people with ID. Thus, this preliminary study focuses on the design and validation of a reliable measure to assess attitudes toward the sexuality of people with Intellectual Disability. This study comprises 1103 participants (43.3% men; 56.7% women) between 20 and 92 years old, classified into three groups: parents or relatives of people with ID, professionals working with ID individuals, and the general population. Results from Exploratory Factor Analysis (EFA) yielded three factors

explaining 49.19% of the scale variance: Normalizing Attitudes (NOR-A), Negative Attitudes (NEG-A), and Paternalistic Attitudes (PAT-A). This three-factor structure was subsequently confirmed through Confirmatory Factor Analysis (CFA). Regarding internal consistency, Cronbach's alpha values ranged between 0.66 and 0.86. In conclusion, this research demonstrates that the ASEXID is useful and reliable for the assessment of relatives', professionals', and societal attitudes toward the sexuality of people with ID, contributing to the assessment of a potential paradigm shift in attitudes toward the affective sexual education of people with this condition.

Ginn, H. G., et al. (2023). "Prohibited by pity: Perceptions of the warmth, competence, and sexual rights of women labeled with intellectual disability." Sexuality Research & Social Policy: A Journal of the NSRC.

IntroductionThe paternalism characterizing pity has long been critiqued by people with disabilities, including for fueling the sexual rights restrictions of women labeled with intellectual disability (ID). We used Fiske’s Stereotype Content Model (SCM; Fiske et al., 2002) framework to examine majority group women’s perceptions of ID-labeled women and the relation of pity to their support for ID-labeled women’s sexual rights and related policies.MethodsIn 2020, we surveyed 307 majoritized (i.e., White, heterosexual, and cisgender) adult women in the U.S. through an online recruitment platform. We elicited their perspectives regarding four marginalized groups of women, including those who are labeled with ID, low-income, adolescents, and lesbians.ResultsWomen labeled with ID were viewed as more warm than competent and were regarded with pity more than other groups of marginalized women. Evaluations of competence were associated with support for sexual rights and related policies of ID-labeled women, but not women in the other marginalized groups.ConclusionsThese results underscore disability scholars’ and activists’ concerns that pity is particularly directed toward ID-labeled women and that it may undermine others’ support of their sexual rights and opportunities.Policy ImplicationsIn response, we advocate for a broader conception of competence and greater social integration. To uphold inalienable sexual rights for all ID-labeled women, we argue for policies that entitle women to enhanced resources as they direct their own sexual lives. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Gómez, L. E., et al. (2020). "Measurable Indicators of CRPD for People with Intellectual and Developmental Disabilities within the Quality of Life Framework." International journal of environmental research and public health **17**(14).

This article proposes the quality of life (QOL) construct as a framework from which to develop useful indicators to operationalize, measure, and implement the Articles of the Convention on the Rights of Persons with Disabilities (CRPD). A systematic review of the scientific literature on people with intellectual and developmental disabilities (IDD) was carried out, with the aim of identifying personal outcomes that can be translated into specific and measurable items for each of the CRPD Articles aligned to the eight QOL domains. Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, the systematic review was conducted across the Web of Science Core Collection, Current Contents Connect (CCC), MEDLINE, KCI-Korean Journal Database, Russian Science Citation Index and SciELO Citation Index, for articles published between 2008 and 2020. A total of 65 articles focusing on people with IDD were selected. The results were grouped into four broad categories: conceptual frameworks used to monitor the CRPD; instruments used to assess the rights set out in the CRPD; recommendations on the use of inclusive research; and indicators or personal outcomes associated with specific rights contained in the CRPD.

Gómez, L. E., et al. (2022). "Quality of life and the International Convention on the Rights of Persons with Disabilities: Consensus indicators for assessment." Psicothema **34**(2): 182-

191.
Background: The quality of life construct provides an ideal conceptual framework for translating such abstract concepts as self-determination, equity, accessibility, and inclusion. Through consultation with expert raters, we sought to develop and validate a bank of indicators and items, based on the quality of life conceptual framework, to be used as a means of evaluating and implementing the Articles of the Convention on the Rights of Persons with Disabilities (CRPD). Method: Thirty-two experts in the field of intellectual and developmental disabilities participated, rating the suitability, importance, and clarity of a bank of 296 items, as well as the relevance of controlling for 70 sociodemographic variables. Results: After qualitative and quantitative analysis of the data, the final selection comprised 60 sociodemographic variables and 153 items that scored highly on all criteria and produced an excellent level of agreement between the experts. Conclusions: This bank of items and set of sociodemographic variables constitute the pilot version of a CRPD assessment and monitoring instrument with sufficient evidence of content validity, which may be useful in developing evidence-based practices and in detecting rights violations. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Gould, J. B. (2021). "Duty, not gratuity: the ethics of social support for people with intellectual disabilities in the United States." Disability & Society **36**(8): 1240-1260.
Many adults with intellectual disabilities require assistance with activities of daily life and life skills training. This support is provided by professional caregivers. Because of low wages, a shortage of caregivers in the United States is now threatening services for adults with intellectual disabilities. The gratuity view treats social support for adults with intellectual disabilities as an undeserved favor. Society owes them nothing as a matter of duty, and they have no right to services. I reject the gratuity view and defend the entitlement view: social care is deserved by adults with intellectual disabilities. Support services in the form of adequate professional caregiving are a human right and offering them a social duty. This article examines the ethics of social support for people with intellectual disabilities by using a case study of the state of Illinois. In order to enjoy a good life, people with intellectual disabilities need day programs and residential services—both staffed by professional caregivers. Because of inadequate government funding, the United States is experiencing a shortage of professional caregivers who assist people with intellectual disabilities. There are two views of social care for people with intellectual disabilities: the gratuity view sees it as an undeserved favor, while the entitlement view sees it as a human right. This article argues that government-funded support services, including professional caregiving, are a matter of justice, not charity. [ABSTRACT FROM AUTHOR]

Gould, J. B. (2021). "Duty, not gratuity: The ethics of social support for people with intellectual disabilities in the United States." Disability & Society **36**(8): 1240-1260.
Many adults with intellectual disabilities require assistance with activities of daily life and life skills training. This support is provided by professional caregivers. Because of low wages, a shortage of caregivers in the United States is now threatening services for adults with intellectual disabilities. The gratuity view treats social support for adults with intellectual disabilities as an undeserved favor. Society owes them nothing as a matter of duty, and they have no right to services. I reject the gratuity view and defend the entitlement view: social care is deserved by adults with intellectual disabilities. Support services in the form of adequate professional caregiving are a human right and offering them a social duty. Points of Interest This article examines the ethics of social support for people with intellectual disabilities by using a case study of the state of Illinois. In order to enjoy a good life, people with intellectual disabilities need day programs and residential services—both staffed by professional caregivers. Because of inadequate government funding, the United States is experiencing a shortage of

professional caregivers who assist people with intellectual disabilities. There are two views of social care for people with intellectual disabilities: the gratuity view sees it as an undeserved favor, while the entitlement view sees it as a human right. This article argues that government-funded support services, including professional caregiving, are a matter of justice, not charity. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Gulati, G., et al. (2021). "Challenges for people with intellectual disabilities in law enforcement interactions in Ireland; thematic analysis informed by 1537 person-years' experience." International Journal of Law & Psychiatry **75**: N.PAG-N.PAG.
Background: People with intellectual disabilities (PWID) are over-represented in criminal justice systems globally. This over-representation reveals itself at once in the demographic make-up of prison populations, as well as those detained in police settings as suspects of crime. While it is well-established in international literature that individuals who find themselves in the latter scenario face particular challenges in negotiating the forensic formalities routinely followed by the police at the pre-trial stage of criminal proceedings on account of their impairments, the specific difficulties experienced by PWID as suspects within Ireland's criminal justice system has yet to be explained, or indeed, understood. In seeking to address this research lacuna, this paper yields an account of a qualitative study which was aimed at identifying the unique challenges which PWID face in their interactions with Law Enforcement Officials (LEOs) in Ireland.Aims: This study aimed to elicit perspectives across a range of disciplines with regard to barriers for PWID interacting with LEOs in Ireland, and sought viewpoints on the content of a proposed awareness programme.Methods: A survey using purposive sampling was used to elicit viewpoints from people from representative organisations for PWID, people working with voluntary organisations for PWID, healthcare professionals working with PWID and professionals from the criminal justice system (including members of An Garda Siochana, lawyers, members of the Irish judiciary and officials within the Airport Police). Data were anonymised at the point of collection. Qualitative thematic analysis was conducted to extract themes based on the data retrieved through the survey.Results: Ninety-five (n = 95) responses were received from individuals reporting a cumulative experience of 1537 person-years. Respondents identified themselves as members of one of three groups; people working in a voluntary or representative organisation for PWID (n = 42, 44.2%); people working in healthcare (n = 31, 32.6%); and people working in law enforcement (n = 22, 23.1%). Three themes were identified from the qualitative thematic analysis. The first theme, "Barriers to Communication", identified challenges which PWID and LEO experience in their mutual interactions and communications with one another. The second theme, "Building Awareness and Skills", identified elements of an ID awareness programme for LEOs. The third theme, "Institutional and System Change", identified possible lines of innovation with respect to contemporary police practice and the availability of supports for both PWID and the LEOs who work with them.Originality/value: This study represents the first dedicated qualitative inquiry conducted on a multidisciplinary level into the barriers which healthcare professionals, legal professionals and disability advocacy groups perceive to be faced by PWID in their interactions with LEOs in Ireland. Consequently, the findings from this study will act as a valuable template in the direction of informing the development of an ID awareness programme for LEOs in Ireland. In addition, these research findings are expected to usefully inform the development of national policy and protocols in areas related to health, disability and justice. In offering a rich evidence-base for future policy initiatives, the timing of this study is particularly significant. The recent ratification by Ireland of the UN Convention for the Rights of People with Disabilities (UNCRPD), together with the synchronous emergence of an evolving emphasis on human rights-based policing at a national level in Ireland, has meant that Irish policymakers have a unique opportunity to re-imagine

the pre-trial formalities of Ireland's criminal process in order to demonstrate an increased sensitivity to the needs of PWID. Securing equal access to justice for such individuals, it is important to emphasise, is a legal requirement pursuant to Article 13 of the UNCRPD. To the extent therefore that this study yields unique insights into th barriers faced by PWID in their interactions with LEOs, the results of this study are potentially generalisable to other jurisdictions that have ratified the UNCRPD and are developing policy to accord with Article 13.

Gulati, G., et al. (2020). "Experiences of people with intellectual disabilities encountering law enforcement officials as the suspects of crime - A narrative systematic review." International Journal of Law and Psychiatry **71**: 101609.
It is well established internationally that there is a high prevalence of intellectual disability (ID) among people in police custody. Some people with ID may face particular challenges in negotiating the forensic formalities adopted by police at the pre-trial stage of the criminal process. These challenges need to be acknowledged and mitigated through appropriate procedural safeguards in order to, at once, preserve the fact-finding accuracy of criminal investigations and minimise the risk of securing a wrongful conviction. And yet, despite the formative role which pre-trial procedures exert over the trajectory of proceedings, little is known about the experiences of people with ID during their initial interaction with law enforcement officers. In an attempt to address this research lacuna, we reviewed six databases systematically to identify studies that explore such experiences. Seven studies with a total of 1199 participants were identified. Frequently, participants with ID describe challenges in police custody, experiencing particular difficulties in understanding and communicating information. They report a paucity of appropriate supports generally in this setting and an unmet need for the provision of procedural and emotional supports. Consistent implementation of legal safeguards is necessary, along with consistent availability of accessible practical measures to support people with ID within the criminal justice system.; Competing Interests: Declaration of Competing Interest GG is Chair of the Faculty of Forensic Psychiatry at the College of Psychiatrists of Ireland. The views expressed are his own. BDK, AC, SK and CPD have no conflicts of interest to declare. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Gulati, G., et al. (2020). "Intellectual disabilities in Irish prisons: Could Article 13 of the UNCRPD hold the key?" International Journal of Law and Psychiatry **68**: 101540.
The prevalence of intellectual disabilities amongst adult prisoners in Ireland is higher than international estimates. There is little evidence that the development of diversion services has impacted such prevalence. The authors argue that Ireland's ratification of the UNCRPD presents a timely opportunity to address this problem through an awareness programme aimed at frontline law enforcement officials.; Competing Interests: Declaration of Competing Interest GG is Chair of the Faculty of Forensic Psychiatry at the College of Psychiatrists of Ireland. The views expressed are his own. AC, SK and CPD have no conflicts of interest to declare. (Copyright © 2019 Elsevier Ltd. All rights reserved.)

Gulati, G., et al. (2022). "The collaborative development through multidisciplinary and advocate consensus of an accessible notice of rights for people with intellectual disabilities in police custody." International Journal of Law and Psychiatry **83**: 101815.
Background People with intellectual disabilities are over-represented in the criminal justice system. The United Nations' Convention on the Rights of Persons with Disabilities (UNCRPD) enshrines a right to equal access to justice for persons with disabilities (Article 13, UNCRPD). Accessible information is a key aspect of exercising this right. Yet, many jurisdictions, including Ireland, are yet to develop accessible information for disabled people who may be arrested. Aims This paper describes the

collaborative development through multidisciplinary and advocate consensus of an accessible (Easy -to- Read) Notice of Rights (ERNR) for people with intellectual disabilities in police custody in Ireland. Methods Guidelines developed by Ireland's representative organisation for people with intellectual disabilities and examples of international practice were used to develop a draft ERNR by the primary researcher in partnership with an expert from a representative organisation for people with intellectual disabilities. The ERNR was developed thereafter through two focus groups with a view to achieving consensus with a focus on accessibility, accuracy and layout. This included a multidisciplinary focus group with participants from a representative organisation for people with intellectual disabilities, psychology, speech and language therapy, the police force, public health, forensic psychiatry, mental health, law and, subsequently, a focus group of people with lived experience of intellectual disability. Results Progressive development of the ERNR resulted in incremental improvements in textual accuracy as well as the inclusion of more accessible language and imagery. Originality/value This is the first attempt at developing an easy-to-read document relating to the legal rights of suspects in police custody in Ireland and, accordingly, this procedural innovation promises to assist, not just persons with intellectual disabilities, but also those with limited literacy at the point of arrest. The methodology used in the preparation of the document, employing a focus group to achieve consensus with participation from both multiple disciplines and persons with an intellectual disability, is in harmony with the ethos of the UNCPRD. This methodology may usefully be employed by other member states that have ratified the Convention but have yet to develop accessible version of the legal rights and entitlements that extend to arrested persons under their domestic law. (Copyright © 2022 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Harris, J. E. (2019). "Legal Capacity at a Crossroad: Mental Disability and Family Law." Family Court Review **57**(1): 14-20.

In this introductory essay to the Special Issue, I argue that both family law and disability rights law scholars should examine a key point of intersection across areas: legal capacity or the law's recognition of the rights and responsibilities of an individual. For example, parental termination proceedings center on parental fitness and functional capabilities. I contextualize the articles in the Special Issue by Leslie Francis and Robyn Powell on the role of reasonable accommodations for parents with disabilities in parental termination proceedings. In addition, I call upon legal scholars, family law courts, and practitioners to reimagine governing legal standards in family law according to principles of universal design to shift the baseline capabilities associated with parenting and parental fitness. Key Points for the Family Court Community: Legal capacity is an underexplored intersection between family law and disability rights law.There are two ways to think about applying a critical disability lens to family law proceedings such as parental rights terminations. First, courts and practitioners should consider the ways in which disability rights laws, such as the Americans with Disabilities Act, require courts to apply differential standards of parental fitness as reasonable accommodations. Second, and more radically, rather than providing reasonable accommodations and maintaining the current normative baselines, the author challenges institutional designers to consider principles of universal design that challenge the normative standards themselves.This introductory article contextualizes the articles in this Special Issue of Family Court Review. [ABSTRACT FROM AUTHOR]

Hollins, S., et al. (2019). "The case for removing intellectual disability and autism from the Mental Health Act." The British journal of psychiatry : the journal of mental science **215**(5): 633-635.

Intellectual disability (also known as learning disability in UK health services) and autism are distinct from the serious mental illnesses for which the Mental Health Act is designed to be used. Their inclusion in the definition of mental disorder is discriminatory, resulting in unjust deprivations of liberty. Intellectual disability and autism should be excluded from the Mental Health Act.; Declaration of Interest: None.

Houseworth, J., et al. (2019). "Examining the National Core Indicators' Potential to Monitor Rights of People With Intellectual and Developmental Disabilities According to the CRPD." Journal of Policy & Practice in Intellectual Disabilities **16**(4): 342-351.
The Convention on the Rights of Persons with Disabilities (CRPD) aims to change attitudes and policies toward individuals with disabilities worldwide and to foster the inclusion and independence of persons with disabilities in society. The current study was designed to assess empirically the extent to which people with intellectual and developmental disabilities (IDD) exercise certain rights in the United States using the National Core Indicators Adult Consumer Survey (NCI-ACS), particularly to see if items could be scaled to measure certain CRPD articles reliably. An additional aim was to assess the impact of guardianship on the rights of individuals with IDD. NCI-ACS data were analyzed employing factor analysis, multiple analysis of variance, and regression modeling. These approaches allowed us to assess the relationship between guardianship and rights controlling for known covariates (such as level of ID) on outcomes. Results indicate that the NCI-ACS contains several items with sound psychometric properties that can assist in measuring certain rights of people with disabilities according to CRPD. Specifically, employment and budgetary agency appear to be areas of rights outlined by the CRPD that the NCI-ACS can help measure. Finally, the results indicated that people who have an appointed legal guardian are less likely to be employed and to have less social privacy. This study indicates the NCI-ACS has the potential to measure access to CRPD rights, such as employment and budgetary agency, by people with IDD. More work is needed to evaluate additional promising measures of a wider range of CRPD articles. Alternatives to guardianship need to be examined in order to increase the opportunities for people with IDD to exercise their rights. [ABSTRACT FROM AUTHOR]

Houseworth, J., et al. (2019). "Examining the National Core Indicators' Potential to Monitor Rights of People With Intellectual and Developmental Disabilities According to the CRPD." Journal of Policy & Practice in Intellectual Disabilities **16**(4): 342-351.
The Convention on the Rights of Persons with Disabilities (CRPD) aims to change attitudes and policies toward individuals with disabilities worldwide and to foster the inclusion and independence of persons with disabilities in society. The current study was designed to assess empirically the extent to which people with intellectual and developmental disabilities (IDD) exercise certain rights in the United States using the National Core Indicators Adult Consumer Survey (NCI-ACS), particularly to see if items could be scaled to measure certain CRPD articles reliably. An additional aim was to assess the impact of guardianship on the rights of individuals with IDD. NCI-ACS data were analyzed employing factor analysis, multiple analysis of variance, and regression modeling. These approaches allowed us to assess the relationship between guardianship and rights controlling for known covariates (such as level of ID) on outcomes. Results indicate that the NCI-ACS contains several items with sound psychometric properties that can assist in measuring certain rights of people with disabilities according to CRPD. Specifically, employment and budgetary agency appear to be areas of rights outlined by the CRPD that the NCI-ACS can help measure. Finally, the results indicated that people who have an appointed legal guardian are less likely to be employed and to have less social privacy. This study indicates the NCI-ACS has the potential to measure access to CRPD rights, such as employment and budgetary agency, by people with IDD. More work is needed to evaluate additional promising measures of a wider range of CRPD articles. Alternatives to guardianship need to be examined in

order to increase the opportunities for people with IDD to exercise their rights.

Hultman, L., et al. (2022). "'A Limited Guardian Should First and Foremost Get to Know the Person He Helps'--Experiences of Having a Limited Guardian from the Perspective of Adults with Intellectual Disability." Scandinavian Journal of Disability Research **24**(1): 288-301.
One goal with the UN Convention on the Rights of Persons with Disabilities is ensuring that persons with disabilities have the right to support in reaching and acting upon decisions. The aim of this pilot study was to explore how adults with intellectual disability describe their experiences of receiving support and being represented by a limited guardian. Two overall themes emerged from eight qualitative individual semistructured interviews: Indispensable and valuable support and Mismanagement of the assignment. Our findings showed that limited guardianship is more complex than it may initially seem due to overlaps between protecting rights, ensuring support for the person, and managing financial matters. Mutual trust and the guardian's ability to listen and be open to the client's changing needs reduced the risk of the client being misrepresented or receiving insufficient support. To support assisted decision-making, limited guardians must develop their pedagogical skills and gain knowledge about intellectual disability. [ABSTRACT FROM AUTHOR]

Ilyes, E. (2020). "Psychology's eugenic history and the invention of intellectual disability." Social and Personality Psychology Compass **14**(7).
Intellectual disability is a severely understudied topic within psychology. It is rarely woven into the curriculum of mainstream psychology departments and often left for other disciplines to address. Despite this neglect within the field, historical figures within psychology helped invent and shaped the category of intellectual disability. In order to understand the depth of dehumanization experienced by those labeled as intellectually disabled, it is vital to trace the history of the category within psychology. This article offers a critical history of 'intellectual disability' as an institutional category in the United States to better understand the outcome of a recent court case that considered the possibility of a sexual relationship between a man labeled as intellectually disabled and a woman who does not carry this label. To fully appreciate the meaning of the court case that concluded without ever engaging the man whose wellbeing it presumably concerned, psychology must be held accountable for its past and current entanglements with the eugenic project. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Jackson, R. (2022). "Coronavirus and people with an intellectual disability: time to change our approach to the provision of social care in the UK." International Journal of Developmental Disabilities **68**(4): 583-586.

James, E., et al. (2019). "Innovating adult social work practice—learning from the Named Social Worker for adults with learning disabilities pilots." Social Work Education **38**(4): 503-515.
In 2016, following the publication of the vision for adult social work in England, the Chief Social Worker for Adults at the Department of Health in England announced the intention to pilot a new social work role—that being a Named Social Worker supporting people with learning disabilities. Phase 1 of the pilot has tested a reframing of the social work role as a relational practitioner with an expertise in human rights, freed from transacting the management of care. Phase 2 is now underway testing key knowledge and skills requirements for post-qualifying practice in the field of social work supporting adults with learning disabilities. Heuristic approaches are capturing outcomes from generative learning processes throughout the pilot. The insight emerging from this national pilot is that at its heart, named social work is about qualifying and on-

going post-qualifying social work education which promotes and maintains practitioner reflexivity and connection to their social work values. We are finding that self-advocates may be a critical influencing factor, positively affecting the sources of resistance through making explicit the connection between social work values and lived experience of practice from the people social workers are there to serve. [ABSTRACT FROM AUTHOR]

Jenks, A. (2019). "Crip theory and the disabled identity: why disability politics needs impairment." Disability & Society **34**(3): 449-469.
This article highlights the importance of recognizing both the ontology of impairment as it relates to the creation of the disabled identity as well as why articulations of the disabled identity being 'crip' obfuscate potential politics. Examining how the disabled identity has been cast as a coherent social and political category, rather than the messy and complicated identity it truly is, I argue the adoption of a post-structuralist orientation by activists and advocates is bad for disability politics. Providing two examples, the first focusing on a publicized rape case of a person with an intellectual disability and the second on the importance of disability rights claims based on visibility of impairment, I show how articulations like those made in crip theory can have serious, negative implications for the lived experience of people with disabilities. I conclude with a call for disability studies scholars to engage disability politics in their work.

Johnson, B. J. (2020). "Daily life in National Disability Insurance Scheme times: Parenting a child with Down syndrome and the disability politics in everyday places." Qualitative Social Work **19**(3): 532-548.
Social inclusion for people with disability is bound up with experiences of place in everyday life. In Australia, the inclusion agenda has been recently propelled by the National Disability Insurance Scheme which promotes – and funds – the full inclusion of people with disability so that their lives are conducted in everyday settings. This article addresses what lies between the aspirational policy principles of full inclusion and the experience of family life with a young child who has Down syndrome. Through auto-ethnographic inquiry, a series of vignettes describe my own encounters in everyday places such as shops, childcare centres and public swimming pools. I focus on 'sense of place' which is generated through everyday practices and can shape individual identity and belonging. Using ideas from feminist poststructuralism and critical disability studies, I argue that ableist discourses on disability are produced by people in everyday places through their attitudes, actions and expectations, disrupting regular family life and imposing oppressive modes of subjectivity upon children with intellectual disability and their parent-carers. In response, parents of children with intellectual disability are challenged to undertake the political labour of everyday disability advocacy. It is important for social work to recognise that this labour can become a significant part of the contemporary parent-carer role. [ABSTRACT FROM AUTHOR]

Johnson, B. J. (2020). "Daily life in National Disability Insurance Scheme times: Parenting a child with Down syndrome and the disability politics in everyday places." Qualitative Social Work **19**(3): 532-548.
Social inclusion for people with disability is bound up with experiences of place in everyday life. In Australia, the inclusion agenda has been recently propelled by the National Disability Insurance Scheme which promotes – and funds – the full inclusion of people with disability so that their lives are conducted in everyday settings. This article addresses what lies between the aspirational policy principles of full inclusion and the experience of family life with a young child who has Down syndrome. Through auto-ethnographic inquiry, a series of vignettes describe my own encounters in everyday places such as shops, childcare centres and public swimming pools. I focus on 'sense of place' which is generated through everyday practices and can shape individual identity

and belonging. Using ideas from feminist poststructuralism and critical disability studies, I argue that ableist discourses on disability are produced by people in everyday places through their attitudes, actions and expectations, disrupting regular family life and imposing oppressive modes of subjectivity upon children with intellectual disability and their parent-carers. In response, parents of children with intellectual disability are challenged to undertake the political labour of everyday disability advocacy. It is important for social work to recognise that this labour can become a significant part of the contemporary parent-carer role.

Kahonde, C. K., et al. (2019). "Discourse of needs versus discourse of rights: family caregivers responding to the sexuality of young South African adults with intellectual disability." Culture, Health & Sexuality **21**(3): 278-292.
Although most people with intellectual disability remain under the lifelong care and support of their families, there is a hiatus in research that explores the sexuality of people with intellectual disability within the family setting. Little is known about how the responses of family caregivers align with a human rights approach to the sexuality of people with intellectual disability, particularly in the South African context. This study used a constructivist grounded theory approach to explore how 25 South African family caregivers responded to the sexuality of their young adults with intellectual disability. Findings revealed that family caregivers prioritise what they deem as being the immediate needs of themselves and the young adults, over the young adults' rights to sexual autonomy. Practitioners, guided by the human rights approach, need to understand the individual and family context so as to better collaborate with family caregivers in supporting people with intellectual disability to realise their sexual rights. We apply two theories of needs to illuminate the conflict between needs-centred ethics and human rights approaches in a context where the family caregivers are the ones determining the sexuality needs of young adults with intellectual disability. [ABSTRACT FROM AUTHOR]

Marie Robinson, Z., et al. (2020). "Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities." Learning Disability Practice **23**(6): 24-31.
People with learning disabilities experience many barriers that prevent them from expressing their sexuality and developing loving and sexual relationships, particularly if they identify as lesbian, gay, bisexual and trans (LGBT). This article explores the challenges faced by people with learning disabilities who identify as LGBT in expressing their sexual identities and having sexual relationships, as well as the challenges faced by support workers and health and social care staff in supporting clients in those aspects of their lives. The method used consisted of combining the lived experiences of participants in a Twitter chat with an exploration of the recent literature. The themes that emerged from these combined sources included the importance of love and sexual relationships, the policy context, legal framework, barriers in practice and the concept of intersectionality. This article discusses these themes and outlines implications for practice and research, including the training needs of staff.

McKenzie, J. A., et al. (2019). "Intellectual disability in South Africa: the possibilities and limits of democratic rights." Tizard Learning Disability Review **24**(4): 204-212.
Purpose: The purpose of this paper is to present an overview of the history, current status and possible future directions for intellectual disability (ID) policy and practice in South Africa (SA). Design/methodology/approach: The paper was developed by academics and practitioners in the field of ID in SA. A review of the literature, accompanied by a joint writing and discussion process was carried out to identify critical issues in the development of ID services, specifically facing the challenge of moving from racially based provision towards equitable services for all citizens with ID.

Findings: Progressive policy has replaced practices of scientific racism which were previously used to support the establishment of white supremacism. This positive move is still in process and has not resulted in the immediate establishment of human rights. A vibrant civil society is engaging with this task currently. Research limitations/implications: The findings point to the need for a human rights approach that takes into account the postcolonial context of SA. Practical implications: There is a need for continued advocacy that is inclusive of people with ID and their families. Social implications: Continuing engagement between government and civil society is recommended to ensure the achievement of human rights for citizens with ID. Originality/value: This paper is of value to ID researchers and practitioners from the global South as it describes a non-western context that might have resonance with other low and middle income countries. [ABSTRACT FROM AUTHOR]

Milner, P. and P. Frawley (2019). "From 'on' to 'with' to 'by:' people with a learning disability creating a space for the third wave of Inclusive Research." Qualitative Research **19**(4): 382-398.

For people with a learning disability, Inclusive Research is promoted as the right way to redress the hermeneutical injustice of their voices and theorising being excluded from the processes of knowledge production. This article describes the experiences and reflections of non-disabled researchers co-researching with people whose subjectivities were thought to lie beyond qualitative research. Through four stories, jointly told, we detail how those most at risk of exclusion from the academy first challenged and then took the research encounter beyond the linear, assimilative certainties of research 'on' or 'with' people with a learning disability towards the outer, cutting edges of qualitative research and an epistemology that might more authentically be said to be 'by' them. [ABSTRACT FROM AUTHOR]

Milner, P. and P. Frawley (2019). "From 'on' to 'with' to 'by:' people with a learning disability creating a space for the third wave of Inclusive Research." Qualitative Research **19**(4): 382-398.

For people with a learning disability, Inclusive Research is promoted as the right way to redress the hermeneutical injustice of their voices and theorising being excluded from the processes of knowledge production. This article describes the experiences and reflections of non-disabled researchers co-researching with people whose subjectivities were thought to lie beyond qualitative research. Through four stories, jointly told, we detail how those most at risk of exclusion from the academy first challenged and then took the research encounter beyond the linear, assimilative certainties of research 'on' or 'with' people with a learning disability towards the outer, cutting edges of qualitative research and an epistemology that might more authentically be said to be 'by' them.

MuÑOz Bravo, J. and I. de Araoz SÁNchez-Dopico (2021). "REFLEXIONES SOBRE EL ACCESO A LOS SERVICIOS DE SALUD DE LAS PERSONAS CON DISCAPACIDAD INTELECTUAL O DEL DESARROLLO EN EL MARCO DE LA CRISIS SANITARIA CREADA POR LA PANDEMIA DE LA COVID-19." Reflections on Access to Health Services for People with Intellectual or Developmental Disabilities in the Context of the Health Crisis created by the COVID-19 Pandemic. **52**: 197-214.

The COVID-19 pandemic had in its first wave between March and May 2020, and had a huge impact on the Spanish health system. Its saturation and the scarcity of material and personal resources forced decisions which implied prioritizing the care of some patients over others. These decisions were made in most cases without taking into account the characteristics, needs and rights of people with intellectual and developmental disabilities, when not based on negative biases on the group. The situation created during the first pandemic peak is analyzed and relevant conclusions are drawn for the

preservation of the right to healthcare access. (English) [ABSTRACT FROM AUTHOR]

Murphy, K. and E. Bantry-White (2021). "Behind closed doors: Human rights in residential care for people with an intellectual disability in Ireland." Disability & Society **36**(5): 750-771.
[Correction Notice: An Erratum for this article was reported in Vol 37(7) of Disability & Society (see record [rid]2022-88484-002[/rid]). When the article was first published online, the Disclosure statement was represented incorrectly. Kieran Murphy is a member of the Disability Advisory Committee, Irish Human Rights and Equality Commission. Although the research presented in this article is on a topic related to their mission, this work was not undertaken in relation to this role and the arguments made are not done so on behalf of the Committee.] Historically people with an intellectual disability have been excluded from society and many continue to live separately in institutions, group homes and segregated campuses. This article provides a unique analysis of what it is like to live separately from society in Irish centres for people with a disability. An analysis was undertaken of data from 627 inspection reports published in 2016 by the Inspectorate of residential care in Ireland. A Human Rights Framework was developed, based on the United Nations Convention on Rights of Persons with Disabilities (CRPD), to interpret the data by linking various interrelated articles of the CRPD into nine Human Rights Themes. The findings demonstrated that people with an intellectual disability were not regarded as citizens capable of full inclusion in society but rather experienced daily restrictions on their lives. The findings also emphasised the need to ensure human rights are at the core of service delivery. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Nankervis, K. and J. Chan (2021). "Applying the CRPD to People With Intellectual and Developmental Disability With Behaviors of Concern During COVID-19." Journal of Policy & Practice in Intellectual Disabilities **18**(3): 197-202.
People with intellectual and developmental disability (IDD) are a vulnerable population in all aspects of access and participation, abuse and neglect, and being subject to the use of restrictive practices. Accordingly, they are a group whose human rights can be impacted where equal access to supports, services, and accessible information is compromised. The current COVID-19 pandemic is a global humanitarian emergency that has had a devastating impact across the world, for all people. Growing concern has been raised about the impact of the COVID-19 virus on the health of people with disabilities and there has been subsequent development of strategies and protocols to promote equal access to information, health supports, and services. People with IDD have high levels of underlying comorbidity that increases their risk of contracting COVID-19 and measures to protect them from infection are critically important. However, those measures may trigger behaviors of concern and increase the risk of being subjected to restrictive practices. While some attention has been paid to the health impacts of COVID-19 on people with disabilities, there has been less paid to the impact on the human rights of people with IDD who present with behaviors of concern. The aim of this paper is to provide a hypothetical exploration of the impacts of pandemic prevention measures on people with IDD and behaviors of concern in the context of the Convention on the Rights of Persons with Disabilities (CRPD). In the absence of available guidance for working with people with IDD with behaviors of concern during COVID-19, we suggest behavior support response plans that aim to ensure that people with IDD with behaviors of concern are supported properly in a time of significant disruption for them, thereby safeguarding their human rights.

Newman, B., et al. (2022). "Right to information for people with intellectual disability in Australian mental health policy." Journal of Policy and Practice in Intellectual

Disabilities **19**(2): 230-238.

Background: People with intellectual disability do not have adequate access to mental health services and have worse mental health outcomes than the broader community. Access to information about mental health, treatment, and services has been advocated as one strategy to address these inequities. This article presents findings from a policy analysis of how the right to accessible information is represented in Australian mental health policy, with a focus on information access for people with intellectual disability. Method: An analysis of Australian and New South Wales state policies relevant to mental health services 2007–2017, in current use and available online (49 documents) was conducted. Principles in the United Nations Convention on the Rights of Persons with Disability 2006 and an integrated health literacy framework were used to frame a content analysis. NVivo 11 (QSR 2015) was used to search the policy documents and themes were identified according to the policy type and purpose. Findings: The right to information is expressed in Australian and New South Wales state policy documents. However, the mental health policies do not refer to the communication needs of people with intellectual disability or incorporate strategies to address their needs. Many of the mental health policy directives incorporate the need for tailored communication. Some documents mention the needs of other groups of people with specific communication needs, but not people with intellectual disability. Implications: The inconsistency between the right to information expressed in policies and processes to communicate information with people who have intellectual disability needs to be addressed. The longstanding disparities in health outcomes, and difficulties accessing mental health service experienced by many people with intellectual disability underline the pressing need for policy to require accessible information practices. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Niven, A., et al. (2020). "Transforming care in Cornwall: A review of the quality of the lives of people with learning disabilities a decade post-discharge from hospital." British Journal of Learning Disabilities **48**(4): 315-322.

Accessible summary: The government wants people with learning disabilities and/or autism to move out of hospitals back to their homes.Cornwall did this in 2007, and we asked the people who moved and their carers how they are now.They have generally done well, and nearly all have stayed in their homes with lots of support.Various factors such as accommodation, social network, skill acquisition and impact of their past were explored. Background: In the light of the current national guidance to reduce the number of inpatient learning disability beds, a review was completed of the quality of lives of the people who had been former inpatients in Cornwall at the time of closure of the learning disability inpatient facilities almost 10 years before transforming care. Materials and Methods: All former inpatients who were discharged from the learning disability inpatient setting in Cornwall were invited to participate either directly or through their carers or family members. Measures of current activity levels and semi-structured interviews on quality of life were conducted. Results: The majority interviewed had person-centred plans, health action plans and positive behaviour support plans. Guernsey Community Participation & Leisure Assessment showed overall the study group did not meet comparative standards laid out by the scale in any of the subdomains ($p < .05$). Peoples' lives were varied, with a lack of informal relationships, meaningful occupation, homeownership and advocacy being relatively poor for all. Alongside this, to enable people to have safer lives, restrictive practices were commonplace particularly continuous supervision and use of psychotropic medication to manage behavioural risk. Conclusions: This study highlights that people with complex concerns with a history of placement breakdowns and past institutionalisation can be settled successfully and safely in local communities. However, it is difficult for many of them to achieve a satisfactory quality of life long term. The obligation for this lies with service providers to provide adequate support to

overcome that difficulty.

Olsman, E., et al. (2022). "'my son has lost his dignity': Dignity of persons with profound intellectual and multiple disabilities." Disability & Society.
The objective of this study is to describe and evaluate understandings of dignity of persons with profound intellectual and multiple disabilities. Intrinsic dignity cannot be lost and is inherent to being a human. Also, dignity is the extent to which these persons have enough positive experiences (individual dignity), have dignity in their relationships with familiar others (relational dignity), or with unknown others (societal dignity). While intrinsic dignity sometimes fails to include experiences of these persons and their family members, the other understandings are gradual, which means that these persons can lose their dignity. The understandings express a concern: the life of the person with severe disabilities is, respectively, worth respecting, living, sharing and caring about. We conclude that they can have dignity and that, in case of disagreement, it is important to clarify which dignity is meant and to make explicit the concerns at stake. Points of interest A mother stated, 'My son has lost his dignity,' while other parents assert that their child, like any other human being, cannot lose his dignity. The paper clarifies these differences between understandings of dignity. In this study, four understandings of dignity of persons with profound intellectual and multiple disabilities are evaluated. This means that their strengths and limitations are described. Parents and others, referring to dignity of persons with severe disabilities, want to express a concern, this paper argues. They want to make clear that the lives of these persons are worth respecting, living, sharing or caring about. Parents, health care professionals or others who disagree on dignity of a person with severe disabilities, this article concludes, should open themselves up for the other's concerns. While their concerns may differ, they are both obviously concerned about this person, which is the starting point for providing good care and support. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Peisah, C., et al. (2021). "The Human Rights of Older People With Mental Health Conditions and Psychosocial Disability to a Good Death and Dying Well." American Journal of Geriatric Psychiatry **29**(10): 1041-1046.
The human right to a good death and dying well is as important as the right to life. At stake at the end of life are human rights to dignity, autonomy, self-determination and respect for will and preferences, equitable access to quality health care that is needs-based, and respect for family and relationships. Older people with dementia, those with serious mental illness, and those with intellectual disability are vulnerable to "bad deaths" due to violations of these rights. In this paper we explore why this is so and examine existing and potential solutions. A human rights-approach to end-of-life care and policy for older persons with mental health conditions and psychosocial disability is one that is needs-based, encompassing physical and mental health, palliative care, social, and spiritual support services provided in the context of inclusive living. Most importantly, end of life care must be self-determined, and not "one size fits all." An important remedy to existing violations is to strengthen human rights frameworks to cater specifically to older persons' needs with a UN convention on the rights of older persons. Finally, as health professionals we have important contributions to make at the coalface by accepting our responsibilities in the area of death and dying. With the concept of the palliative psychiatrist gaining traction and recognition that death is our business, we add that human rights is also our business.

Peisah, C., et al. (2021). "The Human Rights of Older People With Mental Health Conditions and Psychosocial Disability to a Good Death and Dying Well." The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry **29**(10): 1041-1046.

The human right to a good death and dying well is as important as the right to life. At stake at the end of life are human rights to dignity, autonomy, self-determination and respect for will and preferences, equitable access to quality health care that is needs-based, and respect for family and relationships. Older people with dementia, those with serious mental illness, and those with intellectual disability are vulnerable to "bad deaths" due to violations of these rights. In this paper we explore why this is so and examine existing and potential solutions. A human rights-approach to end-of-life care and policy for older persons with mental health conditions and psychosocial disability is one that is needs-based, encompassing physical and mental health, palliative care, social, and spiritual support services provided in the context of inclusive living. Most importantly, end of life care must be self-determined, and not "one size fits all." An important remedy to existing violations is to strengthen human rights frameworks to cater specifically to older persons' needs with a UN convention on the rights of older persons. Finally, as health professionals we have important contributions to make at the coalface by accepting our responsibilities in the area of death and dying. With the concept of the palliative psychiatrist gaining traction and recognition that death is our business, we add that human rights is also our business. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Petri, G. (2022). "Commentary on: Intellectual disability in Switzerland: the Convention on the Rights of Persons with Disabilities as a vehicle for progress." Tizard Learning Disability Review **27**(1): 40-45.
Purpose: The purpose of this paper is to provide a commentary on "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress". Design/methodology/approach: This commentary highlights the importance of including people with intellectual disabilities in human rights reporting. The commentary builds on available data from academic research as well as civil society reports. Findings: Three main aspects are presented: the lack of involvement of people with intellectual disabilities in human rights reporting, the barriers to their participation in developing and publishing human rights reports and possible strategies to tackle those barriers. Originality/value: The United Nations Convention on the Rights of Persons with disabilities (CRPD) makes it mandatory to include people with intellectual disabilities in policy-making as well as in monitoring the CRPD. Academics need to change their practice to include people with intellectual disabilities in human rights research. [ABSTRACT FROM AUTHOR]

Phillips, B. A., et al. (2019). "College Students' Social Perceptions Toward Individuals With Intellectual Disability." Journal of Disability Policy Studies **30**(1): 3-10.
The purpose of the current study was to describe the social perceptions of American college students toward individuals with intellectual disability (ID), identify factors that influence social perception, and determine if level of functioning alters one's perception. The sample was comprised of 186 American college students. The participants completed the Attitudes Toward Intellectual Disability Questionnaire (ATTID). The ATTID measures five factors--discomfort toward ID, knowledge of capacity and rights, interaction with individuals with ID, sensibility/tenderness, and knowledge of causes. The students' overall social perception toward ID was primarily positive for all factors except for sensibility/tenderness. More positive social perception was found among students with greater knowledge of ID and more frequent and more positive interactions with individuals with ID. In addition, social perception was significantly more negative for lower functioning than higher functioning individuals with ID. This study helped identify factors that need more attention in awareness campaigns and educational programs. [ABSTRACT FROM AUTHOR]

Puyaltó, C. and M. Pallisera (2020). "Living Independently in Spain: Barriers and Supports from

the Views of People with Intellectual Disabilities." International Journal of Disability, Development & Education **67**(3): 306-319.
The Convention on the Rights of Persons with Disabilities recognises the right to independent living. Given the lack of studies carried out in Spain, the aim of this research is to explore the barriers and supports that people with intellectual disability (ID) themselves believe affect their exercising of this right. To this end, an in-depth individual interview was designed and administered to 22 people with ID following various personal pathways. Thematic data analysis was conducted. According to the results, people with ID have highlighted the barriers and supports in different areas of their lives that affect their opportunities to exercise control over their lives, live and participate in ordinary and inclusive spaces within the community. In conclusion, this study helps to identify areas for improvement that are key to exercise the right to independent living.

Puyaltó, C., et al. (2022). "Challenges of having a loving partner: The views of adults with intellectual disabilities." International Journal of Developmental Disabilities **68**(1): 64-72.
Background: Making decisions about feelings and relationships is a challenge for many people with intellectual disabilities (ID). The aim of this article is to explore their opinions regarding the difficulties they experience in relation to having a partner and living together. Method: Nine advisers with ID with experience in inclusive research discussed issues about having a loving partner during 8 meetings. Discussions were recorded, and a thematic content analysis was conducted. Results: The results show that the network of social relationships, control over one’s own intimate relationships, obtaining the right support and having training in couple relationships are key elements in people with ID having a satisfying couple relationship. Conclusions: The research gives visibility to the difficulties that people with ID encounter in having intimate couple relationships and sheds light on the need to undertake actions that contribute to their right to intimate citizenship. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Ricciardelli, L. A. and K. Jaskyte (2019). "A Value-Critical Policy Analysis of Georgia's Beyond a Reasonable Doubt Standard of Proof of Intellectual Disability." Journal of Disability Policy Studies **30**(1): 56-64.
The U.S. Supreme Court's Atkins v. Virginia decision barred the execution of persons with Intellectual disability, but provided minimal specification regarding adjudication. One exception to the lack of instruction was the recommendation that states generally conform to accepted clinical practice and norms, positioning professional associations to take an important role in this discourse. This study uses Chambers and Wedel's value-critical method of analysis to examine the policy element, standard of proof of intellectual disability, within Georgia's 1988 statute prohibiting the execution of persons with intellectual disability. Owing to the public outcry that followed Georgia's controversial execution of Jerome Bowden, who evidenced significant impairments in intellectual and adaptive functioning, the 1988 statute was the first in the nation to bar such executions, and predated the Attains decision by 14 years. However, due to a drafting error, Georgia was also the only state to invoke the highest standard of proof, beyond a reasonable doubt. When states use a standard of proof of intellectual disability that is higher than the lowest standard, a preponderance of the evidence, capital defendants with intellectual disability are at an increased risk for unlawful execution. We present findings and recommendations across the identified analytical contexts. [ABSTRACT FROM AUTHOR]

Rowlands, S. and J.-J. Amy (2019). "Sterilization of those with intellectual disability: Evolution from non-consensual interventions to strict safeguards." Journal of Intellectual

Disabilities **23**(2): 233-249.
Non-consensual sterilization is one of the characteristic historical abuses that took place mainly in the first half of the 20th century. People with intellectual disability (ID) were a prime target as part of the ideology of negative eugenics. In certain jurisdictions, laws were in force for several decades that permitted sterilization without the need for consent or with consent from third parties. The long-term adverse effects on those sterilized against their will have only more recently been recognized. In the latter half of the 20th century, human rights treaties were introduced and developed; they have, in the main, curbed sterilization abuses. Courts have developed more stringent criteria for making decisions on applications for sterilization, and nowadays there are mostly adequate safeguards in place to protect those with ID from non-consensual sterilization. The only exception should be the particular case in which, all medical and social factors having been taken into account, sterilization is overwhelmingly thought to be the right decision for the individual unable to give consent. [ABSTRACT FROM AUTHOR]

Samboma, T. A. (2021). "Leaving no one behind: Intellectual disability during COVID-19 in Africa." International Social Work **64**(2): 265-269.
Africa is one of the least developed continents with a larger population of people living with intellectual disability. Various literature shows that having a person with disability is more of a taboo or curse as communities continue to hide them. Infrastructure developments are not making life easier for people living with disability (PWD). During COVID-19, PWD are left behind from communications, online learning, and online business; they are not given personal protective equipment, and those are some of the things that continue to cripple the rights of PWD who continuously feel left behind. [ABSTRACT FROM AUTHOR]

Schnellert, L., et al. (2023). ""You have the right to love and be loved": participatory theatre for disability justice with self-advocates." Qualitative Research **23**(2): 467-485.
Individuals with intellectual disability are often left out of and overlooked in discussions on sexual health and sexuality. Given this, we undertook a participatory theatre research project to better respond to the needs of the individuals with intellectual and developmental disability regarding their sexual agency and sexual citizenship. The project, entitled Romance, Relationships, and Rights arose when the executive director of a community living agency approached researchers at the University of British Columbia's Canadian Institute for Inclusion and Citizenship to learn about how they, as an agency, could better support their community. To disrupt sexual ableism and traditional theatre hierarchies, we collaboratively turned to participatory and disability theatre with the aim to advance and promote the sexual citizenship of individuals with intellectual and developmental disability, who refer to themselves as self-advocates - those who speak and act with agency. The challenges of equitable co-creation arose throughout the theatre process; the themes of deconstruction/co-construction and uncertainty and liminality reveal the iterative process of centering self-advocate voices. [ABSTRACT FROM AUTHOR]

Scior, K., et al. (2022). "'Standing up for Myself' (STORM): Development and qualitative evaluation of a psychosocial group intervention designed to increase the capacity of people with intellectual disabilities to manage and resist stigma." Journal of applied research in intellectual disabilities : JARID **35**(6): 1297-1306.
Background: People with intellectual disabilities are at risk of experiencing stigma and require the skills and confidence to deal with stigma in their daily lives.; Method: Development and piloting of a 5-session manualised psychosocial group intervention designed to increase the capacity of people with intellectual disabilities aged 16+ to manage and resist stigma. Ten pre-existing groups (N = 67) in third sector and education settings participated. Interviews with participants (n = 26), facilitators (n = 9) and

significant others (n = 7) 2-4 months after the intervention assessed perceived impact.; Results: Perceived benefits of the intervention for participants included increased understanding, improved connections with others, drive for advocacy, increased activity and self-efficacy, and opportunity to process difficult events and emotions. Differential impact depending on individuals' pre-existing self-advocacy skills was noted.; Conclusions: This early-stage study indicates that further evaluation is merited to examine feasibility and outcomes of the STORM intervention. (© 2022 The Authors. Journal of Applied Research in Intellectual Disabilities published by John Wiley & Sons Ltd.)

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.
There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs. [ABSTRACT FROM AUTHOR]

Sotelo-Monroy, G. E., et al. (2023). "[Controversies between mental health and disability standards in Mexico]." Revista medica del Instituto Mexicano del Seguro Social **61**(2): 204-211.
There are controversies between the practice of psychiatry, current international standards and mental disorders or conditions with disabilities, framed in social care models. The objective of this work is to provide evidence and analyze the main gaps in mental health such as: the invisibility of some people with disabilities for the design of policies, legislation, or public programs; the predominance of the medical model, in which the substitution of decision-making in informed consent prevails, which violates the rights of legal personality, equality, freedom, security and respect for personal integrity, among others. This analysis highlights the importance of: a) integrating the legal provisions on health and disability to international standards, and complying with the Human Rights framework of the Political Constitution of the United States of Mexico, especially the pro personae principle and to the conforming interpretation clause; b) reform the General Health Law in matters of mental health and general health, in order to change the paradigm of asylum care to move towards that of community care with a focus on primary health care, adjacent to the services of the National System of Health; c) prohibit the institutionalization of people with mental disorders, as well as coercive measures as containment measures, and instead train and encourage verbal de-escalation techniques. (© 2023 Revista Médica del Instituto Mexicano del Seguro Social.)

Strnadová, I. (2019). "Transitions in the Lives of Older Adults With Intellectual Disabilities:

"Having a Sense of Dignity and Independence"." Journal of Policy & Practice in Intellectual Disabilities **16**(1): 58-66.
Older people with intellectual disabilities (ID) experience numerous transitions in their lives, which include transitions between jobs, places of residence, relationship transitions, and transitions to retirement. Ensuring quality planning for the future is important so that older people with ID can live good lives. Thus, the aim of this study was to explore planning for the future and transitions experienced by older people with ID. The author conducted semi-structured in-depth interviews with 17 people with ID aged 40 years and more. The interviews were analyzed using inductive content analysis. The three main themes were types of transitions, planning for future, and barriers to planning for future. The implications for research and practice are discussed, with a focus on enhancing independence and choice-making.

Sullivan, W. F., et al. (2022). "Ethics framework and recommendations to support capabilities of people with intellectual and developmental disabilities during pandemics." Journal of Policy & Practice in Intellectual Disabilities **19**(1): 116-124.
A growing body of knowledge highlights the negative impact of the COVID-19 pandemic on the health and well-being of many people with intellectual and developmental disabilities (IDDs) and their caregivers. The underlying reasons are not only due to biomedical factors but also ethical issues. They stem from longstanding and pervasive structural injustices and negative social attitudes that continue to devalue people with IDD and that underlie certain clinical decisions and frameworks for public-health policies during this pandemic. Unless these fundamental ethical shortcomings are addressed, pandemic responses will continue to undermine the human rights and well-being of people with IDD. This paper proposes an ethics framing for policy and practices regarding clinical care and public health based on Martha Nussbaum's approach to Capability Theory. Such a framework can reorient healthcare professionals and healthcare systems to support the capabilities of people with IDD to protect, recover, and promote health and well-being. It could be applied during this pandemic and in planning for future pandemics. The paper presents some practical recommendations that follow from applying this framework. [ABSTRACT FROM AUTHOR]

Teixeira, D. S., et al. (2021). "EDUCAÇÃO ESPECIAL E FORMAÇÃO DOCENTE: ALUNOS COM DEFICIÊNCIA INTELECTUAL E ATENDIMENTO EDUCACIONAL ESPECIALIZADO." SPECIAL EDUCATION AND TEACHING TRAINING: STUDENTS WITH INTELLECTUAL DISABILITIES AND SPECIALIZED EDUCATIONAL SERVICE. **2**: 1-19.
The movements that generated this research started from concerns and desires that led us to carry out studies aimed at subjects with intellectual disabilities and educational policies, from the perspective of Inclusive Education, in Brazil. This is a complex and wide-ranging discussion, but necessary for the development of studies in the field of education and in the defense of human rights. In this way, we proposed, in this article, to carry out a bibliographic research on the referred topic, believing that these reflections will enable us to gain new knowledge regarding the chosen object of study and with the right to constant and necessary revisits. (English) [ABSTRACT FROM AUTHOR]

Tenorio, M., et al. (2022). "PaísDI: Feasibility and effectiveness of an advocacy program for adults with intellectual disability and their stakeholders' groups in Chile." Journal of Applied Research in Intellectual Disabilities **35**(2): 633-638.
Background: People with intellectual disability in Chile face individual and collective barriers to social participation. Lack of knowledge about their rights and tools for effective self-advocacy seem to be key elements that need to be improved to facilitate participation. Method: We present PaísDI, a 16 h long manualised program created by

self-advocates in collaboration with an interdisciplinary team, with four modules: rights and intellectual disability, leadership in intellectual disability, effective communication and financial considerations of social projects. This quasi-experimental study had 349 participants, divided in three groups: people with intellectual disability, relatives and professionals. Feasibility and effectiveness where measured. Results: The program is shown to be viable and effective, especially in its impact on self-perception for self-advocacy activities. Conclusion: The discussion highlights Chile's historic debt in creating policies that promote self-determination, knowledge and the empowerment of people with intellectual disability, to bolster their participation as citizens. [ABSTRACT FROM AUTHOR]

Tenorio, M., et al. (2022). "As far as possible: The relationship between public awareness, social distance, and stigma towards people with intellectual disability." Journal of Policy & Practice in Intellectual Disabilities **19**(4): 419-430.
Research shows that people with intellectual disability (ID) face public stigma. However, a recently published narrative review suggests that this phenomenon has not been explored in a Latin American country. This study fills the gap in our understanding of public stigma towards people with intellectual disability in Chile. 395 adults from the general population (18 to 78 years) participated in the survey. Using the Intellectual Disability Literacy Scale, adapted for Chile, we explored the participants' literacy about ID, their causal beliefs, and desire of social distance. Only 1.3% of the sample identified intellectual disability in the instrument's vignette. The most common causal attribution for the condition was environmental, followed by biomedical factors. Participants showed a high desire of social distance, with higher scores associated with more educated participants. Our findings show that low literacy about intellectual disability and a high desire for social distance are significant factors contributing to public stigma in Chile. These are tangible targets for change that can lead to increased social inclusion and participation of people with intellectual disability in Chile. Any such approaches are likely to be transferable to other Latin American countries and could help reduce public stigma for this population. [ABSTRACT FROM AUTHOR]

Velani, B., et al. (2022). "Implementing proposed reforms of the Mental Health Act for people with intellectual disability and autism: the perspective of multidisciplinary professionals in intellectual disability teams." BJPsych Open **8**(6): e197.
Background: A recent government white paper sets out proposals for reforms to the Mental Health Act 1983 (MHA). Some of these proposals affect people with intellectual disabilities and/or autism.; Aims: To explore both positive and unintended negative effects of the proposed reforms by gathering the perspectives of healthcare workers from multiple disciplines, working with intellectual disability and/or autism in community and in-patient settings.; Method: A 14-question electronic questionnaire, comprising free-text, multiple choice and five-point Likert scale responses, was sent out via email between April and July 2021, to all multidisciplinary team professionals working in specialist intellectual disability community and in-patient teams in Hertfordshire Partnership University NHS Foundation Trust.; Results: There were 45 responders, of whom 53% worked in in-patient settings and 47% in out-patient teams. Respondents comprised healthcare professionals from multiple disciplines, 80% of which were non-medical. Most responders agreed with the general principles of the proposed reforms. However, 80% felt there would be potentially unintended consequences, and 76% thought that substantial investment in community services was required in advance of the proposed reforms.; Conclusions: The proposed MHA reforms may have unintended consequences for people with intellectual disabilities and/or autism. The findings of this study raised key concerns that need to be explored further and addressed before the MHA reforms are implemented. These include community provision, safeguards and use of the Mental Capacity Act, the potential for under or

overdiagnosis of mental illness, and effects associated with the criminal justice system.

Vera Angulo, R. J., et al. (2022). "Socio-community inclusion and collective occupations: Dialogues between the institutional world and that of organizations of people with psychosocial disabilities." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-18.
The article analyzes socio-community inclusion practices of groups of people with psychosocial disabilities, generated in doing and feeling in their collective occupations, from the dialogues that take place with social institutions. A qualitative methodology was used, with a critical approach. The information was collected through discussion groups, which made it possible to collect speeches from the participants of two groups of people with mental disabilities, corresponding to the communes of Penco and Concepción, in the Biobío Region (Chile); discourses that were coded, analyzed, categorized and interpreted. Among the most relevant results obtained, differences and tensions are evident in the ways of understanding and proceeding towards inclusion, since institutions tend to maintain hierarchical relationships, while groups tend to have more democratic and participatory practices. Regarding the conclusions, it is possible to visualize that the human rights of people with mental disabilities are materialized in a field of collective occupations, daily actions in everyday contexts, and social conflict.

Watchman, K. and M. P. Janicki (2019). "The Intersection of Intellectual Disability and Dementia: Report of The International Summit on Intellectual Disability and Dementia." The Gerontologist **59**(3): 411-419.
An International Summit on Intellectual Disability and Dementia, held in Glasgow, Scotland (October 13-14, 2016), drew individuals and representatives of numerous international and national organizations and universities with a stake in issues affecting adults with intellectual disability (ID) affected by dementia. A discussion-based consensus process was used to examine and produce a series of topical reports examining three main conceptual areas: (a) human rights and personal resources (applications of the Convention for Rights of People with Disabilities and human rights to societal inclusion, and perspectives of persons with ID), (b) individualized services and clinical supports (advancing and advanced dementia, post-diagnostic supports, community supports and services, dementia-capable care practice, and end-of-life care practices), and (c) advocacy, public impact, family caregiver issues (nomenclature/terminology, inclusion of persons with ID in national plans, and family caregiver issues). Outcomes included recommendations incorporated into a series of publications and topical summary bulletins designed to be international resources, practice guidelines, and the impetus for planning and advocacy with, and on behalf of, people with ID affected by dementia, as well as their families. The general themes of the conceptual areas are discussed and the main recommendations are associated with three primary concerns. (© The Author 2017. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

Watchman, K., et al. (2019). "Intersection of Intellectual Disability and Dementia: Report of The International Summit on Intellectual Disability and Dementia." Gerontologist **59**(3): 411-419.
An International Summit on Intellectual Disability and Dementia, held in Glasgow, Scotland (October 13–14, 2016), drew individuals and representatives of numerous international and national organizations and universities with a stake in issues affecting adults with intellectual disability (ID) affected by dementia. A discussion-based consensus process was used to examine and produce a series of topical reports examining three main conceptual areas: (a) human rights and personal resources (applications of the Convention for Rights of People with Disabilities and human rights

to societal inclusion, and perspectives of persons with ID), (b) individualized services and clinical supports (advancing and advanced dementia, post-diagnostic supports, community supports and services, dementia-capable care practice, and end-of-life care practices), and (c) advocacy, public impact, family caregiver issues (nomenclature/terminology, inclusion of persons with ID in national plans, and family caregiver issues). Outcomes included recommendations incorporated into a series of publications and topical summary bulletins designed to be international resources, practice guidelines, and the impetus for planning and advocacy with, and on behalf of, people with ID affected by dementia, as well as their families. The general themes of the conceptual areas are discussed and the main recommendations are associated with three primary concerns. [ABSTRACT FROM AUTHOR]

Webber, L. S., et al. (2019). "Factors associated with the use of mechanical restraint in disability services." Journal of Intellectual and Developmental Disability **44**(1): 116-120.
Background: Mechanical restraint refers to the use of materials or devices to restrict the behaviours of a person with a disability, where the restraint is neither for therapeutic purposes or required by law. The inappropriate use of mechanical restraint is recognised in legislation and policy as a violation of people’s human rights, and a risk to their health and wellbeing. Understanding who is at risk of mechanical restraint may assist service providers to better support people with a disability. Method: State-wide data collected between July 2012 to June 2013 were sourced. Odds ratios were used to describe the associations between individual characteristics and whether an individual was subjected to mechanical restraint. Results: Individuals with certain characteristics, such as the presence of a hearing, physical, neurological, communication or visual impairment, and autism spectrum disorder had an increased likelihood of being mechanically restrained. Conclusion: Initiatives to reduce mechanical restraint should pay particular attention to the support needs of those with sensory impairments and complex communication support needs including those with autism spectrum disorder and those with a physical impairment. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Weise, J., et al. (2020). "What is the capability of the Australian mental health workforce to meet the needs of people with an intellectual disability and co-occurring mental ill health?" Journal of Intellectual & Developmental Disability **45**(2): 184-193.
Background: People with intellectual disability experience elevated rates of mental ill health. Yet they face barriers in accessing appropriate individualised mental health care. Further research is required to learn about the capability of the mental health workforce to facilitate access and participation in quality mental health care for this group. Methods: Thirty-three Australian intellectual disability mental health experts participated in four focus groups. The research team undertook thematic analysis applying a health care human rights framework known as the 3AQ Framework. Results: The participants identified multiple barriers to the delivery of quality mental health care. These included the lack of clear career pathways, education, clinical skills, clinical guidelines, and negative attitudes held by some mental health professionals. Conclusion: A comprehensive workforce development strategy is required to improve the capability of the mental health workforce to provide an available, accessible, acceptable and quality mental health services to people with intellectual disability. [ABSTRACT FROM AUTHOR]

Weise, J., et al. (2020). "What is the capability of the Australian mental health workforce to meet the needs of people with an intellectual disability and co-occurring mental ill health?" Journal of Intellectual and Developmental Disability **45**(2): 184-193.
Background: People with intellectual disability experience elevated rates of mental ill health. Yet they face barriers in accessing appropriate individualised mental health care.

Further research is required to learn about the capability of the mental health workforce to facilitate access and participation in quality mental health care for this group. Methods: Thirty-three Australian intellectual disability mental health experts participated in four focus groups. The research team undertook thematic analysis applying a health care human rights framework known as the 3AQ Framework. Results: The participants identified multiple barriers to the delivery of quality mental health care. These included the lack of clear career pathways, education, clinical skills, clinical guidelines, and negative attitudes held by some mental health professionals. Conclusion: A comprehensive workforce development strategy is required to improve the capability of the mental health workforce to provide an available, accessible, acceptable and quality mental health services to people with intellectual disability. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Wickström, M., et al. (2020). "How can sexual and reproductive health and rights be enhanced for young people with intellectual disability? – focus group interviews with staff in Sweden." Reproductive Health **17**(1): 1-10.
Background: Different types of staff support individuals with intellectual disability (ID) in their daily life, in schools, leisure activities and in special accommodations. This study aimed to gain a deeper understanding of experiences and perceptions regarding sexual and reproductive health and rights (SRHR) among staff. Methods: Data were collected in mid-Sweden in four focus groups with altogether 20 participants, 18 women and 2 men aged between 18 and 65 years. They had different professions and worked among youth and adults with ID aged 18–40 years in schools, accommodations and with leisure activities. Their working experience varied from 3 years to more than 20 years. Interviews were audio recorded, transcribed and analysed with content analysis. Results: The participants generally described positive attitudes towards sexuality for people with ID, both among themselves and in society. However, many situations such as ensuring privacy, balancing between waiting and acting, issues around contraception and reproduction were difficult to address and participants had hesitations about childbearing. They described different strategies such as showing respect, enhancing self-esteem and decision making ability and using interprofessional support to cope with frustrating situations. They lacked a clear mandate from managers as well as written guidelines and policies. They requested education and support from peers, supervisors and other professionals. Conclusion: Participants in the study were generally open-minded and accepting towards sexuality among young people with ID. They thought it was difficult to deal with reproduction/parenthood and felt unprepared and frustrated in certain situations. The participants requested a clear mandate from managers, organizational guidelines, more education and inter-professional support. We believe these findings can inform the development of policy and support the implementation of SRHR related guidelines to support staff working with young people with ID. [ABSTRACT FROM AUTHOR]

INTERNATIONAL law (22)

(2022). "Reclaiming "Natural Partnership and Communication": Francisco de Vitoria's Legacy for Today's Refugee Challenges." Journal of Religious Ethics **50**(1): 103-122.
The massive scale of forced displacement across the globe discloses the fractured state of the modern international order. Francisco de Vitoria's theological approach to the law of nations, in the context of the Spanish conquest of the Americas, had a significant influence on this order's development. This paper argues that recovering his innovative insights today can help refurbish a collective sense of international responsibility for refugees. Vitoria's bold assertion of indigenous Americans' dominion affirmed all human beings as members of a world commonwealth with equal claims to basic rights.

The "right to travel" he articulated, by its orientation to "natural partnership and communication," can promote refugee rights and global fraternity. [ABSTRACT FROM AUTHOR]

Achiume, E. T. (2022). "Empire, Borders, and Refugee Responsibility Sharing." California Law Review **110**(3): 1011-1039.
The article focuses on refugee responsibility-sharing scholars, for the most part, are concerned with persons who, due to serious violations of human rights including severe forms of deprivation. It mentions literature's analysis is heavily informed and constrained by the prevailing doctrine of sovereignty in international law. It also mentions International lawyers focus on the consent-based regime of international refugee law of the U.N. Refugee Convention and its Protocol.

Achiume, E. T. (2022). "Empire, Borders, and Refugee Responsibility Sharing." California Law Review **110**(3): 1011-1039.
The article focuses on refugee responsibility-sharing scholars, for the most part, are concerned with persons who, due to serious violations of human rights including severe forms of deprivation. It mentions literature's analysis is heavily informed and constrained by the prevailing doctrine of sovereignty in international law. It also mentions International lawyers focus on the consent-based regime of international refugee law of the U.N. Refugee Convention and its Protocol.

Akande, D. and K. A. Johnston (2021). "Implications of the Diversity of the Rules on the Use of Force for Change in the Law." European Journal of International Law **32**(2): 679-698.
This article analyses the structural conditions within the jus ad bellum that affect whether and how that law changes. In particular, it examines how the diversity of the rules that form the law relating to the use of force affects the development of rules permitting the use of force to protect human rights. After noting some areas where it has been argued that aspects of the law relating to use of force have changed as a result of evolving state practice, it identifies a number of obstacles to accepting the argument that changes to customary international law can affect the law on the use of force in the UN Charter. It is argued that, unlike with self-defence, changes to customary international law would not automatically lead to changes in the Charter prohibition of the use of force. Since any rule permitting humanitarian intervention would create a new exception to the Charter prohibition of the use of force and to a norm of jus cogens, that change cannot occur on the basis of custom alone. Changes to interpretations of the UN Charter and to a jus cogens norm will be required, and such changes must occur in line with the rules regarding how such norms change. Finally, the article considers one concrete possibility for a change to the jus ad bellum that would allow humanitarian intervention without UN Security Council approval: approval of such a use of force by the UN General Assembly under the 'Uniting for Peace' Resolution of 1950. Leaving aside the political and practical challenges of achieving such change, the section explores the conceptual challenges that would need to be overcome. [ABSTRACT FROM AUTHOR]

Alsamara, T. and L. Mouaatarif (2023). "[Mental health of migrants under international legal texts and clinical practice: what is the role of culture?]." The Pan African medical journal **44**: 98.
This study examines the mental health of migrants under international legal texts and clinical practice. It highlights to what extent the right to mental health of migrants is guaranteed in international legal texts. It then relates this right to national practice in France. It determines practice guidelines addressing migrants' mental health. The purpose of this clinical study is to identify the adequacy of international legal texts to guarantee this right as an integral part of human rights. The individual in his or her

singularity is at the heart of our work. However, a multidisciplinary approach will also address socio-cultural, anthropological and environmental factors. Indeed, steeped in clinical and social realities, we wonder how one can deny the cultural dimension of all human interactions and thus the basis of the helping relationship. We therefore understand that we need to broaden our conceptual and clinical/social framework through our awareness of clinical medical anthropology. Culture partly shapes the individual and his or her behaviour. It helps to make sense of the experiences that occur in each person's life and to prepare for what might happen.; Competing Interests: Les auteurs ne déclarent aucun conflit d'intérêts. (Copyright: Tareck Alsamara et al.)

Baker, C. (2022). "NO REFUGE FOR THE SICK: HOW THE EU'S HEALTH-BASED NON-REFOULEMENT STANDARD COMPOUNDS THE EXCLUSIONARY NATURE OF INTERNATIONAL REFUGEE LAW." Washington International Law Journal **31**(2): 251-291.
The COVID-19 pandemic poses grave threats to the life and health of asylum seekers in Europe. Many potential asylees are forced to reside in cramped, unsanitary facilities and do not have adequate access to medical treatment. On top of these dangers, many are likely to be denied asylum due to the stringency of international refugee law and European Union ("EU") asylum procedures. As a result, a number of these asylum seekers will turn to Article 3 of the European Convention on Human Rights, which provides broader nonrefoulement protections. However, even Article 3, as currently interpreted by the European Court of Human Rights ("ECtHR"), is unlikely to protect the majority of these asylum seekers. This article proposes ways in which the ECtHR may refine its health-based non-refoulement jurisprudence to protect more individuals. It concludes that the Court may retain its current high standard for qualifying for health-based non-refoulement and provide relief for individuals who contract COVID-19 while detained by EU member states during the asylum application process. Significantly, the ECtHR should hold that EU member states who detain asylum seekers and thereby expose them to COVID-19 have assumed a duty toward them and may not refoule them for the duration of their illness and its lingering health effects. [ABSTRACT FROM AUTHOR]

Baumgärtel, M. and B. Oomen (2019). "Pulling human rights back in? local authorities, international law and the reception of undocumented migrants." Legal Pluralism & Critical Social Analysis **51**(2): 172-191.
The category of the 'irregular' migrant is usually seen as the quintessential non-status under international law, offering states plenty of discretion while providing few practically accessible rights for migrants. At the same time, certain local authorities have struggled to justify more pragmatic responses when dealing with the reception of irregular immigrants. This article explores a recent trend that potentially holds the key to both conundrums: the invocation of international human rights law, in their defence, by local authorities. More specifically, their engagement of human rights can force international institutions to apply and develop norms in this area. Within this story of legal pluralism, nation states are under increasing pressure to live up to the standards that they had previously avoided. Two examples of 'frontier cities' operating in very different constitutional and discursive environments will be used to substantiate the argument. The first concerns support by the city of Utrecht of a case concerning emergency social assistance for undocumented migrants before the European Committee of Social Rights. The second example concerns San Francisco as a sanctuary city in the US and a place with a long history of localization of international human rights law. The article closes with a critical reflection on the potential trajectories that this trend might take and what this means for understandings of legal pluralism as well as future research. [ABSTRACT FROM AUTHOR]

Bhabha, J., et al. (2019). "Toleration deficits: The perilous state of refugee protection today." Philosophy & Social Criticism **45**(4): 503-510.

The escalation of contemporary distress migration has coincided with an intensification of intolerance, xenophobia and nativism precipitating enormous human suffering among the migrant and refugee community. This chapter examines some instances of the growing exclusionary trend in current refugee and migration policy and explores alternative strategic opportunities to enforce the human rights and humanitarian entitlements for distress migrants established by international norms. [ABSTRACT FROM AUTHOR]

Ebuenyi, I. D., et al. (2019). "Legal and policy provisions for reasonable accommodation in employment of persons with mental disability in East Africa: A review." International Journal of Law & Psychiatry **64**: 99-105.

Despite an elaborated framework on reasonable accommodations in the UN Convention on the Rights of Persons with Disabilities (UN CRPD), persons with mental disabilities continue to face significant limitations to employment in East Africa. The aim of our study is to explore legal provisions related to reasonable accommodations in the employment-related laws regarding persons with mental disabilities in East Africa, and to suggest ways to bridge the gap between principles of international law and provisions of domestic laws. The disability, labour and human rights laws of 18 East African countries were accessed from the database of WHO MiNDbank and the International Labour Organisation. These laws were reviewed in the light of the framework of Article 27 of the UN CRPD. We found that 15 (83%) of the countries in East Africa have ratified the UN CRPD, and 12 (67%) have formulated an explicit definition of disability that includes mental illness. Eleven countries (61%) have explicit laws mandating employers to provide reasonable accommodations for persons with a mental disability. Eight countries (44%) have submitted a state report to the CRPD Committee. Lack of clear and specific definition of reasonable accommodations or the existence of vague definitions create challenges. If persons with a mental disability are to exercise their right to inclusive and gainful employment, there is a need for legal reforms that guarantee access to inclusive employment practices. [ABSTRACT FROM AUTHOR]

Gilbert, G. (2019). "Not Bound but Committed: Operationalizing the Global Compact on Refugees." International Migration **57**(6): 27-42.

The Global Compact on Refugees is not legally binding, but it gives rise to commitments by the international community as a whole. It is also rooted in international refugee law, international human rights law and international humanitarian law. This article addresses how the GCR cannot give rise to binding obligations in international law, yet provide for enhanced protection and assistance to refugees and hosting communities, and establish commitments for a fairer and more predictable sharing of burdens and responsibilities. It does this by reference to other non-legally binding international documents and rules of law. Additionally, the use of indicators to measure states' and other international actors' performance in operationalizing the GCR provides a framework to measure commitments; coupled with greater humanitarian and development co-operation, commitments can be better facilitated even if the GCR is not legally binding. Finally, the sharing of burdens and responsibilities is also fulfilled by the emphasis on solutions. [ABSTRACT FROM AUTHOR]

Gomes Rodrigues Fermentão, C. A. and M. F. da Silva Giacomelli (2019). "OS REFUGIADOS E A INEFICÁCIA DAS NORMAS: FLAGELOS HUMANOS, LUTANDO PELA VIDA E PELA DIGNIDADE." REFUGEES AND INEFFICIENCY OF RULES: HUMANS FIGHTING FOR LIFE AND DIGNIT Y. **19**(3): 673-703.

Facing the risk of death and the loss of all expectations, humans have only the alternative to seek asylum in neighboring countries. International law has ruled on

protection to refugees. Current paper analyzes such rules and their applicability, coupled to people's vulnerability due to war, especially 20th and 21st century wars, the war in Syria and the social wars in Africa, Angola, Haiti and Venezuela. The paper deals with the manner conflicts affect people's life with all their consequences. In fact, people have to displace themselves from their place of origin for a better life and dignity. The paper also reveals the struggle of international communities for the publication of laws for the protection of humans and the construction of their rights. It also discusses whether the laws for the protection of humans and especially for refugees have efficacious application in the wake of atrocities caused by political and social situations that force people to face difficulties for their own survival. Current deductive and historical method brings forth international treaties and laws and their efficaciousness or their violation. (English) [ABSTRACT FROM AUTHOR]

Hoffmam, F. and L. Frescura Doleys (2019). "A QUESTÃO AMBIENTAL COMO MATÉRIA GLOBAL E O ENFRENTAMENTO DA "PROBLEMÁTICA" DOS REFUGIADOS AMBIENTAIS SOB O PRISMA DO DIREITO INTERNACIONAL." THE ENVIRONMENTAL QUESTION AS A GLOBAL MATTER AND THE FACING OF THE "PROBLEM" OF ENVIRONMENTAL REFUGEES UNDER THE PRISM OF INTERNATIONAL LAW. **14**(2): 420-446.
At a time when globalization is in the process of expansion and human rights extend their vision under the globe, appear humanitarian and global situations such as refugees. Within the sphere of these, stand out the refuges originating from causes involving nature as direct or indirect causative agent, in the face of major environmental transformations originated from great natural disasters or wear out and weather changes involving the man's hand as a direct figure of the damages. In this context, is important to observe how international law deals with these issues. (English) [ABSTRACT FROM AUTHOR]

Kakoullis, E. J. (2019). "Monitoring mechanisms designed to serve persons with intellectual disabilities: exploring the implementation of Article 16 CRPD in Cyprus." International Journal of Law in Context **15**(1): 33-50.
In its concluding observations for Cyprus, the UN Convention on the Rights of Persons with Disabilities (CRPD) Committee stated that it 'is concerned about the insufficiency of legal provisions and accessible mechanisms to detect, report, prevent and combat all forms of violence'. 1 This paper focuses on the independent monitoring obligation Article 16(3) CRPD places on states parties, and discusses the implications of the insufficient implementation of Article 16(3) as it affects adults with intellectual disabilities in Cyprus. It examines the existing monitoring frameworks, explains why they do not meet with Article 16(3) CRPD requirements and explores the relationship of the national human rights institutions (NHRIs) with Article 16(3). This paper enables understanding as to how, despite pre-existing monitoring frameworks in place, no independent monitoring action has been taken since the ratification of the CRPD. It argues that there is an immediate need for measures to achieve the implementation of Article 16(3) and makes recommendations for Cyprus and other states parties. [ABSTRACT FROM AUTHOR]

Kanter, A. S. (2019). "Do Human Rights Treaties Matter: The Case for the United Nations Convention on the Rights of People with Disabilities." Vanderbilt Journal of Transnational Law **52**(3): 577-609.
In the United States, and throughout many other parts of the world, we are witnessing attacks on basic human rights. As poverty, inequality, and suffering are evident in so many parts of the world today, there are those who say that the entire human rights regime has failed. This author does not agree. While it is true that human rights treaties have not realized their full potential in every country that has ratified them, human

rights treaties do "matter." This Article makes the case for human rights treaties by referring to the success of the Convention on the Rights of People with Disabilities (CRPD), which was adopted by the UN in 2006 and has been ratified by 177 countries. The CRPD has spurred the development of new laws, policies, and practices that are transforming societies and offering new protections and opportunities for people with and without disabilities. The CRPD is also creating new norms within the international human rights system itself. Based on the impact of the CRPD to date, the human rights treaty regime has not only not failed but is, in fact, thriving. [ABSTRACT FROM AUTHOR]

Kmak, M. (2020). "The right to have rights of undocumented migrants: inadequacy and rigidity of legal categories of migrants and minorities in international law of human rights." International Journal of Human Rights **24**(8): 1201-1217.
This article engages with the legal and political discourses aiming to respond to the increasing presence of undocumented migrants in the European Union. It focuses on legal consequences of the discursive framing often portraying undocumented migrants as a group 'unworthy of social, economic, and political rights' as opposed to those considered genuine refugees. The article explores the opening brought by the group approach to undocumented migrants and asks whether such a group perspective could be used as a basis for recognition of group-based rights of undocumented migrants. With reference to Jacques Rancière's conception of dissensus the article discusses the arbitrariness, inadequacy and historical contingency of legal categories of migrants and minorities in international human rights law and focuses on the existing openings in the minority protection standards in international and regional instruments. These include the strong non-discrimination focus of minority protection; the ongoing process of broadening of the minority protection encompassing also non-citizens; and the alternative theories of minority protection. Such an approach allows for experimenting with existing legal categories approaching the rights of undocumented migrants from the minority protection perspective, revealing their rigidity and dependence on the nation-state system. [ABSTRACT FROM AUTHOR]

Konsta, A.-M. (2019). "Is There a Right to Human Dignity? The Example of the Right to Education of Refugees." European Journal of Migration & Law **21**(2): 261-279.
The present article attempts a brief presentation of the legal framework in relation to the protection of the right to education and the protection of the human dignity of refugees, with reference to international and emphasis on European law, in an effort to recognize the inviolability of the right to education of refugees. At the same time, the question is raised if there is an independent right to human dignity or if human dignity is merely a framework term in light of which one could interpret, for example, the right to education of refugees. Through the discussed case-law of the European judicial and quasi-judicial bodies, which use the concept of human dignity, in order to protect asylum seekers, a European concept of human dignity has emerged, which may be acknowledged as an absolute fundamental right. [ABSTRACT FROM AUTHOR]

Larkin, A. (2019). "ITALY AND THE AQUARIUS: A MIGRANT CRISIS." Pace International Law Review **32**(1): 137-169.
Italian journalist Indro Montanelli once wrote, "[w]e Italians are tolerant and civil with all those who are different. Black, red, yellow. Especially when they are far away, at a telescopic distance from us."1 In recent years, Italy had a resurgence of nationalist and far-right political leaders, who have taken an anti-immigration stance.2 Public interest in migration of refugees and asylum seekers is due both to media coverage of their stories3 and to litigation4 before international courts.5 One high-profile story that made headlines in the summer of 2018 was Italy's treatment of the Aquarius, a rescue vessel operated by the German non-governmental organization SOS Méditerranée and Doctors

Without Borders/Médecins Sans Frontières. This comment will focus on what the international community currently does to protect migrants at sea and what role international law has played and could play in the future. Part I will analyze whether Italy violated Article 33 of the United Nations High Commissioner for Refugees' (UNHCR) 1951 Refugee Convention. Part II will analyze whether Italy violated the European Convention on Human Rights (ECHR) Article 1. Finally, Part III will be a brief discussion of other legal avenues that might be available to refugees. [ABSTRACT FROM AUTHOR]

Liubchenko, M., et al. (2019). "Healthcare for migrant workers: human rights' aspect." Wiadomosci lekarskie (Warsaw, Poland : 1960) **72**(12 cz 2): 2547-2552.
Labor migration in a modern world is regarded as a positive and beneficial phenomenon for the growth of economic well-being1. However, migrant workers often find themselves vulnerable and unprotected, especially when it comes to protecting their health. The aim of the article is to clarify the role of a human rights-based approach in protecting the migrant workers' health. The basis of the study constitutes: acts of international law, expert reports and research studies, case law, scientific literature on the problem. It was found a human rights-based approach is the most applicable in the light of this problem.

Negrete Doria, E. F. (2022). "Situaciones de discapacidad de las víctimas del conflicto armado residentes en Montería1." Situations of disability of the victims of the armed conflict residents in Monteria.(57): 9-19.
This article of result aims at determine the juridical and political strategies of the Local Government of Monteria to implement mechanisms of rehabilitation and reparation for victims in situations of disability. The kind of research made was analytic and the juridical and political strategies of the Local Government of Monteria were analyzed and also their implementation from the victims’s eyes, in Human Rights geared to the rehabilitation and reparation for the population in situations of disability which are victims of the armed conflict. The method of research that was applied was the hypothetical deductive. The techniques of data collection of quality and quantity about documental analysis of texts and data processed derived by polls and interviews applied to 16 selected people through purposive sampling based on data base of the Victims Unit of the department of Cordoba. Also, it was made a pilot test with 4 identified people. The interview was applied to 4 ex militaries and 8 victim’s residents in the city. The information allows to identify an increase of the population that claims speedy attention to reduce their basic unsatisfied needs that truly merit clarity about the implementation of the applied mechanisms of the Government. The theory of Justice of John Rawls was adopted, because it helps to the thesis of general benefit and social inclusion by the State referent of transitional Justice in a context that dictates to review the accomplishment mechanisms of the international and National undertakings established in the laws and inside the Law principles of the International Public Law that impose the necessity of reinvestment and redistribution of the sources, concluding that in this particular case there are lacking integral politics of attention to the victims in special conditions. (English) [ABSTRACT FROM AUTHOR]

Ogg, K. and C. Taoi (2021). "COVID-19 Border Closures: A Violation of Non-Refoulement Obligations in International Refugee and Human Rights Law?" Australian Year Book of International Law **39**(1): 32-48.

Palacios-Arapiles, S., et al. (2021). "Unfolding Africa's Impact on the Development of International Refugee Law." Journal of African Law **65**(S1): 9-33.
This article traces the contributions of African states to the development of international refugee law and explores the role African human rights supervisory bodies have played

in the interpretation and application of this field of law. While Africa's contributions to international refugee law are often overlooked, this article sets out to identify Africa's involvement in the drafting process of the UN Refugee Convention and its 1967 Protocol. It also explores the legal framework for refugees in Africa, in particular the OAU Refugee Convention and the Bangkok Principles on Status and Treatment of Refugees, and the extent to which these two instruments have enriched international refugee law. The article argues that some of their provisions may provide evidence of customary rules of international law. Lastly, it examines some of the authoritative pronouncements made by African human rights supervisory bodies, in so far as they adopt a progressive approach to interpreting the rights of refugees and asylum-seekers. [ABSTRACT FROM AUTHOR]

Sheppard, J. and J. von Stein (2022). "Attitudes and action in international refugee policy: Evidence from Australia." International Organization **76**(4): 929-956.
Do citizens care whether their government breaches international law, or are other imperatives more influential? We consider this question in the human rights arena, asking whether and how it matters how abuses are framed. In a novel survey experiment, we ask Australians about their attitudes toward restrictive immigration policy, holding the underlying breaches constant but varying how they are framed. We find that people most strongly oppose policy that violates international law. Emphasizing moral considerations has smaller but still notable impacts on attitudes, whereas reputational frames have the weakest effects. We also find that translating attitudes into political action is challenging: most who learn of current policy's legal, moral, or reputational dimensions and in turn become more critical do not subsequently express greater interest in trying to do something about it. Nonetheless, there are interesting differences across frames. Appealing to international law or moral considerations is more effective at spurring mobilization than emphasizing reputational harm, though via different mechanisms. Framing this debate in international reputational terms consistently has the weakest impacts on interest in political action, and may be worse than saying nothing at all. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Laws (13)

Abbott, S. (2022). "A study exploring how social work AMHPs experience assessment under mental health law: Implications for human rights-oriented social work practice." British Journal of Social Work **52**(3): 1362-1379.
There is little empirical research focusing on how social workers experience the law in their everyday professional practice, and still less on how mental health social workers experience assessment for compulsory admission under mental health law. The article is informed by a hermeneutic phenomenological approach, drawing on in-depth interviews and practitioner diaries with social work Approved Mental Health Professionals (AMHPs), providing exploration of how social work AMHPs experience compulsory assessment under mental health law in practice. This is revealed as a socio-relational process, involving a focus on the person in their environment in relation to others, such as family and professionals. Ethical challenges realising human rights social work practice are illuminated. This draws attention to how space for such practice can be eroded by systems conditions. The importance of amplifying the voice of the person assessed is highlighted in the context that their voice is severely diminished during the process of assessment. The article provides insights on the complexity involved in compulsory mental health practice, drawing attention to trust as an important concept. Finally, the article argues that realising human rights-oriented AMHP practice requires social work to challenge systems conditions that erode the ability to do so. (PsycInfo

Database Record (c) 2023 APA, all rights reserved)

Barrera Rojas, M. A. and A. Baeza Ruiz (2021). "La salud mental como derecho humano en Quintana Roo, México. Análisis desde la disciplina de la política pública." Interdisciplinaria **38**(3): 257-274.

Abstract: En la literatura académica son muy escasos los esfuerzos en los que se analiza, desde la disciplina de la política pública, a un derecho humano específico. Para este trabajo se analizará el caso de la salud mental como derecho humano en Quintana Roo, México. Para dar cumplimiento a lo anterior, se planteó una metodología de revisión histórico-documental que permitió analizar si existen elementos básicos de política pública en materia de salud mental en Quintana Roo. Entre los resultados se encontró que, si bien ya existe un piso mínimo de política pública, no hay condiciones de infraestructura suficientes para poder considerar a la salud mental como derecho humano. Esto deja abierta la puerta a que este trabajo sea el ápice de la discusión sobre la necesidad de generar políticas públicas enfocadas a generar infraestructura física que permitan, en el mediano y largo plazo, considerar la idea de que la salud mental sea derecho humano. Abstract: An elementary condition of any human right is that once it appears in legislation, the government, be it federal, regional or local, is obliged to provide both legal and political conditions as well as physical infrastructure to guarantee full access and enjoyment of the human right in question. Thus, in the academic literature, the analysis of human rights focuses mainly on those which already have that status (access to education, non-discrimination, political rights, children's rights, indigenous rights, women's rights, political rights, property rights, human rights for older adults), leaving aside those which do not yet have a status as human right, but which it should be, such as mental health, for example. And it is precisely on this topic that this document focuses. From the foregoing, it follows the observation that it is very evident that academic discussions on human rights focus on jurisprudential and jurisdiction issues, however, there are very few articles where these are analyzed from the discipline of public policy, and are stillness where the viability of a right to become a human right is analyzed from a perspective where psychology and public policy are involved. Even though health in its broadest definition considers mental health as one of its components, the reality is that public health policy has prioritized physical health over mental health, which is undoubtedly an operationalization bias. This forces a review of the conditions that exist to elevate mental health as a human right in the state of Quintana Roo in Mexico. In order to comply with the above sentence, a vast documentary review as first carried out, mainly of the World Health Organization (WHO) and its guidelines on the design and implementation of health policy, as well as statistics on the situation of mental health and some mental disorders both in the world and in Mexico. The conceptual part is supported in the discussion of basic concepts of public policy, for example o, transversality. The selection of this concept is due to the fact that theoretically public policies, from their conception as a public problem, through their design and management, to their evaluation, must be aligned both horizontally and vertically, that is, they must be coherent between what is mandated and legislates in the federal, state and municipal order and must be appropriate with other policies of the government order in question. Another important part of the conceptual discussion centers on the definition of the human rights. The proposed methodology involved cabinet and documentary work, both legal and newspaper, and official documents by the Mexican and Quintana Roo government to analyze the legal and policy conditions, mainly the basic elements of transversality, governance and public policies design about mental health in the state of Quintana Roo, Mexico. Among the results, it can be found that although there is already a minimum floor in legal matters at the federal level, even at the state level, even though initiatives have been presented from the government itself nd from non-governmental entities, it is difficult to think that in In the short term, there are sufficient political, public policy and infrastructure conditions to position mental health as a human right in Quintana Roo. This leaves the door open for this work to be the apex of the discussion on the need and urgency to generate public policies, both in legal terms, as well as budgetary, administrative, operational, and physical infrastructure that allows for the short, medium, and long term. Consider the idea that mental health is a human right in both Quintana Roo and Mexico.

Cea Madrid, J. C. (2019). "'Locos por nuestros derechos': comunidad, salud mental y ciudadanía en el Chile contemporáneo." Quaderns de Psicologia **21**(2): 1-11.
Abstract: Este artículo presenta un análisis crítico de las políticas públicas de salud mental en Chile y su concepción del enfoque comunitario como expresión de un Estado que no dialoga con la sociedad. De acuerdo a un proceso investigativo de carácter cualitativo y participativo, se describe una mirada global sobre el reconocimiento, ejercicio y defensa de derechos en salud mental desde la perspectiva de usuarios(as) y exusuarios(as). Se concluye que el protagonismo de estos actores sociales constituye un aspecto central para la distribución del poder y la recuperación de derechos de ciudadanía. Finalmente, las claves del proceso participativo permiten comprender el rol de la facilitación comunitaria y la investigación militante hacia la reconstrucción de lazos asociativos y acciones colectivas en salud mental. Abstract: The following article addresses a critical analysis of Chile's Mental Health public policies, highlighting its conception of the community approach as an expression of a State that does not dialogue with society. In accordance with a qualitative and participatory investigative process, a global perspective towards the recognition, exercise and defense of rights in Mental Health from users and ex-users' perspectives is described. It is concluded that the protagonism of these social actors constitutes a central aspect for the distribution of power and the recovery of citizenship rights. Finally, the key points of the participatory process allow us to understand the role of community facilitation and militant research towards the reconstruction of associative ties and collective actions in mental health.

Chauhan, U. M., et al. (2022). "Caregiver's perception of barriers to implementation of the 'Rights of Persons with Disabilities (RPWD) act, 2016 in India'." Vulnerable Children and Youth Studies **17**(3): 248-258.
This study was planned to study caregiver's perception of barriers to implementation of the Rights of Persons with Disabilities (RPWD) Act, 2016 in India. An online cross-sectional survey was carried out among parents of children with disabilities. A prevalidated structured and semi-structured questionnaire was used. Results of structured items are summarized as mean (SD), frequencies and percentages. For open-ended questions, responses were analyzed by manual content analysis; results were presented in the form of a framework. From 316 responses, 44.8% of respondents availed disability certificate however utilization was largely limited to travel and educational settings. 82.2% of respondents were not aware of any of the national health schemes. Only 6.2% of children could engage in play activity at the playground. Accessibility, health issues and social stigma were the main barriers to recreation for children with disabilities. While 25.8% of children did not attend school at all, 58.1% of children attending normal school were facing difficulties due to lack of appropriate school infrastructure, transportation issues, and untrained teachers. Responses to open-ended questions were predominantly related to needs of homegrown research, better infrastructure, and trained teachers in schools, life security of child and development of national registry for better health information. The study highlights the importance of implementation of concrete strategies at every level of policy decisions to create more awareness regarding RPWD act in India. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

de Brito, E. S. and C. A. A. Ventura (2019). "Involuntary psychiatric admission: Comparative study of mental health legislation in Brazil and in England/Wales." International Journal

of Law and Psychiatry **64**: 184-197.
Involuntary admission is a controversial measure that can lead to violation of various human rights. On the opposite, involuntary admissions may contribute for the recovery of those with severe mental disorders who represent a danger to themselves or others. From this perspective, legislation must define and limit the circumstances in which this may occur preventing human rights violations. In this context, this descriptive-comparative study aimed at analyzing the similarities and differences between the mental health' laws related to involuntary psychiatric admission in Brazil and England/Wales. Data were collected through bibliographic and documentary research. The analysis was based on the World Health Organization's Checklist on Mental Heallth Legislation, using the comparative method. Results showed that the Brazilian legislation meets 52 (31.32%) of the 166 WHO standards, while legislation in England/Wales meets 90 (54.2%). In addition, the law from England/Wales establishes clearer and detailed procedures for 'involuntary admissions' and has 'oversight and review mechanisms' more effective than Brazil; the legislation presents a medium compliance of 'competence, capacity and protection', and Brazil does not address these issues in its legislation; Brazilian legislation establishes a larger list of 'fundamental rights', but does not provide 'penalties' for the breach of those rights, while England/Wales meets WHO criteria in relation to this issue. The main similarities between Brazil and England/Wales refer to standards that require review: 'voluntary patients', 'emergency treatment', 'economic and social rights', 'civil issues' and 'protection of vulnerable groups.' Both jurisdictions also have the same level of compliance regarding 'clinical and experimental research', and 'special treatments, seclusion and restraint'. This study may bring light for a reflection from competent authorities on the need to have audits for national mental health legislations, carried out by multidisciplinary committees, as recommended by WHO. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Dufour, M., et al. (2020). "The United Nations Convention on the Rights of Persons with Disabilities: La convention de l'onu relative aux droits des personnes handicapées." The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie **65**(9): 668-673.
This article discusses the United Nations Convention on the Rights of Persons with Disabilities. In 2006, the United Nations (UN) adopted an international treaty of utmost importance: the Convention on the Rights of Persons with Disabilities (CRPD). The CPRD's primary purpose is 'to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.' The Canadian Psychiatric Association (CPA) fully supports the principles entrenched in the CRPD. No person suffering from a mental disorder or other disability should be discriminated against based on his or her disability. This principle is consistent with the principles underlying mental health legislation outlined by the CPA elsewhere. The CPA supports the government of Canada in maintaining this reservation, which is necessary to counter the contentious manner in which the CRPD Committee has interpreted the CRPD. The CRPD Committee is responsible for reviewing the reports that signatory countries submit every five years and for determining whether their legislation complies with the Committee's interpretation of the Convention. The CPA supports the CRPD and its objectives. However, the CPA rejects the interpretation of the Convention by the CRPD Committee. Canada should retain its reservation to prevent these unintended but devastating consequences from occurring. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Edan, V. and C. Maylea (2022). "A model for mental health advance directives in the new Victorian Mental Health and Wellbeing Act." Psychiatry, Psychology and Law **29**(5): 779-787.
Under the Victorian 2014 Mental Health Act (MHA14), Victorians have a right to

advance statements. While there have been initiatives to support uptake, under 3% of consumers have done so. In March 2021, the Royal Commission into Victoria's Mental Health System (the Commission) released its report, including a call to repeal MHA14 and enact a new Act no later than mid-2022. In this paper, we discuss the role of advance planning documentation and instruments used in Australian legislation. Drawing on the Commission's recommendations, models of advance planning in Australia and the Victorian legislative context, this paper proposes a model of both binding and non-binding advance directives. This model would bring the rights of Victorian consumers into alignment with rights provided under the Medical Treatment, Planning and Decisions Act 2016 (Vic) and assist in bringing the new Act into compatibility with the Charter of Human Rights and Responsibilities Act 2006 (Vic). (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Gergel, T. (2020). "The 'Mental Health and Justice Project': Using interdisciplinarity to move beyond impasse in disability rights." International Journal of Law and Psychiatry **71**.
This article presents an introduction to the 'Mental Health and Justice Project'. The United Nations Conventions on the Rights for Persons with Disabilities (CRPD) introduces a paradigm shift in disability rights. 'Mental Health and Justice' is a 5-year interdisciplinary project, funded by the Wellcome Trust, which explores ongoing research interests within the context of this paradigm shift. It considers the concepts of decision making ability and support in mental health and moves towards finding practicable ways to realize the CRPD aspirations. Based at King's College London, but with collaborators both in the UK and globally, this project brings together psychiatry, philosophy, law, service user involvement, social sciences, and neuroscience. We aim to show how the combined perspectives and methods of interdisciplinary research can use conceptual understanding to achieve direct outcomes on practice and policy. This Special Issue presents ten papers from the Project's first half and one 'guest paper'. Given that the CRPD represents a dramatic shift in how one thinks about persons with disabilities and the adaptations necessary for ensuring true equality, controversy is unsurprising, in relation to both interpretation and implementation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Kelly, B. D. (2020). "Emergency mental health legislation in response to the Covid-19 (Coronavirus) pandemic in Ireland: Urgency, necessity and proportionality." International Journal of Law and Psychiatry **70**.
Many countries have enacted, or are in the process of enacting, emergency mental health legislation in response to the global pandemic of Covid-19 (coronavirus). In Ireland, the Emergency Measures in the Public Interest (Covid-19) Act, 2020 amends the Mental Health Act 2001 to permit the Mental Health Commission to request an independent psychiatric report about an involuntary patient from any consultant psychiatrist who is not treating the patient (and not just those on its designated panel). This independent examination may occur 'in person', 'by other appropriate means', or even, 'due to the exigencies of the public health emergency', not occur at all, once this is explained in the resultant report. The 2020 Act acknowledges that 'the exigencies of the public health emergency' might hamper the independent psychiatrist's work and requires a written report from the patient's treating psychiatrist 'no earlier than the day before' the tribunal, in lieu of the psychiatrist physically attending a tribunal hearing, although, if possible, they will attend (i.e. phone in to) a tribunal held by conference call. The 2020 Act permits the Mental Health Commission to, if necessary, appoint tribunals 'consisting of one member who shall be a practising barrister or solicitor'. Such a tribunal shall, if possible, consult with a consultant psychiatrist if the reports from the independent psychiatrist and treating psychiatrist conflict or if it is otherwise 'necessary in the interest of the patient'. A tribunal can extend an involuntary order by a second period of 14 days 'of its own motion if the tribunal, having due regard to the

interest of the patient, is satisfied that it is necessary'. Tribunals for current involuntary patients will be prioritised over retrospective tribunals for discharged patients; a tribunal can direct a witness to provide 'a written statement' rather than attending; and the patient can make written representation to the tribunal instead of physically attending a tribunal hearing, although they may attend (i.e. phone in to) a tribunal held by conference call. Psycho-surgery for involuntary patients is banned. While it is clear that revisions are urgent and necessary in light of Covid-19, the proportionality of these changes will depend on how, and the extent to which, they are used in practice. With good communication, efficient team-working and close adherence to professional codes of practice and ethics, it is hoped that these amendments will result in a review system that is as reasonable, robust and reassuring as the current, highly unusual circumstances permit. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Meadows, K. and N. Moran (2022). "Searching for a social work language of human rights: Perspectives of social workers in an integrated mental health service." British Journal of Social Work **52**(3): 1398-1415.
Human rights are described as central to the social work profession. However, whilst principles of human rights are generally accepted as fundamental to social work, their application in specific practice settings is far more complex and the perspectives of social workers themselves are largely absent in the literature. This research explored the perspectives of nine social workers in integrated mental health teams in a National Health Service (NHS) Trust in the north of England. Participants took part in semi-structured face-to-face interviews investigating the role of social workers in enacting rights-based social work in integrated mental health services, the issues they face and aspects of good practice. Participants identified rights-based approaches as inherent in their practice but lacked an adequate language to describe this work and confidence in using specific legislation. All described a lack of available training (post-qualification) and support, and the impact of a lack of both time and resources, in enacting rights-based work. The research suggests a need for further training in human rights, increased support for social workers in enacting rights-based work and for a language of human rights to be more effectively embedded in organisations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Miaja Ávila, M. (2022). "La pena y la cura. Servicios de salud mental en Italia después del cierre de los hospitales psiquiátricos judiciales." Revista de la Asociación Española de Neuropsiquiatría **42**(141): 227-249.
Abstract: El artículo describe el proceso de reforma que tuvo lugar en Italia con el cierre de los seis hospitales psiquiátricos judiciales del país y su sustitución por pequeñas unidades forenses. El uso de los hospitales judiciales se regía por la exclusión de los juicios de las personas con enfermedades mentales graves que dificultaban el ejercicio de su capacidad, las cuales, si eran declaradas 'socialmente peligrosas', eran sometidas a un sistema de 'medidas de seguridad'. Este cambio significativo, que se llevó a cabo a través de los Ministerios de Salud y de Justicia, y de las Regiones, ocurrió en Italia entre 2011 y 2017, y se entiende como el paso final del proceso de reforma en la atención de la salud mental que comenzó en 1978 y culminó con el cierre completo de todos los hospitales psiquiátricos en 1999. Las nuevas pequeñas unidades forenses/judiciales, con un número limitado de camas para todo el país, se denominan REMS (Residencias para la Ejecución de Medidas de Seguridad). Están gestionadas por las Regiones y se basan en los principios de orientación terapéutica y de recuperación, respuesta transitoria y territorial, y responsabilidad de los servicios de salud mental de la comunidad para facilitar el alta. Las formas de aplicación de la ley en lo que respecta a las características de las REMS fueron diversas, por ejemplo, gestión pública o privada, número de camas, política de puertas abiertas, inclusión en los departamentos de salud mental con fines de prevención y provisión de alternativas por parte de los servicios comunitarios de salud

mental. Experiencias significativas, como la de Trieste y la región de Friuli Venezia Giulia, interpretan esta reforma en función del papel que desempeñan los servicios públicos de salud mental en la prevención de delitos mediante una respuesta rápida y eficaz a las crisis, estableciendo vías de atención personalizadas y apoyando a sus pacientes dentro de la prisión y en el sistema judicial. Todavía existe un difícil equilibrio con el sistema judicial y penitenciario, que a menudo hace hincapié en el confinamiento y la función ‘de custodia’ en las REMS como novedoso sustituto de los antiguos hospitales judiciales y ejerce una presión constante para ampliar el uso y la disponibilidad de sus camas en cuanto a las medidas de seguridad temporales, incluido el desvío de personas de las prisiones a las REMS. El riesgo de una reacción contra la reforma ha sido frenado recientemente por la Corte Constitucional, pero persiste un duro debate sobre el futuro de las REMS. Los cambios más radicales y coherentes, según los instrumentos internacionales para la protección de los derechos humanos, solo pueden realizarse con nuevos cambios legislativos, abandonando los conceptos de incapacidad y peligrosidad, que siguen siendo pilares del Código Penal. El artículo ofrece datos generales recientes, prácticas pioneras, observaciones críticas y termina con indicaciones para el cambio en las políticas y las prácticas. Abstract: The paper describes the process of reform that took place in Italy with the closing of all of the forensic psychiatric hospitals in the country and their replacement with a network of small forensic units. The use of forensic hospitals was ruled by the exclusion from trials of persons with a severe mental illness that hampered their capacity, but, if declared ‘socially dangerous', were submitted to a system of ‘security measures'. This significant change in Italy occurred between 2011 and 2017, and it was meant as the final step of the reform process in mental heathcare that started in 1978, with the complete closure of all psychiatric hospitals in 1999. The new small forensic units, with an overall limited number of beds for the whole country, are called REMS (Residences for the Execution of Security Measures). They are managed by Regions and are based on the principles of therapeutic and recovery orientation, transitory and territorial response, and responsibility of community mental heal h services for facilitating discharge. The ways of implementing the law regarding REMS' features were diverse, e.g., public or private management, number of beds, open door policy, or inclusion in mental health departments aiming at the prevention and provision of alternatives on part of community mental health services. Some significant experiences were those of Trieste and the region of Friuli Venezia Giulia, which set up personalized pathways of care, supporting their patients within prison and in the judicial system. There is still a difficult balance with the judicial and prison system, which often emphasizes confinement and the ‘custodial' function in REMS as a novel substitute of old forensic hospitals, and makes ongoing pressure for a wider use and availability of their beds, including the diversion of people from prisons to REMS. The Constitutional Court has recently stopped the risk of a reaction against the reform, but there is still a harsh debate about the future of REMS. More radical and coherent changes, according to the CRPD and other international instruments for protection of human rights, can be carried out only with a further legislative change, abandoning the concepts of incapacity and dangerousness, which are still the pillars of the penal code. The article provides recent general data, exemplary practices, and critical observations, and concludes with a series of indications for change in policies and practices.

Ortiz de Zarate Beitia, N. (2021). "La mediación y el acceso a la justicia en el ámbito de la discapacidad." <u>REVISTA de MEDIACIÓN. ADR, Análisis y Resolución de Conflictos</u> **14**(1): 1-7.

Abstract: Para las personas con discapacidad, la mediación no solo se presenta como una vía alternativa a través de la cual ejercer el derecho de acceso a la justicia de forma más accesible y eficaz, sino también como un instrumento que favorece su inclusión social. Sin embargo, en el presente artículo se identifican algunos aspectos, tanto normativos como prácticos, que dificultan a este colectivo disfrutar de los beneficios de la mediación. Si bien las recientes reformas procesales y civiles prometen impulsar el uso de la mediación, este trabajo pretende analizar la contribución de las mismas en la mejora de la accesibilidad de la mediación, así como proponer una serie de recomendaciones con el objetivo de hacer más alcanzable esta forma de acceder a la justicia. Abstract: For people with disabilities, mediation is not only an alternative way to enjoy the right to justice in an accessible and efficient way but it is also a tool to promote their social integration. However, in this paper some aspects are presented, both normative and practical, that show how difficult it is for people with disabilities to enjoy the benefits of mediation. Even if the recent procedural and civil reforms promised to foster the use of mediation, this article aims at analyzing their contributions to the improvement of accessibility to mediation as well as the proposal of a set of recommendations in order to make this way of accessing justice more reachable.

Ross, D. (2020). "Toward coercion free, trauma-informed care in Australian adult mental health services: Strategies for social workers." Social Work in Mental Health **18**(5): 536-553.
Least restrictive practice is a key principle of mental health legislation. It seeks to minimize coercion and maximize the human rights of mental health service users. Coercive practice, with a focus on seclusion, is explored from a whole-of-mental-health-system perspective as distinct from the behavior of individual service users. Exemplar coercion-reducing strategies arising from the reviewed research and literature are outlined. The exemplars can strengthen the utility of the least restrictive principle by extending non-coercive practice options for mental health social workers. The strategies bring a focus to proactive trauma-informed systemic changes and community level alternatives to hospitalization, coercion and seclusion. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Mental Disorders (64)

Ahn, S. and Y. Yi (2022). "Factors influencing mental health nurses in providing person-centered care." Nursing Ethics **29**(6): 1491-1502.
Background: Mental health nurses advocate for patients through a person-centered approach because they care for people experiencing mental distress who tend to be limited to exercising their human rights and autonomy through interpersonal relationships. Therefore, it is necessary to provide high-quality person-centered care for these patients by identifying the influencing factors. Aim: This study aims to identify the factors affecting mental health nurses in performing person-centered care for patients. Research design: This study had a cross-sectional, descriptive-correlational survey design. Participants and method: Nurses (N = 166) working at psychiatric wards in Korea completed an online questionnaire on moral sensitivity, attitudes toward people with mental illness, and person-centered care. The t-test and stepwise multiple regression analysis were used. Ethical considerations: Ethical approval for the study was obtained from the relevant ethics committee. Findings: Moral sensitivity was a significant factor correlating with the provision and perception of person-centered care. Attitudes toward patients had no effect on person-centered care. The predictor variables for the provision of person-centered care (R2 = 0.247) were moral sensitivity (β = 0.33), having a professional qualification (β = 0.19), marital status (β = 0.18), and closed ward (β = −0.15). The predictor variables for the perception of person-centered (R2 = 0.150) care were closed ward (β = −0.25), moral sensitivity (β = 0.23), and marital status (β = 0.18). Discussion and conclusion: Mental health nurses can strengthen person-centered care by improving moral sensitivity related to the ethical aspect of nursing and professional competence to address the complex needs of patients. Person-centered care needs to be applied more carefully in closed wards where human rights issues may arise.

Through these efforts, the dignity of patients can be protected.

Antoine, B., et al. (2020). "Reshaping Community Mental Health Services during the COVID-19 Epidemic - Report from the 59G21 Service in Lille, France." Health Services Insights **13**: 1-9.

The COVID-19 pandemic led to a rapid transformation of the health care system to cope with the risk of contamination and of developing a severe form of the infection. Although it is an international crisis, strategies have been decided nationally. In France, priority was given to hospital reorganization, especially intensive care units. Reorganization of primary health and mental health services took place with late and inadequate national guidelines or coordination. For mental health services, lack of visibility on the crisis impact on mental health, and difficulties in defining their place in the overall health strategy appeared as the main challenges to overcome. These rapid transformations impacted the whole organization of community mental health care. Any strategies developed must ensure that every person enjoys the highest attainable standard of physical and mental health. Using a systemic approach, it has been necessary to identify both status and risk factors of communities, and to implement appropriate and efficient health promotion and crisis resolution actions. These theoretical issues and their practical impact are discussed using the field strategy developed during the first 28 days of confinement by the 59G21 service in Lille, France.

Asnaani, A., et al. (2020). "Mobilizing mental health training efforts to align with advocacy for disenfranchised groups in global contexts: Trauma-related training in the Caribbean as an example." the Behavior Therapist **43**(7): 254-260.

This paper presented a detailed account of the logistics, implementation, challenges, and benefits of engaging in a research-advocacy partnership, with trauma-related training in a global context. as an example of how such a partnership can work well. However, this project is still ongoing, and as it continues to grow, it is important to continually assess the impact of such a partnership. Thus, future directions are framed more readily as questions around how to effectively continue engaging in this fairly unchartered territory. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Ayalon, L., et al. (2021). "Participation of older persons with mental health conditions and psychosocial disabilities in the labor market." The American Journal of Geriatric Psychiatry **29**(10): 1033-1037.

This paper discusses the right to work as a basic human right that should be granted unrelated to chronological age, health or mental health status and disability including declining cognitive functioning. The benefits of continued employment are both at the individual level and at the organizational and societal levels. Nonetheless, there are multiple barriers that prevent older people and particularly older people with mental conditions and psychosocial disabilities from remaining in the workforce and/or from rejoining the workforce. We outline interventions at the organizational, national, and international levels to ensure the full participation of people of all ages and abilities in the workforce. Such interventions should address the intersection between disabilities and advanced age at the global, regional, and country levels. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Barrera Rojas, M. A. and A. Baeza Ruiz (2021). "La salud mental como derecho humano en Quintana Roo, México. Análisis desde la disciplina de la política pública." Interdisciplinaria **38**(3): 257-274.

Abstract: En la literatura académica son muy escasos los esfuerzos en los que se analiza, desde la disciplina de la política pública, a un derecho humano específico. Para este trabajo se analizará el caso de la salud mental como derecho humano en Quintana Roo, México. Para dar cumplimiento a lo anterior, se planteó una metodología de revisión histórico-documental que permitió analizar si existen elementos básicos de política pública en materia de salud mental en Quintana Roo. Entre los resultados se encontró que, si bien ya existe un piso mínimo de política pública, no hay condiciones de infraestructura suficientes para poder considerar a la salud mental como derecho humano. Esto deja abierta la puerta a que este trabajo sea el ápice de la discusión sobre la necesidad de generar políticas públicas enfocadas a generar infraestructura física que permitan, en el mediano y largo plazo, considerar la idea de que la salud mental sea derecho humano. Abstract: An elementary condition of any human right is that once it appears in legislation, the government, be it federal, regional or local, is obliged to provide both legal and political conditions as well as physical infrastructure to guarantee full access and enjoyment of the human right in question. Thus, in the academic literature, the analysis of human rights focuses mainly on those which already have that status (access to education, non-discrimination, political rights, children's rights, indigenous rights, women's rights, political rights, property rights, human rights for older adults), leaving aside those which do not yet have a status as human right, but which it should be, such as mental health, for example. And it is precisely on this topic that this document focuses. From the foregoing, it follows the observation that it is very evident that academic discussions on human rights focus on jurisprudential and jurisdiction issues, however, there are very few articles where these are analyzed from the discipline of public policy, and are stillness where the viability of a right to become a human right is analyzed from a perspective where psychology and public policy are involved. Even though health in its broadest definition considers mental health as one of its components, the reality is that public health policy has prioritized physical health over mental health, which is undoubtedly an operationalization bias. This forces a review of the conditions that exist to elevate mental health as a human right in the state of Quintana Roo in Mexico. In order to comply with the above sentence, a vast documentary review as first carried out, mainly of the World Health Organization (WHO) and its guidelines on the design and implementation of health policy, as well as statistics on the situation of mental health and some mental disorders both in the world and in Mexico. The conceptual part is supported in the discussion of basic concepts of public policy, for example o, transversality. The selection of this concept is due to the fact that theoretically public policies, from their conception as a public problem, through their design and management, to their evaluation, must be aligned both horizontally and vertically, that is, they must be coherent between what is mandated and legislates in the federal, state and municipal order and must be appropriate with other policies of the government order in question. Another important part of the conceptual discussion centers on the definition of the human rights. The proposed methodology involved cabinet and documentary work, both legal and newspaper, and official documents by the Mexican and Quintana Roo government to analyze the legal and policy conditions, mainly the basic elements of transversality, governance and public policies design about mental health in the state of Quintana Roo, Mexico. Among the results, it can be found that although there is already a minimum floor in legal matters at the federal level, even at the state level, even though initiatives have been presented from the government itself nd from non-governmental entities, it is difficult to think that in In the short term, there are sufficient political, public policy and infrastructure conditions to position mental health as a human right in Quintana Roo. This leaves the door open for this work to be the apex of the discussion on the need and urgency to generate public policies, both in legal terms, as well as budgetary, administrative, operational, and physical infrastructure that allows for the short, medium, and long term. Consider the idea that mental health is a human right in both Quintana Roo and Mexico.

Blanco, V., et al. (2022). "Sexual Victimization and Mental Health in Female University Students." Journal of Interpersonal Violence **37**(15/16): NP14215-NP14238.
Although sexual assaults on female university students are a public health concern,

studies that have examined this issue have not used behaviorally specific definitions of the various types of sexual victimization. Furthermore, hardly any data exists on female Spanish university students. The objectives of this study were to analyze the prevalence of different forms of sexual assault against female Spanish university students, determine the risk factors associated with sexual assault, analyze the association between sexual victimization and mental health problems, and determine the differential risk of more serious types of sexual assault. A cross-sectional study was conducted among a random sample of 871 students from the University of Santiago de Compostela (Spain) (mean age 20.7 years, SD = 2.8). The current study assessed various types of sexual violence (i.e., unwanted sexual contact, attempted coercion, coercion, attempted rape, rape), as well as rates of depression, anxiety, stress, eating disorders, substance abuse, suicide risk, and suicide attempts. Of the female students surveyed, 28.5% had suffered some form of sexual violence during the previous year, 22.3% reported unwanted sexual contact, 8.8% attempted coercion, 6.5% coercion, 10.4% attempted rape, and 7.9% had been raped. Lower risk was associated with having a partner and being heterosexual. Being 18 years of age and prior experiences of sexual victimization were associated with higher risk. Being the victim of attempted coercion was associated with a higher risk of depression, while victims of attempted rape were at higher risk for substance use. Rape victims were at the highest risk for all mental health conditions studied, with the exception of suicide attempts. Due to the high rates at which Spanish female university students experience sexual violence, planning and resources are needed to address their mental health needs, especially those who are victims of rape. [ABSTRACT FROM AUTHOR]

Blanco, V., et al. (2022). "Sexual Victimization and Mental Health in Female University Students." Journal of Interpersonal Violence **37**(15/16): NP14215-NP14238.
Although sexual assaults on female university students are a public health concern, studies that have examined this issue have not used behaviorally specific definitions of the various types of sexual victimization. Furthermore, hardly any data exists on female Spanish university students. The objectives of this study were to analyze the prevalence of different forms of sexual assault against female Spanish university students, determine the risk factors associated with sexual assault, analyze the association between sexual victimization and mental health problems, and determine the differential risk of more serious types of sexual assault. A cross-sectional study was conducted among a random sample of 871 students from the University of Santiago de Compostela (Spain) (mean age 20.7 years, SD = 2.8). The current study assessed various types of sexual violence (i.e., unwanted sexual contact, attempted coercion, coercion, attempted rape, rape), as well as rates of depression, anxiety, stress, eating disorders, substance abuse, suicide risk, and suicide attempts. Of the female students surveyed, 28.5% had suffered some form of sexual violence during the previous year, 22.3% reported unwanted sexual contact, 8.8% attempted coercion, 6.5% coercion, 10.4% attempted rape, and 7.9% had been raped. Lower risk was associated with having a partner and being heterosexual. Being 18 years of age and prior experiences of sexual victimization were associated with higher risk. Being the victim of attempted coercion was associated with a higher risk of depression, while victims of attempted rape were at higher risk for substance use. Rape victims were at the highest risk for all mental health conditions studied, with the exception of suicide attempts. Due to the high rates at which Spanish female university students experience sexual violence, planning and resources are needed to address their mental health needs, especially those who are victims of rape.

Boyle, S., et al. (2021). "A Study into the Operation of the Queensland Mental Health Review Tribunal." Medical Law Review **29**(1): 106-127.
The Queensland Mental Health Review Tribunal makes difficult decisions regarding involuntary treatment of people with mental illness, applying strict legislative criteria

against a backdrop of fundamental human rights considerations. This article reports on focus group research with lawyers and advocates for people with mental illness who appear before the Queensland Mental Health Review Tribunal. Participants expressed concerns regarding the manner in which decisions are made. For example, participants said that their clients' views on the side effects of treatment do not receive adequate consideration when involuntary treatment is authorised. We review these concerns in the light of applicable legal obligations, including those arising from human rights law. We conclude that if these concerns are accurate, some adjustments to the Queensland Mental Health Review Tribunal's decision-making processes are required. (© The Author(s) 2021. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Brazinova, A., et al. (2019). "Mental Health Care Gap: The Case of the Slovak Republic." Administration and policy in mental health **46**(6): 753-759.
This study explored unmet mental health and social care needs in the Slovak Republic and their adverse human rights consequences. We estimated treatment gap for persons aged 15-64 years in year 2015 affected by depressive, anxiety, substance use and schizophrenic disorders by comparing local treated prevalence rates with population estimated rates for Europe. Two-thirds of people with depressive disorders and over 80% of those with anxiety disorders and alcohol dependence were not receiving treatment. There was no treatment gap for persons with schizophrenia. Fifty-one percent of those eligible for disability pension on the grounds of mental disorders failed to receive it. We discuss the implications of the estimated gaps in mental health and social care and consequent human rights violations that may result from the current system of mental health care in Slovakia.

Brito, E. S. d. and C. A. A. Ventura (2019). "Involuntary psychiatric admission: Comparative study of mental health legislation in Brazil and in England/Wales." International Journal of Law and Psychiatry **64**: 184-197.
Involuntary admission is a controversial measure that can lead to violation of various human rights. On the opposite, involuntary admissions may contribute for the recovery of those with severe mental disorders who represent a danger to themselves or others. From this perspective, legislation must define and limit the circumstances in which this may occur preventing human rights violations. In this context, this descriptive-comparative study aimed at analyzing the similarities and differences between the mental health' laws related to involuntary psychiatric admission in Brazil and England/Wales. Data were collected through bibliographic and documentary research. The analysis was based on the World Health Organization's Checklist on Mental Heallth Legislation, using the comparative method. Results showed that the Brazilian legislation meets 52 (31.32%) of the 166 WHO standards, while legislation in England/Wales meets 90 (54.2%). In addition, the law from England/Wales establishes clearer and detailed procedures for "involuntary admissions" and has "oversight and review mechanisms" more effective than Brazil; the legislation presents a medium compliance of "competence, capacity and protection", and Brazil does not address these issues in its legislation; Brazilian legislation establishes a larger list of "fundamental rights", but does not provide "penalties" for the breach of those rights, while England/Wales meets WHO criteria in relation to this issue. The main similarities between Brazil and England/Wales refer to standards that require review: "voluntary patients", "emergency treatment", "economic and social rights", "civil issues" and "protection of vulnerable groups." Both jurisdictions also have the same level of compliance regarding "clinical and experimental research", and "special treatments, seclusion and restraint". This study may bring light for a reflection from competent authorities on the need to have audits for national mental health legislations, carried out by multidisciplinary committees, as recommended by WHO. (Copyright © 2019 Elsevier Ltd. All rights reserved.)

Cooney, J., et al. (2021). "Making the Convention on the Rights of Persons with Disabilities real: our word is our bond." The New Zealand medical journal **134**(1534): 8-10.
Competing Interests: Nil.

Cosgrove, L., et al. (2021). "The cultural politics of mental illness: Toward a rights-based approach to global mental health." Community Mental Health Journal **57**(1): 3-9.
The movement for global mental health (MGMH) has raised awareness about the paucity of mental health services, particularly in low- and middle-income countries. In response, policies and programs have been developed by the World Health Organization and by the Lancet Commission on global mental health, among other organizations. These policy initiatives and programs, while recognizing the importance of being responsive to local needs and culture, are based on Western biomedical conceptualizations of emotional distress. In the paper, we discuss how a rights-based approach can promote the voice and participation of people with lived experience into the MGMH. We argue that a human rights framework can be enhanced by incorporating the conceptual approaches of critical inquiry and community mental health. We also discuss how rights-based approaches and service-user activism can productively reconfigure Western psychiatric conceptualizations of distress and provide both a moral and empirical justification for a paradigm shift within the MGMH. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Dakić, T. (2020). "Mental health burden and unmet needs for treatment: a call for justice." The British journal of psychiatry : the journal of mental science **216**(5): 241-242.
The massive burden of mental disorders adversely affects global health, economy and human rights situations. Yet research investments are shifting from psychiatry toward other more cost-effective fields of medicine. This editorial calls for conscious capitalism and prioritisation of mental health by reflecting on mental health disparities through the prism of justice.

Davidson, L. (2020). "A Key, Not a Straitjacket: The Case for Interim Mental Health Legislation Pending Complete Prohibition of Psychiatric Coercion in Accordance with the Convention on the Rights of Persons with Disabilities." Health and human rights **22**(1): 163-178.
The practice of coercion on the basis of psychosocial disability is plainly discriminatory. This has resulted in a demand from the Committee on the Rights of Persons with Disabilities (the CRPD Committee) for a paradigm shift away from the traditional biomedical model and a global ban on compulsion in the psychiatric context. However, that has not occurred. This paper considers conflicting pronouncements of the CRPD Committee and other United Nations bodies. Assuming the former's interpretations of the Convention on the Rights of Persons with Disability (CRPD) are accurate, involuntary psychiatric detention and enforced treatment on the basis of psychosocial disability are prima facie discriminatory and unlawful practices. However, dedicated mental health legislation both permits discrimination and protects and enhances rights. This paper proposes a practical way out of the present impasse: the global introduction of interim "holding" legislation lacking full compliance with the CRPD. While imperfect, such a framework would facilitate a move toward a complete ban on psychiatric coercion. The paper outlines four essential ingredients that any interim legislation ought to contain, including clear timebound targets for full CRPD implementation. It concludes by urging the CRPD Committee to take the unprecedented step of issuing a general comment providing reluctant "permission" for the progressive realization of respect for articles 12 and 14 of the CRPD.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Davidson.)

de Brito, E. S. and C. A. A. Ventura (2019). "Involuntary psychiatric admission: Comparative study of mental health legislation in Brazil and in England/Wales." International Journal of Law and Psychiatry **64**: 184-197.

Involuntary admission is a controversial measure that can lead to violation of various human rights. On the opposite, involuntary admissions may contribute for the recovery of those with severe mental disorders who represent a danger to themselves or others. From this perspective, legislation must define and limit the circumstances in which this may occur preventing human rights violations. In this context, this descriptive-comparative study aimed at analyzing the similarities and differences between the mental health' laws related to involuntary psychiatric admission in Brazil and England/Wales. Data were collected through bibliographic and documentary research. The analysis was based on the World Health Organization's Checklist on Mental Heallth Legislation, using the comparative method. Results showed that the Brazilian legislation meets 52 (31.32%) of the 166 WHO standards, while legislation in England/Wales meets 90 (54.2%). In addition, the law from England/Wales establishes clearer and detailed procedures for 'involuntary admissions' and has 'oversight and review mechanisms' more effective than Brazil; the legislation presents a medium compliance of 'competence, capacity and protection', and Brazil does not address these issues in its legislation; Brazilian legislation establishes a larger list of 'fundamental rights', but does not provide 'penalties' for the breach of those rights, while England/Wales meets WHO criteria in relation to this issue. The main similarities between Brazil and England/Wales refer to standards that require review: 'voluntary patients', 'emergency treatment', 'economic and social rights', 'civil issues' and 'protection of vulnerable groups.' Both jurisdictions also have the same level of compliance regarding 'clinical and experimental research', and 'special treatments, seclusion and restraint'. This study may bring light for a reflection from competent authorities on the need to have audits for national mental health legislations, carried out by multidisciplinary committees, as recommended by WHO. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Doyle Guilloud, S. (2019). "The right to liberty of persons with psychosocial disabilities at the United Nations: A tale of two interpretations." International Journal of Law and Psychiatry **66**: 101497.

This article explores the current debate which exists within the United Nations human rights system regarding the right to liberty of persons with psychosocial disabilities. Article 14 of the UN Convention on the Rights of Persons with Disabilities states that the existence of a disability cannot be a justificatory ground for the involuntary detention of a person. In interpreting Article 14, the UN Committee on the Rights of Persons with Disabilities has called for States Parties to repeal legislation which provides for detention based on the existence of a psychosocial disability, either solely or in combination with other factors such as a perceived dangerousness or need for treatment - essentially requiring the abolition of mental health laws. However, a number of other human rights bodies within the UN, including the Human Rights Committee, have continued to affirm the lawfulness of deprivations of liberty under mental health legislation in certain circumstances. This article will set out the current state of this discourse and conclude by making a determination on the governing legal interpretation of the right to liberty of persons with psychosocial disabilities under international law. (Copyright © 2019 Elsevier Ltd. All rights reserved.)

Doyle Guilloud, S. (2019). "The right to liberty of persons with psychosocial disabilities at the United Nations: A tale of two interpretations." International Journal of Law & Psychiatry **66**: N.PAG-N.PAG.

This article explores the current debate which exists within the United Nations human rights system regarding the right to liberty of persons with psychosocial disabilities. Article 14 of the UN Convention on the Rights of Persons with Disabilities states that the existence of a disability cannot be a justificatory ground for the involuntary detention of a person. In interpreting Article 14, the UN Committee on the Rights of Persons with Disabilities has called for States Parties to repeal legislation which provides for detention based on the existence of a psychosocial disability, either solely or in combination with other factors such as a perceived dangerousness or need for treatment - essentially requiring the abolition of mental health laws. However, a number of other human rights bodies within the UN, including the Human Rights Committee, have continued to affirm the lawfulness of deprivations of liberty under mental health legislation in certain circumstances. This article will set out the current state of this discourse and conclude by making a determination on the governing legal interpretation of the right to liberty of persons with psychosocial disabilities under international law.

Dufour, M., et al. (2020). "The United Nations Convention on the Rights of Persons with Disabilities: La convention de l’onu relative aux droits des personnes handicapées." The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie **65**(9): 668-673.
This article discusses the United Nations Convention on the Rights of Persons with Disabilities. In 2006, the United Nations (UN) adopted an international treaty of utmost importance: the Convention on the Rights of Persons with Disabilities (CRPD). The CPRD’s primary purpose is 'to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.' The Canadian Psychiatric Association (CPA) fully supports the principles entrenched in the CRPD. No person suffering from a mental disorder or other disability should be discriminated against based on his or her disability. This principle is consistent with the principles underlying mental health legislation outlined by the CPA elsewhere. The CPA supports the government of Canada in maintaining this reservation, which is necessary to counter the contentious manner in which the CRPD Committee has interpreted the CRPD. The CRPD Committee is responsible for reviewing the reports that signatory countries submit every five years and for determining whether their legislation complies with the Committee’s interpretation of the Convention. The CPA supports the CRPD and its objectives. However, the CPA rejects the interpretation of the Convention by the CRPD Committee. Canada should retain its reservation to prevent these unintended but devastating consequences from occurring. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Edwards, N., et al. (2020). "Chemical restraint of adults with intellectual disability and challenging behaviour in Queensland, Australia: Views of statutory decision makers." Journal of Intellectual Disabilities **24**(2): 194-211.
Background: Psychotropic medication is widely prescribed to treat mental illness. However, it is controversial when used as a chemical restraint (CR) to manage challenging behaviours (CBs) of adults with intellectual disability (ID). CR has potentially negative consequences and affects human rights. Method: Qualitative research conducted between 2014 and 2015 explored the views of ‘guardian’ decision makers appointed under unique Queensland legislation oversighting the use of CR. Results: Findings included (1) negative conceptualization of CR, (2) concerning relationships with prescribers and disability sector staff, (3) challenges to information seeking about people with ID prescribed CR and (4) problematic implementation of positive behaviour support plans. Conclusion: According to guardians, CR may be used in lieu of community supports, and prescribers sometimes diagnose mental illness to avoid CR legislative requirements. Guardians, prescribers and professionals would benefit from training that addresses the intersection between physical and mental health, CB and CR. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Flynn, E. (2019). "The rejection of capacity assessments in favor of respect for will and

preferences: The radical promise of the UN Convention on the Rights of Persons with Disabilities." World Psychiatry **18**(1): 50-51.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). G. Szmukler argues for an interpretation of 'will and preferences' that allows for determinations of decision-making ability, in the form of functional assessments of mental capacity, to be used to interpret the decisions of those who appear to display conflicting will and preferences. Szmukler proposes, it is my contention – in keeping with the jurisprudence of the CRPD Committee – that functional assessments of mental capacity cannot be used to determine whether a particular preference should take precedence over what others perceive to be the individual's will, or whether third parties' interpretation of a person's will can justify ignoring the individual's clearly expressed preference. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Funk, M. and N. Drew (2019). "Practical strategies to end coercive practices in mental health services." World Psychiatry **18**(1): 43-44.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). Coercive practices are particularly challenging to change, since they are commonly accepted in society, seen as necessary to protect persons from harm, and are firmly cemented and sanctioned in law and policy across all countries. This despite the absence of evidence for their effectiveness, and the available evidence demonstrating that practices such as seclusion and restraint actively cause harm to physical and mental health, and can lead to death. G. Szmukler argues that there are exceptions where, in the interest of promoting people's autonomy, it becomes necessary to utilize involuntary interventions, and that a person's ability to make a decision should be a decisive factor in determining whether forced admission and treatment is a legitimate response. Below, we set out our disagreement with this position and also address some specific points raised by the author. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Galderisi, S. (2019). "The UN Convention on the Rights of Persons with Disabilities: Great opportunities and dangerous interpretations." World Psychiatry **18**(1): 47-48.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). G. Szmukler's paper provides an in depth analysis of some critical aspects of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) that make its implementation problematic in mental health care laws and provisions. Articles 12 and 14 represent the best examples. The text of these articles requires appropriate measures by States Parties to guarantee persons with disabilities the support they may require in exercising their legal capacity. However, in the interpretation provided by the Committee, these articles would preclude all non-consensual treatment and substitute decision making on behalf of persons with mental disorders. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Gee, D. G. and E. M. Cohodes (2019). "A call for action on migrant children's mental health." The lancet. Psychiatry **6**(4): 286.

Gerlinger, G., et al. (2019). "Nach der Reform ist vor der Reform: Ergebnisse der Novellierungsprozesse der Psychisch-Kranken-Hilfe-Gesetze der Bundesländer = After the reform is before the reform: Results of the amendment processes of mental health law in German federal states." Der Nervenarzt **90**(1): 45-57.
Background: On the basis of mental health law, which differs between the federal states in Germany, courts can order the involuntary commitment of people with severe mental disorders in psychiatric hospitals, if they present a danger to themselves or to others. Due to decisions of the highest courts, these laws have been subject to revision since 2011. The aim of this paper is to analyze and compare the results of the revision processes in order to define the need for action for federal and state legislature. Material

and methods: Research of the current status of the revision processes in the federal states and a comparative analysis. The state laws were compared on the basis of selected particularly relevant areas with respect to human rights and treatment. Results: In spite of the revisions the state laws are extremely heterogeneous and in many states do not fully comply with the requirements of the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) or the highest courts' decisions. Conclusion: The state laws should be harmonized, particularly where they restrict basic and human rights, e. g. regarding prerequisites and objectives of involuntary commitment and coercive measures. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Gill, N. S., et al. (2020). "Human rights implications of introducing a new mental health act - principles, challenges and opportunities." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **28**(2): 167-170.
Objective: The United Nations Convention on the Rights of Persons with Disabilities (CRPD), 2006 has influenced the evolution of mental health legislation to protect and promote human rights of individuals with mental illness. This review introduces how the human rights agenda can be systematised into mental health services. Exploration is made of how some principles of CRPD have been incorporated into Queensland's Mental Health Act 2016 .; Conclusion: Although progress has been made in some areas, e.g. heavier reliance on capacity assessment and new supported decision-making mechanisms, MHA 2016 has continued to focus on involuntary treatment. A Human Rights Act 2019 has been passed by the Queensland parliament, which may fill in the gap by strengthening positive rights.

Gill, N. S., et al. (2020). "Measuring the impact of revised mental health legislation on human rights in Queensland, Australia." International Journal of Law and Psychiatry **73**: 101634.
The Convention on the Rights of Persons with Disabilities (2006) (CRPD) has been instrumental for initiating and shaping the reform of mental health legislation in many countries, including the eight Australian jurisdictions. Multiple approaches have been proposed to assess and monitor the compliance of States Parties' mental health legislation with the CRPD, and to evaluate its success in protecting and promoting the human rights of people with disabilities. This article reports an effort to index the impact of legislation on human rights by measuring changes in the prevalence of compulsory treatment orders applied to people with mental illness after the introduction of CRPD influenced mental health legislation in the Australian state of Queensland. We found that despite reforms intended to enhance patient autonomy, the prevalence of compulsory treatment orders increased after implementation of the new legislation. Possible reasons behind this unintended consequence of the legislative reform may include a lack of systematized voluntary alternatives to compulsory treatment, a paternalistic and restrictive culture in mental health services and risk aversion in clinicians and society. We recommend that the reforms in mental health policy as well as legislation need to go further in order to achieve the goals embodied in the human rights framework of the CRPD. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Gould, D. (2023). "Social and Legal Justice for People Given a Mental Health Diagnosis? A Real Possibility, or an Impossible Dream?" British Journal of Social Work **53**(3): 1647-1656.
This article represents reflections on current social and legal issues for people given a mental diagnosis, from a lived experience perspective. The article addresses: • Major obstacles to social and legal justice for people with this lived experience. • What differences people with lived experience have been able to make. • Key challenges for the British Association of Social Workers (BASW) from a lived experience perspective. The UN Convention on the Rights of Persons with Disabilities is used as a basis for the

reflections. The article has a particular emphasis on literature written, or substantially influenced by disabled people, including people with lived experience of receiving a mental health diagnosis. The user-led group Liberation is utilised as an example of what difference people with lived experience can make to obstacles which they experience. Three challenges are made to BASW, related to utilising the Convention to ensure social and legal justice for us, confronting human rights breaches in the draft Mental Health Bill and working in partnership with user-led groups in these spheres.

Green, A. S., et al. (2020). "Piloting forensic tele-mental health evaluations of asylum seekers." Psychiatry research **291**: 113256.
While the number of medical human rights programs has increased, there is substantial unmet need for forensic evaluations among asylum seekers throughout the United States. From September 2019 through May 2020, the Mount Sinai Human Rights Program has coordinated pro bono forensic mental health evaluations by telephone or video for individuals seeking protected immigration status who are unable to access in-person services. The national network clinicians conducted 32 forensic evaluations of individuals in eight U.S. states and Mexico seeking immigration relief. Remote forensic services have been a relevant solution for individuals in immigration detention, particularly during the COVID-19 pandemic.; Competing Interests: Declaration of Competing Interest Dr. Katz is the national trauma consultant for Advanced Recovery Systems. The other authors declare that they have no competing interests. (Copyright © 2020 Elsevier B.V. All rights reserved.)

Grigutytė, N., et al. (2021). "The right to mental health during the COVID-19 pandemic." Psichologija **64**: 38-52.
The relationship between mental health and human rights is integral and interdependent. There are clinical, social and economic reasons, as well as moral and legal obligations to advance mental health care as fundamental to human rights. Significant considerations for this matter are especially crucial when addressing the COVID-19 pandemic across the world. The aim of this research study was to analyse the responses to the ongoing pandemic, concerning the human rights of persons with psychosocial disabilities and the right to mental health of the general population, in Lithuania. Methods included online surveys, semi-structured interviews, and a focus group. This article presents the results as a complex picture, containing the lived experiences of mental health difficulties of the general population, barriers to accessing the needed support and services, as well as analysis of violations of human rights. It also highlights the need for more research on the long-term consequences of the pandemic and lockdowns on the mental health of the population and on how the human rights of persons with mental health conditions, and especially those with psychosocial disabilities, can be better ensured and protected in Lithuania. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Harden, B., et al. (2023). "Attitudes towards persons with mental health conditions and psychosocial disabilities as rights holders in Ghana: A World Health Organization study." BMC Psychiatry **23**(1).
Background: There are currently major efforts underway in Ghana to address stigma and discrimination, and promote the human rights of those with mental health conditions, within mental health services and the community, working with the World Health Organization’s QualityRights initiative. The present study aims to investigate attitudes towards people with lived experience of mental health conditions and psychosocial disabilities as rights holders. Methods: Stakeholders within the Ghanaian mental health system and community, including health professionals, policy makers, and persons with lived experience, completed the QualityRights pre-training questionnaire. The items examined attitudes towards coercion, legal capacity, service environment, and community inclusion. Additional analyses explored how far participant factors may link

to attitudes. Results: Overall, attitudes towards the rights of persons with lived experience were not well aligned with a human rights approach to mental health. Most people supported the use of coercive practices and often thought that health practitioners and family members were in the best position to make treatment decisions. Health/mental health professionals were less likely to endorse coercive measures compared to other groups. Conclusion: This was the first in-depth study assessing attitudes towards persons with lived experience as rights holders in Ghana, and frequently attitudes did not comply with human rights standards, demonstrating a need for training initiatives to combat stigma and discrimination and promote human rights. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Helbich, M. and S. Jabr (2022). "Mental health under occupation: an analysis of the de-politicization of the mental health discourse in Palestine and a call for a human rights approach." International Journal of Human Rights in Healthcare **15**(1): 4-16.
Purpose: This study aims to look at the effects of the Israeli occupation on the mental health of Palestinians and examine the link between political oppression and the occurrence of mental health disorders. It argues that, as human rights violations in Palestine are connected to psychological distress, the root causes of social suffering need to be considered in order not to pathologize Palestinians. The purpose of this paper lies in connecting the mental health discourse with a human rights approach to better understand this connection within the context of political violence. Design/methodology/approach: The paper presents the viewpoint and perspectives of the authors on significant mental health issues in Palestine. The methodology is based on a literature review of the de-politicization of the mental health discourse and on the theoretical framework of a human rights approach. At the base of this discourse lies the demand for social justice and professional solidarity. Findings: The study highlights that to truly understand social suffering in Palestine, it needs to be related to the prevalence of human rights violations, which in turn have a conceivable impact on the mental health well-being of individuals. It advocates for a shift from a de-contextualized, de-politicized and individualistic approach to mental health to acknowledging the importance of the social and political context in which trauma develops. It further illustrates how the adaptation of a human rights approach can strengthen demands of social justice and oppose the victimization of Palestinians. Originality/value: The value of the works lies in putting the prevalence of mental health disorders in Palestine in relation to human rights violations as a consequence of the ongoing Israeli occupation and in highlighting the role that international organizations play in the de-politicization of the mental health discourse.

Júnior, J. G., et al. (2020). "The mental health of those whose rights have been taken away: An essay on the mental health of indigenous peoples in the face of the 2019 Coronavirus (2019-nCoV) outbreak." Psychiatry research **289**: 113094.
Background: : In Latin America there are about 45 million indigenous people in 826 communities that represent 8.3% of the population. An estimated 798,365 Aboriginal and Torres Strait Islander were in Australia, 5,2 million indigenous people living in America and 2,13 million in Canada. Racial/ethnic disparities in mental health service use have increased especially in the context of the new coronavirus pandemic. Thus, we aimed to describe the mental health situation of the indigenous population in the context of the COVID-19 pandemic.; Method: : The studies were identified in well-known international journals found in three electronic databases: PubMed, Scopus, and MEDLINE. The data were cross-checked with information from the main international newspapers.; Results: : According to the literature, due to the COVID-19 pandemic there is a lack of specialized mental health services and professionals, a restricted access to quality information and a lack of access to inputs, causing negative feelings and it can exacerbate pre-existing mental problems (eg: depression, suicidal ideation, smoking and

binge drink). The cultural differences are a risk factor to worsen the mental health of this already vulnerable population.; Conclusion: : providing psychological first aid is an essential care component for indigenous populations that have been victims COVID-19 pandemic.; Competing Interests: The authors declare that they have no competing interests. (© 2020 Elsevier B.V. All rights reserved.)

Kelly, B. D. (2020). "Irish Medical Organisation Doolin Memorial Lecture 2019: rhetoric and reality in mental health-Ireland and the world." Irish journal of medical science **189**(3): 1127-1134.
This Doolin Memorial Lecture presents six suggestions for positive change in Ireland's mental health services, focused on legislation and rights: (a) revision of the Mental Health Act 2001 in line with existing recommendations, to better protect and promote a broad range of rights, including rights to treatment and liberty (which are related); (b) enhanced forensic mental health care to better protect and promote both treatment and liberty in this population; (c) prompt full implementation of the Public Health (Alcohol) Act 2018 to reduce alcohol-related harm and the opportunity cost of alcohol problems in the health service; (d) implementation of the Assisted Decision-Making (Capacity) Act 2015 to provide decision-making supports to the 29.4% of medical/surgical inpatients and 52.6% of psychiatry inpatients who lack full decision-making capacity for treatment decisions; (e) judicious medicalisation of our response to individual cannabis use (although legalisation is not advised); and (f) enhanced recognition of the social rights of the mentally ill, especially the right to housing. Attention to these areas would improve the quality of life and quality of liberty of people with mental illness and their families. Progress in these areas needs to be underpinned by enhanced involvement of service-users in planning and provision of care, increased funding of mental health services and particular attention to groups who are currently underserved, including children and adolescents. Enhanced attention to these areas would also help advance Ireland's national mental health policy, "A Vision for Change", which has yet to be implemented in full. That, too, would help.

Kelly, B. D. (2021). "Mental Capacity, Human Rights, and the UN's Convention on the Rights of Persons with Disabilities." The journal of the American Academy of Psychiatry and the Law **49**(2): 152-156.

Kelly, B. D., et al. (2020). "Mental health, mental capacity, ethics, and the law in the context of COVID-19 (coronavirus)." International Journal of Law and Psychiatry **73**: 101632.
The emergence of the COVID-19 (coronavirus) pandemic in late 2019 and early 2020 presented new and urgent challenges to mental health services and legislators around the world. This special issue of the International Journal of Law and Psychiatry explores mental health law, mental capacity law, and medical and legal ethics in the context of COVID-19. Papers are drawn from India, Australia, the United Kingdom, Ireland, Germany, Portugal, and the United States. Together, these articles demonstrate the complexity of psychiatric and legal issues prompted by COVID-19 in terms of providing mental health care, protecting rights, exercising decision-making capacity, and a range of other topics. While further work is needed in many of these areas, these papers provide a strong framework for addressing key issues and meeting the challenges that COVID-19 and, possibly, other outbreaks are likely to present in the future. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

King, C., et al. (2021). "From Preproduction to Coproduction: COVID-19, whiteness, and making black mental health matter." The lancet. Psychiatry **8**(2): 93-95.

Macgregor, A., et al. (2019). "Are mental health tribunals operating in accordance with international human rights standards? A systematic review of the international

literature." Health & Social Care in the Community **27**(4): e494-e513.

Mental health tribunals are responsible for making decisions about compulsory treatment for individuals considered a risk to themselves and others due to mental disorder. They are generally designed to provide safeguards for individuals subject to compulsory treatment by testing whether national legislative criteria and international human rights standards have been met. Despite this, they have been criticised for being dominated by the medical domain, focusing rigidly on legal criteria and for restricting human rights, including the rights to liberty and access to justice. As a result, questions have arisen over the extent to which mental health tribunals are indeed operating in line with their legislative intentions and international human rights requirements. The aim of this systematic review was to synthesise international evidence on this and to assess the extent to which this is reflected in such literature. A systematic search of the literature was conducted on the 17 April 2018 for articles published between 2000 and 2018 in MEDLINE, CINAHL, PsychINFO, ASSIA and Web of Science. All study designs were included within this review, provided they reported empirical findings. Thirty-two studies met the inclusion criteria. Eight themes were identified across the literature and these were participation, information and understanding, patient representation, the power of the medical domain, feelings of powerlessness, perceptions of fairness, risk and the impact on relationships. The findings call into question whether mental health tribunals necessarily operate in compliance with international human rights standards. This article suggests that mental health tribunals may need to do more to safeguard legislative principles and human rights standards that promote patient autonomy. (© 2019 John Wiley & Sons Ltd.)

Mahomed, F., et al. (2019). "'They love me, but they don't understand me': Family support and stigmatisation of mental health service users in Gujarat, India." The International journal of social psychiatry **65**(1): 73-79.

Background: Family life is a near-universal condition and a fundamental human right. It can also have a significant impact on mental health, including recovery from mental health conditions. In India, families play a considerable role, representing a source of social, cultural, religious and, often, financial support. However, families can also play a stigmatising role.; Aim: To examine the experiences of mental health service users (MHSUs) relating to stigma and support provided by family members and to consider ways in which family support can be improved.; Method: This is a qualitative study. A total of 17 residential MHSUs at the Ahmedabad Hospital for Mental Health were interviewed. The results were evaluated using thematic content analysis.; Results: The results revealed that all 17 MHSUs considered their families to be important sources of support, while 14 of the 17 MHSUs also experienced stigma emanating from their families. A total of 11 experienced lack of knowledge, 4 spoke of prejudicial attitudes and 5 mentioned discriminatory behaviours. There were important gender differences in experiences. MHSUs mentioned needs ranging from education and peer support for family members to financial support.; Conclusions: Families act both as sources of support and stigmatisation. Education needs are considerable, while the need for peer support for families and resources to aid families in supporting people with mental health conditions are also important considerations.

Math, S., et al. (2019). "The rights of persons with disability act, 2016: Challenges and opportunities." Indian Journal of Psychiatry **61**: 809-815.

India signed the United Nations Convention on the Rights of Person with Disabilities (UNCRPD) and subsequently ratified the same on October 1, 2007. The UNCRPD proclaims that disability results from an interaction of impairments with attitudinal and environmental barriers which hinders full and active participation in society on an equal basis. Further, the convention also mandates the signatories to change their national laws, to identify and eliminate obstacles and barriers, and to comply with the terms of the UNCRPD. In this regard, the Government of India initially undertook the amendment of laws such as Persons with Disability Act, 1995 (PWD Act 1995). The Rights of PWD Act, 2016 (RPWD Act 2016) replaced the PWD Act 1995 to comply with the UNCRPD. The new act was fine-tuned considering the socio-cultural and local needs of the society, and the available resources. Persons with Mental Illness (PMI) are often stigmatized and discriminated, which hinders their full and active participation in society. This is a much larger issue, especially in women, gender minorities, backward communities, and the poor and the migrated populations. Adding to the complexities, PMIs are often not aware of their illness, refuse the much-needed treatment and often are not in a place to exercise their rights. There is an urgent need to address this issue of attitudinal barrier so that the rights of PMI are upheld. Hence, this article discusses challenges and opportunities in the RPWD Act 2016 from the perspective of PMI.

Mitchell, W., et al. (2021). "The Human Right to Justice for Older Persons With Mental Health Conditions." American Journal of Geriatric Psychiatry **29**(10): 1027-1032.
This article explores the nature and extent of barriers to access to justice that older persons experience, including those with mental health conditions. It finds that access to justice-the right to fair, prompt and responsive decisions by administrative decision-makers and equal access to courts and tribunals to obtain timely and effective remedies-is not only an important right in itself but also enables the enjoyment of many other human rights. Yet older persons, particularly those with mental health conditions, face a significant "justice gap." Ageist attitudes, laws and practices interact with other forms of bias such as mentalism, sexism, ableism, racism, homophobia, and heterosexism exacerbating older persons' disadvantage and marginalization, particularly those with mental health conditions, and older indigenous persons. These discriminatory practices, together with the phenomena of elder abuse, all severely limit older persons' access to timely and responsive justice. International and national standards, both general and specific to older persons, have been shown to be inadequate to respond to this justice gap. An international standard in the form of a binding legal obligation that specifically addresses older persons' rights of access to justice is needed urgently as part of a new international treaty on the human rights of older persons.

Ogunwale, A. (2019). "Involuntary mental health treatment in England and Wales: A rights-based critique of current legal frameworks and recommendations for reform." International Journal of Law and Psychiatry **66**.
The treatment of mental disorders is in the interest of the individual as well as society with a view to reducing risk related to self-directed harm or interpersonal violence in addition to other treatment benefits. Given this situation, involuntary detention and treatment of the mentally ill represents a delicate balancing act between considerations of individual autonomy and right to liberty on the one hand, and public safety on the other. A critical focus on treatment within the broader context of compulsory hospitalization is warranted in view of its centrality to the whole process of non-consensual treatment for mental disorder. This essay specifically examines the legal frameworks for the treatment for mental disorder of those detained in hospital and prison by focusing on key statutory provisions in England and Wales. It will discuss these using relevant international human rights instruments and illustrative case law as well as provide relevant recommendations for legal reform. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Patel, V. (2019). "Mental health: in the spotlight but a long way to go." International health **11**(5): 324-326.
We need to radically reframe our conversations about mental health to address the massive global prevention, care and quality gaps to reduce the global burden of mental health problems. This commentary looks at mental health over the past decade and what

more we need to do to tackle this priority global health issue. (© The Author(s) 2019. Published by Oxford University Press on behalf of Royal Society of Tropical Medicine and Hygiene. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

Puras, D. and P. Gooding (2019). "Mental health and human rights in the 21st century." World Psychiatry **18**(1): 42-43.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). Mental health is emerging from the shadows. Human rights are on the agenda, and advocates are increasingly calling for parity with general health funding and a reduction of the treatment gap for people in crisis, particularly in low- and middle-income countries. There is high-level agreement on key components of good mental health policy, from promotion to prevention, treatment and rehabilitation. Szmukler's paper makes a substantial contribution to this effort. He elucidates some of the practical and conceptual requirements involved in a move toward a 'will and preferences framework' and asks seriously what the CRPD means for the future of psychiatry, and for global health governance more generally. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Quinn, G. and C. Mahler (2021). "Reducing the burden of ageism, mentalism, and ableism: Transforming the narrative for older persons with mental health conditions and psychosocial disability." The American Journal of Geriatric Psychiatry **29**(10): 993-994.
The article discusses the importance of providing a high level of care to older persons with mental health conditions and psychosocial disability. Older persons represent the fastest growing and the most heterogeneous groups of the global population. Part of this group are older persons with disabilities and the highest number are persons with cognitive impairments (e.g., dementia). There is now a growing awareness of the negative impacts of ageism—whether considered separately from, or alongside, those of ableism. Ageism also entered the sphere of WHO and the authors are grateful that a cooperation of UN Agencies under the leadership of WHO released a global report. The report says: 'ageism has far-reaching consequences for people's health, well-being and human rights. Ageism pervades many ways institutions and sectors of society, including those providing health and social care, the workplace, the media and the legal system.' The authors look forward to the day when older persons can enjoy a similar level of protection as persons with disabilities. COVID-19 has shown that this is not an abstract aspiration but a glaring necessity. They commend this work as a valuable contribution toward a recognition of the human rights of older persons including those with disabilities. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Raveesh, B. and P. Lepping (2019). "Restraint guidelines for mental health services in India." Indian Journal of Psychiatry **61**: 698-705.
Restraint use in mentally ill patients are regulated by Mental Healthcare Act 2017 in India. At times, persons with mental disorders become dangerous to self, others or towards the property, warranting an emergency intervention in the form of restraint. Restraint as a matter of policy, should be implemented after attempting alternatives, only under extreme circumstances as last resort and not as a punishment. It should be an intervention focused at managing the concerned behavior for a given point of time. Restraint should always result in safety and should ensure that the human rights of mental health care users are upheld. This guideline was developed towards Indian mental health services in conjunction with international evidence-based strategies following a decade of collaborative research work between Indian and European mental health professionals.

Read, U. M. (2019). "Rights as Relationships: Collaborating with Faith Healers in Community

Mental Health in Ghana." Culture, medicine and psychiatry **43**(4): 613-635.
This paper explores the ways in which mental health workers think through the ethics of working with traditional and faith healers in Ghana. Despite reforms along the lines advocated by global mental health, including rights-based legislation and the expansion of community-based mental health care, such healers remain popular resources for treatment and mechanical restraint and other forms of coercion commonplace. As recommended in global mental health policy, mental health workers are urged to form collaborations with healers to prevent human rights abuses and promote psychiatric alternatives for treatment. However, precisely how such collaborations might be established is seldom described. This paper draws on ethnographic research to investigate how mental health workers approach working with healers and the moral imagination which informs their relationship. Through an analysis of trainee mental health workers' encounters with a Prophet and his patients, the paper reveals how mental health workers attempt to negotiate the tensions between their professional duty of care, their Christian faith, and the authority of healers. I argue that, rather than enforcing legal prohibitions, mental health workers seek to avoid confrontation and manouver within existing hierarchies, thereby preserving sentiments of obligation and reciprocity within a shared moral landscape and established forms of sociality.

Russo, J. and S. Wooley (2020). "The Implementation of the Convention on the Rights of Persons with Disabilities: More Than Just Another Reform of Psychiatry." Health & Human Rights: An International Journal **22**(1): 151-161.
The social model of disability--which is grounded in the lived realities of disabled people, as well as their activism, research, and theoretical work--has enabled a historic turn in the understanding of disability. This model also facilitates the transition to the rights-based approach that is at the core of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). However, the social model of disability does not straightforwardly translate to the lives of people who end up being detained and forcibly treated in psychiatric facilities. This paper examines the implications of the lack of an equivalent theoretical framework to counteract the hegemony of the biomedical model of "mental illness" and to underpin and guide the implementation of the CRPD for people with psychiatric diagnoses. Critically engaging with some recent attempts to make the CRPD provisions integral to psychiatry, we expose fundamental contradictions inherent in such projects. Our discussion seeks to extend the task of implementation of the CRPD beyond reforming psychiatry, suggesting a much broader agenda for change. We argue for the indispensability of first-person knowledge in developing and owning this agenda and point to the dangers of merely remaking former treatment objects into objects of human rights.

Russo, J. and S. Wooley (2020). "The Implementation of the Convention on the Rights of Persons with Disabilities: More Than Just Another Reform of Psychiatry." Health and human rights **22**(1): 151-161.
The social model of disability-which is grounded in the lived realities of disabled people, as well as their activism, research, and theoretical work-has enabled a historic turn in the understanding of disability. This model also facilitates the transition to the rights-based approach that is at the core of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). However, the social model of disability does not straightforwardly translate to the lives of people who end up being detained and forcibly treated in psychiatric facilities. This paper examines the implications of the lack of an equivalent theoretical framework to counteract the hegemony of the biomedical model of "mental illness" and to underpin and guide the implementation of the CRPD for people with psychiatric diagnoses. Critically engaging with some recent attempts to make the CRPD provisions integral to psychiatry, we expose fundamental contradictions inherent in such projects. Our discussion seeks to extend the task of

implementation of the CRPD beyond reforming psychiatry, suggesting a much broader agenda for change. We argue for the indispensability of first-person knowledge in developing and owning this agenda and point to the dangers of merely remaking former treatment objects into objects of human rights.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Russo and Wooley.)

Santoro Lamelas, V., et al. (2022). "Derechos sexuales y reproductivos en mujeres con diagnóstico de trastorno mental grave: argumentos y consensos de profesionales en salud mental comunitaria." Anuario de Psicología **52**(1): 7-16.
Abstract: Con el objetivo de conocer los argumentos de profesionales de la salud mental en torno al ejercicio y/o vulneración de los derechos sexuales y reproductivos (DSR) de las mujeres con diagnóstico en trastorno mental grave (DTMG) y establecer prioridades para la investigación en intervención dentro del área, aplicamos el método Delphi para la obtención de información y un análisis del contenido temático para su análisis. Los resultados evidencian como el género interactúa con el estigma social asociado al DTMG como elementos que posicionan a las mujeres en situaciones de vulnerabilidad social, los cuales tienen efectos negativos sobre el ejercicio de sus DSR. Estos efectos están presentes tanto en el área de la sexualidad, caracterizada por el tabú y la medicalización, como en el área de la reproducción, caracterizada por la mirada incapacitante en torno a la maternidad y el control reproductivo. Asimismo, sitúan a las mujeres en posiciones de opresión que favorecen situaciones de abusos y maltratos. Se concluye destacando los elementos clave para la comprensión del fenómeno, los cuales serán de utilidad para el desarrollo de futuros análisis en el área: el estigma del DTMG, el ejercicio del poder simbólico sobre la construcción de la subjetividad y la reproducción de la exclusión social. Finalmente, proponemos líneas de acción social orientadas a revisar los recursos, el reconocimiento de la agencia de las mujeres con DTMG, y el establecimiento de procesos donde participen el saber científico y profesional, las mujeres y sus familias. Abstract: This study explores the arguments of mental health practitioners around the exercise or infringement of sexual and reproductive rights of women with a severe mental health diagnosis, in order to both gain insight and establish priorities for further research and intervention actions in the field. Data has been collected applying the Delphy method and a thematic content analysis has been carried out. The results and analysis show evidence that gender interacts with the social stigma associated with severe mental health conditions, positioning these women in vulnerable social situations, which has a negative effect on exercising their sexual and reproductive rights. These negative effects become evident both in the ambit of their sexuality, which appears characterized by taboo and medicalisation, and in the reproductory sphere, which is characterized by reproductive control and where they are seen as incompetent mothers. Because of the above generated views, these women are placed in oppressive and abusive situations. In conclusion, the following elements have been identified for further research: stigma attached to diagnosis of the severe mental health condition, the exercise of the symbolic power over the construction of subjectivity and there production of social exclusion. Finally, social action guidelines are proposed, leading to the revision of resources, the recognition of women with severe mental health conditions and the establishment processes with the participation of scientific and professional fields as well as the women and their families.

Schuklenk, U. (2020). "Access to mental health care - a profound ethical problem in the global south." Developing World Bioethics **20**(4): 174.

Stein, D. J., et al. (2020). "Mental health delivery and neurogenetics discovery in Africa." The lancet. Psychiatry **7**(6): 473-474.

Subramanyam, A., et al. (2022). "Disability certification in psychiatry." Indian Journal of Psychiatry **64**: 185-195.
The article focuses on disability certification in psychiatry.

Sunkel, C. and S. Saxena (2019). "Rights-based mental health care." The lancet. Psychiatry **6**(1): 9-10.

Szmukler, G. (2019). "'Capacity', 'best interests', 'will and preferences' and the UN Convention on the Rights of Persons with Disabilities." World Psychiatry **18**(1): 34-41.
The United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) is the most up-to-date international legal instrument concerning the rights of persons with disabilities. Such persons are taken to include those with serious mental disorders. According to an authoritative interpretation of a crucial Article (Article 12—Equal recognition before the law) by the UN CRPD Committee, involuntary detention and treatment of people with mental health disabilities are prohibited under the Convention. Both conventional mental health law and 'capacity-based' law are deemed to violate the Convention. However, some other UN bodies are not in full agreement (for example, the UN Human Rights Committee and the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), while others are less explicitly absolutist (for example, the Human Rights Council). Furthermore, strong criticisms of the position of the CRPD Committee have been mounted from a number of academic quarters. These criticisms center on whether the role of a person’s ability to make a decision can be ignored, no matter the circumstances. Much of the above debate turns on the concept of 'legal capacity' and the now often-repeated precept that one must always respect the 'will and preferences' of the person with a disability. However, 'will and preferences' remains undefined. In this paper, I offer an analysis of 'will and preferences' that can clarify interventions that may be acceptable or non-acceptable under the terms of the UN Convention. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Thom, K., et al. (2019). "Service user, whānau and peer support workers' perceptions of advance directives for mental health." International Journal of Mental Health Nursing **28**(6): 1296-1305.
Advance directives allow users of mental health services to make statements for their future care. In New Zealand, use of advance directives is supported by the Health and Disability Commissioner and was identified in the 2012 Blueprint as a key mechanism for service users to advocate for responses they find most helpful. This study used a qualitative descriptive methodology involving focus groups to explore the perceptions of service users, whānau and peer support workers concerning advance directives. Thematic analysis revealed certain belief patterns about what should or could be included in an advance directive, and about how and with whom one should be created. It revealed generally positive perceptions about how they can uphold service users' right to have preferences considered, to plan flexibly around dynamic needs, and about their value and utility. We conclude that advance directives can support services users' expressions of their preferences for care, but they need to be supported by clinicians if they are to realize this potential. Our findings can also inform service provision in New Zealand, and the planned reform of mental health legislation. (© 2019 Australian College of Mental Health Nurses Inc.)

Ventriglio, A., et al. (2022). "Mental health for LGBTQI people: a policies' review." International review of psychiatry (Abingdon, England) **34**(3-4): 200-214.
The mental health of lesbian, gay, bisexual, transgender, queer, intersexual (LGBTQI) individuals is significantly influenced by many factors such as difficulties in coming-out, poor acceptance, isolation and discrimination as well as minority-related stress.

LGBTQI individuals, in fact, show a significant higher risk of mental health conditions, substance- use disorders and suicide. In addition, mental health services access may be difficult for personal and social barriers as well as a lack of adequate and specific mental health support. This review aims to assess and describe international policies, guidelines, position statements and recommendations regarding the promotion and protection of mental health rights for LGBTQI people. The search has been focussed on peer-reviewed papers, Governmental and Mental Health Association- Guidelines and Position Statements, Health Agencies - Guidelines and Position Statements (with a specific focus on mental health), LGBTQI Alliances and Foundations Publishing (with a specific focus on mental health). In addition, relevant international initiatives, and projects in the field of LGBTQI mental health will be described.

Ventriglio, A., et al. (2022). "Mental health for LGBTQI people: A policies' review." International Review of Psychiatry **34**(3-4): 200-214.
The mental health of lesbian, gay, bisexual, transgender, queer, intersexual (LGBTQI) individuals is significantly influenced by many factors such as difficulties in coming-out, poor acceptance, isolation and discrimination as well as minority-related stress. LGBTQI individuals, in fact, show a significant higher risk of mental health conditions, substance- use disorders and suicide. In addition, mental health services access may be difficult for personal and social barriers as well as a lack of adequate and specific mental health support. This review aims to assess and describe international policies, guidelines, position statements and recommendations regarding the promotion and protection of mental health rights for LGBTQI people. The search has been focussed on peer-reviewed papers, Governmental and Mental Health Association- Guidelines and Position Statements, Health Agencies - Guidelines and Position Statements (with a specific focus on mental health), LGBTQI Alliances and Foundations Publishing (with a specific focus on mental health). In addition, relevant international initiatives, and projects in the field of LGBTQI mental health will be described. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Whelan, D. (2021). "Application of the Paternalism Principle to Constitutional Rights: Mental Health Case-Law in Ireland." European Journal of Health Law **28**(3): 223-243.
In adjudicating on matters relating to fundamental constitutional or human rights, courts make important statements about the principles which apply. The principles articulated will have a profound impact on the outcomes of such cases, and on the development of case-law in the relevant field. In the fields of medical law and mental health law, various courts have moved away from deference to medical decision-making and paternalism to a person-centred rights-based approach. However, courts in Ireland have continued to interpret mental health law in a paternalistic fashion, praising paternalism as if it is particularly suitable for mental health law. This raises profound questions about judicial attitudes to people with mental health conditions and judicial reluctance to confer full personhood on people with disabilities. This article outlines case-law in Ireland regarding paternalism in mental health law and discusses the consequences for constitutional rights in Ireland.

Williams, J. and E. Y. Drogin (2019). "Older adult mental health law special issue, International Journal of Law and Psychiatry." International Journal of Law and Psychiatry **66**: 101465.

Wilson, K. E. (2020). "The Abolition or Reform of Mental Health Law: How Should the Law Recognise and Respond to the Vulnerability of Persons with Mental Impairment?" Medical Law Review **28**(1): 30-64.
Vulnerability theory challenges the assumption that human beings are abstract and invulnerable liberal subjects and insists that any decent and just society must create law

that takes into account and tries to ameliorate human vulnerability. In this article, I explore how vulnerability might apply in the context of the debate about the future of mental health law that has arisen since the entry into force of the Convention on the Rights of Persons with Disabilities (CRPD) in 2008; namely, whether mental health law should be abolished or reformed. In doing so, this article addresses three key issues: (i) how to conceptualise vulnerability; (ii) whether persons with mental impairments really are vulnerable and in what ways; and (iii) how the law should respond to the vulnerability of persons with mental impairments post-CRPD. It describes and compares three different approaches with respect to how well they address vulnerability: the Abolition with Support, Mental Capacity with Support, and the Support Except Where There is Harm Models. It argues that the law should try to accurately capture and ameliorate the vulnerability of those who are subject to it as much as possible. It also argues that from a vulnerability perspective, the reform of mental health law may be better than its abolition and that decreasing the vulnerability of persons with mental impairment requires systemic reform, resources, and cultural change. (© The Author(s) 2019. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Winkler, P., et al. (2020). "Adherence to the Convention on the Rights of People with Disabilities in Czech Psychiatric Hospitals: A Nationwide Evaluation Study." Health and human rights **22**(1): 21-33.
This study sought to evaluate the quality of care in Czech psychiatric hospitals and adherence to the Convention on the Rights of Persons with Disabilities (CRPD). Each psychiatric hospital was evaluated by a team comprising a service user, a psychiatrist, a social worker, a human rights lawyer, and a researcher, all trained in using the World Health Organization's QualityRights Toolkit. We conducted content analysis on internal documents from psychiatric hospitals, observed everyday practices, and conducted 579 interviews across public psychiatric hospitals between 2017 and 2019. We found that none of the CRPD articles as assessed by the QualityRights Toolkit was fully adhered to in Czech psychiatric hospitals. We recommend both facility- and system-level interventions to improve CRPD adherence in the Czech context and in the wider region of Central and Eastern Europe. To achieve this, substantial investments are required.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Winkler, Kondrátová, Kagstrom, Kučera, Palánová, Salomonová, Šturma, Roboch, and Murko.)

Yu, S.-Y., et al. (2022). "Human Rights of Persons With Mental Illness After the Korean Mental Health Act Revision: A Qualitative Study." Journal of Psychosocial Nursing & Mental Health Services **60**(8): 27-35.
After the Constitutional Court of Korea ruled that the provision of involuntary admissions was unconstitutional, as it violates personal freedom, the Mental Health and Welfare Act was amended in 2016. The current study explores involuntary admission and discharge experiences, after the law's revision, from a patient-centered perspective and suggests future directions to protect human rights. Data were collected from seven persons with mental illness and three family members through in-depth individual interviews and analyzed using thematic analysis. Persons with mental illness were still not guaranteed full autonomy and the right to receive proper treatment due to lack of mental health resources. The burden on family caregivers was amplified by stricter admission requirements. These results indicate the need for human rights–friendly emergency services, including peer crisis shelters and procedural assistance services. The government should develop community-based mental health services to ensure continuity of care without imposing public responsibility on family members. [Journal of Psychosocial Nursing and Mental Health Services, 60(8), 27–35.]

Zinkler, M. (2019). "Supported decision making in the prevention of compulsory interventions

in mental health care." Frontiers in Psychiatry **10**.
Based on the General Comment on Article 12 of the CRPD, supported decision making may hold potential in replacing substitute decision making and in reducing coercive interventions in mental health care. To implement supported decision making in clinical practice, it should not stop at capacity assessments or at situations where the health and safety of the person concerned are at risk. Promising approaches in the support of people with severe mental illness are the Open Dialogue model, Advance Statements and Crisis Resolution/Home Treatment Teams. Based on their lived experience with mental health problems, peer support workers are in a unique position to support professionals in eliciting will and preferences to guide treatment and support. Clinical techniques in building trustful relationships and in effective communication with people suffering from psychosis and depression need improving. Mental health care research and clinical services should embrace this challenge. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Zúñiga-Fajuri, A. and M. Zúñiga-Fajuri (2019). "Mental health policies tackling violation of children's human rights in Chile." The Lancet. Child & adolescent health **3**(4): 210-211.

MENTAL health (256)

(2022). "Editorial Perspective: Using the levers to improve the mental health transitions of 15–25 year olds – learning from the evidence across the whole of health, social care and beyond." Child & Adolescent Mental Health **27**(4): 430-432.
Reflecting on the findings from the Scoping Review paper by Adu et al. (2022) and the insightful commentary from Emma and Toni Wakefield (2022) gave me the opportunity to ask all of us whether user, carer, practitioner, educator, researcher or policymaker, how can we together convert the growing evidence about best models of transitions into a reality? One that delivers across pathways of care and across geographies, with positive, sustainable and measurable whole systems change; both for Transitional Age Youth (TAY) with extant mental health problems and also a model that is able to sustain the population mental health and well-being of all 15–25 year olds. In this commentary, I discuss the essential framework needed to develop the system change discussed in these papers. [ABSTRACT FROM AUTHOR]

Abbott, S. (2022). "A study exploring how social work AMHPs experience assessment under mental health law: Implications for human rights-oriented social work practice." British Journal of Social Work **52**(3): 1362-1379.
There is little empirical research focusing on how social workers experience the law in their everyday professional practice, and still less on how mental health social workers experience assessment for compulsory admission under mental health law. The article is informed by a hermeneutic phenomenological approach, drawing on in-depth interviews and practitioner diaries with social work Approved Mental Health Professionals (AMHPs), providing exploration of how social work AMHPs experience compulsory assessment under mental health law in practice. This is revealed as a socio-relational process, involving a focus on the person in their environment in relation to others, such as family and professionals. Ethical challenges realising human rights social work practice are illuminated. This draws attention to how space for such practice can be eroded by systems conditions. The importance of amplifying the voice of the person assessed is highlighted in the context that their voice is severely diminished during the process of assessment. The article provides insights on the complexity involved in compulsory mental health practice, drawing attention to trust as an important concept. Finally, the article argues that realising human rights-oriented AMHP practice requires social work to challenge systems conditions that erode the ability to do so. (PsycInfo

Database Record (c) 2023 APA, all rights reserved)

Agarwal, V., et al. (2022). "Human rights in mental health with specific focus on international standards and clinical practices." International Journal of Human Rights in Healthcare **15**(1): 86-101.
Purpose: This research aims to discuss the key civil rights problems in mental well-being and the solutions to those challenges in standard-setting and institutional practice, as well as proposes an integrated approach to adapting the emerging principles of practice to divisive mental health concerns. Design/methodology/approach: This study is based on review of literature focused on mental health and human rights with special reference to international standards and clinical practices. Recent articles related to mental health and human rights and mechanisms suggested by United nations were included to draw conclusion. Findings: Review of literature suggested to switch from reactive to a constructive and pragmatic approach, which is community-based, emphasizing alliance, rather than action, when the client is still too damaged to agree. Treatment should go hand in hand with mental health and civil rights education in the neighbourhood, as well as opportunities for engagement in shared interests in the group and interaction of other individuals with living experience. Originality/value: While consent to care is a vital issue for human rights, the view of individuals with psychiatric illnesses as dangerous and 'out of reach' is perpetuated by a disproportionate emphasis on it. Treatment should go hand in hand with mental health and civil rights education in the neighbourhood, as well as opportunities for engagement in shared interests in the group and interaction of other individuals with living experience. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian Journal of Community Health **31**(2): 173-178.
Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural counterparts. [ABSTRACT FROM AUTHOR]

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian

Journal of Community Health **31**(2): 173-178.

Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural counterparts.

Ahn, S. and Y. Yi (2022). "Factors influencing mental health nurses in providing person-centered care." Nursing Ethics **29**(6): 1491-1502.

Background: Mental health nurses advocate for patients through a person-centered approach because they care for people experiencing mental distress who tend to be limited to exercising their human rights and autonomy through interpersonal relationships. Therefore, it is necessary to provide high-quality person-centered care for these patients by identifying the influencing factors. Aim: This study aims to identify the factors affecting mental health nurses in performing person-centered care for patients. Research design: This study had a cross-sectional, descriptive-correlational survey design. Participants and method: Nurses (N = 166) working at psychiatric wards in Korea completed an online questionnaire on moral sensitivity, attitudes toward people with mental illness, and person-centered care. The t-test and stepwise multiple regression analysis were used. Ethical considerations: Ethical approval for the study was obtained from the relevant ethics committee. Findings: Moral sensitivity was a significant factor correlating with the provision and perception of person-centered care. Attitudes toward patients had no effect on person-centered care. The predictor variables for the provision of person-centered care (R2 = 0.247) were moral sensitivity (β = 0.33), having a professional qualification (β = 0.19), marital status (β = 0.18), and closed ward (β = −0.15). The predictor variables for the perception of person-centered (R2 = 0.150) care were closed ward (β = −0.25), moral sensitivity (β = 0.23), and marital status (β = 0.18). Discussion and conclusion: Mental health nurses can strengthen person-centered care by improving moral sensitivity related to the ethical aspect of nursing and professional competence to address the complex needs of patients. Person-centered care needs to be applied more carefully in closed wards where human rights issues may arise. Through these efforts, the dignity of patients can be protected. [ABSTRACT FROM AUTHOR]

Ahn, S. and Y. Yi (2022). "Factors influencing mental health nurses in providing person-centered care." Nursing Ethics **29**(6): 1491-1502.

Background: Mental health nurses advocate for patients through a person-centered approach because they care for people experiencing mental distress who tend to be limited to exercising their human rights and autonomy through interpersonal relationships. Therefore, it is necessary to provide high-quality person-centered care for these patients by identifying the influencing factors. Aim: This study aims to identify the factors affecting mental health nurses in performing person-centered care for patients. Research design: This study had a cross-sectional, descriptive-correlational survey design. Participants and method: Nurses (N = 166) working at psychiatric wards in Korea completed an online questionnaire on moral sensitivity, attitudes toward people with mental illness, and person-centered care. The t-test and stepwise multiple regression analysis were used. Ethical considerations: Ethical approval for the study was obtained from the relevant ethics committee. Findings: Moral sensitivity was a significant factor correlating with the provision and perception of person-centered care. Attitudes toward patients had no effect on person-centered care. The predictor variables for the provision of person-centered care (R2 = 0.247) were moral sensitivity (β = 0.33), having a professional qualification (β = 0.19), marital status (β = 0.18), and closed ward (β = −0.15). The predictor variables for the perception of person-centered (R2 = 0.150) care were closed ward (β = −0.25), moral sensitivity (β = 0.23), and marital status (β = 0.18). Discussion and conclusion: Mental health nurses can strengthen person-centered care by improving moral sensitivity related to the ethical aspect of nursing and professional competence to address the complex needs of patients. Person-centered care needs to be applied more carefully in closed wards where human rights issues may arise. Through these efforts, the dignity of patients can be protected.

Alabdulla, M., et al. (2023). "Human rights as the key driver for development of Learning Disability services in Qatar." Research in Developmental Disabilities **136**: N.PAG-N.PAG.

Growing international consensus in recognising rights of individuals with disability to enabling environments has spurred on provision of services for support for these individuals. The provision of this support has however been variable across the globe, often depending upon the economic development and social stigma associated with disability within individual countries. Individuals with Mental health learning disability have experienced even more stigma and limitations to access care. Qatar, a young and economically prosperous country, has adopted this rights-based approach to developing services for individuals with learning disability. This has led to the development of a specialist mental health learning disability services which is taking its initial steps within the country. This specialist service places the individual and their family at the centre of developing and delivering care and aims at reducing stigma and improving access to specialist evidence-based care. • Describes the essential drivers in one of the first purposively developed Mental Health & Learning disability services in the Middle East and North African Region. • Contextualises this development within human rights framework which underlines principles of care delivery and future devopments. • Can inform healthcare policy and development of similar services in other regions of Asia. [ABSTRACT FROM AUTHOR]

Albuquerque, C. P. and A. C. Carvalho (2020). "Identification of Needs of Older Adults With Intellectual Disabilities." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 123-131.

Information regarding individual needs of older adults with intellectual disabilities (IDs) is scarce although it is very important both from a person-centered planning perspective and from a proactive service system perspective. This study has three main aims: (1) to identify and describe staff perceptions of the needs of a large group of adults aged 45 or over with IDs; (2) to analyze the perceived needs as function of age, gender, and level of disability; (3) to present information about the development and the psychometric properties of the assessment instrument used. The participants were 232 Portuguese older adults with IDs (mean age = 52), predominantly male (n = 129). There were 66 staff members who assessed the needs of the IDs participants through the Inventory of Identification of Needs (IIN). The IIN demonstrated satisfactory psychometric properties (e.g., internal consistency, interrater reliability, construct validity). The unmet needs were numerous and diverse, but those that were perceived as more prevalent were: literacy, handling of money, information on rights, self-care, information on services, communication, occupation at holidays, occupation at weekends, general physical health, cognitive rehabilitation, and daytime activities. The needs were influenced by the disability level: regarding Literacy/Information and Occupation/Community, needs were significantly more common in persons with a moderate and/or severe disability. The influence of age was registered only in Mental Health. The needs identified should guide the planning and development of service provision. These should offer literacy learning experiences, information about the rights of persons with disabilities, information about the services available, self-care assistance or training in self-care skills; and meaningful activities during regular time periods, weekends and holidays. [ABSTRACT FROM AUTHOR]

Albuquerque, C. P. and A. C. Carvalho (2020). "Identification of Needs of Older Adults With Intellectual Disabilities." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 123-131.

Information regarding individual needs of older adults with intellectual disabilities (IDs) is scarce although it is very important both from a person-centered planning perspective and from a proactive service system perspective. This study has three main aims: (1) to identify and describe staff perceptions of the needs of a large group of adults aged 45 or over with IDs; (2) to analyze the perceived needs as function of age, gender, and level of disability; (3) to present information about the development and the psychometric properties of the assessment instrument used. The participants were 232 Portuguese older adults with IDs (mean age = 52), predominantly male (n = 129). There were 66 staff members who assessed the needs of the IDs participants through the Inventory of Identification of Needs (IIN). The IIN demonstrated satisfactory psychometric properties (e.g., internal consistency, interrater reliability, construct validity). The unmet needs were numerous and diverse, but those that were perceived as more prevalent were: literacy, handling of money, information on rights, self-care, information on services, communication, occupation at holidays, occupation at weekends, general physical health, cognitive rehabilitation, and daytime activities. The needs were influenced by the disability level: regarding Literacy/Information and Occupation/Community, needs were significantly more common in persons with a moderate and/or severe disability. The influence of age was registered only in Mental Health. The needs identified should guide the planning and development of service provision. These should offer literacy learning experiences, information about the rights of persons with disabilities, information about the services available, self-care assistance or training in self-care skills; and meaningful activities during regular time periods, weekends and holidays.

Alexandrov, N. V. and N. Schuck (2021). "Coercive interventions under the new Dutch mental health law: Towards a CRPD-compliant law?" International Journal of Law and Psychiatry **76**: 101685.

The Netherlands became State Party to the United Nation Convention on the Rights of Persons with Disabilities (CRPD) in 2016, a treaty that holds great promise for promoting and protecting human rights of persons with mental disorders. Yet, the Dutch government also made explicit reservations to the Convention. On 1 January 2020, the

Netherlands introduced a new mental health law, the Compulsory Mental Health Care Act (CMHCA), which aims to strengthen the legal status of persons with psychiatric illnesses. To which extent does the new Dutch mental health law comply with the regulations as outlined in the CRPD? In this article, we examine how coercive interventions, specifically the elements of competence, involuntary treatment and involuntary admission are regulated in the domestic legislation and compare them to the CRPD approach. A normative analysis combined with literature review helps to understand the law, reveal the gaps and uncover the barriers that remain. Is there a need to reassess the domestic legal provisions allowing for coercive treatment, and if so, what advancements are required? After all, should the CRPD be strictly adhered to at all times? (Copyright © 2021 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

Alexandrov, N. V. and N. Schuck (2021). "Coercive interventions under the new Dutch mental health law: Towards a CRPD-compliant law?" International Journal of Law & Psychiatry **76**: N.PAG-N.PAG.
The Netherlands became State Party to the United Nation Convention on the Rights of Persons with Disabilities (CRPD) in 2016, a treaty that holds great promise for promoting and protecting human rights of persons with mental disorders. Yet, the Dutch government also made explicit reservations to the Convention. On 1 January 2020, the Netherlands introduced a new mental health law, the Compulsory Mental Health Care Act (CMHCA), which aims to strengthen the legal status of persons with psychiatric illnesses. To which extent does the new Dutch mental health law comply with the regulations as outlined in the CRPD? In this article, we examine how coercive interventions, specifically the elements of competence, involuntary treatment and involuntary admission are regulated in the domestic legislation and compare them to the CRPD approach. A normative analysis combined with literature review helps to understand the law, reveal the gaps and uncover the barriers that remain. Is there a need to reassess the domestic legal provisions allowing for coercive treatment, and if so, what advancements are required? After all, should the CRPD be strictly adhered to at all times?

Alim, M., et al. (2021). "Relationship between experiences of systemic injustice and wellbeing among refugees and asylum seekers: a systematic review." Australian Psychologist **56**(4): 274-288.
This study is a systematic review of the literature on systemic injustice and wellbeing among refugees and asylum seekers. The review was conducted using the PRISMA guidelines for conducting systematic reviews. Four main databases were searched, and studies were screened based on specific inclusion criteria. The data were extracted and analysed using thematic analysis. Fourteen studies, with various research designs met the study inclusion criteria. The themes identified were that "justice is human rights and a balance in power". Consequences of experiencing systemic injustice were highlighted in the theme of "mistrust in the legal system and a preference for informal forms of justice". Systemic injustice has negative impacts on wellbeing which formed the themes of "injustice and wellbeing", "sense of agency/control" and "anger at injustice". Experiences of systemic injustice have a negative impact on the wellbeing of refugees and asylum seekers. Implications for refugee and asylum seeker wellbeing are discussed along with suggestions for working with this population. KEY POINTS What is already known about this topic: (1) Justice is fundamentally important to humans. (2) Experiencing an injustice has many negative consequences for wellbeing. (3) People with refugee and asylum seeker backgrounds face many risk factors for negative wellbeing and mental health. What this topic adds: (1) Refugees and asylum seekers understand justice in terms of human rights and as a balance of power. (2) Refugees and asylum seekers face many barriers and to accessing justice through legal pathways and

as such express a mistrust of the legal system. (3) A loss of control and agency over one's life was associated with negative wellbeing outcomes. [ABSTRACT FROM AUTHOR]

Alim, M., et al. (2021). "Relationship between experiences of systemic injustice and wellbeing among refugees and asylum seekers: A systematic review." Australian Psychologist **56**(4): 274-288.
Objective: This study is a systematic review of the literature on systemic injustice and wellbeing among refugees and asylum seekers. Methods: The review was conducted using the PRISMA guidelines for conducting systematic reviews. Four main databases were searched, and studies were screened based on specific inclusion criteria. The data were extracted and analysed using thematic analysis. Results: Fourteen studies, with various research designs met the study inclusion criteria. The themes identified were that 'justice is human rights and a balance in power'. Consequences of experiencing systemic injustice were highlighted in the theme of 'mistrust in the legal system and a preference for informal forms of justice'. Systemic injustice has negative impacts on wellbeing which formed the themes of 'injustice and wellbeing', 'sense of agency/control' and 'anger at injustice'. Conclusions: Experiences of systemic injustice have a negative impact on the wellbeing of refugees and asylum seekers. Implications for refugee and asylum seeker wellbeing are discussed along with suggestions for working with this population. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Alsamara, T. and L. Mouaatarif (2023). "[Mental health of migrants under international legal texts and clinical practice: what is the role of culture?]." The Pan African medical journal **44**: 98.
This study examines the mental health of migrants under international legal texts and clinical practice. It highlights to what extent the right to mental health of migrants is guaranteed in international legal texts. It then relates this right to national practice in France. It determines practice guidelines addressing migrants' mental health. The purpose of this clinical study is to identify the adequacy of international legal texts to guarantee this right as an integral part of human rights. The individual in his or her singularity is at the heart of our work. However, a multidisciplinary approach will also address socio-cultural, anthropological and environmental factors. Indeed, steeped in clinical and social realities, we wonder how one can deny the cultural dimension of all human interactions and thus the basis of the helping relationship. We therefore understand that we need to broaden our conceptual and clinical/social framework through our awareness of clinical medical anthropology. Culture partly shapes the individual and his or her behaviour. It helps to make sense of the experiences that occur in each person's life and to prepare for what might happen.; Competing Interests: Les auteurs ne déclarent aucun conflit d'intérêts. (Copyright: Tareck Alsamara et al.)

Aluh, D. O., et al. (2022). "Nigeria's mental health and substance abuse bill 2019: Analysis of its compliance with the United Nations convention on the rights of persons with disabilities." International Journal of Law and Psychiatry **83**: 101817.
Countries are struggling with reconciling their national mental health legislation with the CRPD approach, which stresses equality as the focal point of legislation, policies, and practices that affect people with disabilities. Several failed attempts have been made over the last two decades to update Nigeria's obsolete mental health legislation. The most recent attempt is the Mental Health and Substance abuse Bill 2019, which aims to protect the rights of people with mental health needs. It addresses many areas neglected by previous bills, such as non-discrimination of people with mental and substance use problems in the exercise of their civil, political, economic, social, full employment, religious, educational, and cultural rights. It categorically prohibits the use of seclusion

in the treatment of people with mental health problems, makes provision for service users to be members of the Mental health review tribunal and allows for the protection of privacy and confidentiality of information about people with mental health problems. While keeping to most of WHO's recommendations for mental health legislation, the bill diverges from the CRPD's recommendations by allowing forced admission and treatment based on mental capacity, substitute decision-making by legal representatives or closest relatives, and non-prohibition of coercive practices. The bill does not make provisions for advance directives and is silent on informed consent to participate in research. Despite the bill's deficiencies, it would be a significant step forward for the country, whose current mental health legislation is the Lunacy Act of 1958. Although the CRPD has left it unclear how countries, especially low resource countries, should go about creating a workable legal framework, it is clear that all countries are expected to join the current global effort to eliminate, or at least reduce to the barest minimum, the use of coercion in mental health care. We expect that future revisions of this bill will examine its limitations in light of Nigeria's socio-cultural context. (Copyright © 2022 Elsevier Ltd. All rights reserved.)

Amering, M. (2021). "Mental health and human rights of women." European Psychiatry **64**: S45-S46.

Introduction: Mental health stigma and discrimination interact with gender inequality and the discrimination of women and girls to their mental health detriment. Objectives: Present and discuss the challenges and opportunities of a human rights based approach to womens' mental health. Methods: Non-systematic review of policy and practice of human rights based interventions for womens' mental health. Results: Current mental health as well as gender equality legislation converge towards the realization of longstanding demands of equality for women as well as for persons with mental health problems: removal of barriers, respect and enablement of autonomy, renewed efforts toward effective inclusion in all spheres of life. Essential changes through non-discrimination laws concern key areas, including family planning, marriage and parenthood, employment, housing, education, health, standards of living and social, political and cultural participation, along with the right to be free from exploitation, violence and abuse. Because of the cumulation and the interaction of gender-based and other forms of discrimination, legislations such as the UN-Convention on the Rights of Persons with Disabilities (UN-CRPD) include a focus on genderspecific human rights needs of women and girls. Family advocacy in mental health is prominently supported by female activists as is the user movement. Conclusions: The opportunities of a successful development towards non-discrimination and gender equality in mental health care are dependent on a viable understanding of these concepts within the mental health community as well as updated expertise concerning tools for implementation of support systems sensitive to the human rights needs of women and girls. [ABSTRACT FROM AUTHOR]

Antoine, B., et al. (2020). "Reshaping Community Mental Health Services during the COVID-19 Epidemic - Report from the 59G21 Service in Lille, France." Health Services Insights **13**: 1178632920954876.

The COVID-19 pandemic led to a rapid transformation of the health care system to cope with the risk of contamination and of developing a severe form of the infection. Although it is an international crisis, strategies have been decided nationally. In France, priority was given to hospital reorganization, especially intensive care units. Reorganization of primary health and mental health services took place with late and inadequate national guidelines or coordination. For mental health services, lack of visibility on the crisis impact on mental health, and difficulties in defining their place in the overall health strategy appeared as the main challenges to overcome. These rapid transformations impacted the whole organization of community mental health care. Any strategies developed must ensure that every person enjoys the highest attainable standard of physical and mental health. Using a systemic approach, it has been necessary to identify both status and risk factors of communities, and to implement appropriate and efficient health promotion and crisis resolution actions. These theoretical issues and their practical impact are discussed using the field strategy developed during the first 28 days of confinement by the 59G21 service in Lille, France.; Competing Interests: Declaration of conflicting interests:The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. (© The Author(s) 2020.)

Anttila, M., et al. (2023). "Recovery-oriented mental health principles in psychiatric hospitals: How service users, family members and staff perceive the realization of practices." Journal of Advanced Nursing (John Wiley & Sons, Inc.) **79**(7): 2732-2743.
Aims: The aim of the study was to describe and compare how recovery-oriented mental health principles have been realized in Finnish psychiatric hospitals from the viewpoint of different stakeholders (service users, family members and staff). Design: A multimethod research design was adopted to combine both quantitative and qualitative descriptive methods. Methods: A total of 24 focus group interviews were conducted with service users (n = 33), family members (n = 3) and staff (n = 53) on 12 psychiatric Finnish hospital wards (October 2017). The interview topics were based on six recovery-oriented principles (WHO QualityRights Tool Kit, 2012). A quantitative deductive analysis was conducted to describe and compare the realization of the recovery-oriented principles between three stakeholder groups. A qualitative deductive content analysis was used to describe participants' perceptions of the realization of recovery-oriented principles in practice. The GRAMMS guideline was used in reporting. Results: Out of six recovery-oriented principles, 'Dignity and respect' was found to have been realized to the greatest extent on the psychiatric wards. The most discrepancy between the participant groups was seen in the 'Evaluation of recovery'. Service users and family members found the realization of the practices of all principles to be poorer than the staff members did. Wide variation was also found at the ward level between perceptions among participants, and descriptions of the realization of the principles in psychiatric hospital practice. Conclusion: Perceptions about the realization of recovery-oriented principles in practice in Finnish psychiatric hospitals vary between different stakeholder groups. This variation is linked to differing ward environments. Impact More research is needed to understand the factors associated with variation in perceptions of recovery principles. Patient or Public Contribution: Service users and family members participated in this study. [ABSTRACT FROM AUTHOR]

Ardila-Gómez, S., et al. (2019). "The mental health users' movement in Argentina from the perspective of Latin American Collective Health." Global Public Health **14**(6/7): 1008-1019.
The mental health users' movement is a worldwide phenomenon that seeks to resist disempowerment and marginalisation of people living with mental illness. The Latin American Collective Health movement sees the mental health users' movement as an opportunity for power redistribution and for autonomous participation. The present paper aims to analyze the users' movement in Argentina from a Collective Health perspective, by tracing the history of users' movement in the Country. A heterogeneous research team used a qualitative approach to study mental health users' associations in Argentina. The local impact of the Convention on the Rights of Persons with Disabilities and the regulations of Argentina's National Mental Health Law are taken as fundamental milestones. A strong tradition of social activism in Argentina ensured that the mental health care reforms included users' involvement. However, the resulting growth of users' associations after 2006, mainly to promote their participation through institutional channels, has not been followed by a more radical power distribution.

Associations dedicated to the self-advocacy include a combination of actors with different motives. Despite the need for users to form alliances with other actors to gain ground, professional power struggles and the historical disempowerment of 'patients' stand as obstacles for users' autonomous participation. [ABSTRACT FROM AUTHOR]

Asnaani, A., et al. (2020). "Mobilizing mental health training efforts to align with advocacy for disenfranchised groups in global contexts: Trauma-related training in the Caribbean as an example." the Behavior Therapist **43**(7): 254-260.
This paper presented a detailed account of the logistics, implementation, challenges, and benefits of engaging in a research-advocacy partnership, with trauma-related training in a global context. as an example of how such a partnership can work well. However, this project is still ongoing, and as it continues to grow, it is important to continually assess the impact of such a partnership. Thus, future directions are framed more readily as questions around how to effectively continue engaging in this fairly unchartered territory. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Aultman, J. M. (2019). "How Should Health Care Professionals Address Social Determinants of Refugee Health?" AMA Journal of Ethics **21**(3): E223-E231.
In the case scenario, RJ is a resettled refugee teenager who presents to his physician with vitamin B 12 deficiency, anemia, and symptoms of mental illness. This commentary considers social determinants of refugee health and the moral importance of freedom to achieve well-being. The capabilities framework is used to analyze this case because it offers an ethical framework for understanding and evaluating social determinants of refugee health that either promote or diminish freedom to achieve well-being. By using this framework to consider social isolation as a negative social determinant of refugee health, clinicians and institutions can be caregivers as well as advocates for social justice, fulfilling 2 core ethical obligations to refugee communities. (© 2019 American Medical Association. All Rights Reserved.)

Ayalon, L., et al. (2021). "Climate Change and Mental Health of Older Persons: A Human Rights Imperative." American Journal of Geriatric Psychiatry **29**(10): 1038-1040.
Climate change threatens the basic prerequisites for wellbeing, including clean air and water, food supply and the adequacy and security of shelter. Climate change is a powerful and ongoing presence in the lives of older persons, both creating and exacerbating vulnerabilities. The absence of a legally binding international instrument specifically protecting the human rights of older persons and minimal references to older persons in key international climate instruments attest to the lack of attention to and visibility of older persons in national and international law. There is a need to integrate the areas of older people and environmental sustainability to ensure that the rights of older people are preserved especially now, as the effects of the climate change crisis become more pronounced.

Ayalon, L., et al. (2021). "Participation of older persons with mental health conditions and psychosocial disabilities in the labor market." The American Journal of Geriatric Psychiatry **29**(10): 1033-1037.
This paper discusses the right to work as a basic human right that should be granted unrelated to chronological age, health or mental health status and disability including declining cognitive functioning. The benefits of continued employment are both at the individual level and at the organizational and societal levels. Nonetheless, there are multiple barriers that prevent older people and particularly older people with mental conditions and psychosocial disabilities from remaining in the workforce and/or from rejoining the workforce. We outline interventions at the organizational, national, and international levels to ensure the full participation of people of all ages and abilities in the workforce. Such interventions should address the intersection between disabilities

and advanced age at the global, regional, and country levels. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Banerjee, D., et al. (2021). "Dignity of Older Persons With Mental Health Conditions: Why Should Clinicians Care?" Frontiers in Psychiatry **12**: 774533.
With a steady increase in population aging, the proportion of older people living with mental illness is on rise. This has a significant impact on their autonomy, rights, quality of life and functionality. The biomedical approach to mental healthcare has undergone a paradigm shift over the recent years to become more inclusive and rights-based. Dignity comprises of independence, social inclusion, justice, equality, respect and recognition of one's identity. It has both subjective and objective components and influences life-satisfaction, treatment response as well as compliance. The multi-dimensional framework of dignity forms the central anchor to person-centered mental healthcare for older adults. Mental health professionals are uniquely positioned to incorporate the strategies to promote dignity in their clinical care and research as well as advocate for related social/health policies based on a human rights approach. However, notwithstanding the growing body of research on the neurobiology of aging and old age mental health disorders, dignity-based mental healthcare is considered to be an abstract and hypothetical identity, often neglected in clinical practice. In this paper, we highlight the various components of dignity in older people, the impact of ageism and mental health interventions based on dignity, rights, respect, and equality (including dignity therapy). It hopes to serve as a framework for clinicians to incorporate dignity as a principle in mental health service delivery and research related to older people.; Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. (Copyright © 2021 Banerjee, Rabheru, Ivbijaro and Mendonca Lima.)

Barrera Rojas, M. A. and A. Baeza Ruiz (2021). "La salud mental como derecho humano en Quintana Roo, México Análisis desde la disciplina de la política pública = Mental health as a human right in Quintana Roo, Mexico Analysis from the discipline of public policy." Interdisciplinaria Revista de Psicología y Ciencias Afines **38**(3): 257-274.
An elementary condition of any human right is that once it appears in legislation, the government, be it federal, regional or local, is obliged to provide both legal and political conditions as well as physical infrastructure to guarantee full access and enjoyment of the human right in question. Thus, in the academic literature, the analysis of human rights focuses mainly on those which already have that status (access to education, non-discrimination, political rights, children’s rights, indigenous rights, women’s rights, political rights, property rights, human rights for older adults), leaving aside those which do not yet have a status as human right, but which itshould be, such as mental health, for example. And it is precisely on this topic that this document focuses. From the foregoing, it follows the observation that it is very evident that academic discussions on human rights focus on jurisprudential and jurisdiction issues, however, there are very few articles where these are analyzed from the discipline of public policy, and are stillness where the viability of a right to become a human right is analyzed from a perspective where psychology and public policy are involved. Even though health in its broadest definition considers mental health as one of its components, the reality is that public health policy has prioritized physical health over mental health, which is undoubtedly an operationalization bias. This forces a review of the conditions that exist to elevate mental health as a human right in the state of Quintana Roo in Mexico. In order to comply with the above sentence, a vast documentary review as first carried out, mainly of the World Health Organization (WHO) and its guidelines on the design and implementation of health policy, as well as statistics on the situation of mental health and some mental disorders both in the world and in Mexico. The conceptual part is

supported in the discussion of basic concepts of public policy, for example o, transversality. The selection of this concept is due to the fact that theoretically public policies, from their conception as a public problem, through their design and management, to their evaluation, must be aligned both horizontally and vertically, that is, they must be coherent between what is mandated and legislates in the federal, state and municipal order and must be appropriate with other policies of the government order in question. Another important part of the conceptual discussion centers on the definition of the human rights. The proposed methodology involved cabinet and documentary work, both legal and newspaper, and official documents by the Mexican and Quintana Roo government to analyze the legal and policy conditions, mainly the basic elements of transversality, governance and public policies design about mental health in the state of Quintana Roo, Mexico. Among the results, it can be found that although there is already a minimum floor in legal matters at the federal level, even at the state level, even though initiatives have been presented from the government itself and from non-governmental entities, it is difficult to think that in In the short term, there are sufficient political, public policy and infrastructure conditions to position mental health as a human right in Quintana Roo. This leaves the door open for this work to be the apex of the discussion on the need and urgency to generate public policies, both in legal terms, as well as budgetary, administrative, operational, and physical infrastructure that allows for the short, medium, and long term. Consider the idea that mental health is a human right in both Quintana Roo and Mexico. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Barrera Rojas, M. A. and A. Baeza Ruiz (2021). "La salud mental como derecho humano en Quintana Roo, México. Análisis desde la disciplina de la política pública." Interdisciplinaria **38**(3): 257-274.
Abstract: En la literatura académica son muy escasos los esfuerzos en los que se analiza, desde la disciplina de la política pública, a un derecho humano específico. Para este trabajo se analizará el caso de la salud mental como derecho humano en Quintana Roo, México. Para dar cumplimiento a lo anterior, se planteó una metodología de revisión histórico-documental que permitió analizar si existen elementos básicos de política pública en materia de salud mental en Quintana Roo. Entre los resultados se encontró que, si bien ya existe un piso mínimo de política pública, no hay condiciones de infraestructura suficientes para poder considerar a la salud mental como derecho humano. Esto deja abierta la puerta a que este trabajo sea el ápice de la discusión sobre la necesidad de generar políticas públicas enfocadas a generar infraestructura física que permitan, en el mediano y largo plazo, considerar la idea de que la salud mental sea derecho humano. Abstract: An elementary condition of any human right is that once it appears in legislation, the government, be it federal, regional or local, is obliged to provide both legal and political conditions as well as physical infrastructure to guarantee full access and enjoyment of the human right in question. Thus, in the academic literature, the analysis of human rights focuses mainly on those which already have that status (access to education, non-discrimination, political rights, children's rights, indigenous rights, women's rights, political rights, property rights, human rights for older adults), leaving aside those which do not yet have a status as human right, but which it should be, such as mental health, for example. And it is precisely on this topic that this document focuses. From the foregoing, it follows the observation that it is very evident that academic discussions on human rights focus on jurisprudential and jurisdiction issues, however, there are very few articles where these are analyzed from the discipline of public policy, and are stillness where the viability of a right to become a human right is analyzed from a perspective where psychology and public policy are involved. Even though health in its broadest definition considers mental health as one of its components, the reality is that public health policy has prioritized physical health over mental health, which is undoubtedly an operationalization bias. This forces a

review of the conditions that exist to elevate mental health as a human right in the state of Quintana Roo in Mexico. In order to comply with the above sentence, a vast documentary review as first carried out, mainly of the World Health Organization (WHO) and its guidelines on the design and implementation of health policy, as well as statistics on the situation of mental health and some mental disorders both in the world and in Mexico. The conceptual part is supported in the discussion of basic concepts of public policy, for example o, transversality. The selection of this concept is due to the fact that theoretically public policies, from their conception as a public problem, through their design and management, to their evaluation, must be aligned both horizontally and vertically, that is, they must be coherent between what is mandated and legislates in the federal, state and municipal order and must be appropriate with other policies of the government order in question. Another important part of the conceptual discussion centers on the definition of the human rights. The proposed methodology involved cabinet and documentary work, both legal and newspaper, and official documents by the Mexican and Quintana Roo government to analyze the legal and policy conditions, mainly the basic elements of transversality, governance and public policies design about mental health in the state of Quintana Roo, Mexico. Among the results, it can be found that although there is already a minimum floor in legal matters at the federal level, even at the state level, even though initiatives have been presented from the government itself nd from non-governmental entities, it is difficult to think that in In the short term, there are sufficient political, public policy and infrastructure conditions to position mental health as a human right in Quintana Roo. This leaves the door open for this work to be the apex of the discussion on the need and urgency to generate public policies, both in legal terms, as well as budgetary, administrative, operational, and physical infrastructure that allows for the short, medium, and long term. Consider the idea that mental health is a human right in both Quintana Roo and Mexico.

Barrera Rojas, M. Á. and A. Baeza Ruiz (2021). "La salud mental como derecho humano en Quintana Roo, México. Análisis desde la disciplina de la política pública." Mental health as a human right in Quintana Roo, Mexico. Analysis from the discipline of public policy. **38**(3): 257-274.

An elementary condition of any human right is that once it appears in legislation, the government, be it federal, regional or local, is obliged to provide both legal and political conditions as well as physical infrastructure to guarantee full access and enjoyment of the human right in question. Thus, in the academic literature, the analysis of human rights focuses mainly on those which already have that status (access to education, non-discrimination, political rights, children's rights, indigenous rights, women's rights, political rights, property rights, human rights for older adults), leaving aside those which do not yet have a status as human right, but which it should be, such as mental health, for example. And it is precisely on this topic that this document focuses. From the foregoing, it follows the observation that it is very evident that academic discussions on human rights focus on jurisprudential and jurisdiction issues, however, there are very few articles where these are analyzed from the discipline of public policy, and are stillness where the viability of a right to become a human right is analyzed from a perspective where psychology and public policy are involved. Even though health in its broadest definition considers mental health as one of its components, the reality is that public health policy has prioritized physical health over mental health, which is undoubtedly an operationalization bias. This forces a review of the conditions that exist to elevate mental health as a human right in the state of Quintana Roo in Mexico. In order to comply with the above sentence, a vast documentary review as first carried out, mainly of the World Health Organization (WHO) and its guidelines on the design and implementation of health policy, as well as statistics on the situation of mental health and some mental disorders both in the world and in Mexico. The conceptual part is supported in the discussion of basic concepts of public policy, for example o,

transversality. The selection of this concept is due to the fact that theoretically public policies, from their conception as a public problem, through their design and management, to their evaluation, must be aligned both horizontally and vertically, that is, they must be coherent between what is mandated and legislates in the federal, state and municipal order and must be appropriate with other policies of the government order in question. Another important part of the conceptual discussion centers on the definition of the human rights. The proposed methodology involved cabinet and documentary work, both legal and newspaper, and official documents by the Mexican and Quintana Roo government to analyze the legal and policy conditions, mainly the basic elements of transversality, governance and public policies design about mental health in the state of Quintana Roo, Mexico. Among the results, it can be found that although there is already a minimum floor in legal matters at the federal level, even at the state level, even though initiatives have been presented from the government itself and from non-governmental entities, it is difficult to think that in In the short term, there are sufficient political, public policy and infrastructure conditions to position mental health as a human right in Quintana Roo. This leaves the door open for this work to be the apex of the discussion on the need and urgency to generate public policies, both in legal terms, as well as budgetary, administrative, operational, and physical infrastructure that allows for the short, medium, and long term. Consider the idea that mental health is a human right in both Quintana Roo and Mexico. (English) [ABSTRACT FROM AUTHOR]

Barros, S., et al. (2021). "Nursing and the rights of people in the field of mental health." Revista brasileira de enfermagem **75**(suppl 3): e75suppl301.

Bemak, F. and R. C.-Y. Chung (2021). "Contemporary Refugees: Issues, Challenges, and a Culturally Responsive Intervention Model for Effective Practice." Counseling Psychologist **49**(2): 305-324.
The vast number of worldwide refugees has caused a global refugee crisis, political turmoil, and heightened anxiety in resettlement countries, stimulating xenophobia and religious tensions. We provide an overview of the four articles in this Major Contribution as a foundation for describing contemporary issues, challenges, and present an effective culturally responsive model of intervention to work with present-day refugees.

Benyah, F. (2021). "Prayer Camps, Mental Health, and Human Rights Concerns in Ghana." Journal of Religion in Africa **51**(3/4): 283-308.
This article discusses the role that Ghana's prayer camps provide in mental health care and the human rights concerns that are expressed. The article argues for the recognition of both state and nonstate actors in dealing with the problem of mental illness and its related human rights concerns. The article maintains that the mere existence of mental health legislation to protect the rights of mental health patients is not enough if it fails to recognise the religious dimensions – the beliefs, faith, or transcendental orientation – of the people who are the target object of such legislation. The article recommends to policy makers, academics, clinicians, and international organisations whose work focuses on mental health, ways in which religious views on mental illness can be harmonised to support modern projects such as human rights aimed at transforming the lives of people. [ABSTRACT FROM AUTHOR]

Benyah, F. (2021). "Prayer camps, mental health, and human rights concerns in Ghana." Journal of Religion in Africa **51**(3-4): 283-308.

Berger, E. and S. Jabr (2020). "Silencing Palestine: Limitations on free speech within mental health organizations." International Journal of Applied Psychoanalytic Studies **17**(2):

193-207.
The authors report on episodes in which five professional mental health organizations—for the most part associations for psychoanalysis and psychoanalytically oriented psychotherapy—have covertly tried to silence members who bring attention to the issue of human rights abuses inflicted by the Israeli occupation of Palestine. These various vignettes illustrate how the leadership of these organizations systematically attempts to limit the activism of their members, even in their "free time," and to forbid the introduction of discussion of Israel/Palestine into their newsletters, meetings, chatrooms, and other organizational venues—despite the fact that these organizations profess their commitment to exploring themes of social justice and to the principle of open dialogue. Implications and recommendations are discussed, particularly the practical need for transparency on the part of our organizations and the intellectual need for a more complete theoretical understanding of the roles of history, ideology, and collective meaning within mental life. [ABSTRACT FROM AUTHOR]

Berger, E. and S. Jabr (2020). "Silencing Palestine: Limitations on free speech within mental health organizations." International Journal of Applied Psychoanalytic Studies **17**(2): 193-207.
The authors report on episodes in which five professional mental health organizations—for the most part associations for psychoanalysis and psychoanalytically oriented psychotherapy—have covertly tried to silence members who bring attention to the issue of human rights abuses inflicted by the Israeli occupation of Palestine. These various vignettes illustrate how the leadership of these organizations systematically attempts to limit the activism of their members, even in their 'free time,' and to forbid the introduction of discussion of Israel/Palestine into their newsletters, meetings, chatrooms, and other organizational venues—despite the fact that these organizations profess their commitment to exploring themes of social justice and to the principle of open dialogue. Implications and recommendations are discussed, particularly the practical need for transparency on the part of our organizations and the intellectual need for a more complete theoretical understanding of the roles of history, ideology, and collective meaning within mental life. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Bhugra, D., et al. (2022). "Social justice, health equity, and mental health." South African Journal of Psychology **52**(1): 3-10.
There is considerable evidence to indicate that stigma and discrimination against people with mental illnesses are widely prevalent across nations. Research also shows that individuals with mental illnesses are likely to die 15–20 years younger than those who do not have these illnesses. In addition, they are more likely to experience delays in help-seeking leading to poor outcomes and are more likely to experience physical illnesses. Stigma and discrimination appear to play a major role in depriving people with mental illnesses of their basic rights. Their economic, political, social, and human rights are often ignored. In this article, we describe the capability to be healthy and basic principles of social justice related to mental health. We discuss findings of discrimination often embedded in laws of countries around the world in the context of basic human rights. We believe that clinicians have a key role as advocates for their patients. Clinicians and policymakers need to work together to bring about social and health equity. [ABSTRACT FROM AUTHOR]

Blanco, V., et al. (2022). "Sexual Victimization and Mental Health in Female University Students." Journal of Interpersonal Violence **37**(15/16): NP14215-NP14238.
Although sexual assaults on female university students are a public health concern, studies that have examined this issue have not used behaviorally specific definitions of the various types of sexual victimization. Furthermore, hardly any data exists on female

Spanish university students. The objectives of this study were to analyze the prevalence of different forms of sexual assault against female Spanish university students, determine the risk factors associated with sexual assault, analyze the association between sexual victimization and mental health problems, and determine the differential risk of more serious types of sexual assault. A cross-sectional study was conducted among a random sample of 871 students from the University of Santiago de Compostela (Spain) (mean age 20.7 years, SD = 2.8). The current study assessed various types of sexual violence (i.e., unwanted sexual contact, attempted coercion, coercion, attempted rape, rape), as well as rates of depression, anxiety, stress, eating disorders, substance abuse, suicide risk, and suicide attempts. Of the female students surveyed, 28.5% had suffered some form of sexual violence during the previous year, 22.3% reported unwanted sexual contact, 8.8% attempted coercion, 6.5% coercion, 10.4% attempted rape, and 7.9% had been raped. Lower risk was associated with having a partner and being heterosexual. Being 18 years of age and prior experiences of sexual victimization were associated with higher risk. Being the victim of attempted coercion was associated with a higher risk of depression, while victims of attempted rape were at higher risk for substance use. Rape victims were at the highest risk for all mental health conditions studied, with the exception of suicide attempts. Due to the high rates at which Spanish female university students experience sexual violence, planning and resources are needed to address their mental health needs, especially those who are victims of rape. [ABSTRACT FROM AUTHOR]

Blanco, V., et al. (2022). "Sexual Victimization and Mental Health in Female University Students." Journal of Interpersonal Violence **37**(15/16): NP14215-NP14238.
Although sexual assaults on female university students are a public health concern, studies that have examined this issue have not used behaviorally specific definitions of the various types of sexual victimization. Furthermore, hardly any data exists on female Spanish university students. The objectives of this study were to analyze the prevalence of different forms of sexual assault against female Spanish university students, determine the risk factors associated with sexual assault, analyze the association between sexual victimization and mental health problems, and determine the differential risk of more serious types of sexual assault. A cross-sectional study was conducted among a random sample of 871 students from the University of Santiago de Compostela (Spain) (mean age 20.7 years, SD = 2.8). The current study assessed various types of sexual violence (i.e., unwanted sexual contact, attempted coercion, coercion, attempted rape, rape), as well as rates of depression, anxiety, stress, eating disorders, substance abuse, suicide risk, and suicide attempts. Of the female students surveyed, 28.5% had suffered some form of sexual violence during the previous year, 22.3% reported unwanted sexual contact, 8.8% attempted coercion, 6.5% coercion, 10.4% attempted rape, and 7.9% had been raped. Lower risk was associated with having a partner and being heterosexual. Being 18 years of age and prior experiences of sexual victimization were associated with higher risk. Being the victim of attempted coercion was associated with a higher risk of depression, while victims of attempted rape were at higher risk for substance use. Rape victims were at the highest risk for all mental health conditions studied, with the exception of suicide attempts. Due to the high rates at which Spanish female university students experience sexual violence, planning and resources are needed to address their mental health needs, especially those who are victims of rape.

Borrero Granell, L., et al. (2020). "Mental health risks in immigrants confined in cie." European Psychiatry **63**: S424-S424.
Introduction: From our experience, the emergency care needed by migrant people detained in the CIE (detention centres for migrants) due to suicidal attempts, autolytic ideations, and mental suffering are numerous. Objectives: Raise awareness about the psychosocial state of migrant people in theCIE, the reasons about their detention, the

uncertainty in which they live, and the risk it means for keeping their mental health. Methods: Describe, based on cases of CIE inmates in emergency care and through observations made in collaboration with an NGO, the difficult situation they faced. Results: The conditions migrant people in the CIE suffer due to the fact of not being able to legalize their status, usually because of administrative obstacles and the unrealistic requirements, go against fundamentals human rights and have important repercussions at the psychic level. Conclusions: These conditions, the uncertainty and the perception of injustice, severely affect the mental and physical health of the migrants, causing suicidal behavior and other mental disorders in a large percentage of the population confined in CIE. [ABSTRACT FROM AUTHOR]

Bouso, J. C. and C. SÁNchez-AvilÉS (2020). "Traditional Healing Practices Involving Psychoactive Plants and the Global Mental Health Agenda: Opportunities, Pitfalls, and Challenges in the "Right to Science" Framework." Health & Human Rights: An International Journal **22**(1): 145-150.
The article discusses the need for the global mental health movement to recognize the role of traditional medicines and healers. Topics covered include the high number of traditional healers compared to mental health workers in Global South countries, constituting as the main health resource that local populations use and believe in, and the need to address these traditional practices and epistemologies so these will not pose a challenge to health-related human rights.

Boyle, S., et al. (2021). "A Study into the Operation of the Queensland Mental Health Review Tribunal." Medical Law Review **29**(1): 106-127.
The Queensland Mental Health Review Tribunal makes difficult decisions regarding involuntary treatment of people with mental illness, applying strict legislative criteria against a backdrop of fundamental human rights considerations. This article reports on focus group research with lawyers and advocates for people with mental illness who appear before the Queensland Mental Health Review Tribunal. Participants expressed concerns regarding the manner in which decisions are made. For example, participants said that their clients' views on the side effects of treatment do not receive adequate consideration when involuntary treatment is authorised. We review these concerns in the light of applicable legal obligations, including those arising from human rights law. We conclude that if these concerns are accurate, some adjustments to the Queensland Mental Health Review Tribunal's decision-making processes are required. [ABSTRACT FROM AUTHOR]

Boyle, S., et al. (2021). "A Study into the Operation of the Queensland Mental Health Review Tribunal." Medical Law Review **29**(1): 106-127.
The Queensland Mental Health Review Tribunal makes difficult decisions regarding involuntary treatment of people with mental illness, applying strict legislative criteria against a backdrop of fundamental human rights considerations. This article reports on focus group research with lawyers and advocates for people with mental illness who appear before the Queensland Mental Health Review Tribunal. Participants expressed concerns regarding the manner in which decisions are made. For example, participants said that their clients' views on the side effects of treatment do not receive adequate consideration when involuntary treatment is authorised. We review these concerns in the light of applicable legal obligations, including those arising from human rights law. We conclude that if these concerns are accurate, some adjustments to the Queensland Mental Health Review Tribunal's decision-making processes are required. (© The Author(s) 2021. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Brazinova, A., et al. (2019). "Mental Health Care Gap: The Case of the Slovak Republic."

Administration & Policy in Mental Health & Mental Health Services Research **46**(6): 753-759.
This study explored unmet mental health and social care needs in the Slovak Republic and their adverse human rights consequences. We estimated treatment gap for persons aged 15–64 years in year 2015 affected by depressive, anxiety, substance use and schizophrenic disorders by comparing local treated prevalence rates with population estimated rates for Europe. Two-thirds of people with depressive disorders and over 80% of those with anxiety disorders and alcohol dependence were not receiving treatment. There was no treatment gap for persons with schizophrenia. Fifty-one percent of those eligible for disability pension on the grounds of mental disorders failed to receive it. We discuss the implications of the estimated gaps in mental health and social care and consequent human rights violations that may result from the current system of mental health care in Slovakia. [ABSTRACT FROM AUTHOR]

Brazinova, A., et al. (2019). "Mental Health Care Gap: The Case of the Slovak Republic." Administration and policy in mental health **46**(6): 753-759.
This study explored unmet mental health and social care needs in the Slovak Republic and their adverse human rights consequences. We estimated treatment gap for persons aged 15-64 years in year 2015 affected by depressive, anxiety, substance use and schizophrenic disorders by comparing local treated prevalence rates with population estimated rates for Europe. Two-thirds of people with depressive disorders and over 80% of those with anxiety disorders and alcohol dependence were not receiving treatment. There was no treatment gap for persons with schizophrenia. Fifty-one percent of those eligible for disability pension on the grounds of mental disorders failed to receive it. We discuss the implications of the estimated gaps in mental health and social care and consequent human rights violations that may result from the current system of mental health care in Slovakia.

Brito, E. S. d. and C. A. A. Ventura (2019). "Involuntary psychiatric admission: Comparative study of mental health legislation in Brazil and in England/Wales." International Journal of Law & Psychiatry **64**: 184-197.
Involuntary admission is a controversial measure that can lead to violation of various human rights. On the opposite, involuntary admissions may contribute for the recovery of those with severe mental disorders who represent a danger to themselves or others. From this perspective, legislation must define and limit the circumstances in which this may occur preventing human rights violations. In this context, this descriptive-comparative study aimed at analyzing the similarities and differences between the mental health' laws related to involuntary psychiatric admission in Brazil and England/Wales. Data were collected through bibliographic and documentary research. The analysis was based on the World Health Organization's Checklist on Mental Heallth Legislation, using the comparative method. Results showed that the Brazilian legislation meets 52 (31.32%) of the 166 WHO standards, while legislation in England/Wales meets 90 (54.2%). In addition, the law from England/Wales establishes clearer and detailed procedures for "involuntary admissions" and has "oversight and review mechanisms" more effective than Brazil; the legislation presents a medium compliance of "competence, capacity and protection", and Brazil does not address these issues in its legislation; Brazilian legislation establishes a larger list of "fundamental rights", but does not provide "penalties" for the breach of those rights, while England/Wales meets WHO criteria in relation to this issue. The main similarities between Brazil and England/Wales refer to standards that require review: "voluntary patients", "emergency treatment", "economic and social rights", "civil issues" and "protection of vulnerable groups." Both jurisdictions also have the same level of compliance regarding "clinical and experimental research", and "special treatments, seclusion and restraint". This study may bring light for a reflection from competent authorities on the need to have audits

for national mental health legislations, carried out by multidisciplinary committees, as recommended by WHO. [ABSTRACT FROM AUTHOR]

Brito, E. S. d. and C. A. A. Ventura (2019). "Involuntary psychiatric admission: Comparative study of mental health legislation in Brazil and in England/Wales." International Journal of Law and Psychiatry **64**: 184-197.

Involuntary admission is a controversial measure that can lead to violation of various human rights. On the opposite, involuntary admissions may contribute for the recovery of those with severe mental disorders who represent a danger to themselves or others. From this perspective, legislation must define and limit the circumstances in which this may occur preventing human rights violations. In this context, this descriptive-comparative study aimed at analyzing the similarities and differences between the mental health' laws related to involuntary psychiatric admission in Brazil and England/Wales. Data were collected through bibliographic and documentary research. The analysis was based on the World Health Organization's Checklist on Mental Heallth Legislation, using the comparative method. Results showed that the Brazilian legislation meets 52 (31.32%) of the 166 WHO standards, while legislation in England/Wales meets 90 (54.2%). In addition, the law from England/Wales establishes clearer and detailed procedures for "involuntary admissions" and has "oversight and review mechanisms" more effective than Brazil; the legislation presents a medium compliance of "competence, capacity and protection", and Brazil does not address these issues in its legislation; Brazilian legislation establishes a larger list of "fundamental rights", but does not provide "penalties" for the breach of those rights, while England/Wales meets WHO criteria in relation to this issue. The main similarities between Brazil and England/Wales refer to standards that require review: "voluntary patients", "emergency treatment", "economic and social rights", "civil issues" and "protection of vulnerable groups." Both jurisdictions also have the same level of compliance regarding "clinical and experimental research", and "special treatments, seclusion and restraint". This study may bring light for a reflection from competent authorities on the need to have audits for national mental health legislations, carried out by multidisciplinary committees, as recommended by WHO. (Copyright © 2019 Elsevier Ltd. All rights reserved.)

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.

The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. [ABSTRACT FROM AUTHOR]

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.
The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. [ABSTRACT FROM AUTHOR]

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health-multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.
The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development.

Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. (© 2022. The Author(s).)

Caldas-de-Almeida, J. M. (2019). "Four reflections on the new global mental health priorities." Epidemiology and psychiatric sciences **29**: e75.
The discussion of the achievements and limitations of the strategies prioritised in global mental health that has taken place in recent years contributed to a unified vision for action that addresses the gaps still existing on prevention, treatment, quality of care and human rights protection. This editorial presents four reflections on the impact of this vision on the definition of future priorities, particularly in the areas of policy implementation, services reconfiguration and organisation, human rights and research. It concludes that further debate is needed to redefine the balance between priorities and strategies that can better promote an effective response to the needs of low and middle income countries, and to ensure an efficient coordination of efforts in the future.

Campodónico, N. (2020). "Sobre el estado de la cuestión de las políticas públicas en salud mental en América Latina: Una revisión sistemática." On the state of the art of public policies on mental health in Latin America: A systematic review. **20**(24): 1-27.
This work proposes to carry out a systematic review on the state of the art of public policies in the field of mental health in Latin America, to describe the theoretical and methodological approaches. The systematic review, according to the PRISMA Declaration, is carried out in August 2020 and twenty-five scientific articles are selected from 6 databases that refer to publications in Spanish between 2010-2020, where the importance of public policies is concluded in mental health on issues related to public health, disability, childhood and social inclusion, thus guaranteeing the essential human rights of each subject. (English) [ABSTRACT FROM AUTHOR]

Cano-OrÓN, L., et al. (2020). "MENTAL HEALTH IMAGES ON THE INTERNET: A

FACEBOOK AND DIGITAL MEDIA CONTENT ANALYSIS IN SPANISH." IMÁGENES DE SALUD MENTAL EN INTERNET: UN ANÁLISIS DEL CONTENIDO DE FACEBOOK Y LOS MEDIOS DIGITALES EN ESPAÑOL.(29): 240-259.

This work analyses the mental health image in Spanish in digital media and social networks after the Human Rights Council adopted resolution 32/18, on mental health and human rights, on July 1, 2016. A standardised content analysis was performed from a sample of 370 news items published during six months, between August 2016 and January 2017, to determine if the journalistic treatment of the stories was positive, negative, equidistant or institutional. Likewise, 352 Facebook pages were studied, with the same analysis criteria as digital media. Among the most outstanding results, it was found that only 53% (n = 196) of the articles analysed addressed mental health directly. Of them, 40% (n = 79) treated it positively while 26% (n = 50) still referred to mental health negatively. Besides, there was a high percentage of articles in which mental health was treated metaphorically, 18% (n = 35), also contributing negatively stories to the stigmatisation of mental illnesses. The analysis of the Facebook pages showed a low proportion of positive treatment of mental health , only 5% (n = 18), and the content of 61% of the sample studied (n = 215) had nothing to do with mental health. (English) [ABSTRACT FROM AUTHOR]

Carreño, A., et al. (2020). "["No one seems ready to hear what I've seen:" Mental health care for refugees and asylum seekers in Chile]." Salud colectiva **16**: e3035.

This article analyzes the results of a descriptive, qualitative study carried out in 2018 on the mental healthcare needs of Latin American refugees and asylum seekers in Chile, through the perspectives of refugees and asylum applicants (n=8), healthcare professionals responsible for delivery of care (n=4), and members of civil society organisations involved in this area (n=2). Our findings indicate that despite Chile's commitment to international treaties in this regard, little has been achieved in safeguarding the right to access to mental health care, understood as part of the universal right to health care access. This article documents barriers to mental health care access for migrants applying for asylum and refugee status. Post-migration stress factors may also increase the risk of emotional disorders within this group of people. Mental healthcare providers and teams are often not equipped with the tools to deal with the psychological consequences arising from the situations of violence and persecution associated with forced migration. Our study discusses the need to strengthen the link between mental health care - as a fundamental human right - and the right to international protection.

Carta, M. G., et al. (2022). "Why Was the Perception of Human Rights Respect and Care Satisfaction So High in Users of Italian Mental Health Services during the COVID-19 Pandemic?" Journal of Clinical Medicine **11**(4): N.PAG-N.PAG.

The aim of this study was to compare users' and mental health workers' (MHW) perception of respect of human rights and job/care satisfaction in mental health services in Italy during the COVID-19 pandemic. A sample of users and MHW of Sardinia, Italy, fulfilled the "Well-Being at work and respect for human rights questionnaire" (WWRR). The study included 240 MHW and 200 users. Users showed a higher level of satisfaction of care than MHW of work, and a higher perception of the satisfaction of users and human rights respected for health workers. Both user and MHW responses were about 85% of the maximum score, except for satisfaction with resources. Responses were higher for users, but users and MHW both showed high levels of satisfaction. In previous surveys, MHW of Sardinia showed higher scores in all items of WWRR, except for satisfaction with resources, compared with workers from other health sectors of the same region, and with MHW from other countries. The low score for satisfaction with resources (in users and staff) is consistent with a progressive

impoverishment of resources for mental health care in Italy. The study, although confirming the validity of the Italian model, fully oriented towards community, sets off an alarm bell on the risks resulting from the decrease in resources. [ABSTRACT FROM AUTHOR]

Cascalheira, C. J. and N.-Y. Choi (2023). "Transgender dehumanization and mental health: Microaggressions, sexual objectification, and shame." The Counseling Psychologist **51**(4): 532-559.
Using structural equation modeling in a national, nonprobabilistic sample of 292 transgender women and men, this project extends the pantheoretical dehumanization framework by testing direct and indirect relations between dehumanization (i.e., a higher-order construct from experiences of transgender microaggressions and sexual objectification), internalization processes (i.e., internalized transnegativity, self-objectification), shame, and general mental health. The model explained 55% of the variance in general mental health. Direct relations between dehumanization and all internalization processes were positive and significant. Internalized transnegativity and shame were significant, negative, direct predictors of mental health, but neither dehumanization nor self-objectification were significant direct predictors of transgender mental health. Both self-objectification and internalized transnegativity directly predicted more feelings of shame. However, only shame yielded a significant indirect pathway from dehumanization to mental health. The indirect relations from self-objectification and internalized transnegativity to mental health through shame were significant. We discuss research, advocacy, and clinical implications. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Cea Madrid, J. C. (2019). "'Locos por nuestros derechos': comunidad, salud mental y ciudadanía en el Chile contemporáneo." Quaderns de Psicologia **21**(2): 1-11.
Abstract: Este artículo presenta un análisis crítico de las políticas públicas de salud mental en Chile y su concepción del enfoque comunitario como expresión de un Estado que no dialoga con la sociedad. De acuerdo a un proceso investigativo de carácter cualitativo y participativo, se describe una mirada global sobre el reconocimiento, ejercicio y defensa de derechos en salud mental desde la perspectiva de usuarios(as) y exusuarios(as). Se concluye que el protagonismo de estos actores sociales constituye un aspecto central para la distribución del poder y la recuperación de derechos de ciudadanía. Finalmente, las claves del proceso participativo permiten comprender el rol de la facilitación comunitaria y la investigación militante hacia la reconstrucción de lazos asociativos y acciones colectivas en salud mental. Abstract: The following article addresses a critical analysis of Chile's Mental Health public policies, highlighting its conception of the community approach as an expression of a State that does not dialogue with society. In accordance with a qualitative and participatory investigative process, a global perspective towards the recognition, exercise and defense of rights in Mental Health from users and ex-users’ perspectives is described. It is concluded that the protagonism of these social actors constitutes a central aspect for the distribution of power and the recovery of citizenship rights. Finally, the key points of the participatory process allow us to understand the role of community facilitation and militant research towards the reconstruction of associative ties and collective actions in mental health.

Chapman, A., et al. (2020). "Reimagining the Mental Health Paradigm for Our Collective Well-Being." Health & Human Rights: An International Journal **22**(1): 1-6.
An introduction to articles published within the issue is presented on topics including the daily facilitators that contribute to the confinement of dementia patients in Australian care homes, the quality of care in Czech psychiatric hospitals, and the underprioritization and underfunding of mental health.

Cheung, D. (2019). "Compulsory Mental Health Treatment in Hong Kong: Which Way Forward?" East Asian Archives of Psychiatry **29**(2): 63-65.
On 25 to 26 August 2017, the 'Compulsory Mental Health Treatment in Hong Kong: Which Way Forward?' conference was held in Hong Kong. Academics and practitioners from the United Kingdom, United States, New Zealand, and Hong Kong came together to discuss such important topics as the philosophical justifications for compulsory treatment, constitutional and human rights, and how compulsory powers are and should be used in practice. Speakers and conference participants then engaged in roundtable discussions on various issues that arose, in particular how reform of the law regulating compulsory mental health treatment in Hong Kong should proceed. [ABSTRACT FROM AUTHOR]

Cosgrove, L., et al. (2020). "Digital Phenotyping and Digital Psychotropic Drugs: Mental Health Surveillance Tools That Threaten Human Rights." Health & Human Rights: An International Journal **22**(2): 33-39.
In the article, the authors discuss the possible threats of mental health surveillance tools like digital phenotyping on human rights and how could digital psychotropic drugs like aripiprazole can undermine a rights-based strategy in mental health. Also cited is the promising future of digital technologies as shown by the effectiveness of telehealth platforms and mental health applications (app) during the COVID-19 pandemic.

Cosgrove, L., et al. (2021). "The Cultural Politics of Mental Illness: Toward a Rights-Based Approach to Global Mental Health." Community Mental Health Journal **57**(1): 3-9.
The movement for global mental health (MGMH) has raised awareness about the paucity of mental health services, particularly in low- and middle-income countries. In response, policies and programs have been developed by the World Health Organization and by the Lancet Commission on global mental health, among other organizations. These policy initiatives and programs, while recognizing the importance of being responsive to local needs and culture, are based on Western biomedical conceptualizations of emotional distress. In the paper, we discuss how a rights-based approach can promote the voice and participation of people with lived experience into the MGMH. We argue that a human rights framework can be enhanced by incorporating the conceptual approaches of critical inquiry and community mental health. We also discuss how rights-based approaches and service-user activism can productively reconfigure Western psychiatric conceptualizations of distress and provide both a moral and empirical justification for a paradigm shift within the MGMH. [ABSTRACT FROM AUTHOR]

Cosgrove, L., et al. (2021). "The cultural politics of mental illness: Toward a rights-based approach to global mental health." Community Mental Health Journal **57**(1): 3-9.
The movement for global mental health (MGMH) has raised awareness about the paucity of mental health services, particularly in low- and middle-income countries. In response, policies and programs have been developed by the World Health Organization and by the Lancet Commission on global mental health, among other organizations. These policy initiatives and programs, while recognizing the importance of being responsive to local needs and culture, are based on Western biomedical conceptualizations of emotional distress. In the paper, we discuss how a rights-based approach can promote the voice and participation of people with lived experience into the MGMH. We argue that a human rights framework can be enhanced by incorporating the conceptual approaches of critical inquiry and community mental health. We also discuss how rights-based approaches and service-user activism can productively reconfigure Western psychiatric conceptualizations of distress and provide both a moral and empirical justification for a paradigm shift within the MGMH. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Cossu, G., et al. (2023). "Respects of human rights and perception of quality of care, the users' point of view comparing mental health and other health facilities in a region of Italy." International Review of Psychiatry **35**(2): 194-200.

This work is part of a research project that aims to measure organisational well-being, human rights respect and quality of care in mental health services in Sardinia, Italy, country that has replaced long-stay psychiatric hospitals with community mental health services. Previous contributions have seen Italian health professionals and users as the most satisfied and optimistic about the quality of the mental health care provided and the respect they offer for service users' rights. Our aim is to confirm these findings by comparing experiences of users of mental health services with those of other care services in the same region. Our findings indicate that mental health services users show higher level of satisfaction for care and higher perception of users' human rights respect compared to non-mental health facilities users. They also have greater satisfaction with organisational aspects of services and they are more convinced that the health professionals rights are respected. In contrast, they are less satisfied with the resources available for care centres than other users and require more professional psychosocial support. We want to allow future comparisons to other regions on quality assessment through the perception of users and worker on respect for standards and human rights. [ABSTRACT FROM AUTHOR]

Cossu, G., et al. (2023). "Respects of human rights and perception of quality of care, the users' point of view comparing mental health and other health facilities in a region of Italy." International review of psychiatry (Abingdon, England) **35**(2): 194-200.

This work is part of a research project that aims to measure organisational well-being, human rights respect and quality of care in mental health services in Sardinia, Italy, country that has replaced long-stay psychiatric hospitals with community mental health services. Previous contributions have seen Italian health professionals and users as the most satisfied and optimistic about the quality of the mental health care provided and the respect they offer for service users' rights. Our aim is to confirm these findings by comparing experiences of users of mental health services with those of other care services in the same region. Our findings indicate that mental health services users show higher level of satisfaction for care and higher perception of users' human rights respect compared to non-mental health facilities users. They also have greater satisfaction with organisational aspects of services and they are more convinced that the health professionals rights are respected. In contrast, they are less satisfied with the resources available for care centres than other users and require more professional psychosocial support. We want to allow future comparisons to other regions on quality assessment through the perception of users and worker on respect for standards and human rights.

Cox, P. and J. March McDonald (2020). "Analysis and critique of 'Transforming children and young people's mental health provision: A green paper': Some implications for refugee children and young people." Journal of Child Health Care **24**(3): 338-350.

Adopting a children's rights perspective, a critique and analysis underpinned by documentary research methodology was undertaken in order to assess the extent to which the government's Green Paper (Department of Health and Social Care and Department of Education, 2017. Transforming children and young people's mental health provision: a green paper. Available at: https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mentalhealth- provision-a-green-paper (accessed 7 December 2017)) addresses the mental health and well-being needs of refugee children and young people in England and Wales, identifying strengths, limitations and challenges for future policy and practice. Findings suggest that there is much of potential benefit to refugee children and young people's future mental health and well-being. However, a paradigm shift, explicit in implications, scale and time frame, will be required, if the Green Paper is to achieve those changes in attitudes, practice and service delivery which it anticipates. We argue that this Green Paper's overarching challenge is that it is premised on Western-centric models in its understanding of the experiences of refugee children and young people, and management of trauma and mental health. It fails to recognize the meanings and significance of culture, and of diversity and difference, and the need to invest in all communities in facilitating engagement and support for children and young people's mental health issues.

Cozman, D. (2019). "„Access to care, inclusive of mental health care is a human right”." Psihiatru.ro **58**(3): 32-32.

Dakić, T. (2020). "Mental health burden and unmet needs for treatment: a call for justice." The British journal of psychiatry : the journal of mental science **216**(5): 241-242.
The massive burden of mental disorders adversely affects global health, economy and human rights situations. Yet research investments are shifting from psychiatry toward other more cost-effective fields of medicine. This editorial calls for conscious capitalism and prioritisation of mental health by reflecting on mental health disparities through the prism of justice.

Davidson, L. (2020). "A Key, Not a Straitjacket: The Case for Interim Mental Health Legislation Pending Complete Prohibition of Psychiatric Coercion in Accordance with the Convention on the Rights of Persons with Disabilities." Health and human rights **22**(1): 163-178.
The practice of coercion on the basis of psychosocial disability is plainly discriminatory. This has resulted in a demand from the Committee on the Rights of Persons with Disabilities (the CRPD Committee) for a paradigm shift away from the traditional biomedical model and a global ban on compulsion in the psychiatric context. However, that has not occurred. This paper considers conflicting pronouncements of the CRPD Committee and other United Nations bodies. Assuming the former's interpretations of the Convention on the Rights of Persons with Disability (CRPD) are accurate, involuntary psychiatric detention and enforced treatment on the basis of psychosocial disability are prima facie discriminatory and unlawful practices. However, dedicated mental health legislation both permits discrimination and protects and enhances rights. This paper proposes a practical way out of the present impasse: the global introduction of interim "holding" legislation lacking full compliance with the CRPD. While imperfect, such a framework would facilitate a move toward a complete ban on psychiatric coercion. The paper outlines four essential ingredients that any interim legislation ought to contain, including clear timebound targets for full CRPD implementation. It concludes by urging the CRPD Committee to take the unprecedented step of issuing a general comment providing reluctant "permission" for the progressive realization of respect for articles 12 and 14 of the CRPD.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Davidson.)

de Brito, E. S. and C. A. A. Ventura (2019). "Involuntary psychiatric admission: Comparative study of mental health legislation in Brazil and in England/Wales." International Journal of Law and Psychiatry **64**: 184-197.
Involuntary admission is a controversial measure that can lead to violation of various human rights. On the opposite, involuntary admissions may contribute for the recovery of those with severe mental disorders who represent a danger to themselves or others. From this perspective, legislation must define and limit the circumstances in which this may occur preventing human rights violations. In this context, this descriptive-comparative study aimed at analyzing the similarities and differences between the mental health’ laws related to involuntary psychiatric admission in Brazil and

England/Wales. Data were collected through bibliographic and documentary research. The analysis was based on the World Health Organization's Checklist on Mental Heallth Legislation, using the comparative method. Results showed that the Brazilian legislation meets 52 (31.32%) of the 166 WHO standards, while legislation in England/Wales meets 90 (54.2%). In addition, the law from England/Wales establishes clearer and detailed procedures for 'involuntary admissions' and has 'oversight and review mechanisms' more effective than Brazil; the legislation presents a medium compliance of 'competence, capacity and protection', and Brazil does not address these issues in its legislation; Brazilian legislation establishes a larger list of 'fundamental rights', but does not provide 'penalties' for the breach of those rights, while England/Wales meets WHO criteria in relation to this issue. The main similarities between Brazil and England/Wales refer to standards that require review: 'voluntary patients', 'emergency treatment', 'economic and social rights', 'civil issues' and 'protection of vulnerable groups.' Both jurisdictions also have the same level of compliance regarding 'clinical and experimental research', and 'special treatments, seclusion and restraint'. This study may bring light for a reflection from competent authorities on the need to have audits for national mental health legislations, carried out by multidisciplinary committees, as recommended by WHO. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

de Mendonça Lima, C. A., et al. (2022). "IPA and WPA-SOAP position statement on deprivation of liberty of older persons with mental health conditions." International Psychogeriatrics **34**(11): 949-952.
In recognition of the challenges faced by older persons deprived of their liberty, a call was made for input into the 2022 report to the United Nations Human Rights Council (HRC) on older persons. This Position Statement outlines the views of two global organizations, the International Psychogeriatric Association (IPA) and the World Psychiatric Association Section of Old Age Psychiatry (WPA-SOAP), working together to provide rights and dignity-based mental health services to older persons and it was sent to the Independent Expert on the enjoyment of all human rights by older persons at HRC.

de Mendonça Lima, C. A., et al. (2022). "IPA and WPA-SOAP position statement on deprivation of liberty of older persons with mental health conditions." International Psychogeriatrics **34**(11): 949-952.
In recognition of the challenges faced by older persons deprived of their liberty, a call was made for input into the 2022 report to the United Nations Human Rights Council (HRC) on older persons. This Position Statement outlines the views of two global organizations, the International Psychogeriatric Association (IPA) and the World Psychiatric Association Section of Old Age Psychiatry (WPA-SOAP), working together to provide rights and dignity-based mental health services to older persons and it was sent to the Independent Expert on the enjoyment of all human rights by older persons at HRC.

Debbarma, R., et al. (2021). "Internally displaced persons and mental health issues: A review analysis." Indian Journal of Health & Wellbeing **12**(2): 171-176.
Internally displaced persons (IDPs) are persons or groups of persons who have been forced to leave their homes or places of habitual residence in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border. IDPs experiences risk of physical attack, sexual assault, and abduction and frequently are deprived of adequate shelter, food and health. Thus experiencing traumatic events can cause different types of mental health disorders among the IDPs populations. Mental disorders are conditions that causes disturbance in thinking, feeling, mood, and behavior. Depression, anxiety, PTSD, etc. are the mental

health issues which are very much common among the Internally Displaced Persons (IDPS). Numerous literatures have indicated that individuals who were internally displaced experienced higher rates of mental health problems than people who were not displaced. In this backdrop, the present paper is an attempt to provide a systematic review of evidence about the mental health issues of the IDPs across the globe. Further this study also tries to suggest some measures for enhancing mental health and well-being of Internally Displaced Persons. [ABSTRACT FROM AUTHOR]

Dressel, A., et al. (2020). "Attitudes among working professionals toward immigrants and refugees living in Ecuador: Impacts on health and well-being." Public Health Nursing **37**(4): 517-524.
Objective: To explore attitudes toward immigrants and refugees living in Ecuador. Design and Measures: A transnationalism framework informed this qualitative study, which utilized a semi-structured interview guide to elicit responses from participants about their attitudes toward immigrants and refugees. Interviews were conducted in Spanish, audio-taped, transcribed, coded, and analyzed in Spanish to identify emergent themes. Demographic data were analyzed using SPSS. Sample: Participants (n = 50) were recruited from five sectors that interact with refugees: health care, the press, the police, nongovernmental organizations, and education. Fifty interviews were conducted with adults in Quito, Ecuador, in 2017. Results: Participants reported concerns about the health and well-being of immigrants and refugees, expressed a willingness to assist them, but within limits, noted discrimination and bias against refugees, and cited social policies and human rights as factors that influenced their attitudes. Conclusions: Our findings indicate that immigrants and refugees face challenges which impact their health and well-being, according to participants in the study. Social policies can influence attitudes, but are also affected by rapidly shifting immigration patterns. Migration flows in South America is an under-studied area of research, with opportunity for further public health nursing inquiry. [ABSTRACT FROM AUTHOR]

DuBois, J. M. and H. A. Walsh (2021). "Living with Mental Health Challenges: Personal Stories of Recovery from Across the Globe." Narrative Inquiry in Bioethics **11**(2): 1-6.
This symposium includes twelve personal narratives from individuals who live with serious mental health challenges that are sometimes diagnosed as schizophrenia, bipolar disorder, major depression, posttraumatic stress disorder, or other conditions. Such challenges are often persistent, lead to stigma and discrimination, and can deeply affect quality of life. Serious mental health challenges are frequently approached as life-long medical conditions, given a diagnosis and treated with medications. However, some pursue non-medical treatments, peer support, use diet and exercise to promote wellness, embrace models of recovery, and function well even when symptoms persist. Approaches often differ across nations, depending upon their resources and philosophy of mental health challenges. Three commentaries on these narratives are also included, authored by experts and scholars in the fields of cultural psychiatry, refugee mental health, human rights advocacy, child's health, and global mental health. We intend this collection of stories to broaden the range of acceptable responses to mental health challenges, raise awareness of stigma and bias in mental health care, and share the wisdom and preferences of those living with mental health challenges. [ABSTRACT FROM AUTHOR]

Dubs, A., et al. (2022). "Mental health and child refugees." International Review of Psychiatry **34**(6): 596-603.
This paper presents an overview of the importance of mental health services for unaccompanied asylum-seeking children in the United Kingdom. It reviews what mental health support appears to be available in the United Kingdom following an on-line search which took place in Spring 2021 and using information gathered through 22

interviews and focus groups with stakeholders. The latter group are defined as people working with asylum-seeking children. The primary stakeholders were local authority staff, although interviews were also conducted with local government associations (London Councils, the Local Government Association), NHS bodies and the voluntary sector. Often, further relevant stakeholders were identified during interviews. The report details the aims, methodology and context, before the findings are presented which is followed by recommendations for improving mental and social care provision for unaccompanied asylum-seeking children in the United Kingdom. [ABSTRACT FROM AUTHOR]

Dufour, M., et al. (2020). "The United Nations Convention on the Rights of Persons with Disabilities: La convention de l’onu relative aux droits des personnes handicapées." The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie **65**(9): 668-673.
This article discusses the United Nations Convention on the Rights of Persons with Disabilities. In 2006, the United Nations (UN) adopted an international treaty of utmost importance: the Convention on the Rights of Persons with Disabilities (CRPD). The CPRD’s primary purpose is 'to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.' The Canadian Psychiatric Association (CPA) fully supports the principles entrenched in the CRPD. No person suffering from a mental disorder or other disability should be discriminated against based on his or her disability. This principle is consistent with the principles underlying mental health legislation outlined by the CPA elsewhere. The CPA supports the government of Canada in maintaining this reservation, which is necessary to counter the contentious manner in which the CRPD Committee has interpreted the CRPD. The CRPD Committee is responsible for reviewing the reports that signatory countries submit every five years and for determining whether their legislation complies with the Committee’s interpretation of the Convention. The CPA supports the CRPD and its objectives. However, the CPA rejects the interpretation of the Convention by the CRPD Committee. Canada should retain its reservation to prevent these unintended but devastating consequences from occurring. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Eaton, J. (2019). "Rebalancing power in global mental health." International Journal of Mental Health **48**(4): 288-298.
Global Mental Health has become clearly defined as a distinct academic discipline and area of practice since the 1990s, and has gained increasing prominence. Its roots lie in international and cultural psychiatry, but it has taken a clear direction of focusing on effective real-world change through application of evidence-based health interventions in a scientific psychiatric paradigm, strongly influenced by social psychiatry. While culture is acknowledged as important, it is seen as an overlay, presuming a common scientific paradigm for mental health globally. One example of this is the use of local adaptation of international guidelines like the WHO's mhGAP. While a growth in investment, prioritization, and application of knowledge has the potential to positively impact on lives of people affected by mental ill health, there is a risk of causing harm by inappropriate application of ideas not well-suited to local needs. Global frameworks for mental health and human rights already advocate a human rights approach with participation of people affected, but it is only by rebalancing power towards local actors that national authorities can be held to account, and potential benefits of Global Mental Health be realized. [ABSTRACT FROM AUTHOR]

Eaton, J. (2019). "Rebalancing power in global mental health." International Journal of Mental Health **48**(4): 288-298.
Global Mental Health has become clearly defined as a distinct academic discipline and

area of practice since the 1990s, and has gained increasing prominence. Its roots lie in international and cultural psychiatry, but it has taken a clear direction of focusing on effective real-world change through application of evidence-based health interventions in a scientific psychiatric paradigm, strongly influenced by social psychiatry. While culture is acknowledged as important, it is seen as an overlay, presuming a common scientific paradigm for mental health globally. One example of this is the use of local adaptation of international guidelines like the WHO's mhGAP. While a growth in investment, prioritization, and application of knowledge has the potential to positively impact on lives of people affected by mental ill health, there is a risk of causing harm by inappropriate application of ideas not well-suited to local needs. Global frameworks for mental health and human rights already advocate a human rights approach with participation of people affected, but it is only by rebalancing power towards local actors that national authorities can be held to account, and potential benefits of Global Mental Health be realized. [ABSTRACT FROM AUTHOR]

Eaton, J. (2019). "Rebalancing power in global mental health." International Journal of Mental Health **48**(4): 288-298.

Global Mental Health has become clearly defined as a distinct academic discipline and area of practice since the 1990s, and has gained increasing prominence. Its roots lie in international and cultural psychiatry, but it has taken a clear direction of focusing on effective real-world change through application of evidence-based health interventions in a scientific psychiatric paradigm, strongly influenced by social psychiatry. While culture is acknowledged as important, it is seen as an overlay, presuming a common scientific paradigm for mental health globally. One example of this is the use of local adaptation of international guidelines like the WHO's mhGAP. While a growth in investment, prioritization, and application of knowledge has the potential to positively impact on lives of people affected by mental ill health, there is a risk of causing harm by inappropriate application of ideas not well-suited to local needs. Global frameworks for mental health and human rights already advocate a human rights approach with participation of people affected, but it is only by rebalancing power towards local actors that national authorities can be held to account, and potential benefits of Global Mental Health be realized.

Eaton, J., et al. (2021). "Accountability for the Rights of People with Psychosocial Disabilities: An Assessment of Country Reports for the Convention on the Rights of Persons with Disabilities." Health & Human Rights: An International Journal **23**(1): 175-189.

The Convention on the Rights of Persons with Disabilities (CRPD) has been identified as a milestone in human rights protection, offering people with psychosocial disabilities the opportunity to hold their governments accountable for the realization of their rights. To facilitate such accountability, the country reports produced under the CRPD reporting process should adequately reflect these persons' experiences and relevant positive or negative developments in the country. Our study used content analysis to review the extent and quality of reporting related to mental health and psychosocial disabilities in 19 country reports. The criteria used were based on provisions of the CRPD and on priorities identified by a steering committee of people with psychosocial disabilities. We found a wide variation in the quantity and quality of states' reporting, with an indication that this variation relates to countries' economic development. Increasing the participation of representative organizations of people with psychosocial disabilities is needed for state parties to fulfill their reporting obligations. While there has been progress in improving organizations of persons with disabilities capacity to be heard at the global level, our findings suggest low levels of participation in CRPD processes at the national level in many countries. State parties must actively include these groups to ensure implementation of the CRPD principles.

Eaton, J., et al. (2021). "Accountability for the Rights of People with Psychosocial Disabilities: An Assessment of Country Reports for the Convention on the Rights of Persons with Disabilities." Health and human rights **23**(1): 175-189.

The Convention on the Rights of Persons with Disabilities (CRPD) has been identified as a milestone in human rights protection, offering people with psychosocial disabilities the opportunity to hold their governments accountable for the realization of their rights. To facilitate such accountability, the country reports produced under the CRPD reporting process should adequately reflect these persons' experiences and relevant positive or negative developments in the country. Our study used content analysis to review the extent and quality of reporting related to mental health and psychosocial disabilities in 19 country reports. The criteria used were based on provisions of the CRPD and on priorities identified by a steering committee of people with psychosocial disabilities. We found a wide variation in the quantity and quality of states' reporting, with an indication that this variation relates to countries' economic development. Increasing the participation of representative organizations of people with psychosocial disabilities is needed for state parties to fulfill their reporting obligations. While there has been progress in improving organizations of persons with disabilities capacity to be heard at the global level, our findings suggest low levels of participation in CRPD processes at the national level in many countries. State parties must actively include these groups to ensure implementation of the CRPD principles.; Competing Interests: Competing interests: None declared. (Copyright © 2021 Eaton et al.)

Edan, V. and C. Maylea (2021). "A model for mental health advance directives in the new Victorian Mental Health and Wellbeing Act." Psychiatry, psychology, and law : an interdisciplinary journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law **29**(5): 779-787.

Under the Victorian 2014 Mental Health Act (MHA14), Victorians have a right to advance statements. While there have been initiatives to support uptake, under 3% of consumers have done so. In March 2021, the Royal Commission into Victoria's Mental Health System (the Commission) released its report, including a call to repeal MHA14 and enact a new Act no later than mid-2022. In this paper, we discuss the role of advance planning documentation and instruments used in Australian legislation. Drawing on the Commission's recommendations, models of advance planning in Australia and the Victorian legislative context, this paper proposes a model of both binding and non-binding advance directives. This model would bring the rights of Victorian consumers into alignment with rights provided under the Medical Treatment, Planning and Decisions Act 2016 (Vic) and assist in bringing the new Act into compatibility with the Charter of Human Rights and Responsibilities Act 2006 (Vic). (© 2021 The Australian and New Zealand Association of Psychiatry, Psychology and Law.)

Edan, V. and C. Maylea (2022). "A model for mental health advance directives in the new Victorian Mental Health and Wellbeing Act." Psychiatry, Psychology & Law **29**(5): 779-787.

Under the Victorian 2014 Mental Health Act (MHA14), Victorians have a right to advance statements. While there have been initiatives to support uptake, under 3% of consumers have done so. In March 2021, the Royal Commission into Victoria's Mental Health System (the Commission) released its report, including a call to repeal MHA14 and enact a new Act no later than mid-2022. In this paper, we discuss the role of advance planning documentation and instruments used in Australian legislation. Drawing on the Commission's recommendations, models of advance planning in Australia and the Victorian legislative context, this paper proposes a model of both binding and non-binding advance directives. This model would bring the rights of Victorian consumers into alignment with rights provided under the Medical Treatment, Planning and Decisions Act 2016 (Vic) and assist in bringing the new Act into compatibility with the Charter of Human Rights and Responsibilities Act 2006 (Vic). [ABSTRACT FROM AUTHOR]

Edan, V. and C. Maylea (2022). "A model for mental health advance directives in the new Victorian Mental Health and Wellbeing Act." Psychiatry, Psychology and Law **29**(5): 779-787.

Under the Victorian 2014 Mental Health Act (MHA14), Victorians have a right to advance statements. While there have been initiatives to support uptake, under 3% of consumers have done so. In March 2021, the Royal Commission into Victoria's Mental Health System (the Commission) released its report, including a call to repeal MHA14 and enact a new Act no later than mid-2022. In this paper, we discuss the role of advance planning documentation and instruments used in Australian legislation. Drawing on the Commission's recommendations, models of advance planning in Australia and the Victorian legislative context, this paper proposes a model of both binding and non-binding advance directives. This model would bring the rights of Victorian consumers into alignment with rights provided under the Medical Treatment, Planning and Decisions Act 2016 (Vic) and assist in bringing the new Act into compatibility with the Charter of Human Rights and Responsibilities Act 2006 (Vic). (PsycInfo Database Record (c) 2023 APA, all rights reserved)

El Ghaziri, N., et al. (2019). "Protocol of a longitudinal study on the specific needs of Syrian refugee families in Switzerland." BMC International Health & Human Rights **19**(1): 1-7.

Background: The ongoing Syrian civil war has led to massive population displacements, leading to the reorganization of the asylum policies of several countries. Accordingly, like other European countries, the Swiss government has recently chosen to implement a specific resettlement program. This program is characterized by the fact that the whole nuclear family is granted a work and residence permit upon arrival, and benefits from enhanced integration services. The aim of the present project is to evaluate the effects of the Swiss resettlement program, with a special focus on mental health, while adopting a family perspective. Methods: The outcomes of 15 Syrian families taking part in this program will be compared to those of 15 Syrian families that came to Switzerland through other means (i.e., following the usual asylum procedure, which is much more stressful and time consuming). Each family member above 8 years old will be invited to participate to a 3-wave longitudinal survey concerning the resettlement process: upon arrival in the collective shelters, six and 12 months later. Questionnaires will be used for the evaluation of participants' mental health, risk behaviors, general health, romantic relationship, parent-child relationship, family functioning, parentification, social support, and social identities related to group belongingness. Discussion: The findings of the present project will provide longitudinal information on Syrian refugees. A comprehensive approach will be adopted by screening potential difficulties that the sample may be faced with and potential strengths that participants may rely on. Accordingly, physical and mental health, as well as the quality of family functioning, the feeling of support and of belongingness to different groups will be evaluated. We will also compare the results of families who had the chance to immigrate through the Swiss resettlement program, to the results of families that did not. This comparison will allow the elaboration of hypotheses regarding adjusted asylum policies. Furthermore, it will enhance our knowledge regarding the impact of displacement on the family system. Indeed, although the role of the family for the well-being of adults and children has been established, surprisingly few studies have adopted this focus in the asylum field. [ABSTRACT FROM AUTHOR]

El-Khoury, J., et al. (2021). "Psychological torture: Characteristics and impact on mental

health." International Journal of Social Psychiatry **67**(5): 500-506.
Torture has been illegal in most of Europe and the United States for over a century but persisted in other parts of the world. The changing geopolitical landscape has led to its resurgence in recent years. The public rejection of traditional forms of torture that rely on the infliction of physical pain has paradoxically increased the reliance on psychological methods of torture. This critical commentary aims to define and characterize psychological torture (PT) while exploring practical, legal, ethical and therapeutic implications relevant to clinicians and policymakers. Psychological torture comes in a range of forms. It is being increasingly justified and adopted by legitimate authorities in the name of national security. The emphasis on the avoidance of physical pain leads to the assumption that PT does not produce the levels of suffering and harm that are associated with physically violent forms of torture. This same assumption has allowed for the implication of mental health professionals in theorizing and providing legitimacy for the actions of perpetrators. Psychological torture is still poorly defined with limited understanding of its long-term psychiatric impact on those who are subjected to it. The role of mental health professionals in preventing or addressing psychological torture remains ambiguous and needs to be reinforced. [ABSTRACT FROM AUTHOR]

El-Khoury, J., et al. (2021). "Psychological torture: Characteristics and impact on mental health." International Journal of Social Psychiatry **67**(5): 500-506.
Torture has been illegal in most of Europe and the United States for over a century but persisted in other parts of the world. The changing geopolitical landscape has led to its resurgence in recent years. The public rejection of traditional forms of torture that rely on the infliction of physical pain has paradoxically increased the reliance on psychological methods of torture. This critical commentary aims to define and characterize psychological torture (PT) while exploring practical, legal, ethical and therapeutic implications relevant to clinicians and policymakers. Psychological torture comes in a range of forms. It is being increasingly justified and adopted by legitimate authorities in the name of national security. The emphasis on the avoidance of physical pain leads to the assumption that PT does not produce the levels of suffering and harm that are associated with physically violent forms of torture. This same assumption has allowed for the implication of mental health professionals in theorizing and providing legitimacy for the actions of perpetrators. Psychological torture is still poorly defined with limited understanding of its long-term psychiatric impact on those who are subjected to it. The role of mental health professionals in preventing or addressing psychological torture remains ambiguous and needs to be reinforced. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Every-Palmer, S., et al. (2022). "Restricted patients in New Zealand: A failed social experiment with a hybrid form of civil/forensic compulsory mental health treatment." International Journal of Law and Psychiatry **80**: 101762.
Introduction: In 1992, New Zealand's mental health legislation created the distinct concept of a 'restricted patient' - effectively creating a pathway into forensic patient status, but via the civil committal process, without the patient passing through the criminal justice system en route. This regime was aimed at civilly committed patients who present "special difficulties" because of the danger they pose to others. It remains in force but has attracted little scrutiny.; Objective: This paper traverses the background to restricted patient status, and the legal regime, before describing and analysing, in anonymous form, the circumstances of all those declared to be restricted patients, and their outcomes, since the regime began. It then considers the continuing appropriateness of this legal regime in light of contemporary human rights principles.; Methods: We reviewed the records of every person placed under restricted patient status since the legislation came into force over a nearly 30-year-period.; Results: New Zealand's

restricted patient status is rarely used. Only eight people have been subject to such orders (seven male, median age 45 years at the making of the order). All had a history of violent offending and had previously been forensic patients. None re-offended after becoming a restricted patient, but they spent longer as compulsory inpatients than patients unfit to stand trial or not guilty by reason of insanity. There is no evidence they were uniquely dangerous. The legal criteria, namely, that the person presented with "special difficulties", are unclear and have been interpreted differently by the judiciary. They have sometimes included the risk of inadequate care being provided by mental health services.; Conclusion: Given the rarity with which restricted patient status has been used in New Zealand, the subsequent evolution and development of forensic services providing alternative pathways through care, and its problematic human rights aspects, we would not recommend equivalent restricted patient provisions to other countries. We suggest this hybrid form of civil/forensic compulsory mental health treatment is a form of arbitrary detention and incompatible with human rights norms. It should be omitted from New Zealand's next Mental Health Act. (Copyright © 2021. Published by Elsevier Ltd.)

Farrell, A.-M. and P. Hann (2020). "Mental health and capacity laws in Northern Ireland and the COVID-19 pandemic: Examining powers, procedures and protections under emergency legislation." International Journal of Law and Psychiatry **71**: 101602.
This article examines the changes made to mental health and capacity laws in Northern Ireland through temporary emergency legislation, known as the Coronavirus Act 2020. The purpose of the legislation was to respond to the emergency situation created by the COVID-19 pandemic, in particular the increase pressure placed on health services in the United Kingdom. An overview is provided of the government's rationale for the changes to Northern Ireland mental health and capacity laws, as well as exploring how they are likely to be operationalised in practice. Consideration is also given as to how such changes may impact upon existing human rights protections for persons assessed as lacking mental capacity. It is argued that it is important that regular parliamentary oversight is maintained in relation to the potential impact and consequences of such changes during the period they are in force. This should be done in order to assess whether they remain a necessary, proportionate and least restrictive response to the challenges faced in managing mental health and capacity issues in Northern Ireland during this public health emergency.; Competing Interests: Declaration of Competing Interest None. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Fennig, M. and M. Denov (2019). "Regime of Truth: Rethinking the Dominance of the Bio-Medical Model in Mental Health Social Work with Refugee Youth." British Journal of Social Work **49**(2): 300-317.
This paper argues for a re-examination of mental health responses to refugee youth seeking asylum in high-income countries. Reviewing international literature related to mental health and social care services for refugee children and youth and drawing upon Foucault's concepts of power, truth and discourse, we explore and question the predominance of the bio-medical model in responding to refugee children's distress. We demonstrate that, despite notable initiatives and developments in social work theory and practice, the bio-medical model has, in many ways, become a 'regime of truth', with the power to define refugees' problems and thus shape the policies and services that affect their lives. While not denying that many refugee youth and their families may benefit from such therapeutic interventions, it is our contention that working with this population requires a significant expansion, diversification and transformation of the current paradigm informing social work practice to incorporate the multiple and unique cultures and contexts of this population. We conclude with a discussion of promising practices and interventions with refugee youth and families.

Fernández, A. and L. Serra (2020). "[Community life for all: mental health, participation and autonomy. SESPAS Report 2020]." Gaceta Sanitaria **34 Suppl 1**: 34-38.

The objective of this article is to critically reflect on the participation in community of people with a diagnosis of mental disorder from a human rights and community health perspective. Firstly, we review basic concepts such as community mental health and the meaning of participation, which is understood as an end and not as a mean. It is important to increase the participation of people with a diagnosis in community spaces beyond the classic circuit of mental health care. This implies to create and share knowledge in a collective, horizontal and consensual way among all the people involved, especially the diagnosed people themselves. Secondly, the experience of the group of women of Radio Nikosia is narrated in first person by the participants themselves. The main highlights of the group are its horizontality, flexibility, and that is a self-organized space outside the health system where it is possible to express oneself without fear of being judged. Processes of trust, recognition, joy, social support and health are generated. Members of the group meet fortnightly and discuss on different topics chosen by them, and take part in political actions for women's own rights such as participation in the media, in feminist calls, in training and talks. We exemplify that other ways of doing community mental health are possible. The challenges are to make them visible, to systemize them and to be able to assess the impact they have on the health not only of the participants, but also the community. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Fish, J. L. H. (2022). "The lost social perspective: relocating the social perspective in approved mental health practice and the Mental Health Act 1983." Journal of Social Welfare & Family Law **44**(1): 3-21.

The 'social perspective' was inserted into the Mental Health Act 1983 Code of Practice (2008a) to ensure that skills and perspectives associated with the Approved Social Worker (ASW) were adequately transferred to the broadened role of Approved Mental Health Professional (AMHP). Nonetheless, there is a lack of clear guidance on how the 'social perspective' should be enacted in AMHP practice which causes several misalignments with how AMHPs balance other obligations in their decision making. Aspects of the Least Restrictive Option and Human Rights Legislations (such as the European Convention on Human Rights) are inconsistent with the objectives of the 'social perspective' and have replaced the 'social perspective' as a dominant feature of AMHP practice. Consequently, the 'social perspective' has avoided a clear definition, and meaningful guidance on how it should translate into practice. The 'social perspective' is often neglected in law reforms and policy decisions limiting both commissioning advancing the 'social perspective' and reducing its safeguarding function to the service user. [ABSTRACT FROM AUTHOR]

Flynn, E. (2019). "The rejection of capacity assessments in favor of respect for will and preferences: The radical promise of the UN Convention on the Rights of Persons with Disabilities." World Psychiatry **18**(1): 50-51.

Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). G. Szmukler argues for an interpretation of 'will and preferences' that allows for determinations of decision-making ability, in the form of functional assessments of mental capacity, to be used to interpret the decisions of those who appear to display conflicting will and preferences. Szmukler proposes, it is my contention – in keeping with the jurisprudence of the CRPD Committee – that functional assessments of mental capacity cannot be used to determine whether a particular preference should take precedence over what others perceive to be the individual’s will, or whether third parties’ interpretation of a person’s will can justify ignoring the individual’s clearly expressed preference. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.

Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.

Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Freckelton, I. (2019). "Electroconvulsive therapy, law and human rights PBU & NJE v Mental Health Tribunal [2018] VSC 564, Bell J." Psychiatry, Psychology & Law **26**(1): 1-20.

In a number of jurisdictions, a senior clinician or a tribunal is enabled to order ECT when a person does not have the capacity to give informed consent to the treatment and in the circumstances there is no less restrictive way for the patient to be treated. In Victoria, Australia, there have been a number of challenges to orders permitting ECT orders made by the Mental Health Tribunal. In a landmark decision by Bell J of the Victorian Supreme Court, PBU & NJE v Mental Health Tribunal [2018] VSC 564, on appeal from the Victorian Civil and Administrative Tribunal ('VCAT'), in turn on appeal from the Mental Health Tribunal, the human rights ramifications of the evaluation of whether a person has capacity to consent were scrutinised at length. Deficiencies in the reasoning by VCAT, including resort to impermissible extra-legislative considerations, such as insight, best interests and the giving of careful consideration, were highlighted by Bell J. This commentary reviews the reasoning of Bell J and discusses the ongoing consequences of his decision for both clinician reports and tribunal reasoning so that decision-making about ECT complies with legislative requirements, is not discriminatory against those with mental illnesses and is more sophisticated in its analysis of the adverse impact that mental illness symptomatology has at the relevant time on capacity to give informed consent to ECT. [ABSTRACT FROM AUTHOR]

Funk, M. and N. Drew (2019). "Practical strategies to end coercive practices in mental health services." World Psychiatry **18**(1): 43-44.

Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). Coercive practices are particularly challenging to change, since they are commonly accepted in society, seen as necessary to protect persons from harm, and are firmly cemented and sanctioned in law and policy across all countries. This despite the absence of evidence for their effectiveness, and the available evidence demonstrating that practices such as seclusion and restraint actively cause harm to physical and mental health, and can lead to death. G. Szmukler argues that there are exceptions where, in the interest of promoting people's autonomy, it becomes necessary to utilize involuntary interventions, and that a person's ability to make a decision should be a decisive factor in determining whether forced admission and treatment is a legitimate response. Below, we set out our disagreement with this position and also address some specific points raised by the author. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Galderisi, S. (2019). "The UN Convention on the Rights of Persons with Disabilities: Great opportunities and dangerous interpretations." World Psychiatry **18**(1): 47-48.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). G. Szmukler's paper provides an in depth analysis of some critical aspects of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) that make its implementation problematic in mental health care laws and provisions. Articles 12 and 14 represent the best examples. The text of these articles requires appropriate measures by States Parties to guarantee persons with disabilities the support they may require in exercising their legal capacity. However, in the interpretation provided by the Committee, these articles would preclude all non-consensual treatment and substitute decision making on behalf of persons with mental disorders. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Gergel, T. (2020). "The 'Mental Health and Justice Project': Using interdisciplinarity to move beyond impasse in disability rights." International Journal of Law and Psychiatry **71**.
This article presents an introduction to the 'Mental Health and Justice Project'. The United Nations Conventions on the Rights for Persons with Disabilities (CRPD) introduces a paradigm shift in disability rights. 'Mental Health and Justice' is a 5-year interdisciplinary project, funded by the Wellcome Trust, which explores ongoing research interests within the context of this paradigm shift. It considers the concepts of decision making ability and support in mental health and moves towards finding practicable ways to realize the CRPD aspirations. Based at King's College London, but with collaborators both in the UK and globally, this project brings together psychiatry, philosophy, law, service user involvement, social sciences, and neuroscience. We aim to show how the combined perspectives and methods of interdisciplinary research can use conceptual understanding to achieve direct outcomes on practice and policy. This Special Issue presents ten papers from the Project's first half and one 'guest paper'. Given that the CRPD represents a dramatic shift in how one thinks about persons with disabilities and the adaptations necessary for ensuring true equality, controversy is unsurprising, in relation to both interpretation and implementation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Gerlinger, G., et al. (2019). "Nach der Reform ist vor der Reform: Ergebnisse der Novellierungsprozesse der Psychisch-Kranken-Hilfe-Gesetze der Bundesländer = After the reform is before the reform: Results of the amendment processes of mental health law in German federal states." Der Nervenarzt **90**(1): 45-57.
Background: On the basis of mental health law, which differs between the federal states in Germany, courts can order the involuntary commitment of people with severe mental disorders in psychiatric hospitals, if they present a danger to themselves or to others. Due to decisions of the highest courts, these laws have been subject to revision since 2011. The aim of this paper is to analyze and compare the results of the revision

processes in order to define the need for action for federal and state legislature. Material and methods: Research of the current status of the revision processes in the federal states and a comparative analysis. The state laws were compared on the basis of selected particularly relevant areas with respect to human rights and treatment. Results: In spite of the revisions the state laws are extremely heterogeneous and in many states do not fully comply with the requirements of the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) or the highest courts' decisions. Conclusion: The state laws should be harmonized, particularly where they restrict basic and human rights, e. g. regarding prerequisites and objectives of involuntary commitment and coercive measures. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Getgen Kestenbaum, J., et al. (2021). "Proven Concepts in New Contexts: Applying Public Health, Mental Health, and Human Rights Strategies to Atrocity Prevention." Health & Human Rights: An International Journal **23**(1): 5-9.
An introduction is presented in which the editors discuss the various topics within the issue, including the theory of psychosocial trauma, child protection against the Boko Haram insurgents in Nigeria, and the right to mental health in Yemen.

Gill, N. S., et al. (2020). "Human rights implications of introducing a new mental health act - principles, challenges and opportunities." Australasian Psychiatry **28**(2): 167-170.
<bold>Objective: </bold>The United Nations Convention on the Rights of Persons with Disabilities (CRPD), 2006 has influenced the evolution of mental health legislation to protect and promote human rights of individuals with mental illness. This review introduces how the human rights agenda can be systematised into mental health services. Exploration is made of how some principles of CRPD have been incorporated into Queensland's Mental Health Act 2016.<bold>Conclusion: </bold>Although progress has been made in some areas, e.g. heavier reliance on capacity assessment and new supported decision-making mechanisms, MHA 2016 has continued to focus on involuntary treatment. A Human Rights Act 2019 has been passed by the Queensland parliament, which may fill in the gap by strengthening positive rights. [ABSTRACT FROM AUTHOR]

Gill, N. S., et al. (2020). "Human rights implications of introducing a new mental health act - principles, challenges and opportunities." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **28**(2): 167-170.
Objective: The United Nations Convention on the Rights of Persons with Disabilities (CRPD), 2006 has influenced the evolution of mental health legislation to protect and promote human rights of individuals with mental illness. This review introduces how the human rights agenda can be systematised into mental health services. Exploration is made of how some principles of CRPD have been incorporated into Queensland's Mental Health Act 2016 .; Conclusion: Although progress has been made in some areas, e.g. heavier reliance on capacity assessment and new supported decision-making mechanisms, MHA 2016 has continued to focus on involuntary treatment. A Human Rights Act 2019 has been passed by the Queensland parliament, which may fill in the gap by strengthening positive rights.

Gill, N. S., et al. (2020). "Measuring the impact of revised mental health legislation on human rights in Queensland, Australia." International Journal of Law and Psychiatry **73**: 101634.
The Convention on the Rights of Persons with Disabilities (2006) (CRPD) has been instrumental for initiating and shaping the reform of mental health legislation in many countries, including the eight Australian jurisdictions. Multiple approaches have been proposed to assess and monitor the compliance of States Parties' mental health legislation with the CRPD, and to evaluate its success in protecting and promoting the

human rights of people with disabilities. This article reports an effort to index the impact of legislation on human rights by measuring changes in the prevalence of compulsory treatment orders applied to people with mental illness after the introduction of CRPD influenced mental health legislation in the Australian state of Queensland. We found that despite reforms intended to enhance patient autonomy, the prevalence of compulsory treatment orders increased after implementation of the new legislation. Possible reasons behind this unintended consequence of the legislative reform may include a lack of systematized voluntary alternatives to compulsory treatment, a paternalistic and restrictive culture in mental health services and risk aversion in clinicians and society. We recommend that the reforms in mental health policy as well as legislation need to go further in order to achieve the goals embodied in the human rights framework of the CRPD. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Gill, N. S., et al. (2021). "Opening the doors: Critically examining the locked wards policy for public mental health inpatient units in Queensland Australia." The Australian and New Zealand journal of psychiatry **55**(9): 844-848.

The Queensland Government issued a policy directive to lock all acute adult public mental health inpatient wards in 2013. Despite criticism from professional bodies and advocacy for an alternative, the policy has been retained to this day. A blanket directive to treat all psychiatric inpatients in a locked environment without individualised consideration of safety is inconsistent with least restrictive recovery-oriented care. It is against the principles of the United Nations Convention on the Rights of Persons with Disabilities, to which Australia is a signatory. It is also contrary to the main objects of the Mental Health Act 2016 (Qld). Queensland Health has reported a reduction in 'absences without permission' from psychiatric inpatient wards after the introduction of the locked wards policy; however, no in-depth analysis of the consequences of this policy has been conducted. It has been argued that patients returning late or not returning from approved leave is a more common event than patients 'escaping' from mental health wards, yet all may be counted as 'absent without permission' events. A review of the international literature found little evidence of reduced absconding from locked wards. Disadvantages for inpatients of locked wards include lowered self-esteem and autonomy, and a sense of exclusion, confinement and stigma. Locked wards are also associated with lower satisfaction with services and higher rates of medication refusal. On the contrary, there is significant international evidence that models of care like Safewards and having open door policies can improve the environment on inpatient units and may lead to less need for containment and restrictive practices. We recommend a review of the locked wards policy in light of human rights principles and international evidence.

Gill, N. S. and K. Turner (2021). "How the statutory health attorney provision in Mental Health Act 2016 (Qld) is incompatible with human rights." Australasian Psychiatry **29**(1): 72-74.

Objective: Mental Health Act 2016 (Qld) (MHA 2016) includes many 'less restrictive ways' to minimise involuntary/compulsory treatment. One such measure, the statutory health attorney, has been adopted from the Powers of Attorney Act 1998 (Qld). This paper analyses the statutory health attorney provision against the human rights framework adopted by the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Method: The statutory health attorney provision was analysed against the CRPD article 12 (equal recognition before the law). Results: The statutory health attorney provision is not based on the will and preferences of the individual, is not free from conflict of interest and is not subject to the required safeguards. Conclusion: The use of a statutory health attorney brings mental health and physical health under the same provision (the fusion law/proposal). However, the statutory health attorney provision is not compatible with the contemporary human rights framework

adopted by the CRPD. [ABSTRACT FROM AUTHOR]

Gill, N. S. and K. Turner (2021). "How the statutory health attorney provision in Mental Health Act 2016 (Qld) is incompatible with human rights." Australasian Psychiatry **29**(1): 72-74.
Objective: Mental Health Act 2016 (Qld) (MHA 2016) includes many 'less restrictive ways' to minimise involuntary/compulsory treatment. One such measure, the statutory health attorney, has been adopted from the Powers of Attorney Act 1998 (Qld). This paper analyses the statutory health attorney provision against the human rights framework adopted by the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Method: The statutory health attorney provision was analysed against the CRPD article 12 (equal recognition before the law). Results: The statutory health attorney provision is not based on the will and preferences of the individual, is not free from conflict of interest and is not subject to the required safeguards. Conclusion: The use of a statutory health attorney brings mental health and physical health under the same provision (the fusion law/proposal). However, the statutory health attorney provision is not compatible with the contemporary human rights framework adopted by the CRPD. [ABSTRACT FROM AUTHOR]

Girma, E., et al. (2022). "Mental health stigma and discrimination in Ethiopia: evidence synthesis to inform stigma reduction interventions." International Journal of Mental Health Systems **16**(1): 1-18.
Background: People with mental illnesses are at an increased risk of experiencing human rights violations, stigma and discrimination. Even though mental health stigma and discrimination are universal, there appears to be a higher burden in low- and middle-income countries. Anti-stigma interventions need to be grounded in local evidence. The aim of this paper was to synthesize evidence on mental health stigma and discrimination in Ethiopia to inform the development of anti-stigma interventions. Methods: This evidence synthesis was conducted as a part of formative work for the International Study of Discrimination and Stigma Outcomes (INDIGO) Partnership research program. Electronic searches were conducted using PubMed for scientific articles, and Google Search and Google Scholar were used for grey literature. Records fulfilling eligibility criteria were selected for the evidence synthesis. The findings were synthesized using a framework designed to capture features of mental health stigma to inform cultural adaptation of anti-stigma interventions. Results: A total of 37 records (2 grey literature and 35 scientific articles) were included in the evidence synthesis. Some of these records were described more than once depending on themes of the synthesis. The records were synthesized under the themes of explanatory models of stigma (3 records on labels and 4 records on symptoms and causes), perceived and experienced forms of stigma (7 records on public stigma, 6 records on structural stigma, 2 records on courtesy stigma and 4 records on self-stigma), impact of stigma on help-seeking (6 records) and interventions to reduce stigma (12 records). Only two intervention studies assessed stigma reduction— one study showed reduced discrimination due to improved access to effective mental health care, whereas the other study did not find evidence on reduction of discrimination following a community-based rehabilitation intervention in combination with facility-based care. Conclusion: There is widespread stigma and discrimination in Ethiopia which has contributed to under-utilization of available mental health services in the country. This should be addressed with contextually designed and effective stigma reduction interventions that engage stakeholders (service users, service providers, community representatives and service developers and policy makers) so that the United Nations universal health coverage goal for mental health can be achieved in Ethiopia. [ABSTRACT FROM AUTHOR]

GonÇAlves Ribeiro, D. M., et al. (2020). "CONVENÇÃO INTERAMERICANA SOBRE A

PROTEÇÃO DOS DIREITOS HUMANOS DOS IDOSOS: ANÁLISE DA TUTELA DA SAÚDE MENTAL DOS IDOSOS E A INTERFACE COM OS DIREITOS DA PERSONALIDADE." INTER AMERICAN CONVENTION ON HUMAN RIGHTS PROTECTION OF ELDERLY PEOPLE: ANALYSIS OF THE ELDERLY MENTAL HEALTH TUTELAGE AND THE INTERFACE WITH PERSONALITY RIGHTS. **15**(3): 189-208.

The present article analyzes the increase in the aging population around the world and the new challenges created by this increase, emphasizing the health of an elderly person, in special his/her physical, mental and social integrity. It brings forth the World Health Organization and the Organization of American States preoccupation in making member countries implement adequate public policies regarding the health of elderly people. The objective is to examine the tutelage of the psychophysical health of the elderly through a panoramic view of the theme, based on the Statute of the Elderly and the Inter American Convention on Protecting the Human Rights of the Older Person, which guarantees their personality rights. This research adopts the deductive approach and intends, through a specialized, descriptive and exploratory literature review, to promote a reflection on the theme by the academic legal community. Results from this study show the latent need for implementing Brazilian public policies adequate to the health of people over 60 years of age, respecting their personality rights and favoring their dignity, mainly in regards to their integrity and mental health. (English) [ABSTRACT FROM AUTHOR]

Gooding, P., et al. (2020). "Preventing and reducing 'coercion' in mental health services: an international scoping review of English-language studies." Acta psychiatrica Scandinavica **142**(1): 27-39.

This article discusses initiatives aimed at preventing and reducing 'coercive practices' in mental health and community settings worldwide, including in hospitals in high-income countries, and in family homes and rural communities in low- and middle-income countries. The article provides a scoping review of the current state of English-language empirical research. It identifies several promising opportunities for improving responses that promote support based on individuals' rights, will and preferences. It also points out several gaps in research and practice (including, importantly, a gap in reviews of non-English-language studies). Overall, many studies suggest that efforts to prevent and reduce coercion appear to be effective. However, no jurisdiction appears to have combined the full suite of laws, policies and practices which are available, and which taken together might further the goal of eliminating coercion. (© 2020 The Authors. Acta Psychiatrica Scandinavica published by John Wiley & Sons Ltd.)

Green, A. S., et al. (2022). "Immigration Judges' Perceptionsof Telephonic and In-Person Forensic Mental Health Evaluations." The journal of the American Academy of Psychiatry and the Law **50**(2): 240-251.

Clinicians affiliated with medical human rights programs throughout the United States perform forensic evaluations of asylum seekers. Much of the best practice literature reflects the perspectives of clinicians and attorneys, rather than the viewpoints of immigration judges who incorporate forensic reports into their decision-making. The purpose of this study was to assess former immigration judges' perspectives on forensic mental health evaluations of asylum seekers. We examined the factors that immigration judges use to assess the affidavits resulting from mental health evaluations and explored their attitudes toward telehealth evaluations. We conducted semistructured interviews in April and May 2020 with nine former judges and systematically analyzed them using consensual qualitative research methodology. Our findings were grouped in five domains: general preferences for affidavits; roles of affidavits in current legal climate; appraisal and comparison of sample affidavits; attitudes toward telephonic evaluations; and recommendations for telephonic evaluations. Forensic evaluators should consider the practice recommendations of judges, both for telephonic and in-person evaluations,

which can bolster the usefulness of their evaluations in the adjudication process. To our knowledge, this is the first published study to incorporate immigration judges' perceptions of forensic mental health evaluations, and the first to assess judges' attitudes toward telephonic evaluations. (© 2022 American Academy of Psychiatry and the Law.)

Green, A. S., et al. (2022). "Immigration judges' perceptions of telephonic and in-person forensic mental health evaluations." Journal of the American Academy of Psychiatry and the Law **50**(2): 240-251.

Clinicians affiliated with medical human rights programs throughout the United States perform forensic evaluations of asylum seekers. Much of the best practice literature reflects the perspectives of clinicians and attorneys, rather than the viewpoints of immigration judges who incorporate forensic reports into their decision-making. The purpose of this study was to assess former immigration judges' perspectives on forensic mental health evaluations of asylum seekers. We examined the factors that immigration judges use to assess the affidavits resulting from mental health evaluations and explored their attitudes toward telehealth evaluations. We conducted semistructured interviews in April and May 2020 with nine former judges and systematically analyzed them using consensual qualitative research methodology. Our findings were grouped in five domains: general preferences for affidavits; roles of affidavits in current legal climate; appraisal and comparison of sample affidavits; attitudes toward telephonic evaluations; and recommendations for telephonic evaluations. Forensic evaluators should consider the practice recommendations of judges, both for telephonic and in-person evaluations, which can bolster the usefulness of their evaluations in the adjudication process. To our knowledge, this is the first published study to incorporate immigration judges' perceptions of forensic mental health evaluations, and the first to assess judges' attitudes toward telephonic evaluations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Grigutytė, N., et al. (2021). "The Right to Mental Health During the COVID-19 Pandemic." Teisės į psichikos sveikatą užtikrinimas COVID-19 pandemijos metu. **64**: 38-52.

The relationship between mental health and human rights is integral and interdependent. There are clinical, social and economic reasons, as well as moral and legal obligations to advance mental health care as fundamental to human rights. Significant considerations for this matter are especially crucial when addressing the COVID-19 pandemic across the world. The aim of this research study was to analyse the responses to the ongoing pandemic, concerning the human rights of persons with psychosocial disabilities and the right to mental health of the general population, in Lithuania. Methods included online surveys, semi-structured interviews, and a focus group. This article presents the results as a complex picture, containing the lived experiences of mental health difficulties of the general population, barriers to accessing the needed support and services, as well as analysis of violations of human rights. It also highlights the need for more research on the long-term consequences of the pandemic and lockdowns on the mental health of the population and on how the human rights of persons with mental health conditions, and especially those with psychosocial disabilities, can be better ensured and protected in Lithuania. (English) [ABSTRACT FROM AUTHOR]

Grigutytė, N., et al. (2021). "The right to mental health during the COVID-19 pandemic." Psichologija **64**: 38-52.

The relationship between mental health and human rights is integral and interdependent. There are clinical, social and economic reasons, as well as moral and legal obligations to advance mental health care as fundamental to human rights. Significant considerations for this matter are especially crucial when addressing the COVID-19 pandemic across the world. The aim of this research study was to analyse the responses to the ongoing pandemic, concerning the human rights of persons with psychosocial disabilities and the right to mental health of the general population, in Lithuania. Methods included online surveys, semi-structured interviews, and a focus group. This article presents the results as a complex picture, containing the lived experiences of mental health difficulties of the general population, barriers to accessing the needed support and services, as well as analysis of violations of human rights. It also highlights the need for more research on the long-term consequences of the pandemic and lockdowns on the mental health of the population and on how the human rights of persons with mental health conditions, and especially those with psychosocial disabilities, can be better ensured and protected in Lithuania. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Gulati, G., et al. (2021). "Challenges for people with intellectual disabilities in law enforcement interactions in Ireland; thematic analysis informed by 1537 person-years' experience." International Journal of Law and Psychiatry **75**: 101683.
Background: People with intellectual disabilities (PWID) are over-represented in criminal justice systems globally. This over-representation reveals itself at once in the demographic make-up of prison populations, as well as those detained in police settings as suspects of crime. While it is well-established in international literature that individuals who find themselves in the latter scenario face particular challenges in negotiating the forensic formalities routinely followed by the police at the pre-trial stage of criminal proceedings on account of their impairments, the specific difficulties experienced by PWID as suspects within Ireland's criminal justice system has yet to be explained, or indeed, understood. In seeking to address this research lacuna, this paper yields an account of a qualitative study which was aimed at identifying the unique challenges which PWID face in their interactions with Law Enforcement Officials (LEOs) in Ireland.; Aims: This study aimed to elicit perspectives across a range of disciplines with regard to barriers for PWID interacting with LEOs in Ireland, and sought viewpoints on the content of a proposed awareness programme.; Methods: A survey using purposive sampling was used to elicit viewpoints from people from representative organisations for PWID, people working with voluntary organisations for PWID, healthcare professionals working with PWID and professionals from the criminal justice system (including members of An Garda Siochana, lawyers, members of the Irish judiciary and officials within the Airport Police). Data were anonymised at the point of collection. Qualitative thematic analysis was conducted to extract themes based on the data retrieved through the survey.; Results: Ninety-five (n = 95) responses were received from individuals reporting a cumulative experience of 1537 person-years. Respondents identified themselves as members of one of three groups; people working in a voluntary or representative organisation for PWID (n = 42, 44.2%); people working in healthcare (n = 31, 32.6%); and people working in law enforcement (n = 22, 23.1%). Three themes were identified from the qualitative thematic analysis. The first theme, "Barriers to Communication", identified challenges which PWID and LEO experience in their mutual interactions and communications with one another. The second theme, "Building Awareness and Skills", identified elements of an ID awareness programme for LEOs. The third theme, "Institutional and System Change", identified possible lines of innovation with respect to contemporary police practice and the availability of supports for both PWID and the LEOs who work with them.; Originality/value: This study represents the first dedicated qualitative inquiry conducted on a multidisciplinary level into the barriers which healthcare professionals, legal professionals and disability advocacy groups perceive to be faced by PWID in their interactions with LEOs in Ireland. Consequently, the findings from this study will act as a valuable template in the direction of informing the development of an ID awareness programme for LEOs in Ireland. In addition, these research findings are expected to usefully inform the development of national policy and protocols in areas related to health, disability and justice. In offering a rich evidence-base for future policy initiatives, the timing of this study is particularly significant. The recent ratification by Ireland of the UN Convention

for the Rights of People with Disabilities (UNCRPD), together with the synchronous emergence of an evolving emphasis on human rights-based policing at a national level in Ireland, has meant that Irish policymakers have a unique opportunity to re-imagine the pre-trial formalities of Ireland's criminal process in order to demonstrate an increased sensitivity to the needs of PWID. Securing equal access to justice for such individuals, it is important to emphasise, is a legal requirement pursuant to Article 13 of the UNCRPD. To the extent therefore that this study yields unique insights into the barriers faced by PWID in their interactions with LEOs, the results of this study are potentially generalisable to other jurisdictions that have ratified the UNCRPD and are developing policy to accord with Article 13. (Copyright © 2021 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Hallett, N. and P. McLaughlin (2022). "Restrictive interventions: understanding and reducing their use in mental health settings." Mental Health Practice **25**(6): 34-41.
The article discusses the different types of restrictive interventions and describes some strategies that can support reduction of their use in mental health settings. Topics discussed include different types of restrictive interventions such as enhanced observations, seclusion and restraint; ethical issues and legal framework around restrictive interventions; and strategies to prevent behaviour that challenges and reduce the need for restrictive interventions.

Hallett, N. and P. McLaughlin (2022). "Restrictive interventions: understanding and reducing their use in mental health settings." Mental Health Practice **25**(6): 34-41.
The article discusses the different types of restrictive interventions and describes some strategies that can support reduction of their use in mental health settings. Topics discussed include different types of restrictive interventions such as enhanced observations, seclusion and restraint; ethical issues and legal framework around restrictive interventions; and strategies to prevent behaviour that challenges and reduce the need for restrictive interventions.

Hamer, H. P., et al. (2019). "'The right thing to do': Fostering social inclusion for mental health service users through acts of citizenship." International Journal of Mental Health Nursing **28**(1): 297-305.
The theoretical framework of citizenship is increasingly being used in mental health settings to inform practice. This exploratory qualitative study describes in more detail the acts of citizenship embedded in the everyday practices of mental health workers that promote the social inclusion of people in their care. Acts make a claim for justice when one's rights and responsibilities of citizenship are denied. Semistructured interviews were conducted with 12 participants, seven mental health clinicians and five peer support workers, recruited from a mental health facility in Connecticut, USA. Two themes are presented, breaking the rules and the right thing to do, a rights-based practice that fosters inclusion for service users. Results suggest that staff undertake hidden acts of citizenship to promote inclusion and rights of service users by responsibly subverting the rules and norms of the organization. Changes to organizational practices to make visible such inclusionary acts are required. Implications for practice and considerations of organizational change through the development of a citizenship framework to underpin practice are recommended. [ABSTRACT FROM AUTHOR]

Hamilton, M., et al. (2021). "Understanding Barriers to the Realization of Human Rights Among Older Women With Mental Health Conditions." The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry **29**(10): 1009-1014.
There is increasing emphasis in research and at the level of international human rights bodies such as the United Nations on the gendered contours of age-based disadvantage

and discrimination, and the cumulative effects of gender inequalities over the life-course on outcomes in later life. However, to date, the role of mental health in shaping the age/gender nexus in the realization of human rights has received little attention. In response, this paper aims to 1) elucidate the economic, social and cultural disadvantages and discrimination faced by older women living with mental health conditions; and 2) identify opportunities to protect their human rights. It concludes that older women face inequalities and disadvantages at the intersections of age, gender, and mental health and wellbeing that compromise their capacity to age well, illuminating the urgent need for a UN Convention on the Human Rights of Older Persons that considers the role of mental health in shaping the realization of human rights among older people. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Hanewald, B., et al. (2022). "Addressing the Mental Health Challenges of Refugees-A Regional Network-Based Approach in Middle Hesse Germany." International journal of environmental research and public health **19**(20).
Refugees constitute a vulnerable group with an increased risk of developing trauma-related disorders. From a clinician's integrative perspective, navigating the detrimental impact of the social, economic, structural, and political factors on the mental health of refugees is a daily experience. Therefore, a collective effort must be made to reduce health inequities. The authors developed a treatment concept which provides broader care structures within a scientific practitioner's approach. The resulting "Trauma Network" addresses the structural challenges for refugees in Middle Hesse. Accompanying research provided a sound basis for further discussions with policy-makers to improve the situation for refugees in the short- and long-term.

Harden, B., et al. (2023). "Attitudes towards persons with mental health conditions and psychosocial disabilities as rights holders in Ghana: A World Health Organization study." BMC Psychiatry **23**(1).
Background: There are currently major efforts underway in Ghana to address stigma and discrimination, and promote the human rights of those with mental health conditions, within mental health services and the community, working with the World Health Organization’s QualityRights initiative. The present study aims to investigate attitudes towards people with lived experience of mental health conditions and psychosocial disabilities as rights holders. Methods: Stakeholders within the Ghanaian mental health system and community, including health professionals, policy makers, and persons with lived experience, completed the QualityRights pre-training questionnaire. The items examined attitudes towards coercion, legal capacity, service environment, and community inclusion. Additional analyses explored how far participant factors may link to attitudes. Results: Overall, attitudes towards the rights of persons with lived experience were not well aligned with a human rights approach to mental health. Most people supported the use of coercive practices and often thought that health practitioners and family members were in the best position to make treatment decisions. Health/mental health professionals were less likely to endorse coercive measures compared to other groups. Conclusion: This was the first in-depth study assessing attitudes towards persons with lived experience as rights holders in Ghana, and frequently attitudes did not comply with human rights standards, demonstrating a need for training initiatives to combat stigma and discrimination and promote human rights. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Helbich, M. and S. Jabr (2022). "A Call for Social Justice and for a Human Rights Approach with Regard to Mental Health in the Occupied Palestinian Territories." Health and human rights **24**(2): 305-318.
This paper examines the process of depoliticization of mental health in the occupied

Palestinian territories (oPt) and links it to a critical analysis of post-traumatic stress disorder and the role of international humanitarian aid. It is based on a human rights framework that focuses on the right to health and that is instrumental in connecting human rights violations to demands of social justice. Efforts to weaken justice and reparations are analyzed by looking at the role of mental health professionals and assumptions of psychotherapy as a neutral and nonpolitical sphere. By drawing on models of decoloniality and liberation psychology, we advocate for a shift from a decontextualized and individualistic approach to mental health to acknowledging the structural, social, and political oppression that are the underlying factors for suffering in the oPt. In order to alleviate the social suffering of Palestinians and to prevent their victimization, interventions that acknowledge the political nature of mental health ill-being and promote a human rights approach are needed.; Competing Interests: Competing interests: None declared. (Copyright © 2022 Helbich and Jabr.)

Helbich, M. and S. Jabr (2022). "Mental health under occupation: an analysis of the de-politicization of the mental health discourse in Palestine and a call for a human rights approach." International Journal of Human Rights in Healthcare **15**(1): 4-16.
Purpose: This study aims to look at the effects of the Israeli occupation on the mental health of Palestinians and examine the link between political oppression and the occurrence of mental health disorders. It argues that, as human rights violations in Palestine are connected to psychological distress, the root causes of social suffering need to be considered in order not to pathologize Palestinians. The purpose of this paper lies in connecting the mental health discourse with a human rights approach to better understand this connection within the context of political violence. Design/methodology/approach: The paper presents the viewpoint and perspectives of the authors on significant mental health issues in Palestine. The methodology is based on a literature review of the de-politicization of the mental health discourse and on the theoretical framework of a human rights approach. At the base of this discourse lies the demand for social justice and professional solidarity. Findings: The study highlights that to truly understand social suffering in Palestine, it needs to be related to the prevalence of human rights violations, which in turn have a conceivable impact on the mental health well-being of individuals. It advocates for a shift from a de-contextualized, de-politicized and individualistic approach to mental health to acknowledging the importance of the social and political context in which trauma develops. It further illustrates how the adaptation of a human rights approach can strengthen demands of social justice and oppose the victimization of Palestinians. Originality/value: The value of the works lies in putting the prevalence of mental health disorders in Palestine in relation to human rights violations as a consequence of the ongoing Israeli occupation and in highlighting the role that international organizations play in the de-politicization of the mental health discourse.

Hemachandra, D., et al. (2022). "Criminal and financial penalties for clinicians in the ACT Mental Health Act weigh more heavily on senior doctors." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **30**(2): 179-184.
Objective: We sought to assess the attitudes of ACT public psychiatry doctors towards the financial and criminal penalties in the ACT Mental Health Act 2015.; Method: Baseline attitude was surveyed with an 11-item 5-point Likert scale. Education was then provided about the offences outlined in the Act and the associated penalties. The same initial survey was then repeated. Primary outcomes were changes in attitude pre- and post- information, and secondarily data was explored for differences related to gender and seniority.; Results: Forty-nine percent of 89 eligible public mental health system doctors responded. The majority of the survey respondents were female (59%). Provision of information resulted in a significant improvement in understanding of liabilities (2.80 (SD 1.14) versus 3.58 (SD 0.93), t (39) = 4.06, p < 0.001). Gender had

no significant impact on scores. Senior staff were less legally secure and less satisfied with the Mental Health Act pre-information being provided. With regards to notification penalties, with education, junior staff became more secure and seniors less so.; Conclusions: Information provision improves understanding of the penalties under the Mental Health Act 2015. Having a senior role predicts lower satisfaction with the penalties in the Act.

Herrawi, F., et al. (2022). "Global health, human rights, and neoliberalism: The need for structural frameworks when addressing mental health disparities." Journal of Theoretical and Philosophical Psychology **42**(1): 52-60.
In this paper we argue that the field of psychology—and the psy-disciplines generally—need to embrace an interdisciplinary approach if they are to be relevant and contribute to global social justice initiatives. We focus on two such initiatives: The Global Mental Health movement and calls for increasing access to mental health services for immigrants. We suggest that a stronger focus on the upstream causes of ill-health, a deeper appreciation for the ways in which neoliberalism deflects attention away from these upstream determinants, and a greater engagement with the field of human rights and other disciplines will lead to more substantive gains in population mental health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Herrawi, F., et al. (2022). "Global health, human rights, and neoliberalism: The need for structural frameworks when addressing mental health disparities." Journal of Theoretical and Philosophical Psychology **42**(1): 52-60.
In this paper we argue that the field of psychology—and the psy-disciplines generally—need to embrace an interdisciplinary approach if they are to be relevant and contribute to global social justice initiatives. We focus on two such initiatives: The Global Mental Health movement and calls for increasing access to mental health services for immigrants. We suggest that a stronger focus on the upstream causes of ill-health, a deeper appreciation for the ways in which neoliberalism deflects attention away from these upstream determinants, and a greater engagement with the field of human rights and other disciplines will lead to more substantive gains in population mental health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Hollins, S., et al. (2019). "The case for removing intellectual disability and autism from the Mental Health Act." The British journal of psychiatry : the journal of mental science **215**(5): 633-635.
Intellectual disability (also known as learning disability in UK health services) and autism are distinct from the serious mental illnesses for which the Mental Health Act is designed to be used. Their inclusion in the definition of mental disorder is discriminatory, resulting in unjust deprivations of liberty. Intellectual disability and autism should be excluded from the Mental Health Act.; Declaration of Interest: None.

Izutsu, T., et al. (2023). "Effect of Diversity Education on Young Adolescents in Japan: Toward the "Do No Harm" Principle." International journal of environmental research and public health **20**(6).
This study evaluated the impact of a semi-structured diversity education program on young adolescents, which included five 45-min sessions facilitated by schoolteachers using an instructors' manual. The study compared changes in knowledge and attitude related to diversity, self-esteem, and mental health among participants before and after the program. The participants were 776 junior high school students. Self-esteem and mental health conditions were assessed with the Rosenberg Self-Esteem Scale (RSES) and Kessler 6-Item Psychological Distress Scale (K6). The ratio of those who answered the knowledge and attitude questions correctly increased significantly for most questions, while the ratio decreased significantly for two questions. The RSES scores

improved significantly after the program, but the difference was very small. Mental health, as measured by K6, became significantly worse after the program. A logistic regression analysis indicated that lower K6 scores before the program and worse academic grades had significantly higher odds ratios; being a girl, not having a disability, and having close friends were associated with worse K6 scores after the program. Further, this indicates the importance of developing processes based on evidence and the "nothing about us without us" principle.

Jabr, S. and E. Berger (2023). "Community mental health, psychoanalysis, and freedom: The case of palestine." International Journal of Applied Psychoanalytic Studies.
The authors describe community mental health in Palestine from several vantage points: Palestine's historical and current context of military/political violence under Israeli occupation, its health care system and system of mental health care, and the status of its mental health staffing and training. Vignettes illustrate characteristic challenges and opportunities for Palestine within the domain of mental health. The roles of cognitive behavioral therapy and psychoanalytic thinking are discussed in terms of current practice, with an eye toward policy planning for a fully integrated model of health care delivery. The authors argue that the values of justice, freedom, and human rights are fundamental to well-being, and that the theory and practice of community mental health must support active resistance to violation of these principles. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Jarvis, G. E. and L. J. Kirmayer (2023). "Global migration: Moral, political and mental health challenges." Transcultural Psychiatry **60**(1): 5-12.
Global migration is expected to continue to increase as climate change, conflict and economic disparities continue to challenge peoples' lives. The political response to migration is a social determinant of mental health. Despite the potential benefits of migration, many migrants and refugees face significant challenges after they resettle. The papers collected in this thematic issue of Transcultural Psychiatry explore the experience of migration and highlight some of the challenges that governments and healthcare services need to address to facilitate the social integration and mental health of migrants. Clinicians need training and resources to work effectively with migrants, focusing on their resilience and on long-term adaptive processes. Efforts to counter the systemic discrimination and structural violence that migrants often face need to be broad-based, unified, and persistent to make meaningful change. When migrants are free to realize their talents and aspirations, they can help build local communities and societies that value diversity. [ABSTRACT FROM AUTHOR]

Jauregui, J. C., et al. (2021). "Experiences of Violence and Mental Health Concerns Among Sexual and Gender Minority Adults in Western Kenya." LGBT Health **8**(7): 494-501.
Purpose: Sexual and gender minority (SGM) populations throughout Kenya as well as other sub-Saharan African countries face systemic discrimination and substantial human rights violations, yet scant literature documents the potentially harmful mental health effects of these experiences. This study sought to understand the relationship among experiences of violence, social support, and mental health among SGM adults in Kenya. Methods: Members of a local LGBT community-based organization collected survey data in Western Kenya from October 2017 to April 2018, recruiting 527 SGM participants through an array of community outreach methods. Respondents in this cross-sectional study completed a survey regarding their mental health and other psychosocial factors. Multiple linear regression analyses were conducted to assess associations between experiences of violence (SGM violence and intimate partner violence [IPV]) and mental health outcomes (depressive symptoms and post-traumatic stress symptoms [PTSSs]) and to examine the potential moderating effect of social support on these relationships. Results: Relative to those who had never faced violence,

participants who experienced IPV and/or violence based on their sexual orientation, gender identity, or gender expression (SGM violence) reported significantly higher levels of depressive symptoms and PTSSs. Emotional support was associated with lower levels of PTSSs. Social support did not moderate the relationship between SGM violence and mental health symptoms. Conclusions: These findings suggest that there may be a relationship between experiences of violence and poor mental health among SGM Kenyans. More studies are needed to better understand SGM-specific risk factors for poor mental well-being among SGM people in Kenya and the types of interventions that may help mitigate these challenges.

Júnior, J. G., et al. (2020). "The mental health of those whose rights have been taken away: An essay on the mental health of indigenous peoples in the face of the 2019 Coronavirus (2019-nCoV) outbreak." Psychiatry research **289**: 113094.
Background: : In Latin America there are about 45 million indigenous people in 826 communities that represent 8.3% of the population. An estimated 798,365 Aboriginal and Torres Strait Islander were in Australia, 5,2 million indigenous people living in America and 2,13 million in Canada. Racial/ethnic disparities in mental health service use have increased especially in the context of the new coronavirus pandemic. Thus, we aimed to describe the mental health situation of the indigenous population in the context of the COVID-19 pandemic.; Method: : The studies were identified in well-known international journals found in three electronic databases: PubMed, Scopus, and MEDLINE. The data were cross-checked with information from the main international newspapers.; Results: : According to the literature, due to the COVID-19 pandemic there is a lack of specialized mental health services and professionals, a restricted access to quality information and a lack of access to inputs, causing negative feelings and it can exacerbate pre-existing mental problems (eg: depression, suicidal ideation, smoking and binge drink). The cultural differences are a risk factor to worsen the mental health of this already vulnerable population.; Conclusion: : providing psychological first aid is an essential care component for indigenous populations that have been victims COVID-19 pandemic.; Competing Interests: The authors declare that they have no competing interests. (© 2020 Elsevier B.V. All rights reserved.)

Katterl, S. (2021). "The importance of motivational postures to mental health regulators: Lessons for Victoria's mental health system in reducing the use of force." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **29**(6): 683-686.
Objective: To consider whether research into "motivational postures" can assist the Victorian Government and the forthcoming Mental Health and Wellbeing Commission to regulate and implement forthcoming mental health laws.; Conclusion: Although no research explicitly uses a motivational postures framework, there is evidence of a diverse set of postures amongst the mental health workforce. Some practitioners and disciplines reflect positive motivational postures towards mental health laws and consumer rights, while others show resistance, and others disengagement altogether. More research explicitly built on motivational postures is required to inform appropriate regulatory responses.

Keeney, A. J. and A. S. Lee (2021). "Right to an Adequate Standard of Living: Social Work and Mental Health in a COVID-19 Era." International Journal of Social Work Values & Ethics **18**(2): 67-72.
The COVID-19 pandemic may have strengthened social work students' awareness regarding the mandates of the profession. Specifically, students' unique lived experiences with COVID-19 highlighted the responsibility that the social work profession has in upholding fundamental human rights for our students. A secondary analysis of data collected via a field education survey for undergraduate and graduate

social work students (N=234) was used to examine how the COVID-19 pandemic impacted students' educational experience. Results indicate that to ensure the right to an adequate standard of living, the social work profession in a COVID-19 era must broker and advocate for mental health resources. Implications for social work education are discussed. [ABSTRACT FROM AUTHOR]

Kelly, B. D. (2020). "Emergency mental health legislation in response to the Covid-19 (Coronavirus) pandemic in Ireland: Urgency, necessity and proportionality." International Journal of Law and Psychiatry **70**.

Many countries have enacted, or are in the process of enacting, emergency mental health legislation in response to the global pandemic of Covid-19 (coronavirus). In Ireland, the Emergency Measures in the Public Interest (Covid-19) Act, 2020 amends the Mental Health Act 2001 to permit the Mental Health Commission to request an independent psychiatric report about an involuntary patient from any consultant psychiatrist who is not treating the patient (and not just those on its designated panel). This independent examination may occur ‘in person’, ‘by other appropriate means’, or even, ‘due to the exigencies of the public health emergency’, not occur at all, once this is explained in the resultant report. The 2020 Act acknowledges that ‘the exigencies of the public health emergency’ might hamper the independent psychiatrist's work and requires a written report from the patient's treating psychiatrist ‘no earlier than the day before’ the tribunal, in lieu of the psychiatrist physically attending a tribunal hearing, although, if possible, they will attend (i.e. phone in to) a tribunal held by conference call. The 2020 Act permits the Mental Health Commission to, if necessary, appoint tribunals ‘consisting of one member who shall be a practising barrister or solicitor’. Such a tribunal shall, if possible, consult with a consultant psychiatrist if the reports from the independent psychiatrist and treating psychiatrist conflict or if it is otherwise ‘necessary in the interest of the patient’. A tribunal can extend an involuntary order by a second period of 14 days ‘of its own motion if the tribunal, having due regard to the interest of the patient, is satisfied that it is necessary’. Tribunals for current involuntary patients will be prioritised over retrospective tribunals for discharged patients; a tribunal can direct a witness to provide ‘a written statement’ rather than attending; and the patient can make written representation to the tribunal instead of physically attending a tribunal hearing, although they may attend (i.e. phone in to) a tribunal held by conference call. Psycho-surgery for involuntary patients is banned. While it is clear that revisions are urgent and necessary in light of Covid-19, the proportionality of these changes will depend on how, and the extent to which, they are used in practice. With good communication, efficient team-working and close adherence to professional codes of practice and ethics, it is hoped that these amendments will result in a review system that is as reasonable, robust and reassuring as the current, highly unusual circumstances permit. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Kelly, B. D. (2020). "Irish Medical Organisation Doolin Memorial Lecture 2019: rhetoric and reality in mental health-Ireland and the world." Irish journal of medical science **189**(3): 1127-1134.

This Doolin Memorial Lecture presents six suggestions for positive change in Ireland's mental health services, focused on legislation and rights: (a) revision of the Mental Health Act 2001 in line with existing recommendations, to better protect and promote a broad range of rights, including rights to treatment and liberty (which are related); (b) enhanced forensic mental health care to better protect and promote both treatment and liberty in this population; (c) prompt full implementation of the Public Health (Alcohol) Act 2018 to reduce alcohol-related harm and the opportunity cost of alcohol problems in the health service; (d) implementation of the Assisted Decision-Making (Capacity) Act 2015 to provide decision-making supports to the 29.4% of medical/surgical inpatients and 52.6% of psychiatry inpatients who lack full decision-making capacity for treatment decisions; (e) judicious medicalisation of our response to individual cannabis use (although legalisation is not advised); and (f) enhanced recognition of the social rights of the mentally ill, especially the right to housing. Attention to these areas would improve the quality of life and quality of liberty of people with mental illness and their families. Progress in these areas needs to be underpinned by enhanced involvement of service-users in planning and provision of care, increased funding of mental health services and particular attention to groups who are currently underserved, including children and adolescents. Enhanced attention to these areas would also help advance Ireland's national mental health policy, "A Vision for Change", which has yet to be implemented in full. That, too, would help.

Kelly, B. D. (2022). "Psychiatric services, mental health law, & human rights." The Indian journal of medical research **156**(4&5): 567-569.

Kienzler, H., et al. (2022). "The experience of people with psychosocial disabilities of living independently and being included in the community in war-affected settings: A review of the literature." International Journal of Law and Psychiatry **81**: 101764.
This article explores the experience of people with psychosocial disabilities with independent living and community inclusion in war-affected settings. While the UN CRPD obliges states to protect the rights of persons with psychosocial disabilities to community living (Article 19) in contexts of war (Article 11), information is lacking about people's lived experience. We reviewed studies published between 1980 and 2020, exploring concepts central to the CRPD's Article 19. Sixteen articles met the inclusion criteria. Findings indicate that support for persons with psychosocial disabilities is lacking while also being insufficiently described; little information is available about types of mental health and psychosocial support services; and data are almost absent about access to community services available for the general population. To ensure independent living and community integration in contexts of war, we emphasize the need for comprehensive and intersectional approaches that are locally relevant, participatory, and based on human rights. (Copyright © 2021 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Killaspy, H., et al. (2020). "Predictors of moving on from mental health supported accommodation in England: national cohort study." British Journal of Psychiatry **216**(6): 331-337.
<bold>Background: </bold>Around 60 000 people in England live in mental health supported accommodation. There are three main types: residential care, supported housing and floating outreach. Supported housing and floating outreach aim to support service users in moving on to more independent accommodation within 2 years, but there has been little research investigating their effectiveness.<bold>Aims: </bold>A 30-month prospective cohort study investigating outcomes for users of mental health supported accommodation.<bold>Method: </bold>We used random sampling, accounting for relevant geographical variation factors, to recruit 87 services (22 residential care, 35 supported housing and 30 floating outreach) and 619 service users (residential care 159, supported housing 251, floating outreach 209) across England. We contacted services every 3 months to investigate the proportion of service users who successfully moved on to more independent accommodation. Multilevel modelling was used to estimate how much of the outcome and cost variations were due to service type and quality, after accounting for service-user characteristics.<bold>Results: </bold>Overall 243/586 participants successfully moved on (residential care 15/146, supported housing 96/244, floating outreach 132/196). This was most likely for floating outreach service users (versus residential care: odds ratio 7.96, 95% CI 2.92-21.69, P < 0.001; versus supported housing: odds ratio 2.74, 95% CI 1.01-7.41, P < 0.001) and was associated with reduced costs of care and two aspects of service quality: promotion of

human rights and recovery-based practice.<bold>Conclusions: </bold>Most people do not move on from supported accommodation within the expected time frame. Greater focus on human rights and recovery-based practice may increase service effectiveness. [ABSTRACT FROM AUTHOR]

Kirmayer, L. J. (2019). "The Politics of Diversity: Pluralism, Multiculturalism and Mental Health." Transcultural Psychiatry **56**(6): 1119-1138.

Kitafuna, K. B. (2022). "A Critical Overview of Mental Health-Related Beliefs, Services and Systems in Uganda and Recent Activist and Legal Challenges." Community Mental Health Journal **58**(5): 829-834.
As is true throughout the world, Ugandans with lived experience of mental illness, including survivors and those still in treatment or care, have been historically disregarded and mistreated. In Uganda specifically, the treatment and perception of those with mental illness has been historically interwoven with cultural beliefs about witchcraft and spirit possession, as well as the introduction and implementation of Western psychiatric practices (and institutions) during Uganda's colonial period. Both have contributed to punitive practices, stigma and social rejection. Ugandan laws and human rights policies have also largely failed to ensure the rights and community inclusion of persons with psychosocial disabilities. Moving toward the present, a growing movement of human rights advocates have attempted to challenge practices that continue to promote exclusion and coercion. This brief overview of the history of mental health services in Uganda seeks to provide deeper context for current reform efforts. (© 2022. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

Koly, K. N., et al. (2022). "Mental Health and Community-Based Rehabilitation: A Qualitative Description of the Experiences and Perspectives of Service Users and Carers in Bangladesh." Community Mental Health Journal **58**(1): 52-66.
Since 2016, Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPB) has been working to include people with psychosocial disabilities in their community-based inclusive development work, and to increase access to formal mental health care. Field visits were carried out to PHRPBD catchment areas in Dhaka and Chittagong for a case study on the integration of mental health into community-based rehabilitation (CBR). This paper synthesizes the results of twenty-five semi-structured interviews carried out as part of the case study. Participants included people with psychosocial disabilities, intellectual disabilities, epilepsy or other cognitive impairments and their carers as needed. Interviews were audio-recorded, transcribed and translated from Bangla to English, then hand-coded for content analysis. Results were organized into five overarching categories: (1) explanatory models, (2) help-seeking behaviors, (3) impact of services, (4) challenges and barriers to improving mental health, (5) recommendations of users and carers. Respondents either had no explanation for why service users had become unwell or attributed it to physically and/or emotionally traumatic events or supernatural causes. Before attending PHRPBD's mental health services, most had visited formal or informal health care providers, often with disappointing results. Despite positive feedback on PHRPBD's services, participants identified ongoing challenges. Stigma, discrimination and human rights abuses persist and are compounded by issues of gender inequality. Participants also identified barriers and made recommendations specific to the program itself, mainly regarding accessibility (e.g., cost, distance, frequency). This study adds to the limited body of qualitative research on mental health in Bangladesh, reinforcing previous findings on explanatory models and health-seeking behaviors while providing new insights into the impact of a CBR program in this context. Feedback of service users and carers suggests that CBR may indeed be a useful approach to increase access to services

in Bangladesh for people with psychosocial or intellectual disabilities, epilepsy or other cognitive impairments. However, this program is not without its limitations, some of which are the product of broader issues within the mental health system and others of the social and cultural context. More research is needed to formally evaluate this and other CBR programs in the Global South. [ABSTRACT FROM AUTHOR]

Kreis, M. M. and D. Tajer (2021). "Apuntes para la indagación del derecho a la salud mental de niñas desde el enfoque de género y derechos humanos." Anuario de Investigaciones **28**: 299-307.
Abstract: En el presente trabajo nos proponemos introducir antecedentes teóricos y normativos sobre problemáticas vinculadas a la atención en salud mental desde el Enfoque de Derechos Humanos y el Enfoque de Género. Haremos especial hincapié en la infancia de las niñas. En este sentido, consideramos, a manera de hipótesis, que la indagación del derecho a la atención en salud mental en niñas requiere de una mirada que ponga el eje en los derechos humanos de las niñeces e incorpore el enfoque de género. Para ello, realizamos una revisión bibliográfica y documental sobre artículos y textos normativos fundantes e investigaciones actuales en materia de niñez y salud mental. Concluimos que el diálogo entre ambos enfoques nos permite una indagación compleja de las problemáticas y abordajes en salud mental en niñas. En particular, posibilita aproximarse a cómo están constituidos los imaginarios profesionales sobre problemáticas como: el género, el ciclo vital, la situación socioeconómica y los derechos humanos. Abstract: In this paper we propose to introduce theoretical and normative antecedents on problems related to mental health care from the Human Rights Approach and the Gender Approach in Argentina. And we will put special emphasis on the childhood of girls. In this sense, we start by considering, as a hypothesis, that the investigation of the right to mental health care in girls requires a look that focuses on the human rights of children and incorporates the gender perspective. To do this, we conducted a bibliographic and documentary review on articles and founding normative texts and current research on childhood and mental health. We conclude that the dialogue between both approaches allows us a complex investigation of the problems and approaches in mental health in girls. In particular, it makes it possible to approach how professional imaginaries about problems that cross the field of inquiry are constituted, such as: gender, life cycle, socioeconomic situation and human rights.

Kronick, R., et al. (2021). "Refugee mental health and human rights: A challenge for global mental health." Transcultural Psychiatry **58**(2): 147-156.
This article introduces a thematic issue of Transcultural Psychiatry that presents recent work that deepens our understanding of the refugee experience—from the forces of displacement, through the trajectory of migration, to the challenges of resettlement. Mental health research on refugees and asylum seekers has burgeoned over the past two decades with epidemiological studies, accounts of the lived experience, new conceptual frameworks, and advances in understanding of effective treatment and intervention. However, there are substantial gaps in available research, and important ethical and methodological challenges. These include: the need to adopt decolonizing, participatory methods that amplify refugee voices; the further development of frameworks for studying the broad impacts of forced migration that go beyond posttraumatic stress disorder; and more translational research informed by longitudinal studies of the course of refugee adaptation. Keeping a human rights advocacy perspective front and center will allow researchers to work in collaborative ways with both refugee communities and receiving societies to develop innovative mental health policy and practice to meet the urgent need for a global response to the challenge of forced migration, which is likely to grow dramatically in the coming years as a result of the impacts of climate change. [ABSTRACT FROM AUTHOR]

Kronick, R., et al. (2021). "Refugee mental health and human rights: A challenge for global mental health." Transcultural Psychiatry **58**(2): 147-156.

This article introduces a thematic issue of Transcultural Psychiatry that presents recent work that deepens our understanding of the refugee experience-from the forces of displacement, through the trajectory of migration, to the challenges of resettlement. Mental health research on refugees and asylum seekers has burgeoned over the past two decades with epidemiological studies, accounts of the lived experience, new conceptual frameworks, and advances in understanding of effective treatment and intervention. However, there are substantial gaps in available research, and important ethical and methodological challenges. These include: the need to adopt decolonizing, participatory methods that amplify refugee voices; the further development of frameworks for studying the broad impacts of forced migration that go beyond posttraumatic stress disorder; and more translational research informed by longitudinal studies of the course of refugee adaptation. Keeping a human rights advocacy perspective front and center will allow researchers to work in collaborative ways with both refugee communities and receiving societies to develop innovative mental health policy and practice to meet the urgent need for a global response to the challenge of forced migration, which is likely to grow dramatically in the coming years as a result of the impacts of climate change.

Kumar Ramanathan, V. (2021). "6.5 HUMAN RIGHTS AND CHILDREN'S MENTAL HEALTH: A MULTILINK BOND." Journal of the American Academy of Child & Adolescent Psychiatry **60**(10): S133-S133.

Laughon, K., et al. (2023). "Health and safety concerns of female asylum seekers living in an informal migrant camp in Matamoros, Mexico." Journal of advanced nursing **79**(5): 1830-1839.

Background: Whilst increased numbers of people worldwide exercise their human right to seek asylum, the US has greatly reduced the number of asylum seekers able to enter its southern border, resulting in informal encampments. Women and children are uniquely vulnerable to violence and other health risks.; Aim: To describe the health and safety concerns of female asylum seekers living in an informal migrant camp, with a particular focus on the risks of violence against women and children.; Methods: For this qualitative descriptive study, female asylum seekers were purposively recruited in an informal tent encampment in Matamoros, Mexico (n = 43). Semi-structured interviews were conducted in January and February 2020. Qualitative data were analysed using thematic analysis.; Results: The themes identified were constant vigilance, the effects of constant vigilance, lack of resources, and uncertainty. Women's unrelenting fears about their own safety and that of their children impacted their ability to access the camp's meagre resources and exacerbated negative effects on women and children.; Conclusion: Applying established guidelines and best practices for health and safety in humanitarian settings could mitigate threats to women and children. Additionally, camp conditions represent human rights violations. Nurses have an ethical duty to advocate for an end to the US policies creating and maintaining this humanitarian crisis.; Impact: As a result of changes to the United States immigration policy, individuals seeking asylum at the Southern border of the US have been largely prevented from entering the US since early 2018. Asylum seekers living in an informal encampment on the border awaiting entry describe a public health, humanitarian and human rights crisis. Women in this already vulnerable group lacked necessities, such as housing, food security, potable water, protection against gender violence and other forms of physical threats to themselves and their children. This created a heightened sense of vigilance and fear, with implications for their mental health and well-being and that of their children. These findings highlight the need for governmental and international organizations to implement the best health and safety practices for humanitarian settings to ensure equity in relation to the social determinants of health. Nurses have an ethical obligation to be strong human rights advocates.; Patient or Public Contributions: One member of the research team has extensive experience as an advocate for recently immigrated women experiencing intimate partner violence. The study procedures were reviewed with advocates providing direct services to migrant women and children. (© 2022 The Authors. Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Lee, M. and M. Seo (2022). "Effects of Human Rights Sensitivity on Empathy and Working Relationship in Mental Health Social Workers: Using Vignettes of Schizophrenia and Alcoholism." International journal of environmental research and public health **19**(14).
Human rights sensitivity (HRS) is essential for social workers advocating for and providing services to people with mental illness. In this study, the authors employed vignettes of two chronic mental illnesses-schizophrenia and alcoholism-to analyze the moderating effect of HRS on association between empathy and working relationship by hierarchical regression analysis. In total 245 social workers in mental health (M age = 36.44, SD = 6.61, male 22.0%, female 78.0%) participated in the study. Differences were found in empathy levels and working relationships in schizophrenia and alcoholism vignettes. Levels of empathy, intrinsic helping and emotional support (behavioral dimension), client respect, and emotional relatedness as well as respect and acceptance in working relationships were significantly higher for schizophrenia than for the alcoholism vignette. Further, empathy and HRS significantly predicted the quality of working relationships in schizophrenia and alcoholism vignettes. Levels for positive work relationships increased with empathy and HRS. The effects of empathy on working relationship were augmented among social workers with a high level of HRS only in the vignette of schizophrenia. Based on these results, the authors emphasize the importance of HRS and propose strategies to enhance it.

Lomax, S., et al. (2022). "Centering mental health in society: A human rights approach to well-being for all." The American journal of orthopsychiatry **92**(3): 364-370.
Applying a human rights lens to mental health and well-being will improve the systems that govern and operate U.S. society. Achieving this requires learning from successful approaches and scaling up the implementation of effective strategies that promote equity by actively addressing determinants and barriers across systems that impede overall health. As a country, the U.S. has shown significant success in innovation but has failed at taking successful programs and initiatives to scale. Having endured over a year of loss in education, social connection, and routines, the COVID-19 pandemic illuminated America's deeply rooted structural inequities that have worsened population mental health and well-being. Integrating mental health into institutions and systems, while recovering and rebuilding, must be at the forefront to provide a path for transformation. Three recommendations are derived from the strategies and initiatives described throughout this article that offer tangible steps for achieving wellbeing as a human right: 1. Embed mental health within and across all systems, and expand its definition across the continuum; 2. Prioritize prevention and health promotion through person-centered and community-driven strategies; and 3. Expand the diversification and training of the mental health workforce across sectors. The inequities addressed in this article are not the products of a global pandemic. Instead, they result from historical oppression, injustice, and inaction, exacerbated by the current context. Embedding a human rights approach to mental health in the United States is fundamental to individual and community well-being. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

Lordos, A., et al. (2021). "Societal Healing in Rwanda: Toward a Multisystemic Framework for Mental Health, Social Cohesion, and Sustainable Livelihoods among Survivors and Perpetrators of the Genocide against the Tutsi." Health and human rights **23**(1): 105-118.
The genocide against the Tutsi in Rwanda left the country almost completely

devastated, with tremendous consequences for mental health, social cohesion, and livelihoods. In the aftermath of such extreme circumstances and human rights violations, societal healing should be conceptualized and approached based on a multisystemic framework that considers these three sectors-mental health, social cohesion, and livelihoods-as well as their interactions. The aims of the present study are twofold: (1) to review evidence on multisystemic healing initiatives already applied in Rwanda using fieldwork notes from interviews and focus groups, alongside relevant scholarly and gray literature, and (2) to propose a scalable multisystemic framework for societal healing in Rwanda that builds on existing innovations. Within a participatory action research methodology, we used a grounded theory approach to synthesize fieldwork findings and compare them with literature to generate a set of principles for multisystemic recovery in Rwanda. Recognizing the strengths and limitations of the current mental health system and other initiatives, including sociotherapy and collaborative livelihood projects, we propose a scalable and rights-based multisystemic approach for recovery and resilience that would target mental health, social cohesion, and sustainable livelihoods within an integrative cross-sectoral framework, thus reducing the risk of post-genocide conflict.; Competing Interests: Competing interests: None declared. (Copyright © 2021 Lordos, Ioannouis, Rutembesa, Christoforou, Anastasiou, and Björgvinsson.)

Lordos, A., et al. (2021). "Societal Healing in Rwanda: Toward a Multisystemic Framework for Mental Health, Social Cohesion, and Sustainable Livelihoods among Survivors and Perpetrators of the Genocide against the Tutsi." Health & Human Rights: An International Journal **23**(1): 105-118.
The genocide against the Tutsi in Rwanda left the country almost completely devastated, with tremendous consequences for mental health, social cohesion, and livelihoods. In the aftermath of such extreme circumstances and human rights violations, societal healing should be conceptualized and approached based on a multisystemic framework that considers these three sectors--mental health, social cohesion, and livelihoods--as well as their interactions. The aims of the present study are twofold: (1) to review evidence on multisystemic healing initiatives already applied in Rwanda using fieldwork notes from interviews and focus groups, alongside relevant scholarly and gray literature, and (2) to propose a scalable multisystemic framework for societal healing in Rwanda that builds on existing innovations. Within a participatory action research methodology, we used a grounded theory approach to synthesize fieldwork findings and compare them with literature to generate a set of principles for multisystemic recovery in Rwanda. Recognizing the strengths and limitations of the current mental health system and other initiatives, including sociotherapy and collaborative livelihood projects, we propose a scalable and rights-based multisystemic approach for recovery and resilience that would target mental health, social cohesion, and sustainable livelihoods within an integrative cross-sectoral framework, thus reducing the risk of post-genocide conflict.

Lovett, A., et al. (2019). "Mental health of people detained within the justice system in Africa: systematic review and meta-analysis." International Journal of Mental Health Systems **13**(1): N.PAG-N.PAG.
Worldwide, people with mental disorders are detained within the justice system at higher rates than the general population and often suffer human rights abuses. This review sought to understand the state of knowledge on the mental health of people detained in the justice system in Africa, including epidemiology, conditions of detention, and interventions. We included all primary research studies examining mental disorders or mental health policy related to detention within the justice system in Africa. 80 met inclusion criteria. 67% were prevalence studies and meta-analysis of these studies revealed pooled prevalence as follows: substance use 38% (95% CI 26–50%),

mood disorders 22% (95% CI 16–28%), and psychotic disorders 33% (95% CI 28–37%). There were only three studies of interventions. Studies examined prisons (46%), forensic hospital settings (37%), youth institutions (13%), or the health system (4%). In 36% of studies, the majority of participants had not been convicted of a crime. Given the high heterogeneity in subpopulations identified in this review, future research should examine context and population-specific interventions for people with mental disorders. [ABSTRACT FROM AUTHOR]

Ma, H. and A. Y. Loke (2020). "Knowledge of, attitudes towards, and willingness to care for sex workers: Differences between general and mental health nursing students." Journal of Professional Nursing **36**(4): 264-277.
Background: It is not common in most nursing education programmes to teach students how to care for sex workers. Little is known about whether nursing students are prepared to care for sex workers upon graduation. Objectives: This study aims to explore and compare students in the general and mental health nursing programmes in Hong Kong in terms of their knowledge of, support for the human rights of sex workers; attitudes towards, and willingness to care for sex workers. This study also aims to explore the factors associated with attitudes towards and willingness to care for sex workers among all nursing students, general nursing students, and mental health nursing students. Methods: A cross-sectional study. Undergraduate nursing students were invited to participate in an online survey in 2019. Results: A total of 317 students completed the questionnaire. The students had little knowledge of sex workers, and their attitudes were polarized. Their attitudes towards sex workers and their support for the human rights of sex workers were significantly associated with their willingness to care for sex workers. A perceived need for education relating to caring for sex workers was positively associated with attitudes towards sex workers and a willingness to care for them. Final year students had a more positive attitude towards sex workers than first-year students. Conclusion: The study may contribute to the development of a nursing curriculum for the promotion of non-judgmental care for sex workers or disadvantaged client groups. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Maalla M'jid, N. (2020). "Hidden scars: The impact of violence and the COVID-19 pandemic on children’s mental health." Child and Adolescent Psychiatry and Mental Health **14**.
More than 1 billion children are exposed to violence every year. The devastating immediate and long-term impact of violence on the mental health of children is well established. Despite commitments made by the international community to end violence against children and support their mental health, there has been a serious lack of investment and capacity to provide quality, rights-based, culturally appropriate mental health care globally. The arrival of the COVID-19 pandemic has magnified these challenges. This article outlines how the risk of children experiencing violence has increased and how the pandemic has weakened the capacity of child protection and mental health services to respond. The article argues for child protection, mental health and other core services to be prioritized during and after the pandemic. A failure to do so will undermine the international community’s ability to achieve the Sustainable Development Goals by 2030 and to fulfil its obligations under the UN Convention on the Rights of the Child. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Macgregor, A., et al. (2019). "Are mental health tribunals operating in accordance with international human rights standards? A systematic review of the international literature." Health & Social Care in the Community **27**(4): e494-e513.
Mental health tribunals are responsible for making decisions about compulsory treatment for individuals considered a risk to themselves and others due to mental disorder. They are generally designed to provide safeguards for individuals subject to compulsory treatment by testing whether national legislative criteria and international

human rights standards have been met. Despite this, they have been criticised for being dominated by the medical domain, focusing rigidly on legal criteria and for restricting human rights, including the rights to liberty and access to justice. As a result, questions have arisen over the extent to which mental health tribunals are indeed operating in line with their legislative intentions and international human rights requirements. The aim of this systematic review was to synthesise international evidence on this and to assess the extent to which this is reflected in such literature. A systematic search of the literature was conducted on the 17 April 2018 for articles published between 2000 and 2018 in MEDLINE, CINAHL, PsychINFO, ASSIA and Web of Science. All study designs were included within this review, provided they reported empirical findings. Thirty-two studies met the inclusion criteria. Eight themes were identified across the literature and these were participation, information and understanding, patient representation, the power of the medical domain, feelings of powerlessness, perceptions of fairness, risk and the impact on relationships. The findings call into question whether mental health tribunals necessarily operate in compliance with international human rights standards. This article suggests that mental health tribunals may need to do more to safeguard legislative principles and human rights standards that promote patient autonomy. [ABSTRACT FROM AUTHOR]

Macgregor, A., et al. (2019). "Are mental health tribunals operating in accordance with international human rights standards? A systematic review of the international literature." Health & Social Care in the Community **27**(4): e494-e513.

Mental health tribunals are responsible for making decisions about compulsory treatment for individuals considered a risk to themselves and others due to mental disorder. They are generally designed to provide safeguards for individuals subject to compulsory treatment by testing whether national legislative criteria and international human rights standards have been met. Despite this, they have been criticised for being dominated by the medical domain, focusing rigidly on legal criteria and for restricting human rights, including the rights to liberty and access to justice. As a result, questions have arisen over the extent to which mental health tribunals are indeed operating in line with their legislative intentions and international human rights requirements. The aim of this systematic review was to synthesise international evidence on this and to assess the extent to which this is reflected in such literature. A systematic search of the literature was conducted on the 17 April 2018 for articles published between 2000 and 2018 in MEDLINE, CINAHL, PsychINFO, ASSIA and Web of Science. All study designs were included within this review, provided they reported empirical findings. Thirty-two studies met the inclusion criteria. Eight themes were identified across the literature and these were participation, information and understanding, patient representation, the power of the medical domain, feelings of powerlessness, perceptions of fairness, risk and the impact on relationships. The findings call into question whether mental health tribunals necessarily operate in compliance with international human rights standards. This article suggests that mental health tribunals may need to do more to safeguard legislative principles and human rights standards that promote patient autonomy. (© 2019 John Wiley & Sons Ltd.)

Maphisa, J. M. (2019). "Mental health legislation in Botswana." BJPsych International **16**(3): 68-70.

The Mental Disorders Act of 1969 is the primary legislation relating to mental health in Botswana. Despite the country not being a signatory to the United Nations Convention on the Rights of Persons with Disabilities, its Act has a self-rated score of four out of five on compliance to human rights covenants. However, it can be argued that the Act does not adequately espouse a human rights- and patient-centred approach to legislation. It is hoped that ongoing efforts to revise the Act will address the limitations discussed in this article. [ABSTRACT FROM AUTHOR]

Mares, S., et al. (2021). "Impact of Covid-19 on the mental health needs of asylum seekers in Australia." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **29**(4): 417-419.
Objective: This paper highlights the significant mental health vulnerabilities of people who have sought asylum in Australia and their additional adversities as a result of the Covid-19 pandemic.; Conclusions: Australia's policies in relation to asylum seekers result in multiple human rights violations and add significantly to mental health vulnerabilities. Despite a majority being identified as refugees, people spend years in personal and administrative limbo and are denied resettlement in Australia. Social isolation and other restrictions associated with Covid-19 and recent reductions in welfare and housing support compound their difficulties. The clinical challenges in working with people impacted by these circumstances and the role of psychiatrists and the RANZCP in advocacy are identified.

Markham, S. (2020). "First-tier tribunals for mental health in England: are they fit for purpose?" The lancet. Psychiatry **7**(3): 226-227.

Markham, S. (2021). "The omnipresence of risk and associated harms in secure and forensic mental health services in England and Wales." Social theory & health : STH: 1-17.
Current legislation and policy frameworks regulating the detention and treatment of mentally disordered offenders in England and Wales are predicated on the assumption that a minority of patients have enduring violent tendencies and pose a serious long-term risk to the safety of others. This paper seeks to consider the manner in which notions of risk and the imperative to contain and minimise the potential for harm, present and impact patients in secure and forensic mental health settings. Within this, we consider how mental health stigma and Beck's concept of the Risk Society can affect the thoughts and actions of those who may be held accountable for rare but potentially serious harmful events. We consider what changes may need to be enacted within secure and forensic mental health services to reduce the incidence and severity of consequent risks of harm to patients and their mental health recovery. (© The Author(s), under exclusive licence to Springer Nature Limited 2021.)

Maylea, C., et al. (2020). "Independent mental health advocacy: A model of social work advocacy?" Australian Social Work **73**(3): 334-346.
Advocacy has received less attention in social work research than other aspects of social work practice. This paper draws attention to two tensions in social work advocacy; between worker-led advocacy and person-led advocacy, and between individual advocacy and system level advocacy. We argue that human-rights-based social workers must choose a person-led approach over a worker-led approach while advocating with both systems and individuals. This argument is made by drawing on findings of an evaluation of Independent Mental Health Advocacy (IMHA) in Victoria, Australia. It is shown that social work training had not prepared social workers for rights-based, person-led advocacy and that social workers in public mental health services were struggling to maintain the rights of people in their services even with assistance from IMHA. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

McCann, E. and M. J. Brown (2020). "The views and experiences of lesbians regarding their mental health needs and concerns: Qualitative findings from a mixed-methods study." Perspectives in Psychiatric Care **56**(4): 827-836.
Purpose: The aim of this paper is to report the specific views and experiences of lesbians and identify their distinct mental health issues and concerns. Design and methods: A mixed-methods design with surveys and individual interviews was utilized. The data were thematically analyzed. Findings: The key themes were (a) enabling

service access, (b) person-centered support, (c) models of care, (d) community presence and participation, and (e) future aspirations for mental health services. Practice implications: The study results inform and develops the understanding of the issues that impact upon the mental health and well-being of lesbians. The implications for mental health practice are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

McCleary-Gaddy, A. T. and D. James (2022). "Dehumanization, attitudes toward seeking professional psychological care, and mental health among African American women." Cultural Diversity and Ethnic Minority Psychology.
Objective: Self-infrahumanization or perceiving oneself as lacking the experience of uniquely human emotions, and endorsement of Strong Black Woman (SBW) schema, or self-superhumanization, are two forms of dehumanization. Among African American women, SBW schema endorsement is associated with greater negative attitudes toward seeking professional psychological help (ATSPPH) and poorer mental health. Self-infrahumanization is associated with fewer adaptive stress responses and poorer well-being. This research examines the relationship between self-infrahumanization and self-superhumanization on ATSPPH and mental health among African American women. We hypothesized that self-infrahumanization and self-superhumanization will be associated with greater negative ATSPPH and greater mental health symptomatology. We also hypothesized that ATSPPH will mediate the interactive effect of self-infrahumanization and SBW schema endorsement on mental health symptomatology. Method: Four hundred and forty-nine self-identified African American women (Mage = 37.96; SDage = 15.55; age range: 18–87) completed an online, self-administered Qualtrics survey investigating the social and psychological determinants of health. Results: Self-infrahumanization was not associated with mental health symptomatology. Greater SBW schema endorsement was associated with greater mental health symptomatology. Self-infrahumanization and SBW schema endorsement were not associated with ATSPPH. ATSPPH mediated the interaction between SBW and self-infrahumanization on mental health symptomatology. At high and average—but not low—levels of SBW schema endorsement, greater self-infrahumanization was associated with lower positive ATSPPH, which was then associated with greater mental health symptomatology. Conclusions: Among African American women, believing that one lacks the experience of uniquely human emotions exacerbates the negative effects of endorsing SBW schema. We discuss the role of dehumanization processes in health disparities research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

McCleary-Gaddy, A. T. and D. James (2022). "Dehumanization, attitudes toward seeking professional psychological care, and mental health among African American women." Cultural Diversity and Ethnic Minority Psychology.
Objective: Self-infrahumanization or perceiving oneself as lacking the experience of uniquely human emotions, and endorsement of Strong Black Woman (SBW) schema, or self-superhumanization, are two forms of dehumanization. Among African American women, SBW schema endorsement is associated with greater negative attitudes toward seeking professional psychological help (ATSPPH) and poorer mental health. Self-infrahumanization is associated with fewer adaptive stress responses and poorer well-being. This research examines the relationship between self-infrahumanization and self-superhumanization on ATSPPH and mental health among African American women. We hypothesized that self-infrahumanization and self-superhumanization will be associated with greater negative ATSPPH and greater mental health symptomatology. We also hypothesized that ATSPPH will mediate the interactive effect of self-infrahumanization and SBW schema endorsement on mental health symptomatology. Method: Four hundred and forty-nine self-identified African American women (Mage = 37.96; SDage = 15.55; age range: 18–87) completed an online, self-administered

Qualtrics survey investigating the social and psychological determinants of health. Results: Self-infrahumanization was not associated with mental health symptomatology. Greater SBW schema endorsement was associated with greater mental health symptomatology. Self-infrahumanization and SBW schema endorsement were not associated with ATSPPH. ATSPPH mediated the interaction between SBW and self-infrahumanization on mental health symptomatology. At high and average—but not low—levels of SBW schema endorsement, greater self-infrahumanization was associated with lower positive ATSPPH, which was then associated with greater mental health symptomatology. Conclusions: Among African American women, believing that one lacks the experience of uniquely human emotions exacerbates the negative effects of endorsing SBW schema. We discuss the role of dehumanization processes in health disparities research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Meadows, K. and N. Moran (2022). "Searching for a social work language of human rights: Perspectives of social workers in an integrated mental health service." British Journal of Social Work **52**(3): 1398-1415.
Human rights are described as central to the social work profession. However, whilst principles of human rights are generally accepted as fundamental to social work, their application in specific practice settings is far more complex and the perspectives of social workers themselves are largely absent in the literature. This research explored the perspectives of nine social workers in integrated mental health teams in a National Health Service (NHS) Trust in the north of England. Participants took part in semi-structured face-to-face interviews investigating the role of social workers in enacting rights-based social work in integrated mental health services, the issues they face and aspects of good practice. Participants identified rights-based approaches as inherent in their practice but lacked an adequate language to describe this work and confidence in using specific legislation. All described a lack of available training (post-qualification) and support, and the impact of a lack of both time and resources, in enacting rights-based work. The research suggests a need for further training in human rights, increased support for social workers in enacting rights-based work and for a language of human rights to be more effectively embedded in organisations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Meagher, J. (2022). "Reflections on the 30th Anniversary of the Establishment New South Wales Consumer Advisory Group - Mental Health." Health & History: Journal of the Australian & New Zealand Society for the History of Medicine **24**(2): 117-124.

Mellor, C., et al. (2022). "Seeding hope: Restoring nature to restore ourselves Nature restoration as an essential mental health intervention." International Review of Psychiatry **34**(5): 541-545.
This commentary offers stories of hope and regeneration in the face of the interconnected crises we face. Those of us in the health sector have the opportunity to undo the false separation that has arisen between the care we offer ourselves and the care we offer our natural spaces. Access to a healthy environment offers myriad health benefits and has been declared a human right. Beyond this, cultivating a sense of kinship with the natural world unlocks further mental health benefits and promotes a deep sense of meaning and vitality. Widespread restoration of nature, combined with the equitable reconnection of people to these restored environments, must become one of the most important aspects of public health in this century. This paper, written from a UK perspective, describes examples where people are already weaving these strands together and offers practical suggestions for healthcare professionals who want to know how this relates to their role and their everyday practice. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.

An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.

An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Mitchell, W., et al. (2021). "The Human Right to Justice for Older Persons With Mental Health Conditions." American Journal of Geriatric Psychiatry **29**(10): 1027-1032.

This article explores the nature and extent of barriers to access to justice that older persons experience, including those with mental health conditions. It finds that access to justice-the right to fair, prompt and responsive decisions by administrative decision-makers and equal access to courts and tribunals to obtain timely and effective remedies-is not only an important right in itself but also enables the enjoyment of many other human rights. Yet older persons, particularly those with mental health conditions, face a significant "justice gap." Ageist attitudes, laws and practices interact with other forms of bias such as mentalism, sexism, ableism, racism, homophobia, and heterosexism exacerbating older persons' disadvantage and marginalization, particularly those with mental health conditions, and older indigenous persons. These discriminatory practices, together with the phenomena of elder abuse, all severely limit older persons' access to timely and responsive justice. International and national standards, both general and specific to older persons, have been shown to be inadequate to respond to this justice gap. An international standard in the form of a binding legal obligation that specifically addresses older persons' rights of access to justice is needed urgently as part of a new international treaty on the human rights of older persons.

Mitchell, W., et al. (2021). "The Human Right to Justice for Older Persons With Mental Health Conditions." The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry **29**(10): 1027-1032.

This article explores the nature and extent of barriers to access to justice that older persons experience, including those with mental health conditions. It finds that access to justice-the right to fair, prompt and responsive decisions by administrative decision-makers and equal access to courts and tribunals to obtain timely and effective remedies-is not only an important right in itself but also enables the enjoyment of many other human rights. Yet older persons, particularly those with mental health conditions, face a significant "justice gap." Ageist attitudes, laws and practices interact with other forms of bias such as mentalism, sexism, ableism, racism, homophobia, and heterosexism exacerbating older persons' disadvantage and marginalization, particularly those with mental health conditions, and older indigenous persons. These discriminatory practices, together with the phenomena of elder abuse, all severely limit older persons' access to timely and responsive justice. International and national standards, both general and specific to older persons, have been shown to be inadequate to respond to this justice gap. An international standard in the form of a binding legal obligation that specifically addresses older persons' rights of access to justice is needed urgently as part of a new international treaty on the human rights of older persons. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Moro, M. F., et al. (2022). "Quality of care and respect of human rights in mental health services in four West African countries: Collaboration between the mental health leadership and advocacy programme and the World Health Organization QualityRights initiative." BJPsych Open **8**.

Background: Although recent reports suggest that service users in West African psychiatric facilities are exposed to poor quality of care and human rights violations, evidence is lacking on the extent and profile of specific deficits in the services provided to persons with mental health conditions. Aims: To evaluate the quality of care and respect of human rights in psychiatric facilities in four West African countries, The Gambia, Ghana, Liberia and Sierra Leone, using the World Health Organization QualityRights Toolkit. Method: Trained research workers collected information through observation, review of records and interviews with service users, caregivers and staff. Independent panels of assessors used the information to assign scores to the criteria, standards and themes of the QualityRights Toolkit. Results: The study revealed significant gaps in these facilities. The rights to an adequate standard of living and to enjoyment of the highest attainable standard of health were poorly promoted. Adherence to the right to exercise legal capacity and the right to personal liberty and security was almost absent. Severe shortcomings in the promotion of the right to live independently and be included in the community were reported. Conclusions: Inadequate appreciation of service users' rights, lack of basic approaches to protect them and the non-promotion of rights-based services in these facilities are major problems that need to be addressed. Although it recognises the resource constraints and need for more human and financial resources, the study also identifies critical areas and challenges that require significant changes at the facility level. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Moro, M. F., et al. (2022). "Quality of care and respect of human rights in mental health services in four West African countries: Collaboration between the mental health leadership and advocacy programme and the World Health Organization QualityRights Initiative—Addendum." BJPsych Open **8**.

This addendum article originally appeared in BJPsych Open 2022, Vol no. 8 (2-9). The following abstract of the original article appeared in (see record [rid]2022-27102-001[/rid]). The original article published missed an acknowledgement regarding support from the Academic Freedom Fund. This has since been updated in the online PDF and HTML versions. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Morris, N. P. and J. M. Izenberg (2023). "Mental Health and Legal Implications of Access to the Outdoors during Incarceration." The journal of the American Academy of Psychiatry and the Law **51**(1): 103-111.

The prevalence of mental disorders and substance use disorders among incarcerated populations has called attention to the availability of mental health services in U.S. jails and prisons. Yet, structural factors, such as access to outdoor recreation, can also shape mental health in correctional environments, and U.S. jails and prisons often restrict incarcerated people from going outside. This article examines correctional policies on outdoor access, including mental health implications and related litigation. Research supports the widely held view that outdoor access can be an important determinant of mental health; nevertheless, U.S. courts have come to varying conclusions about the rights of incarcerated people to such access, leading to a patchwork of legal precedents and institutional practices with some striking inequities. For example, in California, pretrial detainees who have not been convicted of any crimes may be denied outdoor access for years, whereas convicted individuals on death row typically have access to weekly outdoor time. By examining mental health literature and case law, the authors suggest general principles for the provision of outdoor access to incarcerated individuals, as well as call for additional research on the adverse effects of the common practice of restricting such access. (© 2023 American Academy of Psychiatry and the Law.)

Mulé, N. J. (2022). "Mental health issues and needs of LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada." Psychology & Sexuality **13**(5): 1168-1178.

LGBTQ+ people experience mental health challenges due to their minoritized status, systemic inequities and structural disparities. For LGBTQ+ asylum seekers, refugee claimants and refugees the impact on their mental health can be compounding. This study, which featured a series of focus groups with LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada, was part of a larger international study 'Envisioning Global LGBT Human Rights' that looked at colonising effects on LGBTQ people in the Commonwealth. The migration process, – often forced due to persecution in their country of origin based on sexual orientation or gender identity and expression – produced traumatic experiences involving life-changing decisions, accessing information and resources, cultural shifts, conceptualisation of identities, and navigating the refugees claims process. The specialised experiences of LGBTQ+ asylum seekers, refugee claimants and refugees can have a deleterious effect on their mental health that a critical psychology perspective can address clinically by recognising the particularised needs of this population and systemically by addressing the structural inequities. [ABSTRACT FROM AUTHOR]

Narsi, K. (2022). "Unpacking assisted admissions under the Mental Health Care Act 17 of 2002." South African family practice : official journal of the South African Academy of Family Practice/Primary Care **64**(1): e1-e4.

The Mental Health Care Act 17 of 2002 (MHCA) is a progressive piece of mental health legislation that has the potential to transform mental health services by emphasising patient rights and promoting integration and accessibility. The MHCA allows for the care, treatment and rehabilitation of mental healthcare users, who lack the competence to consent but who do not refuse treatment to be managed as assisted users. This article unpacks the concept and procedure of assisted admissions, comparing it with other types of admissions described in the MHCA. Relevant clinical and legal factors influencing the assisted admission status are discussed. The article concludes with a description of the advantages and challenges of assisted care, together with recommendations for its implementation.

Nesterko, Y., et al. (2023). "Mental health of recently arrived male refugees in Germany reporting sexual violence." Medicine, conflict, and survival **39**(1): 4-27.

Conflict-related sexual violence (CRSV) is one of the most severe and stigmatizing human rights violations. The recognition of men and boys as targets of sexual violence is a rather recent development. In the present study data on experiences of sexual violence as well as mental health outcomes were analysed in recently arrived male refugees (N = 392) in Germany. More than one third of the men interviewed (n = 128; 36.6%) reported having experienced sexual violence. Compared to male refugees without experiences of sexual violence, male refugee survivors showed higher prevalence rates of PTSD. Moreover, some differences were found between the subgroups on the single symptoms level, indicating higher severity in those affected by sexual violence, including negative alterations in cognition/mood, suicidal ideation, and nervousness or shakiness inside. The findings provide initial data on prevalence of sexual violence and related mental health outcomes in male refugees newly arrived in Germany and emphasize the significance of sexual violence as a risk factor for different mental health outcomes. This provides clear implications for health care professionals that could aid them in better identifying those affected. Finally, further research is urgently needed that takes a closer, more differentiated look at sexual violence in male refugee populations.

Newman, B., et al. (2022). "Right to information for people with intellectual disability in

Australian mental health policy." Journal of Policy and Practice in Intellectual Disabilities **19**(2): 230-238.
Background: People with intellectual disability do not have adequate access to mental health services and have worse mental health outcomes than the broader community. Access to information about mental health, treatment, and services has been advocated as one strategy to address these inequities. This article presents findings from a policy analysis of how the right to accessible information is represented in Australian mental health policy, with a focus on information access for people with intellectual disability. Method: An analysis of Australian and New South Wales state policies relevant to mental health services 2007–2017, in current use and available online (49 documents) was conducted. Principles in the United Nations Convention on the Rights of Persons with Disability 2006 and an integrated health literacy framework were used to frame a content analysis. NVivo 11 (QSR 2015) was used to search the policy documents and themes were identified according to the policy type and purpose. Findings: The right to information is expressed in Australian and New South Wales state policy documents. However, the mental health policies do not refer to the communication needs of people with intellectual disability or incorporate strategies to address their needs. Many of the mental health policy directives incorporate the need for tailored communication. Some documents mention the needs of other groups of people with specific communication needs, but not people with intellectual disability. Implications: The inconsistency between the right to information expressed in policies and processes to communicate information with people who have intellectual disability needs to be addressed. The longstanding disparities in health outcomes, and difficulties accessing mental health service experienced by many people with intellectual disability underline the pressing need for policy to require accessible information practices. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Newton-Howes, G. and S. Gordon (2020). "Who controls your future: The convention on the rights of persons with disabilities from a service user focused perspective." Australian & New Zealand Journal of Psychiatry **54**(2): 134-137.
Although notions of personal autonomy are increasingly enshrined as the primary principle of ethical medical practice, psychiatry appears to have real difficulty in applying this. Notions such as compulsory treatment and mental health legislation serve to reinforce paternalism. This may not be in the interests of either the patient or the doctor. The Convention on the Rights of Persons with Disabilities (CRPD), although providing no new rights to mental health patients, has led to guidance as to what existing rights entail and how they should be applied. While service users were involved in the drafting of the Convention on the Rights of Persons with Disabilities, what is lacking is service user focused perspectives in the critique and debate that has ensued in response to the Convention on the Rights of Persons with Disabilities committee's informed guidance as to the correct interpretation of the rights. Furthermore, consideration of how to translate the rights into practice is also lacking. This co-produced viewpoint aims to contribute to this debate and provides a brief overview of a novel educational approach to translating the Convention on the Rights of Persons with Disabilities committee's guidance into clinical practice. [ABSTRACT FROM AUTHOR]

Newton-Howes, G. and S. Gordon (2020). "Who controls your future: The convention on the rights of persons with disabilities from a service user focused perspective." Australian & New Zealand Journal of Psychiatry **54**(2): 134-137.
Although notions of personal autonomy are increasingly enshrined as the primary principle of ethical medical practice, psychiatry appears to have real difficulty in applying this. Notions such as compulsory treatment and mental health legislation serve to reinforce paternalism. This may not be in the interests of either the patient or the

doctor. The Convention on the Rights of Persons with Disabilities (CRPD), although providing no new rights to mental health patients, has led to guidance as to what existing rights entail and how they should be applied. While service users were involved in the drafting of the Convention on the Rights of Persons with Disabilities, what is lacking is service user focused perspectives in the critique and debate that has ensued in response to the Convention on the Rights of Persons with Disabilities committee's informed guidance as to the correct interpretation of the rights. Furthermore, consideration of how to translate the rights into practice is also lacking. This co-produced viewpoint aims to contribute to this debate and provides a brief overview of a novel educational approach to translating the Convention on the Rights of Persons with Disabilities committee's guidance into clinical practice.

Niaz, U. (2022). "MENTAL HEALTH IN THE EASTERN MEDITERRANEAN REGION: FOCUS ON WOMEN, CHILDREN, THE ELDERLY AND REFUGEES." Journal of Pakistan Psychiatric Society **19**(2): 48-51.
The Eastern Mediterranean Region (EMR) has some of the world's poorest health metrics among the WHO regions. It has the highest prevalence of mental disorders worldwide. This is largely attributable to the region's ongoing persistent humanitarian crises, which from one perspective, increase the need and demand for mental health services, while on the contrary eroding the capacity of health and social care systems to provide the basic care. With insufficient human, structural, institutional, data and financial resources, these mental health care systems continue to suffer from neglect and apathy. The situation is exacerbated further by the stigma, discrimination, and human rights' violations that people with mental illnesses face, where women, children, the elderly, and immigrants are the highly susceptible population groups. This paper aims to outline the issues and risks linked with mental health in the Eastern Mediterranean Region, and also to provide practical and equitable recommendations that seek to address the past indifference and neglect in order to advocate the importance of mental health in public health. [ABSTRACT FROM AUTHOR]

Nocete Navarro, L., et al. (2021). "[Mental health and human rights: The experience of professionals in training with the use of mechanical restraints in Madrid, Spain]." Salud colectiva **17**: e3045.
Mechanical restraint is a coercive procedure in psychiatry, which despite being permitted in Spain, raises significant ethical conflicts. Several studies argue that non-clinical factors - such as professionals' experiences and contextual influences - may play a more important role than clinical factors (diagnosis or symptoms) in determining how these measures are employed. The aim of this study is to understand how the experiences of mental health professionals in training relate to the use of mechanical restraints in Madrid's mental health network. Qualitative phenomenological research was conducted through focus groups in 2017. Interviews were transcribed for discussion and thematic analysis with Atlas.ti. Descriptive results suggest that these measures generate emotional distress and conflict with their role as caregivers. Our findings shed light on different factors related to their experiences and contexts that are important in understanding the use of mechanical restraint, as well as the contradictions of care in clinical practice.

Ogunwale, A. (2019). "Involuntary mental health treatment in England and Wales: A rights-based critique of current legal frameworks and recommendations for reform." International Journal of Law and Psychiatry **66**.
The treatment of mental disorders is in the interest of the individual as well as society with a view to reducing risk related to self-directed harm or interpersonal violence in addition to other treatment benefits. Given this situation, involuntary detention and treatment of the mentally ill represents a delicate balancing act between considerations

of individual autonomy and right to liberty on the one hand, and public safety on the other. A critical focus on treatment within the broader context of compulsory hospitalization is warranted in view of its centrality to the whole process of non-consensual treatment for mental disorder. This essay specifically examines the legal frameworks for the treatment for mental disorder of those detained in hospital and prison by focusing on key statutory provisions in England and Wales. It will discuss these using relevant international human rights instruments and illustrative case law as well as provide relevant recommendations for legal reform. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Olusola Adeboye, A. (2021). "Addressing the Boko Haram-Induced Mental Health Burden in Nigeria." <u>Health & Human Rights: An International Journal</u> **23**(1): 71-73.
In the article, the author discusses the need to protect the mental health of Nigerians from the adverse effects caused by the Boko Haram insurgency in Nigeria. Topics include the importance of new laws and dedicated funding to address the issues, the abuses perpetrated by Boko Haram members like murder, abduction and sexual violence, and the claim by the International Covenant on Economic Social and Cultural Rights (ICESCR) that health is a basic human right.

Omigbodun, O. O., et al. (2023). "Reprioritising global mental health: psychoses in sub-Saharan Africa." <u>International Journal of Mental Health Systems</u> **17**(1): 1-14.
Arthur Kleinman's 2009 Lancet commentary described global mental health as a "moral failure of humanity", asserting that priorities should be based not on the epidemiological and utilitarian economic arguments that tend to favour common mental health conditions like mild to moderate depression and anxiety, but rather on the human rights of those in the most vulnerable situations and the suffering that they experience. Yet more than a decade later, people with severe mental health conditions like psychoses are still being left behind. Here, we add to Kleinman's appeal a critical review of the literature on psychoses in sub-Saharan Africa, highlighting contradictions between local evidence and global narratives surrounding the burden of disease, the outcomes of schizophrenia, and the economic costs of mental health conditions. We identify numerous instances where the lack of regionally representative data and other methodological shortcomings undermine the conclusions of international research carried out to inform decision-making. Our findings point to the need not only for more research on psychoses in sub-Saharan Africa, but also for more representation and leadership in the conduct of research and in international priority-setting more broadly—especially by people with lived experience from diverse backgrounds. This paper aims to encourage debate about how this chronically under-resourced field, as part of wider conversations in global mental health, can be reprioritised. [ABSTRACT FROM AUTHOR]

O'Neill, E., et al. (2023). "The right to the unhealthy deprived city: An exploration into the impacts of state-led redevelopment projects on the determinants of mental health." <u>Social Science & Medicine</u> **318**: N.PAG-N.PAG.
Research shows mental health is impacted by poor-quality physical and social-environmental conditions. Subsequently state-led redevelopment/regeneration schemes focus on improving the physical environment, to provide better social-environmental conditions, addressing spatial and socioeconomic inequities thus improving residents' health. However, recent research suggests that redevelopment/regeneration schemes often trigger gentrification, resulting in new spatial and socioeconomic inequalities that may worsen health outcomes, including mental health, for long-term neighborhood residents. Using the right to the city and situating this within the framework of accumulation by dispossession and capitalist hegemony, this paper explores the potential mechanisms in which poor mental health outcomes may endure in

neighborhoods despite the implementation of redevelopment/regeneration projects. To do so, we explored two neighborhoods in the city of Glasgow — North Glasgow and East End – and conducted a strong qualitative study based on 25 in-depth semi-structured interviews with key stakeholders. The results show that postindustrial vacant and derelict land spaces and socioeconomic deprivation in North and East Glasgow are potential mechanisms contributing to the poor mental health of its residents. Where redevelopment/regeneration projects prioritize economic goals, it is often at the expense of social(health) outcomes. Instead, economic investment instigates processes of gentrification, where long-term neighborhood residents are excluded from accessing collective urban life and its (health) benefits. Moreover, these residents are continually excluded from participation in decision-making and are unable to shape the urban environment. In summary, we found a number of potential mechanisms that may contribute to enduring poor mental health outcomes despite the existence of redevelopment/regeneration projects. Projects instead have negative consequences for the determinants of mental health, reinforcing existing inequalities, disempowering original long-term neighborhood residents and only providing the "right" to the unhealthy deprived city. We define this as the impossibility to benefit from material opportunities, public spaces, goods and services and the inability to shape city transformations. • Post-industrial poor-quality spaces have negative impacts on some determinants of mental health. • Redevelopment projects prioritize economic goals at the expense of social/health. • Redevelopment projects initiates gentrification, excluding long-term residents from benefits. • Lower-class residents are excluded from participation in decision-making. • Redevelopment disempowers residents providing right to the unhealthy deprived city. [ABSTRACT FROM AUTHOR]

Onocko-Campos, R., et al. (2021). "Mental health and human rights: Challenges for health services and communities." Salud mental y derechos humanos: desafíos para servicios de salud y comunidades. **17**: 1-3.

Onocko-Campos, R., et al. (2021). "Mental health and human rights: Challenges for health services and communities." Salud colectiva **17**: e3488.
The care of people with mental health problems requires health system and service reforms to build up proper mental health care. The challenges of the present moment continue to be immense. The viral pandemic that we are experiencing has exposed the fragility of our health and social services and certified the inequality and precariousness of the living conditions of many people. The collection of articles published in the journal Salud Colectiva as part of the open call for papers "Mental health and human rights: challenges for health services and communities," includes articles from Spain, Brazil, Mexico, and Chile. These papers present conceptual experiences and reflections on community action plans and programs, contributing toward better knowledge and development of mental health in the region.

Orellano, C. and M. Macavilca (2019). "New guidelines on mental health in Peru." The Lancet Psychiatry **6**(3): 201-202.
In October, 2018, the Ministry of Health of Peru approved the sectoral policy guidelines on mental health, which update those published 14 years ago. The five guidelines highlight the transitional framework of public mental health, from tertiary care (psychiatric hospitals) to secondary and primary care. They also call for the inclusion of mental health management in non-specialised centres and for the implementation of new community mental health centres across the country. The Ministry of Health took into account social determinants of health, human rights, and intercultural, intersectional, and territorial approaches for the development of these guidelines. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Ortega, F. and M. R. Müller (2022). "Negotiating human rights narratives in Global Mental Health: Autism and ADHD controversies in Brazil." Global Public Health **17**(11): 3189-3203.

Promoting evidence-based treatments and the human rights of people living with mental illness are the two pillars of Global Mental Health (GMH). Critics counter that human rights narratives must also include social justice frameworks. We draw on the cases of autism and ADHD in Brazil to discuss the role of human rights in mental health in the context of GMH. A human rights perspective involves citizenship rights for individuals living with mental distress and provides a framework to problematise the logic of GMH centred on individual rights and rights to treatment. We begin with an overview on human rights discussions in GMH and examine the introduction of human rights discourses in the Brazilian psychiatric reform. We then explore how autism and ADHD became priorities of GMH interventions as well as the constitution of two styles of activism and mobilisation of human rights around these conditions. One follows the universal public health logic and promotes health as a social right. The other follows the logic of parents' associations that redefined those conditions as forms of disability to advocate for specialised services and interventions. Finally, we discuss these forms of human rights mobilisation and their implications for Brazilian mental health and GMH. [ABSTRACT FROM AUTHOR]

Ortega, F. and M. R. Müller (2022). "Negotiating human rights narratives in Global Mental Health: Autism and ADHD controversies in Brazil." Global Public Health **17**(11): 3189-3203.

Promoting evidence-based treatments and the human rights of people living with mental illness are the two pillars of Global Mental Health (GMH). Critics counter that human rights narratives must also include social justice frameworks. We draw on the cases of autism and ADHD in Brazil to discuss the role of human rights in mental health in the context of GMH. A human rights perspective involves citizenship rights for individuals living with mental distress and provides a framework to problematise the logic of GMH centred on individual rights and rights to treatment. We begin with an overview on human rights discussions in GMH and examine the introduction of human rights discourses in the Brazilian psychiatric reform. We then explore how autism and ADHD became priorities of GMH interventions as well as the constitution of two styles of activism and mobilisation of human rights around these conditions. One follows the universal public health logic and promotes health as a social right. The other follows the logic of parents' associations that redefined those conditions as forms of disability to advocate for specialised services and interventions. Finally, we discuss these forms of human rights mobilisation and their implications for Brazilian mental health and GMH.

Ouliaris, C., et al. (2020). "Preventing prejudice by preserving the spirit of mental health legislation during the COVID-19 national emergency." Australasian Psychiatry **28**(5): 500-503.

Objective: The COVID-19 national emergency activates legislative powers that allow a proportional infringement upon individual liberties. We canvas the complex legal landscape governing mental health consumers in this climate, highlight ethical considerations in application of the law and offer a simple algorithm to navigate this space. Conclusion: In times of emergency, it is crucial that we uphold the safeguards embodied within mental health legislation to prevent prejudicial treatment of mental health consumers. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Ozgumus, A. M. and P. E. Ekmekci (2019). "Refugee Health: A Moral Discussion." Journal of immigrant and minority health **21**(1): 1-3.

Padgett, D. K. (2020). "Homelessness, housing instability and mental health: making the

connections." BJPsych bulletin **44**(5): 197-201.
Research on the bi-directional relationship between mental health and homelessness is reviewed and extended to consider a broader global perspective, highlighting structural factors that contribute to housing instability and its mental ill health sequelae. Local, national and international initiatives to address housing and mental health include Housing First in Western countries and promising local programmes in India and Africa. Ways that psychiatrists and physicians can be agents of changes range from brief screening for housing stability to structural competence training. Narrow medico-scientific framing of these issues risks losing sight of the foundational importance of housing to mental health and well-being.

Pang, S. (2019). "Criminalising Health Care? The Use of Offences in the Mental Health Act 2015 (ACT)." Journal of law and medicine **26**(3): 638-654.
Mental health statutes in every Australian jurisdiction contain penalties for breaching certain provisions. The Australian Capital Territory's new Mental Health Act 2015 (ACT) is notable in using not only financial penalties, but also including specific offences and the possibility of imprisonment to regulate certain procedures related to the involuntary detention and treatment of those with mental illness. The penalties for committing the offences range from small fines to 12 months' imprisonment. There is a concern that the threat of criminal punishment may discourage practitioners from routinely using the Act's immediate detention procedure. Failure to adhere to extensive notification requirements can result in financial penalties. Private psychiatric facilities may also face particular penalties. The inclusion of separate provisions which are specifically labelled as offences in mental health legislation has received minimal attention. Criminalising aspects of mental health care creates stigma, may encourage defensive medical practice, and works against the recovery movement. There is a slow development of this trend in other health specialties.

Peisah, C., et al. (2021). "The Human Rights of Older People With Mental Health Conditions and Psychosocial Disability to a Good Death and Dying Well." American Journal of Geriatric Psychiatry **29**(10): 1041-1046.
The human right to a good death and dying well is as important as the right to life. At stake at the end of life are human rights to dignity, autonomy, self-determination and respect for will and preferences, equitable access to quality health care that is needs-based, and respect for family and relationships. Older people with dementia, those with serious mental illness, and those with intellectual disability are vulnerable to "bad deaths" due to violations of these rights. In this paper we explore why this is so and examine existing and potential solutions. A human rights-approach to end-of-life care and policy for older persons with mental health conditions and psychosocial disability is one that is needs-based, encompassing physical and mental health, palliative care, social, and spiritual support services provided in the context of inclusive living. Most importantly, end of life care must be self-determined, and not "one size fits all." An important remedy to existing violations is to strengthen human rights frameworks to cater specifically to older persons' needs with a UN convention on the rights of older persons. Finally, as health professionals we have important contributions to make at the coalface by accepting our responsibilities in the area of death and dying. With the concept of the palliative psychiatrist gaining traction and recognition that death is our business, we add that human rights is also our business.

Peisah, C., et al. (2021). "The Human Rights of Older People With Mental Health Conditions and Psychosocial Disability to a Good Death and Dying Well." The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry **29**(10): 1041-1046.
The human right to a good death and dying well is as important as the right to life. At

stake at the end of life are human rights to dignity, autonomy, self-determination and respect for will and preferences, equitable access to quality health care that is needs-based, and respect for family and relationships. Older people with dementia, those with serious mental illness, and those with intellectual disability are vulnerable to "bad deaths" due to violations of these rights. In this paper we explore why this is so and examine existing and potential solutions. A human rights-approach to end-of-life care and policy for older persons with mental health conditions and psychosocial disability is one that is needs-based, encompassing physical and mental health, palliative care, social, and spiritual support services provided in the context of inclusive living. Most importantly, end of life care must be self-determined, and not "one size fits all." An important remedy to existing violations is to strengthen human rights frameworks to cater specifically to older persons' needs with a UN convention on the rights of older persons. Finally, as health professionals we have important contributions to make at the coalface by accepting our responsibilities in the area of death and dying. With the concept of the palliative psychiatrist gaining traction and recognition that death is our business, we add that human rights is also our business. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Probert, J. (2021). "Moving Toward a Human Rights Approach to Mental Health." Community Mental Health Journal **57**(8): 1414-1426.
The University of Florida Counseling and Wellness Center (UFCWC) has implemented peer support and professional training programs to address human rights identified within advocacy groups comprised of individuals who have, themselves, been diagnosed with mental illness. These programs are moving the UFCWC toward fulfilling a 2017 United Nations report emphasizing rights-based professional training, provision of genuine informed consent, and availability of non-compromised peer support alternatives. Collaborating with student peers, four UFCWC faculty members have facilitated forms of peer support developed within service-user movements, while openly identifying experiences of reclaiming their own lives from the impacts of adversity, intense mental distress, and traumatizing responses of others to their distress. In the wake of the current pervasive health, economic, and social justice crises, professionals have a collective opportunity to recognize the human experience and rights of those suffering mental distress. These UFCWC programs offer one example of steps taken toward that goal. [ABSTRACT FROM AUTHOR]

Puras, D. and P. Gooding (2019). "Mental health and human rights in the 21st century." World Psychiatry **18**(1): 42-43.
Comments on an article by George Szmukler (see record [rid]2019-00194-008[/rid]). Mental health is emerging from the shadows. Human rights are on the agenda, and advocates are increasingly calling for parity with general health funding and a reduction of the treatment gap for people in crisis, particularly in low- and middle-income countries. There is high-level agreement on key components of good mental health policy, from promotion to prevention, treatment and rehabilitation. Szmukler’s paper makes a substantial contribution to this effort. He elucidates some of the practical and conceptual requirements involved in a move toward a 'will and preferences framework' and asks seriously what the CRPD means for the future of psychiatry, and for global health governance more generally. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Quinn, G. and C. Mahler (2021). "Reducing the burden of ageism, mentalism, and ableism: Transforming the narrative for older persons with mental health conditions and psychosocial disability." The American Journal of Geriatric Psychiatry **29**(10): 993-994.
The article discusses the importance of providing a high level of care to older persons with mental health conditions and psychosocial disability. Older persons represent the

fastest growing and the most heterogeneous groups of the global population. Part of this group are older persons with disabilities and the highest number are persons with cognitive impairments (e.g., dementia). There is now a growing awareness of the negative impacts of ageism—whether considered separately from, or alongside, those of ableism. Ageism also entered the sphere of WHO and the authors are grateful that a cooperation of UN Agencies under the leadership of WHO released a global report. The report says: 'ageism has far-reaching consequences for people's health, well-being and human rights. Ageism pervades many ways institutions and sectors of society, including those providing health and social care, the workplace, the media and the legal system.' The authors look forward to the day when older persons can enjoy a similar level of protection as persons with disabilities. COVID-19 has shown that this is not an abstract aspiration but a glaring necessity. They commend this work as a valuable contribution toward a recognition of the human rights of older persons including those with disabilities. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Rahbari, S., et al. (2019). "Designing the Model of the Management of Mental Health Services." Diseño del Modelo de Gestión de Servicios de Salud Mental. **12**(4): 297-304.
Introduction: Having mental health is necessary for the growth and prosperity of humans and as a result of the growth of societies.Objectives: The purpose of this study was to design a mental health management model in Iran.Methods: In this exploratory study, a review study was first performed to analyze the current state of mental health services in Iran and the world. Countries were selected to compare mental health management with Iran in 6 domains. 311 faculty members with mental health were completed by completing a questionnaire with 50 items in the study. Using the factor analysis, the final model was explained. Results: The effective domains in Iranian mental health services management were named in 8 areas: Mental Health in Particular, Key Centers and Task- Shifting, Human Resources and Specialists Training, Psychological Services for Children and Adolescents, Financial Resources and Hospital Services, Mental Health in PHC and Primary medical services, Policy-Making and Human Rights, Monitoring and Control, Community-Based Services.Conclusions: The proposed model of mental health services management in Iran consists of 8 domains, which is a comprehensive and multidimensional concept. Paying attention to its factors can lead to the successful management of mental health services in Iran. (English) [ABSTRACT FROM AUTHOR]

Rahman, M., et al. (2021). "Mental distress and human rights violations during COVID-19: A rapid review of the evidence informing rights, mental health needs, and public policy around vulnerable populations." Frontiers in Psychiatry **11**.
Background: COVID-19 prevention and mitigation efforts were abrupt and challenging for most countries with the protracted lockdown straining socioeconomic activities. Marginalized groups and individuals are particularly vulnerable to adverse effects of the pandemic such as human rights abuses and violations which can lead to psychological distress. In this review, we focus on mental distress and disturbances that have emanated due to human rights restrictions and violations amidst the pandemic. We underscore how mental health is both directly impacted by the force of pandemic and by prevention and mitigation structures put in place to combat the disease. Methods: We conducted a review of relevant studies examining human rights violations in COVID-19 response, with a focus on vulnerable populations, and its association with mental health and psychological well-being. We searched PubMed and Embase databases for studies between December 2019 to July 2020. Three reviewers evaluated the eligibility criteria and extracted data. Results: Twenty-four studies were included in the systematic inquiry reporting on distress due to human rights violations. Unanimously, the studies found vulnerable populations to be at a high risk for mental distress. Limited mobility rights disproportionately harmed psychiatric patients, low-income individuals, and minorities

who were at higher risk for self-harm and worsening mental health. Healthcare workers suffered negative mental health consequences due to stigma and lack of personal protective equipment and stigma. Other vulnerable groups such as the elderly, children, and refugees also experienced negative consequences. Conclusions: This review emphasizes the need to uphold human rights and address long term mental health needs of populations that have suffered disproportionately during the pandemic. Countries can embed a proactive psychosocial response to medical management as well as in existing prevention strategies. International human rights guidelines are useful in this direction but an emphasis should be placed on strengthening rights informed psychosocial response with specific strategies to enhance mental health in the long-term. We underscore that various fundamental human rights are interdependent and therefore undermining one leads to a poor impact on the others. We strongly recommend global efforts toward focusing both on minimizing fatalities, protecting human rights, and promoting long term mental well-being. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Raveesh, B., et al. (2019). "How right is right-based mental health law?" Indian Journal of Psychiatry **61**: 640-644.
Human rights' frameworks are increasingly being recognized in general, and mental health in particular. Human rights can thus act as powerful catalysts for change in areas such as mental health care that has historically suffered from stigma, discrimination, and loss of dignity of patients. Mental health law in India has evolved over the past few decades, in keeping with improved delivery of care, societal changes, and increasing awareness of a person's human rights and privileges. The new Mental Healthcare Act, 2017 has shifted the focus to a rights-based approach to provide treatment, care, and protection of a person with mental illness compared to previous Mental Health Act 1987. This dynamic shift is to align, harmonize, and fulfill the requirements of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). This article reviews the existing international human rights model of disability and recovery, and the Mysore Declaration, and does a critical review of UNCRPD. [ABSTRACT FROM AUTHOR]

Reidy, K. and B. D. Kelly (2021). "Involuntary status and mental capacity for treatment decisions under Sections 4, 3, and 57 of Ireland's Mental Health Act, 2001: analysis and recommendations for reform." Irish Journal of Psychological Medicine: 1-6.
Although significant progress has been made in Irish mental health law in recent decades, the Mental Health Act, 2001 still falls short of properly protecting human rights. A consideration of human rights developments, both domestically and internationally, highlights the urgent need for reform. In this paper we consider Sections 4 ('Best interests'), 3 ('Mental disorder') and 57 ('Treatment not requiring consent') of the 2001 Act and related recommendations in the 2015 Report of the Expert Group on the Review of the Mental Health Act, 2001, and suggest specific areas for reform. Just as medicine evolves over time, so too does our understanding of human rights and law. While embracing a human rights-based approach to the extent suggested here might be seen as aspirational, it is important to balance achievable goals with higher ideals if progress is to be made and rights are to be respected.

Riley, A., et al. (2020). "Systematic human rights violations, traumatic events, daily stressors and mental health of Rohingya refugees in Bangladesh." Conflict & Health **14**(1): N.PAG-N.PAG.
Background: Almost 900,000 Rohingya refugees currently reside in refugee camps in Southeastern Bangladesh. Prior to fleeing Myanmar, Rohingya experienced years of systematic human rights violations, in addition to other historical and more recent traumatic events such as the burning of their villages and murder of family members,

friends and neighbors. Currently, many Rohingya struggle to meet basic needs in refugee camps in Bangladesh and face mental health-related concerns that appear linked to such challenges. The purpose of this study is to describe systematic human rights violations, traumatic events, daily stressors, and mental health symptoms and to examine relationships between these factors. Methods: Cross-sectional data was collected from a representative sample of 495 Rohingya refugee adults residing in camps in Bangladesh in July and August of 2018. Results: Respondents reported high levels of systematic human rights violations in Myanmar, including restrictions related to expressing thoughts, meeting in groups, travel, religious practices, education, marriage, childbirth, healthcare, and more. Events experienced in Myanmar included exposure to gunfire (99%), destruction of their homes (93%), witnessing dead bodies (92%), torture (56%), forced labor (49%), sexual assault (33%), and other events. More than half (61%) of participants endorsed mental health symptom levels typically indicative of PTSD, and more than two thirds (84%) endorsed levels indicative of emotional distress (symptoms of anxiety and depression). Historic systematic human rights violations, traumatic events, and daily stressors were associated with symptoms of posttraumatic stress, as well as depression and anxiety. Respondents reported numerous stressors associated with current life in the camps in Bangladesh as well as previous stressors, such as harassment, encountered in Myanmar. Conclusions: Findings underscore the impact of systematic human rights violations, targeted violence, and daily stressors on the mental health of Rohingya in Bangladesh. Those working with Rohingya should consider the role of such factors in contributing to poor mental health. This research has the potential to inform interventions targeting such elements. Future research should examine the relationships between mental health and human rights violations over time. [ABSTRACT FROM AUTHOR]

Riley, A., et al. (2020). "Systematic human rights violations, traumatic events, daily stressors and mental health of Rohingya refugees in Bangladesh." Conflict and health **14**: 60.
Background: Almost 900,000 Rohingya refugees currently reside in refugee camps in Southeastern Bangladesh. Prior to fleeing Myanmar, Rohingya experienced years of systematic human rights violations, in addition to other historical and more recent traumatic events such as the burning of their villages and murder of family members, friends and neighbors. Currently, many Rohingya struggle to meet basic needs in refugee camps in Bangladesh and face mental health-related concerns that appear linked to such challenges. The purpose of this study is to describe systematic human rights violations, traumatic events, daily stressors, and mental health symptoms and to examine relationships between these factors.; Methods: Cross-sectional data was collected from a representative sample of 495 Rohingya refugee adults residing in camps in Bangladesh in July and August of 2018.; Results: Respondents reported high levels of systematic human rights violations in Myanmar, including restrictions related to expressing thoughts, meeting in groups, travel, religious practices, education, marriage, childbirth, healthcare, and more. Events experienced in Myanmar included exposure to gunfire (99%), destruction of their homes (93%), witnessing dead bodies (92%), torture (56%), forced labor (49%), sexual assault (33%), and other events. More than half (61%) of participants endorsed mental health symptom levels typically indicative of PTSD, and more than two thirds (84%) endorsed levels indicative of emotional distress (symptoms of anxiety and depression). Historic systematic human rights violations, traumatic events, and daily stressors were associated with symptoms of posttraumatic stress, as well as depression and anxiety. Respondents reported numerous stressors associated with current life in the camps in Bangladesh as well as previous stressors, such as harassment, encountered in Myanmar.; Conclusions: Findings underscore the impact of systematic human rights violations, targeted violence, and daily stressors on the mental health of Rohingya in Bangladesh. Those working with Rohingya should consider the role of such factors in contributing to poor mental health.

This research has the potential to inform interventions targeting such elements. Future research should examine the relationships between mental health and human rights violations over time.; Competing Interests: Competing interestsThe authors declare that they have no commercial or other associations that might pose a conflict of interest. (© The Author(s) 2020.)

Ross, C., et al. (2022). "COVID-19 Vaccination in those with mental health difficulties: A guide to assist decision-making in England, Scotland, and Wales." Medicine, science, and the law **62**(4): 275-282.
There is currently no specific guidance addressing vaccine hesitancy in those with mental health difficulties in the United Kingdom. This is particularly problematic when one considers that individuals with serious mental illnesses are at greater risk of infection and have poorer health outcomes for a range of reasons. There are also many individual and system level barriers to vaccination in this group. When an affected adult lacks the capacity to make a decision for themselves, it often falls to healthcare professionals to make a decision on that person's behalf and in their best interests. This article explores this matter with regard to the law in practice in the English and Welsh, and Scottish, jurisdictions and consider this with relevance to the safest approach that doctors and other healthcare professionals should take in working with patients for whom mental disorder may impact on decision-making capacity. The article focuses on psychiatric inpatients, including those who are detained involuntarily, to consider whether, and in what circumstances, COVID-19 vaccination should be given to individuals who cannot or do not consent.

Ross, D. (2020). "Toward coercion free, trauma-informed care in Australian adult mental health services: Strategies for social workers." Social Work in Mental Health **18**(5): 536-553.
Least restrictive practice is a key principle of mental health legislation. It seeks to minimize coercion and maximize the human rights of mental health service users. Coercive practice, with a focus on seclusion, is explored from a whole-of-mental-health-system perspective as distinct from the behavior of individual service users. Exemplar coercion-reducing strategies arising from the reviewed research and literature are outlined. The exemplars can strengthen the utility of the least restrictive principle by extending non-coercive practice options for mental health social workers. The strategies bring a focus to proactive trauma-informed systemic changes and community level alternatives to hospitalization, coercion and seclusion. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Sampietro, H. M., et al. (2023). "Recovery-oriented Care in Public Mental Health Policies in Spain: Opportunities and Barriers." La atención orientada a la recuperación en las políticas públicas de salud mental en España: oportunidades y barreras. **34**(1): 35-40.
Recovery-oriented care is the proposal incorporated in the new mental health strategic plans of both the World Health Organization and the Spanish National Health System. This article takes a journey from the initial proposals of the recovery model to the way recovery-oriented care is currently defined, understood as a community intervention, personcentred, and based on rights. The existing consensus around the CHIME model is also explained in order to understand what kind of interventions are needed to transform mental health services. Likewise, some of the main existing programs and projects to promote recovery-oriented care are presented, and a number of existing barriers to their implementation are analysed. (English) [ABSTRACT FROM AUTHOR]

Sawaf, S. (2022). "Applying Theoretical Perspectives and Activism to Understand and Combat Mental Health Stigma." Journal of Recovery in Mental Health **5**(2): 42-46.
Mental health-related stigma results in individual, communal, and societal consequences such as stereotypical thoughts, prejudiced feelings and attitudes, discriminatory

behaviours, social injustice, and inequity toward individuals with mental health issues. As a result, individuals living with mental illness often experience decreased self-esteem, loss of identity, isolation, exacerbated mental illness, internalized self-stigma, housing and employment discrimination, academic challenges, and barriers in various aspects of life. Research indicated that stigma continues to persist despite increased knowledge about mental health, expanded treatment options, and an abundance of mental health promotion and stigma reduction programs. Thus, we must further examine mental health-related stigma from various theoretical conceptualizations to understand its persistence. This paper applied two theoretical frameworks: Social Learning Theory and Sociological Imagination Theory to better understand mental health stigma. It argues that activism aids in reducing mental health stigma. This paper also suggests that program developers of future mental health stigma reduction efforts should apply activism into their initiatives to promote social justice and equity for people living with mental disorders. [ABSTRACT FROM AUTHOR]

Schiariti, V. and S. J. Hollung (2022). "The rights of children with disabilities during armed conflict." Developmental Medicine & Child Neurology **64**(6): 802-803.
This letter discusses the rights of children with disabilities during armed conflict. The conflict in Ukraine has sparked massive population displacement. Since February 24th 2022, more than 2 million children have fled Ukraine to neighbouring countries with the number of refugees growing every day. Humanitarian actions are urgently needed to safeguard these children's rights to safety, health, education, psychosocial support, and recreation. Children with disabilities are more likely than other children to experience violence and this vulnerability is heightened in humanitarian crises. During armed conflict, the lives of children with disabilities are especially affected as health care and social service infrastructure deteriorates, as well as access to education and recreation. Furthermore, armed conflict has a major negative effect on the mental health of children and adolescents, both with and without disabilities. Currently, children with disabilities and their mothers in the Ukraine are fleeing the country and becoming refugees, mainly in Poland. In a humanitarian context, it is paramount to identify those special needs and barriers faced by children with disabilities. It is especially important to document violations against the rights of such children, including discrimination and denial of humanitarian assistance. Moreover, it is crucial we provide accessible information about the ongoing situation to children with disabilities and their families, and adopt disability inclusive programming to ensure these children benefit from humanitarian relief. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Schouler-Ocak, M., et al. (2020). "Mental health of migrants." Indian Journal of Psychiatry **62**(3): 242-246.
The article reflects on mental health of migrants and risk factors such as poor medical care, separation of family and children as well as other relatives. It include homelessness, lack of food and water, xenophobic attacks, poor education, perceived and experienced discrimination, and a high risk of death and injury. It also mentions prevalence of dementia among those with a migrant background are currently lacking and psychiatric disorders in refugees and internally displaced persons.

Škorić, M. (2020). "THE TWENTY-FIRST CENTURY - THE BEGINNING OF A NEW ERA IN THE PROTECTION OF HUMAN RIGHTS OF PERSONS WITH MENTAL HEALTH DISABILITIES." XXI. STOLJEĆE - POČETAK NOVE ERE U ZAŠTITI LJUDSKIH PRAVA OSOBA S DUŠEVNIM SMETNJAMA. **36**(1): 27-45.
The paper analyses Art. 12 of the Convention on the Rights of Persons with Disabilities and its implications for the position of persons with mental disabilities. The new concept of legal capacity contained in Art. 12 should ensure that fundamental human rights of these persons are no longer "a dead letter on paper". However, once the Convention

came into force, the implementation of this provision has proved to be problematic for States Parties. Diane Kingston, former Vice-Chairperson of the Committee on the Rights of Persons with Disabilities, best expressed the scale of the problem in October 2015 when she emphasized that no country had until that point fully met the requirements contained in Art. 12. Given that the Convention is a document that prescribes the fundamental human rights, the statement that no national legislation is consistent with its key provision is confusing and worrying. Therefore, a special attention should be paid to Art. 12 and its implementation in practice. (English) [ABSTRACT FROM AUTHOR]

Smith, A., et al. (2023). "The United Kingdom's Rwanda asylum policy and the European Court of Human Rights' Interim Measure: Challenges for mental health and the importance of social psychiatry." International Journal of Social Psychiatry **69**(2): 239-242.
The article focuses on the British government's policy to remove migrants entering Britain through apparent illegal means to Rwanda, Africa and its mental health consequences for these individuals. Topics include migrant populations are a vulnerable group susceptible to psychopathology, forcibly relocating these individuals to a region where they may lack sociocultural and familial connections could heighten psychological distress, and Rwanda may have insufficient mental health provisions.

Solmi, M., et al. (2020). "Predictors of stigma in a sample of mental health professionals: Network and moderator analysis on gender, years of experience, personality traits, and levels of burnout." European psychiatry : the journal of the Association of European Psychiatrists **63**(1): e4.
Background: Stigma is one of the most important barriers to help-seeking and to personal recovery for people suffering from mental disorders. Stigmatizing attitudes are present among mental health professionals with negative effects on the quality of health care.; Methods: Network and moderator analysis were used to identify what path determines stigma, considering demographic and professional variables, personality traits, and burnout dimensions in a sample of mental health professionals (n = 318) from six Community Mental Health Services. The survey included the Attribution Questionnaire-9, the Maslach Burnout Inventory, and the Ten-Item Personality Inventory.; Results: The personality trait of openness to new experiences resulted to determine lower levels of stigma. Burnout (personal accomplishment) interacted with emotional stability in predicting stigma, and specifically, for subjects with lower emotional stability lower levels of personal accomplishment were associated with higher levels of stigma.; Conclusions: Some personality traits may be accompanied by better empathic and communication skills, and may have a protective role against stigma. Moreover, burnout can increase stigma, in particular in subjects with specific personality traits. Assessing personality and burnout levels could help in identifying mental health professionals at higher risk of developing stigma. Future studies should determine whether targeted interventions in mental health professionals at risk of developing stigma may be effective in stigma prevention.

Song, Y. J. C., et al. (2022). "Missing in action: the right to the highest attainable standard of mental health care." International Journal of Mental Health Systems **16**(1): 26.
Background: The right to the highest attainable standard of mental health remains a distant goal worldwide. The Report of the UN Special Rapporteur on the right of all people to enjoyment of the highest attainable standard of physical and mental health pleaded the urgent need for governments to act through appropriate laws and policies. We argue that Australia is in breach of international obligations, with inadequate access to mental health services, inconsistent mental health legislation across jurisdictions and ongoing structural (systematic) and individual discrimination.; Discussion: Inadequate access to mental health services is a worldwide phenomenon. Australia has committed

to international law obligations under the Convention on the Rights of Persons with Disabilities (CRPD) to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disability, with respect to their inherent dignity'. This includes people with mental health impairment and this convention includes the right to 'the highest attainable standard of mental health'. Under the Australian Constitution, ratification of this convention enables the national government to pass laws to implement the convention obligations, and such national laws would prevail over any inconsistent state (or territory) laws governing mental health service provision. The authors argue that enabling positive rights through legislation and legally binding mental health service standards may facilitate enhanced accountability and enforcement of such rights. These steps may support critical key stakeholders to improve the standards of mental health service provision supported by the implementation of international obligations, thereby accelerating mental health system reform. Improved legislation would encourage better governance and the evolution of better services, making mental health care more accessible, without structural or individual discrimination, enabling all people to enjoy the highest attainable standard of health. (© 2022. The Author(s).)

Sotelo-Monroy, G. E., et al. (2023). "[Controversies between mental health and disability standards in Mexico]." Revista medica del Instituto Mexicano del Seguro Social **61**(2): 204-211.
There are controversies between the practice of psychiatry, current international standards and mental disorders or conditions with disabilities, framed in social care models. The objective of this work is to provide evidence and analyze the main gaps in mental health such as: the invisibility of some people with disabilities for the design of policies, legislation, or public programs; the predominance of the medical model, in which the substitution of decision-making in informed consent prevails, which violates the rights of legal personality, equality, freedom, security and respect for personal integrity, among others. This analysis highlights the importance of: a) integrating the legal provisions on health and disability to international standards, and complying with the Human Rights framework of the Political Constitution of the United States of Mexico, especially the pro personae principle and to the conforming interpretation clause; b) reform the General Health Law in matters of mental health and general health, in order to change the paradigm of asylum care to move towards that of community care with a focus on primary health care, adjacent to the services of the National System of Health; c) prohibit the institutionalization of people with mental disorders, as well as coercive measures as containment measures, and instead train and encourage verbal de-escalation techniques. (© 2023 Revista Médica del Instituto Mexicano del Seguro Social.)

Sri, A., et al. (2023). "Global mental health and climate change: A geo-psychiatry perspectiv." Asian journal of psychiatry **84**: 103562.
Climate changes affect planet ecosystems, living beings, humans, including their lives, rights, economy, housing, migration, and both physical and mental health. Geo-psychiatry is a new discipline within the field of psychiatry studying the interface between various geo-political factors including geographical, political, economic, commercial and cultural determinants which affect society and psychiatry: it provides a holistic overview on global issues such as climate changes, poverty, public health and accessibility to health care. It identifies geopolitical factors and their effects at the international and national levels, as well as considers the politics of climate changes and poverty within this context. This paper then introduces the Compassion, Assertive Action, Pragmatism, and Evidence Vulnerability Index (CAPE-VI) as a global foreign policy index: CAPE-VI calculates how foreign aid should be prioritised for countries that are at risk or already considered to be fragile. These countries are characterised by

various forms of conflict, disadvantaged by extremes of climate change, poverty, human rights abuses, and suffering from internal warfare or terrorism.; Competing Interests: Conflicts of Interest Statement Authors were not precluded from accessing data in the manuscript, and they accept responsibility for submitting for publication. All authors do not have conflicts of interests to the writing of the manuscript or the decision to submit it for publication. (Copyright © 2023. Published by Elsevier B.V.)

Stanton, A. E. and S. J. Rose (2020). "The Mental Health of Mothers Currently and Formerly Incarcerated in Jails and Prisons: An Integrative Review on Mental Health, Mental Health Treatment, and Traumatic Experiences." Journal of Forensic Nursing **16**(4): 224-231.
Supplemental digital content is available in the text. Most incarcerated women in the United States are mothers who report high rates of mental health issues and traumatic experiences, yet their needs are often overlooked because they comprise a smaller proportion of the incarcerated population compared with men. Objective: This integrative review aimed to synthesize the literature on the mental health, mental health treatment, and traumatic experiences of currently and formerly incarcerated mothers. Methods: We searched PsychINFO, CINAHL, and Criminal Justice Abstracts for all research articles that were written in English; included adult mothers who were incarcerated or incarcerated and released; and contained findings related to mental health, mental health treatment, or traumatic experiences. Results: Thirty-four articles met the inclusion criteria. Mothers had high rates of moderate-to-severe mental health problems and high childhood and adult trauma rates, especially intimate partner violence. Mothers faced barriers to treatment yet showed psychological resilience and active coping skills. Implications: Nurses can recognize risk factors for women's incarceration and assess mental health symptoms and trauma, especially interpersonal violence. Nurses can use assessment findings to refer mothers to treatment and community resources and support their reuniting with their children. Nurses can also provide trauma-informed care and education about mental health topics and advocate for mental health treatment prerelease and postrelease. Staff education and organizational interventions to reduce burnout may remove additional barriers to care.

Stavert, J. and C. McKay (2020). "Scottish mental health and capacity law: The normal, pandemic and 'new normal'." International Journal of Law and Psychiatry **71**: 101593.
A state's real commitment to its international human rights obligations is never more challenged than when it faces emergency situations. Addressing actual and potential resourcing pressures arising from the COVID-19 pandemic has resulted in, amongst other things, modifications to Scottish mental health and capacity law and the issuing of new guidance relating to associated practice. Whether these emergency or ordinary measures are invoked during the crisis there are potential implications for the rights of persons with mental illness, learning disability and dementia notably those relating to individual autonomy and dignity. This article will consider areas of particular concern but how strict adherence to the legal, ethical and human rights framework in Scotland will help to reduce the risk of adverse consequences. (Crown Copyright © 2020. Published by Elsevier Ltd. All rights reserved.)

Stein, D. J. (2019). "Obsessive-compulsive disorder and global mental health." Indian Journal of Psychiatry **61**: S4-S8.
The discipline of global mental health has emphasized the importance of the treatment gap in mental disorders, and of addressing this gap via changes in health policy, an emphasis on human rights, and innovations such as task-shifting. Although global mental health research has focused on both common mental disorders such as depression, and serious mental disorders such as schizophrenia, it has paid relatively little attention to obsessive-compulsive and related disorders (OCRDs). Nevertheless,

international collaborations have recently paid a good deal of attention to the nosology and neurobiology of OCRDs, and given the prevalence and morbidity of these conditions, further work along these lines should be encouraged. This article provides a brief overview of recent international collaborations on OCRDs, and outlines future directions for such work. [ABSTRACT FROM AUTHOR]

Stein, D. J. (2019). "Obsessive-compulsive disorder and global mental health." Indian Journal of Psychiatry **61**: S4-S8.
The discipline of global mental health has emphasized the importance of the treatment gap in mental disorders, and of addressing this gap via changes in health policy, an emphasis on human rights, and innovations such as task-shifting. Although global mental health research has focused on both common mental disorders such as depression, and serious mental disorders such as schizophrenia, it has paid relatively little attention to obsessive-compulsive and related disorders (OCRDs). Nevertheless, international collaborations have recently paid a good deal of attention to the nosology and neurobiology of OCRDs, and given the prevalence and morbidity of these conditions, further work along these lines should be encouraged. This article provides a brief overview of recent international collaborations on OCRDs, and outlines future directions for such work.

Stein, D. J., et al. (2020). "Mental health delivery and neurogenetics discovery in Africa." The lancet. Psychiatry **7**(6): 473-474.

Szmukler, G. (2019). "'Capacity', 'best interests', 'will and preferences' and the UN Convention on the Rights of Persons with Disabilities." World Psychiatry **18**(1): 34-41.
The United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) is the most up-to-date international legal instrument concerning the rights of persons with disabilities. Such persons are taken to include those with serious mental disorders. According to an authoritative interpretation of a crucial Article (Article 12—Equal recognition before the law) by the UN CRPD Committee, involuntary detention and treatment of people with mental health disabilities are prohibited under the Convention. Both conventional mental health law and 'capacity-based' law are deemed to violate the Convention. However, some other UN bodies are not in full agreement (for example, the UN Human Rights Committee and the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), while others are less explicitly absolutist (for example, the Human Rights Council). Furthermore, strong criticisms of the position of the CRPD Committee have been mounted from a number of academic quarters. These criticisms center on whether the role of a person’s ability to make a decision can be ignored, no matter the circumstances. Much of the above debate turns on the concept of 'legal capacity' and the now often-repeated precept that one must always respect the 'will and preferences' of the person with a disability. However, 'will and preferences' remains undefined. In this paper, I offer an analysis of 'will and preferences' that can clarify interventions that may be acceptable or non-acceptable under the terms of the UN Convention. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Taheri, M., et al. (2023). "Trauma and posttraumatic growth in women refugees: A bibliometric analysis of research output over time." Traumatology.
Refugee women represent one of the biggest minority groups around the globe, yet little is known of the short- or long-term psychosocial consequences they incur from the refugee journey involving possible growth in the face of trauma. Thus, this bibliometric study aimed to assess the volume and characteristics of research output over time concerning the pre, during, and post-refugee journey of refugee women, inclusive of the theoretical constructs of complex trauma and posttraumatic growth. A descriptive repeat

cross-sectional study of publications was conducted from the databases EMBASE, Medline, PsycINFO, and Psychology and Behavioural Sciences Collection (EBSCO) across the time periods 1995 to 2000; 2005 to 2010; and 2015 to 2020. Authors jointly assessed article relevance for inclusion. Classifications included the following: database; country of research institution; country of participants; type of trauma experienced; and trauma and growth terminology. In summary, 10 articles, all conducted in the third time period (2015–2020), met criteria for review, providing an increase in the volume of publications reporting on trauma and posttraumatic growth in refugee women despite an overall paucity of research. Most studies were conducted in the United States and Asian refugee women were the greatest recruited participants in studies. A wide range of trauma types were classified as (a) individual trauma, including gender-based trauma, witnessing trauma, forced migration, multiple losses, dehumanization and denial of human rights; (b) collective trauma included internal conflicts, interterritorial war, war civilians, genocide, and systematic government threats. Lastly, the posttraumatic growth domains of positive relations with others, meaning-making, and spirituality were most represented. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Taheri, M., et al. (2023). "Trauma and posttraumatic growth in women refugees: A bibliometric analysis of research output over time." Traumatology.
Refugee women represent one of the biggest minority groups around the globe, yet little is known of the short- or long-term psychosocial consequences they incur from the refugee journey involving possible growth in the face of trauma. Thus, this bibliometric study aimed to assess the volume and characteristics of research output over time concerning the pre, during, and post-refugee journey of refugee women, inclusive of the theoretical constructs of complex trauma and posttraumatic growth. A descriptive repeat cross-sectional study of publications was conducted from the databases EMBASE, Medline, PsycINFO, and Psychology and Behavioural Sciences Collection (EBSCO) across the time periods 1995 to 2000; 2005 to 2010; and 2015 to 2020. Authors jointly assessed article relevance for inclusion. Classifications included the following: database; country of research institution; country of participants; type of trauma experienced; and trauma and growth terminology. In summary, 10 articles, all conducted in the third time period (2015–2020), met criteria for review, providing an increase in the volume of publications reporting on trauma and posttraumatic growth in refugee women despite an overall paucity of research. Most studies were conducted in the United States and Asian refugee women were the greatest recruited participants in studies. A wide range of trauma types were classified as (a) individual trauma, including gender-based trauma, witnessing trauma, forced migration, multiple losses, dehumanization and denial of human rights; (b) collective trauma included internal conflicts, interterritorial war, war civilians, genocide, and systematic government threats. Lastly, the posttraumatic growth domains of positive relations with others, meaning-making, and spirituality were most represented. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Talukder, S. R., et al. (2023). "Inequity in smoking cessation clinical trials testing pharmacotherapies: exclusion of smokers with mental health disorders." Tobacco control **32**(4): 489-496.
Objectives: People suffering from mental health disorder (MHDs) are often under-represented in clinical research though the reasons for their exclusion are rarely recorded. As they have higher rates of smoking and nicotine dependence, it is crucial that they are adequately represented in clinical trials of established pharmacotherapy interventions for smoking cessation. This review aims to examine the practice of excluding smokers with MHDs and reasons for such exclusion in clinical trials evaluating pharmacotherapy treatments for smoking cessation.; Data Source: The Cochrane database of systematic reviews was searched until September 2020 for reviews on smoking cessation using pharmacotherapies.; Study Selection: Randomised

controlled trials (RCTs) within the selected Cochrane reviews were included.; Data Extraction: Conducted by one author and independently verified by three authors.; Data Synthesis: We included 279 RCTs from 13 Cochrane reviews. Of all studies, 51 (18.3%) explicitly excluded participants with any MHDs, 152 (54.5%) conditionally excluded based on certain MHD criteria and 76 (27.2%) provided insufficient information to ascertain either inclusion or exclusion. Studies of antidepressant medications used for smoking cessation were found to be 3.33 times more likely (95% CI 1.38 to 8.01, p=0.007) to conditionally exclude smokers with MHDs than explicitly exclude compared with studies of nicotine replacement therapy.; Conclusion: Smokers with MHDs are not sufficiently represented in RCTs examining the safety and effectiveness of smoking cessation medications. Greater access to clinical trial participation needs to be facilitated for this group to better address access to appropriate pharmacotherapeutic interventions in this vulnerable population.; Competing Interests: Competing interests: HM has received honoraria for speaking at smoking cessation meetings and attending advisory board meetings that have been organised by Pfizer. SRT, JML, VB and RJC have no conflicts of interest to declare. (© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Tamminen, N., et al. (2019). "Mental health promotion competencies in the health sector in Finland: a qualitative study of the views of professionals." Scandinavian Journal of Public Health **47**(2): 115-120.
Aims: In this study, we aimed to investigate what competencies are needed for mental health promotion in health sector practice in Finland. Methods: A qualitative study was carried out to seek the views of mental health professionals regarding mental health promotion-related competencies. The data were collected via two focus groups and a questionnaire survey of professionals working in the health sector in Finland. The focus groups consisted of a total of 13 professionals. Further, 20 questionnaires were received from the questionnaire survey. The data were analysed using the qualitative data analysis software ATLAS.ti Scientific Software Development GmbH, Berlin. A content analysis was carried out. Results: In total, 23 competencies were identified and clustered under the categories of theoretical knowledge, practical skills, and personal attitudes and values. In order to promote mental health, it is necessary to have a knowledge of the principles and concepts of mental health promotion, including methods and tools for effective practices. Furthermore, a variety of skills-based competencies such as communication and collaboration skills were described. Personal attitudes and values included a holistic approach and respect for human rights, among others. Conclusions: The study provides new information on what competencies are needed to plan, implement and evaluate mental health promotion in health sector practice, with the aim of contributing to a more effective workforce. The competencies provide aid in planning training programmes and qualifications, as well as job descriptions and roles in health sector workplaces related to mental health promotion. [ABSTRACT FROM AUTHOR]

Tatsiy, V. Y., et al. (2020). "MENTAL HEALTH OF A PERSON AS A CRITERION OF PERSONAL PARTICIPATION IN THE TRIAL DURING CRIMINAL PROCEEDINGS." Wiadomosci lekarskie (Warsaw, Poland : 1960) **73**(12 cz 2): 2737-2742.
Objective: The aim of this work is to identify and analyze the key positions of the ECHR in the context of respect for the right to a fair trial (Article 6 of the European Convention on Human Rights (hereinafter - the Convention)) of a person suffering from mental disorders in criminal proceedings concerning the application of compulsory medical measures (hereinafter referred to as CMM); formulation of scientifically substantiated proposals for determining the restriction legality criteria of the right of a person suffering from a mental disorder to personal participation in the trial.; Patients

and Methods: Materials and methods: During the preparation of the article, the following was processed: scientific research on ensuring the rights of persons suffering from mental disorders in criminal proceedings; provisions of international agreements on the provision of psychiatric care; the legal position of the ECHR on the observance of the right to a fair trial of persons suffering from mental disorders (6 decisions were analyzed in which the ECHR addressed these issues in the context of the requirements of Article 6 of the Convention); criminal procedural legislation of individual states; the results of a survey conducted by the authors of 88 judges (judges of local courts of Ukraine) on key issues of ensuring the participation of a person suffering from a mental disorder in a court hearing. In the process of research a set of general scientific and special methods of cognition was used (comparative-legal method, systemic-structural method, generalization method, method of analysis and synthesis, method of sociological research, method of expert assessments, etc.).; Results: Results: According to the results of the research: a) the legal positions of the ECHR to ensure the right of a person suffering from a mental disorder to a fair trial are identified and generalized (Article 6 of the Convention); b) criteria for the legality of restricting the right of a person suffering from a mental disorder to personal participation in the trial are proposed.; Conclusion: Conclusions: An analysis of the ECHR's key positions led to the conclusion that there was a violation of a person's right to a fair trial in national case law (Article 6 of theConvention), due in part to the lack of clear criteria for legally restricting a person's right to a trial.

Taylor-Sands, M. and Z. Nicholson (2020). "The role of the Mental Health Tribunal in setting duration of compulsory treatment in Victoria." Psychiatry, psychology, and law : an interdisciplinary journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law **28**(3): 343-362.
This article explores the role of the Mental Health Tribunal (the Tribunal) in setting duration of compulsory treatment orders under the Mental Health Act 2014 (Vic) (the MH Act) using qualitative analysis of data obtained by a Tribunal working group. It explores the extent to which there is a difference between the duration of treatment orders requested by treating teams and those made by the Tribunal, as well as the factors the Tribunal takes into account in setting a different duration. Results reveal the Tribunal made a treatment order of different (mostly shorter) duration in one out of five hearings. In these cases, two out of four factors identified by the working group were dominant influences: (1) ensuring congruence with the principles of the MH Act ; and (2) information presented by one or more participants at the hearing. There were also high levels of attendance from either the patient, their support person or their legal representative when the Tribunal made a treatment order of different duration. This suggests participation by patients and support people at hearings provides the Tribunal with the information it needs to consider the principles under the MH Act meaningfully when exercising its discretion to determine the duration of compulsory treatment orders. (© 2020 The Australian and New Zealand Association of Psychiatry, Psychology and Law.)

Terkelsen, T. B., et al. (2020). "Robert Nozick and Axel Honneth: An attempt to shed light on mental health service in Norway through two diametrical philosophers." Nursing Philosophy **21**(2): 1-7.
This article aims at giving insight into Norwegian mental health service by exploring the ideologies of two diametrical philosophers, the American Robert Nozick (1938–2002) and the German Axel Honneth (1949-). Nozick proposes as an ideal a minimal state in which citizens have a "negative right" to the absence of interference and to follow their own interests without restriction from the state. On the other side, Axel Honneth claims that there is no freedom without state interference. In his view, governmental involvement is understood as a prerequisite for personal freedom. We may call this state

an opposite of the minimal state; a maximal state. To get a better understanding of these opposite philosophies, we use texts written from conversations with people suffering from mental health problems, nurses and other caregivers in four Norwegian municipalities. Nozick's notion of the minimal state and Honneth's political philosophy of freedom and recognition were used as analytical tools. Among patients and helpers, there were different opinions about good care and how much caregivers should intervene. Some emphasized autonomy, independency, minimal involvement in human contact by nurses and other caregivers, similar a minimal state. Others perceived good care as bonding between helpers and service-users. They underlined equal and personal relationships, as well as helping with practicalities, similar a maximal state. In the discussion, we focus on how people with chronic illnesses are supposed to transform themselves into self-cared individuals, able to manage their own condition successfully with minimal help from public welfare and at a lower cost. Finally, we express concerns about who will care for disempowered patients without family and other resources in a minimal state. [ABSTRACT FROM AUTHOR]

Testoni, I., et al. (2021). "Mental Health in Prison: Integrating the Perspectives of Prison Staff." International journal of environmental research and public health **18**(21).
(1) Background: The Italian Constitutional Court's decision n. 99/2019 abolished the distinction between physical and psychological health care in the Italian prison system. However, this and other changes to the penitentiary system present challenges to prison staff, which may vary based on their roles and backgrounds; (2) Purpose: To create a process of dialogue and collaboration that include different points of view, needs, and proposals regarding mental health in prisons, this study collects and integrates the perspectives of 91 prison staff who work in various capacities in eight prisons in northeast Italy. (3) Methods: Each participant was involved in either a focus group or a semi-structured interview, and thematic analysis was used to process the resulting transcripts; (3) Results: Through this process, 10 themes were derived that highlight the difficulties of working with prisoners with psychiatric disorders or psychological distress, including lack of human and economic resources, lack of positive communication between prisoners and society and a sense of professional incompetency; (4) Conclusions: Based on these themes, the need for increased points of view, dialogue, and collaboration between prison professionals and between prison and society is discussed, and the current feasibility of treating psychiatric disorders in prison is considered.

Thom, K., et al. (2019). "Service user, whānau and peer support workers' perceptions of advance directives for mental health." International Journal of Mental Health Nursing **28**(6): 1296-1305.
Advance directives allow users of mental health services to make statements for their future care. In New Zealand, use of advance directives is supported by the Health and Disability Commissioner and was identified in the 2012 Blueprint as a key mechanism for service users to advocate for responses they find most helpful. This study used a qualitative descriptive methodology involving focus groups to explore the perceptions of service users, whānau and peer support workers concerning advance directives. Thematic analysis revealed certain belief patterns about what should or could be included in an advance directive, and about how and with whom one should be created. It revealed generally positive perceptions about how they can uphold service users' right to have preferences considered, to plan flexibly around dynamic needs, and about their value and utility. We conclude that advance directives can support services users' expressions of their preferences for care, but they need to be supported by clinicians if they are to realize this potential. Our findings can also inform service provision in New Zealand, and the planned reform of mental health legislation. (© 2019 Australian College of Mental Health Nurses Inc.)

Thornicroft, G. and C. Sunkel (2020). "Announcing the Lancet Commission on stigma and discrimination in mental health." Lancet **396**(10262): 1543-1544.

Stigma and discrimination against people with mental ill health are global problems and have severe consequences in terms of social exclusion.[1] Such social exclusion is associated with barriers to health care,[[2]] increased unemployment,[4] and premature mortality.[5] Evidence is clear from high-income countries, and is emerging from low-income and middle-income countries (LMICs), that interventions can be effective in reducing such stigma and discrimination.[[6]] We now need a reappraisal of this field and a set of radical and practical recommendations to guide action locally, nationally, and globally to address mental health-related stigma and discrimination. Fourth, we will conduct a literature review on the effectiveness and cost-effectiveness of interventions to reduce stigma and discrimination related to mental illness. [Extracted from the article]

Toquero, C. M. D. (2021). "Provision of mental health services for people with disabilities in the Philippines amid coronavirus outbreak." Disability & Society **36**(6): 1026-1032.

The confirmed cases in the Philippines breached the 578, 381 mark, while global cases reached 114, 710, 514 as of March 01, 2021. As the COVID-19 escalates, it also heightens stress, depression, and anxiety to people with disabilities. COVID-19 also exacerbates healthcare inequalities, and people with disabilities experienced elevated healthcare difficulties as their health essentials are neglected during the emergency. Hence, this article calls on the need for the provision of mental health services for people with disabilities, and for the governments to have a rights-based disability lens in their policy decision-making relative to emergency health response and recovery health plans. More research is needed to examine the impact of the COVID-19 to the mental health conditions of people with disabilities and the health services they receive during the crisis and post-pandemic. [ABSTRACT FROM AUTHOR]

Van Hout, M.-C., et al. (2020). "Migrant health situation when detained in European immigration detention centres: a synthesis of extant qualitative literature." International Journal of Prisoner Health **16**(3): 221-236.

Purpose: Many migrants are detained in Europe not because they have committed a crime but because of lack of certainty over their immigration status. Although generally in good physical health on entry to Europe, migrant detainees have complex health needs, often related to mental health. Very little is known about the current health situation and health care needs of migrants when detained in European immigration detention settings. The review aims to synthesize the qualitative literature available on this issue from the perspectives of staff and migrants.; Design/methodology/approach: The authors undertook a synthesis of extant qualitative literature on migrant health experience and health situation when detained in European immigration detention settings; retrieved as part of a large-scale scoping review. Included records (n = 4) from Sweden and the UK representing both detainee and staff experiences were charted, synthesised and thematically analysed.; Findings: Three themes emerged from the analysis, namely, conditions in immigration detention settings, uncertainties and communication barriers and considerations of migrant detainee health. Conditions were described as inhumane, resembling prison and underpinned by communication difficulties, lack of adequate nutrition and responsive health care.; Practical Implications: It is crucial that the experiences underpinning migration are understood to respond to the health needs of migrants, uphold their health rights and to ensure equitable access to health care in immigration detention settings.; Originality/value: There is a dearth of qualitative research in this area because of the difficulty of access to immigration detention settings for migrants. The authors highlight the critical need for further investigation of migrant health needs, so as to inform appropriate staff support and health service responses. (© Emerald Publishing Limited.)

Van Hout, M.-C., et al. (2020). "Migrant health situation when detained in European immigration detention centres: A synthesis of extant qualitative literature." International Journal of Prisoner Health **16**(3): 221-236.
Purpose: Many migrants are detained in Europe not because they have committed a crime but because of lack of certainty over their immigration status. Although generally in good physical health on entry to Europe, migrant detainees have complex health needs, often related to mental health. Very little is known about the current health situation and health care needs of migrants when detained in European immigration detention settings. The review aims to synthesize the qualitative literature available on this issue from the perspectives of staff and migrants. Design/methodology/approach: The authors undertook a synthesis of extant qualitative literature on migrant health experience and health situation when detained in European immigration detention settings; retrieved as part of a large-scale scoping review. Included records (n = 4) from Sweden and the UK representing both detainee and staff experiences were charted, synthesised and thematically analysed. Findings: Three themes emerged from the analysis, namely, conditions in immigration detention settings, uncertainties and communication barriers and considerations of migrant detainee health. Conditions were described as inhumane, resembling prison and underpinned by communication difficulties, lack of adequate nutrition and responsive health care. Practical implications: It is crucial that the experiences underpinning migration are understood to respond to the health needs of migrants, uphold their health rights and to ensure equitable access to health care in immigration detention settings. Originality/value: There is a dearth of qualitative research in this area because of the difficulty of access to immigration detention settings for migrants. The authors highlight the critical need for further investigation of migrant health needs, so as to inform appropriate staff support and health service responses. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Ventriglio, A., et al. (2022). "Mental health for LGBTQI people: a policies' review." International review of psychiatry (Abingdon, England) **34**(3-4): 200-214.
The mental health of lesbian, gay, bisexual, transgender, queer, intersexual (LGBTQI) individuals is significantly influenced by many factors such as difficulties in coming-out, poor acceptance, isolation and discrimination as well as minority-related stress. LGBTQI individuals, in fact, show a significant higher risk of mental health conditions, substance- use disorders and suicide. In addition, mental health services access may be difficult for personal and social barriers as well as a lack of adequate and specific mental health support. This review aims to assess and describe international policies, guidelines, position statements and recommendations regarding the promotion and protection of mental health rights for LGBTQI people. The search has been focussed on peer-reviewed papers, Governmental and Mental Health Association- Guidelines and Position Statements, Health Agencies - Guidelines and Position Statements (with a specific focus on mental health), LGBTQI Alliances and Foundations Publishing (with a specific focus on mental health). In addition, relevant international initiatives, and projects in the field of LGBTQI mental health will be described.

Ventriglio, A., et al. (2022). "Mental health for LGBTQI people: A policies' review." International Review of Psychiatry **34**(3-4): 200-214.
The mental health of lesbian, gay, bisexual, transgender, queer, intersexual (LGBTQI) individuals is significantly influenced by many factors such as difficulties in coming-out, poor acceptance, isolation and discrimination as well as minority-related stress. LGBTQI individuals, in fact, show a significant higher risk of mental health conditions, substance- use disorders and suicide. In addition, mental health services access may be difficult for personal and social barriers as well as a lack of adequate and specific

mental health support. This review aims to assess and describe international policies, guidelines, position statements and recommendations regarding the promotion and protection of mental health rights for LGBTQI people. The search has been focussed on peer-reviewed papers, Governmental and Mental Health Association- Guidelines and Position Statements, Health Agencies - Guidelines and Position Statements (with a specific focus on mental health), LGBTQI Alliances and Foundations Publishing (with a specific focus on mental health). In addition, relevant international initiatives, and projects in the field of LGBTQI mental health will be described. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Ventura, C. A. A., et al. (2021). "Nursing care in mental health: Human rights and ethical issues." Nursing Ethics **28**(4): 463-480.
People with mental illness are subjected to stigma and discrimination and constantly face restrictions in the exercise of their political, civil and social rights. Considering this scenario, mental health, ethics and human rights are key approaches to advance the well-being of persons with mental illnesses. The study was conducted to review the scope of the empirical literature available to answer the research question: What evidence is available regarding human rights and ethical issues regarding nursing care to persons with mental illnesses? A scoping review methodology guided by Arksey and O'Malley was used. Studies were identified by conducting electronic searches on CINAHL, PubMed, SCOPUS and Hein databases. Of 312 citations, 26 articles matched the inclusion criteria. The central theme which emerged from the literature was "Ethics and Human Rights Boundaries to Mental Health Nursing practice". Mental health nurses play a key and valuable role in ensuring that their interventions are based on ethical and human rights principles. Mental health nurses seem to have difficulty engaging with the ethical issues in mental health, and generally are dealing with acts of paternalism and with the common justification for those acts. It is important to open a debate regarding possible solutions for this ethical dilemma, with the purpose to enable nurses to function in a way that is morally acceptable to the profession, patients and members of the public. This review may serve as an instrument for healthcare professionals, especially nurses, to reflect about how to fulfil their ethical responsibilities towards persons with mental illnesses, protecting them from discrimination and safeguarding their human rights, respecting their autonomy, and as a value, keeping the individual at the centre of ethical discourse.

Vera Angulo, R. J., et al. (2022). "Socio-community inclusion and collective occupations: Dialogues between the institutional world and that of organizations of people with psychosocial disabilities." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-18.
The article analyzes socio-community inclusion practices of groups of people with psychosocial disabilities, generated in doing and feeling in their collective occupations, from the dialogues that take place with social institutions. A qualitative methodology was used, with a critical approach. The information was collected through discussion groups, which made it possible to collect speeches from the participants of two groups of people with mental disabilities, corresponding to the communes of Penco and Concepción, in the Biobío Region (Chile); discourses that were coded, analyzed, categorized and interpreted. Among the most relevant results obtained, differences and tensions are evident in the ways of understanding and proceeding towards inclusion, since institutions tend to maintain hierarchical relationships, while groups tend to have more democratic and participatory practices. Regarding the conclusions, it is possible to visualize that the human rights of people with mental disabilities are materialized in a field of collective occupations, daily actions in everyday contexts, and social conflict.

Verbeek, H., et al. (2021). "Human Rights to Inclusive Living and Care for Older People With

Mental Health Conditions." The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry **29**(10): 1015-1020.
Although older persons wish to age at home, many older persons with mental health conditions and psychosocial disability (MHC-PSD) spend the last few years of their life in residential facilities. This paper will examine the impact of ageism and human rights violations manifested in environmental design, specifically regarding social isolation, loneliness, inadequate psychosocial, environmental, recreational and spiritual support. This is compounded by failure to meet basic care needs-nutrition, hydration, pain and medication support. This paper highlights two innovative initiatives from the Netherlands, which show that older persons' rights can be maintained in innovative, collective living arrangements. It is concluded that the creation of inclusive and safe environments for older persons with MHC-PSD can facilitate the enjoyment of Human Rights. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Veronese, G., et al. (2023). "Human insecurity and psychological well-being in migrants hosted in a Nigerian transit center: A qualitative exploration on risk and protective factors." International Social Work **66**(3): 753-768.
Our explorative work aimed to qualitatively analyze the factors affecting human security and psychological well-being in a group of migrants temporarily hosted in a Nigerian transit center. The study involved 250 migrants from different Western and sub-Saharan African countries who were interviewed during their stay in International Organization for Migration – supported transit centers. Thematic content analysis was performed on the texts of the interviews. Motivations for departure from the home country, resources available for migrants' sense of security, expectations for their future, experience in the host country, and the relationship between human insecurity and life satisfaction were the main emerging themes. [ABSTRACT FROM AUTHOR]

Weise, J., et al. (2020). "What is the capability of the Australian mental health workforce to meet the needs of people with an intellectual disability and co-occurring mental ill health?" Journal of Intellectual and Developmental Disability **45**(2): 184-193.
Background: People with intellectual disability experience elevated rates of mental ill health. Yet they face barriers in accessing appropriate individualised mental health care. Further research is required to learn about the capability of the mental health workforce to facilitate access and participation in quality mental health care for this group. Methods: Thirty-three Australian intellectual disability mental health experts participated in four focus groups. The research team undertook thematic analysis applying a health care human rights framework known as the 3AQ Framework. Results: The participants identified multiple barriers to the delivery of quality mental health care. These included the lack of clear career pathways, education, clinical skills, clinical guidelines, and negative attitudes held by some mental health professionals. Conclusion: A comprehensive workforce development strategy is required to improve the capability of the mental health workforce to provide an available, accessible, acceptable and quality mental health services to people with intellectual disability. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Wessely, S., et al. (2019). "Reviewing the Mental Health Act: delivering evidence-informed policy." The lancet. Psychiatry **6**(2): 90-91.

Whelan, D. (2021). "Application of the Paternalism Principle to Constitutional Rights: Mental Health Case-Law in Ireland." European Journal of Health Law **28**(3): 223-243.
In adjudicating on matters relating to fundamental constitutional or human rights, courts make important statements about the principles which apply. The principles articulated will have a profound impact on the outcomes of such cases, and on the development of

case-law in the relevant field. In the fields of medical law and mental health law, various courts have moved away from deference to medical decision-making and paternalism to a person-centred rights-based approach. However, courts in Ireland have continued to interpret mental health law in a paternalistic fashion, praising paternalism as if it is particularly suitable for mental health law. This raises profound questions about judicial attitudes to people with mental health conditions and judicial reluctance to confer full personhood on people with disabilities. This article outlines case-law in Ireland regarding paternalism in mental health law and discusses the consequences for constitutional rights in Ireland.

Wickremsinhe, M. N. (2021). "Global mental health should engage with the ethics of involuntary admission." International Journal of Mental Health Systems **15**(1): 1-4.
Global mental health, as a field, has focused on both increasing access to mental health services and promoting human rights. Amidst many successes in engaging with and addressing various human rights violations affecting individuals living with psychosocial disabilities, one human rights challenge remains under-discussed: involuntary inpatient admission for psychiatric care. Global mental health ought to engage proactively with the debate on the ethics of involuntary admission and work to develop a clear position, for three reasons. Firstly, the field promotes models of mental healthcare that are likely to include involuntary admission. Secondly, the field aligns much of its human rights framework with the UN Convention on the Rights of Persons with Disabilities, which opposes the discriminatory use of involuntary admission on the basis of psychosocial disability or impairment. Finally, global mental health, as a field, is uniquely positioned to offer novel contributions to this long-standing debate in clinical ethics by collecting data and conducting analyses across settings. Global mental health should take up involuntary admission as a priority area of engagement, applying its own orientation toward research and advocacy in order to explore the dimensions of when, if ever, involuntary admission may be permissible. Such work stands to offer meaningful contributions to the challenge of involuntary admission. [ABSTRACT FROM AUTHOR]

Willey, S., et al. (2022). "Racism, healthcare access and health equity for people seeking asylum." Nursing Inquiry **29**(1): 1-9.
People seeking asylum are at risk of receiving poorer quality healthcare due, in part, to racist and discriminatory attitudes, behaviours and policies in the health system. Despite fleeing war and conflict; exposure to torture and traumatic events and living with uncertainty; people seeking asylum are at high-risk of experiencing long-term poor physical and mental health outcomes in their host country. This article aims to raise awareness and bring attention to some common issues people seeking asylum face when seeking healthcare in high-income countries where the health system is dominated by a Western biomedical view of health. Clinical case scenarios are used to highlight instances of racist healthcare policies and practices that create and maintain ongoing health disparities; limited access to culturally and linguistically appropriate health services, and lack of trauma-informed approaches to care. Nurses and midwives can play an important role in countering racism in healthcare settings; by identifying and calling out discriminatory practice and modelling tolerance, respect and empathy in daily practice. We present recommendations for individuals, organisations and governments that can inform changes to policies and practices that will reduce racism and improve health equity for people seeking asylum.

Williams, C. and A. R. Chapman (2022). "Impact of Human Rights Council Reports on Mental Health." Health and human rights **24**(2): 85-99.

Williams, J. and E. Y. Drogin (2019). "Older adult mental health law special issue, International

Journal of Law and Psychiatry." International Journal of Law and Psychiatry **66**: 101465.

Williams, J. and E. Y. Drogin (2019). "Older adult mental health law special issue, International Journal of Law and Psychiatry." International Journal of Law & Psychiatry **66**: N.PAG-N.PAG.

Wilson, K. E. (2020). "The Abolition or Reform of Mental Health Law: How Should the Law Recognise and Respond to the Vulnerability of Persons with Mental Impairment?" Medical Law Review **28**(1): 30-64.
Vulnerability theory challenges the assumption that human beings are abstract and invulnerable liberal subjects and insists that any decent and just society must create law that takes into account and tries to ameliorate human vulnerability. In this article, I explore how vulnerability might apply in the context of the debate about the future of mental health law that has arisen since the entry into force of the Convention on the Rights of Persons with Disabilities (CRPD) in 2008; namely, whether mental health law should be abolished or reformed. In doing so, this article addresses three key issues: (i) how to conceptualise vulnerability; (ii) whether persons with mental impairments really are vulnerable and in what ways; and (iii) how the law should respond to the vulnerability of persons with mental impairments post-CRPD. It describes and compares three different approaches with respect to how well they address vulnerability: the Abolition with Support, Mental Capacity with Support, and the Support Except Where There is Harm Models. It argues that the law should try to accurately capture and ameliorate the vulnerability of those who are subject to it as much as possible. It also argues that from a vulnerability perspective, the reform of mental health law may be better than its abolition and that decreasing the vulnerability of persons with mental impairment requires systemic reform, resources, and cultural change. (© The Author(s) 2019. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Winters, J. P., et al. (2022). "Dirty work: well-intentioned mental health workers cannot ameliorate harms in offshore detention." Journal of medical ethics.
Professional providers of mental health services are motivated to help people, including, or especially, vulnerable people. We analyse the ethical implications of mental health providers accepting employment at detention centres that operate out of the normal regulatory structure of the modern state. Specifically, we examine tensions and moral harms experienced by providers at the Australian immigration detention centre on the island of Nauru. Australia has adopted indefinite offshore detention for asylum-seekers arriving by boat as part of a deterrence strategy that relies on making detainment conditions harsh. This has known deleterious mental health effects. As a token to fiduciary care obligations, Australia employs mental health professionals to work on Nauru. These providers are often motivated to make a positive difference for detainees' lives. We examine the overall impact of the providers' work with detainees and the implications of their presence. The strongest evidence supports that the small mitigation of harms offered by these providers does not outweigh the harms of supporting a system designed to perpetuate human suffering. For mental health professionals considering working in offshore detention, we offer specific topics to scrutinise and weigh prior to employment. Because optimising detainee's mental health is beyond the capacity of individual providers, we call for the organisations standardising and supporting mental health professionals to oppose employment of their associates in offshore detention. Lessons from this case study are generalisable to other jurisdictions to help inform organisations that licence and support mental health providers and individual providers considering work in similar settings.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights

and permissions. Published by BMJ.)

Wright, N., et al. (2021). "Interventions to support the mental health of survivors of modern slavery and human trafficking: A systematic review." International Journal of Social Psychiatry **67**(8): 1026-1034.
Background: Modern slavery is a term which incorporates a range of exploitative situations that involve the violation of human rights and the subjugation of individuals. It presents a significant public health concern. Post-release, survivors of modern slavery have complex mental health needs. Whilst mental health provision is a component of international and national policy, the delivery of evidence-based support remains a gap in the global anti-slavery response. Aim: To identify and synthesise the evidence base for mental health interventions developed and evaluated for use in a post-slavery survivor population. Methods: A systematic literature review was undertaken. The review protocol was prospectively registered with PROSPERO and followed the PRISMA guidance in its reporting. A multi-stage search strategy was utilised to retrieve studies. Quality appraisal was undertaken using the QualSyst tool. Due to heterogeneity in study design, a narrative approach to synthesising the findings was undertaken. Results: Nine studies met the final inclusion criteria. The narrative synthesis clustered the studies in three themes: study design and population; type of intervention; and outcomes reported. The included studies focussed on specific subpopulations, namely child soldiering, child labour or sex trafficking. Conclusion: This review has highlighted not only important theory-practice gaps in relation to the provision of evidence-based mental health support but scant evidence limited to specific sub-groups (child soldiering, child labour or sex trafficking). The emphasis placed on PTSD within the interventions tested risks mental health support becoming exclusionary to those with other needs. When assessing intervention efficacy, the complex socio-political context in which survivors exist as well as the increasing emphasis on holistic care, personal recovery and lived experience need to be considered. Taking this into account, the case can be made for the inclusion of a wider range of non-clinical outcomes in the assessment of mental health intervention effectiveness. [ABSTRACT FROM AUTHOR]

Wright, N., et al. (2021). "Interventions to support the mental health of survivors of modern slavery and human trafficking: A systematic review." International Journal of Social Psychiatry **67**(8): 1026-1034.
Background: Modern slavery is a term which incorporates a range of exploitative situations that involve the violation of human rights and the subjugation of individuals. It presents a significant public health concern. Post-release, survivors of modern slavery have complex mental health needs. Whilst mental health provision is a component of international and national policy, the delivery of evidence-based support remains a gap in the global anti-slavery response. Aim: To identify and synthesise the evidence base for mental health interventions developed and evaluated for use in a post-slavery survivor population. Methods: A systematic literature review was undertaken. The review protocol was prospectively registered with PROSPERO and followed the PRISMA guidance in its reporting. A multi-stage search strategy was utilised to retrieve studies. Quality appraisal was undertaken using the QualSyst tool. Due to heterogeneity in study design, a narrative approach to synthesising the findings was undertaken. Results: Nine studies met the final inclusion criteria. The narrative synthesis clustered the studies in three themes: study design and population; type of intervention; and outcomes reported. The included studies focussed on specific subpopulations, namely child soldiering, child labour or sex trafficking. Conclusion: This review has highlighted not only important theory-practice gaps in relation to the provision of evidence-based mental health support but scant evidence limited to specific sub-groups (child soldiering, child labour or sex trafficking). The emphasis placed on PTSD within the

interventions tested risks mental health support becoming exclusionary to those with other needs. When assessing intervention efficacy, the complex socio-political context in which survivors exist as well as the increasing emphasis on holistic care, personal recovery and lived experience need to be considered. Taking this into account, the case can be made for the inclusion of a wider range of non-clinical outcomes in the assessment of mental health intervention effectiveness. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Ynnesdal Haugen, L. S., et al. (2020). "Not talking about illness at meeting places in Norwegian community mental health care: A discourse analysis of silence concerning illness-talk." Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine **24**(1): 59-78.

Research on the topic of not talking about psychosocial hardships describes the presence of 'house rules' against illness-talk in common areas in 'meeting places' ('day centres') in community mental health care. The aim of this article was to explore the complexity of not talking about psychosocial hardships ('silence') in meeting places in Norwegian community mental health care. The research team consisted of first-hand and academic knowers of community mental health care (participatory research team). We performed two series of focus group discussions with service users and staff of meeting places. The focus group interviews were analysed within a discourse analytic framework, and five discursive constructions were identified: (1) biomedical colonization of illness-talk, (2) restricted access for biomedical psychiatry and problem-talk in the common spaces of meeting places, (3) censorship of service users' civil and human rights to freedom of speech, (4) protection from exploitation and burdens and (5) silent knowledge of the peer community. Based on the analysis, we suggest that not talking about illness (silence) entails a complexity ranging from under-privileging implications to promoting the interests of people who 'use' meeting places. For instance, restricting biomedical psychiatry may imply the unintended implication of further silencing service users, while silently shared understandings of hardships among peers may imply resistance against demands to speak to legitimize one's situation. The discussion illuminates dilemmas related to silence that require critical reflexive discussions and continuous negotiations among service users, staff and policymakers in community mental health care. [ABSTRACT FROM AUTHOR]

Yozwiak, D., et al. (2022). "The Mental Health of Refugees during a Pandemic: Striving toward Social Justice through Social Determinants of Health and Human Rights." Asian Bioethics Review **14**(1): 9-23.

This paper is the second of two in a series. In our first paper, we presented a social justice framework emerging from an extensive literature review and incorporating core social determinants specific to mental health in the age of COVID-19 and illustrated specific social determinants impacting mental health (SDIMH) of our resettled Bhutanese refugee population during the pandemic. This second paper details specific barriers to the SDIMH detrimental to the basic human rights and social justice of this population during this pandemic. The SDIMH, as described, further informs the need for social justice measures and cultural humility in mental healthcare, public health, law, and community engagement. This work concludes with a proposed call to action toward mental health improvement and fair treatment for refugee populations in three core areas: communication and education, social stigma and discrimination, and accessibility and availability of resources. [ABSTRACT FROM AUTHOR]

Yu, S.-Y., et al. (2022). "Human Rights of Persons With Mental Illness After the Korean Mental Health Act Revision: A Qualitative Study." Journal of psychosocial nursing and mental health services **60**(8): 27-35.

After the Constitutional Court of Korea ruled that the provision of involuntary admissions was unconstitutional, as it violates personal freedom, the Mental Health and Welfare Act was amended in 2016. The current study explores involuntary admission and discharge experiences, after the law's revision, from a patient-centered perspective and suggests future directions to protect human rights. Data were collected from seven persons with mental illness and three family members through in-depth individual interviews and analyzed using thematic analysis. Persons with mental illness were still not guaranteed full autonomy and the right to receive proper treatment due to lack of mental health resources. The burden on family caregivers was amplified by stricter admission requirements. These results indicate the need for human rights-friendly emergency services, including peer crisis shelters and procedural assistance services. The government should develop community-based mental health services to ensure continuity of care without imposing public responsibility on family members. [Journal of Psychosocial Nursing and Mental Health Services, 60 (8), 27-35.].

MENTAL health services (94)

Aluh, D. O., et al. (2022). "Experiences and perceptions of coercive practices in mental health care among service users in Nigeria: a qualitative study." International Journal of Mental Health Systems **16**(1): 1-11.

Background: People with mental health problems are more vulnerable to a broad range of coercive practices and human rights abuses. There is a global campaign to eliminate, or at the very least decrease, the use of coercion in mental health care. The use of coercion in psychiatric hospitals in developing countries is poorly documented. The primary aim of this study was to explore service users' perceptions and experiences of coercion in psychiatric hospitals in Nigeria. Methods: Four focus group discussions were carried out among 30 service users on admission in two major psychiatric hospitals in Nigeria. The audio recordings were transcribed verbatim and then analyzed thematically with the aid of MAXQDA software. Results: The Focus group participants included 19 males and 11 females with a mean age of 34.67 ± 9.54. Schizophrenia was the most common diagnosis (40%, n = 12) and had a secondary school education (60%, n = 18). The focus group participants perceived coercion to be a necessary evil in severe cases but anti-therapeutic to their own recovery, an extension of stigma and a vicious cycle of abuse. The experience of involuntary admission revolved mainly around deception, maltreatment, and disdain. Participants in both study sites narrated experiences of being flogged for refusing medication. Mechanical restraint with chains was a common experience for reasons including refusing medications, to prevent absconding and in other cases, punitively. The use of chains was viewed by participants as dehumanizing and excruciatingly painful. Conclusion: The experiences of coercion by participants in this study confirm that human rights violations occur in large psychiatric hospitals and underscore the need for mental health services reform. The use of coercion in this context reflects agelong underinvestment in the mental health care system in the country and obsolete mental health legislation that does not protect the rights of people with mental health problems. The study findings highlight an urgent need to address issues of human rights violations in psychiatric hospitals in the country. [ABSTRACT FROM AUTHOR]

Aluh, D. O., et al. (2022). "Nigeria's mental health and substance abuse bill 2019: Analysis of its compliance with the United Nations convention on the rights of persons with disabilities." International Journal of Law & Psychiatry **83**: N.PAG-N.PAG.

Countries are struggling with reconciling their national mental health legislation with the CRPD approach, which stresses equality as the focal point of legislation, policies, and practices that affect people with disabilities. Several failed attempts have been made over the last two decades to update Nigeria's obsolete mental health legislation. The most recent attempt is the Mental Health and Substance abuse Bill 2019, which aims to protect the rights of people with mental health needs. It addresses many areas neglected by previous bills, such as non-discrimination of people with mental and substance use problems in the exercise of their civil, political, economic, social, full employment, religious, educational, and cultural rights. It categorically prohibits the use of seclusion in the treatment of people with mental health problems, makes provision for service users to be members of the Mental health review tribunal and allows for the protection of privacy and confidentiality of information about people with mental health problems. While keeping to most of WHO's recommendations for mental health legislation, the bill diverges from the CRPD's recommendations by allowing forced admission and treatment based on mental capacity, substitute decision-making by legal representatives or closest relatives, and non-prohibition of coercive practices. The bill does not make provisions for advance directives and is silent on informed consent to participate in research. Despite the bill's deficiencies, it would be a significant step forward for the country, whose current mental health legislation is the Lunacy Act of 1958. Although the CRPD has left it unclear how countries, especially low resource countries, should go about creating a workable legal framework, it is clear that all countries are expected to join the current global effort to eliminate, or at least reduce to the barest minimum, the use of coercion in mental health care. We expect that future revisions of this bill will examine its limitations in light of Nigeria's socio-cultural context. [ABSTRACT FROM AUTHOR]

Amering, M. (2021). "Mental health and human rights of women." European Psychiatry **64**: S45-S46.
Introduction: Mental health stigma and discrimination interact with gender inequality and the discrimination of women and girls to their mental health detriment. Objectives: Present and discuss the challenges and opportunities of a human rights based approach to womens' mental health. Methods: Non-systematic review of policy and practice of human rights based interventions for womens' mental health. Results: Current mental health as well as gender equality legislation converge towards the realization of longstanding demands of equality for women as well as for persons with mental health problems: removal of barriers, respect and enablement of autonomy, renewed efforts toward effective inclusion in all spheres of life. Essential changes through non-discrimination laws concern key areas, including family planning, marriage and parenthood, employment, housing, education, health, standards of living and social, political and cultural participation, along with the right to be free from exploitation, violence and abuse. Because of the cumulation and the interaction of gender-based and other forms of discrimination, legislations such as the UN-Convention on the Rights of Persons with Disabilities (UN-CRPD) include a focus on genderspecific human rights needs of women and girls. Family advocacy in mental health is prominently supported by female activists as is the user movement. Conclusions: The opportunities of a successful development towards non-discrimination and gender equality in mental health care are dependent on a viable understanding of these concepts within the mental health community as well as updated expertise concerning tools for implementation of support systems sensitive to the human rights needs of women and girls. [ABSTRACT FROM AUTHOR]

Anttila, M., et al. (2023). "Recovery-oriented mental health principles in psychiatric hospitals: How service users, family members and staff perceive the realization of practices." Journal of Advanced Nursing (John Wiley & Sons, Inc.) **79**(7): 2732-2743.
Aims: The aim of the study was to describe and compare how recovery-oriented mental health principles have been realized in Finnish psychiatric hospitals from the viewpoint of different stakeholders (service users, family members and staff). Design: A multimethod research design was adopted to combine both quantitative and qualitative

descriptive methods. Methods: A total of 24 focus group interviews were conducted with service users (n = 33), family members (n = 3) and staff (n = 53) on 12 psychiatric Finnish hospital wards (October 2017). The interview topics were based on six recovery-oriented principles (WHO QualityRights Tool Kit, 2012). A quantitative deductive analysis was conducted to describe and compare the realization of the recovery-oriented principles between three stakeholder groups. A qualitative deductive content analysis was used to describe participants' perceptions of the realization of recovery-oriented principles in practice. The GRAMMS guideline was used in reporting. Results: Out of six recovery-oriented principles, 'Dignity and respect' was found to have been realized to the greatest extent on the psychiatric wards. The most discrepancy between the participant groups was seen in the 'Evaluation of recovery'. Service users and family members found the realization of the practices of all principles to be poorer than the staff members did. Wide variation was also found at the ward level between perceptions among participants, and descriptions of the realization of the principles in psychiatric hospital practice. Conclusion: Perceptions about the realization of recovery-oriented principles in practice in Finnish psychiatric hospitals vary between different stakeholder groups. This variation is linked to differing ward environments. Impact More research is needed to understand the factors associated with variation in perceptions of recovery principles. Patient or Public Contribution: Service users and family members participated in this study. [ABSTRACT FROM AUTHOR]

Ardila-Gómez, S., et al. (2019). "The mental health users' movement in Argentina from the perspective of Latin American Collective Health." Global Public Health **14**(6/7): 1008-1019.
The mental health users' movement is a worldwide phenomenon that seeks to resist disempowerment and marginalisation of people living with mental illness. The Latin American Collective Health movement sees the mental health users' movement as an opportunity for power redistribution and for autonomous participation. The present paper aims to analyze the users' movement in Argentina from a Collective Health perspective, by tracing the history of users' movement in the Country. A heterogeneous research team used a qualitative approach to study mental health users' associations in Argentina. The local impact of the Convention on the Rights of Persons with Disabilities and the regulations of Argentina's National Mental Health Law are taken as fundamental milestones. A strong tradition of social activism in Argentina ensured that the mental health care reforms included users' involvement. However, the resulting growth of users' associations after 2006, mainly to promote their participation through institutional channels, has not been followed by a more radical power distribution. Associations dedicated to the self-advocacy include a combination of actors with different motives. Despite the need for users to form alliances with other actors to gain ground, professional power struggles and the historical disempowerment of 'patients' stand as obstacles for users' autonomous participation. [ABSTRACT FROM AUTHOR]

Barrera Rojas, M. A. and A. Baeza Ruiz (2021). "La salud mental como derecho humano en Quintana Roo, México. Análisis desde la disciplina de la política pública." Interdisciplinaria **38**(3): 257-274.
Abstract: En la literatura académica son muy escasos los esfuerzos en los que se analiza, desde la disciplina de la política pública, a un derecho humano específico. Para este trabajo se analizará el caso de la salud mental como derecho humano en Quintana Roo, México. Para dar cumplimiento a lo anterior, se planteó una metodología de revisión histórico-documental que permitió analizar si existen elementos básicos de política pública en materia de salud mental en Quintana Roo. Entre los resultados se encontró que, si bien ya existe un piso mínimo de política pública, no hay condiciones de infraestructura suficientes para poder considerar a la salud mental como derecho humano. Esto deja abierta la puerta a que este trabajo sea el ápice de la discusión sobre

la necesidad de generar políticas públicas enfocadas a generar infraestructura física que permitan, en el mediano y largo plazo, considerar la idea de que la salud mental sea derecho humano. Abstract: An elementary condition of any human right is that once it appears in legislation, the government, be it federal, regional or local, is obliged to provide both legal and political conditions as well as physical infrastructure to guarantee full access and enjoyment of the human right in question. Thus, in the academic literature, the analysis of human rights focuses mainly on those which already have that status (access to education, non-discrimination, political rights, children's rights, indigenous rights, women's rights, political rights, property rights, human rights for older adults), leaving aside those which do not yet have a status as human right, but which it should be, such as mental health, for example. And it is precisely on this topic that this document focuses. From the foregoing, it follows the observation that it is very evident that academic discussions on human rights focus on jurisprudential and jurisdiction issues, however, there are very few articles where these are analyzed from the discipline of public policy, and are stillness where the viability of a right to become a human right is analyzed from a perspective where psychology and public policy are involved. Even though health in its broadest definition considers mental health as one of its components, the reality is that public health policy has prioritized physical health over mental health, which is undoubtedly an operationalization bias. This forces a review of the conditions that exist to elevate mental health as a human right in the state of Quintana Roo in Mexico. In order to comply with the above sentence, a vast documentary review as first carried out, mainly of the World Health Organization (WHO) and its guidelines on the design and implementation of health policy, as well as statistics on the situation of mental health and some mental disorders both in the world and in Mexico. The conceptual part is supported in the discussion of basic concepts of public policy, for example o, transversality. The selection of this concept is due to the fact that theoretically public policies, from their conception as a public problem, through their design and management, to their evaluation, must be aligned both horizontally and vertically, that is, they must be coherent between what is mandated and legislates in the federal, state and municipal order and must be appropriate with other policies of the government order in question. Another important part of the conceptual discussion centers on the definition of the human rights. The proposed methodology involved cabinet and documentary work, both legal and newspaper, and official documents by the Mexican and Quintana Roo government to analyze the legal and policy conditions, mainly the basic elements of transversality, governance and public policies design about mental health in the state of Quintana Roo, Mexico. Among the results, it can be found that although there is already a minimum floor in legal matters at the federal level, even at the state level, even though initiatives have been presented from the government itself nd from non-governmental entities, it is difficult to think that in In the short term, there are sufficient political, public policy and infrastructure conditions to position mental health as a human right in Quintana Roo. This leaves the door open for this work to be the apex of the discussion on the need and urgency to generate public policies, both in legal terms, as well as budgetary, administrative, operational, and physical infrastructure that allows for the short, medium, and long term. Consider the idea that mental health is a human right in both Quintana Roo and Mexico.

Benyah, F. (2021). "Prayer Camps, Mental Health, and Human Rights Concerns in Ghana." Journal of Religion in Africa **51**(3/4): 283-308.

This article discusses the role that Ghana's prayer camps provide in mental health care and the human rights concerns that are expressed. The article argues for the recognition of both state and nonstate actors in dealing with the problem of mental illness and its related human rights concerns. The article maintains that the mere existence of mental health legislation to protect the rights of mental health patients is not enough if it fails to recognise the religious dimensions – the beliefs, faith, or transcendental orientation – of the people who are the target object of such legislation. The article recommends to policy makers, academics, clinicians, and international organisations whose work focuses on mental health, ways in which religious views on mental illness can be harmonised to support modern projects such as human rights aimed at transforming the lives of people. [ABSTRACT FROM AUTHOR]

Brazinova, A., et al. (2019). "Mental Health Care Gap: The Case of the Slovak Republic." Administration & Policy in Mental Health & Mental Health Services Research **46**(6): 753-759.

This study explored unmet mental health and social care needs in the Slovak Republic and their adverse human rights consequences. We estimated treatment gap for persons aged 15–64 years in year 2015 affected by depressive, anxiety, substance use and schizophrenic disorders by comparing local treated prevalence rates with population estimated rates for Europe. Two-thirds of people with depressive disorders and over 80% of those with anxiety disorders and alcohol dependence were not receiving treatment. There was no treatment gap for persons with schizophrenia. Fifty-one percent of those eligible for disability pension on the grounds of mental disorders failed to receive it. We discuss the implications of the estimated gaps in mental health and social care and consequent human rights violations that may result from the current system of mental health care in Slovakia. [ABSTRACT FROM AUTHOR]

Caldas-de-Almeida, J. M. (2019). "Four reflections on the new global mental health priorities." Epidemiology and psychiatric sciences **29**: e75.

The discussion of the achievements and limitations of the strategies prioritised in global mental health that has taken place in recent years contributed to a unified vision for action that addresses the gaps still existing on prevention, treatment, quality of care and human rights protection. This editorial presents four reflections on the impact of this vision on the definition of future priorities, particularly in the areas of policy implementation, services reconfiguration and organisation, human rights and research. It concludes that further debate is needed to redefine the balance between priorities and strategies that can better promote an effective response to the needs of low and middle income countries, and to ensure an efficient coordination of efforts in the future.

Cano-OrÓN, L., et al. (2020). "MENTAL HEALTH IMAGES ON THE INTERNET: A FACEBOOK AND DIGITAL MEDIA CONTENT ANALYSIS IN SPANISH." IMÁGENES DE SALUD MENTAL EN INTERNET: UN ANÁLISIS DEL CONTENIDO DE FACEBOOK Y LOS MEDIOS DIGITALES EN ESPAÑOL.(29): 240-259.

This work analyses the mental health image in Spanish in digital media and social networks after the Human Rights Council adopted resolution 32/18, on mental health and human rights, on July 1, 2016. A standardised content analysis was performed from a sample of 370 news items published during six months, between August 2016 and January 2017, to determine if the journalistic treatment of the stories was positive, negative, equidistant or institutional. Likewise, 352 Facebook pages were studied, with the same analysis criteria as digital media. Among the most outstanding results, it was found that only 53% (n = 196) of the articles analysed addressed mental health directly. Of them, 40% (n = 79) treated it positively while 26% (n = 50) still referred to mental health negatively. Besides, there was a high percentage of articles in which mental health was treated metaphorically, 18% (n = 35), also contributing negatively stories to the stigmatisation of mental illnesses. The analysis of the Facebook pages showed a low proportion of positive treatment of mental health , only 5% (n = 18), and the content of 61% of the sample studied (n = 215) had nothing to do with mental health. (English) [ABSTRACT FROM AUTHOR]

Carta, M. G. and D. Bhugra (2023). "Human rights and Mental health: critical challenges for health professionals, users, and citizens'." International Review of Psychiatry **35**(2): 147-149.
An introduction to articles published within the issue is presented, including one which offered an overview of the current global situation of human rights in mental health services, another which investigated public attitudes towards protecting human rights, and one on the impact of the COVID-19 pandemic on the well-being of individuals with severe mental health conditions.

Carta, M. G., et al. (2022). "Why Was the Perception of Human Rights Respect and Care Satisfaction So High in Users of Italian Mental Health Services during the COVID-19 Pandemic?" Journal of Clinical Medicine **11**(4): N.PAG-N.PAG.
The aim of this study was to compare users' and mental health workers' (MHW) perception of respect of human rights and job/care satisfaction in mental health services in Italy during the COVID-19 pandemic. A sample of users and MHW of Sardinia, Italy, fulfilled the "Well-Being at work and respect for human rights questionnaire" (WWRR). The study included 240 MHW and 200 users. Users showed a higher level of satisfaction of care than MHW of work, and a higher perception of the satisfaction of users and human rights respected for health workers. Both user and MHW responses were about 85% of the maximum score, except for satisfaction with resources. Responses were higher for users, but users and MHW both showed high levels of satisfaction. In previous surveys, MHW of Sardinia showed higher scores in all items of WWRR, except for satisfaction with resources, compared with workers from other health sectors of the same region, and with MHW from other countries. The low score for satisfaction with resources (in users and staff) is consistent with a progressive impoverishment of resources for mental health care in Italy. The study, although confirming the validity of the Italian model, fully oriented towards community, sets off an alarm bell on the risks resulting from the decrease in resources. [ABSTRACT FROM AUTHOR]

Chambers, J. (2021). "Meaningful Engagement to Save Lives - Working relationship of a service user organisation with police and mental health services." Journal of Psychiatric & Mental Health Nursing (John Wiley & Sons, Inc.) **28**(1): 83-89.
Accessible Summary: What is known?: Police and mental health services benefit from meaningful service user engagement.Partnerships with organizations that are representative of community members—such as service users—are the most empowering model of collaboration. What this paper adds?: Describes how a service user organization can effectively advocate for change in the policing and mental health systems through both mutual collaboration and external pressure. Implications for practice?: Methods of creating change that can save lives through partnerships with service user organizations can be applied by service user organizations, police and mental health services.The methods described have the potential to reduce deaths and injury as a result of police action or mental healthcare practices [ABSTRACT FROM AUTHOR]

Chambers, J. (2021). "Meaningful Engagement to Save Lives - Working relationship of a service user organisation with police and mental health services." Journal of Psychiatric & Mental Health Nursing (John Wiley & Sons, Inc.) **28**(1): 83-89.
Accessible Summary: What is known?: Police and mental health services benefit from meaningful service user engagement.Partnerships with organizations that are representative of community members—such as service users—are the most empowering model of collaboration. What this paper adds?: Describes how a service user organization can effectively advocate for change in the policing and mental health systems through both mutual collaboration and external pressure. Implications for

practice?: Methods of creating change that can save lives through partnerships with service user organizations can be applied by service user organizations, police and mental health services.The methods described have the potential to reduce deaths and injury as a result of police action or mental healthcare practices

Cooney, J., et al. (2021). "Making the Convention on the Rights of Persons with Disabilities real: our word is our bond." The New Zealand medical journal **134**(1534): 8-10.
Competing Interests: Nil.

Cosgrove, L., et al. (2021). "The cultural politics of mental illness: Toward a rights-based approach to global mental health." Community Mental Health Journal **57**(1): 3-9.
The movement for global mental health (MGMH) has raised awareness about the paucity of mental health services, particularly in low- and middle-income countries. In response, policies and programs have been developed by the World Health Organization and by the Lancet Commission on global mental health, among other organizations. These policy initiatives and programs, while recognizing the importance of being responsive to local needs and culture, are based on Western biomedical conceptualizations of emotional distress. In the paper, we discuss how a rights-based approach can promote the voice and participation of people with lived experience into the MGMH. We argue that a human rights framework can be enhanced by incorporating the conceptual approaches of critical inquiry and community mental health. We also discuss how rights-based approaches and service-user activism can productively reconfigure Western psychiatric conceptualizations of distress and provide both a moral and empirical justification for a paradigm shift within the MGMH. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Cossu, G., et al. (2023). "Respects of human rights and perception of quality of care, the users' point of view comparing mental health and other health facilities in a region of Italy." International Review of Psychiatry **35**(2): 194-200.
This work is part of a research project that aims to measure organisational well-being, human rights respect and quality of care in mental health services in Sardinia, Italy, country that has replaced long-stay psychiatric hospitals with community mental health services. Previous contributions have seen Italian health professionals and users as the most satisfied and optimistic about the quality of the mental health care provided and the respect they offer for service users' rights. Our aim is to confirm these findings by comparing experiences of users of mental health services with those of other care services in the same region. Our findings indicate that mental health services users show higher level of satisfaction for care and higher perception of users' human rights respect compared to non-mental health facilities users. They also have greater satisfaction with organisational aspects of services and they are more convinced that the health professionals rights are respected. In contrast, they are less satisfied with the resources available for care centres than other users and require more professional psychosocial support. We want to allow future comparisons to other regions on quality assessment through the perception of users and worker on respect for standards and human rights. [ABSTRACT FROM AUTHOR]

Cozman, D. (2019). "„Access to care, inclusive of mental health care is a human right”." Psihiatru.ro **58**(3): 32-32.

De Cuyper, K., et al. (2023). "Best practice recommendations on the application of seclusion and restraint in mental health services: An evidence, human rights and consensus-based approach." Journal of Psychiatric & Mental Health Nursing (John Wiley & Sons, Inc.) **30**(3): 580-593.
Accessible summary: What is known on the subject?: Seclusion and restraint still

regularly occur within inpatient mental health services.The Council of Europe requires the development of a policy on for instance age limits, techniques and time limits.However, they only define the outer limits of such a policy by indicating when rights are violated. Within these limits, many choices remain open.Staff and service managers lack clarity on safe and humane procedures. Research literature provides limited and contradictory insights on these matters. What this paper adds to existing knowledge?: The study resulted in 77 best practice recommendations on the practical application of restraint and seclusion as last resort intervention in inpatient youth and adult mental health services, including forensic facilities.To our knowledge, this is the first study in which the development of recommendations on this topic is not only based on scientific evidence, but also on an analysis of European human rights standards and consensus within and between expert-professionals and experts-by-experience. This approach allowed to develop for the first time recommendations on time limits, asking for second opinion, and registration of seclusion and restraint. What are the implications for practice?: The 77 recommendations encourage staff to focus on teamwork, safety measures, humane treatment, age and time limits, asking for second opinion, observation, evaluation and registration when applying seclusion and restraint as last resort intervention.The implementation of the best practice recommendations is feasible provided that they are combined with a broad preventive approach and with collaboration between service managers, staff (educators) and experts-by-experience. Under these conditions, the recommendations will improve safety and humane treatment, and reduce harm to both service users and staff. Introduction: Seclusion and restraint still regularly occur within inpatient mental health services. Professionals lack clarity on safe and humane procedures. Nevertheless, a detailed policy on for instance age limits, techniques and time limits is required. Aim: We developed recommendations on the humane and safe application of seclusion, physical intervention and mechanical restraint in inpatient youth and adult mental health services, including forensic facilities. Method: After developing a questionnaire based on a rapid scientific literature review and an analysis of human rights sources stemming from the Council of Europe, 60 expert-professionals and 18 experts-by-experience were consulted in Flanders (Belgium) through a Delphi-study. Results: After two rounds, all but one statement reached the consensus-level of 65% in both panels. The study resulted in 77 recommendations on teamwork, communication, materials and techniques, maximum duration, observation, evaluation, registration, second opinion and age limits. Discussion: Combining an evidence, human rights and consensus-based approach allowed for the first time to develop recommendations on time limits, asking for second opinion and registration. Implications for Practice: When combined with a preventive approach and collaboration between service managers, staff (educators) and experts-by-experience, the recommendations will improve safety and humane treatment, and reduce harm to service users and staff. [ABSTRACT FROM AUTHOR]

Desviat, M. (2022). "Sobre la vigencia del Manifiesto de Bauru en tiempos adversos: anotaciones sobre la demolición del cuidado a la salud mental en Brasil." On the validity of the Bauru Manifesto in adverse times: notes on the demolition of mental health care in Brazil. **20**(49): 22-32.
The Brazilian psychiatric reform will confirm both the importance of the substantial modification of mental health care and the fragility of social constructions that claim universality and equality of benefits. The importance of the first is witnessed by the closure of many of the asylums and the creation of more efficient resources, but, above all, by the construction of a progressive ethical and technical discourse, in the context of a broader movement in defense of the human rights of the crazy and the different. As for the second, it is accounted for by the dismantling of public services that has been happening in recent years in Brazil, and which is part of the decline, brutal in this case, of public policies, caused by neoliberal hegemony at the international level. But the

adverse times, of resistance, serve to reconstruct knowledge and practices. The struggle goes on. (English) [ABSTRACT FROM AUTHOR]

Devitt, P. and B. D. Kelly (2019). "A human rights foundation for ethical mental health practice." Irish Journal of Psychological Medicine **36**(1): 47-54.
There are close links between clinical ethics, human rights and the lived experience of mental illness and mental health care. Principles of professional ethics, national mental health legislation and international human rights conventions all address these themes in various ways. Even so, there are substantial deviations from acceptable standards at certain times, resulting in significant violations of rights in the developing and developed worlds. An explicitly human rights-based approach has improved matters in, for example, Scotland. External drivers of change, such as legislation, standards, codes of practice, inspections and sanctions for violations, are all needed. Attitudes and culture are also critical drivers of change. Most importantly, the principles and values of ethical, human rights-based professional practice need be taught and modelled throughout professional careers. Ongoing training in this area should form a central element of programmes of continuing professional development, delivered by people with expertise and understanding, including service users.

DuBois, J. M. and H. A. Walsh (2021). "Living with Mental Health Challenges: Personal Stories of Recovery from Across the Globe." Narrative Inquiry in Bioethics **11**(2): 1-6.
This symposium includes twelve personal narratives from individuals who live with serious mental health challenges that are sometimes diagnosed as schizophrenia, bipolar disorder, major depression, posttraumatic stress disorder, or other conditions. Such challenges are often persistent, lead to stigma and discrimination, and can deeply affect quality of life. Serious mental health challenges are frequently approached as life-long medical conditions, given a diagnosis and treated with medications. However, some pursue non-medical treatments, peer support, use diet and exercise to promote wellness, embrace models of recovery, and function well even when symptoms persist. Approaches often differ across nations, depending upon their resources and philosophy of mental health challenges. Three commentaries on these narratives are also included, authored by experts and scholars in the fields of cultural psychiatry, refugee mental health, human rights advocacy, child's health, and global mental health. We intend this collection of stories to broaden the range of acceptable responses to mental health challenges, raise awareness of stigma and bias in mental health care, and share the wisdom and preferences of those living with mental health challenges. [ABSTRACT FROM AUTHOR]

Dubs, A., et al. (2022). "Mental health and child refugees." International Review of Psychiatry **34**(6): 596-603.
This paper presents an overview of the importance of mental health services for unaccompanied asylum-seeking children in the United Kingdom. It reviews what mental health support appears to be available in the United Kingdom following an on-line search which took place in Spring 2021 and using information gathered through 22 interviews and focus groups with stakeholders. The latter group are defined as people working with asylum-seeking children. The primary stakeholders were local authority staff, although interviews were also conducted with local government associations (London Councils, the Local Government Association), NHS bodies and the voluntary sector. Often, further relevant stakeholders were identified during interviews. The report details the aims, methodology and context, before the findings are presented which is followed by recommendations for improving mental and social care provision for unaccompanied asylum-seeking children in the United Kingdom. [ABSTRACT FROM AUTHOR]

Georgaca, E., et al. (2022). "Assessing quality of care and observance of human rights in residential mental health facilities in greece through the who qualityrights tool kit." International Journal of Psychology.

In this paper, we present and reflect upon the process of evaluating two residential mental health facilities in Thessaloniki, Greece, through the WHO QualityRights tool kit. The QualityRights tool kit is a structured process for assessing quality of care and human rights in mental health and social care facilities, in accordance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), introduced by the World Health Organization in 2012. We have piloted the use of the Toolkit in two supported accommodation facilities, a hostel and a service supervising independent living in apartments, for individuals with long-term severe mental health problems in the region of Thessaloniki. In this paper, we present the methodology and process of evaluating the facilities, including the challenges posed to the evaluation process by restrictions due to the Covid-19 pandemic. We showcase the outcome of this evaluation through presenting a summary of the results and the ensuing recommendations for improvement. Finally, we reflect on the usefulness, appropriateness and relevance of the Toolkit for evaluating mental health care facilities in the particular context of contemporary Greece. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Georgaca, E., et al. (2023). "Assessing quality of care and observance of human rights in residential mental health facilities in Greece through the WHO QualityRights tool kit." International Journal of Psychology **58**(1): 59-68.

In this paper, we present and reflect upon the process of evaluating two residential mental health facilities in Thessaloniki, Greece, through the WHO QualityRights tool kit. The QualityRights tool kit is a structured process for assessing quality of care and human rights in mental health and social care facilities, in accordance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), introduced by the World Health Organization in 2012. We have piloted the use of the Toolkit in two supported accommodation facilities, a hostel and a service supervising independent living in apartments, for individuals with long-term severe mental health problems in the region of Thessaloniki. In this paper, we present the methodology and process of evaluating the facilities, including the challenges posed to the evaluation process by restrictions due to the Covid-19 pandemic. We showcase the outcome of this evaluation through presenting a summary of the results and the ensuing recommendations for improvement. Finally, we reflect on the usefulness, appropriateness and relevance of the Toolkit for evaluating mental health care facilities in the particular context of contemporary Greece. [ABSTRACT FROM AUTHOR]

Georgaca, E., et al. (2023). "Assessing quality of care and observance of human rights in residential mental health facilities in Greece through the WHO QualityRights tool kit." International journal of psychology : Journal international de psychologie **58**(1): 59-68.

In this paper, we present and reflect upon the process of evaluating two residential mental health facilities in Thessaloniki, Greece, through the WHO QualityRights tool kit. The QualityRights tool kit is a structured process for assessing quality of care and human rights in mental health and social care facilities, in accordance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), introduced by the World Health Organization in 2012. We have piloted the use of the Toolkit in two supported accommodation facilities, a hostel and a service supervising independent living in apartments, for individuals with long-term severe mental health problems in the region of Thessaloniki. In this paper, we present the methodology and process of evaluating the facilities, including the challenges posed to the evaluation process by restrictions due to the Covid-19 pandemic. We showcase the outcome of this evaluation through presenting a summary of the results and the ensuing recommendations for improvement. Finally, we reflect on the usefulness, appropriateness and relevance of the

Toolkit for evaluating mental health care facilities in the particular context of contemporary Greece. (© 2022 International Union of Psychological Science.)

Gill, N. S., et al. (2020). "Human rights implications of introducing a new mental health act - principles, challenges and opportunities." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **28**(2): 167-170.
Objective: The United Nations Convention on the Rights of Persons with Disabilities (CRPD), 2006 has influenced the evolution of mental health legislation to protect and promote human rights of individuals with mental illness. This review introduces how the human rights agenda can be systematised into mental health services. Exploration is made of how some principles of CRPD have been incorporated into Queensland's Mental Health Act 2016 .; Conclusion: Although progress has been made in some areas, e.g. heavier reliance on capacity assessment and new supported decision-making mechanisms, MHA 2016 has continued to focus on involuntary treatment. A Human Rights Act 2019 has been passed by the Queensland parliament, which may fill in the gap by strengthening positive rights.

Girma, E., et al. (2022). "Mental health stigma and discrimination in Ethiopia: evidence synthesis to inform stigma reduction interventions." International Journal of Mental Health Systems **16**(1): 1-18.
Background: People with mental illnesses are at an increased risk of experiencing human rights violations, stigma and discrimination. Even though mental health stigma and discrimination are universal, there appears to be a higher burden in low- and middle-income countries. Anti-stigma interventions need to be grounded in local evidence. The aim of this paper was to synthesize evidence on mental health stigma and discrimination in Ethiopia to inform the development of anti-stigma interventions. Methods: This evidence synthesis was conducted as a part of formative work for the International Study of Discrimination and Stigma Outcomes (INDIGO) Partnership research program. Electronic searches were conducted using PubMed for scientific articles, and Google Search and Google Scholar were used for grey literature. Records fulfilling eligibility criteria were selected for the evidence synthesis. The findings were synthesized using a framework designed to capture features of mental health stigma to inform cultural adaptation of anti-stigma interventions. Results: A total of 37 records (2 grey literature and 35 scientific articles) were included in the evidence synthesis. Some of these records were described more than once depending on themes of the synthesis. The records were synthesized under the themes of explanatory models of stigma (3 records on labels and 4 records on symptoms and causes), perceived and experienced forms of stigma (7 records on public stigma, 6 records on structural stigma, 2 records on courtesy stigma and 4 records on self-stigma), impact of stigma on help-seeking (6 records) and interventions to reduce stigma (12 records). Only two intervention studies assessed stigma reduction— one study showed reduced discrimination due to improved access to effective mental health care, whereas the other study did not find evidence on reduction of discrimination following a community-based rehabilitation intervention in combination with facility-based care. Conclusion: There is widespread stigma and discrimination in Ethiopia which has contributed to under-utilization of available mental health services in the country. This should be addressed with contextually designed and effective stigma reduction interventions that engage stakeholders (service users, service providers, community representatives and service developers and policy makers) so that the United Nations universal health coverage goal for mental health can be achieved in Ethiopia. [ABSTRACT FROM AUTHOR]

Goldkind, L. and L. Wolf (2020). "Selling your soul on the information superhighway: Consenting to services in direct-to-consumer tele-mental health." Families in Society **101**(1): 6-20.

Direct-to-consumer tele-mental health services—therapy delivered by video conference, email, and text message—is a burgeoning model of service delivery. The practice of on-demand digital psychotherapy presents ethical questions, as new economic models, service delivery systems, and therapeutic models are introduced. Virtual therapy, now offered on a subscription basis by third-party providers, requires users to accept Terms of Service (ToS) agreements to access services. This article describes the results of a survey in which participants (n = 579) were asked to compare the values of the Human Rights Framework with the language of one tele-mental health platform's ToS user agreement. Findings suggest that those clients with prior experience with a mental health professional will find the ToS agreements to be the most ethically compromised. Similarly, employed and better educated individuals also found the ToS to be ethically suspect. The most vulnerable of the groups we surveyed, individuals who hold less education and those who are unemployed, may be at most risk for signing consent to a system they do not understand. The study provides one example of the ethical questions that emerge from the introduction of a new model of for-profit service provision in mental health. Recommendations for consumers and practitioners are suggested. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Gooding, P., et al. (2020). "Preventing and reducing 'coercion' in mental health services: an international scoping review of English-language studies." Acta psychiatrica Scandinavica **142**(1): 27-39.
This article discusses initiatives aimed at preventing and reducing 'coercive practices' in mental health and community settings worldwide, including in hospitals in high-income countries, and in family homes and rural communities in low- and middle-income countries. The article provides a scoping review of the current state of English-language empirical research. It identifies several promising opportunities for improving responses that promote support based on individuals' rights, will and preferences. It also points out several gaps in research and practice (including, importantly, a gap in reviews of non-English-language studies). Overall, many studies suggest that efforts to prevent and reduce coercion appear to be effective. However, no jurisdiction appears to have combined the full suite of laws, policies and practices which are available, and which taken together might further the goal of eliminating coercion. (© 2020 The Authors. Acta Psychiatrica Scandinavica published by John Wiley & Sons Ltd.)

Goto, R., et al. (2023). "Mental health services in Ukraine during the early phases of the 2022 Russian invasion." The British Journal of Psychiatry **222**(2): 82-87.
Background: In February 2022, Russia began its invasion of Ukraine. War increases the demand for mental healthcare among affected populations, but with devastating losses across the nation, it is unclear if Ukrainian mental health services are able to meet the needs of the people. Aims: We aimed to evaluate the state of Ukrainian in-patient mental health services, which remains the backbone of the nation's psychiatric services, early in the 2022 Russian invasion. Method: We conducted a nationwide cross-sectional study on Ukrainian in-patient mental health facilities during the 2022 Russian invasion. Using an online questionnaire, we obtained responses from the heads of 32 in-patient mental health facilities across Ukraine, representing 52.5% of all in-patient mental health facilities in the nation. We gathered information on hospital admissions, staff, humanitarian aid received and the additional needs of each facility. Results: Hospital admissions were reduced by 23.5% during the war (April 2022) compared with before the war (January 2022). Across facilities, 9.6% of hospital admissions in April 2022 were related to war trauma, with facilities reporting percentages as high as 30.0%. Facilities reported reductions in staff, with 9.1% of total medical workers displaced and 0.5% injured across facilities. One facility reported that 45.6% of their total medical workers were injured. Although facilities across Ukraine have received humanitarian aid (such as medical supplies, food, volunteers), they reported additionally needing

equipment as well as more staff. Conclusions: The mental health service structure in Ukraine has been severely damaged during the 2022 invasion, with staff shortages despite a significant number of hospital admissions related to war trauma. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Grigutytė, N., et al. (2021). "The Right to Mental Health During the COVID-19 Pandemic." Teisės į psichikos sveikatą užtikrinimas COVID-19 pandemijos metu. **64**: 38-52.
The relationship between mental health and human rights is integral and interdependent. There are clinical, social and economic reasons, as well as moral and legal obligations to advance mental health care as fundamental to human rights. Significant considerations for this matter are especially crucial when addressing the COVID-19 pandemic across the world. The aim of this research study was to analyse the responses to the ongoing pandemic, concerning the human rights of persons with psychosocial disabilities and the right to mental health of the general population, in Lithuania. Methods included online surveys, semi-structured interviews, and a focus group. This article presents the results as a complex picture, containing the lived experiences of mental health difficulties of the general population, barriers to accessing the needed support and services, as well as analysis of violations of human rights. It also highlights the need for more research on the long-term consequences of the pandemic and lockdowns on the mental health of the population and on how the human rights of persons with mental health conditions, and especially those with psychosocial disabilities, can be better ensured and protected in Lithuania. (English) [ABSTRACT FROM AUTHOR]

Grigutytė, N., et al. (2021). "The right to mental health during the COVID-19 pandemic." Psichologija **64**: 38-52.
The relationship between mental health and human rights is integral and interdependent. There are clinical, social and economic reasons, as well as moral and legal obligations to advance mental health care as fundamental to human rights. Significant considerations for this matter are especially crucial when addressing the COVID-19 pandemic across the world. The aim of this research study was to analyse the responses to the ongoing pandemic, concerning the human rights of persons with psychosocial disabilities and the right to mental health of the general population, in Lithuania. Methods included online surveys, semi-structured interviews, and a focus group. This article presents the results as a complex picture, containing the lived experiences of mental health difficulties of the general population, barriers to accessing the needed support and services, as well as analysis of violations of human rights. It also highlights the need for more research on the long-term consequences of the pandemic and lockdowns on the mental health of the population and on how the human rights of persons with mental health conditions, and especially those with psychosocial disabilities, can be better ensured and protected in Lithuania. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Hallett, N. and P. McLaughlin (2022). "Restrictive interventions: understanding and reducing their use in mental health settings." Mental Health Practice **25**(6): 34-41.
The article discusses the different types of restrictive interventions and describes some strategies that can support reduction of their use in mental health settings. Topics discussed include different types of restrictive interventions such as enhanced observations, seclusion and restraint; ethical issues and legal framework around restrictive interventions; and strategies to prevent behaviour that challenges and reduce the need for restrictive interventions.

Hallett, N. and P. McLaughlin (2022). "Restrictive interventions: understanding and reducing their use in mental health settings." Mental Health Practice **25**(6): 34-41.
The article discusses the different types of restrictive interventions and describes some strategies that can support reduction of their use in mental health settings. Topics

discussed include different types of restrictive interventions such as enhanced observations, seclusion and restraint; ethical issues and legal framework around restrictive interventions; and strategies to prevent behaviour that challenges and reduce the need for restrictive interventions.

Helbich, M. and S. Jabr (2021). "Analysis of the mental health response to COVID-19 and human rights concerns in the occupied Palestinian territories." International Journal of Human Rights in Healthcare **14**(3): 255-269.
Purpose: The coronavirus (COVID-19) pandemic has devastating effects around the world, influencing daily life and putting communities into unprecedented situations of anxiety, hardship and loss. It has a particularly severe effect on the mental health of individuals and highlights pre-existing challenges in mental health provision in different countries. The purpose of this paper is to examine the mental health response to COVID-19 in the occupied Palestinian territories (oPt) in relation to mental health concerns and the political situation. Design/methodology/approach: This study analyzes the double struggle of Palestinians not only dealing with COVID-19 but with the ongoing Israeli occupation and human rights violations and focuses on the challenges in providing mental health services due to existing inequalities, systemic discrimination and lack of resources as a result of the political system of oppression. The findings are based on previously published articles concerning mental health related to the COVID-19 outbreak in other countries, as well as the authors' clinical experience in the oPt and direct involvement in providing mental health services. Findings: The paper highlights how the current pandemic is being used to further attempts of annexation and political gains in Israel and how it exacerbated human rights violations due to the occupation. Emphasis is also put on the challenges in providing a Palestinian mental health response due to the high number of actors involved and the lack of preparedness at the level of mental health response provision. Originality/value: The value of the works lies in putting the current pandemic in relation to human rights violations in the oPt due to the ongoing Israeli occupation and in highlighting how a mental health response to COVID-19 can be implemented during a state of emergency and despite a lack of preparedness in response services in the oPt.

Herrawi, F., et al. (2022). "Global health, human rights, and neoliberalism: The need for structural frameworks when addressing mental health disparities." Journal of Theoretical and Philosophical Psychology **42**(1): 52-60.
In this paper we argue that the field of psychology—and the psy-disciplines generally—need to embrace an interdisciplinary approach if they are to be relevant and contribute to global social justice initiatives. We focus on two such initiatives: The Global Mental Health movement and calls for increasing access to mental health services for immigrants. We suggest that a stronger focus on the upstream causes of ill-health, a deeper appreciation for the ways in which neoliberalism deflects attention away from these upstream determinants, and a greater engagement with the field of human rights and other disciplines will lead to more substantive gains in population mental health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Herrawi, F., et al. (2022). "Global health, human rights, and neoliberalism: The need for structural frameworks when addressing mental health disparities." Journal of Theoretical and Philosophical Psychology **42**(1): 52-60.
In this paper we argue that the field of psychology—and the psy-disciplines generally—need to embrace an interdisciplinary approach if they are to be relevant and contribute to global social justice initiatives. We focus on two such initiatives: The Global Mental Health movement and calls for increasing access to mental health services for immigrants. We suggest that a stronger focus on the upstream causes of ill-health, a deeper appreciation for the ways in which neoliberalism deflects attention away from

these upstream determinants, and a greater engagement with the field of human rights and other disciplines will lead to more substantive gains in population mental health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Irvine, C. (2022). "Reviewing mental health services and support for children and young people in Northern Ireland: A rights-based approach." Child Care in Practice **28**(3): 263-273.
Objective: In Northern Ireland, it is widely agreed that mental health service provision for children and young people is inadequate and that there is a need for much greater prioritisation and strategic planning in this area. Successive Governments have made commitments to improve services, and although progress has been made, considerable reform is still required. Using a child rights framework, this paper provides an overview of children and young people's direct experiences of accessing mental health services or support. Methods: An online survey was used to gather respondents experience of six statutory and non-statutory health services. Respondents were asked to rate services against nine rights-based service quality statements. A likert agreement rating scale was used to gather quantitative data and qualitative information was captured using open-ended questions. Excel and NVivo were used to analyse the data. Results: Overall, 607 children and young people aged 11–21 years old shared their experiences of mental health services. The survey results show that young people are reaching out to a wide range of services to access support. However, there was considerable variation in young people’s satisfaction levels with different services. Conclusions: This paper brings a child rights focus to the research that exists on the child and adolescent mental health system by assessing it against a range of rights-based statements. This study found that although many services are improving, more is required to ensure that Northern Ireland has a rights compliant system. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Kelly, B. D. (2020). "Irish Medical Organisation Doolin Memorial Lecture 2019: rhetoric and reality in mental health-Ireland and the world." Irish journal of medical science **189**(3): 1127-1134.
This Doolin Memorial Lecture presents six suggestions for positive change in Ireland's mental health services, focused on legislation and rights: (a) revision of the Mental Health Act 2001 in line with existing recommendations, to better protect and promote a broad range of rights, including rights to treatment and liberty (which are related); (b) enhanced forensic mental health care to better protect and promote both treatment and liberty in this population; (c) prompt full implementation of the Public Health (Alcohol) Act 2018 to reduce alcohol-related harm and the opportunity cost of alcohol problems in the health service; (d) implementation of the Assisted Decision-Making (Capacity) Act 2015 to provide decision-making supports to the 29.4% of medical/surgical inpatients and 52.6% of psychiatry inpatients who lack full decision-making capacity for treatment decisions; (e) judicious medicalisation of our response to individual cannabis use (although legalisation is not advised); and (f) enhanced recognition of the social rights of the mentally ill, especially the right to housing. Attention to these areas would improve the quality of life and quality of liberty of people with mental illness and their families. Progress in these areas needs to be underpinned by enhanced involvement of service-users in planning and provision of care, increased funding of mental health services and particular attention to groups who are currently underserved, including children and adolescents. Enhanced attention to these areas would also help advance Ireland's national mental health policy, "A Vision for Change", which has yet to be implemented in full. That, too, would help.

Kelly, B. D. (2022). "Psychiatric services, mental health law, & human rights." Indian Journal of Medical Research **156**(4/5): 567-569.

Kelly, B. D., et al. (2020). "Mental health, mental capacity, ethics, and the law in the context of COVID-19 (coronavirus)." International Journal of Law & Psychiatry **73**: N.PAG-N.PAG.

The emergence of the COVID-19 (coronavirus) pandemic in late 2019 and early 2020 presented new and urgent challenges to mental health services and legislators around the world. This special issue of the International Journal of Law and Psychiatry explores mental health law, mental capacity law, and medical and legal ethics in the context of COVID-19. Papers are drawn from India, Australia, the United Kingdom, Ireland, Germany, Portugal, and the United States. Together, these articles demonstrate the complexity of psychiatric and legal issues prompted by COVID-19 in terms of providing mental health care, protecting rights, exercising decision-making capacity, and a range of other topics. While further work is needed in many of these areas, these papers provide a strong framework for addressing key issues and meeting the challenges that COVID-19 and, possibly, other outbreaks are likely to present in the future. [ABSTRACT FROM AUTHOR]

Kienzler, H., et al. (2022). "The experience of people with psychosocial disabilities of living independently and being included in the community in war-affected settings: A review of the literature." International Journal of Law and Psychiatry **81**: 101764.

This article explores the experience of people with psychosocial disabilities with independent living and community inclusion in war-affected settings. While the UN CRPD obliges states to protect the rights of persons with psychosocial disabilities to community living (Article 19) in contexts of war (Article 11), information is lacking about people's lived experience. We reviewed studies published between 1980 and 2020, exploring concepts central to the CRPD's Article 19. Sixteen articles met the inclusion criteria. Findings indicate that support for persons with psychosocial disabilities is lacking while also being insufficiently described; little information is available about types of mental health and psychosocial support services; and data are almost absent about access to community services available for the general population. To ensure independent living and community integration in contexts of war, we emphasize the need for comprehensive and intersectional approaches that are locally relevant, participatory, and based on human rights. (Copyright © 2021 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Killaspy, H., et al. (2020). "Predictors of moving on from mental health supported accommodation in England: national cohort study." British Journal of Psychiatry **216**(6): 331-337.

<bold>Background: </bold>Around 60 000 people in England live in mental health supported accommodation. There are three main types: residential care, supported housing and floating outreach. Supported housing and floating outreach aim to support service users in moving on to more independent accommodation within 2 years, but there has been little research investigating their effectiveness.<bold>Aims: </bold>A 30-month prospective cohort study investigating outcomes for users of mental health supported accommodation.<bold>Method: </bold>We used random sampling, accounting for relevant geographical variation factors, to recruit 87 services (22 residential care, 35 supported housing and 30 floating outreach) and 619 service users (residential care 159, supported housing 251, floating outreach 209) across England. We contacted services every 3 months to investigate the proportion of service users who successfully moved on to more independent accommodation. Multilevel modelling was used to estimate how much of the outcome and cost variations were due to service type and quality, after accounting for service-user characteristics.<bold>Results: </bold>Overall 243/586 participants successfully moved on (residential care 15/146, supported housing 96/244, floating outreach 132/196). This was most likely for floating outreach service users (versus residential care: odds ratio 7.96, 95% CI 2.92-21.69, P <

0.001; versus supported housing: odds ratio 2.74, 95% CI 1.01-7.41, P < 0.001) and was associated with reduced costs of care and two aspects of service quality: promotion of human rights and recovery-based practice.<bold>Conclusions: </bold>Most people do not move on from supported accommodation within the expected time frame. Greater focus on human rights and recovery-based practice may increase service effectiveness. [ABSTRACT FROM AUTHOR]

Kirmayer, L. J. (2019). "The Politics of Diversity: Pluralism, Multiculturalism and Mental Health." Transcultural Psychiatry **56**(6): 1119-1138.

Kitafuna, K. B. (2022). "A Critical Overview of Mental Health-Related Beliefs, Services and Systems in Uganda and Recent Activist and Legal Challenges." Community Mental Health Journal **58**(5): 829-834.
As is true throughout the world, Ugandans with lived experience of mental illness, including survivors and those still in treatment or care, have been historically disregarded and mistreated. In Uganda specifically, the treatment and perception of those with mental illness has been historically interwoven with cultural beliefs about witchcraft and spirit possession, as well as the introduction and implementation of Western psychiatric practices (and institutions) during Uganda's colonial period. Both have contributed to punitive practices, stigma and social rejection. Ugandan laws and human rights policies have also largely failed to ensure the rights and community inclusion of persons with psychosocial disabilities. Moving toward the present, a growing movement of human rights advocates have attempted to challenge practices that continue to promote exclusion and coercion. This brief overview of the history of mental health services in Uganda seeks to provide deeper context for current reform efforts.

Lantta, T., et al. (2021). "Quality of mental health services and rights of people receiving treatment in inpatient services in Finland: a cross-sectional observational survey with the WHO QualityRights Tool Kit." International Journal of Mental Health Systems **15**(1): 1-15.
Background: This article aims to review the quality of mental health services and the rights of the people receiving treatment in inpatient hospital care in Finland using the World Health Organization's QualityRights Tool Kit as a part of a randomized controlled trial VIOLIN. So far, reports on the QualityRights Tool Kit have mainly been from low- and middle-income countries or countries lacking resources for health services. Reports from countries with well-resourced health care systems, such as the Nordic countries, are still quite few. Methods: A cross-sectional observational survey was conducted on 13 closed inpatient psychiatric wards (acute, rehabilitation, forensic psychiatric) at eight hospitals in Finland. The data for the survey were gathered through a document review, observations, and group interviews among staff members, service users and family members. The STROBE checklist for cross-sectional studies was followed in the reporting. Results: Finnish mental health services are partially or fully achieving the standards set by the WHO QualityRights Tool Kit (final scores: 2.5–2.9 out of 3). The highest final score out of the five themes (2.9/3) was achieved under Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse. The lowest final score out of the five themes (2.5/3) was achieved under the right to exercise legal capacity and the right to personal liberty and the security of person. Conclusions: According to the findings, Finnish mental health services appear to be of high quality. However, we have identified some gaps in quality, which we have addressed in a national randomized controlled trial VIOLIN. Improvements can be realized through shared decision making and relaying information to service users. [ABSTRACT FROM AUTHOR]

Lomax, S., et al. (2022). "Centering Mental Health in Society: A Human Rights Approach to Well-Being for All." American Journal of Orthopsychiatry **92**(3): 364-370.
If a human rights approach centering people's mental health was integrated across all systems, Sofia and her family would have greater access to mental health supports through these different pathways. In the case of Sofia and her family, mental health and well-being are worsened by many structural determinants as well as barriers to accessing appropriate and timely mental health promotion and preventive health services. A PCMH practice in the context of Sofia's life would consider family, social, and cultural factors as part of Sofia and her family's comprehensive health assessment, which includes routine mental health screenings. Over a decade ago, the Lancet Commission on Global Mental Health declared that "there can be no health without mental health", yet today, health systems are far from addressing challenges associated with achieving optimal mental health. [Extracted from the article]

Maalla M'jid, N. (2020). "Hidden scars: The impact of violence and the COVID-19 pandemic on children’s mental health." Child and Adolescent Psychiatry and Mental Health **14**.
More than 1 billion children are exposed to violence every year. The devastating immediate and long-term impact of violence on the mental health of children is well established. Despite commitments made by the international community to end violence against children and support their mental health, there has been a serious lack of investment and capacity to provide quality, rights-based, culturally appropriate mental health care globally. The arrival of the COVID-19 pandemic has magnified these challenges. This article outlines how the risk of children experiencing violence has increased and how the pandemic has weakened the capacity of child protection and mental health services to respond. The article argues for child protection, mental health and other core services to be prioritized during and after the pandemic. A failure to do so will undermine the international community’s ability to achieve the Sustainable Development Goals by 2030 and to fulfil its obligations under the UN Convention on the Rights of the Child. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Mahomed, F. (2020). "Addressing the Problem of Severe Underinvestment in Mental Health and Well-Being from a Human Rights Perspective." Health & Human Rights: An International Journal **22**(1): 35-49.
Throughout the world, mental health remains a neglected priority, low on the agenda of policy makers and funders at the national and international levels. While this is shifting somewhat, there remains a considerable need to address the underprioritization of mental health and well-being, perhaps even more so in the wake of the COVID-19 pandemic. However, given the history of mental health interventions--which have overemphasized the biomedical model and have thus resulted in coercion, denial of life in the community, and unnecessary pathologization of human experience--there is also a need to ensure that increased funding does not simply replicate these mistakes. This is particularly true in the current landscape, where efforts to "scale up" mental health and to reduce "treatment gaps" are gaining momentum and where post-pandemic responses are still being formulated. As the potential for global mechanisms for funding mental health increases, national and international funders should look to practices that are rights affirming and contextually relevant. In this paper, I explore the current landscape of mental health financing, in terms of both national resource allocation and development assistance. I then outline the momentum in global mental health that is likely to materialize through increased funding, before considering ways in which that funding might be utilized in a manner that promotes human rights.

Mahomed, F. (2020). "Addressing the Problem of Severe Underinvestment in Mental Health and Well-Being from a Human Rights Perspective." Health and human rights **22**(1): 35-49.
Throughout the world, mental health remains a neglected priority, low on the agenda of

policy makers and funders at the national and international levels. While this is shifting somewhat, there remains a considerable need to address the underprioritization of mental health and well-being, perhaps even more so in the wake of the COVID-19 pandemic. However, given the history of mental health interventions-which have overemphasized the biomedical model and have thus resulted in coercion, denial of life in the community, and unnecessary pathologization of human experience-there is also a need to ensure that increased funding does not simply replicate these mistakes. This is particularly true in the current landscape, where efforts to "scale up" mental health and to reduce "treatment gaps" are gaining momentum and where post-pandemic responses are still being formulated. As the potential for global mechanisms for funding mental health increases, national and international funders should look to practices that are rights affirming and contextually relevant. In this paper, I explore the current landscape of mental health financing, in terms of both national resource allocation and development assistance. I then outline the momentum in global mental health that is likely to materialize through increased funding, before considering ways in which that funding might be utilized in a manner that promotes human rights.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Mahomed.)

Mahomed, F., et al. (2019). "'They love me, but they don't understand me': Family support and stigmatisation of mental health service users in Gujarat, India." The International journal of social psychiatry **65**(1): 73-79.

Background: Family life is a near-universal condition and a fundamental human right. It can also have a significant impact on mental health, including recovery from mental health conditions. In India, families play a considerable role, representing a source of social, cultural, religious and, often, financial support. However, families can also play a stigmatising role.; Aim: To examine the experiences of mental health service users (MHSUs) relating to stigma and support provided by family members and to consider ways in which family support can be improved.; Method: This is a qualitative study. A total of 17 residential MHSUs at the Ahmedabad Hospital for Mental Health were interviewed. The results were evaluated using thematic content analysis.; Results: The results revealed that all 17 MHSUs considered their families to be important sources of support, while 14 of the 17 MHSUs also experienced stigma emanating from their families. A total of 11 experienced lack of knowledge, 4 spoke of prejudicial attitudes and 5 mentioned discriminatory behaviours. There were important gender differences in experiences. MHSUs mentioned needs ranging from education and peer support for family members to financial support.; Conclusions: Families act both as sources of support and stigmatisation. Education needs are considerable, while the need for peer support for families and resources to aid families in supporting people with mental health conditions are also important considerations.

Maylea, C., et al. (2020). "Independent mental health advocacy: A model of social work advocacy?" Australian Social Work **73**(3): 334-346.

Advocacy has received less attention in social work research than other aspects of social work practice. This paper draws attention to two tensions in social work advocacy; between worker-led advocacy and person-led advocacy, and between individual advocacy and system level advocacy. We argue that human-rights-based social workers must choose a person-led approach over a worker-led approach while advocating with both systems and individuals. This argument is made by drawing on findings of an evaluation of Independent Mental Health Advocacy (IMHA) in Victoria, Australia. It is shown that social work training had not prepared social workers for rights-based, person-led advocacy and that social workers in public mental health services were struggling to maintain the rights of people in their services even with assistance from IMHA. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

McCann, E. and M. J. Brown (2020). "The views and experiences of lesbians regarding their mental health needs and concerns: Qualitative findings from a mixed-methods study." Perspectives in Psychiatric Care **56**(4): 827-836.

Purpose: The aim of this paper is to report the specific views and experiences of lesbians and identify their distinct mental health issues and concerns. Design and methods: A mixed-methods design with surveys and individual interviews was utilized. The data were thematically analyzed. Findings: The key themes were (a) enabling service access, (b) person-centered support, (c) models of care, (d) community presence and participation, and (e) future aspirations for mental health services. Practice implications: The study results inform and develops the understanding of the issues that impact upon the mental health and well-being of lesbians. The implications for mental health practice are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Meadows, K. and N. Moran (2022). "Searching for a Social Work Language of Human Rights: Perspectives of Social Workers in an Integrated Mental Health Service." British Journal of Social Work **52**(3): 1398-1415.

Human rights are described as central to the social work profession. However, whilst principles of human rights are generally accepted as fundamental to social work, their application in specific practice settings is far more complex and the perspectives of social workers themselves are largely absent in the literature. This research explored the perspectives of nine social workers in integrated mental health teams in a National Health Service (NHS) Trust in the north of England. Participants took part in semi-structured face-to-face interviews investigating the role of social workers in enacting rights-based social work in integrated mental health services, the issues they face and aspects of good practice. Participants identified rights-based approaches as inherent in their practice but lacked an adequate language to describe this work and confidence in using specific legislation. All described a lack of available training (post-qualification) and support, and the impact of a lack of both time and resources, in enacting rights-based work. The research suggests a need for further training in human rights, increased support for social workers in enacting rights-based work and for a language of human rights to be more effectively embedded in organisations.

Meadows, K. and N. Moran (2022). "Searching for a social work language of human rights: Perspectives of social workers in an integrated mental health service." British Journal of Social Work **52**(3): 1398-1415.

Human rights are described as central to the social work profession. However, whilst principles of human rights are generally accepted as fundamental to social work, their application in specific practice settings is far more complex and the perspectives of social workers themselves are largely absent in the literature. This research explored the perspectives of nine social workers in integrated mental health teams in a National Health Service (NHS) Trust in the north of England. Participants took part in semi-structured face-to-face interviews investigating the role of social workers in enacting rights-based social work in integrated mental health services, the issues they face and aspects of good practice. Participants identified rights-based approaches as inherent in their practice but lacked an adequate language to describe this work and confidence in using specific legislation. All described a lack of available training (post-qualification) and support, and the impact of a lack of both time and resources, in enacting rights-based work. The research suggests a need for further training in human rights, increased support for social workers in enacting rights-based work and for a language of human rights to be more effectively embedded in organisations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Meagher, J. (2022). "Reflections on the 30th Anniversary of the Establishment New South

Wales Consumer Advisory Group - Mental Health." Health & History: Journal of the Australian & New Zealand Society for the History of Medicine **24**(2): 117-124.

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.
An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.
An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.
An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Miaja Ávila, M. (2022). "La pena y la cura. Servicios de salud mental en Italia después del cierre de los hospitales psiquiátricos judiciales." Revista de la Asociación Española de Neuropsiquiatría **42**(141): 227-249.
Abstract: El artículo describe el proceso de reforma que tuvo lugar en Italia con el cierre de los seis hospitales psiquiátricos judiciales del país y su sustitución por pequeñas unidades forenses. El uso de los hospitales judiciales se regía por la exclusión de los juicios de las personas con enfermedades mentales graves que dificultaban el ejercicio de su capacidad, las cuales, si eran declaradas ‘socialmente peligrosas’, eran sometidas a un sistema de ‘medidas de seguridad’. Este cambio significativo, que se llevó a cabo a través de los Ministerios de Salud y de Justicia, y de las Regiones, ocurrió en Italia entre 2011 y 2017, y se entiende como el paso final del proceso de reforma en la atención de la salud mental que comenzó en 1978 y culminó con el cierre completo de todos los hospitales psiquiátricos en 1999. Las nuevas pequeñas unidades forenses/judiciales, con un número limitado de camas para todo el país, se denominan REMS (Residencias para la Ejecución de Medidas de Seguridad). Están gestionadas por las Regiones y se basan en los principios de orientación terapéutica y de recuperación, respuesta transitoria y territorial, y responsabilidad de los servicios de salud mental de la comunidad para facilitar el alta. Las formas de aplicación de la ley en lo que respecta a las características de las REMS fueron diversas, por ejemplo, gestión pública o privada, número de camas, política de puertas abiertas, inclusión en los departamentos de salud mental con fines de prevención y provisión de alternativas por parte de los servicios comunitarios de salud mental. Experiencias significativas, como la de Trieste y la región de Friuli Venezia Giulia, interpretan esta reforma en función del papel que desempeñan los servicios públicos de salud mental en la prevención de delitos mediante una respuesta rápida y eficaz a las crisis, estableciendo vías de atención personalizadas y apoyando a sus pacientes dentro de la prisión y en el sistema judicial. Todavía existe un difícil equilibrio con el sistema judicial y penitenciario, que a menudo hace hincapié en el confinamiento y la función ‘de custodia’ en las REMS como novedoso sustituto de los antiguos hospitales judiciales y ejerce una presión constante para ampliar el uso y la disponibilidad de sus camas en cuanto a las medidas de seguridad temporales, incluido el desvío de personas de las prisiones a las REMS. El riesgo de una reacción contra la reforma ha sido frenado recientemente por la Corte Constitucional, pero persiste un duro debate sobre el futuro de las REMS. Los cambios más radicales y coherentes, según los

instrumentos internacionales para la protección de los derechos humanos, solo pueden realizarse con nuevos cambios legislativos, abandonando los conceptos de incapacidad y peligrosidad, que siguen siendo pilares del Código Penal. El artículo ofrece datos generales recientes, prácticas pioneras, observaciones críticas y termina con indicaciones para el cambio en las políticas y las prácticas. Abstract: The paper describes the process of reform that took place in Italy with the closing of all of the forensic psychiatric hospitals in the country and their replacement with a network of small forensic units. The use of forensic hospitals was ruled by the exclusion from trials of persons with a severe mental illness that hampered their capacity, but, if declared ‘socially dangerous', were submitted to a system of ‘security measures'. This significant change in Italy occurred between 2011 and 2017, and it was meant as the final step of the reform process in mental heathcare that started in 1978, with the complete closure of all psychiatric hospitals in 1999. The new small forensic units, with an overall limited number of beds for the whole country, are called REMS (Residences for the Execution of Security Measures). They are managed by Regions and are based on the principles of therapeutic and recovery orientation, transitory and territorial response, and responsibility of community mental health services for facilitating discharge. The ways of implementing the law regarding REMS' features were diverse, e.g., public or private management, number of beds, open door policy, or inclusion in mental health departments aiming at the prevention and provision of alternatives on part of community mental health services. Some significant experiences were those of Trieste and the region of Friuli Venezia Giulia, which set up personalized pathways of care, supporting their patients within prison and in the judicial system. There is still a difficult balance with the judicial and prison system, which often emphasizes confinement and the ‘custodial' function in REMS as a novel substitute of old forensic hospitals, and makes ongoing pressure for a wider use and availability of their beds, including the diversion of people from prisons to REMS. The Constitutional Court has recently stopped the risk of a reaction against the reform, but there is still a harsh debate about the future of REMS. More radical and coherent changes, according to the CRPD and other international instruments for protection of human rights, can be carried out only with a further legislative change, abandoning the concepts of incapacity and dangerousness, which are still the pillars of the penal code. The article provides recent general data, exemplary practices, and critical observations, and concludes with a series of indications for change in policies and practices.

Morgan, M. and C. Paterson (2019). "'It's Mental Health, Not Mental Police': A Human Rights Approach to Mental Health Triage and Section 136 of the Mental Health Act 1983." Policing: A Journal of Policy & Practice **13**(2): 123-133.
A human rights approach to the policing of mental ill-health raises fundamental questions about the vulnerability of people in the care of the police, the appropriateness of police interventions, and how societies define and delineate the role and function of the police and health sectors. It is the challenge of understanding and interpreting the police–health nexus and its associated points of intervention that this article addresses. The article uses a human rights framework to explore the challenges that emerge when policing mental ill-health through the use of Section 136 of the Mental Health Act 1983 and recent experimental use of mental health triage in England and Wales. The article explores the potential of triage to alleviate some of the human rights concerns associate with the use of Section 136 through interviews with police officers involved with the triage pilots. The final discussion situates experiments with mental health triage against a backcloth of mental health's increasingly prominent position on the global public policy agenda. The article concludes with call for a reassessment and realignment of thinking about the police–health nexus that aligns with the United Nations' sustainable development goals for 2030. [ABSTRACT FROM AUTHOR]

Moro, M. F., et al. (2022). "Quality of care and respect of human rights in mental health services in four West African countries: Collaboration between the mental health leadership and advocacy programme and the World Health Organization QualityRights initiative." BJPsych Open **8**.
Background: Although recent reports suggest that service users in West African psychiatric facilities are exposed to poor quality of care and human rights violations, evidence is lacking on the extent and profile of specific deficits in the services provided to persons with mental health conditions. Aims: To evaluate the quality of care and respect of human rights in psychiatric facilities in four West African countries, The Gambia, Ghana, Liberia and Sierra Leone, using the World Health Organization QualityRights Toolkit. Method: Trained research workers collected information through observation, review of records and interviews with service users, caregivers and staff. Independent panels of assessors used the information to assign scores to the criteria, standards and themes of the QualityRights Toolkit. Results: The study revealed significant gaps in these facilities. The rights to an adequate standard of living and to enjoyment of the highest attainable standard of health were poorly promoted. Adherence to the right to exercise legal capacity and the right to personal liberty and security was almost absent. Severe shortcomings in the promotion of the right to live independently and be included in the community were reported. Conclusions: Inadequate appreciation of service users' rights, lack of basic approaches to protect them and the non-promotion of rights-based services in these facilities are major problems that need to be addressed. Although it recognises the resource constraints and need for more human and financial resources, the study also identifies critical areas and challenges that require significant changes at the facility level. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Moro, M. F., et al. (2022). "Quality of care and respect of human rights in mental health services in four West African countries: Collaboration between the mental health leadership and advocacy programme and the World Health Organization QualityRights Initiative—Addendum." BJPsych Open **8**.
This addendum article originally appeared in BJPsych Open 2022, Vol no. 8 (2-9). The following abstract of the original article appeared in (see record [rid]2022-27102-001[/rid]). The original article published missed an acknowledgement regarding support from the Academic Freedom Fund. This has since been updated in the online PDF and HTML versions. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Niaz, U. (2022). "MENTAL HEALTH IN THE EASTERN MEDITERRANEAN REGION: FOCUS ON WOMEN, CHILDREN, THE ELDERLY AND REFUGEES." Journal of Pakistan Psychiatric Society **19**(2): 48-51.
The Eastern Mediterranean Region (EMR) has some of the world's poorest health metrics among the WHO regions. It has the highest prevalence of mental disorders worldwide. This is largely attributable to the region's ongoing persistent humanitarian crises, which from one perspective, increase the need and demand for mental health services, while on the contrary eroding the capacity of health and social care systems to provide the basic care. With insufficient human, structural, institutional, data and financial resources, these mental health care systems continue to suffer from neglect and apathy. The situation is exacerbated further by the stigma, discrimination, and human rights' violations that people with mental illnesses face, where women, children, the elderly, and immigrants are the highly susceptible population groups. This paper aims to outline the issues and risks linked with mental health in the Eastern Mediterranean Region, and also to provide practical and equitable recommendations that seek to address the past indifference and neglect in order to advocate the importance of mental health in public health. [ABSTRACT FROM AUTHOR]

Okoli, C. (2023). "Equitable Mental Health Care Is Mental Health Care for All." Journal of the American Psychiatric Nurses Association **29**(3): 271-273.

Onocko-Campos, R., et al. (2021). "Mental health and human rights: Challenges for health services and communities." Salud mental y derechos humanos: desafíos para servicios de salud y comunidades. **17**: 1-3.

Perera, I. M. (2019). "Mental health and politics since the eurozone crisis: The role of mental health professionals." European psychiatry : the journal of the Association of European Psychiatrists **62**: 28-29.
Some of the most immediate health effects of the 2008 economic crisis concerned the mind, not the body. Rates of generalized anxiety, chronic depression, and even suicide spiked in many European societies. This viewpoint highlights the role of mental health professionals in responding to this emergency, and argues that their sustained mobilization is necessary to its long-term resolution. (Copyright © 2019 Elsevier Masson SAS. All rights reserved.)

Rahbari, S., et al. (2019). "Designing the Model of the Management of Mental Health Services." Diseño del Modelo de Gestión de Servicios de Salud Mental. **12**(4): 297-304.
Introduction: Having mental health is necessary for the growth and prosperity of humans and as a result of the growth of societies.Objectives: The purpose of this study was to design a mental health management model in Iran.Methods: In this exploratory study, a review study was first performed to analyze the current state of mental health services in Iran and the world. Countries were selected to compare mental health management with Iran in 6 domains. 311 faculty members with mental health were completed by completing a questionnaire with 50 items in the study. Using the factor analysis, the final model was explained. Results: The effective domains in Iranian mental health services management were named in 8 areas: Mental Health in Particular, Key Centers and Task- Shifting, Human Resources and Specialists Training, Psychological Services for Children and Adolescents, Financial Resources and Hospital Services, Mental Health in PHC and Primary medical services, Policy-Making and Human Rights, Monitoring and Control, Community-Based Services.Conclusions: The proposed model of mental health services management in Iran consists of 8 domains, which is a comprehensive and multidimensional concept. Paying attention to its factors can lead to the successful management of mental health services in Iran. (English) [ABSTRACT FROM AUTHOR]

Raveesh, B. and P. Lepping (2019). "Restraint guidelines for mental health services in India." Indian Journal of Psychiatry **61**: 698-705.
Restraint use in mentally ill patients are regulated by Mental Healthcare Act 2017 in India. At times, persons with mental disorders become dangerous to self, others or towards the property, warranting an emergency intervention in the form of restraint. Restraint as a matter of policy, should be implemented after attempting alternatives, only under extreme circumstances as last resort and not as a punishment. It should be an intervention focused at managing the concerned behavior for a given point of time. Restraint should always result in safety and should ensure that the human rights of mental health care users are upheld. This guideline was developed towards Indian mental health services in conjunction with international evidence-based strategies following a decade of collaborative research work between Indian and European mental health professionals. [ABSTRACT FROM AUTHOR]

Robertson, L. J., et al. (2021). "Strengthening of district mental health services in Gauteng Province, South Africa." South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde **111**(6): 538-543.

In response to the Life Esidimeni tragedy, the Gauteng Department of Health established a task team to advise on the implementation of the Health Ombud's recommendations and to develop a mental health recovery plan. Consistent with international human rights and South African legislation and policy, the plan focused on making mental healthcare more accessible, incorporating a strategy to strengthen district mental health services to deliver community-based care for people with any type and severity of mental illness. The strategy included an organogram with three new human resource teams integrated into the district health system: a district specialist mental health team to develop a public mental health approach, a clinical community psychiatry team for service delivery, and a team to support non-governmental organisation governance. This article discusses the strategy in terms of guiding policies and legislation, the roles and responsibilities of the various teams in the proposed organogram, and its sustainability.

Ross, D. (2020). "Toward coercion free, trauma-informed care in Australian adult mental health services: Strategies for social workers." Social Work in Mental Health **18**(5): 536-553.
Least restrictive practice is a key principle of mental health legislation. It seeks to minimize coercion and maximize the human rights of mental health service users. Coercive practice, with a focus on seclusion, is explored from a whole-of-mental-health-system perspective as distinct from the behavior of individual service users. Exemplar coercion-reducing strategies arising from the reviewed research and literature are outlined. The exemplars can strengthen the utility of the least restrictive principle by extending non-coercive practice options for mental health social workers. The strategies bring a focus to proactive trauma-informed systemic changes and community level alternatives to hospitalization, coercion and seclusion. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Sampietro, H. M., et al. (2023). "Recovery-oriented Care in Public Mental Health Policies in Spain: Opportunities and Barriers." La atención orientada a la recuperación en las políticas públicas de salud mental en España: oportunidades y barreras. **34**(1): 35-40.
Recovery-oriented care is the proposal incorporated in the new mental health strategic plans of both the World Health Organization and the Spanish National Health System. This article takes a journey from the initial proposals of the recovery model to the way recovery-oriented care is currently defined, understood as a community intervention, personcentred, and based on rights. The existing consensus around the CHIME model is also explained in order to understand what kind of interventions are needed to transform mental health services. Likewise, some of the main existing programs and projects to promote recovery-oriented care are presented, and a number of existing barriers to their implementation are analysed. (English) [ABSTRACT FROM AUTHOR]

Sawaf, S. (2022). "Applying Theoretical Perspectives and Activism to Understand and Combat Mental Health Stigma." Journal of Recovery in Mental Health **5**(2): 42-46.
Mental health-related stigma results in individual, communal, and societal consequences such as stereotypical thoughts, prejudiced feelings and attitudes, discriminatory behaviours, social injustice, and inequity toward individuals with mental health issues. As a result, individuals living with mental illness often experience decreased self-esteem, loss of identity, isolation, exacerbated mental illness, internalized self-stigma, housing and employment discrimination, academic challenges, and barriers in various aspects of life. Research indicated that stigma continues to persist despite increased knowledge about mental health, expanded treatment options, and an abundance of mental health promotion and stigma reduction programs. Thus, we must further examine mental health-related stigma from various theoretical conceptualizations to understand its persistence. This paper applied two theoretical frameworks: Social Learning Theory and Sociological Imagination Theory to better understand mental health stigma. It

argues that activism aids in reducing mental health stigma. This paper also suggests that program developers of future mental health stigma reduction efforts should apply activism into their initiatives to promote social justice and equity for people living with mental disorders. [ABSTRACT FROM AUTHOR]

Schouler-Ocak, M., et al. (2020). "Mental health of migrants." Indian Journal of Psychiatry **62**(3): 242-246.
The article reflects on mental health of migrants and risk factors such as poor medical care, separation of family and children as well as other relatives. It include homelessness, lack of food and water, xenophobic attacks, poor education, perceived and experienced discrimination, and a high risk of death and injury. It also mentions prevalence of dementia among those with a migrant background are currently lacking and psychiatric disorders in refugees and internally displaced persons.

Silove, D. (2021). "Challenges to mental health services for refugees: A global perspective." World Psychiatry **20**(1): 131-132.
This article reflects on the challenges to mental health services for refugees. Considerable progress has been made over recent decades in formulating models of care and implementing mental health and psychosocial support (MHPSS) services for refugees worldwide. The challenges in providing services to this population are being greatly increased by the COVID-19 crisis. At the same time, the World Health Organization has provided impetus to supporting refugees, including in the MHPSS field, by adopting a Global Action Plan extending over the next four years. The field must ensure that the basic principles of human rights and equity are upheld in planning MHPSS services in the future. A global focus requires that careful decisions are made regarding the allocation of resources, in order to provide equitable access to MHPSS services. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Sivakumar, P., et al. (2019). "Implications of Mental Healthcare Act 2017 for geriatric mental health care delivery: A critical appraisal." Indian Journal of Psychiatry **61**: 763-767.
The prevalence of mental health problems in older adults is increasing globally as well as in India due to population ageing. Mental Healthcare Act (MHCA) 2017 has a rights-based approach and came into force in India in May 2018. Its provisions have significant implications for promoting mental health care and protecting the rights of persons with mental illness (PMI). Older adults with mental health problems such as dementia have a high risk for loss of mental capacity, abuse, violation of their rights, and institutionalization. This act advocates the development of specialized clinical services for the older adults in mental health care institutions. It also recognizes the rights of PMI to access a range of services required, including rehabilitation services. Several provisions of the act, such as those related to mental capacity, advance directive, nominated representative, and responsibilities of other agencies, have specific challenges related to older adults with mental illness. In this article, we present a critical appraisal of the implications of MHCA 2017 in the context of the care of the older adults with mental illness. [ABSTRACT FROM AUTHOR]

Song, Y. J. C., et al. (2022). "Missing in action: the right to the highest attainable standard of mental health care." International Journal of Mental Health Systems **16**(1): 26.
Background: The right to the highest attainable standard of mental health remains a distant goal worldwide. The Report of the UN Special Rapporteur on the right of all people to enjoyment of the highest attainable standard of physical and mental health pleaded the urgent need for governments to act through appropriate laws and policies. We argue that Australia is in breach of international obligations, with inadequate access to mental health services, inconsistent mental health legislation across jurisdictions and ongoing structural (systematic) and individual discrimination.; Discussion: Inadequate

access to mental health services is a worldwide phenomenon. Australia has committed to international law obligations under the Convention on the Rights of Persons with Disabilities (CRPD) to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disability, with respect to their inherent dignity'. This includes people with mental health impairment and this convention includes the right to 'the highest attainable standard of mental health'. Under the Australian Constitution, ratification of this convention enables the national government to pass laws to implement the convention obligations, and such national laws would prevail over any inconsistent state (or territory) laws governing mental health service provision. The authors argue that enabling positive rights through legislation and legally binding mental health service standards may facilitate enhanced accountability and enforcement of such rights. These steps may support critical key stakeholders to improve the standards of mental health service provision supported by the implementation of international obligations, thereby accelerating mental health system reform. Improved legislation would encourage better governance and the evolution of better services, making mental health care more accessible, without structural or individual discrimination, enabling all people to enjoy the highest attainable standard of health. (© 2022. The Author(s).)

Suess Schwend, A. (2020). "[The trans depathologization perspective: a contribution to public health approaches and clinical practices in mental health? SESPAS Report 2020]." Gaceta Sanitaria **34 Suppl 1**: 54-60.
Over the last decade, the academic-activist trans depathologization perspective has contributed to a change in the conceptualization of gender transition processes. Observing an interrelation between psychiatrization and transphobic violence, trans depathologization activist groups and allies demand the removal of the diagnostic classification of transexuality as a mental disorder. Furthermore, they have developed trans health care models and legal gender recognition processes based on depathologization and human rights perspectives. They propose changing the role of mental health professionals in trans health care, substituting the psychiatric assessment role by accompaniment and psychological support tasks. The trans depathologization perspective can be related to various approaches and topics relevant in public health and mental health, among them sociology of diagnosis, human rights based approaches to health, human rights protection in mental health, universal health coverage, review of diagnostic classifications, intersectionality perspectives, reflections on bioethical principles, models of integrated people-centered health services and approaches to research ethics. Over the last few years, informed decision-making models have been developed for trans health care in several countries and world regions. Health professionals, including mental health professionals, as well as professionals from the educational and judicial-administrative sector, can have an important role in addressing situations of discrimination and transphobic violence, contributing to the construction of a society that respects, recognizes and celebrates gender diversity. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Sunkel, C. and S. Saxena (2019). "Rights-based mental health care." The lancet. Psychiatry **6**(1): 9-10.

Terkelsen, T. B., et al. (2020). "Robert Nozick and Axel Honneth: An attempt to shed light on mental health service in Norway through two diametrical philosophers." Nursing Philosophy **21**(2): 1-7.
This article aims at giving insight into Norwegian mental health service by exploring the ideologies of two diametrical philosophers, the American Robert Nozick (1938–2002) and the German Axel Honneth (1949-). Nozick proposes as an ideal a minimal state in which citizens have a "negative right" to the absence of interference and to follow their

own interests without restriction from the state. On the other side, Axel Honneth claims that there is no freedom without state interference. In his view, governmental involvement is understood as a prerequisite for personal freedom. We may call this state an opposite of the minimal state; a maximal state. To get a better understanding of these opposite philosophies, we use texts written from conversations with people suffering from mental health problems, nurses and other caregivers in four Norwegian municipalities. Nozick's notion of the minimal state and Honneth's political philosophy of freedom and recognition were used as analytical tools. Among patients and helpers, there were different opinions about good care and how much caregivers should intervene. Some emphasized autonomy, independency, minimal involvement in human contact by nurses and other caregivers, similar a minimal state. Others perceived good care as bonding between helpers and service-users. They underlined equal and personal relationships, as well as helping with practicalities, similar a maximal state. In the discussion, we focus on how people with chronic illnesses are supposed to transform themselves into self-cared individuals, able to manage their own condition successfully with minimal help from public welfare and at a lower cost. Finally, we express concerns about who will care for disempowered patients without family and other resources in a minimal state. [ABSTRACT FROM AUTHOR]

Thom, K., et al. (2019). "Service user, whānau and peer support workers' perceptions of advance directives for mental health." International Journal of Mental Health Nursing **28**(6): 1296-1305.
Advance directives allow users of mental health services to make statements for their future care. In New Zealand, use of advance directives is supported by the Health and Disability Commissioner and was identified in the 2012 Blueprint as a key mechanism for service users to advocate for responses they find most helpful. This study used a qualitative descriptive methodology involving focus groups to explore the perceptions of service users, whānau and peer support workers concerning advance directives. Thematic analysis revealed certain belief patterns about what should or could be included in an advance directive, and about how and with whom one should be created. It revealed generally positive perceptions about how they can uphold service users' right to have preferences considered, to plan flexibly around dynamic needs, and about their value and utility. We conclude that advance directives can support services users' expressions of their preferences for care, but they need to be supported by clinicians if they are to realize this potential. Our findings can also inform service provision in New Zealand, and the planned reform of mental health legislation. (© 2019 Australian College of Mental Health Nurses Inc.)

Thornicroft, G. and C. Sunkel (2020). "Announcing the Lancet Commission on stigma and discrimination in mental health." Lancet **396**(10262): 1543-1544.
Stigma and discrimination against people with mental ill health are global problems and have severe consequences in terms of social exclusion.[1] Such social exclusion is associated with barriers to health care,[[2]] increased unemployment,[4] and premature mortality.[5] Evidence is clear from high-income countries, and is emerging from low-income and middle-income countries (LMICs), that interventions can be effective in reducing such stigma and discrimination.[[6]] We now need a reappraisal of this field and a set of radical and practical recommendations to guide action locally, nationally, and globally to address mental health-related stigma and discrimination. Fourth, we will conduct a literature review on the effectiveness and cost-effectiveness of interventions to reduce stigma and discrimination related to mental illness. [Extracted from the article]

Toquero, C. M. D. (2021). "Provision of mental health services for people with disabilities in the Philippines amid coronavirus outbreak." Disability & Society **36**(6): 1026-1032.

The confirmed cases in the Philippines breached the 578, 381 mark, while global cases reached 114, 710, 514 as of March 01, 2021. As the COVID-19 escalates, it also heightens stress, depression, and anxiety to people with disabilities. COVID-19 also exacerbates healthcare inequalities, and people with disabilities experienced elevated healthcare difficulties as their health essentials are neglected during the emergency. Hence, this article calls on the need for the provision of mental health services for people with disabilities, and for the governments to have a rights-based disability lens in their policy decision-making relative to emergency health response and recovery health plans. More research is needed to examine the impact of the COVID-19 to the mental health conditions of people with disabilities and the health services they receive during the crisis and post-pandemic. [ABSTRACT FROM AUTHOR]

Trout, L. and L. Wexler (2020). "Arctic Suicide, Social Medicine, and the Purview of Care in Global Mental Health." Health & Human Rights: An International Journal **22**(1): 77-89.
Youth suicide is a significant health disparity in circumpolar indigenous communities, with devastating impacts at individual, family, and community levels. This study draws on structured interviews and ethnographic work with health professionals in the Alaskan Arctic to examine the meanings assigned to Alaska Native youth suicide, as well as the health systems that shape clinicians' practices of care. By defining suicide as psychogenic on the one hand, and as an index of social suffering on the other, its solutions are brought into focus and circumscribed in particular and patterned ways. We contrast psychiatric and social explanatory models, bureaucratic and relational forms of care, and biomedical and biosocial models for care delivery. Within the broader context of global mental health, this study suggests steps for linking caregiving to the health and social equity agenda of social medicine and for operationalizing commitments to health as a human right.

Weise, J., et al. (2020). "What is the capability of the Australian mental health workforce to meet the needs of people with an intellectual disability and co-occurring mental ill health?" Journal of Intellectual & Developmental Disability **45**(2): 184-193.
Background: People with intellectual disability experience elevated rates of mental ill health. Yet they face barriers in accessing appropriate individualised mental health care. Further research is required to learn about the capability of the mental health workforce to facilitate access and participation in quality mental health care for this group. Methods: Thirty-three Australian intellectual disability mental health experts participated in four focus groups. The research team undertook thematic analysis applying a health care human rights framework known as the 3AQ Framework. Results: The participants identified multiple barriers to the delivery of quality mental health care. These included the lack of clear career pathways, education, clinical skills, clinical guidelines, and negative attitudes held by some mental health professionals. Conclusion: A comprehensive workforce development strategy is required to improve the capability of the mental health workforce to provide an available, accessible, acceptable and quality mental health services to people with intellectual disability. [ABSTRACT FROM AUTHOR]

Wells, R., et al. (2020). "Community readiness in the Syrian refugee community in Jordan: A rapid ecological assessment tool to build psychosocial service capacity." American Journal of Orthopsychiatry **90**(2): 212-222.
The knowledge of Syrian psychosocial activists in displaced communities is an invaluable resource for developing an ecological understanding of community needs and attitudes. This may elucidate the structural challenges of displacement to be addressed in psychosocial interventions. During Phase 1 of the study, we employed the community readiness model—a tool to assess community climate, needs, and resources—to determine community capacity-building needs. Eight Syrian key informants were

interviewed in Amman, Jordan (December 2013 to January 2014). Community readiness scores were calculated. Thematic analysis explored community identified needs. During Phase 2, a focus group was conducted with 11 local psychosocial workers in Amman (September 2016) employing Phase 1 findings to develop a local capacity-building intervention. For the Phase 1 results, community attitudes toward mental health were reported to be rapidly changing. However, continued stigma, lack of knowledge of service availability, and insufficient number of services were noted as barriers to care. Sense of civic engagement and cultural knowledge of local psychosocial actors were noted as significant strengths. However, lack of access to work rights and technical supervision were identified as contributing to burnout, undermining the sustainability of local, grassroots initiatives. A need for training in clinical interventions, along with ongoing supervision, was identified. For the Phase 2 results, local psychologists elected to receive training in culturally adapted cognitive behavior therapy and operational capacity building. The cultural and contextual knowledge of Syrian community members are invaluable. Unfortunately, failure to provide these professionals with basic work rights and technical support have undermined the sustainability of their endeavors. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Wickremsinhe, M. N. (2021). "Global mental health should engage with the ethics of involuntary admission." International Journal of Mental Health Systems **15**(1): 1-4.
Global mental health, as a field, has focused on both increasing access to mental health services and promoting human rights. Amidst many successes in engaging with and addressing various human rights violations affecting individuals living with psychosocial disabilities, one human rights challenge remains under-discussed: involuntary inpatient admission for psychiatric care. Global mental health ought to engage proactively with the debate on the ethics of involuntary admission and work to develop a clear position, for three reasons. Firstly, the field promotes models of mental healthcare that are likely to include involuntary admission. Secondly, the field aligns much of its human rights framework with the UN Convention on the Rights of Persons with Disabilities, which opposes the discriminatory use of involuntary admission on the basis of psychosocial disability or impairment. Finally, global mental health, as a field, is uniquely positioned to offer novel contributions to this long-standing debate in clinical ethics by collecting data and conducting analyses across settings. Global mental health should take up involuntary admission as a priority area of engagement, applying its own orientation toward research and advocacy in order to explore the dimensions of when, if ever, involuntary admission may be permissible. Such work stands to offer meaningful contributions to the challenge of involuntary admission. [ABSTRACT FROM AUTHOR]

Yilmaz, V. (2019). "The Emerging Welfare Mix for Syrian Refugees in Turkey: The Interplay between Humanitarian Assistance Programmes and the Turkish Welfare System." Journal of Social Policy **48**(4): 721-739.
This paper explores the key features of the emerging welfare mix for Syrian refugees in Turkey and identifies the modes of interaction between humanitarian assistance programmes, domestic policy responses and the Turkish welfare system. The welfare mix for Syrian refugees is a joint product of humanitarian assistance programmes implemented by international and domestic non-governmental organisations (NGOs) and domestic social policy programmes. Three policy domains are considered: social assistance schemes, employment and health care services. The paper suggests that granting of temporary protection status to Syrian migrants in Turkey and the agreement between Turkey and the EU shaped the welfare mix by empowering the public sector mandate vis-à-vis the humanitarian actors. As a result, the role of the public sector increases at the expense of NGOs, especially in social assistance and health care, while NGOs are increasingly specialised in protection work (especially in mental health

support), where the Turkish welfare system has been weak. Employment has been essentially disregarded, in both humanitarian and social policy programmes, which casts doubt on the prospect of successful economic integration. Finally, this paper argues that the convergence of the rights of immigrants and citizens may well occur in mature components of less comprehensive welfare systems. [ABSTRACT FROM AUTHOR]

Yilmaz, V. (2019). "The Emerging Welfare Mix for Syrian Refugees in Turkey: The Interplay between Humanitarian Assistance Programmes and the Turkish Welfare System." Journal of Social Policy **48**(4): 721-739.

This paper explores the key features of the emerging welfare mix for Syrian refugees in Turkey and identifies the modes of interaction between humanitarian assistance programmes, domestic policy responses and the Turkish welfare system. The welfare mix for Syrian refugees is a joint product of humanitarian assistance programmes implemented by international and domestic non-governmental organisations (NGOs) and domestic social policy programmes. Three policy domains are considered: social assistance schemes, employment and health care services. The paper suggests that granting of temporary protection status to Syrian migrants in Turkey and the agreement between Turkey and the EU shaped the welfare mix by empowering the public sector mandate vis-à-vis the humanitarian actors. As a result, the role of the public sector increases at the expense of NGOs, especially in social assistance and health care, while NGOs are increasingly specialised in protection work (especially in mental health support), where the Turkish welfare system has been weak. Employment has been essentially disregarded, in both humanitarian and social policy programmes, which casts doubt on the prospect of successful economic integration. Finally, this paper argues that the convergence of the rights of immigrants and citizens may well occur in mature components of less comprehensive welfare systems.

Ynnesdal Haugen, L. S., et al. (2020). "Not talking about illness at meeting places in Norwegian community mental health care: A discourse analysis of silence concerning illness-talk." Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine **24**(1): 59-78.

Research on the topic of not talking about psychosocial hardships describes the presence of 'house rules' against illness-talk in common areas in 'meeting places' ('day centres') in community mental health care. The aim of this article was to explore the complexity of not talking about psychosocial hardships ('silence') in meeting places in Norwegian community mental health care. The research team consisted of first-hand and academic knowers of community mental health care (participatory research team). We performed two series of focus group discussions with service users and staff of meeting places. The focus group interviews were analysed within a discourse analytic framework, and five discursive constructions were identified: (1) biomedical colonization of illness-talk, (2) restricted access for biomedical psychiatry and problem-talk in the common spaces of meeting places, (3) censorship of service users' civil and human rights to freedom of speech, (4) protection from exploitation and burdens and (5) silent knowledge of the peer community. Based on the analysis, we suggest that not talking about illness (silence) entails a complexity ranging from under-privileging implications to promoting the interests of people who 'use' meeting places. For instance, restricting biomedical psychiatry may imply the unintended implication of further silencing service users, while silently shared understandings of hardships among peers may imply resistance against demands to speak to legitimize one's situation. The discussion illuminates dilemmas related to silence that require critical reflexive discussions and continuous negotiations among service users, staff and policymakers in community mental health care. [ABSTRACT FROM AUTHOR]

Zinkler, M. (2023). "Non-coercive techniques for the management of crises in mental health

settings in Germany—a narrative review." International Review of Psychiatry **35**(2): 201-208.
Coercion is common in mental health care settings in Germany. At the same time, considerable efforts are undertaken to reduce and ultimately abolish coercive interventions. Need adapted treatment, open door policies, and moving away from the biomedical model of mental illness can contribute to non-coercive care. WHO's QualityRights Training can be used to advance knowledge about and adherence to human rights standards in institutions, and to transform institutions to a non-coercive approach. Advance care decisions can make sure that will and preferences prevail in situations when capacity is questioned. However, a radical overhaul of legislation would be required to abolish coercive mental health care in Germany. [ABSTRACT FROM AUTHOR]

Zinkler, M. and M. Waibel (2019). "Auf Fixierungen kann in der klinischen Praxis verzichtet werden—Ohne dass auf Zwangsmedikation oder Isolierungen zurückgegriffen wird = Inpatient mental health care without mechanical restraint, seclusion or compulsory medication." Psychiatrische Praxis **46**(Suppl 1): S6-S10.
Mechanical restraint is a common occurance in Germany’s mental health care facilities; less common though not unusual are seclusion and compulsory medication. The authors describe a model to calculate additional resources required to provide mental health care without any of these forms of coercive measures. An analysis of actual clinical situations that led to mechanical restraint provides information of the 1:1, 2:1 or 3:1 intensive support necessary to cope with crises in inpatient mental health care. The additional resources required to provide inpatient mental health care without mechanical restraint, seclusion or compulsory medication would be at 4% of the annual hospital budget. A national shortage of skilled nursing staff appears to be a limiting factor in moving towards a human-rights based mental health care. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Zúñiga-Fajuri, A. and M. Zúñiga-Fajuri (2019). "Mental health policies tackling violation of children's human rights in Chile." The Lancet. Child & adolescent health **3**(4): 210-211.

Mental Health* (53)

(2021). "New WHO guidance seeks to put an end to human rights violations in mental health care." Neurosciences (Riyadh, Saudi Arabia) **26**(3): 305-306.

Adeboye, A. O. (2021). "Addressing the Boko Haram-Induced Mental Health Burden in Nigeria." Health and human rights **23**(1): 71-73.

Ak, S. and R. Arıkan (2021). "[A Forensic Psychiatric Perspective on the Draft Mental Health Act of Turkey in Light of Similar Laws and Practice in a Foreign Jurisdiction]." Turk psikiyatri dergisi = Turkish journal of psychiatry **32**(1): 51-55.
Objective: Designated Acts for issues related to mental health are in force in many countries throughout the world. A mental health act is also expected to be approved in Turkey soon. Under the leadership of the Psychiatric Association of Turkey, non-governmental organizations operating in the field of mental health has contributed to the emergence of a comprehensive draft. The current draft, after extensive discussion and reiterations for almost a decade, was brought to a state close to its final form and accepted as a draft bill, ready to be legislated in the Turkish Grand National Assembly. This review will discuss the potential impact of the law in matters involving Forensic Psychiatry, and present our recommendations.; Method: Current draft, which has not yet been finalized, was compared to similar statutes in Massachusetts, USA, and potential

benefits and pitfalls were discussed in light of experience with these laws in this jurisdiction.; Results: The draft introduces several new concepts and practices which have never existed in Turkey before. It also attempts to organize some of the existing de facto clinical practices in a uniform manner. As a whole, it appears to be in compliance with human rights and related international treaties. However, it is likely that some of the sections might have compliance issues in daily practice.; Conclusion: In this review, we aimed to draw attention to a number of issues, based on our experience in Massachusetts, USA, where similar laws have been in force for a very long time. Rather than literally comparing the statutes in both jurisdictions, we attempted to emphasize positive aspects as well as likely problems that we might encounter should Turkish draft be legislated in the present form.

Alabdulla, M., et al. (2023). "Human rights as the key driver for development of Learning Disability services in Qatar." Research in Developmental Disabilities **136**: 104480.
Growing international consensus in recognising rights of individuals with disability to enabling environments has spurred on provision of services for support for these individuals. The provision of this support has however been variable across the globe, often depending upon the economic development and social stigma associated with disability within individual countries. Individuals with Mental health learning disability have experienced even more stigma and limitations to access care. Qatar, a young and economically prosperous country, has adopted this rights-based approach to developing services for individuals with learning disability. This has led to the development of a specialist mental health learning disability services which is taking its initial steps within the country. This specialist service places the individual and their family at the centre of developing and delivering care and aims at reducing stigma and improving access to specialist evidence-based care.; Competing Interests: Conflict of Interest The authors have no conflicts of interest to declare. (Copyright © 2023 Elsevier Ltd. All rights reserved.)

Alhariri, W., et al. (2021). "The Right to Mental Health in Yemen: A Distressed and Ignored Foundation for Peace." Health and human rights **23**(1): 43-53.
Mental health issues are all too common consequences of conflict and atrocity crimes, often causing upwards of one-quarter of the postconflict, post-atrocity population to suffer from physical and mental sequelae that linger long after weapons have been silenced. After more than six years of ongoing conflict, Yemen's already weak health care system is on the brink of collapse, and population resilience has been severely stressed by indiscriminate attacks, airstrikes, torture, food insecurity, unemployment, cholera, and now the COVID-19 pandemic. This paper examines Yemen's responsibilities regarding the right to mental health and details the few actions the government has taken to date toward fulfilling this right. It also presents the current status of mental health care in Yemen, discussing some of the barriers to accessing the available care, as well as alternative models of mental health support being used by the population. In light of the pandemic presently facing the world, the paper also discusses COVID-19's impact on Yemen, detailing its further degrading effects on the country's health care system and people's mental health. Finally, the paper highlights the importance of addressing mental health in furtherance of the peace process.; Competing Interests: Competing interests: None declared. (Copyright © 2021 Alhariri, McNally, and Knuckey.)

Barrios Flores, L. F. (2020). "[Law and mental health (goals achieved and pending challenges in Spain). SESPAS report 2020]." Gaceta Sanitaria **34 Suppl 1**: 76-80.
After the approval of the Constitution there have been major improvements on the juridical status of the patient in general and specifically of the mental kind. Nevertheless the regulation of the rights regarding the mental patients has been less thorough.

Consequently there are significant deficiencies regarding this matter, being the existing regulations minimal, those which do not take on account the most relevant international reference tools. With the approval of the New York Convention major legal reforms have been introduced regarding the sensory and physically handicapped. However not the same has happened with the case of those with mental conditions. On this subject exists a sizable delay on the adaptation of our juridical application to this Convention. Furthermore major problems arise for its implementation. This changes the traditional assistance model (towards rehabilitation) for the social model and uses new concepts brought by the Convention (legal capacity) which do not coincide with other ones characteristic of the Spanish legislative tradition. The interpretation of the Convention done by the Committee on the Rights of Persons with Disabilities adds difficulties to validate our regulation to the Convention. With all this in mind it is clear to see that there are many challenges to take on the future, being necessary for this the implementation of a previous rational dialogue. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Bateren, V., et al. (2022). "Improving human rights in mental health takes more than just changing the law: An audit of medical assessments in regional community patients in Queensland." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **30**(2): 195-199.
Objective: To evaluate the medical assessments of involuntary community patients in a regional mental health service, determine the compliance with requirements under Queensland's Mental Health Act 2016 (the Act) to regularly review orders and assess patients' mental capacity.; Method: We audited 183 patient records on community treatment authorities (CTAs) to determine whether medical assessments undertaken under the Act included consideration of the person's capacity, and regular reviews by an authorised doctor as required 1s205 .; Results: The audit revealed that 51% of the CTA patients did not comply with legal requirements either to complete a capacity assessment and/or be medically assessed within three months of the last review.; Conclusions: Over 50% of medical assessments did not comply with the legislative requirements to record capacity assessments and review involuntary treatment on at least a three-month basis. However, when the treatment criteria were met, it did not appear to be a basis for CTA revocation. Further research may help determine whether the Mental Health Review Tribunal (Tribunal) could play a greater role in overseeing compliance with the new legislative requirements or if other clinical oversight mechanisms would be appropriate to improve the assessment process.

Brieger, P. (2019). "[The German community mental health system-a review]." Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz **62**(2): 121-127.
The German mental health system has several peculiarities compared to its international counterparts. It shows a surprising amount of heterogeneity, as a variety of payers and care providers interact on the basis of a broad set of legal standards.This narrative review presents the historical background, current organizational aspects, several open questions, and future perspectives. It assumes that there is a need for future care concepts that overcome sector borders, observe the need for coordination and quality indicators, take into account the need for trialogic concepts (users, family, and professionals), reflect on human rights and ethical principles, and consider the need for prevention.

Brown, S., et al. (2020). "A Right-to-Health Lens on Perinatal Mental Health Care in South Africa." Health and human rights **22**(2): 125-138.
South African women experience some of the highest rates of depression and anxiety globally. Despite South Africa's laudable human rights commitments to mental health in law, perinatal women are at high risk of common mental disorders due to

socioeconomic factors, and they may lack access to mental health services. We used a right to mental health framework, paired with qualitative methods, to investigate barriers to accessing perinatal mental health care. Based on in-depth interviews with 14 key informants in South Africa, we found that (1) physical health was prioritized over mental health at the clinic level; (2) there were insufficient numbers of antenatal and mental health providers to ensure minimum essential levels of perinatal mental health services; (3) the implementation of human rights-based mental health policy has been inadequate; (4) the social determinants were absent from the clinic-level approach to mental health; and (5) a lack of context-specific provider training and support has undermined the quality of mental health promotion and care. We offer recommendations to address these barriers and improve approaches to perinatal mental health screening and care, guided by the following elements of the right to mental health: progressive realization; availability and accessibility; and acceptability and quality.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Brown, MacNaughton, and Sprague.)

Caldas-de-Almeida, J. M. (2019). "Four reflections on the new global mental health priorities." Epidemiology and psychiatric sciences **29**: e75.
The discussion of the achievements and limitations of the strategies prioritised in global mental health that has taken place in recent years contributed to a unified vision for action that addresses the gaps still existing on prevention, treatment, quality of care and human rights protection. This editorial presents four reflections on the impact of this vision on the definition of future priorities, particularly in the areas of policy implementation, services reconfiguration and organisation, human rights and research. It concludes that further debate is needed to redefine the balance between priorities and strategies that can better promote an effective response to the needs of low and middle income countries, and to ensure an efficient coordination of efforts in the future.

Carr, E. R., et al. (2023). "From the medical model to the recovery model: Psychologists engaging in advocacy and social justice action agendas in public mental health." The American journal of orthopsychiatry **93**(2): 120-130.
There is increasing recognition of the need for civil rights advocacy for people with mental illness, as basic human rights continue to be violated in mental health systems. Relatedly, an elevated call for recovery-oriented care creates new opportunities for psychologists to act as social change agents and advocates for patients in state hospital and community settings. Despite lack of specific preparation and training to take on this role, psychologists' overall training places them in a unique position to advocate in many ways. This can be for individuals in the system (patients or staff), for the discipline of psychology, as well as acting as advocates for the continued growth of recovery-oriented approaches, more socially just practices in systems of care, and by engaging in public policy transformation. Psychologists, through creating cultural change, can work to advocate for a transformation from a medical model to a recovery-oriented care model, which focuses on building meaningful lives, autonomy, and rights of the individual. We discuss the many ways in which psychologists can act as advocates in state hospitals and community settings via diverse mechanisms, including at a policy level, the challenges that they encounter, and ways to overcome these. Future directions and ways to increase the effectiveness of advocacy efforts are also discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

Carta, M. G. and D. Bhugra (2023). "Human rights and Mental health: critical challenges for health professionals, users, and citizens'." International review of psychiatry (Abingdon, England) **35**(2): 147-149.

Casey, L. J., et al. (2020). "Mental health, minority stress, and the Australian Marriage Law

postal survey: A longitudinal study." The American journal of orthopsychiatry **90**(5): 546-556.
Research indicates that marriage equality legislation is associated with improved mental health outcomes for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people. However, the public debate that often precedes such legislation may exacerbate psychological distress and minority stress. In 2017, the Australian Federal Government conducted a national survey to gauge support for marriage equality. The present study investigated the mental health of a sample of LGBTQ people during and after this survey period. A sample of 2,220 LGBTQ participants completed measures of psychological distress and minority stress during the survey period. Participants were invited for follow-up 1 week, 3 months, and 12 months after the postal survey results were announced. Data were analyzed using linear mixed models to evaluate change in psychological distress and minority stress across time points, and the influence of exposure to the marriage equality debate, sexual identity, and gender identity on psychological distress and minority stress. Reported symptoms of psychological distress and minority stress significantly decreased following the postal survey period. Greater exposure to the marriage equality campaign was associated with greater psychological distress and perceived stigma but not internalized stigma. Sexual and gender identity subgroups significantly differed on outcome variable means. This study documents the longitudinal effects on a minority group of a public vote and the enactment of legislation regarding their human rights. The results suggest the postal survey served as a significant stressor to Australia's LGBTQ community. Implications for policy and clinical practice are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved).

Chapman, A., et al. (2020). "Reimagining the Mental Health Paradigm for Our Collective Well-Being." Health and human rights **22**(1): 1-6.
Competing Interests: Competing interests: None declared.

Cosgrove, L., et al. (2020). "Digital Phenotyping and Digital Psychotropic Drugs: Mental Health Surveillance Tools That Threaten Human Rights." Health and human rights **22**(2): 33-39.
Competing Interests: Competing interests: None declared.

Cosgrove, L. and A. F. Shaughnessy (2020). "Mental Health as a Basic Human Right and the Interference of Commercialized Science." Health and human rights **22**(1): 61-68.
Although there is consensus that a rights-based approach to mental health is needed, there is disagreement about how best to conceptualize and execute it. The dominance of the medical model and industry's influence on psychiatry has led to an over-emphasis on intra-individual solutions, namely increasing individuals' access to biomedical treatments, with a resultant under-appreciation for the social and psychosocial determinants of health and the need for population-based health promotion. This paper argues that a robust rights-based approach to mental health is needed in order to overcome the effects of commercial interests on the mental health field. We show how commercialized science-the use of science primarily to meet industry needs-deflects attention away from the sociopolitical determinants of health, and we offer solutions for reform.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Cosgrove and Shaughnessy.)

Envall, E., et al. (2020). "[A human rights-based approach improves the mental health care for migrants]." Lakartidningen **117**.
The increasing number of displaced persons and the high proportion of refugees with traumatic background and psychiatric symptoms affect the mental health care offered. Sweden has been criticized by the United Nations for the unsatisfactory fulfilment of the

right to health for migrants. This article on human rights in mental health care practice, with a focus on migrants, describes the right to the enjoyment of the highest attainable standard of physical and mental health and what this right implies for mental health care services, including the responsibilities of medical staff. The right to a dignified and equal treatment, integrity and participation is required by medical ethics and legislation, but is ultimately also a matter of human rights. The importance of social determinants for health, the right to individually adapted information and participation are discussed. The argued discrimination of undocumented migrants and other patients is exemplified. A human rights-based approach, HRBA, improves the mental health care for migrants by increased participation and empowerment of the rights-holders, and can contribute to realizing the human rights in a transcultural mental health care context. A model for implementation of HRBA methods is introduced.

Fernández, A. and L. Serra (2020). "[Community life for all: mental health, participation and autonomy. SESPAS Report 2020]." Gaceta Sanitaria **34 Suppl 1**: 34-38.
The objective of this article is to critically reflect on the participation in community of people with a diagnosis of mental disorder from a human rights and community health perspective. Firstly, we review basic concepts such as community mental health and the meaning of participation, which is understood as an end and not as a mean. It is important to increase the participation of people with a diagnosis in community spaces beyond the classic circuit of mental health care. This implies to create and share knowledge in a collective, horizontal and consensual way among all the people involved, especially the diagnosed people themselves. Secondly, the experience of the group of women of Radio Nikosia is narrated in first person by the participants themselves. The main highlights of the group are its horizontality, flexibility, and that is a self-organized space outside the health system where it is possible to express oneself without fear of being judged. Processes of trust, recognition, joy, social support and health are generated. Members of the group meet fortnightly and discuss on different topics chosen by them, and take part in political actions for women's own rights such as participation in the media, in feminist calls, in training and talks. We exemplify that other ways of doing community mental health are possible. The challenges are to make them visible, to systemize them and to be able to assess the impact they have on the health not only of the participants, but also the community. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Gee, D. G. and E. M. Cohodes (2019). "A call for action on migrant children's mental health." The lancet. Psychiatry **6**(4): 286.

Gergel, T. (2020). "The 'Mental Health and Justice Project': Using interdisciplinarity to move beyond impasse in disability rights." International Journal of Law and Psychiatry **71**: 101570.

Gerlinger, G., et al. (2019). "[After the reform is before the reform : Results of the amendment processes of mental health law in German federal states]." Der Nervenarzt **90**(1): 45-57.
Background: On the basis of mental health law, which differs between the federal states in Germany, courts can order the involuntary commitment of people with severe mental disorders in psychiatric hospitals, if they present a danger to themselves or to others. Due to decisions of the highest courts, these laws have been subject to revision since 2011. The aim of this paper is to analyze and compare the results of the revision processes in order to define the need for action for federal and state legislature.; Material and Methods: Research of the current status of the revision processes in the federal states and a comparative analysis. The state laws were compared on the basis of selected particularly relevant areas with respect to human rights and treatment.; Results: In spite of the revisions the state laws are extremely heterogeneous and in many states

do not fully comply with the requirements of the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) or the highest courts' decisions.; Conclusion: The state laws should be harmonized, particularly where they restrict basic and human rights, e. g. regarding prerequisites and objectives of involuntary commitment and coercive measures.

Gordon, S., et al. (2022). "From Substitute to Supported Decision Making: Practitioner, Community and Service-User Perspectives on Privileging Will and Preferences in Mental Health Care." International journal of environmental research and public health **19**(10).

Compliance with the Convention on the Rights of Persons with Disabilities (CRPD) requires substitute decision making being abolished and replaced with supported decision making. The current exploratory study involved a series of hui (meetings) with subject matter experts across the spectrum of the mental health care system to identify interventions facilitative of supported decision making; and the prioritisation of those in accordance with their own perspectives. A mixed-methods approach was used to categorise, describe and rank the data. Categories of intervention identified included proactive pre-event planning/post-event debriefing, enabling options and choices, information provision, facilitating conditions and support to make a decision, and education. The category of facilitating conditions and support to make a decision was prioritised by the majority of stakeholders; however, people from Māori, Pasifika, and LGBTQIA+ perspectives, who disproportionally experience inequities and discrimination, prioritised the categories of proactive post-event debriefing/pre-event planning and/or information provision. Similar attributes across categories of intervention detailed the importance of easily and variably accessible options and choices and how these could best be supported in terms of people, place, time, material resources, regular reviews and reflection. Implications of these findings, particularly in terms of the operationalisation of supported decision making in practice, are discussed.

Green, A. S., et al. (2020). "Piloting forensic tele-mental health evaluations of asylum seekers." Psychiatry research **291**: 113256.

While the number of medical human rights programs has increased, there is substantial unmet need for forensic evaluations among asylum seekers throughout the United States. From September 2019 through May 2020, the Mount Sinai Human Rights Program has coordinated pro bono forensic mental health evaluations by telephone or video for individuals seeking protected immigration status who are unable to access in-person services. The national network clinicians conducted 32 forensic evaluations of individuals in eight U.S. states and Mexico seeking immigration relief. Remote forensic services have been a relevant solution for individuals in immigration detention, particularly during the COVID-19 pandemic.; Competing Interests: Declaration of Competing Interest Dr. Katz is the national trauma consultant for Advanced Recovery Systems. The other authors declare that they have no competing interests. (Copyright © 2020 Elsevier B.V. All rights reserved.)

Hamilton, M., et al. (2021). "Understanding Barriers to the Realization of Human Rights Among Older Women With Mental Health Conditions." The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry **29**(10): 1009-1014.

There is increasing emphasis in research and at the level of international human rights bodies such as the United Nations on the gendered contours of age-based disadvantage and discrimination, and the cumulative effects of gender inequalities over the life-course on outcomes in later life. However, to date, the role of mental health in shaping the age/gender nexus in the realization of human rights has received little attention. In response, this paper aims to 1) elucidate the economic, social and cultural disadvantages and discrimination faced by older women living with mental health conditions; and 2) identify opportunities to protect their human rights. It concludes that older women face inequalities and disadvantages at the intersections of age, gender, and mental health and wellbeing that compromise their capacity to age well, illuminating the urgent need for a UN Convention on the Human Rights of Older Persons that considers the role of mental health in shaping the realization of human rights among older people. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Izutsu, T., et al. (2023). "Effect of Diversity Education on Young Adolescents in Japan: Toward the "Do No Harm" Principle." International journal of environmental research and public health **20**(6).
This study evaluated the impact of a semi-structured diversity education program on young adolescents, which included five 45-min sessions facilitated by schoolteachers using an instructors' manual. The study compared changes in knowledge and attitude related to diversity, self-esteem, and mental health among participants before and after the program. The participants were 776 junior high school students. Self-esteem and mental health conditions were assessed with the Rosenberg Self-Esteem Scale (RSES) and Kessler 6-Item Psychological Distress Scale (K6). The ratio of those who answered the knowledge and attitude questions correctly increased significantly for most questions, while the ratio decreased significantly for two questions. The RSES scores improved significantly after the program, but the difference was very small. Mental health, as measured by K6, became significantly worse after the program. A logistic regression analysis indicated that lower K6 scores before the program and worse academic grades had significantly higher odds ratios; being a girl, not having a disability, and having close friends were associated with worse K6 scores after the program. Further, this indicates the importance of developing processes based on evidence and the "nothing about us without us" principle.

Katterl, S. (2021). "The importance of motivational postures to mental health regulators: Lessons for Victoria's mental health system in reducing the use of force." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **29**(6): 683-686.
Objective: To consider whether research into "motivational postures" can assist the Victorian Government and the forthcoming Mental Health and Wellbeing Commission to regulate and implement forthcoming mental health laws.; Conclusion: Although no research explicitly uses a motivational postures framework, there is evidence of a diverse set of postures amongst the mental health workforce. Some practitioners and disciplines reflect positive motivational postures towards mental health laws and consumer rights, while others show resistance, and others disengagement altogether. More research explicitly built on motivational postures is required to inform appropriate regulatory responses.

Kelly, B. D., et al. (2020). "Mental health, mental capacity, ethics, and the law in the context of COVID-19 (coronavirus)." International Journal of Law and Psychiatry **73**: 101632.
The emergence of the COVID-19 (coronavirus) pandemic in late 2019 and early 2020 presented new and urgent challenges to mental health services and legislators around the world. This special issue of the International Journal of Law and Psychiatry explores mental health law, mental capacity law, and medical and legal ethics in the context of COVID-19. Papers are drawn from India, Australia, the United Kingdom, Ireland, Germany, Portugal, and the United States. Together, these articles demonstrate the complexity of psychiatric and legal issues prompted by COVID-19 in terms of providing mental health care, protecting rights, exercising decision-making capacity, and a range of other topics. While further work is needed in many of these areas, these

papers provide a strong framework for addressing key issues and meeting the challenges that COVID-19 and, possibly, other outbreaks are likely to present in the future. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Kestenbaum, J. G., et al. (2021). "Proven Concepts in New Contexts: Applying Public Health, Mental Health, and Human Rights Strategies to Atrocity Prevention." Health and human rights **23**(1): 5-9.

Kitafuna, K. B. (2022). "Personal Experience, Involvement and Activism for the Reform of Uganda's Mental Health System." Community Mental Health Journal **58**(5): 824-828.
This Fresh Focus commentary describes the author's grassroots perspective on and advocacy efforts to bring about change within the mental health system in Uganda. The essay draws on personal narrative, first-hand description of human rights violations, grassroots efforts to bring about change through legal advocacy and development of peer support and service user leadership initiatives, and ultimately charts a course for deeper change. (© 2022. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

Laing, J. (2022). "Reforming the Mental Health Act: Will More Rights Lead to Fewer Wrongs?" Medical Law Review **30**(1): 158-176.

Lenagh-Glue, J., et al. (2023). "Use of advance directives to promote supported decision-making in mental health care: Implications of international trends for reform in New Zealand." The Australian and New Zealand journal of psychiatry **57**(5): 636-641.
Advance directives are advocated, in many jurisdictions, as a way to promote supported decision-making for people who use mental health services and to promote countries' compliance with their obligations under the United Nations Convention on the Rights of Persons with Disabilities. The United Nations Convention on the Rights of Persons with Disabilities promotes the use of tools to further personal autonomy which would include integrating the use of advance directives into mental health law, to clarify the effect (or force) an advance directive carries when its maker comes under the relevant mental health legislation. In addition, securing the active use of advance directives requires adoption of certain supportive practices and policies within health services. Here, we discuss a number of approaches taken to advance directives in revised mental health legislation, and the associated practices we think are required.

Lovell, A. M., et al. (2019). "Genealogies and Anthropologies of Global Mental Health." Culture, medicine and psychiatry **43**(4): 519-547.
Within the proliferation of studies identified with global mental health, anthropologists rarely take global mental health itself as their object of inquiry. The papers in this special issue were selected specifically to problematize global mental health. To contextualize them, this introduction critically weighs three possible genealogies through which the emergence of global health can be explored: (1) as a divergent thread in the qualitative turn of global health away from earlier international health and development; (2) as the product of networks and social movements; and (3) as a diagnostically- and metrics-driven psychiatric imperialism, reinforced by pharmaceutical markets. Each paper tackles a different component of the assemblage of global mental health: knowledge production and circulation, global mental health principles enacted in situ, and subaltern modalities of healing through which global mental health can be questioned. Pluralizing anthropology, the articles include research sites in meeting rooms, universities, research laboratories, clinics, healers and health screening camps, households, and the public spaces of everyday life, in India, Ghana, Brazil, Senegal, South Africa, Kosovo and Palestine, as well as in US and European institutions that constitute nodes in the global network through which scientific

knowledge and certain models of mental health circulate.

Mahomed, F. (2020). "Addressing the Problem of Severe Underinvestment in Mental Health and Well-Being from a Human Rights Perspective." Health and human rights **22**(1): 35-49.
Throughout the world, mental health remains a neglected priority, low on the agenda of policy makers and funders at the national and international levels. While this is shifting somewhat, there remains a considerable need to address the underprioritization of mental health and well-being, perhaps even more so in the wake of the COVID-19 pandemic. However, given the history of mental health interventions-which have overemphasized the biomedical model and have thus resulted in coercion, denial of life in the community, and unnecessary pathologization of human experience-there is also a need to ensure that increased funding does not simply replicate these mistakes. This is particularly true in the current landscape, where efforts to "scale up" mental health and to reduce "treatment gaps" are gaining momentum and where post-pandemic responses are still being formulated. As the potential for global mechanisms for funding mental health increases, national and international funders should look to practices that are rights affirming and contextually relevant. In this paper, I explore the current landscape of mental health financing, in terms of both national resource allocation and development assistance. I then outline the momentum in global mental health that is likely to materialize through increased funding, before considering ways in which that funding might be utilized in a manner that promotes human rights.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Mahomed.)

Mahomed, F., et al. (2020). "Establishing Good Practice for Human Rights-Based Approaches to Mental Health Care and Psychosocial Support in Kenya." Health and human rights **22**(2): 139-153.
A human rights-based approach (HRBA) to health has long been seen as an important way in which to address public health needs in a manner that is equitable and conducive to social justice. Yet the actual content of an HRBA to health remains unspecific, and therefore implementation remains heterogeneous. This situation is even more challenging in the field of mental health, where human rights considerations are particularly complex and have emerged out of a history of myriad violations. Even when research has been conducted into mental health, it has focused predominantly on the Global North, raising questions of contextual and cultural relevance. Accordingly, this study examined the issue from the perspectives of stakeholders in Kenya who consider their work or the services they use to be rights based. It explored the key principles and interventions deemed to constitute an HRBA to mental health care and psychosocial support, the perceived benefits of such approaches, and the main barriers and supports relevant for implementation. The results produced seven key principles and corresponding interventions. Among other things, it highlighted the importance of economic well-being and self-efficacy, as well as the reduction of barriers to implementation, such as stigma and lack of adequate resourcing. Two key tensions were apparent-namely, the un/acceptability of coercion and the role of traditional and faith-based modalities in an HRBA to mental health care and psychosocial support.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Mahomed, Bhabha, Stein, and Pūras.)

Mahomed, F., et al. (2022). "Mental health, human rights, and legal capacity." The lancet. Psychiatry **9**(5): 341-342.
Competing Interests: MAS, VP, FM, and CS receive royalties (25% each) from the publication of the book titled Mental Health, Legal Capacity, and Human Rights referenced in this manuscript. JLR declares no competing interests. We thank the Weatherhead Center for International Affairs and the Friends of Mewar Foundation for financial support for production of the book and associated workshop.

Myerholtz, L. and E. Myerholtz (2022). "The Supreme Court of the United States, Disability Rights, and Implications for Mental Health Parity." Family medicine **54**(8): 661-663.

Narsi, K. (2022). "Unpacking assisted admissions under the Mental Health Care Act 17 of 2002." South African family practice : official journal of the South African Academy of Family Practice/Primary Care **64**(1): e1-e4.
The Mental Health Care Act 17 of 2002 (MHCA) is a progressive piece of mental health legislation that has the potential to transform mental health services by emphasising patient rights and promoting integration and accessibility. The MHCA allows for the care, treatment and rehabilitation of mental healthcare users, who lack the competence to consent but who do not refuse treatment to be managed as assisted users. This article unpacks the concept and procedure of assisted admissions, comparing it with other types of admissions described in the MHCA. Relevant clinical and legal factors influencing the assisted admission status are discussed. The article concludes with a description of the advantages and challenges of assisted care, together with recommendations for its implementation.

Nocete Navarro, L., et al. (2021). "[Mental health and human rights: The experience of professionals in training with the use of mechanical restraints in Madrid, Spain]." Salud colectiva **17**: e3045.
Mechanical restraint is a coercive procedure in psychiatry, which despite being permitted in Spain, raises significant ethical conflicts. Several studies argue that non-clinical factors - such as professionals' experiences and contextual influences - may play a more important role than clinical factors (diagnosis or symptoms) in determining how these measures are employed. The aim of this study is to understand how the experiences of mental health professionals in training relate to the use of mechanical restraints in Madrid's mental health network. Qualitative phenomenological research was conducted through focus groups in 2017. Interviews were transcribed for discussion and thematic analysis with Atlas.ti. Descriptive results suggest that these measures generate emotional distress and conflict with their role as caregivers. Our findings shed light on different factors related to their experiences and contexts that are important in understanding the use of mechanical restraint, as well as the contradictions of care in clinical practice.

Onocko-Campos, R., et al. (2021). "Mental health and human rights: Challenges for health services and communities." Salud colectiva **17**: e3488.
The care of people with mental health problems requires health system and service reforms to build up proper mental health care. The challenges of the present moment continue to be immense. The viral pandemic that we are experiencing has exposed the fragility of our health and social services and certified the inequality and precariousness of the living conditions of many people. The collection of articles published in the journal Salud Colectiva as part of the open call for papers "Mental health and human rights: challenges for health services and communities," includes articles from Spain, Brazil, Mexico, and Chile. These papers present conceptual experiences and reflections on community action plans and programs, contributing toward better knowledge and development of mental health in the region.

Peisah, C., et al. (2020). "Advocacy for the human rights of older people in the COVID pandemic and beyond: a call to mental health professionals." International Psychogeriatrics **32**(10): 1199-1204.

Perera, I. M. (2019). "Mental health and politics since the eurozone crisis: The role of mental health professionals." European psychiatry : the journal of the Association of European

Psychiatrists **62**: 28-29.
Some of the most immediate health effects of the 2008 economic crisis concerned the mind, not the body. Rates of generalized anxiety, chronic depression, and even suicide spiked in many European societies. This viewpoint highlights the role of mental health professionals in responding to this emergency, and argues that their sustained mobilization is necessary to its long-term resolution. (Copyright © 2019 Elsevier Masson SAS. All rights reserved.)

Probert, J. (2021). "Moving Toward a Human Rights Approach to Mental Health." Community Mental Health Journal **57**(8): 1414-1426.
The University of Florida Counseling and Wellness Center (UFCWC) has implemented peer support and professional training programs to address human rights identified within advocacy groups comprised of individuals who have, themselves, been diagnosed with mental illness. These programs are moving the UFCWC toward fulfilling a 2017 United Nations report emphasizing rights-based professional training, provision of genuine informed consent, and availability of non-compromised peer support alternatives. Collaborating with student peers, four UFCWC faculty members have facilitated forms of peer support developed within service-user movements, while openly identifying experiences of reclaiming their own lives from the impacts of adversity, intense mental distress, and traumatizing responses of others to their distress. In the wake of the current pervasive health, economic, and social justice crises, professionals have a collective opportunity to recognize the human experience and rights of those suffering mental distress. These UFCWC programs offer one example of steps taken toward that goal. (© 2021. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

Saffron, M. and D. Singhal (2021). "The effect of changes to Australian Capital Territory mental health legislation on rates of emergency detention." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **29**(3): 352-356.
Objectives: The Australian Capital Territory (ACT) changed from the Mental Health (Treatment and Care) Act 1994 (ACT) to the Mental Health Act 2015 (ACT) on 1 March 2016. The objective was to find the association between legislative changes and detention rates.; Methods: A cross-sectional study of involuntary order rates in the period 3 years before the legislative change was undertaken. Chi-squared analysis was performed to compare proportions.; Results: There was a statistically significant decrease in the proportion of Psychiatric Treatment Orders (PTOs) over the two periods, which could be impacted by the change from a period of detention for 7 days to a period of detention of 11 days in Period 2. On the other hand, the total number of Emergency Actions (EAs) increased in Period 2, where ambulance officers could detain patients.; Conclusion: The change in mental health legislation in the ACT was associated with a change in detention rates, in particular a decrease in the proportion of PTOs and an increase in EAs. Further study needs to be undertaken, given changes to frontline supports since the study period ended.

Schuklenk, U. (2020). "Access to mental health care - a profound ethical problem in the global south." Developing World Bioethics **20**(4): 174.

Sen, P., et al. (2022). "The UK's exportation of asylum obligations to Rwanda: A challenge to mental health, ethics and the law." Medicine, science, and the law **62**(3): 165-167.

Singh, I. (2022). "Making Progress in the Ethics of Digital and Virtual Technologies for Mental Health." AJOB Neuroscience **13**(3): 141-143.

Smith, A., et al. (2023). "The United Kingdom's Rwanda asylum policy and the European Court of Human Rights' Interim Measure: Challenges for mental health and the importance of social psychiatry." The International journal of social psychiatry **69**(2): 239-242.

Suess Schwend, A. (2020). "[The trans depathologization perspective: a contribution to public health approaches and clinical practices in mental health? SESPAS Report 2020]." Gaceta Sanitaria **34 Suppl 1**: 54-60.
Over the last decade, the academic-activist trans depathologization perspective has contributed to a change in the conceptualization of gender transition processes. Observing an interrelation between psychiatrization and transphobic violence, trans depathologization activist groups and allies demand the removal of the diagnostic classification of transexuality as a mental disorder. Furthermore, they have developed trans health care models and legal gender recognition processes based on depathologization and human rights perspectives. They propose changing the role of mental health professionals in trans health care, substituting the psychiatric assessment role by accompaniment and psychological support tasks. The trans depathologization perspective can be related to various approaches and topics relevant in public health and mental health, among them sociology of diagnosis, human rights based approaches to health, human rights protection in mental health, universal health coverage, review of diagnostic classifications, intersectionality perspectives, reflections on bioethical principles, models of integrated people-centered health services and approaches to research ethics. Over the last few years, informed decision-making models have been developed for trans health care in several countries and world regions. Health professionals, including mental health professionals, as well as professionals from the educational and judicial-administrative sector, can have an important role in addressing situations of discrimination and transphobic violence, contributing to the construction of a society that respects, recognizes and celebrates gender diversity. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Trout, L. and L. Wexler (2020). "Arctic Suicide, Social Medicine, and the Purview of Care in Global Mental Health." Health and human rights **22**(1): 77-89.
Youth suicide is a significant health disparity in circumpolar indigenous communities, with devastating impacts at individual, family, and community levels. This study draws on structured interviews and ethnographic work with health professionals in the Alaskan Arctic to examine the meanings assigned to Alaska Native youth suicide, as well as the health systems that shape clinicians' practices of care. By defining suicide as psychogenic on the one hand, and as an index of social suffering on the other, its solutions are brought into focus and circumscribed in particular and patterned ways. We contrast psychiatric and social explanatory models, bureaucratic and relational forms of care, and biomedical and biosocial models for care delivery. Within the broader context of global mental health, this study suggests steps for linking caregiving to the health and social equity agenda of social medicine and for operationalizing commitments to health as a human right.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Trout and Wexler.)

Whelan, D. (2021). "Application of the Paternalism Principle to Constitutional Rights: Mental Health Case-Law in Ireland." European Journal of Health Law **28**(3): 223-243.
In adjudicating on matters relating to fundamental constitutional or human rights, courts make important statements about the principles which apply. The principles articulated will have a profound impact on the outcomes of such cases, and on the development of case-law in the relevant field. In the fields of medical law and mental health law, various courts have moved away from deference to medical decision-making and paternalism to a person-centred rights-based approach. However, courts in Ireland have continued to interpret mental health law in a paternalistic fashion, praising paternalism as if it is particularly suitable for mental health law. This raises profound questions

about judicial attitudes to people with mental health conditions and judicial reluctance to confer full personhood on people with disabilities. This article outlines case-law in Ireland regarding paternalism in mental health law and discusses the consequences for constitutional rights in Ireland.

Wispelwey, B. and Y. A. Jamei (2020). "The Great March of Return: Lessons from Gaza on Mass Resistance and Mental Health." Health and human rights **22**(1): 179-185.
The Gaza Strip is under an Israeli land, sea, and air blockade that is exacerbated by Egyptian restrictions and imposes an enormous cost in terms of human suffering. The effects of blockade, poverty, and frequent attacks suffered by the population have taken a significant toll on people's mental health. The Great March of Return, a mass resistance movement begun in March 2018, initially provided a positive impact on community mental health via a sense of agency, hope, and unprecedented community mobilization. This improvement, however, has since been offset by the heavy burden of death, disability, and trauma suffered by protestors and family members, as well as by a failure of local and international governments to alleviate conditions for Palestinians in Gaza. Reflecting on the ephemerality of the material and political gains of this movement, this paper shows that Palestinian and international health practitioners have an opportunity to develop an understanding of the psychosocial consequences of community organizing and mass resistance while simultaneously providing holistic mental and physical health care to community members affected by the events of the Great March of Return and other efforts.; Competing Interests: Competing interests: Bram Wispelwey and Yasser Abu Jamei direct community health programs in Palestine (Health for Palestine and Gaza Community Mental Health Programme, respectively). (Copyright © 2020 Wispelwey and Abu Jamei.)

Yao, H., et al. (2023). "10-year review of China's mental health law: a call for action to promote human rights in mental health." The lancet. Psychiatry **10**(2): 80-81.
Competing Interests: We declare no competing interests.

Zinkler, M. (2023). "Non-coercive techniques for the management of crises in mental health settings in Germany-a narrative review." International review of psychiatry (Abingdon, England) **35**(2): 201-208.
Coercion is common in mental health care settings in Germany. At the same time, considerable efforts are undertaken to reduce and ultimately abolish coercive interventions. Need adapted treatment, open door policies, and moving away from the biomedical model of mental illness can contribute to non-coercive care. WHO's QualityRights Training can be used to advance knowledge about and adherence to human rights standards in institutions, and to transform institutions to a non-coercive approach. Advance care decisions can make sure that will and preferences prevail in situations when capacity is questioned. However, a radical overhaul of legislation would be required to abolish coercive mental health care in Germany.

MENTAL illness (32)

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian Journal of Community Health **31**(2): 173-178.
Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable

economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural counterparts. [ABSTRACT FROM AUTHOR]

Ahn, S. and Y. Yi (2022). "Factors influencing mental health nurses in providing person-centered care." Nursing Ethics **29**(6): 1491-1502.
Background: Mental health nurses advocate for patients through a person-centered approach because they care for people experiencing mental distress who tend to be limited to exercising their human rights and autonomy through interpersonal relationships. Therefore, it is necessary to provide high-quality person-centered care for these patients by identifying the influencing factors. Aim: This study aims to identify the factors affecting mental health nurses in performing person-centered care for patients. Research design: This study had a cross-sectional, descriptive-correlational survey design. Participants and method: Nurses (N = 166) working at psychiatric wards in Korea completed an online questionnaire on moral sensitivity, attitudes toward people with mental illness, and person-centered care. The t-test and stepwise multiple regression analysis were used. Ethical considerations: Ethical approval for the study was obtained from the relevant ethics committee. Findings: Moral sensitivity was a significant factor correlating with the provision and perception of person-centered care. Attitudes toward patients had no effect on person-centered care. The predictor variables for the provision of person-centered care (R2 = 0.247) were moral sensitivity (β = 0.33), having a professional qualification (β = 0.19), marital status (β = 0.18), and closed ward (β = −0.15). The predictor variables for the perception of person-centered (R2 = 0.150) care were closed ward (β = −0.25), moral sensitivity (β = 0.23), and marital status (β = 0.18). Discussion and conclusion: Mental health nurses can strengthen person-centered care by improving moral sensitivity related to the ethical aspect of nursing and professional competence to address the complex needs of patients. Person-centered care needs to be applied more carefully in closed wards where human rights issues may arise. Through these efforts, the dignity of patients can be protected. [ABSTRACT FROM AUTHOR]

Aitken, Z., et al. (2019). "Precariously placed: housing affordability, quality and satisfaction of Australians with disabilities." Disability & Society **34**(1): 121-142.
Access to adequate, safe, secure, accessible and affordable housing is a fundamental human right and one stipulated in the United Nations Conventions on the Rights of Persons with Disabilities. Australian adults with disabilities experience housing disadvantage including homelessness, poor-quality housing and housing unaffordability; however, we lack a comprehensive comparison of the housing circumstances of people

with and without disabilities and differences by impairment type. We analysed data from a nationally representative sample of 11,394 working-aged Australians collected in 2011. We found that people with disabilities experienced disadvantage across all housing indicators, and people with intellectual and psychological disabilities fared worst. These findings suggest that there is a housing crisis for Australians with disabilities, which may intensify with the introduction of the National Disability Insurance Scheme. There is a need to develop long-term housing solutions that promote independence, are accessible and affordable, and that consider location and neighbourhood context. [ABSTRACT FROM AUTHOR]

Aluh, D. O., et al. (2022). "Experiences and perceptions of coercive practices in mental health care among service users in Nigeria: a qualitative study." International Journal of Mental Health Systems **16**(1): 1-11.

Background: People with mental health problems are more vulnerable to a broad range of coercive practices and human rights abuses. There is a global campaign to eliminate, or at the very least decrease, the use of coercion in mental health care. The use of coercion in psychiatric hospitals in developing countries is poorly documented. The primary aim of this study was to explore service users' perceptions and experiences of coercion in psychiatric hospitals in Nigeria. Methods: Four focus group discussions were carried out among 30 service users on admission in two major psychiatric hospitals in Nigeria. The audio recordings were transcribed verbatim and then analyzed thematically with the aid of MAXQDA software. Results: The Focus group participants included 19 males and 11 females with a mean age of 34.67 ± 9.54. Schizophrenia was the most common diagnosis (40%, n = 12) and had a secondary school education (60%, n = 18). The focus group participants perceived coercion to be a necessary evil in severe cases but anti-therapeutic to their own recovery, an extension of stigma and a vicious cycle of abuse. The experience of involuntary admission revolved mainly around deception, maltreatment, and disdain. Participants in both study sites narrated experiences of being flogged for refusing medication. Mechanical restraint with chains was a common experience for reasons including refusing medications, to prevent absconding and in other cases, punitively. The use of chains was viewed by participants as dehumanizing and excruciatingly painful. Conclusion: The experiences of coercion by participants in this study confirm that human rights violations occur in large psychiatric hospitals and underscore the need for mental health services reform. The use of coercion in this context reflects agelong underinvestment in the mental health care system in the country and obsolete mental health legislation that does not protect the rights of people with mental health problems. The study findings highlight an urgent need to address issues of human rights violations in psychiatric hospitals in the country. [ABSTRACT FROM AUTHOR]

Anttila, M., et al. (2023). "Recovery-oriented mental health principles in psychiatric hospitals: How service users, family members and staff perceive the realization of practices." Journal of Advanced Nursing (John Wiley & Sons, Inc.) **79**(7): 2732-2743.

Aims: The aim of the study was to describe and compare how recovery-oriented mental health principles have been realized in Finnish psychiatric hospitals from the viewpoint of different stakeholders (service users, family members and staff). Design: A multimethod research design was adopted to combine both quantitative and qualitative descriptive methods. Methods: A total of 24 focus group interviews were conducted with service users (n = 33), family members (n = 3) and staff (n = 53) on 12 psychiatric Finnish hospital wards (October 2017). The interview topics were based on six recovery-oriented principles (WHO QualityRights Tool Kit, 2012). A quantitative deductive analysis was conducted to describe and compare the realization of the recovery-oriented principles between three stakeholder groups. A qualitative deductive content analysis was used to describe participants' perceptions of the realization of recovery-oriented principles in practice. The GRAMMS guideline was used in reporting. Results: Out of six recovery-oriented principles, 'Dignity and respect' was found to have been realized to the greatest extent on the psychiatric wards. The most discrepancy between the participant groups was seen in the 'Evaluation of recovery'. Service users and family members found the realization of the practices of all principles to be poorer than the staff members did. Wide variation was also found at the ward level between perceptions among participants, and descriptions of the realization of the principles in psychiatric hospital practice. Conclusion: Perceptions about the realization of recovery-oriented principles in practice in Finnish psychiatric hospitals vary between different stakeholder groups. This variation is linked to differing ward environments. Impact More research is needed to understand the factors associated with variation in perceptions of recovery principles. Patient or Public Contribution: Service users and family members participated in this study. [ABSTRACT FROM AUTHOR]

Barrios Flores, L. F. (2020). "[Law and mental health (goals achieved and pending challenges in Spain). SESPAS report 2020]." Gaceta Sanitaria **34 Suppl 1**: 76-80.
After the approval of the Constitution there have been major improvements on the juridical status of the patient in general and specifically of the mental kind. Nevertheless the regulation of the rights regarding the mental patients has been less thorough. Consequently there are significant deficiencies regarding this matter, being the existing regulations minimal, those which do not take on account the most relevant international reference tools. With the approval of the New York Convention major legal reforms have been introduced regarding the sensory and physically handicapped. However not the same has happened with the case of those with mental conditions. On this subject exists a sizable delay on the adaptation of our juridical application to this Convention. Furthermore major problems arise for its implementation. This changes the traditional assistance model (towards rehabilitation) for the social model and uses new concepts brought by the Convention (legal capacity) which do not coincide with other ones characteristic of the Spanish legislative tradition. The interpretation of the Convention done by the Committee on the Rights of Persons with Disabilities adds difficulties to validate our regulation to the Convention. With all this in mind it is clear to see that there are many challenges to take on the future, being necessary for this the implementation of a previous rational dialogue. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Benyah, F. (2021). "Prayer Camps, Mental Health, and Human Rights Concerns in Ghana." Journal of Religion in Africa **51**(3/4): 283-308.
This article discusses the role that Ghana's prayer camps provide in mental health care and the human rights concerns that are expressed. The article argues for the recognition of both state and nonstate actors in dealing with the problem of mental illness and its related human rights concerns. The article maintains that the mere existence of mental health legislation to protect the rights of mental health patients is not enough if it fails to recognise the religious dimensions – the beliefs, faith, or transcendental orientation – of the people who are the target object of such legislation. The article recommends to policy makers, academics, clinicians, and international organisations whose work focuses on mental health, ways in which religious views on mental illness can be harmonised to support modern projects such as human rights aimed at transforming the lives of people. [ABSTRACT FROM AUTHOR]

Bhugra, D., et al. (2022). "Social justice, health equity, and mental health." South African Journal of Psychology **52**(1): 3-10.
There is considerable evidence to indicate that stigma and discrimination against people with mental illnesses are widely prevalent across nations. Research also shows that individuals with mental illnesses are likely to die 15–20 years younger than those who

do not have these illnesses. In addition, they are more likely to experience delays in help-seeking leading to poor outcomes and are more likely to experience physical illnesses. Stigma and discrimination appear to play a major role in depriving people with mental illnesses of their basic rights. Their economic, political, social, and human rights are often ignored. In this article, we describe the capability to be healthy and basic principles of social justice related to mental health. We discuss findings of discrimination often embedded in laws of countries around the world in the context of basic human rights. We believe that clinicians have a key role as advocates for their patients. Clinicians and policymakers need to work together to bring about social and health equity. [ABSTRACT FROM AUTHOR]

Blanco, V., et al. (2022). "Sexual Victimization and Mental Health in Female University Students." Journal of Interpersonal Violence **37**(15/16): NP14215-NP14238.
Although sexual assaults on female university students are a public health concern, studies that have examined this issue have not used behaviorally specific definitions of the various types of sexual victimization. Furthermore, hardly any data exists on female Spanish university students. The objectives of this study were to analyze the prevalence of different forms of sexual assault against female Spanish university students, determine the risk factors associated with sexual assault, analyze the association between sexual victimization and mental health problems, and determine the differential risk of more serious types of sexual assault. A cross-sectional study was conducted among a random sample of 871 students from the University of Santiago de Compostela (Spain) (mean age 20.7 years, SD = 2.8). The current study assessed various types of sexual violence (i.e., unwanted sexual contact, attempted coercion, coercion, attempted rape, rape), as well as rates of depression, anxiety, stress, eating disorders, substance abuse, suicide risk, and suicide attempts. Of the female students surveyed, 28.5% had suffered some form of sexual violence during the previous year, 22.3% reported unwanted sexual contact, 8.8% attempted coercion, 6.5% coercion, 10.4% attempted rape, and 7.9% had been raped. Lower risk was associated with having a partner and being heterosexual. Being 18 years of age and prior experiences of sexual victimization were associated with higher risk. Being the victim of attempted coercion was associated with a higher risk of depression, while victims of attempted rape were at higher risk for substance use. Rape victims were at the highest risk for all mental health conditions studied, with the exception of suicide attempts. Due to the high rates at which Spanish female university students experience sexual violence, planning and resources are needed to address their mental health needs, especially those who are victims of rape. [ABSTRACT FROM AUTHOR]

Borrero Granell, L., et al. (2020). "Mental health risks in immigrants confined in cie." European Psychiatry **63**: S424-S424.
Introduction: From our experience, the emergency care needed by migrant people detained in the CIE (detention centres for migrants) due to suicidal attempts, autolytic ideations, and mental suffering are numerous. Objectives: Raise awareness about the psychosocial state of migrant people in theCIE, the reasons about their detention, the uncertainty in which they live, and the risk it means for keeping their mental health. Methods: Describe, based on cases of CIE inmates in emergency care and through observations made in collaboration with an NGO, the difficult situation they faced. Results: The conditions migrant people in the CIE suffer due to the fact of not being able to legalize their status, usually because of administrative obstacles and the unrealistic requirements, go against fundamentals human rights and have important repercussions at the psychic level. Conclusions: These conditions, the uncertainty and the perception of injustice, severely affect the mental and physical health of the migrants, causing suicidal behavior and other mental disorders in a large percentage of the population confined in CIE. [ABSTRACT FROM AUTHOR]

Brazinova, A., et al. (2019). "Mental Health Care Gap: The Case of the Slovak Republic." Administration & Policy in Mental Health & Mental Health Services Research **46**(6): 753-759.

This study explored unmet mental health and social care needs in the Slovak Republic and their adverse human rights consequences. We estimated treatment gap for persons aged 15–64 years in year 2015 affected by depressive, anxiety, substance use and schizophrenic disorders by comparing local treated prevalence rates with population estimated rates for Europe. Two-thirds of people with depressive disorders and over 80% of those with anxiety disorders and alcohol dependence were not receiving treatment. There was no treatment gap for persons with schizophrenia. Fifty-one percent of those eligible for disability pension on the grounds of mental disorders failed to receive it. We discuss the implications of the estimated gaps in mental health and social care and consequent human rights violations that may result from the current system of mental health care in Slovakia. [ABSTRACT FROM AUTHOR]

Carta, M. G. and D. Bhugra (2023). "Human rights and Mental health: critical challenges for health professionals, users, and citizens'." International Review of Psychiatry **35**(2): 147-149.

An introduction to articles published within the issue is presented, including one which offered an overview of the current global situation of human rights in mental health services, another which investigated public attitudes towards protecting human rights, and one on the impact of the COVID-19 pandemic on the well-being of individuals with severe mental health conditions.

Debbarma, R., et al. (2021). "Internally displaced persons and mental health issues: A review analysis." Indian Journal of Health & Wellbeing **12**(2): 171-176.

Internally displaced persons (IDPs) are persons or groups of persons who have been forced to leave their homes or places of habitual residence in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border. IDPs experiences risk of physical attack, sexual assault, and abduction and frequently are deprived of adequate shelter, food and health. Thus experiencing traumatic events can cause different types of mental health disorders among the IDPs populations. Mental disorders are conditions that causes disturbance in thinking, feeling, mood, and behavior. Depression, anxiety, PTSD, etc. are the mental health issues which are very much common among the Internally Displaced Persons (IDPS). Numerous literatures have indicated that individuals who were internally displaced experienced higher rates of mental health problems than people who were not displaced. In this backdrop, the present paper is an attempt to provide a systematic review of evidence about the mental health issues of the IDPs across the globe. Further this study also tries to suggest some measures for enhancing mental health and well-being of Internally Displaced Persons. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.

Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework

to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.

Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Georgaca, E., et al. (2023). "Assessing quality of care and observance of human rights in residential mental health facilities in Greece through the WHO QualityRights tool kit." International Journal of Psychology **58**(1): 59-68.

In this paper, we present and reflect upon the process of evaluating two residential mental health facilities in Thessaloniki, Greece, through the WHO QualityRights tool kit. The QualityRights tool kit is a structured process for assessing quality of care and human rights in mental health and social care facilities, in accordance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), introduced by the World Health Organization in 2012. We have piloted the use of the Toolkit in two supported accommodation facilities, a hostel and a service supervising independent living in apartments, for individuals with long-term severe mental health problems in the region of Thessaloniki. In this paper, we present the methodology and process of evaluating the facilities, including the challenges posed to the evaluation process by restrictions due to the Covid-19 pandemic. We showcase the outcome of this evaluation through presenting a summary of the results and the ensuing recommendations for improvement. Finally, we reflect on the usefulness, appropriateness and relevance of the Toolkit for evaluating mental health care facilities in the particular context of contemporary Greece. [ABSTRACT FROM AUTHOR]

Gill, N. S., et al. (2020). "Measuring the impact of revised mental health legislation on human rights in Queensland, Australia." International Journal of Law and Psychiatry **73**: 101634.

The Convention on the Rights of Persons with Disabilities (2006) (CRPD) has been instrumental for initiating and shaping the reform of mental health legislation in many countries, including the eight Australian jurisdictions. Multiple approaches have been proposed to assess and monitor the compliance of States Parties' mental health legislation with the CRPD, and to evaluate its success in protecting and promoting the human rights of people with disabilities. This article reports an effort to index the impact of legislation on human rights by measuring changes in the prevalence of compulsory treatment orders applied to people with mental illness after the introduction of CRPD influenced mental health legislation in the Australian state of Queensland. We found that despite reforms intended to enhance patient autonomy, the prevalence of compulsory treatment orders increased after implementation of the new legislation. Possible reasons behind this unintended consequence of the legislative reform may include a lack of systematized voluntary alternatives to compulsory treatment, a paternalistic and restrictive culture in mental health services and risk aversion in clinicians and society. We recommend that the reforms in mental health policy as well as legislation need to go further in order to achieve the goals embodied in the human rights framework of the CRPD. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

Gill, N. S., et al. (2021). "Opening the doors: Critically examining the locked wards policy for public mental health inpatient units in Queensland Australia." The Australian and New Zealand journal of psychiatry **55**(9): 844-848.
The Queensland Government issued a policy directive to lock all acute adult public mental health inpatient wards in 2013. Despite criticism from professional bodies and advocacy for an alternative, the policy has been retained to this day. A blanket directive to treat all psychiatric inpatients in a locked environment without individualised consideration of safety is inconsistent with least restrictive recovery-oriented care. It is against the principles of the United Nations Convention on the Rights of Persons with Disabilities, to which Australia is a signatory. It is also contrary to the main objects of the Mental Health Act 2016 (Qld). Queensland Health has reported a reduction in 'absences without permission' from psychiatric inpatient wards after the introduction of the locked wards policy; however, no in-depth analysis of the consequences of this policy has been conducted. It has been argued that patients returning late or not returning from approved leave is a more common event than patients 'escaping' from mental health wards, yet all may be counted as 'absent without permission' events. A review of the international literature found little evidence of reduced absconding from locked wards. Disadvantages for inpatients of locked wards include lowered self-esteem and autonomy, and a sense of exclusion, confinement and stigma. Locked wards are also associated with lower satisfaction with services and higher rates of medication refusal. On the contrary, there is significant international evidence that models of care like Safewards and having open door policies can improve the environment on inpatient units and may lead to less need for containment and restrictive practices. We recommend a review of the locked wards policy in light of human rights principles and international evidence.

Karim, M. E. and S. Shaikh (2021). "Newly enacted mental health law in Bangladesh." BJPsych International **18**(4): 85-87.
Mental health problems are almost ignored in Bangladesh, one of the most densely populated countries in the world. The lack of overall health literacy and human resources due to an ineffectively updated legal and regulatory framework, coupled with very limited but misused budget allocation, are some of the factors responsible for this. The country's Constitution recognises the importance of public health and stipulates the improvement of public health as an important primary duty of the state. Nevertheless, it is often compromised or neglected in favour of other socioeconomic development priorities. The Lunacy Act 1912 was recently repealed and substituted by the Mental Health Act 2018 to fill in various gaps in mental health law. This is a welcome development, but there remain limitations and scope for further improvement. We highlight some important provisions of this newly enacted law, identify some limitations and propose some issues for consideration in future policy reform.; Competing Interests: None. (© The Authors 2021.)

Lovett, A., et al. (2019). "Mental health of people detained within the justice system in Africa: systematic review and meta-analysis." International Journal of Mental Health Systems **13**(1): N.PAG-N.PAG.
Worldwide, people with mental disorders are detained within the justice system at

higher rates than the general population and often suffer human rights abuses. This review sought to understand the state of knowledge on the mental health of people detained in the justice system in Africa, including epidemiology, conditions of detention, and interventions. We included all primary research studies examining mental disorders or mental health policy related to detention within the justice system in Africa. 80 met inclusion criteria. 67% were prevalence studies and meta-analysis of these studies revealed pooled prevalence as follows: substance use 38% (95% CI 26–50%), mood disorders 22% (95% CI 16–28%), and psychotic disorders 33% (95% CI 28–37%). There were only three studies of interventions. Studies examined prisons (46%), forensic hospital settings (37%), youth institutions (13%), or the health system (4%). In 36% of studies, the majority of participants had not been convicted of a crime. Given the high heterogeneity in subpopulations identified in this review, future research should examine context and population-specific interventions for people with mental disorders. [ABSTRACT FROM AUTHOR]

Maphisa, J. M. (2019). "Mental health legislation in Botswana." BJPsych International **16**(3): 68-70.
The Mental Disorders Act of 1969 is the primary legislation relating to mental health in Botswana. Despite the country not being a signatory to the United Nations Convention on the Rights of Persons with Disabilities, its Act has a self-rated score of four out of five on compliance to human rights covenants. However, it can be argued that the Act does not adequately espouse a human rights- and patient-centred approach to legislation. It is hoped that ongoing efforts to revise the Act will address the limitations discussed in this article. [ABSTRACT FROM AUTHOR]

Math, S., et al. (2019). "The rights of persons with disability act, 2016: Challenges and opportunities." Indian Journal of Psychiatry **61**: 809-815.
India signed the United Nations Convention on the Rights of Person with Disabilities (UNCRPD) and subsequently ratified the same on October 1, 2007. The UNCRPD proclaims that disability results from an interaction of impairments with attitudinal and environmental barriers which hinders full and active participation in society on an equal basis. Further, the convention also mandates the signatories to change their national laws, to identify and eliminate obstacles and barriers, and to comply with the terms of the UNCRPD. In this regard, the Government of India initially undertook the amendment of laws such as Persons with Disability Act, 1995 (PWD Act 1995). The Rights of PWD Act, 2016 (RPWD Act 2016) replaced the PWD Act 1995 to comply with the UNCRPD. The new act was fine-tuned considering the socio-cultural and local needs of the society, and the available resources. Persons with Mental Illness (PMI) are often stigmatized and discriminated, which hinders their full and active participation in society. This is a much larger issue, especially in women, gender minorities, backward communities, and the poor and the migrated populations. Adding to the complexities, PMIs are often not aware of their illness, refuse the much-needed treatment and often are not in a place to exercise their rights. There is an urgent need to address this issue of attitudinal barrier so that the rights of PMI are upheld. Hence, this article discusses challenges and opportunities in the RPWD Act 2016 from the perspective of PMI. [ABSTRACT FROM AUTHOR]

Mulé, N. J. (2022). "Mental health issues and needs of LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada." Psychology & Sexuality **13**(5): 1168-1178.
LGBTQ+ people experience mental health challenges due to their minoritized status, systemic inequities and structural disparities. For LGBTQ+ asylum seekers, refugee claimants and refugees the impact on their mental health can be compounding. This study, which featured a series of focus groups with LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada, was part of a larger international study

'Envisioning Global LGBT Human Rights' that looked at colonising effects on LGBTQ people in the Commonwealth. The migration process, – often forced due to persecution in their country of origin based on sexual orientation or gender identity and expression – produced traumatic experiences involving life-changing decisions, accessing information and resources, cultural shifts, conceptualisation of identities, and navigating the refugees claims process. The specialised experiences of LGBTQ+ asylum seekers, refugee claimants and refugees can have a deleterious effect on their mental health that a critical psychology perspective can address clinically by recognising the particularised needs of this population and systemically by addressing the structural inequities. [ABSTRACT FROM AUTHOR]

Peisah, C., et al. (2021). "The Human Rights of Older People With Mental Health Conditions and Psychosocial Disability to a Good Death and Dying Well." The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry **29**(10): 1041-1046.
The human right to a good death and dying well is as important as the right to life. At stake at the end of life are human rights to dignity, autonomy, self-determination and respect for will and preferences, equitable access to quality health care that is needs-based, and respect for family and relationships. Older people with dementia, those with serious mental illness, and those with intellectual disability are vulnerable to "bad deaths" due to violations of these rights. In this paper we explore why this is so and examine existing and potential solutions. A human rights-approach to end-of-life care and policy for older persons with mental health conditions and psychosocial disability is one that is needs-based, encompassing physical and mental health, palliative care, social, and spiritual support services provided in the context of inclusive living. Most importantly, end of life care must be self-determined, and not "one size fits all." An important remedy to existing violations is to strengthen human rights frameworks to cater specifically to older persons' needs with a UN convention on the rights of older persons. Finally, as health professionals we have important contributions to make at the coalface by accepting our responsibilities in the area of death and dying. With the concept of the palliative psychiatrist gaining traction and recognition that death is our business, we add that human rights is also our business. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Raveesh, B. and P. Lepping (2019). "Restraint guidelines for mental health services in India." Indian Journal of Psychiatry **61**: 698-705.
Restraint use in mentally ill patients are regulated by Mental Healthcare Act 2017 in India. At times, persons with mental disorders become dangerous to self, others or towards the property, warranting an emergency intervention in the form of restraint. Restraint as a matter of policy, should be implemented after attempting alternatives, only under extreme circumstances as last resort and not as a punishment. It should be an intervention focused at managing the concerned behavior for a given point of time. Restraint should always result in safety and should ensure that the human rights of mental health care users are upheld. This guideline was developed towards Indian mental health services in conjunction with international evidence-based strategies following a decade of collaborative research work between Indian and European mental health professionals. [ABSTRACT FROM AUTHOR]

Schumacher, L., et al. (2021). "Using clinical expertise and empirical data in constructing networks of trauma symptoms in refugee youth." Empleando la experiencia clínica y los datos empíricos para construir redes de síntomas de trauma en refugiados jóvenes. **12**(1): 1-12.
Background: In recent years, many adolescents have fled their home countries due to war and human rights violations, consequently experiencing various traumatic events

and putting them at risk of developing mental health problems. The symptomatology of refugee youth was shown to be multifaceted and often falling outside of traditional diagnoses. Objective: The present study aimed to investigate the symptomatology of this patient group by assessing the network structure of a wide range of symptoms. Further, we assessed clinicians' perceptions of symptoms relations in order to evaluate the clinical validity of the empirical network. Methods: Empirical data on Post-Traumatic Stress Disorder (PTSD), depression and other trauma symptoms from N = 366 refugee youth were collected during the routine diagnostic process of an outpatient centre for refugee youth in Germany. Additionally, four clinicians of this outpatient centre were asked how they perceive symptom relations in their patients using a newly developed tool. Separate networks were constructed based on 1) empirical symptom data and 2) clinicians' perceived symptom relations (PSR). Results: Both the network based on empirical data and the network based on clinicians' PSR showed that symptoms of PTSD and depression related most strongly within each respective cluster (connected mainly via sleeping problems), externalizing symptoms were somewhat related to PTSD symptoms and intrusions were central. Some differences were found within the clinicians' PSR as well as between the PSR and the empirical network. Still, the general PSR-network structure showed a moderate to good fit to the empirical data. Conclusion: Our results suggest that sleeping problems and intrusions play a central role in the symptomatology of refugee children, which has tentative implications for diagnostics and treatment. Further, externalizing symptoms might be an indicator for PTSD-symptoms. Finally, using clinicians' PSR for network construction offered a promising possibility to gain information on symptom networks and their clinical validity. Symptom networks were investigated to understand better refugee youth's symptomatology. Intrusions were central; PTSD and depression symptoms related mainly to symptoms in their own domain. Despite differences, clinicians' perceptions showed moderate fit to the empirical data. (English) [ABSTRACT FROM AUTHOR]

Schumacher, L., et al. (2021). "Using clinical expertise and empirical data in constructing networks of trauma symptoms in refugee youth." Empleando la experiencia clínica y los datos empíricos para construir redes de síntomas de trauma en refugiados jóvenes. **12**(1): 1-12.

Background: In recent years, many adolescents have fled their home countries due to war and human rights violations, consequently experiencing various traumatic events and putting them at risk of developing mental health problems. The symptomatology of refugee youth was shown to be multifaceted and often falling outside of traditional diagnoses. Objective: The present study aimed to investigate the symptomatology of this patient group by assessing the network structure of a wide range of symptoms. Further, we assessed clinicians' perceptions of symptoms relations in order to evaluate the clinical validity of the empirical network. Methods: Empirical data on Post-Traumatic Stress Disorder (PTSD), depression and other trauma symptoms from N = 366 refugee youth were collected during the routine diagnostic process of an outpatient centre for refugee youth in Germany. Additionally, four clinicians of this outpatient centre were asked how they perceive symptom relations in their patients using a newly developed tool. Separate networks were constructed based on 1) empirical symptom data and 2) clinicians' perceived symptom relations (PSR). Results: Both the network based on empirical data and the network based on clinicians' PSR showed that symptoms of PTSD and depression related most strongly within each respective cluster (connected mainly via sleeping problems), externalizing symptoms were somewhat related to PTSD symptoms and intrusions were central. Some differences were found within the clinicians' PSR as well as between the PSR and the empirical network. Still, the general PSR-network structure showed a moderate to good fit to the empirical data. Conclusion: Our results suggest that sleeping problems and intrusions play a central role in the symptomatology of refugee children, which has tentative implications for diagnostics and treatment. Further, externalizing symptoms might be an indicator for PTSD-symptoms. Finally, using clinicians' PSR for network construction offered a promising possibility to gain information on symptom networks and their clinical validity. Symptom networks were investigated to understand better refugee youth's symptomatology. Intrusions were central; PTSD and depression symptoms related mainly to symptoms in their own domain. Despite differences, clinicians' perceptions showed moderate fit to the empirical data. (English) [ABSTRACT FROM AUTHOR]

Sivakumar, P., et al. (2019). "Implications of Mental Healthcare Act 2017 for geriatric mental health care delivery: A critical appraisal." Indian Journal of Psychiatry **61**: 763-767.
The prevalence of mental health problems in older adults is increasing globally as well as in India due to population ageing. Mental Healthcare Act (MHCA) 2017 has a rights-based approach and came into force in India in May 2018. Its provisions have significant implications for promoting mental health care and protecting the rights of persons with mental illness (PMI). Older adults with mental health problems such as dementia have a high risk for loss of mental capacity, abuse, violation of their rights, and institutionalization. This act advocates the development of specialized clinical services for the older adults in mental health care institutions. It also recognizes the rights of PMI to access a range of services required, including rehabilitation services. Several provisions of the act, such as those related to mental capacity, advance directive, nominated representative, and responsibilities of other agencies, have specific challenges related to older adults with mental illness. In this article, we present a critical appraisal of the implications of MHCA 2017 in the context of the care of the older adults with mental illness. [ABSTRACT FROM AUTHOR]

Subramanyam, A., et al. (2022). "Disability certification in psychiatry." Indian Journal of Psychiatry **64**: 185-195.
The article focuses on disability certification in psychiatry.

Thornicroft, G. and C. Sunkel (2020). "Announcing the Lancet Commission on stigma and discrimination in mental health." Lancet **396**(10262): 1543-1544.
Stigma and discrimination against people with mental ill health are global problems and have severe consequences in terms of social exclusion.[1] Such social exclusion is associated with barriers to health care,[[2]] increased unemployment,[4] and premature mortality.[5] Evidence is clear from high-income countries, and is emerging from low-income and middle-income countries (LMICs), that interventions can be effective in reducing such stigma and discrimination.[[6]] We now need a reappraisal of this field and a set of radical and practical recommendations to guide action locally, nationally, and globally to address mental health-related stigma and discrimination. Fourth, we will conduct a literature review on the effectiveness and cost-effectiveness of interventions to reduce stigma and discrimination related to mental illness. [Extracted from the article]

Ventura, C. A. A., et al. (2021). "Nursing care in mental health: Human rights and ethical issues." Nursing Ethics **28**(4): 463-480.
People with mental illness are subjected to stigma and discrimination and constantly face restrictions in the exercise of their political, civil and social rights. Considering this scenario, mental health, ethics and human rights are key approaches to advance the well-being of persons with mental illnesses. The study was conducted to review the scope of the empirical literature available to answer the research question: What evidence is available regarding human rights and ethical issues regarding nursing care to persons with mental illnesses? A scoping review methodology guided by Arksey and O'Malley was used. Studies were identified by conducting electronic searches on CINAHL, PubMed, SCOPUS and Hein databases. Of 312 citations, 26 articles matched

the inclusion criteria. The central theme which emerged from the literature was "Ethics and Human Rights Boundaries to Mental Health Nursing practice". Mental health nurses play a key and valuable role in ensuring that their interventions are based on ethical and human rights principles. Mental health nurses seem to have difficulty engaging with the ethical issues in mental health, and generally are dealing with acts of paternalism and with the common justification for those acts. It is important to open a debate regarding possible solutions for this ethical dilemma, with the purpose to enable nurses to function in a way that is morally acceptable to the profession, patients and members of the public. This review may serve as an instrument for healthcare professionals, especially nurses, to reflect about how to fulfil their ethical responsibilities towards persons with mental illnesses, protecting them from discrimination and safeguarding their human rights, respecting their autonomy, and as a value, keeping the individual at the centre of ethical discourse. [ABSTRACT FROM AUTHOR]

Williams, J. and E. Y. Drogin (2019). "Older adult mental health law special issue, International Journal of Law and Psychiatry." International Journal of Law & Psychiatry **66**: N.PAG-N.PAG.

migración (13)

Abrego, L. J. (2021). "SOBRE LOS SILENCIOS: REFUGIADOS SALVADOREÑOS AYER Y HOY." On the silences: Salvadoran refugees yesterday and today. **18**(45): 247-269.
La intervención económica y militar de Estados Unidos en El Salvador estableció las condiciones para la migración masiva desde la década de 1980. Tanto entonces como ahora, a pesar de las violaciones de derechos humanos ampliamente documentadas, el gobierno de Estados Unidos se niega a reconocer a personas salvadoreñas como refugiados. Entrelazando lo personal y lo político, este ensayo analiza los paralelismos de la violencia contra los refugiados en la década de 1980 y en el presente. Asimismo, estudia los silencios generados a partir de la negación del terrorismo de Estado y las consecuencias políticas y colectivas de esos silencios para las personas salvadoreñas en Estados Unidos. (Spanish) [ABSTRACT FROM AUTHOR]

Álvarez Martínez-Conde, C. and M. Montenegro Martínez (2020). "Memoria, Migración y Acción colectiva: Luchas migrantes en Barcelona." Scripta Nova. Revista Electrónica de Geografía y Ciencias Sociales **24**(646).
La memoria de la lucha por los derechos de las personas inmigradas es un campo productivo para repensar los sistemas de significación de la acción política y el ejercicio de derechos para sujetos que han sido excluidos del espacio público. En este artículo se dialoga, por medio de la técnica de Producciones Narrativas, con las memorias que construyen protagonistas de estas acciones colectivas en Barcelona entre 2000 y 2017. Los ejes de discusión exploran la forma en que estas memorias afectan los marcos de reconocimiento y pertenencia a una comunidad como espacio garante de derechos, donde mediante el recuerdo se establecen matrices de inteligibilidad que constituyen sujetos colectivos con agencia, planteando diferentes estrategias y articulaciones que resisten a la precariedad.

Di Nitto, C. (2020). "EXCURSUS HISTÓRICO Y CUADRO NORMATIVO ACTUAL: DERECHO DE ASILO Y STATUS DE REFUGIADO." Historical Excursus and current normative framework: right of asylum and refugee status.(11): 175-198.
The migratory issues need to be deepened, not only from the human point of view, but also with regard to legal discipline. Asylum, a term of Greek origin ασυλον (ιερον), literally means without capture; in the Latin terminology asylum indicates a temple where there is no right of capture and is strictly bound to the Institute of Hospitality,

defined by the Romans Hospitium Publicum (one of the first forms of public hospitality). Asylum and refugee status represent, therefore, two institutions that go back to the Greco-Roman age and that will be deepened juridically from the origins and their practical applications. The different interpretations regarding the discipline that have been developed in modern and contemporary history will be analyzed later, and in addition, it will be observed how these have finally been reinterpreted since the First and the Second World Conflicts and moreover since the Universal Declaration of Human Rights of 1948. (English) [ABSTRACT FROM AUTHOR]

Feline, L. and S. Castillo Jara (2020). "Movilidad y políticas migratorias en América Latina en tiempos de COVID-19." Anuario CIDOB de la inmigración: 49-66.
Este artículo presenta una visión panorámica de la movilidad humana y las políticas migratorias en América Latina en 2020, durante la pandemia del COVID-19. En primer lugar, revisa algunas situaciones específicas que amenazan a la población en movilidad humana en este contexto, como la inmovilidad forzada, las deportaciones en condiciones de riesgo y los peligros asociados a la movilidad irregular. En segundo lugar, observa cómo la emergencia sanitaria surgió en la región latinoamericana en un momento de politización de la inmigración, con una débil coordinación regional y dificultades para garantizar los derechos sociales de la población extranjera. En tercer lugar, examina la persistente vulnerabilidad de la población migrante en América Latina ante estas circunstancias y, por último, concluye enfatizando la urgente necesidad de llevar a la práctica políticas de regularización migratoria.

Fernández Espinoza, W. H. (2019). "PROTECCIÓN DE LA FAMILIA Y ACCESO A LA JUSTICIA DE LOS MIGRANTES EN EL PERÚ." PROTECTION OF THE FAMILY AND ACCESS TO THE JUSTICE OF MIGRANTS IN PERU. **8**: 245-267.
The purpose of this research is to analyze national and international regulations on the protection of the family nucleus when its members are migrants in an irregular situation, as well as the right of access to justice for this population in a vulnerable condition. The research methodology used is descriptive, the method applied is the inductive and the qualitative approach. For its study, the Peruvian jurisprudence and the cases resolved in the inter-American system for the protection of human rights were reviewed, among other related texts on the subject. The structure of the work includes the description of the problematic reality, the right of the constitutional protection of the family against migration, the new approach to access to justice and the protection of the rights of migrants. Finally, the conclusive reflections of the investigator are presented, in which it is concluded that the Peruvian State must safeguard better the fundamental rights of migrants and their family, on equal terms and without discrimination on grounds of their irregular situation in the country. (English) [ABSTRACT FROM AUTHOR]

García González, S. (2020). "La vida desechable. Una mirada necropolítica a la contención migratoria actual." Migraciones(50): 3-27.
Las políticas migratorias actuales perseveran en su empeño de reforzar los dispositivos fronterizos en aras de frenar los flujos migratorios no deseados. La fantasía política de contención migratoria redunda en un aumento de la mortalidad, en sintonía con un incremento de la vulnerabilidad y la inseguridad para las personas que se desplazan forzadamente, a la vez que se intensifica la xenofobia y la aporofobia en las sociedades receptoras. Para los sistemas neoliberales globales, según criterios puramente mercantilistas, una vida vale en la medida que contribuye al progreso económico. Es por ello por lo que las y los migrantes y refugiados conforman la vida desechable. Aplicar la categoría necropolítica al fenómeno migratorio permite ahondar en estas cuestiones desde un enfoque crítico con las políticas migratorias actuales, apelar a los derechos humanos y, en última instancia, reivindicar desde una perspectiva ética el valor de la vida humana.

González Hidalgo, E. and D. L. Coco (2020). "(Des)Protección de personas LGTBI en espacios seguros. Un análisis de las experiencias migratorias en Guatemala y México." Migraciones(50): 59-85.

La vulnerabilidad de las personas lesbianas, gais, transexuales, bisexuales e intersexuales (LGTBI) durante su proceso migratorio ha generado una nueva preocupación en la comunidad internacional. En las últimas décadas se ha tenido en cuenta esta diversidad para generar mecanismos de protección, uno de ellos es la Red de Espacios Seguros (RSSN) en Centroamérica y México, bajo el ACNUR. Sin embargo, el camino para disminuir el grado de vulnerabilidad es complejo. El objetivo de este artículo es evidenciar las lagunas en la protección de las personas LGTBI en los espacios seguros en México y Guatemala. La metodología se apoya en la revisión de fuentes secundarias y en el trabajo de campo en el que se llevaron a cabo observaciones directas, grupos de discusión y entrevistas en profundidad a personas en tránsito, solicitantes de asilo y refugiadas LGTBI.

JosÉ De JesÚS Alvizo Perera, E. and R. Quintal LÓPez (2022). "Estrategias de prevención del vih/sida en hombres mayas migrantes de Yucatán: aportes desde la mercadotecnia social." hiv/aids prevention Strategies in Mayan migrant men from Yucatan: contributions from social marketing. **59**: 239-263.

There has been an increase in the amount of research that shows how migration status influences an increased risk of acquiring hiv/aids. The findings show that structural conditions of inequality lead to greater vulnerability. In Mexico, those who come from rural or indigenous populations face greater material shortage and abuses of their human rights. To achieve a better impact on prevention, less explored health promotion models need to be applied. The present work, carried out in two localities in southern Yucatan, shows how social marketing is a relevant and effective tool to build hiv/aids prevention strategies among the male Mayan population migrating to regional destinations. The research was carried out in two stages: a) the collection of data through the application of surveys that explore socio-demographic data, vulnerability factors, knowledge about hiv/aids and risk practices, which served as input for the second stage; b) the collaborative development of a prevention strategy based on Lee and Kotler Social Marketing model. With this we identified the desired outcomes for health; the threats to achieving those outcomes; the behavioral changes sought; the main barriers; the messages to be strengthened in interpersonal communication; the attitudes and knowledge that existed in response to the phenomenon. Finally, in collaboration with the participants we created a video and a play that were accepted in both communities. (English) [ABSTRACT FROM AUTHOR]

Miranda Ruche, X. and C. Villacampa Estiarte (2022). "Trata de seres humanos y migración: una exploración al sistema de protección en España a partir de la perspectiva comparada." Migraciones(54): 1-24.

España presenta unas cifras muy elevadas de personas migrantes entre las víctimas de trata de seres humanos. Por ello, este artículo plantea una aproximación crítica al sistema de protección español dirigido a dichas víctimas. Con este objetivo se realizó un análisis comparativo con cinco países del entorno europeo. Los resultados indican que España tiene una infraestructura deficitaria para la identificación. Ello impide a las víctimas no detectadas beneficiarse de las coberturas formales de protección y les bloquea su acceso al periodo de restablecimiento y reflexión, así como al permiso de residencia. Para garantizar la atención y los derechos de todas las víctimas, España debería articular un sistema de identificación integrado por un mayor número de operadores especializados, como se observa en el modelo británico, portugués y neerlandés. Dado el alto componente migratorio de la trata de seres humanos, dicho sistema debería ser especialmente competente en materia de diversidad cultural.

Nolan-Ferrell, C. (2021). "Pedimos Posada: Local Mediators and Guatemalan Refugees in Mexico, 1978-1984." Pedimos posada: mediadores locales y refugiados guatemaltecos en México, 1978-1984.(80): 153-178.
Objective/Context: This article investigates how indigenous Guatemalan campesinos who took refuge in Chiapas, Mexico, relied upon Mexican mediators and community solidarity to secure their safety during the Guatemalan army's genocidal campaign (1979-1983) against Mayan campesinos. The objective is to identify why different groups of mediators successfully met refugee needs. Methodology: Using the framework of forced migration studies, the article uses archival and oral histories to examine patterns of labor migration and refugee movement. Originality: The study uses previously uncatalogued archival collections, including the Guatemalan Refugees Collection in the Archivo Histórico Diocesano de San Cristóbal de las Casas, local documents from the Instituto Nacional de los Pueblos Indígenas (formerly Instituto Nacional Indígena, ini), and oral histories collected in communities of ex-refugiados. Conclusions: Refugees relied upon local mediators, primarily campesinos and small farmers, for food, shelter, and work. Although formal mediators (governmental and intergovernmental organizations) potentially offered more services to refugee settlements, refugee camps also required formal registration and restricted peoples' rights to work and move freely. Indigenous Maya villagers on both sides of the border shared long histories of labor migration, along with social, religious, and family ties. These links formed the base of new communities and provided refugees with needed flexibility. More broadly, this research shows how grassroots community formation protected, and at times exploited, the human rights of refugees. (English) [ABSTRACT FROM AUTHOR]

Nolan-Ferrell, C. (2021). "Pedimos Posada: Local Mediators and Guatemalan Refugees in Mexico, 1978-1984." Pedimos posada: mediadores locales y refugiados guatemaltecos en México, 1978-1984.(80): 153-178.
Objective/Context: This article investigates how indigenous Guatemalan campesinos who took refuge in Chiapas, Mexico, relied upon Mexican mediators and community solidarity to secure their safety during the Guatemalan army's genocidal campaign (1979-1983) against Mayan campesinos. The objective is to identify why different groups of mediators successfully met refugee needs. Methodology: Using the framework of forced migration studies, the article uses archival and oral histories to examine patterns of labor migration and refugee movement. Originality: The study uses previously uncatalogued archival collections, including the Guatemalan Refugees Collection in the Archivo Histórico Diocesano de San Cristóbal de las Casas, local documents from the Instituto Nacional de los Pueblos Indígenas (formerly Instituto Nacional Indígena, ini), and oral histories collected in communities of ex-refugiados. Conclusions: Refugees relied upon local mediators, primarily campesinos and small farmers, for food, shelter, and work. Although formal mediators (governmental and intergovernmental organizations) potentially offered more services to refugee settlements, refugee camps also required formal registration and restricted peoples' rights to work and move freely. Indigenous Maya villagers on both sides of the border shared long histories of labor migration, along with social, religious, and family ties. These links formed the base of new communities and provided refugees with needed flexibility. More broadly, this research shows how grassroots community formation protected, and at times exploited, the human rights of refugees. (English) [ABSTRACT FROM AUTHOR]

Peralta, E. C. O., et al. (2021). "Filosofía y migración: Debates sobre la protección de los derechos de los refugiados venezolanos en Perú." Philosophy and Migration: Discussion on the Protection of the Rights of Venezuelan Refugees in Peru. **38**(99): 276-291.

This paper aims to analyze the migratory phenomenon in the light of philosophy. Mobility is a fact as old as humanity, it responds to the need for progress, which has significantly helped in the evolution of man. However, war, disease, poverty, social marginalization, conditioned social scenarios and prompted human beings to transcend their geographical limits, seeking better life opportunities, thus guaranteeing the right to survival, advancing towards the consolidation of universal human rights. The present investigation assumes this theoretical-philosophical position; However, it recognizes the political, economic and social impact of migration in current scenarios; Therefore, it evaluates the specific case of the Venezuelan migration to Peru, pointing out the role that the Special Commission for Refugees has played in its performance as a state body whose function is to protect and enforce the right of refugees who enter the country Peruvian territory. For this reason, the importance of international agreements in the protection of refugees is recognized and, at the same time, the intrinsic value that exists in human nature is emphasized. (English) [ABSTRACT FROM AUTHOR]

Uribe Arzate, E. and J. Olvera GarcÍA (2019). "México: el nuevo destino para los migrantes de Centroamérica, o la quiebra del sueño americano." Mexico: The New Destiny for Migrants in Central America, or the American Dream Rupture. **24**: 133-148.
Work aims to build new explanations on the phenomenon of central American migration to the United States but must stay to live in Mexico as a result of the impossibility of achieving its purpose. Collapsed the migration concepts and the human rights to survive and reside are categories of analysis. The methodology is documentary-based based on quantitative data on this reality. It is concluded that the migration has been collapsed by the prevalence of the element differentiating discourse that must be changed by a reconstruction of the language that facilitates the individual's insertion into new territories. (English) [ABSTRACT FROM AUTHOR]

MIGRANT labor (21)

Broom, A., et al. (2020). "The (Co)Production of Difference in the Care of Patients With Cancer From Migrant Backgrounds." Qualitative Health Research **30**(11): 1619-1631.
An extensive body of scholarship focuses on cultural diversity in health care, and this has resulted in a plethora of strategies to "manage" cultural difference. This work has often been patient-oriented (i.e., focused on the differences of the person being cared for), rather than relational in character. In this study, we aimed to explore how the difference was relational and coproduced in the accounts of cancer care professionals and patients with cancer who were from migrant backgrounds. Drawing on eight focus groups with 57 cancer care professionals and one-on-one interviews with 43 cancer patients from migrant backgrounds, we explore social relations, including intrusion and feelings of discomfort, moral logics of rights and obligation, and the practice of defaulting to difference. We argue, on the basis of these accounts, for the importance of approaching difference as relational and that this could lead to a more reflexive means for overcoming "differences" in therapeutic settings. [ABSTRACT FROM AUTHOR]

de Beaufort, I. (2022). "Being There: A Commentary on Göran Hermerén's "A Future for Migrants with Acute Heart Problems Seeking Asylum?" (CQ 30 (2))." Cambridge Quarterly of Healthcare Ethics **31**(1): 150-159.

Desmond, A. (2020). "A new dawn for the human rights of international migrants? Protection of migrants' rights in light of the UN's SDGs and Global Compact for Migration." International Journal of Law in Context **16**(3): 222-238.
This paper undertakes a sceptical analysis of the significance for the protection of migrants' rights represented by the Sustainable Development Goals (SDGs) 2030 and

the UN Global Compact for Migration (GCM). Despite the positive view taken by many of these frameworks, I argue that, taken together, the SDGs and the GCM represent an acknowledgement of the failure of the international system of human rights protection to deal effectively with the protection of migrants' rights. With particular reference to the UN Migrant Workers Convention, I argue that adoption of the GCM underscores a decisive shift from the realm of binding international law to soft law for the purposes of dealing with migrants' rights. While acknowledging some of the signal benefits of this new regime, I highlight some of the many signs suggesting that these twin international developments do not guarantee progress on the road to the protection of migrants' rights. [ABSTRACT FROM AUTHOR]

Grange, M., et al. (2020). "Using detention to talk about the elephant in the room: the Global Compact for Migration and the significance of its neglect of the UN Migrant Workers Convention." International Journal of Law in Context **16**(3): 287-303.
The paper discusses the (unsteady) evolution of multilateral processes on migration since the 1980s, with a focus on immigration detention as a growing response to migratory movements. It identifies distinct periods leading up to the Global Compact for Migration (GCM). The paper exposes double standards in the treatment of migration at the UN and beyond, connected with states' view of migration as a toxic topic. While the GCM put the issue of migration back on the global agenda, the paper argues against the claim that the GCM is the first-ever inter-governmentally negotiated agreement covering all dimensions of international migration. This description better fits the 1990 Migrant Workers Convention. Furthermore, the paper illustrates how the GCM poses a threat to human rights protection in the area of migration: given its focus on co-operation and a state-led non-binding approach, it may overshadow existing international norms and widely endorsed standards monitored by UN bodies. [ABSTRACT FROM AUTHOR]

Groves, J. M., et al. (2022). "Kitchen sink dramas and the search for common culture: a comparative analysis of migrant domestic worker abuse in Hong Kong's English and Chinese-language news media." Media, Culture & Society **44**(6): 1053-1073.
What can cultural studies contribute to our understanding of Hong Kong's print and broadcast media? We reorient the current preoccupation with politics in Hong Kong's local media to focus upon culture. Drawing from cultural studies, and specifically the search for 'common culture', we explain divergent perspectives on migrant domestic worker (MDW) abuse in Hong Kong's English and Chinese-language print and broadcast media. Whereas the English-language media relies upon international experts and NGOs to tell a story of human rights abuses against MDWs, the Chinese-language media is more likely to take us into local homes and to present the employer and community as victims of trickery from domestic workers and agencies. We use the kitchen sink drama as a metaphor to describe this reportage. What forces shape the production of these dramas? and what are the implications for the public understanding of MDW abuse and human rights? [ABSTRACT FROM AUTHOR]

HermerÉN, G. (2021). "A Future for Migrants with Acute Heart Problems Seeking Asylum?" Cambridge Quarterly of Healthcare Ethics **30**(2): 297-311.
This paper discusses the future of migrants with acute heart problems and without permanent permission to remain in the country where they are seeking asylum. What does the country they have traveled to owe them? Specifically, what healthcare services are they entitled to? This may seem a niche problem, but numbers of migrants with acute heart problems could increase in the future. Besides, similar problems could be raised by, for instance, traumatized migrants with acute needs for healthcare services for other serious conditions. The paper identifies the issues and some positions on them. Arguments for and against these positions are explored. This particular set of problems

in healthcare ethics creates several challenges, at both national and international levels, concerning access to transplantation, public willingness to donate organs, optimal use of organs, justice and fairness, and potential conflicts of law, politics and ethics, as well as issues revolving around interaction and communication (or lack of it) between agencies and professions. [ABSTRACT FROM AUTHOR]

Hodge, D. R. (2019). "Spiritual assessment with refugees and other migrant populations: A necessary foundation for successful clinical practice." Journal of Religion & Spirituality in Social Work **38**(2): 121-139.
In light of the current global refugee crisis, social workers and other mental health professionals are increasingly likely to encounter refugees in various practice settings. For many refugees, receiving services is directly intersected by spiritual beliefs and practices in culturally unique ways. Research indicates that many, if not most, practitioners have received little training in spirituality and, consequently, may not consider refugees' spirituality in their clinical assessment. The present article addresses this gap in practitioner training by explicating six intertwined rationales that underscore the importance of identifying and understanding refugees' spiritual beliefs and practices. Together, these rationales illustrate why successful clinical practice with refugees and other migrant populations is often contingent upon integrating spirituality into clinical work, a process that starts with a spiritual assessment. The manuscript concludes by providing some practical suggestions for conducting an assessment in an effective and culturally sensitive manner. [ABSTRACT FROM AUTHOR]

Kashnitsky, D. and J. M. Richter (2022). "'In Short, We Will Deport You': Disrupted temporalities of migrants with HIV in Russia." Global Public Health **17**(11): 2841-2853.
Migrants experience several challenges en route to or in their host country. Current legislation in Russia imposes a permanent ban on international migrants with HIV obtaining a residence permit in Russia. Using qualitative methodology, we conducted semi-structured interviews with 15 international migrants who have lived with HIV in Russia and 12 interviews with healthcare providers in Russia. With the help of Bonnington's temporal framework, the study finds that the HIV-positive status of migrants becomes a biographical event that interrupts their migration cycle, thereby leading to the disruption of their normal life course which results in 'short term planning' and instability. Although most people living with HIV face similar challenges, Russian law concerning international migrants living with HIV worsens their living experience in Russia. International migrants living with HIV further face social exclusion, serious stigma and discrimination. The results show that the country's demand for migrants with HIV to leave the country to reduce the spread of HIV in Russia is counterproductive: it does not mobilise heath-seeking behaviour among migrants. Therefore, such legislation has to be amended to encourage international migrants living with HIV to access adequate HIV services. [ABSTRACT FROM AUTHOR]

Kini, N. (2020). "Rising Scholar: A Cycle of Slavery: Migrant Labor and Human Rights Violations in the United Arab Emirates." International Social Science Review **96**(4): 1-18.
The article focuses on migrant labor and human rights violations in the United Arab Emirates (UAE) and morphed into a post-industrial society supported by an influx of migrant workers who supplement the native Emirati labor supply. It mentions UAE government allows for the exploitation of migrant workers to prompt economic development and provide cheap labor for elite private citizens and major construction corporations.

Kini, N. (2020). "Rising Scholar: A Cycle of Slavery: Migrant Labor and Human Rights Violations in the United Arab Emirates." International Social Science Review **96**(4): 1-

18.
The article focuses on migrant labor and human rights violations in the United Arab Emirates (UAE) and morphed into a post-industrial society supported by an influx of migrant workers who supplement the native Emirati labor supply. It mentions UAE government allows for the exploitation of migrant workers to prompt economic development and provide cheap labor for elite private citizens and major construction corporations.

Koehler, G. (2019). "Bob Deacon, social solidarity, and the rights of migrants and refugees." Global Social Policy **19**(1/2): 29-31.

Lind, J., et al. (2019). "Governing vulnerabilised migrant childhoods through children's rights." Childhood **26**(3): 337-351.
This article analyses four different contexts in Sweden where children's rights have been mobilised to govern vulnerabilised migrant childhoods. The concept of 'vulnerabilisation' is suggested to capture the political processes creating the conditions for defining and attributing vulnerability. To enable children's rights to be a productive tool for challenging the repressive governing of migrant families and children, the article argues for the need of a problematisation and contextualisation of both the children's rights paradigm and the vulnerabilisation of migrant childhoods. [ABSTRACT FROM AUTHOR]

Matte Guilmain, L. and J. Hanley (2021). "Creative Recourse in Cases of Forced Labour: Using Human Trafficking, Human Rights and Labour Law to Protect Migrant Workers." International Migration **59**(2): 126-139.
Canada has no legislation prohibiting forced labour, relying instead on human trafficking penal dispositions; the two are intimately related. However, there has only been one conviction for human trafficking for the purposes of forced labour. Here, we offer an analysis of jurisprudence according to a model of labour trafficking focusing on the intersection of labour exploitation and coercion, particularly among migrant workers. We argue that Canadian human trafficking law remains incomplete and fails to address situations of forced labour. There is a need to think creatively about recourses. Labour and human rights law recourses are more accessible to migrant workers than human trafficking law, given the lighter burden of proof and the unlikelihood that courts will recognize the systemic coercion to which migrant workers are subject. Workers and advocates are understandably drawn to these alternative recourses, yet consequences for employers profiting from forced labour are disappointingly minor. [ABSTRACT FROM AUTHOR]

Nillsuwan, B. (2023). "Interacting with global refugee complexity and wresting control: Shan refugees and migrants in Thailand." Asian Politics & Policy **15**(2): 226-248.
The changes in Thailand's policy on labor migrant control appeared optimistic for refugee and human rights issues in recent years. This article argues that such positive adjustment is to take control of refugees and migrants outside the space of the global refugee regime. Using the case of Chiang Mai, Thailand, it discussed how the movement of Shan people in this area indicates mixed migration and how the Thai authorities and local Thais' views of them affect their status in Thailand. It examined the role of international norms that influence Thailand's policy and treatment of the Shan refugees and migrants in education and healthcare. Recent adjustments demonstrated that the Thai government began altering migration restrictions, although this is an attempt to seize control. In the refugee regime complexity, Thailand interacts with the regimes in two areas: education and healthcare, to maintain the control and manageability of refugees and migrants. (English) [ABSTRACT FROM AUTHOR]

Prabhat, D., et al. (2019). "Age is Just a Number? Supporting Migrant Young People with Precarious Legal Status in the UK." International Journal of Children's Rights **27**(2): 228-250.

This paper challenges the focus on age 18 as an exclusionary point in law for migrant young people, particularly unaccompanied migrants, with insecure legal status. Initially meant to provide a protective category of "childhood" in law, focus on age 18 creates a sharp transition point in law for young people. This chronological concept of age does not match up with the reality of lives of many young people who step into adulthood without being able to live in a self-supporting manner. Law recognises the constraints and provides some respite for British national children who are in care; however, non-UK migrant and/or asylum-seeking young people in this situation are immediately at risk of losing their liberty. We suggest that non-British migrant young people aged 18–21 should be treated as a youth category in a manner similar to that used for British young people in care. [ABSTRACT FROM AUTHOR]

Schouler-Ocak, M., et al. (2020). "Mental health of migrants." Indian Journal of Psychiatry **62**(3): 242-246.

The article reflects on mental health of migrants and risk factors such as poor medical care, separation of family and children as well as other relatives. It include homelessness, lack of food and water, xenophobic attacks, poor education, perceived and experienced discrimination, and a high risk of death and injury. It also mentions prevalence of dementia among those with a migrant background are currently lacking and psychiatric disorders in refugees and internally displaced persons.

Siegel, J. L. (2022). "COVID-19 Pandemic: Health Impact on Unaccompanied Migrant Children." Social Work **67**(3): 218-227.

From the point of apprehension by U.S. Customs and Border Protection at the U.S.–Mexican border to their reunification with sponsors in U.S. communities, unaccompanied children (UC) face political, social, and economic conditions, heightening their risk for mental and physical health burdens that may be exacerbated during the COVID-19 pandemic. Such risk underscores the importance of social work practice and advocacy for the improved treatment and experiences of UC. This article uses a structural vulnerability conceptual lens to summarize the existing literature regarding UC and argues that UC's liminal immigration status, economic precarity, and lack of healthcare access place this group at high structural vulnerability during the pandemic. Further, this article identifies and describes three contexts of structural vulnerability of UC that are important points of social work intervention: (1) at the border, where migrant children are denied their legal right to seek protection; (2) in detention and shelter facilities; and (3) during reunification with sponsors. This article concludes with important practice and policy opportunities for social workers to pursue to obtain social justice for an important and highly vulnerable migrant child population. [ABSTRACT FROM AUTHOR]

Truluck, E. (2023). "USING ISLAM TO PROTECT THE RIGHTS OF MIGRANT WORKERS: Bringing Kafala into Sharia Compliance in Saudi Arabia." UCLA Journal of Islamic & Near Eastern Law **20**(1): 155-178.

Saudi Arabia is home to thousands of migrant domestic workers who cook, clean, and provide child-care in private homes. These individuals are not only subject to the kafala system, where their visa is strictly tied to their employer, but they are excluded from the protections accorded to other workers (both Saudi and non-Saudi) under Saudi Labor Law. Although Saudi Arabia has promulgated a set of regulations to govern the treatment of migrant domestic workers, these regulations guarantee only the most basic rights and are often not enforced. As a result, the mistreatment of migrant domestic workers in Saudi Arabia has become a topic of concern for both human rights organizations and the International Labour Organization. In this Comment, I provide a history of kafala in Saudi Arabia, an overview of the role of Islamic law (sharia) in Saudi governance, and an analysis of sharia-compliant labor protections to argue that Saudi Arabia can and should reform its laws around migrant domestic workers to protect their fundamental human rights. In doing so, Saudi Arabia would not only uphold its obligations under international human rights law, but would increase its compliance with sharia as well. [ABSTRACT FROM AUTHOR]

Vizzarri, F. (2021). "'No longer exiled, but protagonists'. The FILEF (Italian Federation of Migrant Workers and Families) and European human rights discourse in the 1970s." Modern Italy **26**(3): 331-351.
This article examines the contribution of the FILEF (Federazione Italiana Lavoratori Migranti e Famiglie) to the European debate on the human, social and civil rights of migrant workers during the 1970s. Through the project of an 'International Statute of Migrant Workers' Rights', presented to the European Parliament in 1971, FILEF submitted a proposal for the reform of the 1968 Community Regulation on the Free Movement of Migrant Workers in Europe in order to extend to workers from non-European countries the same rights and protections accorded to those from the EEC area. The analysis is focused on the discussion around the proposal in the committees of the European Parliament as well as on the debate that developed within the transnational network of the FILEF during the international conferences organised by the Federation from the mid-1970s until the early 1980s. [ABSTRACT FROM AUTHOR]

Western, S. D., et al. (2019). "Does anyone care about migrant rights? An analysis of why countries enter the convention on the rights of migrant workers and their families." International Journal of Human Rights **23**(8): 1276-1299.
Although the Convention on the Rights of Migrant Workers (CRMW) is a 'core' human rights treaty, it is poorly ratified. Previous studies have elucidated the barriers to ratification; in this article we focus on the factors that generate incentives to ratify. We argue that states that ratify this treaty desire to strengthen their relationships with their own emigrants and their citizens at home who advocate for emigrant protections, not to protect the rights of immigrants residing in their own country. The political incentives to strengthen this relationship depend on the costs and benefits that inward migration and outward migration bring to the state. The benefits of emigration are captured by the size of remittance flows, the net immigration position of the country, and by the ratio of unskilled to skilled emigrants, whereas the costs are reflected in the size of the immigrant stock. When the benefits of migration are substantial and the costs of potentially providing rights are small, states will be more likely to ratify this agreement. These determinants are distinctive from the explanations proffered for other human rights treaties. Our statistical analysis is consistent with the theoretical arguments that we make. [ABSTRACT FROM AUTHOR]

Yu, L., et al. (2022). "Embedded Demand, Policy Supply, and the Urban Spatial Effect of the Transformation of the New Generation of Migrant Workers into Citizens." Mathematical Problems in Engineering: 1-13.
Drawing on the urban space theory, based on the interaction between policy supply and right demand, this paper constructs a theoretical model of the spatial fit and inhibition effect of the urban transformation of the new generation of migrant workers from the perspective of right demand and policy supply, to explore the urban space fit and restraining effect caused by the policy supply on the new generation of migrant workers. For that reason, under the guidance of the theoretical model, this paper makes an investigation and empirical analysis on the transformation of some new-generation migrant workers in the Yangtze River Delta, and the conclusion is as follows: the basic rights demand of the new generation of migrant workers embedded in urban space has a

positive effect on the realization of their citizens' transformation will, but the supply policy of citizens' transformation has a restraining effect. [ABSTRACT FROM AUTHOR]

migrants (19)

Alsamara, T. and L. Mouaatarif (2023). "[Mental health of migrants under international legal texts and clinical practice: what is the role of culture?]." The Pan African medical journal **44**: 98.

This study examines the mental health of migrants under international legal texts and clinical practice. It highlights to what extent the right to mental health of migrants is guaranteed in international legal texts. It then relates this right to national practice in France. It determines practice guidelines addressing migrants' mental health. The purpose of this clinical study is to identify the adequacy of international legal texts to guarantee this right as an integral part of human rights. The individual in his or her singularity is at the heart of our work. However, a multidisciplinary approach will also address socio-cultural, anthropological and environmental factors. Indeed, steeped in clinical and social realities, we wonder how one can deny the cultural dimension of all human interactions and thus the basis of the helping relationship. We therefore understand that we need to broaden our conceptual and clinical/social framework through our awareness of clinical medical anthropology. Culture partly shapes the individual and his or her behaviour. It helps to make sense of the experiences that occur in each person's life and to prepare for what might happen.; Competing Interests: Les auteurs ne déclarent aucun conflit d'intérêts. (Copyright: Tareck Alsamara et al.)

Bhabha, J., et al. (2019). "Toleration deficits: The perilous state of refugee protection today." Philosophy & Social Criticism **45**(4): 503-510.

The escalation of contemporary distress migration has coincided with an intensification of intolerance, xenophobia and nativism precipitating enormous human suffering among the migrant and refugee community. This chapter examines some instances of the growing exclusionary trend in current refugee and migration policy and explores alternative strategic opportunities to enforce the human rights and humanitarian entitlements for distress migrants established by international norms. [ABSTRACT FROM AUTHOR]

Bradby, H., et al. (2020). "Policy Makers', NGO, and Healthcare Workers' Accounts of Migrants' and Refugees' Healthcare Access Across Europe-Human Rights and Citizenship Based Claims." Frontiers in sociology **5**: 16.

Freely available healthcare, universally accessible to the population of citizens, is a key ideal for European welfare systems. As labor migration of the twentieth century gave way to the globalized streams of the twenty-first century, new challenges to fulfilling these ideals have emerged. The principle of freedom of movement, together with large-scale forced migration have led to large scale movements of people, making new demands on European healthcare systems which had previously been largely focused on meeting sedentary local populations' needs. Drawing on interviews with service providers working for NGOs and public healthcare systems and with policy makers across 10 European countries, this paper considers how forced migrants' healthcare needs are addressed by national health systems, with factors hindering access at organizational and individual level in particular focus. The ways in which refugees' and migrants' healthcare access is prevented are considered in terms of claims based on citizenship and on the human right to health and healthcare. Where claims based on citizenship are denied and there is no means of asserting the human right to health, migrants are caught in a new form of inequality. (Copyright © 2020 Bradby, Lebano, Hamed, Gil-Salmerón, Durá-Ferrandis, Garcés-Ferrer, Sherlaw, Christova, Karnaki, Zota and Riza.)

Chepo Chepo, M. (2021). "[Perceptions regarding health rights for migrants in Chile: Twitter data analysis]." Gaceta Sanitaria **35**(6): 559-564.
Objective: To describe the different perceptions about health rights for migrant population in Chile published on Twitter, concerning the first liver transplant carried out in Chile to a foreign national woman from Haiti, in September 2018.; Method: Qualitative study, case analysis. The case corresponded to the first emergency liver transplant in a migrant woman in Chile. Opinions expressed on Twitter regarding this case were collected between September 29 and November 17 (n=339). Thematic analysis was performed using NVivo12 software, with codes defined conforming to the objective.; Results: According to the perceptions raised on Twitter, the right to access health services of the migrant population in Chile should be limited, and priority should be given to nationals. These opinions coexist with viewing health as a human right. There are also feelings of racism and discrimination towards this group.; Conclusions: In Chile, there are different perceptions of what should grant rights of access to migrant health services. This situation can generate a worsening of stigmatization and vulnerability faced by migrants and a barrier to the policy's implementation, further exacerbating the presence of health inequities. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Díaz, H. L., et al. (2023). "Editorial: Human rights and inequity in health access of Central American Migrants." Frontiers in public health **11**: 1104703.
Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

HermerÉN, G. (2021). "A Future for Migrants with Acute Heart Problems Seeking Asylum?" Cambridge Quarterly of Healthcare Ethics **30**(2): 297-311.
This paper discusses the future of migrants with acute heart problems and without permanent permission to remain in the country where they are seeking asylum. What does the country they have traveled to owe them? Specifically, what healthcare services are they entitled to? This may seem a niche problem, but numbers of migrants with acute heart problems could increase in the future. Besides, similar problems could be raised by, for instance, traumatized migrants with acute needs for healthcare services for other serious conditions. The paper identifies the issues and some positions on them. Arguments for and against these positions are explored. This particular set of problems in healthcare ethics creates several challenges, at both national and international levels, concerning access to transplantation, public willingness to donate organs, optimal use of organs, justice and fairness, and potential conflicts of law, politics and ethics, as well as issues revolving around interaction and communication (or lack of it) between agencies and professions. [ABSTRACT FROM AUTHOR]

Hodge, D. R. (2019). "Spiritual assessment with refugees and other migrant populations: A necessary foundation for successful clinical practice." Journal of Religion & Spirituality in Social Work **38**(2): 121-139.
In light of the current global refugee crisis, social workers and other mental health professionals are increasingly likely to encounter refugees in various practice settings. For many refugees, receiving services is directly intersected by spiritual beliefs and practices in culturally unique ways. Research indicates that many, if not most, practitioners have received little training in spirituality and, consequently, may not consider refugees' spirituality in their clinical assessment. The present article addresses this gap in practitioner training by explicating six intertwined rationales that underscore

the importance of identifying and understanding refugees' spiritual beliefs and practices. Together, these rationales illustrate why successful clinical practice with refugees and other migrant populations is often contingent upon integrating spirituality into clinical work, a process that starts with a spiritual assessment. The manuscript concludes by providing some practical suggestions for conducting an assessment in an effective and culturally sensitive manner. [ABSTRACT FROM AUTHOR]

Ingleby, D., et al. (2019). "How can we further rights-based and evidence-based policies on migrant and ethnic minority health?" Public health **172**: 143-145.
There is an urgent need to draw the attention of politicians and the public to the health inequities facing migrants and ethnic minorities to foster health policy reforms based on human rights and sound evidence. Today, it is more important than ever for researchers and organisations promoting migrant health to join forces and intensify their efforts to get policies improved. A workshop was held to consider how this should be done. Three speakers put forward in turn perspectives based mainly on human rights, scientific evidence and a combination of both. (Copyright © 2019 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.)

Inkochasan, M., et al. (2019). "Access to health care for migrants in the Greater Mekong Subregion: policies and legal frameworks and their impact on malaria control in the context of malaria elimination." WHO South-East Asia journal of public health **8**(1): 26-34.
The launch of the Global compact for safe, orderly and regular migration in December 2018 marked the first-ever United Nations global agreement on a common approach to international migration in all its dimensions. The global compact aims to reduce the risks and vulnerabilities migrants face at different stages of migration, by respecting, protecting and fulfilling their human rights and providing them with care and assistance. A key example of the intersection of the right to health and migration is seen in the Greater Mekong Subregion (GMS) - comprising Cambodia, Lao People's Democratic Republic, Myanmar, the People's Republic of China (Yunnan Province and Guangxi Zhuang Autonomous Region), Thailand and Viet Nam. The GMS has a highly dynamic and complex pattern of fluctuating migration, and population mobility has been identified as an important concern in the GMS, since five of the six GMS countries are endemic for malaria. Based on the concept of universal health coverage, and as endorsed by the 61st World Health Assembly in 2008, migrants, independently of their legal status, should be included in national health schemes. This paper summarizes work done to understand and address the legal obstacles that migrants face in accessing health services in the GMS countries, and the impact that these obstacles have in relation to elimination of malaria and containment of artemisinin resistance. Despite efforts being made towards achieving universal health coverage in all the GMS countries, no country has current health and social protection regulations to ensure migrants' access to health services, although in Thailand documented and undocumented migrants can opt for acquiring health insurance. Additionally, there is a lack of migrant-inclusive legislation in GMS countries, since barriers to accessing health services for migrants - such as language and/or socioeconomic factors - have been scarcely considered. Advocacy to promote legislative approaches that include migrants' health needs has been made at global and regional levels, to overcome these barriers. Assistance is available to Member States for reviewing and adopting migrant-friendly policies and legal frameworks that promote rather than hinder migrants' and mobile populations' access to health services.; Competing Interests: None

Joly, M.-P. and B. Wheaton (2020). "Human rights in countries of origin and the mental health of migrants to Canada." SSM - population health **11**: 100571.
This study explores the effect of human rights violations in countries of origin on

migrants' mental health, using archival data on human rights violations from 1970-2011, merged to a representative probability sample of 2412 adults living in a large Canadian metropolitan area. The context of exit is defined at the country level, as opposed to self-reported individual experiences of trauma. While most studies start from a question about direct exposure to human rights violations, they may miss the effect of the national-level social context - threat, instability, disruption of lives, and uncertainty - on mental health. Findings indicate that high levels of human rights violations in countries of origin have long-term effects on migrants' mental health. The impact of human rights violations is substantially explained by the combined effect of stressors both before and after migration, suggesting a cumulative process of stress proliferation following this context of exit.; Competing Interests: There are no conflicts of interest. (© 2020 The Authors.)

Kaplin, D. (2019). "Framing the issue: An introduction to various types of international migrants, latest figures, and the central role of the United Nations." Journal of Infant, Child & Adolescent Psychotherapy **18**(4): 313-318.
The purpose of this article is to introduce several distinctions between types of people on the move, their relative frequency, and the role the United Nations (UN) has played to develop guidelines to increase their protection. The article begins with distinctions between international migrants, refugees, asylum-seekers, internally displaced persons, and stateless persons. In total, there are an estimated 272 million people living outside their country of origin. This number includes 25.9 million refugees and 3.5 million asylum-seekers. Because these individuals experience forced migration, they are vulnerable to a myriad of challenges, and are in need of international protection. The United Nations has been at the forefront of protecting these vulnerable populations since the Universal Declaration of Human Rights. Several key doctrines that were subsequently written to protect immigrants, forcibly displaced individuals, and stateless persons are introduced to the reader. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Kolar, M., et al. (2021). "Public opinion on the eligibility of health care for migrants and refugees in Slovenia." Eastern Mediterranean health journal = La revue de sante de la Mediterranee orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit **27**(12): 1182-1188.
Background: Worldwide, more than 200 million people have left their home country, and international migration from the Middle East to Europe is increasing. The journey and the poor living conditions cause numerous health problems. Migrants show significant differences in lifestyle, health beliefs and risk factors compared with native populations and this can impact access to health systems and participation in prevention programmes.; Aims: Our aim was to measure the attitude of survey participants to migrants and to define up to what level migrants are entitled to health care from the viewpoint of Slovenian citizens.; Methods: This survey was carried out in January 2019 and included 311 respondents. We applied a quantitative, nonexperimental sampling method. We used a structured survey questionnaire based on an overview, a national survey on the experiences of patients in hospitals and user satisfaction with medical services of basic health care at the primary level.; Results: A large proportion of the respondents agreed that migrants should receive emergency or full health care provision, that there is no need to limit their health rights and that they do not feel that their own rights are compromised by the rights of migrants. Over 80% agreed with health protection for women and for children.; Conclusion: The findings offer a basis for supplementing the existing, or designing a new, model of health care provision for migrants in Slovenia, focusing on the provision of health protection and care as a fundamental human right. (Copyright © World Health Organization (WHO) 2021. Open Access. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO

license (https://creativecommons.org/licenses/by-nc-sa/3.0/igo).)

McAdam, J. and T. Wood (2021). "The Concept of "International Protection" in the Global Compacts on Refugees and Migration." Interventions: The International Journal of Postcolonial Studies **23**(2): 191-206.
The adoption in 2018 of two Global Compacts, one on Refugees and the other on Migration, has reinvigorated longstanding debates about the distinction between these two groups. On the one hand, differentiating between the two is crucial to ensuring that people forced to leave their homes are not removed to any place where they face a real risk of persecution or other serious harm. On the other hand, drawing a hard line between them does not reflect the current state of international law, nor the complex reasons that people move. This essay argues that, in the context of cross-border mobility, the most important distinction is not between refugees and migrants per se, but rather between those who require "international protection" and those who do not. Using the term "refugee" as shorthand for the former is no longer accurate or desirable, and risks arbitrarily privileging the rights of some forced migrants over others. A close reading of the Global Compacts reveals that both, in fact, recognize the importance of international protection and that States' international protection obligations extend beyond any specific definition of a "refugee". These obligations derive from the broader body of international refugee and human rights law that underpins, and should guide, the interpretation and application of the Compacts themselves. They include the core obligation not to remove (refouler) individuals to any place where they would face a real risk of persecution or other serious harm. Such principles must remain at the forefront of efforts to implement both Global Compacts, unobscured by nomenclature or neat categorizations. [ABSTRACT FROM AUTHOR]

Moore-Berg, S. L., et al. (2022). "Empathy, dehumanization, and misperceptions: A media intervention humanizes migrants and increases empathy for their plight but only if misinformation about migrants is also corrected." Social Psychological and Personality Science **13**(2): 645-655.
Anti-migrant policies at the U.S. southern border have resulted in the separation and long-term internment of thousands of migrant children and the deaths of many migrants. What leads people to support such harsh policies? Here we examine the role of two prominent psychological factors—empathy and dehumanization. In Studies 1 and 2, we find that empathy and dehumanization are strong, independent predictors of anti-migrant policy support and are associated with factually false negative beliefs about migrants. In Study 3, we interrogated the relationship between empathy/dehumanization, erroneous beliefs, and anti-migrant policy support with two interventions: a media intervention targeting empathy and dehumanization and an intervention that corrects erroneous beliefs. Both interventions were ineffective separately but reduced anti-migrant policy support when presented together. These results suggest a synergistic relationship between psychological processes and erroneous beliefs that together drive harsh anti-migrant policy support. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Nillsuwan, B. (2023). "Interacting with global refugee complexity and wresting control: Shan refugees and migrants in Thailand." Asian Politics & Policy **15**(2): 226-248.
The changes in Thailand's policy on labor migrant control appeared optimistic for refugee and human rights issues in recent years. This article argues that such positive adjustment is to take control of refugees and migrants outside the space of the global refugee regime. Using the case of Chiang Mai, Thailand, it discussed how the movement of Shan people in this area indicates mixed migration and how the Thai authorities and local Thais' views of them affect their status in Thailand. It examined the role of international norms that influence Thailand's policy and treatment of the Shan

refugees and migrants in education and healthcare. Recent adjustments demonstrated that the Thai government began altering migration restrictions, although this is an attempt to seize control. In the refugee regime complexity, Thailand interacts with the regimes in two areas: education and healthcare, to maintain the control and manageability of refugees and migrants. (English) [ABSTRACT FROM AUTHOR]

Seibel, V. (2019). "Determinants of migrants' knowledge about their healthcare rights." Health Sociology Review **28**(2): 140-161.
Although an increasing number of studies emphasise migrants' knowledge about their healthcare rights as crucial for their healthcare usage, almost none examine the conditions under which migrants acquire this knowledge. This study contributes to the literature by studying the main determinants of migrants' knowledge about their healthcare rights: Self-interest and necessity, human capital, and social capital. I use unique data collected through the project Migrants' Welfare State Attitudes (MIFARE), where we surveyed 10 different migrant groups within Denmark, the Netherlands, and Germany on their relation to the welfare state, including healthcare. Analysing a total sample of 6,864 migrants using multinomial logistic regression analyses I find that migrants' knowledge about their healthcare rights depends mainly on their education and language skills. Both factors enable migrants to grasp health-related information and to become informed about their healthcare rights. I also observe a network effect since healthcare experiences of family members contribute to migrants' healthcare knowledge. Social ties to the co-ethnic community, however, do not explain why some migrants know more about their healthcare rights than others. Lastly, I find large differences between migrant groups, which remain even after controlling for all relevant factors. [ABSTRACT FROM AUTHOR]

Turanjanin, V. and S. Soković (2019). "MIGRANTS IN DETENTION: THE APPROACH OF THE EUROPEAN COURT OF HUMAN RIGHTS." ЛИШЕЊЕ СЛОБОДЕ МИГРАНАТА: ПРИСТУПЕВРОПСКОГ СУДА ЗА ЉУДСКА ПРАВА **43**(4): 957-980.
The Mediterranean migrant crisis is not calming down and in the last six decades the nature and character of these migrations has changed. The authors deal with one of the aspects of their position – detention. This work is divided into several parts. In the first part, the authors explore the problem of the migration crisis. After that, they explain in detail the Article 5 of the European Convention on Human Rights and Fundamental Freedoms. The main part of this work is devoted to the jurisprudence of the European Court of Human Rights related to the migrants‟ detention. (English) [ABSTRACT FROM AUTHOR]

Veronese, G., et al. (2023). "Human insecurity and psychological well-being in migrants hosted in a Nigerian transit center: A qualitative exploration on risk and protective factors." International Social Work **66**(3): 753-768.
Our explorative work aimed to qualitatively analyze the factors affecting human security and psychological well-being in a group of migrants temporarily hosted in a Nigerian transit center. The study involved 250 migrants from different Western and sub-Saharan African countries who were interviewed during their stay in International Organization for Migration – supported transit centers. Thematic content analysis was performed on the texts of the interviews. Motivations for departure from the home country, resources available for migrants' sense of security, expectations for their future, experience in the host country, and the relationship between human insecurity and life satisfaction were the main emerging themes. [ABSTRACT FROM AUTHOR]

Wenzel, T., et al. (2021). "FGM and Restorative Justice-A Challenge for Developing Countries and for Refugee Women." International journal of environmental research and public

health **18**(17).
Female Genital Mutilation (FGM) has been identified as one of the most serious human rights violations women are exposed to in many countries, in spite of national and international efforts. The actual implementation of preventive strategies and support of victims faces a number of challenges that can only be addressed by an interdisciplinary approach integrating public health and legal considerations. FGM in the context of women as refugees who left their country to escape FGM has rarely been covered in this context. This article summarizes the most important international standards and initiatives against FGM, highlights the medical, legal, and psychological factors identified so far, and explores the interdisciplinary considerations in changing a country and society to permit safe return of those escaping FGM to third countries and support public health in the country.

migration (29)

Albrekt Larsen, C. (2020). "The institutional logic of giving migrants access to social benefits and services." Journal of European Social Policy **30**(1): 48-62.
The article analyses how the programmatic structure of welfare schemes in Denmark, the Netherlands and Germany shape public perceptions of and preferences for migrants' entitlement to social benefits and services. First, the article finds that despite high complexity and the presence of some severe misconceptions, the entitlement criteria of migrants within existing social benefits and services do shape public perceptions of reality. Second, the article finds that these institutional shaped perceptions of reality strongly influence preferences for how migrants' entitlement criteria should be. This status quo effect is more moderate among populist right-wing voters, in general, and in the critical case of attitudes to non-EU migrants' entitlement to social assistance in Denmark. However, in all segments, one finds strong correlations between 'are' and 'should be', which is taken as indications of clear and sizeable institutional effects. [ABSTRACT FROM AUTHOR]

Carmel, E. and B. Sojka (2021). "Beyond Welfare Chauvinism and Deservingness. Rationales of Belonging as a Conceptual Framework for the Politics and Governance of Migrants' Rights." Journal of Social Policy **50**(3): 645-667.
This article argues that the politics and governance of migrants' rights needs to be reframed. In particular, the terms "welfare chauvinism", and deservingness should be replaced. Using a qualitative transnational case study of policymakers in Poland and the UK, we develop an alternative approach. In fine-grained and small-scale interpretive analysis, we tease out four distinct "rationales of belonging" that mark out the terms and practices of social membership, as well as relative positions of privilege and subordination. These rationales of belonging are: temporal-territorial, ethno-cultural, labourist, and welfareist. Importantly, these rationales are knitted together by different framings of the transnational contexts, within which the politics and governance of migration and social protection are given meaning. The rationales of belonging do not exist in isolation, but, in each country, they qualify each other in ways that imply different politics and governance of migrants' rights. Taken together, these rationales of belonging generate transnational projects of social exclusion, as well as justifications for migrant inclusion stratified by class, gender and ethnicity. [ABSTRACT FROM AUTHOR]

Cruz-Martínez, G. (2020). "Rethinking universalism: Older-age international migrants and social pensions in Latin America and the Caribbean." Global Social Policy **20**(1): 39-59.
This article criticises the social policy literature for equating universalism to the universal coverage of citizens. The current so-called 'universal' social protection systems

guarantee social citizen rights, while the revisited truly universalism guarantees social human rights for everyone. Crisp-set qualitative comparative analysis (csQCA) is used to map and track the level of exclusiveness or inclusiveness into social pensions in the existing 30 social pension programmes on 28 Latin American and Caribbean (LAC) countries. The article examines the various paths of eligibility requirements in social pensions conditioning three specific outcomes: (1) access for every older-age individual (truly universal), (2) access for every category of immigrant (no targeting by citizenship or residency) and (3) access for older-age immigrants with legal resident status (targeting by residency but not by citizenship). The research makes several contributions. First, it offers a useful inventory of the eligibility requirements for access to the 30 social pensions in LAC. Second, it proposes an analytical framework to redefine universalism after considering the migration-social policy nexus. Contrary to what the literature claims, there are no universal social pensions in the region. Third, the analysis indicates that only in two countries, Cuba and Jamaica, social pensions have immigrant-friendly targeting rules, requiring neither citizenship nor any length of residency to become a beneficiary. A total of 12 countries require citizenship and 24 of them a certain number of years of residency. Moreover, the overwhelming majority of social pensions are means tested. Finally, the csQCA allows identifying patterns of targeting mechanisms and is used to propose five exploratory regimes of inclusionary social pensions. The article calls for protected international mobility of the older-age population in the form of a truly universalistic system in which the entire aged population has the right to a social pension. Only then, countries would truly adhere to Article 22 of the Universal Declaration of Human Rights. [ABSTRACT FROM AUTHOR]

Delcour, C. and L. Hustinx (2019). "How do Human Rights Fit into the Debate? The Representation and Frames of Social Movement Organizations in a Newspaper Debate on the 2010 French Eviction and Expulsion of Roma Migrants." Journalism Studies **20**(15): 2218-2236.
This paper analyzes the representation of social movement organizations (SMOs) and the frames to which they are linked in a newspaper debate developing after a specific human-rights violation. This analysis is intended to demonstrate how research on social movements and human-rights frames and research on the access of NGOs to the media can complement each other in the investigation of mediated human-rights debates. The violation addressed in this study concerns the eviction of many Roma from their dwellings and their expulsion from France in the summer of 2010. We analyzed the reports in the French newspaper Le Monde on this violation. In response to the first research question – "How were SMOs represented in the selected newspaper debate?" – our analysis indicates that SMOs were less strongly represented than were actors in the French government, except through general reference. With regard to the second research question – "To which frames on the human-rights violation were SMOs linked in the selected newspaper debate?" – the framing analysis reveals a prevalent anti-racist frame, very little explicit reference to human rights, and frames influenced by national logics. [ABSTRACT FROM AUTHOR]

Desmond, A. (2020). "A new dawn for the human rights of international migrants? Protection of migrants' rights in light of the UN's SDGs and Global Compact for Migration." International Journal of Law in Context **16**(3): 222-238.
This paper undertakes a sceptical analysis of the significance for the protection of migrants' rights represented by the Sustainable Development Goals (SDGs) 2030 and the UN Global Compact for Migration (GCM). Despite the positive view taken by many of these frameworks, I argue that, taken together, the SDGs and the GCM represent an acknowledgement of the failure of the international system of human rights protection to deal effectively with the protection of migrants' rights. With particular reference to the

UN Migrant Workers Convention, I argue that adoption of the GCM underscores a decisive shift from the realm of binding international law to soft law for the purposes of dealing with migrants' rights. While acknowledging some of the signal benefits of this new regime, I highlight some of the many signs suggesting that these twin international developments do not guarantee progress on the road to the protection of migrants' rights. [ABSTRACT FROM AUTHOR]

Di Nitto, C. (2020). "EXCURSUS HISTÓRICO Y CUADRO NORMATIVO ACTUAL: DERECHO DE ASILO Y STATUS DE REFUGIADO." Historical Excursus and current normative framework: right of asylum and refugee status.(11): 175-198.

The migratory issues need to be deepened, not only from the human point of view, but also with regard to legal discipline. Asylum, a term of Greek origin aσυλον (ιερον), literally means without capture; in the Latin terminology asylum indicates a temple where there is no right of capture and is strictly bound to the Institute of Hospitality, defined by the Romans Hospitium Publicum (one of the first forms of public hospitality). Asylum and refugee status represent, therefore, two institutions that go back to the Greco-Roman age and that will be deepened juridically from the origins and their practical applications. The different interpretations regarding the discipline that have been developed in modern and contemporary history will be analyzed later, and in addition, it will be observed how these have finally been reinterpreted since the First and the Second World Conflicts and moreover since the Universal Declaration of Human Rights of 1948. (English) [ABSTRACT FROM AUTHOR]

Díez Bosch, M., et al. (2019). "Letting Diasporic Voices Be Heard: Refugees and Migrants in European Media." Ecumenical Review **71**(1/2): 110-132.

More than 68.5 million people were forced to move from their countries, according to the UN Refugee Agency, UNHCR, in 2018. Forced displacements are caused by poverty, war, and lack of safety. Since 2015, Europe has been experiencing a so-called refugee crisis that calls European values and policies into question. Beyond data, there are the experiences of those who are on the move. The number of people arriving on the continent has made integration a decisive topic. This research aims to discover the portrayal of refugees and migrants in media. This goal includes the challenge of making European media evaluate their work to improve the treatment given to complex subjects such as migration. This article is the result of research derived from the project Refugees Reporting in 2017, coordinated by the Europe Region of the World Association for Christian Communistories ancation and the Churches' Commission for Migrants in Europe. [ABSTRACT FROM AUTHOR]

Duda-Mikulin, E., et al. (2020). "Wasted lives in scapegoat Britain: Overlaps and departures between migration studies and disability studies." Disability & Society **35**(9): 1373-1397.

The focus of this paper is to consider how disability studies and migration studies may be brought into further conversation with one another. While their experiences overlap and intersect in many ways, the lives of disabled people and migrants have rarely been considered together and this is an omission we address through a discussion on points of intersection and departure between migration studies and disability studies. We argue that migrants and disabled people are among the most marginalised individuals today whilst a Global North neoliberal rhetoric has pushed them further to the margins. We draw on Bauman's theorisation of 'wasted lives' to bring disability studies and migration studies in dialogue with one another. Through this analysis, we highlight how bringing both disciplines together may help to inform debates focused on social justice and rights to dignity for some of world's most marginalised communities. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Dutta, M. J. (2021). "Migrant health as a human right amidst COVID-19: A culture-centered approach." International Journal of Human Rights in Healthcare **14**(3): 223-239.
Purpose: The purpose of this manuscript is to examine the negotiations of health among low-wage migrant workers in Singapore amidst the COVID-19 outbreaks in dormitories housing them. In doing so, the manuscript attends to the ways in which human rights are constituted amidst labor and communicative rights, constituting the backdrop against which the pandemic outbreaks take place and the pandemic response is negotiated. Design/methodology/approach: The study is part of a long-term culture-centered ethnography conducted with low-wage migrant workers in Singapore, seeking to build communicative infrastructures for rights-based advocacy and interventions. Findings: The findings articulate the ways in which the outbreaks in dormitories housing low-wage migrant workers are constituted amidst structural contexts of organizing migrant work in Singapore. These structural contexts of extreme neoliberalism work catalyze capitalist accumulation through the exploitation of low-wage migrant workers. The poor living conditions that constitute the outbreak are situated in relationship to the absence of labor and communicative rights in Singapore. The absence of communicative rights and dignity to livelihood constitutes the context within which the COVID-19 outbreak emerges and the ways in which it is negotiated among low-wage migrant workers in Singapore. Originality/value: This manuscript foregrounds the interplays of labor and communicative rights in the context of the health experiences of low-wage migrant workers amidst the pandemic. Even as COVID-19 has made visible the deeply unequal societies we inhabit, the manuscript suggests the relevance of turning to communicative rights as the basis for addressing these inequalities. It contributes to the extant literature on the culture-centered approach by depicting the ways in which a pandemic as a health crisis exacerbates the challenges to health and well-being among precarious workers. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Elserafy, J. S. (2019). "The Smuggling of Migrants across the Mediterranean Sea: A Human Rights Perspective." East European Yearbook on Human Rights **2**(1): 94-117.
Irregular migration by sea is one of the most apparent contemporary political issues, and one that entails many legal challenges. Human smuggling by sea is only one aspect of irregular migration that represents a particular challenge for States, as sovereignty and security interests clash with the principles and obligations of human rights and refugee law. In dealing with the problem of migrant smuggling by sea, States have conflicting roles, including the protection of national borders, suppressing the smuggling of migrants, rescuing migrants and guarding human rights. The legal framework governing the issue of migrant smuggling at sea stems not only from the rules of the law of the sea and the Smuggling Protocol but also from rules of general international law, in particular human rights law and refugee law. The contemporary practice of States intercepting vessels engaged in migrant smuggling indicates that States have, on several occasions, attempted to fragment the applicable legal framework by relying on laws that allow for enhancing border controls and implementing measures that undermine obligations of human rights and refugee law. This article seeks to discuss the human rights dimension of maritime interception missions and clarify as much as possible the obligations imposed by international law on States towards smuggled migrants and whether or not these obligations limit the capacity of States to act. [ABSTRACT FROM AUTHOR]

Ewers, M. C., et al. (2020). "Migrant worker well-being and its determinants: The case of Qatar." Social Indicators Research **152**(1): 137-163.
Despite significant media attention and criticism, we know very little about the living and working conditions of low-income migrants in the Arab Gulf states, how migrants themselves view these conditions, or what factors most shape migrant worker well-being. Utilizing data from a unique, nationally representative survey of migrant workers

living in labor camps in Qatar, this paper uses subjective and objective indicators to provide a more complete picture of migrant worker well-being and its determinants. We create a composite score of well-being based on migrant worker satisfaction with their job, human rights, salary, company treatment, and medical care. We then utilize ordinary least square to examine the degree to which migrant well-being is shaped by demographic characteristics, contract honoring, salary and debt levels, working conditions, human rights, and living conditions. Results identify contract-related issues as the strongest determinant of well-being, including whether a contract was honored, whether a copy of the contract was provided, and whether the details of employment in the contract were clear. More broadly, our results point to workers having low levels of overall awareness of their legal rights under existing Gulf labor law. Migrant worker well-being can thus be improved by raising this awareness and enforcing existing laws. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Fernández Espinoza, W. H. (2019). "PROTECCIÓN DE LA FAMILIA Y ACCESO A LA JUSTICIA DE LOS MIGRANTES EN EL PERÚ." PROTECTION OF THE FAMILY AND ACCESS TO THE JUSTICE OF MIGRANTS IN PERU. **8**: 245-267.
The purpose of this research is to analyze national and international regulations on the protection of the family nucleus when its members are migrants in an irregular situation, as well as the right of access to justice for this population in a vulnerable condition. The research methodology used is descriptive, the method applied is the inductive and the qualitative approach. For its study, the Peruvian jurisprudence and the cases resolved in the inter-American system for the protection of human rights were reviewed, among other related texts on the subject. The structure of the work includes the description of the problematic reality, the right of the constitutional protection of the family against migration, the new approach to access to justice and the protection of the rights of migrants. Finally, the conclusive reflections of the investigator are presented, in which it is concluded that the Peruvian State must safeguard better the fundamental rights of migrants and their family, on equal terms and without discrimination on grounds of their irregular situation in the country. (English) [ABSTRACT FROM AUTHOR]

Inkochasan, M., et al. (2019). "Access to health care for migrants in the Greater Mekong Subregion: policies and legal frameworks and their impact on malaria control in the context of malaria elimination." WHO South-East Asia journal of public health **8**(1): 26-34.
The launch of the Global compact for safe, orderly and regular migration in December 2018 marked the first-ever United Nations global agreement on a common approach to international migration in all its dimensions. The global compact aims to reduce the risks and vulnerabilities migrants face at different stages of migration, by respecting, protecting and fulfilling their human rights and providing them with care and assistance. A key example of the intersection of the right to health and migration is seen in the Greater Mekong Subregion (GMS) - comprising Cambodia, Lao People's Democratic Republic, Myanmar, the People's Republic of China (Yunnan Province and Guangxi Zhuang Autonomous Region), Thailand and Viet Nam. The GMS has a highly dynamic and complex pattern of fluctuating migration, and population mobility has been identified as an important concern in the GMS, since five of the six GMS countries are endemic for malaria. Based on the concept of universal health coverage, and as endorsed by the 61st World Health Assembly in 2008, migrants, independently of their legal status, should be included in national health schemes. This paper summarizes work done to understand and address the legal obstacles that migrants face in accessing health services in the GMS countries, and the impact that these obstacles have in relation to elimination of malaria and containment of artemisinin resistance. Despite efforts being made towards achieving universal health coverage in all the GMS countries, no country has current health and social protection regulations to ensure migrants' access to health

services, although in Thailand documented and undocumented migrants can opt for acquiring health insurance. Additionally, there is a lack of migrant-inclusive legislation in GMS countries, since barriers to accessing health services for migrants - such as language and/or socioeconomic factors - have been scarcely considered. Advocacy to promote legislative approaches that include migrants' health needs has been made at global and regional levels, to overcome these barriers. Assistance is available to Member States for reviewing and adopting migrant-friendly policies and legal frameworks that promote rather than hinder migrants' and mobile populations' access to health services.; Competing Interests: None

Jarvis, G. E. and L. J. Kirmayer (2023). "Global migration: Moral, political and mental health challenges." Transcultural Psychiatry **60**(1): 5-12.
Global migration is expected to continue to increase as climate change, conflict and economic disparities continue to challenge peoples' lives. The political response to migration is a social determinant of mental health. Despite the potential benefits of migration, many migrants and refugees face significant challenges after they resettle. The papers collected in this thematic issue of Transcultural Psychiatry explore the experience of migration and highlight some of the challenges that governments and healthcare services need to address to facilitate the social integration and mental health of migrants. Clinicians need training and resources to work effectively with migrants, focusing on their resilience and on long-term adaptive processes. Efforts to counter the systemic discrimination and structural violence that migrants often face need to be broad-based, unified, and persistent to make meaningful change. When migrants are free to realize their talents and aspirations, they can help build local communities and societies that value diversity. [ABSTRACT FROM AUTHOR]

Joly, M.-P. and B. Wheaton (2020). "Human rights in countries of origin and the mental health of migrants to Canada." SSM - population health **11**: 100571.
This study explores the effect of human rights violations in countries of origin on migrants' mental health, using archival data on human rights violations from 1970-2011, merged to a representative probability sample of 2412 adults living in a large Canadian metropolitan area. The context of exit is defined at the country level, as opposed to self-reported individual experiences of trauma. While most studies start from a question about direct exposure to human rights violations, they may miss the effect of the national-level social context - threat, instability, disruption of lives, and uncertainty - on mental health. Findings indicate that high levels of human rights violations in countries of origin have long-term effects on migrants' mental health. The impact of human rights violations is substantially explained by the combined effect of stressors both before and after migration, suggesting a cumulative process of stress proliferation following this context of exit.; Competing Interests: There are no conflicts of interest. (© 2020 The Authors.)

JosÉ De JesÚS Alvizo Perera, E. and R. Quintal LÓPez (2022). "Estrategias de prevención del vih/sida en hombres mayas migrantes de Yucatán: aportes desde la mercadotecnia social." hiv/aids prevention Strategies in Mayan migrant men from Yucatan: contributions from social marketing. **59**: 239-263.
There has been an increase in the amount of research that shows how migration status influences an increased risk of acquiring hiv/aids. The findings show that structural conditions of inequality lead to greater vulnerability. In Mexico, those who come from rural or indigenous populations face greater material shortage and abuses of their human rights. To achieve a better impact on prevention, less explored health promotion models need to be applied. The present work, carried out in two localities in southern Yucatan, shows how social marketing is a relevant and effective tool to build hiv/aids prevention strategies among the male Mayan population migrating to regional destinations. The

research was carried out in two stages: a) the collection of data through the application of surveys that explore socio-demographic data, vulnerability factors, knowledge about hiv/aids and risk practices, which served as input for the second stage; b) the collaborative development of a prevention strategy based on Lee and Kotler Social Marketing model. With this we identified the desired outcomes for health; the threats to achieving those outcomes; the behavioral changes sought; the main barriers; the messages to be strengthened in interpersonal communication; the attitudes and knowledge that existed in response to the phenomenon. Finally, in collaboration with the participants we created a video and a play that were accepted in both communities. (English) [ABSTRACT FROM AUTHOR]

Liubchenko, M., et al. (2019). "Healthcare for migrant workers: human rights' aspect." Wiadomosci lekarskie (Warsaw, Poland : 1960) **72**(12 cz 2): 2547-2552.
Labor migration in a modern world is regarded as a positive and beneficial phenomenon for the growth of economic well-being1. However, migrant workers often find themselves vulnerable and unprotected, especially when it comes to protecting their health. The aim of the article is to clarify the role of a human rights-based approach in protecting the migrant workers' health. The basis of the study constitutes: acts of international law, expert reports and research studies, case law, scientific literature on the problem. It was found a human rights-based approach is the most applicable in the light of this problem.

Mamuk, R. and N. H. Şahin (2021). "Reproductive health issues of undocumented migrant women living in Istanbul." European Journal of Contraception & Reproductive Health Care **26**(3): 202-208.
<bold>Objectives: </bold>Compared with the indigenous population of a host country, undocumented migrant women often experience more complicated reproductive health issues and fewer women access preventive gynaecology services. The aims of the study were to identify the reproductive health issues and demand for health services of undocumented migrant women living in Istanbul.<bold>Methods: </bold>The population of this cross-sectional, descriptive study comprised 236 undocumented migrant women living in Istanbul, recruited using the snowball method. Data were collected through a three part questionnaire written in Turkish, Arabic, Persian, English and French.<bold>Results: </bold>The mean age of the participants was 27.6 ± 7.0 years; 47% were transit migrants; 72% became pregnant in Turkey; 42.2% had had an unplanned pregnancy; 70.8% had received antenatal care; 10.4% had had an unplanned home birth; and 21.2% reported menstrual irregularity. Only 5.5% reported that they had had a gynaecological examination and only 4.2% had taken part in a screening programme.<bold>Conclusion: </bold>Participants' primary reproductive health problems were unwanted pregnancy and menstrual irregularity. While demand for family planning, regular gynaecological examinations and screening programmes was low, demand for antenatal and childbirth care was high. [ABSTRACT FROM AUTHOR]

Monforte, P., et al. (2019). "Deserving citizenship? Exploring migrants' experiences of the 'citizenship test' process in the United Kingdom." The British journal of sociology **70**(1): 24-43.
Since the early 2000s several European countries have introduced language and citizenship tests as new requirements for access to long-term residence or naturalization. The content of citizenship tests has been often presented as exclusionary in nature, in particular as it is based on the idea that access to citizenship has to be 'deserved'. In this paper, we aim to explore the citizenship tests 'from below', through the focus on the experience of migrants who prepare and take the 'Life in the UK' test, and with particular reference to how they relate to the idea of 'deservingness'. Through a set of in-

depth interviews with migrants in two different cities (Leicester and London), we show that many of them use narratives in which they distinguish between the 'deserving citizens' and the 'undeserving Others' when they reflect upon their experience of becoming citizens. In so doing, they negotiate new hierarchies of inclusion into and exclusion from citizenship, which reflect broader neo-liberal and ethos-based conceptions of citizenship. (© London School of Economics and Political Science 2018.)

Nolan-Ferrell, C. (2021). "Pedimos Posada: Local Mediators and Guatemalan Refugees in Mexico, 1978-1984." Pedimos posada: mediadores locales y refugiados guatemaltecos en México, 1978-1984.(80): 153-178.
Objective/Context: This article investigates how indigenous Guatemalan campesinos who took refuge in Chiapas, Mexico, relied upon Mexican mediators and community solidarity to secure their safety during the Guatemalan army's genocidal campaign (1979-1983) against Mayan campesinos. The objective is to identify why different groups of mediators successfully met refugee needs. Methodology: Using the framework of forced migration studies, the article uses archival and oral histories to examine patterns of labor migration and refugee movement. Originality: The study uses previously uncatalogued archival collections, including the Guatemalan Refugees Collection in the Archivo Histórico Diocesano de San Cristóbal de las Casas, local documents from the Instituto Nacional de los Pueblos Indígenas (formerly Instituto Nacional Indígena, ini), and oral histories collected in communities of ex-refugiados. Conclusions: Refugees relied upon local mediators, primarily campesinos and small farmers, for food, shelter, and work. Although formal mediators (governmental and intergovernmental organizations) potentially offered more services to refugee settlements, refugee camps also required formal registration and restricted peoples' rights to work and move freely. Indigenous Maya villagers on both sides of the border shared long histories of labor migration, along with social, religious, and family ties. These links formed the base of new communities and provided refugees with needed flexibility. More broadly, this research shows how grassroots community formation protected, and at times exploited, the human rights of refugees. (English) [ABSTRACT FROM AUTHOR]

Nolan-Ferrell, C. (2021). "Pedimos Posada: Local Mediators and Guatemalan Refugees in Mexico, 1978-1984." Pedimos posada: mediadores locales y refugiados guatemaltecos en México, 1978-1984.(80): 153-178.
Objective/Context: This article investigates how indigenous Guatemalan campesinos who took refuge in Chiapas, Mexico, relied upon Mexican mediators and community solidarity to secure their safety during the Guatemalan army's genocidal campaign (1979-1983) against Mayan campesinos. The objective is to identify why different groups of mediators successfully met refugee needs. Methodology: Using the framework of forced migration studies, the article uses archival and oral histories to examine patterns of labor migration and refugee movement. Originality: The study uses previously uncatalogued archival collections, including the Guatemalan Refugees Collection in the Archivo Histórico Diocesano de San Cristóbal de las Casas, local documents from the Instituto Nacional de los Pueblos Indígenas (formerly Instituto Nacional Indígena, ini), and oral histories collected in communities of ex-refugiados. Conclusions: Refugees relied upon local mediators, primarily campesinos and small farmers, for food, shelter, and work. Although formal mediators (governmental and intergovernmental organizations) potentially offered more services to refugee settlements, refugee camps also required formal registration and restricted peoples' rights to work and move freely. Indigenous Maya villagers on both sides of the border shared long histories of labor migration, along with social, religious, and family ties. These links formed the base of new communities and provided refugees with needed

flexibility. More broadly, this research shows how grassroots community formation protected, and at times exploited, the human rights of refugees. (English) [ABSTRACT FROM AUTHOR]

Norman, K. P. (2021). "Migrant and refugee mobilisation in North African host states: Egypt and Morocco in comparison." Journal of North African Studies **26**(4): 679-708.
Scholarly work on migration to Europe and North America asserts that states adopt liberal migration policies when migrants are able to mobilise and when they are assisted by state and non-state institutions. To what extent does this explanation for mobilisation transfer to the Global South where authoritarian state structures might be in place, thereby constraining certain political behaviours? This paper examines why migrants and refugees have been able to mobilise to a greater extent in Morocco than in Egypt. Drawing primarily on original data from semi-structured interviews, this paper assesses the formal and informal rules that constrain or permit certain political behaviours among non-national populations in each host state. I find that the Moroccan system has been more responsive than the Egyptian state to migrant and refugee mobilisation due primarily to the type of authoritarian governance in place. While both Egypt and Morocco seek to retain control overt opposition, the Moroccan regime since the 1990s has allowed for a degree of openness, permitting visible forms of resistance and ultimately co-opting critics, whereas Egypt – especially since 2013 – has sought to violently eliminate any form of contestation and since 2014 has also sought to limit any associational activities related to human rights promotion. The findings address the question of whether extant explanations for migrant mobilisation and subsequent policy reform travel to the Global South, and also contribute to understandings of whether and how the political mobilisation of migrants and refugees can take place in non-democratic spaces and to what effect. [ABSTRACT FROM AUTHOR]

Peralta, E. C. O., et al. (2021). "Filosofía y migración: Debates sobre la protección de los derechos de los refugiados venezolanos en Perú." Philosophy and Migration: Discussion on the Protection of the Rights of Venezuelan Refugees in Peru. **38**(99): 276-291.
This paper aims to analyze the migratory phenomenon in the light of philosophy. Mobility is a fact as old as humanity, it responds to the need for progress, which has significantly helped in the evolution of man. However, war, disease, poverty, social marginalization, conditioned social scenarios and prompted human beings to transcend their geographical limits, seeking better life opportunities, thus guaranteeing the right to survival, advancing towards the consolidation of universal human rights. The present investigation assumes this theoretical-philosophical position; However, it recognizes the political, economic and social impact of migration in current scenarios; Therefore, it evaluates the specific case of the Venezuelan migration to Peru, pointing out the role that the Special Commission for Refugees has played in its performance as a state body whose function is to protect and enforce the right of refugees who enter the country Peruvian territory. For this reason, the importance of international agreements in the protection of refugees is recognized and, at the same time, the intrinsic value that exists in human nature is emphasized. (English) [ABSTRACT FROM AUTHOR]

Redeker Hepner, T. and M. Treiber (2021). "Discussion paper. The anti-refugee machine: a draft framework for migration studies." Archiv Weltumseum Wien **71**(2): 175-189.

Tellez, D., et al. (2022). "The United States detention system for migrants: Patterns of negligence and inconsistency." Journal of migration and health **6**: 100141.
The United States of America (US) detains more migrants than any other nation. Customs and Border Patrol (CBP) and Immigration and Customs Enforcement (ICE) detain adults and families under the Department of Homeland Security, while unaccompanied minors are housed under the Office of Refugee Resettlement (ORR)

within the Department of Health and Human Services. Migrants are subject to the standards and oversight of each individual agency and facility where they are detained. This paper presents an analysis of whether the current US migrant detention system upholds the standards of each agency to maintain the health of migrants. A review of peer and grey literature, along with interviews with key informants (KI) who had worked in or visited ICE, CBP, or ORR facilities since January 2018 were undertaken. Analysis of the literature review and KI interviews covered five thematic areas: health, protection of vulnerable populations, shelter, food and nutrition, and hygiene. Thirty-nine peer-reviewed publications and 28 US Office of Inspector General reports from 2010 to 2020 were reviewed. Seventeen KI interviews were conducted. Though all three detention agencies had significant areas of concern, CBP's inability to abide by its health standards was particularly alarming. The persistence of low compliance with standards stemmed from weak accountability mechanisms, minimal transparency, and inadequate capacity to provide essential services. We have five recommendations: (1) expand independent monitoring and evaluation mechanisms; (2) standardize health standards across the three agencies; (3) develop a systematic evaluation tool to help external visitors, including members of Congress, assess the degree of implementation of standards; (4) enforce consequences for private contractors who violate standards; and (5) restrict the use of waivers that allow detention facilities to circumvent compliance with standards. Ultimately, the US federal government should explore and implement alternatives to detention to maintain the health and dignity of the individuals under its care.; Competing Interests: The authors declare no conflict of interest, including financial issues wrt this paper entitled: The United States Detention System for Migrants: Patterns of Negligence and Inconsistency. (© 2022 The Authors. Published by Elsevier Ltd.)

Trevino-Rangel, J. (2019). "Magical legalism: human rights practitioners and undocumented migrants in Mexico." International Journal of Human Rights **23**(5): 843-861.
In the context of the war on drugs, undocumented international migration in Mexico is facing a serious human rights crisis. Each year, hundreds of thousands of migrants, above all from Central America, cross Mexico to reach the United States. Through their journey they risk extortion, kidnap, ill treatment, torture, forced disappearance, forced labour, sexual abuses, and death. Ironically, in the last few years, migrants' rights has become a profession for many people. Never before have there been so many rights-based organisations and human rights practitioners in Mexico working in the promotion and defence of migrants' rights. This article is a sociologically driven analysis that seeks to critically examine the role of human rights organisations and practitioners working in the field of transmigrants' rights in Mexico. The article analyses how human rights practitioners and rights-based organisations talk about the suffering and violence routinely experienced by transmigrants in Mexico; and identifies the most visible implications of that discourse. It argues that legalism over-dominates practitioners' work and agendas: practitioners address the problem of undocumented migration through a narrow legalistic lens that ignores or fails to challenge the wider political and social conditions that make the abuses possible in the first place. [ABSTRACT FROM AUTHOR]

Trevino-Rangel, J. (2021). "'Cheap Merchandise': Atrocity and Undocumented Migrants in Transit in Mexico's War on Drugs." Critical Sociology (Sage Publications, Ltd.) **47**(4/5): 777-793.
Undocumented migrants in transit in Mexico are victims of atrocity. The subject has been largely ignored by scholars, however, until recently when a number of migration experts became interested in the matter. Most observers argue that abuses suffered by migrants are the consequence of the 'securitization' of Mexican immigration policy. For them, Mexican authorities perceive migrants from Central America as a threat to

national security and have hardened laws and migratory practices as a result, but there is insufficient evidence to support these claims. This article looks at the political economy of undocumented migration in transit in Mexico and the violence associated with it. It investigates the abuses suffered by migrants not as the result of supposed security policies but rather as the consequence of the interplay between local and global economies that generate profits from undocumented migration. The article explores the role played by state officials, cartels and ordinary Mexicans in the migration industry. [ABSTRACT FROM AUTHOR]

Tunca, H. Ö. (2022). "The Security Perceptions of Turkish Society towards Syrian Refugees." Security Strategies Journal: 73-108.
Natural causes such as unbalanced distribution of resources and climate change, which may be coupled with man-made causes such as armed conflict, occupation, discrimination, violation of human rights, developed technologies, and the demand for a better life, have made the human race experience migration. With the contribution of international actors, the civil war in Syria after the Arab Spring in the Middle East, which began in early 2011, displaced Syrians internally and internationally. The mass migration of over 3.5 million Syrians, who were distributed across every city of Turkey, has affected Turkish society in many areas such as social, economic, political, and security from a broader perspective. The main goal of the research is to identify the Turkish security perception caused by the Syrians who have been living in Turkey for over ten years, in the light of ongoing discussions about their permanent or temporary status. Security perceptions are selected and measured with a newly developed questionnaire. The "Most Similar System Design", which is frequently used in social sciences and allows to make comparisons, has been used to measure these perceptions. Two cities, which have similar socio-economic parameters but different populations of Syrians, have been chosen as suitable for this design. A high level of security perception in total and variances were found in both cities. (English) [ABSTRACT FROM AUTHOR]

Uribe Arzate, E. and J. Olvera GarcÍA (2019). "México: el nuevo destino para los migrantes de Centroamérica, o la quiebra del sueño americano." Mexico: The New Destiny for Migrants in Central America, or the American Dream Rupture. **24**: 133-148.
Work aims to build new explanations on the phenomenon of central American migration to the United States but must stay to live in Mexico as a result of the impossibility of achieving its purpose. Collapsed the migration concepts and the human rights to survive and reside are categories of analysis. The methodology is documentary-based based on quantitative data on this reality. It is concluded that the migration has been collapsed by the prevalence of the element differentiating discourse that must be changed by a reconstruction of the language that facilitates the individual's insertion into new territories. (English) [ABSTRACT FROM AUTHOR]

MINORITIES (10)

(2021). "COVID-19 in Communities of Color: Structural Racism and Social Determinants of Health." Online Journal of Issues in Nursing **26**(2): N.PAG-N.PAG.
Black, Indigenous, People of Color (BIPOC) communities have a disproportionally high prevalence of COVID-19 and, subsequently, a higher mortality rate. Many of the root causes, such as structural racism and the social determinants of health, account for an increased number of preexisting conditions that influence risk for poor outcomes from COVID-19 as well as other disparities in BIPOC communities. In this article we address Structural Factors that Contribute to Disparities, such as economics; access to healthcare; environment and housing concerns; occupational risks; policing and carceral

systems effects; and diet and nutrition. Further, we outline strategies for nurses to address racism (the ultimate underlying condition) and the social and economic determinants of health that impact BIPOC communities. [ABSTRACT FROM AUTHOR]

(2022). "Dismantling the scaffolding of institutional racism and institutionalising anti-racism." Journal of Family Therapy **44**(1): 91-108.
This paper addresses the challenge to organisations seeking to address institutional racism. It is argued that racism is systemic in its historical roots, anchored in racialising discourses, bolstered and fused by the ideology of Whiteness. It describes an approach to organisational consultancy, where the consultant can facilitate change in organisations by adopting an anti-racism stance and approach which disrupts Whiteness and engages the organisation in anti-racism praxis, towards dismantling institutionalised racism. Ways in which this process can be facilitated are outlined, as part of the change process towards institutionalising anti-racism praxis. Practitioner pointsWhat is already known about this topicRacism is historically scaffolded by Whiteness, and it is institutionalised in every aspect of organisations, including in policies, structures and practices.Whiteness is reproduced, including in the theories, models and practices of systemic psychotherapy, our training institutions and services.Scrutinising and disrupting Whiteness in systems in which we work, and in organisations we consult to, is essential to anti-racism praxis. [ABSTRACT FROM AUTHOR]

Fiske, L. (2020). "Crisis and Opportunity: Women, Youth and Ethnic Minorities' Citizenship Practices During Refugee Transit in Indonesia." International Journal of Politics, Culture & Society **33**(4): 561-573.
Expulsion from the state is approached as a crisis within both human rights and refugee studies, with Hannah Arendt proposing that the 'loss of national rights was identical with the loss of human rights' (Arendt 1976, p. 292). This analysis conceptualises the state as a protective structure and seeks to rehabilitate the refugee into the state system, whether within a reformed natal state (through return) or into a new state (through local integration or resettlement), ultimately restoring the refugee as 'citizen'. This model is rooted in what Nira Yuval-Davis (1997, p. 119) terms 'the "fraternal" enlightenment project' and is both western centric and has a male, purportedly universal-imagined citizen at its heart. Postcolonial feminist scholars have articulated the many ways in which third world/non-western women's relationships to the state are more commonly either distant or repressive. Expulsion from the state may not, for those who have held only notional or marginal citizenship, entail the 'radical crisis' of human rights (Agamben 1998, p. 126) that refugee studies and human rights that theories conceive. Moments of rupture and crisis that disrupt powerful sociocultural norms and break the alliance between constraining state and civil society structures (patriarchal ethnic and religious institutions) can also be moments of social transformation and opportunity. This paper explores the social practices and testimonies of refugees in transit in Indonesia to examine the assumptions underpinning citizenship and to question whether the social good that citizenship aims to deliver needs to be tied to the state. [ABSTRACT FROM AUTHOR]

Hassan, G., et al. (2019). "Impact of the Charter of Quebec Values on psychological well-being of francophone university students." Transcultural Psychiatry **56**(6): 1139-1154.
This paper discusses results from a pilot study conducted in the spring of 2014 among young adults living in Montreal. The main objective of this study was to assess the relation between perception of the Charter of Quebec Values, 1 self-identification, perception of intercommunity relations, perceived discrimination, and psychological well-being in young students enrolled in undergraduate or graduate programs of a francophone university in Montreal. A total of 441 students (30.5% male, 69.5%

female) took part in a web survey designed by the research team. The data analyses and results suggest that the debate around the Charter of Quebec values was associated with a shift from a predominantly positive perception of intercommunity relations to a predominantly negative one, particularly among women, immigrants, and those who self-identified as cultural or religious minorities. In addition, more than 30% of participants reported having experienced some form of ethnic or religious discrimination since the Charter was released (personally or as a witness). This was particularly the case among immigrants, as well as those who self-identified as bicultural or from cultural or religious minority groups. This study's results thus highlight the exacerbation of intercommunity tensions linked to the public debate around identity and intercommunity relations in Quebec. [ABSTRACT FROM AUTHOR]

Kirmayer, L. J. (2019). "The Politics of Diversity: Pluralism, Multiculturalism and Mental Health." Transcultural Psychiatry **56**(6): 1119-1138.

Kmak, M. (2020). "The right to have rights of undocumented migrants: inadequacy and rigidity of legal categories of migrants and minorities in international law of human rights." International Journal of Human Rights **24**(8): 1201-1217.
This article engages with the legal and political discourses aiming to respond to the increasing presence of undocumented migrants in the European Union. It focuses on legal consequences of the discursive framing often portraying undocumented migrants as a group 'unworthy of social, economic, and political rights' as opposed to those considered genuine refugees. The article explores the opening brought by the group approach to undocumented migrants and asks whether such a group perspective could be used as a basis for recognition of group-based rights of undocumented migrants. With reference to Jacques Rancière's conception of dissensus the article discusses the arbitrariness, inadequacy and historical contingency of legal categories of migrants and minorities in international human rights law and focuses on the existing openings in the minority protection standards in international and regional instruments. These include the strong non-discrimination focus of minority protection; the ongoing process of broadening of the minority protection encompassing also non-citizens; and the alternative theories of minority protection. Such an approach allows for experimenting with existing legal categories approaching the rights of undocumented migrants from the minority protection perspective, revealing their rigidity and dependence on the nation-state system. [ABSTRACT FROM AUTHOR]

Mays, V. M., et al. (2021). "Social Justice Is Not the COVID-19 Vaccine Alone: It Is Addressing Structural Racism Through Social Policies That Shape Health." American Journal of Public Health **111**: S75-S79.
The article explores how public health in the U.S. can address structural racism. The authors describe how social justice brings into focus how structural racism contributes to early mortality for many racial and ethnic minorities. Because racial and ethnic minorities are more likely to live in higher density households and communities, work jobs that require onsite presence, and lack personal protective equipment they have been put more at risk during the COVID-19 pandemic. The issue's focus on the theme of mortality is also discussed.

Mays, V. M., et al. (2021). "Social Justice Is Not the COVID-19 Vaccine Alone: It Is Addressing Structural Racism Through Social Policies That Shape Health." American Journal of Public Health **111**: S75-S79.
The article explores how public health in the U.S. can address structural racism. The authors describe how social justice brings into focus how structural racism contributes to early mortality for many racial and ethnic minorities. Because racial and ethnic minorities are more likely to live in higher density households and communities, work

jobs that require onsite presence, and lack personal protective equipment they have been put more at risk during the COVID-19 pandemic. The issue's focus on the theme of mortality is also discussed.

West, K., et al. (2021). "Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'." British Journal of Social Psychology **60**(4): 1136-1153.
The Black Lives Matter (BLM) movement has been called the 'civil rights issue of our time' (Holt & Sweitzer, 2020, Self and Identity, 19(, p. 16) but the All Lives Matter (ALM) movement swiftly emerged as an oppositional response to BLM. Prior research has investigated some predictors of support for ALM over BLM, but these predictors have thus far not included levels of racial bias or potentially relevant constructions of racism. This pre-registered, cross-sectional study (N = 287) tested the degree to which White participants' support for ALM could be predicted using measures of racism (implicit and explicit) and ideological stances around the construction of 'racism' (that discourage the recognition of contemporary inequalities and discrimination). Using multiple regression analyses, we found that implicit racism, colour-blind ideology, and narrow definitional boundaries of discrimination positively predicted support for ALM over BLM. Explicit racism, collective narcissism, and right-wing political orientation did not predict ALM support, nor did any (2-way) interaction of these predictors. Implications for our understanding of the All Lives Matter movement are discussed. [ABSTRACT FROM AUTHOR]

Yang, O. (2019). "Political Ideology and Cultural Diversity in South Korea: Toward a Theory of Group-differentiated Rights." International Journal on Minority & Group Rights **26**(2): 289-303.
Korea has experienced ideological changes in the political sphere since society experienced ethnic diversity in the 1990s. The government urgently introduced new policy agenda 'Damunhwa' – multicultural – in the wake of up-surging social problems such as embracing cultural differences and human rights of foreigners as a salient issue following multicultural explosion with a large number of foreigners. As a result, many scholars argue that the Korean state response to cultural diversity has shifted from differential exclusion to assimilation toward immigrants in current society. However, it should be mentioned that it is implausible to link assimilation with a successful political ideology to manage ethnic diversity effectively. In this article, I argue that it is time to present a new political ideology for future directions in order to integrate ethnic minorities into a universally acceptable manner through consideration of the theory of group-differentiated rights in the context of Korean society. [ABSTRACT FROM AUTHOR]

PEOPLE with disabilities (101)

(2020). "Disability Rights Film Crip Camp Premieres on Netflix." Palaestra **34**(2): 60-60.

(2022). "Disability-based arguments against assisted dying laws." Bioethics **36**(6): 680-686.
Some of the most common arguments against legalizing assisted dying are based on appealing to the rights of people with disabilities. This article identifies and responds to those arguments, including that people with disabilities univocally oppose assisted dying laws; that those laws harm people with disabilities, or show disrespect; and that those laws undermine other vital aspects of healthcare. Drawing on philosophical argument, as well as on evidence from jurisdictions where assisted dying is legal, the article concludes that considerations of disability do not in fact generate good arguments against assisted dying laws. In fact, the opposite is true. There are nevertheless

important lessons that proponents and defenders of such laws can learn in conversation with people with disabilities, including about safeguards on assisted dying to protect their well-being and autonomy. [ABSTRACT FROM AUTHOR]

Aitken, Z., et al. (2019). "Precariously placed: housing affordability, quality and satisfaction of Australians with disabilities." Disability & Society **34**(1): 121-142.
Access to adequate, safe, secure, accessible and affordable housing is a fundamental human right and one stipulated in the United Nations Conventions on the Rights of Persons with Disabilities. Australian adults with disabilities experience housing disadvantage including homelessness, poor-quality housing and housing unaffordability; however, we lack a comprehensive comparison of the housing circumstances of people with and without disabilities and differences by impairment type. We analysed data from a nationally representative sample of 11,394 working-aged Australians collected in 2011. We found that people with disabilities experienced disadvantage across all housing indicators, and people with intellectual and psychological disabilities fared worst. These findings suggest that there is a housing crisis for Australians with disabilities, which may intensify with the introduction of the National Disability Insurance Scheme. There is a need to develop long-term housing solutions that promote independence, are accessible and affordable, and that consider location and neighbourhood context. [ABSTRACT FROM AUTHOR]

Albuquerque, C. P. and A. C. Carvalho (2020). "Identification of Needs of Older Adults With Intellectual Disabilities." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 123-131.
Information regarding individual needs of older adults with intellectual disabilities (IDs) is scarce although it is very important both from a person-centered planning perspective and from a proactive service system perspective. This study has three main aims: (1) to identify and describe staff perceptions of the needs of a large group of adults aged 45 or over with IDs; (2) to analyze the perceived needs as function of age, gender, and level of disability; (3) to present information about the development and the psychometric properties of the assessment instrument used. The participants were 232 Portuguese older adults with IDs (mean age = 52), predominantly male (n = 129). There were 66 staff members who assessed the needs of the IDs participants through the Inventory of Identification of Needs (IIN). The IIN demonstrated satisfactory psychometric properties (e.g., internal consistency, interrater reliability, construct validity). The unmet needs were numerous and diverse, but those that were perceived as more prevalent were: literacy, handling of money, information on rights, self-care, information on services, communication, occupation at holidays, occupation at weekends, general physical health, cognitive rehabilitation, and daytime activities. The needs were influenced by the disability level: regarding Literacy/Information and Occupation/Community, needs were significantly more common in persons with a moderate and/or severe disability. The influence of age was registered only in Mental Health. The needs identified should guide the planning and development of service provision. These should offer literacy learning experiences, information about the rights of persons with disabilities, information about the services available, self-care assistance or training in self-care skills; and meaningful activities during regular time periods, weekends and holidays. [ABSTRACT FROM AUTHOR]

Amucheazi, C. and C. M. Nwankwo (2020). "Accessibility to infrastructure and disability rights in Nigeria: an analysis of the potential of the discrimination against persons with disability (prohibition) act 2018." Commonwealth Law Bulletin **46**(4): 689-710.
A viable way to establish a sense of inclusion for the physically challenged in Nigeria like elsewhere is to provide a sustainable infrastructural plan that integrates the utility concerns of the disabled. Overcoming the difficulties faced by people with disabilities

requires interventions to remove environmental and social barriers. This paper examines the right of persons with disability to public vehicular and infrastructural use. It focuses on the recently enacted Discrimination against Persons with Disability (Prohibition) Act, 2018 as well as other international human rights instruments from which Nigeria derives her international obligations. It is observed that the Nigerian society is still unfriendly to the disabled as public infrastructure is constructed without considerations for the disabled. [ABSTRACT FROM AUTHOR]

Ana Calle, C., et al. (2022). "Access to public transportation for people with disabilities in Chile: a case study regarding the experience of drivers." Disability & Society **37**(6): 1038-1053.
This study explored access to transportation for people with disabilities based on the accounts of public transportation drivers in the Atacama region of Northern Chile. The study is based on the naturalistic paradigm and uses the theory based on the systematic design of Strauss and Corbin. The analyzed data correspond to the open and axial phases of the methodology. Seven group interviews and three in-depth interviews were conducted, using a sample of 57 drivers. Sixteen categories emerged which, upon being refined through the permanent contrast method, allowed three categories and seven subcategories to be established. Social exclusion, barriers to access, and social position were the main categories, and negative perceptions regarding access prevailed. Gaps and access limitations for people with disabilities were evident in drivers' accounts, which indicate an opportunity for a better understanding of the phenomenon. This study evaluated the access of disabled people to public transportation from the perspective of drivers in northern Chile It was found that drivers had a negative attitude and perception towards people with disabilities Drivers often reject disabled passengers, and they believe this can be blamed to the current public policies in Chile Drivers are aware that their service is poorly perceived by society, which causes disabled people to exclude themselves The lack of accessibility in public transportation affects the lives of disabled people as they have reduced access to health services, jobs or social activities. [ABSTRACT FROM AUTHOR]

Anderson, C. A., et al. (2021). "Empowering Community Voices: The Influences of Consumer Race, Disability, and Poverty on Public Vocational Rehabilitation Service Engagement." Journal of Rehabilitation **87**(1): 40-47.
The public Vocational Rehabilitation (VR) program provides key services and supports to individuals with disabilities seeking to improve their employment, careers, and economic mobility. However, engagement in the VR program is not consistent across all populations, with a focus on those residing in historically underserved and marginalized low-income communities of color. The purpose of this study was to better understand the needs of current and former Black American VR consumers residing in a large urban area to inform current and future policy and practice needs within the state agency. While data was collected just prior to the COVID-19 pandemic, the views shared by participants regarding the stress and trauma of experiencing a chronic lack of resource and recommendations for improvements within the public VR program are perhaps even more relevant considering the disproportionate impact of the pandemic on this and similar communities. Recommendations for training and future research to enhance engagement, understanding, and better serve this population through the public VR program are offered. [ABSTRACT FROM AUTHOR]

Andrés Pino-Morán, J., et al. (2021). "Subvertir la vulneración médica: itinerarios corporales disidentes de la discapacidad en Chile." Subverting medical vulneration: Dissident bodily itineraries of disability in Chile. **17**: 1-16.
Acknowledging dissident bodies of persons with disabilities is an act of continuous resistance, and as such our objective in this article is to analyze the vulnerability and

bodily violation of disability activists in Chile. In order to do so, between September 2018 and February 2019 we conducted 11 in-depth interviews using the technique of bodily itineraries, as well as 6 discussion groups. Through qualitative thematic analysis, several categories emerged: the central category of “Bodily change or difference: experiences of medicalized fragility;” and three subcategories, “Bodily diagnosis: the institutional management of differences;” “Medical treatment: correcting bodily and social abnormality;” and “Rehabilitation: to function once again as a normative body.” Activists’ itineraries reveal the coaptation and bodily violation that they are subjected to by the biomedical apparatus, where they are systematically denied their human rights; however, despite attempts to discipline and control them, they create subversive strategies to validate their corporealities. (English) [ABSTRACT FROM AUTHOR]

Ardila-Gómez, S., et al. (2019). "The mental health users' movement in Argentina from the perspective of Latin American Collective Health." Global Public Health **14**(6/7): 1008-1019.
The mental health users' movement is a worldwide phenomenon that seeks to resist disempowerment and marginalisation of people living with mental illness. The Latin American Collective Health movement sees the mental health users' movement as an opportunity for power redistribution and for autonomous participation. The present paper aims to analyze the users' movement in Argentina from a Collective Health perspective, by tracing the history of users' movement in the Country. A heterogeneous research team used a qualitative approach to study mental health users' associations in Argentina. The local impact of the Convention on the Rights of Persons with Disabilities and the regulations of Argentina's National Mental Health Law are taken as fundamental milestones. A strong tradition of social activism in Argentina ensured that the mental health care reforms included users' involvement. However, the resulting growth of users' associations after 2006, mainly to promote their participation through institutional channels, has not been followed by a more radical power distribution. Associations dedicated to the self-advocacy include a combination of actors with different motives. Despite the need for users to form alliances with other actors to gain ground, professional power struggles and the historical disempowerment of 'patients' stand as obstacles for users' autonomous participation. [ABSTRACT FROM AUTHOR]

Arduin, S. (2019). "Taking Metaregulation to the United Nations Human Rights Treaty Regime: The Case of the Convention on the Rights of Persons with Disabilities." Law & Policy **41**(4): 411-431.
This article argues that regulatory scholarship can be harnessed to promote human rights, in this case the rights of persons with disabilities. It argues that the regulatory regime of the Convention on the Rights of Persons with Disabilities (the Convention) establishes a human rights metaregulatory regime. It shows that the Convention delegates all of the regulatory functions to four different actors, to the effect that no single actor has the full range of regulatory competencies. The implication of this high degree of delegation is that the Convention establishes a three-party framework whereby the interaction between the regulatee and the two regulators is mediated by an oversight body. While organically independent, each actor is functionally interdependent so that an equilibrium is established. At a time where the effectiveness of the UN human rights treaty system is under assault, this article argues that the metaregulatory regime of the CRPD provides an optimistic vision for the future of human rights treaties. [ABSTRACT FROM AUTHOR]

Arduin, S. (2019). "Taking Metaregulation to the United Nations Human Rights Treaty Regime: The Case of the Convention on the Rights of Persons with Disabilities." Law & Policy **41**(4): 411-431.
This article argues that regulatory scholarship can be harnessed to promote human

rights, in this case the rights of persons with disabilities. It argues that the regulatory regime of the Convention on the Rights of Persons with Disabilities (the Convention) establishes a human rights metaregulatory regime. It shows that the Convention delegates all of the regulatory functions to four different actors, to the effect that no single actor has the full range of regulatory competencies. The implication of this high degree of delegation is that the Convention establishes a three-party framework whereby the interaction between the regulatee and the two regulators is mediated by an oversight body. While organically independent, each actor is functionally interdependent so that an equilibrium is established. At a time where the effectiveness of the UN human rights treaty system is under assault, this article argues that the metaregulatory regime of the CRPD provides an optimistic vision for the future of human rights treaties. [ABSTRACT FROM AUTHOR]

Augusto Silva, F. and D. Ribeiro Brasil (2019). "Direito das pessoas com deficiência à educação como um direito fundamental e humano." Right of persons with disabilities to education as a fundamental and human right. **18**(2): 261-280.
The purpose of this article is to analyze whether the right of persons with disabilities to inclusive education, in addition to a Fundamental Law, is also a Human Right and, if so, the consequences of this finding. For that, normative and doctrinal foundations were analyzed to support the answer to this question. It was concluded that this right, in addition to a fundamental right, is also classified as a human right, enabling the individual to seek the protection of his/her right in supranational instances. The methodological aspects adopted will be juridical-dogmatic; the type of reasoning used will be the deductive; the methodological types of research will be juridical-descriptive and juridicalcomparative. (English) [ABSTRACT FROM AUTHOR]

Barman-Aksözen, J., et al. (2022). "'... they had interpreted "disability" as referring to a patently visible disability': experience of a patient group with NICE." Disability & Society **37**(7): 1239-1245.
Erythropoietic protoporphyria (EPP) is an ultra-rare genetic disorder characterised by intolerance to visible light. Starting in early childhood, people with EPP suffer from social isolation, impaired educational and occupational opportunities, and low quality of life. Afamelanotide is the only effective and approved therapy for EPP. In England, its cost-effectiveness is currently assessed by the National Institute for Health and Care Excellence (NICE), which in 2018 issued a negative recommendation for funding. Stakeholder organisations, including our patient organisation, submitted appeals against the recommendation, which were upheld in all possible grounds. Moreover, the appeal panel expressed concerns about whether the evaluating committee discriminated against people with EPP and suggested that it seek guidance regarding the Equality Act 2010. However, three years later, the identified issues have not been addressed and patients in England remain without treatment. Afamelanotide represents another example for the trend towards a loss of fairness in NICE decisions. [ABSTRACT FROM AUTHOR]

Bezzina, L. (2019). "Disabled people's organisations and the disability movement: Perspectives from Burkina Faso." African Journal of Disability **8**: 1-10.
Background: In Burkina Faso, the disability movement is rather weak, both in terms of funding and staffing – its range does not extend far outside the capital city and is largely dependent on international non-governmental organisations (INGOs). Despite the huge number of grassroots disabled people's organisations (DPOs), many of these organisations do not function beyond the occasional meeting and celebration of the International Day of Persons with Disabilities. The reasons for this are various, including dependency on external funding (such as from international organisations), lack of access to resources, being dependent on voluntary members, and lack of organisation. Objectives: This article looks at the functioning of – and politics

governing – DPOs in Burkina Faso, their significance in the lives of people with disabilities and the challenges they encounter. Method: This article is based on research findings obtained through interviews conducted with people with disabilities, as well as INGOs working with people with disabilities and state authorities in Burkina Faso. Results: Evidence suggests that the farther people with disabilities are from the capital, the lesser are their chances of being heard and of being involved in decision-making. However, DPOs offer a haven for many, offering people with disabilities solace in meeting other members and finding a sense of belonging in these associations. Others give importance to the role of DPOs in raising awareness and human rights advocacy. Conclusion: Finally, the article raises the question as to what the future of DPOs in Burkina Faso might entail. Keywords: Burkina Faso; disability identity; disability movement; disabled people's organisations; income-generating activities; international non-governmental organisations; socialisation; vie associative ; voluntary organisations; urban–rural divide. [ABSTRACT FROM AUTHOR]

Blose, S., et al. (2021). "Community-based rehabilitation implementation for people with disabilities in South Africa: a protocol for a scoping review." Systematic reviews **10**(1): 279.
Background: People with disabilities (PWDs) remain among the poorest and least empowered population. They experience limited access to basic services, especially in low- and middle-income countries (LMIC). The infringement of their human rights remains at an alarming level, despite the availability of the community-based rehabilitation (CBR) strategy and the United Nations Convention on the Rights of People with Disabilities (UNCRPD). CBR, as a strategy for poverty alleviation, social inclusion and equalisation of opportunity, has broadened its scope from a mere strategy for access to health and rehabilitation services to include education, livelihood, social inclusivity and empowerment. CBR is implemented across the world in the majority of LMIC signatories to the UNCRPD. South Africa is among the countries that are implementing CBR. However, the extent and the nature of implementation is not known. This study, therefore, aims to map out the empirical evidence of the implementation of CBR in South Africa.; Method: The study is a scoping review based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extended for Scoping Review (PRISMA-ScR) methodology. The information will be extracted and captured on a data charting template that will be used through each phase of the study. The review will be guided by the following research question validated by the amended population-concept-context framework according to the Joanna Briggs Institute methodology for scoping reviews: 'An investigation into CBR implementation in South Africa.' The search will be conducted in the following electronic databases Google Scholar, PubMed, Medline, and Cochrane, etc, using Boolean logic. Restrictions will be set for years (Jan. 2009-Dec. 2019), English language peer-reviewed studies based on South Africa. The search output will be screened for primary studies on Community based rehabilitation in South Africa. Two independent reviewers will conduct title and abstract screening to identify potential eligible studies. After which full-text screening on the potential eligible studies and assessed for inclusion by the two independent reviewers. The Mixed Method Appraisal Tool will be applied to assess the quality of the studies included in the review.; Discussion: The gathered evidence from the selected studies will be discussed in relation to the research questions using a narrative to identify and explore emergent themes. The review will provide a baseline of evidence on the implementation of CBR and will highlight gaps regarding the implementation of CBR in a South African Context. The gaps identified will be used to develop a framework that will guide implementation of CBR in South Africa. (© 2021. The Author(s).)

Bogenschutz, M., et al. (2021). "Vietnam and Disability Rights: Perspectives at the Time of

Ratification of the UN Convention on the Rights of Persons with Disabilities." International Journal of Disability, Development & Education **68**(5): 717-733.
Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD's core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts. [ABSTRACT FROM AUTHOR]

Bogenschutz, M., et al. (2021). "Vietnam and disability rights: Perspectives at the time of ratification of the UN convention on the rights of persons with disabilities." International Journal of Disability, Development and Education **68**(5): 717-733.
Vietnam ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2015, signalling a commitment to the basic human rights of citizens with disabilities. Previous research has shown people with disabilities in Vietnam to be marginalised in society, often with limited educational or work opportunity, and with limited financial means. Using in-depth semi-structured interviews conducted in Vietnam and a thematic analysis approach to data interpretation, this article examines the current status of people with disabilities in Vietnam in relation to the core elements of the CRPD, from the perspectives of people with disabilities, their families, and professionals who support them. Findings suggest that, while Vietnamese society has made strides supporting people with disabilities, work remains to be done for the country to comply with the CRPD’s core principles. Suggestions for future action are offered, including ways to support human rights of people with disabilities within cultural contexts. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Borawska-Charko, M., et al. (2023). "'More than just the Curriculum to Deal with': Experiences of Teachers Delivering Sex and Relationship Education to People with Intellectual Disabilities." Sexuality & Disability **41**(2): 201-219.
Interviews with fifteen teachers and educators delivering sex and relationships education to people with intellectual disabilities were conducted. The aim of the study was to investigate their experiences and views. Thematic analysis was used to look for patterns and themes in the verbatim transcripts. Three main themes were identified: challenges when delivering sex education, how to overcome these difficulties, and important topics for sex and relationships education. Implications for delivering sex and relationships education for people with intellectual disabilities and support needed for teachers are discussed. [ABSTRACT FROM AUTHOR]

Byrne, B., et al. (2021). "Enhancing Deaf People's Access to Justice in Northern Ireland: Implementing Article 13 of the UN Convention on the Rights of Persons with Disabilities." Scandinavian Journal of Disability Research **23**(1): 74-84.
Article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) specifies that disabled people have the right to 'effective access to justice' on an equal basis with others. This includes Deaf people. There is a distinct lack of research which explores the extent to which Article 13 UNCRPD is implemented in practice and which actively involves Deaf people in its implementation and monitoring.

This paper shares findings from a rights-based research study co-produced with a Deaf Advisory Group and a Deaf-led organisation. It explores the implementation of Article 13 UNCRPD in Northern Ireland through the experiences of key stakeholders across the justice system including police officers, solicitors, barristers, and judges. The findings of this research study suggest that Deaf people's access to the justice system is not well supported and that current provisions for Deaf people's legal needs fall well short of what is required by the UNCRPD. [ABSTRACT FROM AUTHOR]

Caldera-GonzÁLez, D. C., et al. (2021). "INCLUSIÓN (¿O EXCLUSIÓN?) LABORAL DE PERSONAS CON DISCAPACIDAD. APUNTES PARA EL ESTADO DE GUANAJUATO, MÉXICO." LABOR INCLUSION (OR EXCLUSION?) OF PEOPLE WITH DISABILITIES. NOTES FOR THE STATE OF GUANAJUATO, MÉXICO. **6**: 1-19.

People with disabilities is one of the most vulnerable groups in any society. The objective of this paper is to reflect about the inclusion and exclusion of people with disabilities in Mexico and specifically in the state of Guanajuato, which helps to understand what happens with government initiatives to provide assistance and support to this sector, population, which is still far from fully exercising its right to work and an independent life. It is a theoretical investigation, of descriptive scope and non-experimental approach. The conclusions suggest that societies are increasingly aware of diversity, however, exclusion still prevails for people with disabilities in different spheres, especially labor, which is reinforced by stereotypes that limit the exercise of their human rights. (English) [ABSTRACT FROM AUTHOR]

Carew, M. T., et al. (2020). "Predictors of negative beliefs toward the sexual rights and perceived sexual healthcare needs of people with physical disabilities in South Africa." Disability & Rehabilitation **42**(25): 3664-3672.

Background: Although sexuality is a ubiquitous human need, recent empirical research has shown that people without disabilities attribute fewer sexual rights and perceive sexual healthcare to benefit fewer people with disabilities, compared to non-disabled people. Within a global context, such misperceptions have tangible, deleterious consequences for people with disabilities (e.g., exclusion from sexual healthcare), creating an urgent need for effective strategies to change misperceptions. Methods: To lay the groundwork for developing such strategies, we examined predictors of the recognition of sexual rights of people with physical disabilities within the South African context, derived from three key social psychological literatures (prejudice, social dominance orientation and intergroup contact), as well as the relationship between sexual rights and beliefs about sexual healthcare. Data were obtained through a cross-sectional survey, given to non-disabled South Africans (N = 1989). Results: Findings indicated that lack of recognition of the sexual rights for physically disabled people predicted less positive beliefs about the benefits of sexual healthcare. In turn, high levels of prejudice (both cognitive and affective) toward disabled sexuality predicted less recognition of their sexual rights, while prejudice (both forms) was predicted by prior contact with disabled people and possessing a social dominance orientation (cognitive prejudice only). Evidence was also obtained for an indirect relationship of contact and social dominance orientation on sexual healthcare beliefs through prejudice, although these effects were extremely small. Conclusion: Results are discussed in terms of their implications for rehabilitation, as well as national-level strategies to tackle negative perceptions of disabled sexuality, particularly in contexts affected by HIV. Findings demonstrate an empirical link between prejudice toward disabled sexuality, lack of recognition of sexual rights and viewing sexual healthcare of less benefit for disabled people. Consequently, there is need for increased attention to these dimensions within the rehabilitative context. Contact with disabled people, including dedicated interventions, is unlikely to meaningfully impact beliefs about the benefits of sexual healthcare. [ABSTRACT FROM AUTHOR]

Chapman, K., et al. (2022). "An undignified disaster reality for Australians with disability." Australian Health Review **46**(6): 710-712.
The United Nations Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Management establish the importance of ensuring the equitable protection of human rights in disaster planning, relief, and recovery. However, internationally and within Australia, the reality is one of indignity, human rights violations, and corruption. Australia is living in a perpetual state of crisis, following 3years of environmental and health disaster events. Vulnerable Australian citizens, especially people with disability, are at a great risk of human rights violations and may have restricted access to resilience-building resources that would enable them to recover. Embedding dignity into disaster management and recovery can safeguard human rights and improve outcomes for people with disability. What is known about this topic? People with disability are more vulnerable to the negative impacts of disaster and are marginalised and excluded in recovery efforts. What does this paper add? The paper focuses on embedding dignity into disaster planning, response and recovery to conserve human rights of people with disability and improve outcomes. What are the implications for practitioners? Health practitioners are important front-line responders to both health and environmental disasters and should consider how dignity can improve service for people with disability and increase positive outcomes to build back better. [ABSTRACT FROM AUTHOR]

Clifton, M. and S. Chapman (2022). "Commentary on "Developing a logic model for implementing citizen advocacy for adults with learning disabilities based on the experience of community inclusion centres for disabled people"." Tizard Learning Disability Review **27**(2): 91-94.
Purpose: This commentary reflects on peer advocacy in relation to citizen advocacy in the context of the vital need for advocacy in all its different forms. Design/methodology/approach: The authors reflect from the standpoint of developing peer advocacy in secure mental health settings as an organisation based on self-advocacy and co-production. Findings: By reflecting on peer advocacy and citizen advocacy side by side, the authors affirm both and all kinds of advocacy as being vital to people with learning disabilities living full and free lives as citizens. Originality/value: The authors hope this commentary will enrich people's understandings of the essential role of peer advocacy within different kinds of advocacy, and the need to enlarge the range of possibilities and choices open to a person. [ABSTRACT FROM AUTHOR]

Colombo, M., et al. (2019). "PS-01-009 Recognition of the sexual rights of people with physical and psychical disability." Journal of Sexual Medicine **16**: S3-S4.

Corona-Aguilar, A., et al. (2021). "Participation by Women With Physical Functional Diversity: From Inherited Oppression to Social Integration." Australian Social Work **74**(3): 320-331.
This paper analyses the participation processes displayed by women with physical functional diversity in Spain, from the perspective of feminism and human rights. Responses from 18 participants with physical functional diversity allowed us to describe the female participants, as well as to explain their participation histories and plans, including any enabling or obstructing elements. This feedback also allowed us to interpret the participation models of women in positions or situations of influence. This paper, using qualitative methodology, combines grounded theory, intersectionality, and discourse narration to analyse the life contexts and elements that impede access to social participation on a level playing field for these women. The results present emancipatory

tools for women and arguments for political decision-making that can help women overcome oppression and violence, thereby facilitating their integration into society. The defence of people's rights is a professional endeavour grounded in social work theory and involves drawing attention to inequalities, in this case, those faced by women with functional diversity. Social work training should prepare social workers for advocacy based on human rights and be led by people with disabilities themselves. Research into disability in social work yields advances in strategies for social and civic participation, particularly for women with functional diversity. [ABSTRACT FROM AUTHOR]

de Beco, G. (2020). "Intersectionality and disability in international human rights law." International Journal of Human Rights **24**(5): 593-614.
This article addresses the question of intersectionality in the field of international human rights law. While in this field much attention has been given to gender and race, here it is extended to disability. Starting from the Convention on the Rights of Persons with Disabilities (CRPD), the article explores a new as yet unexplored research avenue: how international human rights law can be used to protect different groups of disabled people by applying the Convention along with other human rights treaties. It focuses on three groups of disabled people: (1) disabled people belonging to racial or ethnic minorities; (2) disabled women and; (3) disabled children. These three groups have been chosen because all three come within the remit of human rights treaties that concern these groups in addition to the CRPD. Some other groups of disabled people are also considered. The article discusses the problems that emerge for these groups and shows how they can be resolved through international human rights law. This is done through an analysis of the jurisprudence of UN treaty bodies. [ABSTRACT FROM AUTHOR]

Dermaut, V., et al. (2020). "Citizenship, disability rights and the changing relationship between formal and informal caregivers: it takes three to tango." Disability & Society **35**(2): 280-302.
Citizenship and rights conventionally refer to the ways in which the relationship between the individual and the state is constructed. These concepts concern the vital political and democratic values of freedom, equality and solidarity. As realising the citizenship and rights of disabled people has become an explicit aim of many western democratic governments, we explore in this article how these notions are encompassed in the formal rhetoric of social policy-makers. However, social policy rhetoric is potentially paradoxical when a critical consideration is made about how even promising ideas are implemented in practice. Therefore, we investigate the implications of policy developments based on real-life experiences of informal caregivers. A directed approach to qualitative context analysis was applied. We conclude that these democratic values should be inextricably related and (re)balanced to substantively realise the citizenship and rights of disabled people and their informal caregivers in practice. [ABSTRACT FROM AUTHOR]

Dineen, K. K. and E. Pendo (2022). "Engaging Disability Rights Law to Address the Distinct Harms at the Intersection of Race and Disability for People with Substance Use Disorder." Journal of Law, Medicine & Ethics **50**(1): 38-51.
This article examines the unique disadvantages experienced by Black people and other people of color with substance use disorder in health care, and argues that an intersectional approach to enforcing disability rights laws offer an opportunity to ameliorate some of the harms of oppression to this population. [ABSTRACT FROM AUTHOR]

Dunbar, P., et al. (2022). "Incidence and type of restrictive practice use in residential disability facilities in Ireland, a cross-sectional study." Health & Social Care in the Community

30(6): e6009-e6017.
Restrictive practices (RPs) are a contentious issue in health and social care services. While use may be warranted in some instances, there are risks and concerns around human rights infringements. There are limited data available on the types and incidences of RPs used in health and social care services internationally. The objective of this study is to describe the type of RPs and incidence of use in disability residential care facilities (RCFs) in Ireland. RP notifications from disability RCFs reported from November 2019 to October 2020 were extracted from the Database of Statutory Notifications from Social Care in Ireland. National frequency and incidence of use of categories and type of RPs were calculated. The number and percentage of disability RCFs reporting RP use, along with the mean annual incidence of use, were also calculated. A total of 48,877 uses of RPs were notified from 1387 disability RCFs (9487 beds) during the 12-month period. The national incidence of RPs use per 1000 beds was as follows: all categories: 5152.0, environmental: 2988.2, physical: 1403.0, other: 527.0 and chemical: 233.8. The most frequently used RPs for each category was as follows: environmental: door locks, physical: other physical, other: liberty and autonomy and chemical: anxiolytics. Most RCFs (81.7%) reported at least one RPs use. The median incidence of any RPs per 1000 beds in these RCFs was 4.75 (IQR: 2.00 to 51.66). Usage of RPs was generally low, although some RCFs reported relatively high usage. Nationally, on average, five RPs were applied per resident over 12 months; environmental contributing to more than half. These findings can be used to inform policy, measure progress in reducing RPs use and for cross-jurisdiction comparisons. [ABSTRACT FROM AUTHOR]

Eiler, E. C. and K. D'Angelo (2020). "Tensions and connections between social work and anti-capitalist disability activism: disability rights, disability justice, and implications for practice." Journal of Community Practice **28**(4): 356-372.
Social work's relationship to disability activism under capitalism is an underexplored area of the profession's literature. This paper aims to help address this gap by providing a conceptual discussion of the tensions within disability activism, within social work, and between the two. Lenin's analysis of the state is used to integrate opposing ideologies. We begin by providing a historical overview of the disability rights and disability justice movements along with recommendations for an integrated approach. We then connect ideological trends within social work to these models. We end with implications for social work practice with disabled people and suggested research. [ABSTRACT FROM AUTHOR]

Engelman, A., et al. (2022). "Global Disability Justice In Climate Disasters: Mobilizing People With Disabilities As Change Agents." Health Affairs **41**(10): 1496-1504.
Disabled people are highly susceptible to climate change impacts and disasters, yet they often remain sidelined or largely invisible. Policy makers, humanitarian agencies, and governments need to address the climate-related vulnerabilities that disabled people encounter during acute events and in the course of more creeping forms of climate change. As deaf researchers, we call for integrating disability justice into climate and disaster preparedness policies and practices worldwide. A disability justice approach can embrace the strengths that disabled people bring to disaster planning and climate mitigation and advocacy efforts. In this article we present case studies from different global regions to illustrate how disability is overlooked in responding to climate-related health impacts and disaster planning. We also draw particular attention to mutual aid networks led by disabled people in adapting to climate-related health impacts. We then suggest questions to help policy makers and practitioners integrate disability justice into their work. Above all, disabled people, organizations, and service providers should take ownership over the process of developing policies and actions to better prevent, prepare for, and respond to climate disasters. [ABSTRACT FROM AUTHOR]

Eyraud, B. and I. Taran (2023). "From Substitute to Supported Decision-Making: Participatory Action Research on the Convention on the Rights of Persons With Disabilities." Journal of Disability Policy Studies **34**(1): 39-48.

In this article, we present findings from a participatory action-research program in France on the exercise of human rights and supported and substitute decision-making, inspired by the United Nations Convention on the Rights of Persons with Disabilities ("CRPD"). Bringing together persons with the lived experience of disability; academics; and health, social care, and support professionals, the project used the method of "experience-based construction of public problem" to transform experience into collective expertise. This enabled the exploration of support that people in vulnerable situations, whose capacity to exercise their human rights has weakened, need to make decisions in their lives and participate meaningfully in public debate. The relationship between the awareness of rights and exercise of rights is discussed. We argue for the need to balance out the positions of different contributors in participatory action research, in a reasoned manner, by recognizing the scientific and citizen-based participation of all partners. [ABSTRACT FROM AUTHOR]

Fisher, K. R., et al. (2023). "Reaching people who are marginalized in major disability policy reform." Global Social Policy **23**(1): 109-126.

Policy changes often aim to improve the access of socially marginalized people who face systemic, social and personal barriers to the support they need. A major policy reform in Australia was the National Disability Insurance Scheme (NDIS), which was introduced to meet the country's human rights obligations. NDIS is publicly funded to allocate individual funding packages to 10% of people with disability and facilitates access to mainstream services for all people with disability. Support services are intended to be entitlements, consistent with a human rights framework. Predictably, the most marginalized people remain under-represented in both packages and mainstream access, including people with psychosocial disability who are at risk of homelessness. A 2-year project was conducted to familiarize people with disability and service providers who have contact with them about how to access support. People with Disability Australia managed the project as action research with university researchers. The research used interviews to study how to improve access. People with disability were advisors to the governance and research design. The findings were that it took many months for people with disability and the organizations that support them to trust the project staff, understand the relevance of disability to their lives, and to take steps to seek their entitlements to support. Some implications for policy are conceptual in terms of the policy language of disability, which alienates some people from the services to which they are entitled. Other implications are bureaucratic – the gap between homeless and disability organizations means that they prioritize people's immediate needs and people who are easier to serve, rather than facilitating sustainable support. A global social policy implication is that specialized interventions to advocate for the rights of marginalized people with disability and to demonstrate how to engage with them remains a priority while gaps between service types persist. [ABSTRACT FROM AUTHOR]

Frawley, P. and M. McCarthy (2022). "Supporting people with intellectual disabilities with sexuality and relationships." Journal of Applied Research in Intellectual Disabilities **35**(4): 919-920.

Friedrich Dupont, M., et al. (2021). "PROMOÇÃO DE RESILIÊNCIA E TRATAMENTO PSICOLÓGICO PARA CRIANÇAS E ADOLESCENTES COM DEFICIÊNCIA VÍTIMAS DE VIOLÊNCIA SEXUAL." Promotion of Resilience and Psychological Treatment for Children and Adolescents with Disabilities Victims of Sexual Violence.

21(3): 1-11.
Sexual violence against children and adolescents is a public health problem that constitutes a serious violation of human rights, and that can lead to a series of short, medium, and long-term consequences on the victim's cognitive, emotional and physical spheres. Furthermore, children and adolescents with disabilities are at greater risk of suffering interpersonal violence than the general population, including sexual violence. We can understand, therefore, that psychological treatment can be important to promote resilience in this population and to assist in coping mechanisms. The purpose of this narrative review is to discuss what are the main scientific evidence related to psychological treatment to promote resilience in children and adolescents with disabilities who have suffered sexual violence. As main results, it was found that most treatment protocols for children and adolescents victims of sexual violence exclude people with disabilities from their sample, and, because of that, studies that are focused on this specific population are scarce in the literature. Given this scenario, the importance of developing empirical studies that provide scientific evidence and treatment guidelines for children and adolescents with disabilities who are victims of sexual violence is emphasized, as well as the investment in improving the skills of professionals in this area. (English) [ABSTRACT FROM AUTHOR]

Fullana, J., et al. (2019). "How do people with learning disabilities talk about professionals and organizations? Discourse on support practices for independent living." Disability & Society **34**(9/10): 1462-1480.
The aims of the research presented here are two-fold: to determine the decision-making role that people with learning disabilities award organizations and professionals offering support for independent living; and to assess the extent to which the dominant discourses of people with learning disabilities incorporate individual or social approaches. Ten focus groups were held with self-advocacy groups of people with learning disabilities. The critical discourse analysis approach was used to analyse the transcripts. The analysis shows that the discourse of people with learning disabilities tends to legitimize the role of organizations and professionals as agents in making decisions regarding their own lives. The study highlights the need to make use of these discourses to work together with people with learning disabilities to promote the exercising of their rights in decision-making and taking control of their lives. [ABSTRACT FROM AUTHOR]

Gesser, M., et al. (2022). "ESTUDIOS SOBRE DISCAPACIDAD: INTERSECCIONALIDAD, ANTICAPACITISMO Y EMANCIPACIÓN SOCIAL." STUDIES ON DISABILITY: INTERSECTIONALITY, ANTI-ABILITY AND SOCIAL EMANCIPATION. **19**(49): 217-240.
The article focuses on incorporating an anti-capacity perspective in research and in professional action aimed at people with disabilities. Topics include examines this perspective breaks with the process of oppression experienced by people with disabilities throughout history and incorporates the political struggle of this social group for the guarantee of human rights and social justice.

González Painemal, V. A. (2022). "Personas con discapacidad y uso de la fuerza policial en contexto del estallido social en Chile." People with disabilities and the use of police force in the context of the social outbreak in Chile. **10**(2): 155-184.
The massive demonstrations that took place in Chile since October 2019 have unfortunately resulted in massive violations of human rights. Among the victims were also people with disabilities, who suffered from police actions to control public order during the protests. The purpose of this article is to report the violations suffered by this group as a contribution to their political memory, using as a source national media and human rights reports, and to review whether the protocols for the maintenance of public

order of the Chilean police "Carabineros de Chile", the main responsible in this matter, contain specifc provisions for dealing with people with disabilities, that could have prevented such violations. All of this is in line with the observations of the fnal report for Chile of the Committee on the Rights of Persons with Disabilities. In the absence of police regulations in Chile in accordance with the human rights of persons with disabilities, this article incorporates the internal recommendations that the National Disability Service of Chile has provided to that institution, all of them obtained through Law No. 20.285 on access to public information. (English) [ABSTRACT FROM AUTHOR]

Goswami, S. P. (2020). ""Rights of Persons with Disability" Act: A Boon for Persons with Aphasia." Annals of Indian Academy of Neurology **23**: S51-S51.
The article discusses the "Rights of Persons with Disabilities" Act has passed by the Parliament of India on 27th December 2016 (RPWD-2016) and operational from 19th April 2017. Topics include a certificate stating the disability score from a medical board constituted by the Medical Superintendent, Neurologist, and a certified Speech-Language Pathologist has mandatory; and the International Classification of Functions has the cynosure of RPWD-2016 and improving the social activity level.

Grant, D. C. (2021). "Poetry therapy and disability studies: an investigation." Journal of Poetry Therapy **34**(4): 223-241.
Poetry therapy research is examined in a clinical, community and developmental setting, where the various researchers conducted their study from a medical model perspective of disability. The author looked at twelve articles and analysed nine of them from the social model perspective of disability. It was found that people with disabilities are excluded from poetry therapy research. As such, the author advocated for people with disabilities to have a voice in poetry therapy research. [ABSTRACT FROM AUTHOR]

Harris, J. E. (2019). "Legal Capacity at a Crossroad: Mental Disability and Family Law." Family Court Review **57**(1): 14-20.
In this introductory essay to the Special Issue, I argue that both family law and disability rights law scholars should examine a key point of intersection across areas: legal capacity or the law's recognition of the rights and responsibilities of an individual. For example, parental termination proceedings center on parental fitness and functional capabilities. I contextualize the articles in the Special Issue by Leslie Francis and Robyn Powell on the role of reasonable accommodations for parents with disabilities in parental termination proceedings. In addition, I call upon legal scholars, family law courts, and practitioners to reimagine governing legal standards in family law according to principles of universal design to shift the baseline capabilities associated with parenting and parental fitness. Key Points for the Family Court Community: Legal capacity is an underexplored intersection between family law and disability rights law.There are two ways to think about applying a critical disability lens to family law proceedings such as parental rights terminations. First, courts and practitioners should consider the ways in which disability rights laws, such as the Americans with Disabilities Act, require courts to apply differential standards of parental fitness as reasonable accommodations. Second, and more radically, rather than providing reasonable accommodations and maintaining the current normative baselines, the author challenges institutional designers to consider principles of universal design that challenge the normative standards themselves.This introductory article contextualizes the articles in this Special Issue of Family Court Review. [ABSTRACT FROM AUTHOR]

Heikkilä, M., et al. (2020). "Disability and vulnerability: a human rights reading of the responsive state." International Journal of Human Rights **24**(8): 1180-1200.

Universal human rights of all are complemented with particular, targeted protection of some, especially those that traditionally have been left behind. By juxtaposing the ideas of universality and particularity, the article studies vulnerability as a particularising tool within human rights with a comparative approach to the influential vulnerability theory by Martha Fineman. By outlining the similarities and the differences between the two approaches of vulnerability theory and human rights project, the article sheds light on how the particular protection needs of persons with disabilities play out in the universalistic logic of vulnerability. The article argues that both universal and particular obligations of responsive states – and responsive humans – are needed as a way of materialising substantive equality for persons with disabilities as vulnerable legal subjects. Such obligations cannot be codified in full detail, but the intrinsic essence of rights requires each right to be interpreted in context and with regard to the particular individual vulnerabilities and resilience of each person. In operationalising the obligations arising from such rights, the human rights project and the vulnerability theory complement and reinforce each other in terms of specifying the rationale and the detailed benchmarks for state action. [ABSTRACT FROM AUTHOR]

Herro, A. (2019). "The Pre-negotiation of UN Human Rights Treaties: The Case of the Convention on the Rights of Persons with Disabilities." International Negotiation **24**(2): 240-265.
Since 1965, nine UN human rights treaties have been adopted. Surprisingly, we know little about the conditions under which states arrived at the negotiation table because there has been no serious attempt to empirically identify the unique attributes of pre-negotiation in this context. This article examines the pre-negotiation of the UN Convention on the Rights of Persons (CRPD), drawing on diverse qualitative data sources such as interviews with state and non-state participants. Informed by a constructivist perspective, this study identifies esteem-seeking behavior as a key motivation for some states to negotiate. The article also shows how a transnational advocacy network influenced the pre-negotiation process by leveraging states' esteem-seeking ambitions and appealing to their reputation as a way of pushing parties to negotiate. Additional tactics that the transnational advocacy network employ at the international level to expedite negotiations are also identified. [ABSTRACT FROM AUTHOR]

Heymann, J. (2023). "Needless barriers: Despite advances, equal rights for people with disabilities still lag far behind." Global Social Policy **23**(1): 184-187.

Hough, S. (2021). "From the Editor of Sexuality and Disability: 2021...A Year of Acknowledging What We Have Known to Different Degrees....the Fundamental Importance of Inclusiveness, Diversity, Equity, Accessibility, Fairness and Respect." Sexuality & Disability **39**(2): 229-230.
An editorial is presented on the journal, Sexuality and Disability, continues to be a professional home and a place of professional rejuvenation for study and advancement. Topics include the years of contribution to the literature on sexuality and disability healthcare have been a part of the growth, understanding, and advocacy, and the response in terms of best practice evidence based approaches.

Houseworth, J., et al. (2019). "Examining the National Core Indicators' Potential to Monitor Rights of People With Intellectual and Developmental Disabilities According to the CRPD." Journal of Policy & Practice in Intellectual Disabilities **16**(4): 342-351.
The Convention on the Rights of Persons with Disabilities (CRPD) aims to change attitudes and policies toward individuals with disabilities worldwide and to foster the inclusion and independence of persons with disabilities in society. The current study was designed to assess empirically the extent to which people with intellectual and

developmental disabilities (IDD) exercise certain rights in the United States using the National Core Indicators Adult Consumer Survey (NCI-ACS), particularly to see if items could be scaled to measure certain CRPD articles reliably. An additional aim was to assess the impact of guardianship on the rights of individuals with IDD. NCI-ACS data were analyzed employing factor analysis, multiple analysis of variance, and regression modeling. These approaches allowed us to assess the relationship between guardianship and rights controlling for known covariates (such as level of ID) on outcomes. Results indicate that the NCI-ACS contains several items with sound psychometric properties that can assist in measuring certain rights of people with disabilities according to CRPD. Specifically, employment and budgetary agency appear to be areas of rights outlined by the CRPD that the NCI-ACS can help measure. Finally, the results indicated that people who have an appointed legal guardian are less likely to be employed and to have less social privacy. This study indicates the NCI-ACS has the potential to measure access to CRPD rights, such as employment and budgetary agency, by people with IDD. More work is needed to evaluate additional promising measures of a wider range of CRPD articles. Alternatives to guardianship need to be examined in order to increase the opportunities for people with IDD to exercise their rights. [ABSTRACT FROM AUTHOR]

Iyassu, S. A. and F. McKinnon (2020). "DISABILITY RIGHTS ARE HUMAN RIGHTS: PUSHING ETHIOPIA TOWARDS A RIGHTS-BASED MOVEMENT." Northwestern Journal of Human Rights **19**(1): 51-61.
Official estimates suggest that 95 percent of Ethiopia's disabled live under the poverty line and are unemployed.1 To get by, many must beg or depend on family and friends. The Ministry of Labor and Social Affairs, the ministry responsible for enforcing rights of disabled people, is a paper tiger, toothless at that. Recent data suggest that only one percent of Ethiopian buildings and roads are fully accessible to the disabled.2 Yet accessibility is not only a physical, but also a social, cultural, and political sine qua non--and so a matter of human rights. Rights of Ethiopia's disabled have been quashed or ignored for millennia. Generations have grown up in a society shaped by church dogma, which construes disability as the result of sin, a source of shame. Whether disability is physical or cognitive, regardless of an affected person's courage and capacity to cope, the disabled have been excluded from many aspects of life. Barring a lucky few (including one author), Ethiopia's disabled can hope for charity at best, but at worst may be hidden from neighbors, driven from their homes, and forced to beg to survive. The untapped potential is enormous. Data is deficient, but the World Health Organization (WHO) estimates 17.6 percent of Ethiopians live with disabilities.3 Most are not helpless, yet an overwhelming majority remain uneducated, unemployed, and so denied the dignified lives that human beings deserve. Given recent changes in Ethiopia, however, all this could change. [ABSTRACT FROM AUTHOR]

Jaramillo Ruiz, F., et al. (2023). "The inclusion of disability as a non-trade issue in preferential trade agreements." Global Social Policy **23**(1): 148-166.
This study examines the inclusion of disability provisions in preferential trade agreements (PTAs). We analyse how disability is referenced in 518 PTAs negotiated between 1948 and 2020. As an inductive analysis, our research identifies five main modes of inclusion of disability. In doing so, it problematizes the way disability materializes in PTAs, underscoring the prevalence of a medical model of disability and the limited scope of the provisions regarding the rights of persons with disabilities. These findings contribute to the understanding of the insertion of non-trade issues in international trade agreements and to the place of disability in global governance. [ABSTRACT FROM AUTHOR]

Jönson, H. and P. Norberg (2023). "Being an older person or a person with a disability: Are

supportive policies ageist?" Disability & Society **38**(1): 148-168.
The article concerns the Swedish support system's legal discourse, and investigates the rationale for excluding people over the age of 65 from services that younger people with disabilities may obtain. Data consist of government texts and court decisions under the Severe Disability Act about services for people over the age of 65. It was found that little in the legal discourse concerns the needs and rights of older people, and the general belief is that the Severe Disability Act is primarily intended for children, young people, and adults of working age. Othering of older people was indirectly present in three assumptions about differences in categorizations (people with disabilities vs older people with support needs), needs (active age vs not active age), and comparisons (with people without disabilities of the same age vs with others receiving eldercare). In Sweden, as in many other countries, the support system excludes older people with disabilities from some services, using a division between the categories 'people with disabilities' and 'older people'. The legislation that governs the support system communicates the message that older people with disabilities have different needs as compared to non-old people with disabilities. Justice for non-old people with disabilities is to have similar living conditions as people without disabilities of a similar age, and justice for older people with disabilities is to have similar living conditions as others who receive eldercare. The support system of Sweden rests on the assumption that disability after retirement age is caused by the process of ageing. People who grow old with experience of being part of disability movements may establish new identities as older people with disabilities, and challenge the present order. [ABSTRACT FROM AUTHOR]

Kanter, A. S. (2019). "Do Human Rights Treaties Matter: The Case for the United Nations Convention on the Rights of People with Disabilities." Vanderbilt Journal of Transnational Law **52**(3): 577-609.
In the United States, and throughout many other parts of the world, we are witnessing attacks on basic human rights. As poverty, inequality, and suffering are evident in so many parts of the world today, there are those who say that the entire human rights regime has failed. This author does not agree. While it is true that human rights treaties have not realized their full potential in every country that has ratified them, human rights treaties do "matter." This Article makes the case for human rights treaties by referring to the success of the Convention on the Rights of People with Disabilities (CRPD), which was adopted by the UN in 2006 and has been ratified by 177 countries. The CRPD has spurred the development of new laws, policies, and practices that are transforming societies and offering new protections and opportunities for people with and without disabilities. The CRPD is also creating new norms within the international human rights system itself. Based on the impact of the CRPD to date, the human rights treaty regime has not only not failed but is, in fact, thriving. [ABSTRACT FROM AUTHOR]

Kirichenko, K. A. and A. Król (2022). "Intersectionality and the CRPD: an analysis of the CRPD committee's discourse and civil society advocacy at the intersections of disability and LGBTI." Global Public Health **17**(11): 3224-3242.
The United Nation ('UN') Convention on the Rights of Persons with Disabilities ('CRPD' or 'Convention'), while addressing some intersectionalities, does not explicitly mention sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). However, the practice of the Committee on the Rights of Persons with Disabilities ('CteeRPD' or 'Committee') has developed significantly over the past years to include the intersections of disability and SOGIESC into the discourse. This paper examines these developments from a queer intersectional perspective based on the document analysis. We analysed a range of documents adopted by the Committee itself, as well as shadow reports submitted to the CteeRPD by civil society, to map the

challenges existing at the intersections of disability and SOGIESC. The results of the analysis demonstrate a quantitative shift in the CRPD intersectional discourse, but also qualitative changes in the positioning of the subject – the one living on the intersections of disability and SOGIESC, related structural powers and hierarchies. Based on the analysis, we use a quadruple framework to show how this subject is defined, described, protected and embraced by the CteeRPD, what concrete features of this positioning has been developed already, what gaps still exist and how they can be addressed. [ABSTRACT FROM AUTHOR]

Koishibayev, M. M., et al. (2020). "National plans to ensure the rights of persons with disabilities in Kazakhstan—amendments to the legislation." Disability & Society **35**(8): 1355-1359.
The signing and ratification of the Convention on the Rights of Persons with Disabilities by the Republic of Kazakhstan require amendments to the state legislation in order to comply with the norms of this international document. This article shows how Kazakhstan's legislation largely complies with the UN Convention on the Rights of Persons with Disabilities. However, there are still many challenges, which we discuss in this article. The main challenge of implementing the state disability policy is the lack of effective mechanisms to achieve the goals and the objectives set forth. [ABSTRACT FROM AUTHOR]

Koly, K. N., et al. (2022). "Mental Health and Community-Based Rehabilitation: A Qualitative Description of the Experiences and Perspectives of Service Users and Carers in Bangladesh." Community Mental Health Journal **58**(1): 52-66.
Since 2016, Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPB) has been working to include people with psychosocial disabilities in their community-based inclusive development work, and to increase access to formal mental health care. Field visits were carried out to PHRPBD catchment areas in Dhaka and Chittagong for a case study on the integration of mental health into community-based rehabilitation (CBR). This paper synthesizes the results of twenty-five semi-structured interviews carried out as part of the case study. Participants included people with psychosocial disabilities, intellectual disabilities, epilepsy or other cognitive impairments and their carers as needed. Interviews were audio-recorded, transcribed and translated from Bangla to English, then hand-coded for content analysis. Results were organized into five overarching categories: (1) explanatory models, (2) help-seeking behaviors, (3) impact of services, (4) challenges and barriers to improving mental health, (5) recommendations of users and carers. Respondents either had no explanation for why service users had become unwell or attributed it to physically and/or emotionally traumatic events or supernatural causes. Before attending PHRPBD's mental health services, most had visited formal or informal health care providers, often with disappointing results. Despite positive feedback on PHRPBD's services, participants identified ongoing challenges. Stigma, discrimination and human rights abuses persist and are compounded by issues of gender inequality. Participants also identified barriers and made recommendations specific to the program itself, mainly regarding accessibility (e.g., cost, distance, frequency). This study adds to the limited body of qualitative research on mental health in Bangladesh, reinforcing previous findings on explanatory models and health-seeking behaviors while providing new insights into the impact of a CBR program in this context. Feedback of service users and carers suggests that CBR may indeed be a useful approach to increase access to services in Bangladesh for people with psychosocial or intellectual disabilities, epilepsy or other cognitive impairments. However, this program is not without its limitations, some of which are the product of broader issues within the mental health system and others of the social and cultural context. More research is needed to formally evaluate this and other CBR programs in the Global South. [ABSTRACT FROM AUTHOR]

Lau, P. L. (2022). "Addressing Cognitive Vulnerabilities through Genome and Epigenome Editing: Techno-Legal Adaptations for Persons with Intellectual Disabilities." European Journal of Health Law **29**(3/5): 409-434.

The key aim of this paper is to highlight the oft-under-represented narrative of how persons with disabilities (specifically, those with intellectual disabilities) may access the benefits that genome editing may offer. Firstly, this paper reflects on the critical need for a paradigm shift in how we view intellectual disabilities, and centering the rights of persons with disabilities to allow them to access the broad scope of their right to health under various international law instruments (including the complementary right to habilitation under Article 26 of the CRPD). Secondly, the paper evaluates the legal provisions in the CRPD and other international instruments relating to the rights of persons with intellectual disabilities, and their access to genome editing technologies. This analysis intends to demonstrate that human rights in disability discourse be complemented with emancipatory, participatory, and transformative research. Finally, the paper argues for a reinvigorated line of thinking that expands on the social model of disability: to align with inclusive, contemporary disability discourse that embodies greater responsibility and innovation in perpetuating better access to genome editing technologies for persons with intellectual disabilities. [ABSTRACT FROM AUTHOR]

Lawson, A. and A. E. Beckett (2021). "The social and human rights models of disability: towards a complementarity thesis." International Journal of Human Rights **25**(2): 348-379.

This article aims to reorient thinking about the relationship between the long-standing social model of disability and the rapidly emerging human rights model. In particular, it contests the influential view that the latter develops and improves upon the former (the improvement thesis) and argues instead that the two models are complementary (the complementarity thesis). The article begins with a discursive analysis of relevant documents to investigate how each of the two models has been used in the crafting and monitoring of the UN Convention on the Rights of Persons with Disabilities. This highlights the increasing importance of the human rights model in this policy context. It also provides examples of the operation of the two models which inform the remainder of the discussion. We then critique the comparisons between the models which underpin the improvement thesis; and, drawing on Foucault's technologies of power and Beckett and Campbell's 'oppositional device' methodology, deepen and develop this comparative analysis. The result, we argue, is that the two models have different subjects and different functions. In the human rights context, their roles are complementary and supportive. [ABSTRACT FROM AUTHOR]

Lenagh-Glue, J., et al. (2023). "Use of advance directives to promote supported decision-making in mental health care: Implications of international trends for reform in New Zealand." Australian & New Zealand Journal of Psychiatry **57**(5): 636-641.

Advance directives are advocated, in many jurisdictions, as a way to promote supported decision-making for people who use mental health services and to promote countries' compliance with their obligations under the United Nations Convention on the Rights of Persons with Disabilities. The United Nations Convention on the Rights of Persons with Disabilities promotes the use of tools to further personal autonomy which would include integrating the use of advance directives into mental health law, to clarify the effect (or force) an advance directive carries when its maker comes under the relevant mental health legislation. In addition, securing the active use of advance directives requires adoption of certain supportive practices and policies within health services. Here, we discuss a number of approaches taken to advance directives in revised mental health legislation, and the associated practices we think are required. [ABSTRACT FROM AUTHOR]

Liasidou, A. (2023). "Trauma-informed disability politics: interdisciplinary navigations and implications." Disability & Society **38**(4): 683-699.

The article explores the concept of 'disability as trauma' and discusses the ways in which this metaphor has implications for developing a more nuanced understanding of the complexity and idiosyncrasies of disability experience. Disability is not trauma, but disability and trauma share tangled histories as they can be constitutive elements of disability experiences. The hitherto disciplinary ghettoization of disability studies and critical trauma studies has treated disability and trauma as two distinct experiential entities, thereby preventing theorizations of the ways in which disability intersects with, emanates from and results in trauma, and impacts the ways in which disability is experienced. The sheer complexity of disability experience necessitates the development of a more comprehensive interpretative framework to elicit the ways in which disability relates to trauma. These theoretical interstices have implications for problematizing policy responses that silence the traumatizing ramifications of human rights violations and structural inequities in disability politics. The article explores the role of trauma in developing a better understanding of disability experience. Even though disability is not trauma, disabled people can experience 'trauma' due to discriminatory treatment. The 'voices' and 'lived' experiences of people with disabilities have played an important role in understanding the ways in which disability relates to trauma. Policies and professional practices need to take into consideration the relationship between disability and trauma. [ABSTRACT FROM AUTHOR]

Mao, X. and L. Chen (2022). ""To go, or not to go, that is the question": perceived inaccessibility among individuals with disabilities in Shanghai." Disability & Society **37**(10): 1659-1677.

This study explored how individuals with disabilities in Shanghai perceive the accessibility of public spaces and their experiences of various barriers in transit to public spaces. We conducted semi-structured, in-depth interviews with community-dwelling individuals with mild to severe physical, sensory, and multiple disabilities (N = 16). Our findings suggest that despite government efforts to improve accessibility, participants still perceived public spaces to be inaccessible. They encountered physical barriers, social barriers, and unusable accessible facilities in the process of accessing public spaces. Their sense of being a burden to family caregivers also compelled participants to limit their mobility radius. Despite some participants' attempts to advocate for their mobility and accessibility rights, they ultimately chose to compromise when their efforts were not acknowledged. This study seeks to inform policy and practice by increasing understanding of public space accessibility from the perspectives of people with disabilities in urban China. This study is among the first to explore what people with disabilities experience when going to public spaces in urban China, and how they understand these experiences. People with disabilities in Shanghai face various difficulties when going to public spaces. Although there are facilities designed to assist people with disabilities in moving around public spaces in Shanghai, these facilities are often occupied, blocked, or broken, and thus cannot be properly used. Most study participants chose to stay at home and in familiar places to avoid difficulties in going to public spaces and burdening their family members. Participants who tried to advocate for their rights gave up after their efforts were not responded to. Policymakers and practitioners should understand the difficulties of people with disabilities and their families when they go to public spaces and include them when developing and implementing relevant policies and services. [ABSTRACT FROM AUTHOR]

Maphisa, J. M. (2019). "Mental health legislation in Botswana." BJPsych International **16**(3): 68-70.

The Mental Disorders Act of 1969 is the primary legislation relating to mental health in

Botswana. Despite the country not being a signatory to the United Nations Convention on the Rights of Persons with Disabilities, its Act has a self-rated score of four out of five on compliance to human rights covenants. However, it can be argued that the Act does not adequately espouse a human rights- and patient-centred approach to legislation. It is hoped that ongoing efforts to revise the Act will address the limitations discussed in this article. [ABSTRACT FROM AUTHOR]

McNamara, D. M. (2021). "Building a collaborative approach to policing in an age of disability human rights law." Journal of Psychiatric & Mental Health Nursing (John Wiley & Sons, Inc.) **28**(1): 107-114.
The article reports that the UN Convention on the Rights of Persons with Disabilities is the important human rights treaty for persons with disabilities, as it requires all States Parties to remove obstacles within society so that persons with disabilities can participate as equal citizens. Topics include examines that research on the link between the CRPD and criminal law has centered on the trial process.

Murphy, K. and E. Bantry-White (2021). "Behind closed doors: human rights in residential care for people with an intellectual disability in Ireland." Disability & Society **36**(5): 750-771.
Historically people with an intellectual disability have been excluded from society and many continue to live separately in institutions, group homes and segregated campuses. This article provides a unique analysis of what it is like to live separately from society in Irish centres for people with a disability. An analysis was undertaken of data from 627 inspection reports published in 2016 by the Inspectorate of residential care in Ireland. A Human Rights Framework was developed, based on the United Nations Convention on Rights of Persons with Disabilities (CRPD), to interpret the data by linking various interrelated articles of the CRPD into nine Human Rights Themes. The findings demonstrated that people with an intellectual disability were not regarded as citizens capable of full inclusion in society but rather experienced daily restrictions on their lives. The findings also emphasised the need to ensure human rights are at the core of service delivery. In this research, we put the spotlight on the human rights of people living in residential care in Ireland. Our research looked at all inspection reports for residential care centres published in 2016. We mapped the reports against the human rights named in the Convention on the Rights of Persons with Disabilities. We found out that people with an intellectual disability living in residential care have little or no control over their own lives. We would like to share how we did our research with governments, funders and services. More research like this can help make sure the guiding principles of the Convention on the Rights of Persons with Disabilities are at the heart of all service delivery. [ABSTRACT FROM AUTHOR]

Ne'eman, A., et al. (2021). "The Treatment of Disability under Crisis Standards of Care: An Empirical and Normative Analysis of Change over Time during COVID-19." Journal of Health Politics, Policy & Law **46**(5): 831-860.
Context: COVID-19 has prompted debates between bioethicists and disability activists about Crisis Standards of Care plans (CSCs), triage protocols determining the allocation of scarce life- saving care. Methods: We examine CSCs in 35 states and code how they approach disability, comparing states that have revised their plans over time to those that have not. We offer ethical and legal analyses evaluating to what extent changes to state policy aligned with disability rights law and ethics during the early pandemic and subsequently as stakeholder engagement grew. Findings: While disability rights views were not well represented in CSCs that were not updated or updated early in the pandemic, states that revised their plans later in the pandemic were more aligned with advocate priorities. However, many CSCs continue to include concerning provisions, especially the reliance on long-term survival, which implicates considerations of both

disability rights and racial justice. Conclusions: The disability rights movenient's successes in in influencing state triage policy should inform future CSCs and set the stage for further work on how stakeholders influence bioethics policy debates. We offer thoughts for examining bioethics policy making reflecting the processes by which activists seek policy change andthe tension policy makers face between expert delegation and mediating values conflicts. [ABSTRACT FROM AUTHOR]

Neto, J. T. (2020). "The UN convention on the rights of persons with disabilities in practice. A comparative analysis of the role of courts." Journal of Adult Protection **22**(3): 175-178.

Niewohner, J., et al. (2020). "'Leave no one behind'? The exclusion of persons with disabilities by development NGOs." Disability & Society **35**(7): 1171-1176.
Persons with disabilities have a right to be included in international development, yet persons with disabilities in the Global South are overwhelmingly excluded from development-related activities. While many states have developed disability inclusive policies for official foreign aid, many private international non-governmental organizations (NGOs) have failed to do so. In response to this gap, the Disability Inclusive Development Initiative at the University of Washington began an ongoing research study of small and medium-sized international NGOs. Thus far, surveys collected and depth interviews have revealed four major barriers to inclusion on the part of mainstream development NGOs: 1.) lack of awareness, 2.) belief that persons with disabilities constitute a separate focus area, 3.) assumption that the costs of inclusion are too high, and 4.) believing that others, such as governments or families, are responsible for ensuring access and accommodations, rather than the NGO itself. [ABSTRACT FROM AUTHOR]

Oliver, S., et al. (2022). "The outcomes of individualized housing for people with disability and complex needs: a scoping review." Disability & Rehabilitation **44**(7): 1141-1155.
Worldwide, disability systems are moving away from congregated living towards individualized models of housing. Individualized housing aims to provide choice regarding living arrangements and the option to live in houses in the community, just like people without disability. The purpose of this scoping review was to determine what is currently known about outcomes associated with individualized housing for adults with disability and complex needs. Five databases were systematically searched to find studies that reported on outcomes associated with individualized housing for adults (aged 18–65 years) with disability and complex needs. Individualized housing was positively associated with human rights (i.e., self-determination, choice and autonomy) outcomes. Individualized housing also demonstrated favourable outcomes in regards to domestic tasks, social relationships, challenging behaviour and mood. However, outcomes regarding adaptive behaviour, self-care, scheduled activities and safety showed no difference, or less favourable results, when compared to group homes. The literature indicates that individualized housing has favourable outcomes for people with disability, particularly for human rights. Quality formal and informal supports were identified as important for positive outcomes in individualized housing. Future research should use clear and consistent terminology and longitudinal research methods to investigate individualized housing outcomes for people with disability. Individualized housing models can foster self-determination, choice and autonomy for adults with disability and complex needs. Having alignment between paid and informal support is important for positive outcomes of individualized housing arrangements. A more substantial evidence base regarding individualized housing outcomes, in particular long-term outcomes, and outcomes for people with an acquired disability, is required. [ABSTRACT FROM AUTHOR]

Omigbodun, O. O., et al. (2023). "Reprioritising global mental health: psychoses in sub-Saharan

Africa." International Journal of Mental Health Systems **17**(1): 1-14.
Arthur Kleinman's 2009 Lancet commentary described global mental health as a "moral failure of humanity", asserting that priorities should be based not on the epidemiological and utilitarian economic arguments that tend to favour common mental health conditions like mild to moderate depression and anxiety, but rather on the human rights of those in the most vulnerable situations and the suffering that they experience. Yet more than a decade later, people with severe mental health conditions like psychoses are still being left behind. Here, we add to Kleinman's appeal a critical review of the literature on psychoses in sub-Saharan Africa, highlighting contradictions between local evidence and global narratives surrounding the burden of disease, the outcomes of schizophrenia, and the economic costs of mental health conditions. We identify numerous instances where the lack of regionally representative data and other methodological shortcomings undermine the conclusions of international research carried out to inform decision-making. Our findings point to the need not only for more research on psychoses in sub-Saharan Africa, but also for more representation and leadership in the conduct of research and in international priority-setting more broadly—especially by people with lived experience from diverse backgrounds. This paper aims to encourage debate about how this chronically under-resourced field, as part of wider conversations in global mental health, can be reprioritised. [ABSTRACT FROM AUTHOR]

Önnudóttir, H. (2021). "Human rights approach to disability advocacy on sexual health and education." European Journal of Public Health **31**: iii143-iii144.
In this part of the workshop we will present an example of best practices in advocacy for CSE for children and young people with disabilities. The International Federation for Spina Bifida and Hydrocephalus (IF) represents individuals with spina bifida and/or hydrocephalus (SBH) and their families globally. IF's mission is to protect and advance the rights of individuals with SBH and as a part of that mission IF installed a formal international youth group to inform IF's advocacy on issues related to youth with spina bifida and/hydrocephalus (SBH) where sexuality, sexual health and the taboos and stigmas surrounding these topics was identified as a high priority topic for advocacy. IF will present the work of IF and its youth group, the implementation and findings of activities such as the survey on SBH and sexuality, focus group discussions and the 2020 IF event on disability rights and sexual health. With an emphasis on the role of young people in advocacy and how they were supported and empowered to address this important topic. How strong leadership from persons with SBH helped to open discussions about the challenges faced by young people with disabilities and how disability specific issues (such as incontinence) are often left unaddressed due to stigma and societal taboos. These discussions help to address the barriers to CSE for children and young people with disabilities. IF bases all of its work on the UN Convention on the Rights of Persons with Disabilities and as such meaningful participation by persons with lived experiences, inclusion and non-discrimination guide IF's work on sexuality. IF will present how those principles elevated the discussions and the outputs produced by the activities. In addition, IF will present how this was achieved in collaboration with other representative organisations for persons with disabilities and the wider impact of IF's advocacy for individuals with SBH on the disability community as well as for health and social care professionals. [ABSTRACT FROM AUTHOR]

Orr, Z., et al. (2021). "Localization of Human Rights of People with Disabilities: The Case of Jewish Ultra-Orthodox People in Israel." Human Rights Quarterly **43**(1): N.PAG-N.PAG.
This article examines how the concept of human rights of people with disabilities is introduced, localized, reinterpreted, and contextualized in religious conservative communities. By analyzing the case of Jewish ultra-orthodox (Haredi) communities in

Israel, the article illuminates the stakeholders' translation tactics that result in hybridization of transnational and local ideas. Professionals in social and therapeutic fields play a decisive role in this process. While prior research has depicted localization as a pragmatic compromise on the part of the localizers, this case demonstrates that in religious contexts localization is not a constraint but reflects an essential connection between distinct moral worlds. [End Page 93] [ABSTRACT FROM AUTHOR]

O'Sullivan, C. and D. Ferri (2020). "The Recast Reception Conditions Directive and the Rights of Asylum Seekers with Disabilities: Opportunities, Challenges and the Quest for Reform." European Journal of Migration & Law **22**(2): 272-307.
In recent years, the European Union (EU) has, like much of the developed world, experienced a sustained period of inward migration from refugee-producing States in Africa and the Middle-East. This 'refugee crisis' has placed a strain not only on the political will of the EU institutions and Member States to find a satisfactory resolution to deal with the flow of migrants, but also on their ability to put in place fair processes for any resulting claims for asylum and to adequately support the needs of asylum seekers while those claims are being processed. This article discusses the latter issue from a discreet angle, focusing on how the EU has addressed the needs of asylum seekers with disabilities. As a party to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which enjoys sub-constitutional status within the EU legal order, the EU is obligated to interpret all legislation in light of the Convention. Thus, this article seeks to assess the degree to which Directive 2013/33/EU on the material reception conditions for asylum seekers can protect and promote the rights of asylum seekers with disabilities and fulfill the 'human rights model of disability' embedded within the CRPD. It also assesses the most recent proposal to replace the Directive, and examines whether the potential shortcomings within it have been addressed thus far. Ultimately, it finds that the ambiguities and lack of procedural certainty within the current Directive provide too much room to derogate from the standards arguably mandated by the Convention, and these have yet to be addressed within the new Proposal. [ABSTRACT FROM AUTHOR]

Parey, B., et al. (2023). "Falling short of equal opportunities for persons with disabilities in Trinidad and Tobago: evidence from Equal Opportunity Commission case files." Equality, Diversity & Inclusion **42**(3): 382-397.
Purpose: The purpose of the study is to examine if the existing legislative framework in Trinidad and Tobago supports equal opportunities and the achievement of fundamental human rights for persons with disabilities seeking to access education, employment, accommodations and goods and services. Design/methodology/approach: Data were collected from 105 complaints filed with Trinidad and Tobago's Equal Opportunity Commission from 2010 to 2021 regarding disability discrimination. The steps of constant comparison were used to analyse characteristics of each case, complainants' desired outcomes and the actual outcomes of the cases (i.e. withdrawn, closed, forwarded to conciliation or the Equal Opportunity Tribunal). Findings: Across all cases, persons with disabilities desired access to unavailable services, opportunities for employment or an apology for emotional distress. Cases that were withdrawn reflected missed opportunities to address systemic issues, closed cases reflected a bounded process for redress, and cases advancing to conciliation or the Tribunal required documentation or support. Originality/value: This study provides insights into how the current policy and its implementation miss opportunities to address discrimination at organisational and systemic levels. Specifically, cases revealed dominant/subordinate dynamics in society and a lack of transparency throughout the system. Authors provide recommendations for policy and systemic change, including addressing gaps in national legislation and adopting strong equality of opportunity and equality of well-being approaches. [ABSTRACT FROM AUTHOR]

Pertiwi, P., et al. (2019). "People with disabilities as key actors in community-based disaster risk reduction." Disability & Society **34**(9/10): 1419-1444.

People with disabilities and their representative organisations are recognised by the Sendai Framework for Disaster Risk Reduction as key contributing stakeholders in disaster resilience-building at the community level. What might be the role and contribution of disabled people's organisations (DPOs) in realising the right of people with disabilities to be protected in disaster situations? This article reports findings from a research project utilising a multiple case-study research design to examine the implementation of three disability-inclusive disaster preparedness projects led by DPOs in Indonesia. Findings show that the DPOs successfully led disaster preparedness initiatives within their local communities and were instrumental in contributing to collective community-based disaster risk reduction efforts, despite structural barriers that constrained their efforts. The findings suggest pathways to more effectively advance disability-inclusive disaster risk reduction through DPO-led initiatives; giving due consideration to ensuring adequate DPO resources and capacities; and engagement with mainstream stakeholders. [ABSTRACT FROM AUTHOR]

Petri, G. (2022). "Commentary on: Intellectual disability in Switzerland: the Convention on the Rights of Persons with Disabilities as a vehicle for progress." Tizard Learning Disability Review **27**(1): 40-45.

Purpose: The purpose of this paper is to provide a commentary on "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress". Design/methodology/approach: This commentary highlights the importance of including people with intellectual disabilities in human rights reporting. The commentary builds on available data from academic research as well as civil society reports. Findings: Three main aspects are presented: the lack of involvement of people with intellectual disabilities in human rights reporting, the barriers to their participation in developing and publishing human rights reports and possible strategies to tackle those barriers. Originality/value: The United Nations Convention on the Rights of Persons with disabilities (CRPD) makes it mandatory to include people with intellectual disabilities in policy-making as well as in monitoring the CRPD. Academics need to change their practice to include people with intellectual disabilities in human rights research. [ABSTRACT FROM AUTHOR]

Pinilla-Roncancio, M., et al. (2020). "Data and human rights for persons with disabilities: the case of deprivation of liberty." International Journal of Human Rights **24**(6): 828-849.

The purpose of this article is to analyse the available evidence on deprivation of liberty based on disability in 15 countries from the five regions of the world. We analysed international and regional human rights legislation and collected legal and statistical information on this topic in each of the countries. Using this information, we study how countries are collecting and analysing data, and how the analysis of the fulfilment of human rights for people with disabilities can be limited by the non-fulfilment of duties concerning data collection. A list of 31 indicators was elaborated and a questionnaire was designed to collect information on these indicators. The findings reveal that, despite a general commitment to the right to liberty, there is a contradiction within national legal frameworks, allowing for disability-specific deprivation of liberty. In all countries, available information was incomplete or outdated. No country has information regarding the number of institutions for people with disabilities or the total number of people with disabilities living in disability-specific settings. There is a generalised lack of valid data on this topic, creating barriers for the analysis of the negative consequences of deprivation of liberty on the lives of persons with disabilities around the globe. [ABSTRACT FROM AUTHOR]

Pinto, O. Y., et al. (2020). "Exploring the right to work among persons with disabilities: The role of labor-oriented values." Work (Reading, Mass.) **67**(1): 193-202.
Background: The UN Convention on the Rights of Persons with Disabilities (CRPD) assumes that persons with disabilities have similar rights, motivations to work and personal values as those without disabilities.; Objective: The article examines the corroboration between this assumption and real-life facts to better understand the importance of labor-oriented values in people with disabilities.; Methods: We tested the relationship between human values, employment and wages among Israelis with disabilities who cope with prejudice, negative attitudes and a lack of accessible workplaces in comparison to Israelis without disabilities.; Results: We found that the effect of labor-oriented values on employment status is 70% higher among people with disabilities than among those without disabilities. Furthermore, persons with disabilities ranked power and achievement as important values related to employment, but these values were not included in the considerations of persons without disabilities.; Conclusions: These results highlight the importance of labor-oriented values for people with disabilities to overcome challenges in the labor market. Our findings suggest that rehabilitation policies would benefit from identifying personal human values of people with disabilities at an early stage of their career.

Pinto, O. Y., et al. (2020). "Exploring the right to work among persons with disabilities: The role of labor-oriented values." Work: Journal of Prevention, Assessment & Rehabilitation **67**(1): 193-202.
Background: The UN Convention on the Rights of Persons with Disabilities (CRPD) assumes that persons with disabilities have similar rights, motivations to work and personal values as those without disabilities. Objective: The article examines the corroboration between this assumption and real-life facts to better understand the importance of labor-oriented values in people with disabilities. Methods: We tested the relationship between human values, employment and wages among Israelis with disabilities who cope with prejudice, negative attitudes and a lack of accessible workplaces in comparison to Israelis without disabilities. Results: We found that the effect of labor-oriented values on employment status is 70% higher among people with disabilities than among those without disabilities. Furthermore, persons with disabilities ranked power and achievement as important values related to employment, but these values were not included in the considerations of persons without disabilities. Conclusions: These results highlight the importance of labor-oriented values for people with disabilities to overcome challenges in the labor market. Our findings suggest that rehabilitation policies would benefit from identifying personal human values of people with disabilities at an early stage of their career. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Pons, W. I., et al. (2022). "Disability, Human Rights Violations, and Crimes Against Humanity." American Journal of International Law **116**(1): 58-95.
Persons with disabilities have historically been subjected to egregious human rights violations. Yet despite well-documented and widespread harms, one billion persons with disabilities remain largely neglected by the international laws, legal processes, and institutions that seek to redress those violations, including crimes against humanity (CAH). This Article argues for the propriety of prosecuting egregious and systemic human rights violations against persons with disabilities as a CAH, and, in addition, asserts the necessity of ensuring the accessibility of international criminal processes to those individuals. The UN Security Council's recent acknowledgement of the enhanced risk that persons with disabilities experience during armed conflict, the growing evidence of widespread human rights violations against them, and an ongoing effort to forge a UN convention on the prevention and punishment of CAH make these arguments especially timely. [ABSTRACT FROM AUTHOR]

Raley, S. K., et al. (2023). "Age of Majority and Alternatives to Guardianship: A Necessary Amendment to the Individuals with Disabilities Education Improvement Act of 2004." Journal of Disability Policy Studies **34**(1): 17-27.

Federal law requires that schools provide students receiving special education services and their parents/guardians with notice, 1 year before the student reaches the age of majority, that all of the educational rights previously afforded to the parents/guardians will transfer to the student once they reach the age of majority. During this "transfer-of-rights" period, educational professionals often advise parents/guardians to seek legal guardianship over the student with disabilities without providing information about other options. As a result, many parents/guardians seek guardianship without knowing about or exploring less-restrictive alternatives that could help students retain their legal rights, provide opportunities to enhance self-determination, and build community participation skills that benefit them in school and as adults. This article will (a) provide an overview of the use and impact of guardianship and describe recent advances in developing and implementing less-restrictive alternatives to guardianship and (b) advocate for an amendment to the Individuals with Disabilities Education Improvement Act of 2004 that will require schools to provide students and their families with information about the full range of decision-making options during the "transfer-of-rights" period. [ABSTRACT FROM AUTHOR]

Ribeiro Barreto, J., et al. (2020). "A CONCRETIZAÇÃO DA CONVENÇÃO SOBRE OS DIREITOS DAS PESSOAS COM DEFICIÊNCIA A PARTIR DA TEORIA DE JOAQUÍN HERRERA FLORES." THE ACCOMPLISHMENT OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES FROM THE CRITICAL THEORY OF JOAQUÍN HERRERA FLORES. **6**(1): 63-79.

Riddle, C. A. and J. Butler (2019). "Obsolescence, Genetic Treatment, and Disability." American Journal of Bioethics **19**(7): 51-53.

The article argues that genetic enhancement will generate a variety of individual and social pathologies whenever the rapid improvement of enhancement technologies results in previous enhancements becoming obsolete. It resembles many disability-rights critiques of efforts to offer genetic treatment to minimize or eliminate impairment in people with disabilities, but that neither of these concerns is usefully captured under the concept of obsolescence.

Rospigliosi, E. V. (2021). "LA REPRESENTACIÓN DEL APOYO DE LA PERSONA CON DISCAPACIDAD. EL NUEVO ESQUEMA DE LA CAPACIDAD JURÍDICA EN EL PERÚ." The representation of the support of the person with disability: The new scheme of legal capacity in Peru. **27**(2): 211-222.

Capacity is a subject of transversal interest in Law, it is present in all its fields. It is an attribute that every subject has through which he/she can perform acts that are not prohibited. Since 2018, by Legislative Decree 1384, we have a new treatment of capacity in the Civil Code that is in line with the guidelines in favor of the autonomy and full legal capacity of persons with disabilities, aligning national legislation to the International Convention on the Rights of Persons with Disabilities. The regime of substitution of the will of incapable persons is replaced by a social model through supports and safeguards. We are facing an inclusive, democratic model, according to the respect for the human rights of all citizens (dignity and equality), based on the principle that people with disabilities have full exercise capacity in equal conditions in each and every aspect of their lives, recognizing their right to make their own decisions as well as the right to make mistakes. The function of the support in favor of the disabled person is developed, analyzing their powers of representation. We start from the principle that the support does not replace the manifestation of will, it only interprets it and collaborates

in an adequate manifestation of will so that the person with disability can exercise his legal capacity, enjoying his rights and freedoms. (English) [ABSTRACT FROM AUTHOR]

Schnellert, L., et al. (2023). ""You have the right to love and be loved": participatory theatre for disability justice with self-advocates." Qualitative Research **23**(2): 467-485.
Individuals with intellectual disability are often left out of and overlooked in discussions on sexual health and sexuality. Given this, we undertook a participatory theatre research project to better respond to the needs of the individuals with intellectual and developmental disability regarding their sexual agency and sexual citizenship. The project, entitled Romance, Relationships, and Rights arose when the executive director of a community living agency approached researchers at the University of British Columbia's Canadian Institute for Inclusion and Citizenship to learn about how they, as an agency, could better support their community. To disrupt sexual ableism and traditional theatre hierarchies, we collaboratively turned to participatory and disability theatre with the aim to advance and promote the sexual citizenship of individuals with intellectual and developmental disability, who refer to themselves as self-advocates - those who speak and act with agency. The challenges of equitable co-creation arose throughout the theatre process; the themes of deconstruction/co-construction and uncertainty and liminality reveal the iterative process of centering self-advocate voices. [ABSTRACT FROM AUTHOR]

Seatzu, F. (2020). "EMPOWERING PERSONS WITH DISABILITIES: SOCIO-ECONOMIC RIGHTS AS A PATHWAY TO PERSONAL AUTONOMY AND INDEPENDENCE." Northwestern Journal of Human Rights **18**(2): 136-157.
Recent years have witnessed a growing awareness of the importance of the status of persons with disabilities as right-holders, and increasing linkages being made between human rights and persons with disabilities' vulnerabilities in the development context. Stimulated by mounting concerns about the impact of the financial crisis of 2007-2008 on persons with disabilities, these changes have unsurprisingly catalyzed attention on those rights of persons with disabilities that are most closely connected to ensuring persons with disabilities' development needs--namely their social and economic rights. Focusing on the content of, and duties imposed by, persons with disabilities' socio-economic rights, this article starts by describing the notions of "disability" and "disabled persons." It then discusses the emergence of persons with disabilities as socioeconomic rights holders, focusing on the question of whether persons with disabilities are or should be considered a "special case" vis-à-vis such rights when compared with other vulnerable groups. The article concludes with a discussion of the role domestic courts can and should play in the enforcement of the socio-economic rights contained in the UN Convention on the Rights of the Persons with Disabilities. [ABSTRACT FROM AUTHOR]

Shakespeare, T. (2020). "Participation as human right and health benefit for young people with physical disabilities." Developmental Medicine & Child Neurology **62**(5): 548-549.
This commentary is on the original article by Anaby et al. on pages 640–646 of this issue. [ABSTRACT FROM AUTHOR]

Siegel, L. (2019). "TECHNOLOGY AND DISABILITY. THE ENRICHMENT OF HUMAN RIGHTS." Scientific Papers of Silesian University of Technology. Organization & Management / Zeszyty Naukowe Politechniki Slaskiej. Seria Organizacji i Zarzadzanie(140): 317-325.
Our primary aim is to analyze the impacts of technology on people with disability. Persons with a disability can be encouraged to fully engage in society by using specific types of technology (medical devices that target particular limitations). Many experts

argue that medical exoskeletons or wheelchairs with motorized stand-up function provide people with severe disabilities with new possibilities. Impact of these opportunities is enormous and they directly influence the quality of life. Philosophers Amartya Sen and Martha Nussbaum in their "capability approach" assume that any form of impact that enables a person to pursue what they deem as essential influences quality of their life. Similarly, Eva Feder Kittay (philosopher) argues that care for the elderly, disabled, or children is crucial for any society. These authors will provide a philosophical basis for our arguments for the enrichment of human rights through technology for persons with disabilities. [ABSTRACT FROM AUTHOR]

Smith, S. D., et al. (2021). "Perspectives on Health Policy From People With Disabilities." Journal of Disability Policy Studies **32**(3): 224-232.

People with disabilities are marginalized and face barriers to participation in society, including political participation and representation. While data indicate that people with disabilities have similar political preferences to the overall U.S. population, little research has been conducted to assess the health policy views of people with disabilities in their own words. This study uses qualitative data collected between 2017 and 2019 via 35 telephone interviews and 484 open-ended responses from a nationally representative survey to analyze what people with disabilities would like policymakers to know about health care and health insurance for people with disabilities. Results reveal that this population's perceptions of social exclusion and stigma inform what they would like to tell policymakers. In addition, people with disabilities were largely supportive of Affordable Care Act features and framed expanded or universal access to health care as a human right or a moral issue. [ABSTRACT FROM AUTHOR]

Specht, R. (2021). "Sexuelle Selbstbestimmung für Menschen mit Behinderungen: Bestandsaufnahme und Handlungsempfehlungen für die institutionelle Praxis = Sexual self-determination for people with disabilities: Current situation and recommendations for institutional practice." Zeitschrift für Sexualforschung **34**(3): 175-181.

For a long time, people with disabilities were not granted sexual self-determination. At the same time, the fact that people with disabilities are at significantly greater risk of becoming victims of sexual violence has been almost completely ignored. Fortunately, this is changing more and more. Since 2009, the United Nations Convention on the Rights of Persons with Disabilities, known for short as the Disability Rights Convention, has also documented the right to self-determination as a human right in Germany. This applies not least to the area of sexuality, although it is not explicitly mentioned. This practical contribution outlines the current situation – including a historical review – and makes recommendations for action, in particular with regard to institutional practice. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Sprong, M. E., et al. (2019). "The Role of Disability in the Hiring Process: Does Knowledge of the Americans with Disabilities Act Matter?" Journal of Rehabilitation **85**(4): 42-49.

Participation in competitive employment and other meaningful work activities is considered a fundamental human right and crucial to the health and well-being of people with and without disabilities. Approximately less than 30% of the persons with a disability aged 16 to 64 were employed in 2017, which is a striking disparity given that 73.5 % of people in this age group without disabilities were employed. Several 2 x 2 Factorial Designs were used to determine how a job applicant's disability status (disability disclosed, disability not disclosed) and gender (female, male) impacted how Human Resource Managers' (N = 392) evaluated the job applicant in three areas, including (a) how likely are they to hire this job applicant, (b) how qualified do they view this job applicant, and (c) what would they recommend as a starting salary if the applicant was hired. Furthermore, there was an interest in investigating how knowledge of Title 1 of the Americans with Disabilities Act (ADA) influenced the Human

Resource Managers' hiring-related decisions. Findings revealed that the starting salary was significantly lower for the applicant with a disability. Knowledge of the ADA did not control for any hiring-related decisions. Discussion and implications are provided. [ABSTRACT FROM AUTHOR]

Stein, P. J. S. and M. A. Stein (2022). "Disability, Human Rights, and Climate Justice." Human Rights Quarterly **44**(1): 1-31.

The universally dire threat of climate change disproportionately affects marginalized populations, including the over one billion persons with disabilities worldwide. States that disregard the Paris Agreement, or exclude disabled persons from climate change mitigation and adaptation efforts, are violating agreed-upon human rights obligations. Notably, the rights contained in the UN Convention on the Rights of Persons with Disabilities, are threatened by climate change. To date, however, disability has largely been excluded from international climate change negotiations as well as national-level discharge of climate-related measures. By contrast, a disability human rights approach views disabled persons as disproportionately experiencing environmental threats and unnatural disasters due to their exclusion from state laws, policies, and services available to their non-disabled peers. Additionally, a disability human rights approach mandates the removal of exclusionary barriers and the implementation of positive measures to ensure the equitable treatment of individuals with disabilities. Achieving disability-inclusive climate justice requires "participatory justice"—empowering persons with disabilities to ascertain climate mitigation and adaptation approaches that are efficacious for, successfully implementable by, and accountable to disabled people. Disability-inclusive climate justice solutions are in synergy with universal climate justice goals and benefit entire societies, not "only" those with disabilities. [End Page 81] [ABSTRACT FROM AUTHOR]

Stoevska, P. (2020). "THE PUBLIC ATTITUDE TOWARDS THE PROBLEMS OF PEOPLE WITH DISABILITIES AND THEIR READINESS FOR INTEGRATION THROUGH EMPLOYMENT." Trakia Journal of Sciences **18**: 211-221.

The focus of this article is on the attitudes of different social groups towards the problems of people with disabilities and their willingness to assist in the processes of their integration through work. For this purpose an empirical survey was conducted in the period October - December 2019 through anonymous paper and electronic questionnaires, including 28 questions, grouped in 5 sections. The survey covers 250 participants from across the country at different ages and with different sociodemographic profiles. The data are processed by the methods of descriptive statistics, as well as onedimensional and two-dimensional frequency analysis. The survey shows that a significant proportion of respondents demonstrate an understanding of the problems of people with disabilities, a willingness to help overcome the negative stereotypes towards disabled people with regard to their inclusion in the labor market. On the other hand, the general public is not sufficiently informed about the efforts of the government sector, human rights and non-governmental organizations on the labor integration of this vulnerable group, due to insufficient promotion of legislative and regulatory changes and their practical application in this field of social policy of the state. Another finding from the empirical study is that the opportunities for integration of persons with disabilities through work are not guaranteed both because of their lack of initiative and due to the existing manifestations of discrimination by some employers in the employment of persons with disabilities. [ABSTRACT FROM AUTHOR]

Subía Cabrera, A. C. and D. S. Proaño Tamayo (2022). "LA CAPACIDAD JURÍDICA DE LAS PERSONAS CON DISCAPACIDAD EN EL ECUADOR." THE LEGAL CAPACITY OF PEOPLE WITH DISABILITIES IN ECUADOR. **11**(2): 12-28.

The objective of this study was to analyze the structural indicators based on the human rights model of people with disabilities in Ecuador. For this, documentary sources and bibliographic information were collected and interpreted. Initially, the situation of people with disabilities and the process of protecting rights at the normative level were identified. It is concluded from the analysis that the rights of people with disabilities have been included within the socioeconomic context through labor regulations of social insertion. Within the structural indicators through a comparative analysis with Colombia and Argentina, it is deduced that there is legislation that limits people with disabilities in their rights, that is, in the institution of interdiction. Therefore, the implementation of the figure of support systems and safeguards is urgent. (English) [ABSTRACT FROM AUTHOR]

Sullivan, W. F., et al. (2022). "Ethics framework and recommendations to support capabilities of people with intellectual and developmental disabilities during pandemics." Journal of Policy & Practice in Intellectual Disabilities **19**(1): 116-124.
A growing body of knowledge highlights the negative impact of the COVID-19 pandemic on the health and well-being of many people with intellectual and developmental disabilities (IDDs) and their caregivers. The underlying reasons are not only due to biomedical factors but also ethical issues. They stem from longstanding and pervasive structural injustices and negative social attitudes that continue to devalue people with IDD and that underlie certain clinical decisions and frameworks for public-health policies during this pandemic. Unless these fundamental ethical shortcomings are addressed, pandemic responses will continue to undermine the human rights and well-being of people with IDD. This paper proposes an ethics framing for policy and practices regarding clinical care and public health based on Martha Nussbaum's approach to Capability Theory. Such a framework can reorient healthcare professionals and healthcare systems to support the capabilities of people with IDD to protect, recover, and promote health and well-being. It could be applied during this pandemic and in planning for future pandemics. The paper presents some practical recommendations that follow from applying this framework. [ABSTRACT FROM AUTHOR]

Toquero, C. M. D. (2021). "Provision of mental health services for people with disabilities in the Philippines amid coronavirus outbreak." Disability & Society **36**(6): 1026-1032.
The confirmed cases in the Philippines breached the 578, 381 mark, while global cases reached 114, 710, 514 as of March 01, 2021. As the COVID-19 escalates, it also heightens stress, depression, and anxiety to people with disabilities. COVID-19 also exacerbates healthcare inequalities, and people with disabilities experienced elevated healthcare difficulties as their health essentials are neglected during the emergency. Hence, this article calls on the need for the provision of mental health services for people with disabilities, and for the governments to have a rights-based disability lens in their policy decision-making relative to emergency health response and recovery health plans. More research is needed to examine the impact of the COVID-19 to the mental health conditions of people with disabilities and the health services they receive during the crisis and post-pandemic. [ABSTRACT FROM AUTHOR]

Van Aswegen, J. (2020). "Disabling discourses and charitable model of disability: labour market activation for people with disabilities, Ireland – a critical policy analysis." Disability & Society **35**(3): 435-459.
This study is informed by critical disability studies particularly in the area of labour market activation for disabled people, aimed at capturing the complex intersection between welfare, education and employment policy. The Comprehensive Employment Strategy for People with Disabilities 2015–2024 represents a significant policy event in Irish disability policy-making. It was originally committed to some decades previously when the State's first National Disability Strategy was published. The policy document

presents key proposals for addressing the poor participation rates of people with disabilities in employment. Having finally ratified the United Nations Convention on the Rights of People with Disabilities in 2018, the policy represents an important milestone in achieving disability equality and inclusion. Thus, cultural and political understanding of the way in which disability is constituted within the policy-making process is of central importance to this study. On this basis, this article explores the uses of language and the often-paradoxical discourses that saturate this policy, through the lens of critical disability studies, highlighting the tensions and limitations therein. [ABSTRACT FROM AUTHOR]

Ward, E., et al. (2022). "Left behind: persons with disabilities in HIV prevalence research and national strategic plans in east and Southern Africa." Disability & Rehabilitation **44**(1): 114-123.
To assess recent estimates of HIV prevalence and the inclusion of persons with disabilities in the HIV response in sub-Saharan Africa. A systematic literature search was conducted of recent HIV prevalence studies among persons with disabilities in sub-Saharan Africa and National Strategic Plans from 18 countries in east and southern Africa were reviewed. Results were compared to a 2014 literature search and a 2009 National Strategic Plans review that used similar methods. Between 2013 and 2018, four published studies were identified with estimates of HIV prevalence among persons with disabilities in sub-Saharan Africa. In each study, HIV prevalence was higher among persons with disabilities than national population estimates. Fourteen of the 18 National Strategic Plans reviewed identified persons with disabilities as a vulnerable or marginalized population and thirteen National Strategic Plans proposed targeted programs for persons with disabilities. Among seven assessed disability inclusion indicators of National Strategic Plans, four showed some improvement, two showed no change, and one regressed compared to the 2009 analysis. Data on HIV prevalence among persons with disabilities is rare. In addition, inclusion of this population in National Strategic Plans in East and Southern African countries is often lacking specific detail. HIV prevalence studies in sub-Saharan Africa among persons with disabilities are rare and community studies do not disaggregate by type of disability. Estimates of HIV prevalence among persons with disabilities are greater than national averages. Government National HIV Strategic Plans often mention persons with disabilities as a vulnerable population but less often identify specific interventions or inclusive strategies for prevention or care. The integration of attention to disability in national HIV bio-behavioral surveys would allow increased understanding of HIV vulnerability and prevalence and could increase attention to persons with disabilities as a key population within National Strategic Plans. [ABSTRACT FROM AUTHOR]

Wilbur, J., et al. (2021). "Qualitative study exploring the barriers to menstrual hygiene management faced by adolescents and young people with a disability, and their carers in the Kavrepalanchok district, Nepal." BMC Public Health **21**(1): 1-15.
<bold>Background: </bold>Menstrual hygiene management (MHM) is a recognised public health, social and educational issue, which must be achieved to allow the realisation of human rights. People with disabilities are likely to experience layers of discrimination when they are menstruating, but little evidence exists.<bold>Methods: </bold>The study aims to investigate barriers to MHM that people with disabilities and their carers face in the Kavrepalanchok, Nepal, using qualitative methods. Twenty people with disabilities, aged 15-24, who menstruate and experience 'a lot of difficulty' or more across one or more of the Washington Group functional domains were included, as well as 13 carers who provide menstrual support to these individuals. Purposeful sampling was applied to select participants. Different approaches were used to investigating barriers to MHM and triangulate data: in-depth interviews, observation, PhotoVoice and ranking. We analysed data thematically, using Nvivo

11.<bold>Results: </bold>Barriers to MHM experienced by people with disabilities differ according to the impairment. Inaccessible WASH facilities were a major challenge for people with mobility, self-care and visual impairments. People with intellectual impairments had difficulty accessing MHM information and their carers despaired when they showed their menstrual blood to others, which could result in abuse. No support mechanisms existed for carers for MHM, and they felt overwhelmed and isolated. Menstrual discomfort was a major challenge; these were managed with home remedies, or not at all. Most participants followed menstrual restrictions, which were widespread and expected; many feared they would be cursed if they did not. As disability is often viewed as a curse, this demonstrates the layers of discrimination faced.<bold>Conclusion: </bold>Issues related to MHM for people with disabilities is more complex than for others in the population due to the additional disability discrimination and impairment experienced. Research exploring these issues must be conducted in different settings, and MHM interventions, tailored for impairment type and carers requirements,should be developed. Attention to, and resourcing for disability inclusive MHM must be prioritised to ensure 'no one is left behind'. [ABSTRACT FROM AUTHOR]

Yan, J. X. and K. Luo (2022). "Introducing Audio Describer Training in University Interpreting Classes." Journal of Visual Impairment & Blindness **116**(3): 425-432.
Audio description (AD), the rendering of images into words, helps people who are visually impaired to access audiovisual products. Being able to access media is a basic human right. The United Nations Convention on the Rights of Persons with Disabilities clearly states that people with disabilities should have "access to television programs, films, theater, and other cultural activities, in accessible formats" (United Nations, 2006). Recent developments in technology, for example, text-to-speech synthesizers, have enabled audio description to include more languages (see Tor-Carroggio, 2020). Training is important to ensure the quality of audio describers. Offering audio description training in universities can provide students an opportunity to get early exposure to this field and increase their understanding of the issues about accessibility. This report presents an audio description training module conducted in a university interpreting program in Hong Kong. Based on the commonalities between audio description and interpreting in quality assessment, a set of criteria was proposed and applied to the assessment of the students' audio description performance. A visually impaired colleague was invited to participate in the evaluation, and her timely feedback for the student was provided from the user's perspective. A post-class survey was conducted after the training program. The survey results suggested that students were highly motivated to learn audio description in interpreting classes. In reflecting on the skills cultivated during the training process, students acknowledged the value of audio description training for learning interpreting. The implementation of audio description training in interpreting programs has proved to be feasible and highly regarded by the students. The present study hopes to shed some light on the feasibility of offering audio description training in universities in general and interpreting classes in particular. It is expected this practice can significantly enrich and broaden the scope of education, audio description and development. [ABSTRACT FROM AUTHOR]

Yilmaz, V. (2020). "An examination of disability and employment policy in Turkey through the perspectives of disability non-governmental organisations and policy-makers." Disability & Society **35**(5): 760-782.
This article examines disability and employment policy in Turkey after the country's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2009 through the perspectives of disability non-governmental organisations (disability NGOs) and policy-makers. Drawing on an exploratory qualitative study, the article analyses how disability NGOs and key policy-makers perceive the impact of this

development on disability and employment policy. The article shows disability NGO representatives and policy-makers find the employment policy's over-reliance on the quota method inadequate to put the human rights model into practice. They call for greater policy emphasis on accessibility and effective anti-discrimination enforcement to complement the quota method, which reflects the idea that the human rights model has gained wider acceptance among them. The article, however, also reveals that disability NGOs and policy-makers hold divergent views on what constitutes a human rights approach to disability employment, especially concerning segregation in employment. [ABSTRACT FROM AUTHOR]

Yoon, J. (2022). "Cultural strategy for people with disability in Australia." International Journal of Cultural Policy **28**(2): 187-203.
This paper analyses the first cultural strategy introduced in Australia for people with disability and its evaluation reports. For an in-depth understanding of the cultural strategy, it reviews the literature on disability in historical and socio-political contexts, and on human rights for people with disability. It also discusses three key recommendations identified from the evaluations of the cultural strategy: first, to develop an information hub for the arts and disability sector; second, to facilitate collaboration between Australian governments, including arts agencies and national disability support agencies; and third, to revisit and renew the existing cultural strategy. The paper assesses the desired goals and strategies of the cultural strategy, and examines ways in which outcomes can be measured to achieve social inclusion for people with disability in three dimensions of social inclusion: 'access', 'participation' and 'empowerment'. [ABSTRACT FROM AUTHOR]

Yusupov, D. and A. Abdukhalilov (2022). "Barriers to disability-inclusive employment in Uzbekistan: A pilot qualitative study of disabled people's lived experiences." Journal of International Development **34**(5): 1048-1068.
Despite the recent advances in the field of protection of the rights of disabled people in Uzbekistan, their right to work and be protected from unemployment is not fully implemented. The reported levels of disability employment remain significantly low. The findings of this pilot qualitative study reveal that the current institutional framework which takes its roots in the Soviet disability policies coupled with environmental and attitudinal barriers is restricting disabled people's right to work. Based on the lived experiences of disabled people in Tashkent city and the Tashkent region this study calls for the removal of all the barriers. [ABSTRACT FROM AUTHOR]

Zhang, S. and Z. Chen (2021). "China's prevention policy for people with disabilities during the COVID-19 epidemic." Disability & Society **36**(8): 1368-1372.
During the COVID-19 pandemic, people with disabilities are a high-risk group, but they are also the group that is most easily ignored by public policy. Non-disabled people might not be able to imagine how many barriers disabled people encountered during this challenging period. This paper focuses on the barriers encountered by people with disabilities in China and the adjustments made to public policies in response. A deeper, social-physiological factor which should also be responsible is overlooked, and that is the 'empathy deficit'. Human rights and empathetic attitudes should go hand in hand with each other when formulation and implementation of welfare security policies for persons with disabilities during a major public health crisis. [ABSTRACT FROM AUTHOR]

Αλεξιάδου, Ε. Α. (2020). "Αναπηρία και ανισότητες στην υγειονομική περίθαλψη στην Ελλάδα υπό την οπτική των ανθρώπινων δικαιωμάτων." Disability and inequalities in health care in Greece from the human rights perspective. **37**(1): 98-105.
Persons with disabilities constitute a vulnerable population group in Europe,

systematically exposed to high levels of poverty and social exclusion, with adverse effects on their health and well-being. This paper analyzes the legal scope of equal treatment and non-discrimination of persons with disabilities in healthcare settings from the human rights perspective. Disability constitutes a multidimensional concept and, as such, it must be approached not only from the public health perspective, but also from the human rights perspective. In this analysis, the case of Greece is examined, to identify the extent to which there is a sense of state responsibility towards ensuring and, ultimately, implementing the equal treatment of persons with disabilities in healthcare settings. Finally, the full participation of persons with disabilities, and disability mainstreaming in the design and implementation of interventions, are proposed as practical ways for eliminating the inequalities in health care currently experienced by persons with disabilities. (English) [ABSTRACT FROM AUTHOR]

PEOPLE with intellectual disabilities (62)

(2022). "Writing a history of learning disabilities as Joey's dad." British Journal of Learning Disabilities **50**(2): 149-155.

It is perhaps inevitable that the academic study of learning disabilities is often undertaken by established scholars with little lived experience of the condition. So, what has it been like for someone from outside the academy, with a long career in the arts, who is also the father of a severely learning-disabled young man, to write a book-length history of learning disabilities in culture and society? How is it possible to reconcile such a biological reality with the many caveats about the social construction of the condition? How can we retain a belief in scientific analysis when the categorisation of learning-disabled people seems to have caused as many problems as it solves? Furthermore, how can such an account be attempted when so much of the written record is by people who are placed in positions of power over learning-disabled people and when the true voice of experience is so often silenced, or, like the author's son, silent? The attempt to answer these questions reveals a field rich with contradiction. Despite some advances, much of the social and cultural history of learning disabilities tells a tale of neglect, abandonment and abuse, with confused cultural attitudes too often shaping practice. When the telescope is reversed, however, severe learning disabilities provide us with a kind of Brechtian "alienation effect" which reveals the fault lines running through so many progressive movements and helps us to frame them historically, while also challenging assumptions about how those with severe learning disabilities are regarded and can best be given the support and freedom that they need. Accessible summary: My son has severe learning disabilities and the experience of being his dad has changed my life. I am writing a book-length history of learning disabilities to find out how changing attitudes have led to changing practice. I am not learning disabled.The history of learning-disabled people is, for the most part, painful. We should not rely too much on the accounts of those in positions of power and draw on the small amount of history told by learning-disabled people that exists.I explore how some of the most positive moments in history have been bad for learning-disabled people. I explain how this can help us understand what we need to do if their lives are to be improved.I am interested in how learning-disabled people have been represented in culture and society, and how this affects how they live. [ABSTRACT FROM AUTHOR]

Aitken, Z., et al. (2019). "Precariously placed: housing affordability, quality and satisfaction of Australians with disabilities." Disability & Society **34**(1): 121-142.

Access to adequate, safe, secure, accessible and affordable housing is a fundamental human right and one stipulated in the United Nations Conventions on the Rights of Persons with Disabilities. Australian adults with disabilities experience housing disadvantage including homelessness, poor-quality housing and housing unaffordability; however, we lack a comprehensive comparison of the housing circumstances of people with and without disabilities and differences by impairment type. We analysed data from a nationally representative sample of 11,394 working-aged Australians collected in 2011. We found that people with disabilities experienced disadvantage across all housing indicators, and people with intellectual and psychological disabilities fared worst. These findings suggest that there is a housing crisis for Australians with disabilities, which may intensify with the introduction of the National Disability Insurance Scheme. There is a need to develop long-term housing solutions that promote independence, are accessible and affordable, and that consider location and neighbourhood context. [ABSTRACT FROM AUTHOR]

Albuquerque, C. P. and A. C. Carvalho (2020). "Identification of Needs of Older Adults With Intellectual Disabilities." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 123-131.

Information regarding individual needs of older adults with intellectual disabilities (IDs) is scarce although it is very important both from a person-centered planning perspective and from a proactive service system perspective. This study has three main aims: (1) to identify and describe staff perceptions of the needs of a large group of adults aged 45 or over with IDs; (2) to analyze the perceived needs as function of age, gender, and level of disability; (3) to present information about the development and the psychometric properties of the assessment instrument used. The participants were 232 Portuguese older adults with IDs (mean age = 52), predominantly male (n = 129). There were 66 staff members who assessed the needs of the IDs participants through the Inventory of Identification of Needs (IIN). The IIN demonstrated satisfactory psychometric properties (e.g., internal consistency, interrater reliability, construct validity). The unmet needs were numerous and diverse, but those that were perceived as more prevalent were: literacy, handling of money, information on rights, self-care, information on services, communication, occupation at holidays, occupation at weekends, general physical health, cognitive rehabilitation, and daytime activities. The needs were influenced by the disability level: regarding Literacy/Information and Occupation/Community, needs were significantly more common in persons with a moderate and/or severe disability. The influence of age was registered only in Mental Health. The needs identified should guide the planning and development of service provision. These should offer literacy learning experiences, information about the rights of persons with disabilities, information about the services available, self-care assistance or training in self-care skills; and meaningful activities during regular time periods, weekends and holidays. [ABSTRACT FROM AUTHOR]

Allan, J. and T. Omarova (2022). "Disability and inclusion in Kazakhstan." Disability & Society **37**(7): 1067-1084.

The Republic of Kazakhstan ratified the United Nations Convention on the Rights of Disabled People in January 2015 as part of a programme of 'Future without Barriers' and has sought to make the majority of its schools inclusive. This paper reports on progress towards inclusion and the challenges faced by a nation that is aspiring to develop as an independent nation whilst still utilising knowledge and capital from the former Soviet Union. An analysis of the country's 'readiness' for inclusive education is offered, using Hacking's 2010 concept of (2006; 1998a & b; 2010) 'making up people' and Mitchell's 'ablenationalism'. Ablenationalism is also used to explore how Kazakhstan's efforts to assert its own distinctive identity and culture affected the positioning of disabled children and adults within education and within society. We conclude with some considerations of the possibilities for the future rights of disabled children and for inclusion. This article focuses on the republic of Kazakhstan, which separated from the Soviet Union in 1991. The country has made significant efforts to introduce inclusive education over a short period of time and there has been some success. A major barrier to progress comes from the country's system of assessing and classifying disabled children. Teachers have found inclusive education challenging and many have expressed a preference for segregation. Parents faced enormous challenges in having their disabled children accepted in mainstream schools. However, by establishing parents' groups, they have been able to influence policy and practice and increase progress towards inclusive education. Recommendations made to the Ministry of Education and Science of Kazakhstan, who commissioned this research, included adopting an international perspective to enable it to learn from other countries; incentives to schools to encourage greater inclusiveness and extended media campaigns to change attitudes towards disability. [ABSTRACT FROM AUTHOR]

Araten-Bergman, T. and C. Bigby (2023). "Violence Prevention Strategies for People with Intellectual Disabilities: A Scoping Review." Australian Social Work **76**(1): 72-87.
Violence and abuse against people with intellectual disabilities are internationally recognised as a pervasive social problem. Recent years have seen the development and implementation of preventative strategies, yet only few of them have been rigorously evaluated. The present paper aims to identify preventative abuse strategies for people with intellectual disabilities and explore the evidence about their quality and effectiveness. A scoping review method was implemented, and a comprehensive search of 14 online databases identified six peer-reviewed articles, published between January 2007 and June 2019, that reported on evaluation of violence prevention strategies designed for adults with intellectual disabilities. Each program and its evaluation were critically and systematically reviewed. Overall, the analysis reveals the strategies' core elements, and highlights strengths and gaps in delivery and evaluation. More rigorous evaluation is required to establish the effectiveness of violence prevention strategies and to advance evidence-based practice in this field. IMPLICATIONS The social work profession has a critical role in the development, implementation, and evaluation of violence prevention strategies for adults with intellectual disabilities. Design of violence prevention strategies needs to be multifaceted, and embedded within the social and cultural environments of people with intellectual disabilities. Violence prevention strategies need to evolve from focusing solely on risk reduction to a broader approach encompassing the safety of adults with intellectual disabilities as part of their human rights. [ABSTRACT FROM AUTHOR]

Bhatia, N. (2022). "Manchester University NHS Foundation Trust v WV [2022] EWCOP 9: The Court of Protection: On balancing risks; best interests and kidney transplantation." Journal of Bioethical Inquiry **19**(3): 357-361.
At first glance, this case might give the impression that a resolution would have been straightforward. A 17-year-old young man with moderate to severe learning disabilities and other conditions discussed below required a kidney transplant–the Court of Protection was tasked with determining whether this was in his best interests. However, the case of WV was in fact far more technical and required nuanced discussion and expert medical evidence from a range of specialists to objectively balance the needs of WV and the risks to WV, and to ultimately determine his fate of life or death based on receiving a kidney transplant. Manchester University NHS Foundation Trust ("The Trust") applied for a declaration in relation to the capacity of William Verdon ("WV") and for the court to consider whether an order should be made that it was not in his best interests to have a kidney transplant with sedation and ventilation post-operatively. [ABSTRACT FROM AUTHOR]

Bigby, C., et al. (2022). "Parental strategies that support adults with intellectual disabilities to explore decision preferences, constraints and consequences." Journal of Intellectual & Developmental Disability **47**(2): 165-176.

Supporting participation in decision making is complex, dynamic and multifactorial. The aim of this study was to understand more about the difficulties parents of adults with intellectual disabilities experienced in providing decision support and their strategies for resolving them. Participants were 23 parents who regularly provided decision support for their adult with intellectual disabilities. Most of the adults (19) lived at home. Parents participated in semi-structured interviews at least three times during the study. We applied a social-constructionist theoretical perspective and a template approach for analysis. Findings fell into three core categories, making the right decision, factors that made decision support difficult, and strategies to manage uncertainty, which included controlling, influencing, expanding the adult's horizons and enabling risk. The knowledge gained will help in building the capacity of parents to provide decision support that better understands and respects the will and preferences of the person they support. [ABSTRACT FROM AUTHOR]

Buchner, T. and S. A. Thompson (2021). "From Plot Twists, Progress, and the Persistence of Segregated Education: The Continuing Struggle for Inclusive Education in Relation to Students With Intellectual Disabilities." Journal of Policy & Practice in Intellectual Disabilities **18**(1): 4-6.
The article discusses the course of the last decades, several countries for the world have taken efforts to make school systems inclusive. Topics include signing the United Nation's Convention on the Rights of Persons with Disabilities; and a global perspective, in comparison with other groups of learners, inclusive education in relation to students.

Büschi, E., et al. (2022). "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress." Tizard Learning Disability Review **27**(1): 31-39.
Purpose: This paper aims to provide an overview of the history, current status and future challenges for intellectual disability (ID) policy and practice in Switzerland. Design/methodology/approach: Following a review of the literature, academics in the field of ID in Switzerland reflect on critical issues. Findings: The implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) has resulted in the move from institutions to more flexible and individualised, community-based support services. Originality/value: This paper describes a Western-European country facing the challenges of deinstitutionalisation to become an inclusive society due to directions given by the CRPD. [ABSTRACT FROM AUTHOR]

Chadwick, D. D. (2019). "Online risk for people with intellectual disabilities." Tizard Learning Disability Review **24**(4): 180-187.
Purpose: The purpose of this paper is to summarise the current state of empirical knowledge pertaining to online risk and cybercrime relating to people with intellectual disabilities (ID). Design/methodology/approach: This narrative review summarises, synthesises and critically evaluates the current literature and state of knowledge and offers suggestions for extending current knowledge and practice. Findings: Evidence regarding risk for people with ID is limited but growing. Existing findings highlight that: risk may increase contingent upon higher levels of sociability, loneliness, anxiety and depression, poorer insight, judgement, discrimination and ability to detect deception online and reduced experience and life opportunities; people without ID perceive high online risk for people with ID, which may lead to gatekeeping restrictions and controlling digital access; restriction may potentially impede online self-determination, participation and development by people with ID; and experience of risk may enhance awareness, independence and resilience in managing future online risk amongst people with ID. Further research work is needed in this area to enhance understanding of risk experience and effective support strategies. Originality/value: This review of current

knowledge has highlighted the necessity for more research to better understand the propensity for engagement in different risky online behaviours and to better inform support practices to help people with ID to manage risk whilst maintaining digital inclusion. [ABSTRACT FROM AUTHOR]

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of Intellectual Disability Research **63**(9): 1125-1136.
Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers. Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015. Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by transforming the perspectives of the parents and service workers from viewing sexuality as a social problem to understanding the sexual rights of adults with ID. Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. [ABSTRACT FROM AUTHOR]

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of Intellectual Disability Research **63**(9): 1125-1136.
Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers. Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015. Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by transforming the perspectives of the parents and service workers from viewing sexuality as a social problem to understanding the sexual rights of adults with ID. Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a

positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. [ABSTRACT FROM AUTHOR]

Clifton, M. and S. Chapman (2022). "Commentary on "Developing a logic model for implementing citizen advocacy for adults with learning disabilities based on the experience of community inclusion centres for disabled people"." Tizard Learning Disability Review **27**(2): 91-94.
Purpose: This commentary reflects on peer advocacy in relation to citizen advocacy in the context of the vital need for advocacy in all its different forms. Design/methodology/approach: The authors reflect from the standpoint of developing peer advocacy in secure mental health settings as an organisation based on self-advocacy and co-production. Findings: By reflecting on peer advocacy and citizen advocacy side by side, the authors affirm both and all kinds of advocacy as being vital to people with learning disabilities living full and free lives as citizens. Originality/value: The authors hope this commentary will enrich people's understandings of the essential role of peer advocacy within different kinds of advocacy, and the need to enlarge the range of possibilities and choices open to a person. [ABSTRACT FROM AUTHOR]

Correa, A. B., et al. (2022). "A meta-analytic review of attitudes towards the sexuality of adults with intellectual disabilities as measured by the ASQ-ID and related variables: Is context the key?" Journal of Intellectual Disability Research **66**(10): 727-742.
Background: The attitudes of others towards the sexuality of people with intellectual disabilities are one of the main perceived barriers to them expressing their sexuality. Research on what influences these attitudes yields heterogeneous results. Method: A systematic review of the literature and a meta-analysis were carried out. Results: Eleven studies using the Attitudes to Sexuality Questionnaire—Individuals with an Intellectual Disability (ASQ-ID) were included. Within the included studies, the country's socio-economic development and level of individualism were associated with attitudes towards the sexual rights, parenting and self-control of adults with intellectual disabilities. General population and staff samples held more favourable attitudes than family samples in terms of sexual rights and parenting. Age and gender did not yield significant results. Conclusions: Variables related to country context may underlie the differences observed between countries and therefore influence the population's general thinking and ideologies. Unexpectedly, no age differences were observed. Gender-related results may reflect rapprochement between genders in sexuality. These findings are relevant for researchers and practitioners, as they suggest the importance of considering contextual factors when developing effective interventions that aim to support adults with disabilities to live their sexuality. [ABSTRACT FROM AUTHOR]

Devi, N., et al. (2020). "Investigating Supported Decision-Making for Persons With Mild to Moderate Intellectual Disability Using Institutional Ethnography." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 143-156.
Making one's own choices is an important part of leading a fulfilling life within society. However, people with IDs often face significant obstacles when making their own decisions. Article 12 (Equal recognition before the law) of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) aims to ensure firstly that people with IDs and others with compromised capacity are nonetheless recognized as legal individuals, and secondly that assistance is provided in the form of supported decision-making in order to exercise this resulting legal capacity. It is unclear whether current national legislation in any country satisfies these requirements in practice. This study utilizes institutional ethnography to reveal how decision-making is coordinated in

practice for people with mild to moderate IDs living in supported residential environments in England, and to determine whether these processes are compliant with Article 12 of the CRPD. Data collection was based on observations, semi-structured interviews, and documentary analysis, involving 29 participants including people with mild to moderate IDs. The results point to the complexity of supported decision-making and identify three main categories of decision-making: spontaneous decisions, mid-term decisions, and strategic decisions. The data also show that people with mild to moderate IDs are able to exercise their legal capacity through support decision-making in their everyday life. Immediate and informal supported decision-making exists in daily practice for people with mild to moderate IDs living in supported residential environments. Although there are structures in place for implementing supported decision-making, various barriers persist that limit the overall efficacy and consistency of the realization of supported decision-making, for example, multiple use of mental capacity assessments. Such practices move away from the supported decision-making model toward substituted decision-making. [ABSTRACT FROM AUTHOR]

Fitzgerald, G., et al. (2020). "Improving the university library experience of students with intellectual disabilities: a case study from an Irish institution." Disability & Society **35**(10): 1698-1704.
This article describes a project on library engagement in an Irish university, involving certificate students with intellectual disabilities and librarians. It provides an opportunity for this project team (named above) to showcase to a wider audience, the value of inclusive, action research in resolving real-life challenges. Contributions in the paper touch on the higher education setting for students with disabilities as well as project aims and processes. These include getting University approval and funding, team setup, using focus groups to explore barriers to library use to using findings to create a student-centred library orientation video. Project outcomes include an accessible learning tool for and by students with intellectual disabilities and greater staff insights into the lived experience of this student group. Significantly, students have become powerful advocates for fellow students and have ensured that they are now visible members of the library community. [ABSTRACT FROM AUTHOR]

Fitzpatrick, P., et al. (2019). "Factors associated with the use of mechanical restraint in disability services." Journal of Intellectual & Developmental Disability **44**(1): 116-120.
Background: Mechanical restraint refers to the use of materials or devices to restrict the behaviours of a person with a disability, where the restraint is neither for therapeutic purposes or required by law. The inappropriate use of mechanical restraint is recognised in legislation and policy as a violation of people's human rights, and a risk to their health and wellbeing. Understanding who is at risk of mechanical restraint may assist service providers to better support people with a disability. Method: State-wide data collected between July 2012 to June 2013 were sourced. Odds ratios were used to describe the associations between individual characteristics and whether an individual was subjected to mechanical restraint. Results: Individuals with certain characteristics, such as the presence of a hearing, physical, neurological, communication or visual impairment, and autism spectrum disorder had an increased likelihood of being mechanically restrained. Conclusion: Initiatives to reduce mechanical restraint should pay particular attention to the support needs of those with sensory impairments and complex communication support needs including those with autism spectrum disorder and those with a physical impairment. [ABSTRACT FROM AUTHOR]

Frank, K. and L. Sandman (2019). "Supporting Parents as Sexuality Educators for Individuals with Intellectual Disability: The Development of the Home B.A.S.E Curriculum." Sexuality & Disability **37**(3): 329-337.
All individuals with intellectual and developmental disabilities (I/DD) have the right to

develop and express sexuality in an emotionally satisfying and socially appropriate manner. Questions have arisen as to whether sexuality education for this population should be the responsibility of the school or the family. Parents of children with I/DD report they want to be the primary sexuality educators for their children, but often overlook the responsibility because they do not know what to talk about, when to talk about it, or how to modify content so their child will understand. Available resources for parents of individuals with I/DD tend to provide opportunities for independent learning; Few in-person trainings where these parents can learn how and what to talk about regarding sexuality with their children exist. This article describes how the Home Based Adolescent Sexuality Education for Intellectual Disabilities (Home B.A.S.E.) curriculum was created to educate parents on their role as the primary sexuality educators for their adolescents with ID. The vision of the Home B.A.S.E. educational workshop is to increase parents' comfort and confidence in discussing sexuality and healthy relationship topics with their adolescents with ID. This curriculum has unique features considered in its development including: (1) The belief that sexuality is a human right for individuals with ID; (2) The perspective of individuals with disabilities speaking about their sexual rights and relationships; (3) Activities based on adult, social, and transformational learning theories; and (4) A small interactive group format that meets over multiple sessions. [ABSTRACT FROM AUTHOR]

Frawley, P. and M. McCarthy (2022). "Supporting people with intellectual disabilities with sexuality and relationships." Journal of Applied Research in Intellectual Disabilities **35**(4): 919-920.

Frawley, P. and A. O'Shea (2020). "'Nothing about us without us': sex education by and for people with intellectual disability in Australia." Sex Education **20**(4): 413-424.
People with an intellectual disability experience a protective regime when it comes to their sexuality. Families, carers, services and others mediate their experiences and act as gatekeepers through policies and practices that focus on the regulation and management of sexuality. Sex education has traditionally been 'for' people with intellectual disabilities provided 'by' health professionals, teachers and other professions who position themselves as experts with the power to shape the sex education, information and learning opportunities that people with an intellectual disability access. This paper presents an alternative programme developed in collaboration with people with intellectual disabilities, which uses the stories of people with an intellectual disability and is facilitated by people with intellectual disabilities as peer educators. Crip theory rejects approaches to understanding the disability experience that privilege particular characteristics of disability experience over others including cognition. This paper argues this idea can offer a 'way in' for people with intellectual disabilities to research, debate and progress sexual rights within the current sexual rights vacuum in international law and policy. The paper demonstrates how an Australian peer education programme provides a liberating sex education for those involved through a focus on rights and use of peer education. [ABSTRACT FROM AUTHOR]

Fullana, J., et al. (2019). "How do people with learning disabilities talk about professionals and organizations? Discourse on support practices for independent living." Disability & Society **34**(9/10): 1462-1480.
The aims of the research presented here are two-fold: to determine the decision-making role that people with learning disabilities award organizations and professionals offering support for independent living; and to assess the extent to which the dominant discourses of people with learning disabilities incorporate individual or social approaches. Ten focus groups were held with self-advocacy groups of people with learning disabilities. The critical discourse analysis approach was used to analyse the transcripts. The analysis shows that the discourse of people with learning disabilities

tends to legitimize the role of organizations and professionals as agents in making decisions regarding their own lives. The study highlights the need to make use of these discourses to work together with people with learning disabilities to promote the exercising of their rights in decision-making and taking control of their lives. [ABSTRACT FROM AUTHOR]

Fullana, J., et al. (2020). "Intellectual disability and independent living: Professionals' views via a Delphi study." Journal of Intellectual Disabilities **24**(4): 433-447.
<bold>Background: </bold>The Convention on the Rights of Persons with Disabilities (2006) states that people have the right to decide where to live and with whom. Professionals play a key role in supporting processes for independent living (IL). This research aimed to identify which ideas generated more or less consensus among professionals regarding the role of different agents involved in the processes of IL in Spain.<bold>Method: </bold>The Delphi method was applied to an expert panel of 25 professionals.<bold>Results: </bold>A high consensus was reached regarding the role that people with intellectual disabilities, their families and their natural support networks play in supporting IL processes, but there was less consensus on the role played by organizations and professionals.<bold>Conclusions: </bold>The study highlights the need to promote practices that favour the decision-making capacity of individuals to move towards models of support based on community and the human rights model. [ABSTRACT FROM AUTHOR]

Gil-Llario, M. D., et al. (2021). "Validation of a Tool to Assess Attitudes Towards Sexuality of Individuals with Intellectual Disability (ASEXID): A Preliminary Study." Sexuality & Disability **39**(1): 147-165.
The high prevalence of people with Intellectual Disability (ID) fosters the recognition of their health, work, and social needs. However, few studies have focused on the assessment of their affective and sexual needs (a basic personal need and universal right). Even though the current literature suggests changes in social attitudes toward this population, it is unclear whether these changes have actually occurred and their impact on the development of healthy and non-stigmatized sexuality. This question is particularly relevant due to the lack of a sound measure to assess this shift in the social consideration of the sexuality of people with ID. Thus, this preliminary study focuses on the design and validation of a reliable measure to assess attitudes toward the sexuality of people with Intellectual Disability. This study comprises 1103 participants (43.3% men; 56.7% women) between 20 and 92 years old, classified into three groups: parents or relatives of people with ID, professionals working with ID individuals, and the general population. Results from Exploratory Factor Analysis (EFA) yielded three factors explaining 49.19% of the scale variance: Normalizing Attitudes (NOR-A), Negative Attitudes (NEG-A), and Paternalistic Attitudes (PAT-A). This three-factor structure was subsequently confirmed through Confirmatory Factor Analysis (CFA). Regarding internal consistency, Cronbach's alpha values ranged between 0.66 and 0.86. In conclusion, this research demonstrates that the ASEXID is useful and reliable for the assessment of relatives', professionals', and societal attitudes toward the sexuality of people with ID, contributing to the assessment of a potential paradigm shift in attitudes toward the affective sexual education of people with this condition. [ABSTRACT FROM AUTHOR]

Gould, J. B. (2021). "Duty, not gratuity: the ethics of social support for people with intellectual disabilities in the United States." Disability & Society **36**(8): 1240-1260.
Many adults with intellectual disabilities require assistance with activities of daily life and life skills training. This support is provided by professional caregivers. Because of low wages, a shortage of caregivers in the United States is now threatening services for adults with intellectual disabilities. The gratuity view treats social support for adults

with intellectual disabilities as an undeserved favor. Society owes them nothing as a matter of duty, and they have no right to services. I reject the gratuity view and defend the entitlement view: social care is deserved by adults with intellectual disabilities. Support services in the form of adequate professional caregiving are a human right and offering them a social duty. This article examines the ethics of social support for people with intellectual disabilities by using a case study of the state of Illinois. In order to enjoy a good life, people with intellectual disabilities need day programs and residential services—both staffed by professional caregivers. Because of inadequate government funding, the United States is experiencing a shortage of professional caregivers who assist people with intellectual disabilities. There are two views of social care for people with intellectual disabilities: the gratuity view sees it as an undeserved favor, while the entitlement view sees it as a human right. This article argues that government-funded support services, including professional caregiving, are a matter of justice, not charity. [ABSTRACT FROM AUTHOR]

Houseworth, J., et al. (2019). "Examining the National Core Indicators' Potential to Monitor Rights of People With Intellectual and Developmental Disabilities According to the CRPD." Journal of Policy & Practice in Intellectual Disabilities **16**(4): 342-351.
The Convention on the Rights of Persons with Disabilities (CRPD) aims to change attitudes and policies toward individuals with disabilities worldwide and to foster the inclusion and independence of persons with disabilities in society. The current study was designed to assess empirically the extent to which people with intellectual and developmental disabilities (IDD) exercise certain rights in the United States using the National Core Indicators Adult Consumer Survey (NCI-ACS), particularly to see if items could be scaled to measure certain CRPD articles reliably. An additional aim was to assess the impact of guardianship on the rights of individuals with IDD. NCI-ACS data were analyzed employing factor analysis, multiple analysis of variance, and regression modeling. These approaches allowed us to assess the relationship between guardianship and rights controlling for known covariates (such as level of ID) on outcomes. Results indicate that the NCI-ACS contains several items with sound psychometric properties that can assist in measuring certain rights of people with disabilities according to CRPD. Specifically, employment and budgetary agency appear to be areas of rights outlined by the CRPD that the NCI-ACS can help measure. Finally, the results indicated that people who have an appointed legal guardian are less likely to be employed and to have less social privacy. This study indicates the NCI-ACS has the potential to measure access to CRPD rights, such as employment and budgetary agency, by people with IDD. More work is needed to evaluate additional promising measures of a wider range of CRPD articles. Alternatives to guardianship need to be examined in order to increase the opportunities for people with IDD to exercise their rights. [ABSTRACT FROM AUTHOR]

Hultman, L., et al. (2022). "'A Limited Guardian Should First and Foremost Get to Know the Person He Helps'--Experiences of Having a Limited Guardian from the Perspective of Adults with Intellectual Disability." Scandinavian Journal of Disability Research **24**(1): 288-301.
One goal with the UN Convention on the Rights of Persons with Disabilities is ensuring that persons with disabilities have the right to support in reaching and acting upon decisions. The aim of this pilot study was to explore how adults with intellectual disability describe their experiences of receiving support and being represented by a limited guardian. Two overall themes emerged from eight qualitative individual semistructured interviews: Indispensable and valuable support and Mismanagement of the assignment. Our findings showed that limited guardianship is more complex than it may initially seem due to overlaps between protecting rights, ensuring support for the person, and managing financial matters. Mutual trust and the guardian's ability to listen

and be open to the client's changing needs reduced the risk of the client being misrepresented or receiving insufficient support. To support assisted decision-making, limited guardians must develop their pedagogical skills and gain knowledge about intellectual disability. [ABSTRACT FROM AUTHOR]

Jenks, A. (2019). "Crip theory and the disabled identity: why disability politics needs impairment." Disability & Society **34**(3): 449-469.
This article highlights the importance of recognizing both the ontology of impairment as it relates to the creation of the disabled identity as well as why articulations of the disabled identity being 'crip' obfuscate potential politics. Examining how the disabled identity has been cast as a coherent social and political category, rather than the messy and complicated identity it truly is, I argue the adoption of a post-structuralist orientation by activists and advocates is bad for disability politics. Providing two examples, the first focusing on a publicized rape case of a person with an intellectual disability and the second on the importance of disability rights claims based on visibility of impairment, I show how articulations like those made in crip theory can have serious, negative implications for the lived experience of people with disabilities. I conclude with a call for disability studies scholars to engage disability politics in their work. [ABSTRACT FROM AUTHOR]

Johnson, B. J. (2020). "Daily life in National Disability Insurance Scheme times: Parenting a child with Down syndrome and the disability politics in everyday places." Qualitative Social Work **19**(3): 532-548.
Social inclusion for people with disability is bound up with experiences of place in everyday life. In Australia, the inclusion agenda has been recently propelled by the National Disability Insurance Scheme which promotes – and funds – the full inclusion of people with disability so that their lives are conducted in everyday settings. This article addresses what lies between the aspirational policy principles of full inclusion and the experience of family life with a young child who has Down syndrome. Through auto-ethnographic inquiry, a series of vignettes describe my own encounters in everyday places such as shops, childcare centres and public swimming pools. I focus on 'sense of place' which is generated through everyday practices and can shape individual identity and belonging. Using ideas from feminist poststructuralism and critical disability studies, I argue that ableist discourses on disability are produced by people in everyday places through their attitudes, actions and expectations, disrupting regular family life and imposing oppressive modes of subjectivity upon children with intellectual disability and their parent-carers. In response, parents of children with intellectual disability are challenged to undertake the political labour of everyday disability advocacy. It is important for social work to recognise that this labour can become a significant part of the contemporary parent-carer role. [ABSTRACT FROM AUTHOR]

Johnson, E., et al. (2020). "Principles of disability support in rural and remote Australia: Lessons from parents and carers." Health & Social Care in the Community **28**(6): 2208-2217.
This study describes the understanding, experiences and expectations of families living in rural and remote Australia regarding core concepts relating to disability service provision, including person-centred practice (PCP), family-centred practice (FCP), transdisciplinary practice (TDP), choice, control, inclusion, and equity. Thirteen parents or carers, each with a child with an intellectual disability aged between 6 and 16 years, living in rural and remote areas as described by the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) and Modified Monash Model (MMM) – were recruited through distribution of flyers (hard copies or by email) to clinicians, schools, and advocacy agencies. Semi-structured interviews were conducted with participants either in-person or via telephone between July and October 2015. Data were analysed using thematic analysis. Participants reported that their understanding of many

of the disability principles (PCP, FCP, choice, control, inclusion, and equity) was different from providers, and that many providers struggled to understand families, and therefore they did not share meaning of the principles of best practice disability supports. Families did not identify transdisciplinary practice as a core issue or tenet of effective service delivery. Families also reported experiences of missing out on services, feeling a sense of isolation in their communities, struggling to access skilled therapists, and difficulty finding supports and goals that were relevant to their child. The quality of supports that these families accessed was often below the standard that they expected. They did not expect that support standards will change in rural and remote Australia, so many have very low expectations of the National Disability Insurance Scheme (NDIS) in the future. Although more data will need to be collected as the NDIS and its markets mature, these data show that many rural and remote participants and their supporters have a variety of concerns about how they will access quality allied health services through the Scheme. [ABSTRACT FROM AUTHOR]

Kahonde, C. K., et al. (2019). "Discourse of needs versus discourse of rights: family caregivers responding to the sexuality of young South African adults with intellectual disability." Culture, Health & Sexuality **21**(3): 278-292.

Although most people with intellectual disability remain under the lifelong care and support of their families, there is a hiatus in research that explores the sexuality of people with intellectual disability within the family setting. Little is known about how the responses of family caregivers align with a human rights approach to the sexuality of people with intellectual disability, particularly in the South African context. This study used a constructivist grounded theory approach to explore how 25 South African family caregivers responded to the sexuality of their young adults with intellectual disability. Findings revealed that family caregivers prioritise what they deem as being the immediate needs of themselves and the young adults, over the young adults' rights to sexual autonomy. Practitioners, guided by the human rights approach, need to understand the individual and family context so as to better collaborate with family caregivers in supporting people with intellectual disability to realise their sexual rights. We apply two theories of needs to illuminate the conflict between needs-centred ethics and human rights approaches in a context where the family caregivers are the ones determining the sexuality needs of young adults with intellectual disability. [ABSTRACT FROM AUTHOR]

Kahonde, C. K., et al. (2019). "Discourse of needs versus discourse of rights: family caregivers responding to the sexuality of young South African adults with intellectual disability." Culture, Health & Sexuality **21**(3): 278-292.

Although most people with intellectual disability remain under the lifelong care and support of their families, there is a hiatus in research that explores the sexuality of people with intellectual disability within the family setting. Little is known about how the responses of family caregivers align with a human rights approach to the sexuality of people with intellectual disability, particularly in the South African context. This study used a constructivist grounded theory approach to explore how 25 South African family caregivers responded to the sexuality of their young adults with intellectual disability. Findings revealed that family caregivers prioritise what they deem as being the immediate needs of themselves and the young adults, over the young adults' rights to sexual autonomy. Practitioners, guided by the human rights approach, need to understand the individual and family context so as to better collaborate with family caregivers in supporting people with intellectual disability to realise their sexual rights. We apply two theories of needs to illuminate the conflict between needs-centred ethics and human rights approaches in a context where the family caregivers are the ones determining the sexuality needs of young adults with intellectual disability. [ABSTRACT FROM AUTHOR]

Koly, K. N., et al. (2022). "Mental Health and Community-Based Rehabilitation: A Qualitative Description of the Experiences and Perspectives of Service Users and Carers in Bangladesh." Community Mental Health Journal **58**(1): 52-66.

Since 2016, Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPB) has been working to include people with psychosocial disabilities in their community-based inclusive development work, and to increase access to formal mental health care. Field visits were carried out to PHRPBD catchment areas in Dhaka and Chittagong for a case study on the integration of mental health into community-based rehabilitation (CBR). This paper synthesizes the results of twenty-five semi-structured interviews carried out as part of the case study. Participants included people with psychosocial disabilities, intellectual disabilities, epilepsy or other cognitive impairments and their carers as needed. Interviews were audio-recorded, transcribed and translated from Bangla to English, then hand-coded for content analysis. Results were organized into five overarching categories: (1) explanatory models, (2) help-seeking behaviors, (3) impact of services, (4) challenges and barriers to improving mental health, (5) recommendations of users and carers. Respondents either had no explanation for why service users had become unwell or attributed it to physically and/or emotionally traumatic events or supernatural causes. Before attending PHRPBD's mental health services, most had visited formal or informal health care providers, often with disappointing results. Despite positive feedback on PHRPBD's services, participants identified ongoing challenges. Stigma, discrimination and human rights abuses persist and are compounded by issues of gender inequality. Participants also identified barriers and made recommendations specific to the program itself, mainly regarding accessibility (e.g., cost, distance, frequency). This study adds to the limited body of qualitative research on mental health in Bangladesh, reinforcing previous findings on explanatory models and health-seeking behaviors while providing new insights into the impact of a CBR program in this context. Feedback of service users and carers suggests that CBR may indeed be a useful approach to increase access to services in Bangladesh for people with psychosocial or intellectual disabilities, epilepsy or other cognitive impairments. However, this program is not without its limitations, some of which are the product of broader issues within the mental health system and others of the social and cultural context. More research is needed to formally evaluate this and other CBR programs in the Global South. [ABSTRACT FROM AUTHOR]

Luckasson, R., et al. (2023). "The intellectual and developmental disability shared citizenship paradigm: its cross-cultural status, implementation and confirmation." Journal of Intellectual Disability Research **67**(1): 64-76.

Background: Dramatic changes in societal approaches to people with intellectual and developmental disabilities (IDD), and the services and supports they receive are reflected in a new paradigm that we name the shared citizenship paradigm. The shared citizenship paradigm (1) incorporates an updated and contemporary set of values and beliefs about people with IDD and their right to participate fully in all aspects of life and society; (2) is characterised by a holistic approach to IDD, a contextual model of human functioning, disability rights principles and person-centred implementation strategies; (3) incorporates the exponential growth in knowledge about the causes and characteristics of IDD and factors influencing the elimination of barriers to positive outcomes for people with IDD; and (4) is reflected in international covenants, such as the United Nations Convention on the Rights of People with Disabilities (UNCRPD), and in international policy goals and associated personal outcome domains. Method: We conducted a preliminary survey on the cross-cultural status of the shared citizenship paradigm with a small purposefully sampled international group of professionals known to have extensive knowledge, experience, and publications regarding their country's current IDD-related policies and practices. Results: One or more paradigm components were evident to a moderate degree in the respondents' countries, and the paradigm is being used to provide individualised services and supports, to guide organisation transformation and systems change, and, to a lesser degree, to frame evidence-based inquiry. Conclusions: Core components of the shared citizenship paradigm are present internationally. To further enhance implementation and confirmation of the paradigm, we propose implementation strategies and confirmation techniques. [ABSTRACT FROM AUTHOR]

Maican, P. (2022). "The Care of Persons with Intellectual Disabilities in Romania: Between Politics and Theology." Political Theology **23**(3): 201-214.
The abuses of persons with intellectual disabilities in Romania's state institutions has been in the attention of European human rights system for many years. Still despite the best efforts put into changing this deplorable situation nothing changed. The article argues that there are two main reasons for the unsuccessful attempts made to improve the care of persons with intellectual disabilities in Romania. On the one hand, the notion of human rights at the heart of the European vision does not resonate well with the dominant ethical discourse issuing from the Orthodox Church. On the other hand, the main paradigm of Orthodox theology either implies they are defective – because they lack the consciousness and the moral freedom needed to attain deification (the very goal of their existence) – or sees them as instruments for spiritual healing and deification of their carers. [ABSTRACT FROM AUTHOR]

Marie Robinson, Z., et al. (2020). "Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities." Learning Disability Practice **23**(6): 24-31.
People with learning disabilities experience many barriers that prevent them from expressing their sexuality and developing loving and sexual relationships, particularly if they identify as lesbian, gay, bisexual and trans (LGBT). This article explores the challenges faced by people with learning disabilities who identify as LGBT in expressing their sexual identities and having sexual relationships, as well as the challenges faced by support workers and health and social care staff in supporting clients in those aspects of their lives. The method used consisted of combining the lived experiences of participants in a Twitter chat with an exploration of the recent literature. The themes that emerged from these combined sources included the importance of love and sexual relationships, the policy context, legal framework, barriers in practice and the concept of intersectionality. This article discusses these themes and outlines implications for practice and research, including the training needs of staff. [ABSTRACT FROM AUTHOR]

McConkey, R., et al. (2021). "Perceptions of the rights and capabilities of people with intellectual disability in the United States." Journal of Applied Research in Intellectual Disabilities **34**(2): 537-545.
Background: The United States has yet to ratify the UN Convention on the Rights of Persons with Disabilities. The extent of public support in the United States for the rights of persons with intellectual disability is not known. Methods: Online public opinion polls were conducted nationally and in eight selected cities in 2017 and repeated in 2018 with 26,876 respondents in total. Results: Support for rights was high: notably in accessing healthcare, schooling, playing sports and getting married. However, less support was evident for the rights of people who were perceived as less capable. Respondents with prior frequent personal contact and who had an engagement with Special Olympics were those most likely to support the rights and capabilities of persons with intellectual disability. Conclusions: Public support for the ratification of the UN Convention seems likely. Further longitudinal research could identify successful strategies for implementing the rights of disabled persons locally and nationally.

[ABSTRACT FROM AUTHOR]

McKenzie, J. A., et al. (2019). "Intellectual disability in South Africa: the possibilities and limits of democratic rights." Tizard Learning Disability Review **24**(4): 204-212.
Purpose: The purpose of this paper is to present an overview of the history, current status and possible future directions for intellectual disability (ID) policy and practice in South Africa (SA). Design/methodology/approach: The paper was developed by academics and practitioners in the field of ID in SA. A review of the literature, accompanied by a joint writing and discussion process was carried out to identify critical issues in the development of ID services, specifically facing the challenge of moving from racially based provision towards equitable services for all citizens with ID. Findings: Progressive policy has replaced practices of scientific racism which were previously used to support the establishment of white supremacism. This positive move is still in process and has not resulted in the immediate establishment of human rights. A vibrant civil society is engaging with this task currently. Research limitations/implications: The findings point to the need for a human rights approach that takes into account the postcolonial context of SA. Practical implications: There is a need for continued advocacy that is inclusive of people with ID and their families. Social implications: Continuing engagement between government and civil society is recommended to ensure the achievement of human rights for citizens with ID. Originality/value: This paper is of value to ID researchers and practitioners from the global South as it describes a non-western context that might have resonance with other low and middle income countries. [ABSTRACT FROM AUTHOR]

Milner, P. and P. Frawley (2019). "From 'on' to 'with' to 'by:' people with a learning disability creating a space for the third wave of Inclusive Research." Qualitative Research **19**(4): 382-398.
For people with a learning disability, Inclusive Research is promoted as the right way to redress the hermeneutical injustice of their voices and theorising being excluded from the processes of knowledge production. This article describes the experiences and reflections of non-disabled researchers co-researching with people whose subjectivities were thought to lie beyond qualitative research. Through four stories, jointly told, we detail how those most at risk of exclusion from the academy first challenged and then took the research encounter beyond the linear, assimilative certainties of research 'on' or 'with' people with a learning disability towards the outer, cutting edges of qualitative research and an epistemology that might more authentically be said to be 'by' them. [ABSTRACT FROM AUTHOR]

MuÑOz Bravo, J. and I. de Araoz SÁNchez-Dopico (2021). "REFLEXIONES SOBRE EL ACCESO A LOS SERVICIOS DE SALUD DE LAS PERSONAS CON DISCAPACIDAD INTELECTUAL O DEL DESARROLLO EN EL MARCO DE LA CRISIS SANITARIA CREADA POR LA PANDEMIA DE LA COVID-19." Reflections on Access to Health Services for People with Intellectual or Developmental Disabilities in the Context of the Health Crisis created by the COVID-19 Pandemic. **52**: 197-214.
The COVID-19 pandemic had in its first wave between March and May 2020, and had a huge impact on the Spanish health system. Its saturation and the scarcity of material and personal resources forced decisions which implied prioritizing the care of some patients over others. These decisions were made in most cases without taking into account the characteristics, needs and rights of people with intellectual and developmental disabilities, when not based on negative biases on the group. The situation created during the first pandemic peak is analyzed and relevant conclusions are drawn for the preservation of the right to healthcare access. (English) [ABSTRACT FROM AUTHOR]

Murphy, K. and E. Bantry-White (2021). "Behind closed doors: human rights in residential care for people with an intellectual disability in Ireland." Disability & Society **36**(5): 750-771.

Historically people with an intellectual disability have been excluded from society and many continue to live separately in institutions, group homes and segregated campuses. This article provides a unique analysis of what it is like to live separately from society in Irish centres for people with a disability. An analysis was undertaken of data from 627 inspection reports published in 2016 by the Inspectorate of residential care in Ireland. A Human Rights Framework was developed, based on the United Nations Convention on Rights of Persons with Disabilities (CRPD), to interpret the data by linking various interrelated articles of the CRPD into nine Human Rights Themes. The findings demonstrated that people with an intellectual disability were not regarded as citizens capable of full inclusion in society but rather experienced daily restrictions on their lives. The findings also emphasised the need to ensure human rights are at the core of service delivery. In this research, we put the spotlight on the human rights of people living in residential care in Ireland. Our research looked at all inspection reports for residential care centres published in 2016. We mapped the reports against the human rights named in the Convention on the Rights of Persons with Disabilities. We found out that people with an intellectual disability living in residential care have little or no control over their own lives. We would like to share how we did our research with governments, funders and services. More research like this can help make sure the guiding principles of the Convention on the Rights of Persons with Disabilities are at the heart of all service delivery. [ABSTRACT FROM AUTHOR]

Nankervis, K. and J. Chan (2021). "Applying the CRPD to People With Intellectual and Developmental Disability With Behaviors of Concern During COVID-19." Journal of Policy & Practice in Intellectual Disabilities **18**(3): 197-202.

People with intellectual and developmental disability (IDD) are a vulnerable population in all aspects of access and participation, abuse and neglect, and being subject to the use of restrictive practices. Accordingly, they are a group whose human rights can be impacted where equal access to supports, services, and accessible information is compromised. The current COVID-19 pandemic is a global humanitarian emergency that has had a devastating impact across the world, for all people. Growing concern has been raised about the impact of the COVID-19 virus on the health of people with disabilities and there has been subsequent development of strategies and protocols to promote equal access to information, health supports, and services. People with IDD have high levels of underlying comorbidity that increases their risk of contracting COVID-19 and measures to protect them from infection are critically important. However, those measures may trigger behaviors of concern and increase the risk of being subjected to restrictive practices. While some attention has been paid to the health impacts of COVID-19 on people with disabilities, there has been less paid to the impact on the human rights of people with IDD who present with behaviors of concern. The aim of this paper is to provide a hypothetical exploration of the impacts of pandemic prevention measures on people with IDD and behaviors of concern in the context of the Convention on the Rights of Persons with Disabilities (CRPD). In the absence of available guidance for working with people with IDD with behaviors of concern during COVID-19, we suggest behavior support response plans that aim to ensure that people with IDD with behaviors of concern are supported properly in a time of significant disruption for them, thereby safeguarding their human rights. [ABSTRACT FROM AUTHOR]

Niven, A., et al. (2020). "Transforming care in Cornwall: A review of the quality of the lives of people with learning disabilities a decade post-discharge from hospital." British Journal

of Learning Disabilities **48**(4): 315-322.
Accessible summary: The government wants people with learning disabilities and/or autism to move out of hospitals back to their homes.Cornwall did this in 2007, and we asked the people who moved and their carers how they are now.They have generally done well, and nearly all have stayed in their homes with lots of support.Various factors such as accommodation, social network, skill acquisition and impact of their past were explored. Background: In the light of the current national guidance to reduce the number of inpatient learning disability beds, a review was completed of the quality of lives of the people who had been former inpatients in Cornwall at the time of closure of the learning disability inpatient facilities almost 10 years before transforming care. Materials and Methods: All former inpatients who were discharged from the learning disability inpatient setting in Cornwall were invited to participate either directly or through their carers or family members. Measures of current activity levels and semi-structured interviews on quality of life were conducted. Results: The majority interviewed had person-centred plans, health action plans and positive behaviour support plans. Guernsey Community Participation & Leisure Assessment showed overall the study group did not meet comparative standards laid out by the scale in any of the subdomains (p <.05). Peoples' lives were varied, with a lack of informal relationships, meaningful occupation, homeownership and advocacy being relatively poor for all. Alongside this, to enable people to have safer lives, restrictive practices were commonplace particularly continuous supervision and use of psychotropic medication to manage behavioural risk. Conclusions: This study highlights that people with complex concerns with a history of placement breakdowns and past institutionalisation can be settled successfully and safely in local communities. However, it is difficult for many of them to achieve a satisfactory quality of life long term. The obligation for this lies with service providers to provide adequate support to overcome that difficulty. [ABSTRACT FROM AUTHOR]

Petri, G. (2022). "Commentary on: Intellectual disability in Switzerland: the Convention on the Rights of Persons with Disabilities as a vehicle for progress." Tizard Learning Disability Review **27**(1): 40-45.
Purpose: The purpose of this paper is to provide a commentary on "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress". Design/methodology/approach: This commentary highlights the importance of including people with intellectual disabilities in human rights reporting. The commentary builds on available data from academic research as well as civil society reports. Findings: Three main aspects are presented: the lack of involvement of people with intellectual disabilities in human rights reporting, the barriers to their participation in developing and publishing human rights reports and possible strategies to tackle those barriers. Originality/value: The United Nations Convention on the Rights of Persons with disabilities (CRPD) makes it mandatory to include people with intellectual disabilities in policy-making as well as in monitoring the CRPD. Academics need to change their practice to include people with intellectual disabilities in human rights research. [ABSTRACT FROM AUTHOR]

Phillips, B. A., et al. (2019). "College Students' Social Perceptions Toward Individuals With Intellectual Disability." Journal of Disability Policy Studies **30**(1): 3-10.
The purpose of the current study was to describe the social perceptions of American college students toward individuals with intellectual disability (ID), identify factors that influence social perception, and determine if level of functioning alters one's perception. The sample was comprised of 186 American college students. The participants completed the Attitudes Toward Intellectual Disability Questionnaire (ATTID). The ATTID measures five factors--discomfort toward ID, knowledge of capacity and rights, interaction with individuals with ID, sensibility/tenderness, and knowledge of causes.

The students' overall social perception toward ID was primarily positive for all factors except for sensibility/tenderness. More positive social perception was found among students with greater knowledge of ID and more frequent and more positive interactions with individuals with ID. In addition, social perception was significantly more negative for lower functioning than higher functioning individuals with ID. This study helped identify factors that need more attention in awareness campaigns and educational programs. [ABSTRACT FROM AUTHOR]

Puyaltó, C. and M. Pallisera (2020). "Living Independently in Spain: Barriers and Supports from the Views of People with Intellectual Disabilities." International Journal of Disability, Development & Education **67**(3): 306-319.

The Convention on the Rights of Persons with Disabilities recognises the right to independent living. Given the lack of studies carried out in Spain, the aim of this research is to explore the barriers and supports that people with intellectual disability (ID) themselves believe affect their exercising of this right. To this end, an in-depth individual interview was designed and administered to 22 people with ID following various personal pathways. Thematic data analysis was conducted. According to the results, people with ID have highlighted the barriers and supports in different areas of their lives that affect their opportunities to exercise control over their lives, live and participate in ordinary and inclusive spaces within the community. In conclusion, this study helps to identify areas for improvement that are key to exercise the right to independent living. [ABSTRACT FROM AUTHOR]

Puyaltó, C. and M. Pallisera (2020). "Living Independently in Spain: Barriers and Supports from the Views of People with Intellectual Disabilities." International Journal of Disability, Development & Education **67**(3): 306-319.

The Convention on the Rights of Persons with Disabilities recognises the right to independent living. Given the lack of studies carried out in Spain, the aim of this research is to explore the barriers and supports that people with intellectual disability (ID) themselves believe affect their exercising of this right. To this end, an in-depth individual interview was designed and administered to 22 people with ID following various personal pathways. Thematic data analysis was conducted. According to the results, people with ID have highlighted the barriers and supports in different areas of their lives that affect their opportunities to exercise control over their lives, live and participate in ordinary and inclusive spaces within the community. In conclusion, this study helps to identify areas for improvement that are key to exercise the right to independent living. [ABSTRACT FROM AUTHOR]

Ricciardelli, L. A. and K. Jaskyte (2019). "A Value-Critical Policy Analysis of Georgia's Beyond a Reasonable Doubt Standard of Proof of Intellectual Disability." Journal of Disability Policy Studies **30**(1): 56-64.

The U.S. Supreme Court's Atkins v. Virginia decision barred the execution of persons with Intellectual disability, but provided minimal specification regarding adjudication. One exception to the lack of instruction was the recommendation that states generally conform to accepted clinical practice and norms, positioning professional associations to take an important role in this discourse. This study uses Chambers and Wedel's value-critical method of analysis to examine the policy element, standard of proof of intellectual disability, within Georgia's 1988 statute prohibiting the execution of persons with intellectual disability. Owing to the public outcry that followed Georgia's controversial execution of Jerome Bowden, who evidenced significant impairments in intellectual and adaptive functioning, the 1988 statute was the first in the nation to bar such executions, and predated the Attains decision by 14 years. However, due to a drafting error, Georgia was also the only state to invoke the highest standard of proof, beyond a reasonable doubt. When states use a standard of proof of intellectual disability

that is higher than the lowest standard, a preponderance of the evidence, capital defendants with intellectual disability are at an increased risk for unlawful execution. We present findings and recommendations across the identified analytical contexts. [ABSTRACT FROM AUTHOR]

Rowe, S., et al. (2020). "Addressing Education, Training, and Employment Supports for Prisoners With Cognitive Disability: Insights from an Australian Programme." Journal of Policy & Practice in Intellectual Disabilities **17**(1): 43-50.
The provision of appropriate education, training, and employment supports for incarcerated people is pivotal to mitigating the risk of recidivism, to improving rehabilitative outcomes, and to securing employment upon release. People with cognitive disability are disproportionately represented in prisons internationally. The vast majority of this group have significantly low levels of education, are unable to participate meaningfully in mainstream prison programs, are more likely to return to prison than their nondisabled peers and are generally excluded from the labor market. There is thus a significant need for specialized in-prison education, training, and employment programs for this group. However, in Australia and internationally such programs are scant. There is also very little known about good policy and practice in this domain. We present findings from qualitative research conducted on one of the few specialist education, training, and employment program models for prisoners with cognitive disability in Australia. The findings suggest that a practice model informed by and delivered from a well-considered theoretical base by a collaborative multidisciplinary team capable of adapting mainstream education, training, and employment programs in a flexible and culturally sensitive manner offers an opportunity to provide improved outcomes and greater equity for this highly disadvantaged group. The implications for policy and practice in this domain are discussed. We conclude that the expansion of appropriately designed education, training, and employment programs for prisoners with cognitive disability is critical to protecting the human rights and improving the life trajectories of this highly disadvantaged group. [ABSTRACT FROM AUTHOR]

Samboma, T. A. (2021). "Leaving no one behind: Intellectual disability during COVID-19 in Africa." International Social Work **64**(2): 265-269.
Africa is one of the least developed continents with a larger population of people living with intellectual disability. Various literature shows that having a person with disability is more of a taboo or curse as communities continue to hide them. Infrastructure developments are not making life easier for people living with disability (PWD). During COVID-19, PWD are left behind from communications, online learning, and online business; they are not given personal protective equipment, and those are some of the things that continue to cripple the rights of PWD who continuously feel left behind. [ABSTRACT FROM AUTHOR]

Sandjojo, J., et al. (2019). "Promoting Independence of People with Intellectual Disabilities: A Focus Group Study Perspectives from People with Intellectual Disabilities, Legal Representatives, and Support Staff." Journal of Policy & Practice in Intellectual Disabilities **16**(1): 37-52.
People with intellectual disabilities (ID) commonly struggle with managing their affairs, while they consider it important to be independent. This study aimed to gain insight into the perspectives of people with ID, legal representatives, and support staff on promoting independence in this population. Two focus groups were conducted with people with ID (n = 7), two with legal representatives (n = 13), and three with support staff (n = 17). Topics included the meaning of independence, the current level and needs of people with ID regarding their independence, and what they perceived as barriers and requirements when wanting to promote independence in this group. Possible outcomes

of a greater independence of people with ID were also discussed. Verbatim transcripts were analyzed qualitatively with a general inductive approach. According to the respondents, people with ID require support from others, but most want to be more independent. Various barriers are experienced when trying to promote independence. These concern barriers at the level of support staff (e.g., lack of time), family (e.g., taking over tasks), and of the persons with ID themselves (e.g., emotional difficulties). When promoting independence in this population, more support and time seem necessary, as well as a clear, step-by-step tailored approach and good communication between all parties involved. Last, several advantages (e.g., greater self-worth) and risks (e.g., overestimation by others, greater exposure to hazards) were proposed that could result from a greater independence of people with ID. As this study showed that people with ID generally want to become more independent. This stresses the need for the development of interventions, which could benefit from the findings from this study. [ABSTRACT FROM AUTHOR]

Schenk, K. D., et al. (2020). ""Even the fowl has feelings": access to HIV information and services among persons with disabilities in Ghana, Uganda, and Zambia." Disability & Rehabilitation **42**(3): 335-348.

Background: Persons with disabilities have often been overlooked in the context of HIV and AIDS risk prevention and service provision. This paper explores access to and use of HIV information and services among persons with disabilities. Methods: We conducted a multi-country qualitative research study at urban and rural sites in Uganda, Zambia, and Ghana: three countries selected to exemplify different stages of the HIV response to persons with disabilities. We conducted key informant interviews with government officials and service providers, and focus group discussions with persons with disabilities and caregivers. Research methods were designed to promote active, meaningful participation from persons with disabilities, under the guidance of local stakeholder advisors. Results: Persons with disabilities emphatically challenged the common assumption that persons with disabilities are not sexually active, pointing out that this assumption denies their rights and – by denying their circumstances – leaves them vulnerable to abuse. Among persons with disabilities, knowledge about HIV was limited and attitudes towards HIV services were frequently based upon misinformation and stigmatising cultural beliefs; associated with illiteracy especially in rural areas, and rendering people with intellectual and developmental disability especially vulnerable. Multiple overlapping layers of stigma towards persons with disabilities (including internalised self-stigma and stigma associated with gender and abuse) have compounded each other to contribute to social isolation and impediments to accessing HIV information and services. Participants suggested approaches to HIV education outreach that emphasise the importance of sharing responsibility, promoting peer leadership, and increasing the active, visible participation of persons with disabilities in intervention activities, in order to make sure that accurate information reflecting the vulnerabilities of persons with disabilities is accessible to people of all levels of education. Fundamental change to improve the skills and attitudes of healthcare providers and raise their sensitivity towards persons with disabilities (including recognising multiple layers of stigma) will be critical to the ability of HIV service organisations to implement programs that are accessible to and inclusive of persons with disabilities. Discussion: We suggest practical steps towards improving HIV service accessibility and utilisation for persons with disabilities, particularly emphasising the power of community responsibility and support; including acknowledging compounded stigma, addressing attitudinal barriers, promoting participatory responses, building political will and generating high-quality evidence to drive the continuing response. Conclusions: HIV service providers and rehabilitation professionals alike must recognise the two-way relationship between HIV and disability, and their multiple overlapping vulnerabilities and stigmas. Persons with disabilities demand recognition through practical steps to improve HIV service accessibility and utilisation in a manner that recognises their vulnerability and facilitates retention in care and adherence to treatment. In order to promote lasting change, interventions must look beyond the service delivery context and take into account the living circumstances of individuals and communities affected by HIV and disability. Persons with disabilities are vulnerable to HIV infection but have historically been excluded from HIV and AIDS services, including prevention education, testing, treatment, care and support. Fundamental change is needed to address practical and attitudinal barriers to access, including provider training. Rehabilitation professionals and HIV service providers alike must acknowledge the two-way relationship between HIV and disability: people with disability are vulnerable to HIV infection; people with HIV are increasingly becoming disabled. Peer participation by persons with disabilities in the design and implementation of HIV services s crucial to increasing accessibility. Addressing political will (through the National Strategic Plan for HIV) is crucial to ensuring long-term sustainable change in recognizing and responding to the heightened vulnerability of people with disability to HIV. [ABSTRACT FROM AUTHOR]

Schenk, K. D., et al. (2020). ""Even the fowl has feelings": access to HIV information and services among persons with disabilities in Ghana, Uganda, and Zambia." Disability & Rehabilitation **42**(3): 335-348.

Background: Persons with disabilities have often been overlooked in the context of HIV and AIDS risk prevention and service provision. This paper explores access to and use of HIV information and services among persons with disabilities. Methods: We conducted a multi-country qualitative research study at urban and rural sites in Uganda, Zambia, and Ghana: three countries selected to exemplify different stages of the HIV response to persons with disabilities. We conducted key informant interviews with government officials and service providers, and focus group discussions with persons with disabilities and caregivers. Research methods were designed to promote active, meaningful participation from persons with disabilities, under the guidance of local stakeholder advisors. Results: Persons with disabilities emphatically challenged the common assumption that persons with disabilities are not sexually active, pointing out that this assumption denies their rights and – by denying their circumstances – leaves them vulnerable to abuse. Among persons with disabilities, knowledge about HIV was limited and attitudes towards HIV services were frequently based upon misinformation and stigmatising cultural beliefs; associated with illiteracy especially in rural areas, and rendering people with intellectual and developmental disability especially vulnerable. Multiple overlapping layers of stigma towards persons with disabilities (including internalised self-stigma and stigma associated with gender and abuse) have compounded each other to contribute to social isolation and impediments to accessing HIV information and services. Participants suggested approaches to HIV education outreach that emphasise the importance of sharing responsibility, promoting peer leadership, and increasing the active, visible participation of persons with disabilities in intervention activities, in order to make sure that accurate information reflecting the vulnerabilities of persons with disabilities is accessible to people of all levels of education. Fundamental change to improve the skills and attitudes of healthcare providers and raise their sensitivity towards persons with disabilities (including recognising multiple layers of stigma) will be critical to the ability of HIV service organisations to implement programs that are accessible to and inclusive of persons with disabilities. Discussion: We suggest practical steps towards improving HIV service accessibility and utilisation for persons with disabilities, particularly emphasising the power of community responsibility and support; including acknowledging compounded stigma, addressing attitudinal barriers, promoting participatory responses, building political will and generating high-quality evidence to drive the continuing response. Conclusions: HIV service providers and rehabilitation professionals alike must recognise the two-way relationship between HIV and disability, and their multiple overlapping vulnerabilities and stigmas. Persons with disabilities demand recognition through practical steps to improve HIV service accessibility and utilisation in a manner that recognises their vulnerability and facilitates retention in care and adherence to treatment. In order to promote lasting change, interventions must look beyond the service delivery context and take into account the living circumstances of individuals and communities affected by HIV and disability. Persons with disabilities are vulnerable to HIV infection but have historically been excluded from HIV and AIDS services, including prevention education, testing, treatment, care and support. Fundamental change is needed to address practical and attitudinal barriers to access, including provider training. Rehabilitation professionals and HIV service providers alike must acknowledge the two-way relationship between HIV and disability: people with disability are vulnerable to HIV infection; people with HIV are increasingly becoming disabled. Peer participation by persons with disabilities in the design and implementation of HIV services s crucial to increasing accessibility. Addressing political will (through the National Strategic Plan for HIV) is crucial to ensuring long-term sustainable change in recognizing and responding to the heightened vulnerability of people with disability to HIV. [ABSTRACT FROM AUTHOR]

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.
There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs. [ABSTRACT FROM AUTHOR]

Strnadová, I. (2019). "Transitions in the Lives of Older Adults With Intellectual Disabilities: "Having a Sense of Dignity and Independence"." Journal of Policy & Practice in Intellectual Disabilities **16**(1): 58-66.
Older people with intellectual disabilities (ID) experience numerous transitions in their lives, which include transitions between jobs, places of residence, relationship transitions, and transitions to retirement. Ensuring quality planning for the future is important so that older people with ID can live good lives. Thus, the aim of this study was to explore planning for the future and transitions experienced by older people with ID. The author conducted semi-structured in-depth interviews with 17 people with ID aged 40 years and more. The interviews were analyzed using inductive content analysis. The three main themes were types of transitions, planning for future, and barriers to planning for future. The implications for research and practice are discussed, with a focus on enhancing independence and choice-making. [ABSTRACT FROM AUTHOR]

Sullivan, W. F., et al. (2022). "Ethics framework and recommendations to support capabilities of people with intellectual and developmental disabilities during pandemics." Journal of Policy & Practice in Intellectual Disabilities **19**(1): 116-124.

A growing body of knowledge highlights the negative impact of the COVID-19 pandemic on the health and well-being of many people with intellectual and developmental disabilities (IDDs) and their caregivers. The underlying reasons are not only due to biomedical factors but also ethical issues. They stem from longstanding and pervasive structural injustices and negative social attitudes that continue to devalue people with IDD and that underlie certain clinical decisions and frameworks for public-health policies during this pandemic. Unless these fundamental ethical shortcomings are addressed, pandemic responses will continue to undermine the human rights and well-being of people with IDD. This paper proposes an ethics framing for policy and practices regarding clinical care and public health based on Martha Nussbaum's approach to Capability Theory. Such a framework can reorient healthcare professionals and healthcare systems to support the capabilities of people with IDD to protect, recover, and promote health and well-being. It could be applied during this pandemic and in planning for future pandemics. The paper presents some practical recommendations that follow from applying this framework. [ABSTRACT FROM AUTHOR]

Tenorio, M., et al. (2022). "PaísDI: Feasibility and effectiveness of an advocacy program for adults with intellectual disability and their stakeholders' groups in Chile." Journal of Applied Research in Intellectual Disabilities **35**(2): 633-638.

Background: People with intellectual disability in Chile face individual and collective barriers to social participation. Lack of knowledge about their rights and tools for effective self-advocacy seem to be key elements that need to be improved to facilitate participation. Method: We present PaísDI, a 16 h long manualised program created by self-advocates in collaboration with an interdisciplinary team, with four modules: rights and intellectual disability, leadership in intellectual disability, effective communication and financial considerations of social projects. This quasi-experimental study had 349 participants, divided in three groups: people with intellectual disability, relatives and professionals. Feasibility and effectiveness where measured. Results: The program is shown to be viable and effective, especially in its impact on self-perception for self-advocacy activities. Conclusion: The discussion highlights Chile's historic debt in creating policies that promote self-determination, knowledge and the empowerment of people with intellectual disability, to bolster their participation as citizens. [ABSTRACT FROM AUTHOR]

Tenorio, M., et al. (2022). "As far as possible: The relationship between public awareness, social distance, and stigma towards people with intellectual disability." Journal of Policy & Practice in Intellectual Disabilities **19**(4): 419-430.

Research shows that people with intellectual disability (ID) face public stigma. However, a recently published narrative review suggests that this phenomenon has not been explored in a Latin American country. This study fills the gap in our understanding of public stigma towards people with intellectual disability in Chile. 395 adults from the general population (18 to 78 years) participated in the survey. Using the Intellectual Disability Literacy Scale, adapted for Chile, we explored the participants' literacy about ID, their causal beliefs, and desire of social distance. Only 1.3% of the sample identified intellectual disability in the instrument's vignette. The most common causal attribution for the condition was environmental, followed by biomedical factors. Participants showed a high desire of social distance, with higher scores associated with more educated participants. Our findings show that low literacy about intellectual disability and a high desire for social distance are significant factors contributing to public stigma in Chile. These are tangible targets for change that can lead to increased social inclusion and participation of people with intellectual disability in Chile. Any such approaches are likely to be transferable to other Latin American countries and could help reduce public stigma for this population. [ABSTRACT FROM AUTHOR]

Vinoski Thomas, E., et al. (2020). "College as Community for Students with Intellectual Disabilities." Journal of Legal Medicine **40**(1): 53-61.
The article focuses on Individuals with intellectual disabilities (ID) were among those judged as unable to participate in the demands and experiences of college life and expectations were set for them and how they were viewed by institutions of higher education. It mentions positive social, academic and employment outcomes for students with intellectual disabilities (ID). It also mentions Individuals with Disabilities Education Act (IDEA) entitled all students with disabilities.

Vinoski Thomas, E., et al. (2020). "College as Community for Students with Intellectual Disabilities." Journal of Legal Medicine **40**(1): 53-61.
The article focuses on Individuals with intellectual disabilities (ID) were among those judged as unable to participate in the demands and experiences of college life and expectations were set for them and how they were viewed by institutions of higher education. It mentions positive social, academic and employment outcomes for students with intellectual disabilities (ID). It also mentions Individuals with Disabilities Education Act (IDEA) entitled all students with disabilities.

Watchman, K., et al. (2019). "Intersection of Intellectual Disability and Dementia: Report of The International Summit on Intellectual Disability and Dementia." Gerontologist **59**(3): 411-419.
An International Summit on Intellectual Disability and Dementia, held in Glasgow, Scotland (October 13–14, 2016), drew individuals and representatives of numerous international and national organizations and universities with a stake in issues affecting adults with intellectual disability (ID) affected by dementia. A discussion-based consensus process was used to examine and produce a series of topical reports examining three main conceptual areas: (a) human rights and personal resources (applications of the Convention for Rights of People with Disabilities and human rights to societal inclusion, and perspectives of persons with ID), (b) individualized services and clinical supports (advancing and advanced dementia, post-diagnostic supports, community supports and services, dementia-capable care practice, and end-of-life care practices), and (c) advocacy, public impact, family caregiver issues (nomenclature/terminology, inclusion of persons with ID in national plans, and family caregiver issues). Outcomes included recommendations incorporated into a series of publications and topical summary bulletins designed to be international resources, practice guidelines, and the impetus for planning and advocacy with, and on behalf of, people with ID affected by dementia, as well as their families. The general themes of the conceptual areas are discussed and the main recommendations are associated with three primary concerns. [ABSTRACT FROM AUTHOR]

Weise, J., et al. (2020). "What is the capability of the Australian mental health workforce to meet the needs of people with an intellectual disability and co-occurring mental ill health?" Journal of Intellectual & Developmental Disability **45**(2): 184-193.
Background: People with intellectual disability experience elevated rates of mental ill health. Yet they face barriers in accessing appropriate individualised mental health care. Further research is required to learn about the capability of the mental health workforce to facilitate access and participation in quality mental health care for this group. Methods: Thirty-three Australian intellectual disability mental health experts participated in four focus groups. The research team undertook thematic analysis applying a health care human rights framework known as the 3AQ Framework. Results:

The participants identified multiple barriers to the delivery of quality mental health care. These included the lack of clear career pathways, education, clinical skills, clinical guidelines, and negative attitudes held by some mental health professionals. Conclusion: A comprehensive workforce development strategy is required to improve the capability of the mental health workforce to provide an available, accessible, acceptable and quality mental health services to people with intellectual disability. [ABSTRACT FROM AUTHOR]

Wickström, M., et al. (2020). "How can sexual and reproductive health and rights be enhanced for young people with intellectual disability? – focus group interviews with staff in Sweden." Reproductive Health **17**(1): 1-10.
Background: Different types of staff support individuals with intellectual disability (ID) in their daily life, in schools, leisure activities and in special accommodations. This study aimed to gain a deeper understanding of experiences and perceptions regarding sexual and reproductive health and rights (SRHR) among staff. Methods: Data were collected in mid-Sweden in four focus groups with altogether 20 participants, 18 women and 2 men aged between 18 and 65 years. They had different professions and worked among youth and adults with ID aged 18–40 years in schools, accommodations and with leisure activities. Their working experience varied from 3 years to more than 20 years. Interviews were audio recorded, transcribed and analysed with content analysis. Results: The participants generally described positive attitudes towards sexuality for people with ID, both among themselves and in society. However, many situations such as ensuring privacy, balancing between waiting and acting, issues around contraception and reproduction were difficult to address and participants had hesitations about childbearing. They described different strategies such as showing respect, enhancing self-esteem and decision making ability and using interprofessional support to cope with frustrating situations. They lacked a clear mandate from managers as well as written guidelines and policies. They requested education and support from peers, supervisors and other professionals. Conclusion: Participants in the study were generally open-minded and accepting towards sexuality among young people with ID. They thought it was difficult to deal with reproduction/parenthood and felt unprepared and frustrated in certain situations. The participants requested a clear mandate from managers, organizational guidelines, more education and inter-professional support. We believe these findings can inform the development of policy and support the implementation of SRHR related guidelines to support staff working with young people with ID. [ABSTRACT FROM AUTHOR]

Persons with Disabilities (40)

Alexandrov, N. V. and N. Schuck (2021). "Coercive interventions under the new Dutch mental health law: Towards a CRPD-compliant law?" International Journal of Law & Psychiatry **76**: N.PAG-N.PAG.
The Netherlands became State Party to the United Nation Convention on the Rights of Persons with Disabilities (CRPD) in 2016, a treaty that holds great promise for promoting and protecting human rights of persons with mental disorders. Yet, the Dutch government also made explicit reservations to the Convention. On 1 January 2020, the Netherlands introduced a new mental health law, the Compulsory Mental Health Care Act (CMHCA), which aims to strengthen the legal status of persons with psychiatric illnesses. To which extent does the new Dutch mental health law comply with the regulations as outlined in the CRPD? In this article, we examine how coercive interventions, specifically the elements of competence, involuntary treatment and involuntary admission are regulated in the domestic legislation and compare them to the CRPD approach. A normative analysis combined with literature review helps to

understand the law, reveal the gaps and uncover the barriers that remain. Is there a need to reassess the domestic legal provisions allowing for coercive treatment, and if so, what advancements are required? After all, should the CRPD be strictly adhered to at all times?

Anderson, C. A., et al. (2021). "Empowering Community Voices: The Influences of Consumer Race, Disability, and Poverty on Public Vocational Rehabilitation Service Engagement." Journal of Rehabilitation **87**(1): 40-47.

The public Vocational Rehabilitation (VR) program provides key services and supports to individuals with disabilities seeking to improve their employment, careers, and economic mobility. However, engagement in the VR program is not consistent across all populations, with a focus on those residing in historically underserved and marginalized low-income communities of color. The purpose of this study was to better understand the needs of current and former Black American VR consumers residing in a large urban area to inform current and future policy and practice needs within the state agency. While data was collected just prior to the COVID-19 pandemic, the views shared by participants regarding the stress and trauma of experiencing a chronic lack of resource and recommendations for improvements within the public VR program are perhaps even more relevant considering the disproportionate impact of the pandemic on this and similar communities. Recommendations for training and future research to enhance engagement, understanding, and better serve this population through the public VR program are offered.

Ardila-Gómez, S., et al. (2019). "The mental health users' movement in Argentina from the perspective of Latin American Collective Health." Global Public Health **14**(6/7): 1008-1019.

The mental health users' movement is a worldwide phenomenon that seeks to resist disempowerment and marginalisation of people living with mental illness. The Latin American Collective Health movement sees the mental health users' movement as an opportunity for power redistribution and for autonomous participation. The present paper aims to analyze the users' movement in Argentina from a Collective Health perspective, by tracing the history of users' movement in the Country. A heterogeneous research team used a qualitative approach to study mental health users' associations in Argentina. The local impact of the Convention on the Rights of Persons with Disabilities and the regulations of Argentina's National Mental Health Law are taken as fundamental milestones. A strong tradition of social activism in Argentina ensured that the mental health care reforms included users' involvement. However, the resulting growth of users' associations after 2006, mainly to promote their participation through institutional channels, has not been followed by a more radical power distribution. Associations dedicated to the self-advocacy include a combination of actors with different motives. Despite the need for users to form alliances with other actors to gain ground, professional power struggles and the historical disempowerment of 'patients' stand as obstacles for users' autonomous participation.

Badran, L., et al. (2023). "‘i am an arab palestinian living in israel with a disability’: Marginalisation and the limits of human rights." Disability & Society.

This article examines Arabs with disabilities living in Israel. Centring their experiences and voices, it argues that the group’s marginalisation is predominantly shaped by the ongoing political conflict. Arabs in Israel suffer deep social and institutional marginalisation on the basis of their ethnic identity and perceived threat and opposition to the state. Arabs with disabilities are neither exempted nor alleviated from this discriminatory framework. Therefore, those services, rights, and policies which are in place are not always fully granted, revealing the deficiency of a rights-based model for advancing their cause. Strikingly, however, it is the barriers and limiting normative beliefs within the community of Arabs in Israel where discrimination is most acutely felt. Being seen only through their disability means a battle for acceptance, integration, and participation in Arab society. Again, without a significant shift in social awareness and underlying normative perceptions, a rights-based model will only go so far. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Bruce, A. (2021). "Disability at the Crossroads: Asserting Rights and Empowerment in an Unequal World." Journal of Applied Rehabilitation Counseling **52**(1): 5-17.
The concept of social justice has a lengthy history in terms of its development, understanding, and application to human relationships. It connects to parallel concerns around equal opportunity, equity, and recognition. Social justice has also been contested insofar as powerful vested interests have either denied its relevance or actively resisted its demands. In this article, social justice is placed in a global framework where different issues at different times are connected by common concerns and a shared humanity. One of the central questions informing emerging dimensions of service provision in international contexts is how we work with needs of specific communities to create a new matrix of opportunities for inclusion, mutual benefit, and intercultural encounter. Over the past three decades, processes involved in globalization have come to not only shape but determine that matrix in evermore significant ways. The globalization process is also at the core of labor market change in all countries. This has specific implications for learning specialists and rehabilitation educators in terms of their professional training, understanding of best practice, and standards in approaching the diversity emerging within many communities shaped by globalizing imperatives. The powerful resonance of exclusion linked to the experience of disability impacts many social approaches and policies, not least of which is access to the labor market. For those with disabilities, particularly in the context of the significant advances made by the Independent Living movement and the parallel focus on civil rights, these traditional models of work have been seen as problematic.

Byrne, B., et al. (2021). "Enhancing Deaf People's Access to Justice in Northern Ireland: Implementing Article 13 of the UN Convention on the Rights of Persons with Disabilities." Scandinavian Journal of Disability Research **23**(1): 74-84.
Article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) specifies that disabled people have the right to 'effective access to justice' on an equal basis with others. This includes Deaf people. There is a distinct lack of research which explores the extent to which Article 13 UNCRPD is implemented in practice and which actively involves Deaf people in its implementation and monitoring. This paper shares findings from a rights-based research study co-produced with a Deaf Advisory Group and a Deaf-led organisation. It explores the implementation of Article 13 UNCRPD in Northern Ireland through the experiences of key stakeholders across the justice system including police officers, solicitors, barristers, and judges. The findings of this research study suggest that Deaf people's access to the justice system is not well supported and that current provisions for Deaf people's legal needs fall well short of what is required by the UNCRPD.

Corona-Aguilar, A., et al. (2021). "Participation by Women With Physical Functional Diversity: From Inherited Oppression to Social Integration." Australian Social Work **74**(3): 320-331.
This paper analyses the participation processes displayed by women with physical functional diversity in Spain, from the perspective of feminism and human rights. Responses from 18 participants with physical functional diversity allowed us to describe the female participants, as well as to explain their participation histories and plans, including any enabling or obstructing elements. This feedback also allowed us to interpret the participation models of women in positions or situations of influence. This

paper, using qualitative methodology, combines grounded theory, intersectionality, and discourse narration to analyse the life contexts and elements that impede access to social participation on a level playing field for these women. The results present emancipatory tools for women and arguments for political decision-making that can help women overcome oppression and violence, thereby facilitating their integration into society. The defence of people's rights is a professional endeavour grounded in social work theory and involves drawing attention to inequalities, in this case, those faced by women with functional diversity. Social work training should prepare social workers for advocacy based on human rights and be led by people with disabilities themselves. Research into disability in social work yields advances in strategies for social and civic participation, particularly for women with functional diversity.

Cui, F., et al. (2019). "Equal participation of persons with disabilities in the development of disability policy on accessibility in China." International Journal of Developmental Disabilities **65**(5): 319-326.
The UN Convention on the Rights of Persons with Disabilities (CRPD) of 2006 has been in effect in China for a decade since 31 August 2008. This treaty impacts the rights of persons with disabilities in China in different ways, especially with regard to the public understanding of disability and accessibility for social inclusion. This article scrutinizes two major and interrelated areas: accessible testing to promote the rights of persons with disabilities to inclusive higher education and the contribution of persons with disabilities and their representative organizations in pertinent policy development. It introduces the evolvement of polices on testing accommodations for the national college entrance examination (Gaokao). It also indicates the gap between policy and service provision for accessible testing in Gaokao and the individual needs of persons with disabilities in taking the test. It further emphasizes the strategic and collaborative advocacy of organizations of persons with disabilities (DPOs) to address the challenges for the improvement of disability policy and practice.

de Beco, G. (2023). "Taking economic and social rights earnestly: What does international human rights law offer persons with disabilities in situations of armed conflict?" International Review of the Red Cross **105**(922): 306-322.
This article studies the economic and social rights of people with disabilities in times of armed conflict. While hostilities prevent them from accessing the essential goods and services that they rely on to enjoy these rights, the topic has attracted little attention to date. Calling upon international human rights law, the article applies the Convention on the Rights of Persons with Disabilities, with a view to complementing the provisions of international humanitarian law. It focuses on the requirements above the provision of medical care and examines the legal obligations attached to economic and social rights. [ABSTRACT FROM AUTHOR]

Devkota, H. R., et al. (2019). "Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood." BMC Pregnancy & Childbirth **19**(1): N.PAG-N.PAG.
Background: This study reviews the attitudes and behaviours in rural Nepalese society towards women with disabilities, their pregnancy, childbirth and motherhood. Society often perceives people with disabilities as different from the norm, and women with disabilities are frequently considered to be doubly discriminated against. Studies show that negative perceptions held in many societies undervalue women with disabilities and that there is discomfort with questions of their control over pregnancy, childbirth and motherhood, thus limiting their sexual and reproductive rights. Public attitudes towards women with disabilities have a significant impact on their life experiences, opportunities and help-seeking behaviours. Numerous studies in the global literature concentrate on attitudes towards persons with disabilities, however there have been few studies in

Nepal and fewer still specifically on women.Methods: A qualitative approach, with six focus group discussions among Dalit and non-Dalit women without disabilities and female community health volunteers on their views and understandings about sexual and reproductive health among women with disabilities, and 17 face-to-face semi-structured interviews with women with physical and sensory disabilities who have had the experience of pregnancy and childbirth was conducted in Rupandehi district in 2015. Interviews were audio-recorded, transcribed, and translated into English before being analysed thematically.Results: The study found negative societal attitudes with misconceptions about disability based on negative stereotyping and a prejudiced social environment. Issues around the marriage of women with disabilities, their ability to conceive, give birth and safely raise a child were prime concerns identified by the non-disabled study participants. Moreover, many participants with and without disabilities reported anxieties and fears that a disabled woman's impairment, no matter what type of impairment, would be transmitted to her baby, Participants - both disabled and non-disabled, reported that pregnancy and childbirth of women with disabilities were often viewed as an additional burden for the family and society. Insufficient public knowledge about disability leading to inaccurate blanket assumptions resulted in discrimination, rejection, exclusion and violence against women with disabilities inside and outside their homes. Stigma, stereotyping and prejudice among non-disabled people resulted to exclusion, discrimination and rejection of women with disabilities. Myths, folklore and misconceptions in culture, tradition and religion about disability were found to be deeply rooted and often cited as the basis for individual beliefs and attitudes.Conclusion: Women with disabilities face significant challenges from family and society in every sphere of their reproductive lives including pregnancy, childbirth and motherhood. There is a need for social policy to raise public awareness and for improved advocacy to mitigate misconception about disability and promote disabled women's sexual and reproductive rights.

Dineen, K. K. (2021). "Disability Discrimination Against People With Substance Use Disorders by Postacute Care Nursing Facilities: It is Time to Stop Tolerating Civil Rights Violations." Journal of Addiction Medicine **15**(1): 18-19.
People with substance use disorders (PWSUDs), including opioid use disorder (OUD), continue to face widespread discrimination, including in health care. As hospitals increasingly provide more appropriate and integrated care for PWSUDs, nursing facilities that provide postacute care are receiving more referrals for patients whose diagnosis of substance use disorders is acknowledged rather than ignored. A concerning number of these facilities refuse to admit or treat PWSUD, especially those with OUD receiving opioid agonist therapy (OAT). This practice violates multiple federal antidiscrimination laws. Postacute care nursing facilities, such a skilled nursing or rehabilitation facilities, must end discriminatory practices against PWSUDs. Legal actors, from government enforcers to public interest lawyers, should utilize existing laws to communicate that noncompliance is no longer tolerated and that the civil rights of PWSUDs matter.

Dineen, K. K. and E. Pendo (2022). "Engaging Disability Rights Law to Address the Distinct Harms at the Intersection of Race and Disability for People with Substance Use Disorder." Journal of Law, Medicine & Ethics **50**(1): 38-51.
This article examines the unique disadvantages experienced by Black people and other people of color with substance use disorder in health care, and argues that an intersectional approach to enforcing disability rights laws offer an opportunity to ameliorate some of the harms of oppression to this population.

Donaldson, A. L. (2021). "Disability in Speech and Hearing Sciences: Reflections on Representation." Perspectives of the ASHA Special Interest Groups **6**(3): 513-519.

Purpose: This article reflects on a diversity and equity view of disability and offers a perspective on the representation of disability within speech and hearing sciences in terms of membership, research, and pedagogy. Conclusions: All areas of representation can be improved to support American Speech-Language-Hearing Association's strategic objectives of increasing diversity of membership and improving cultural competence. American Speech-Language-Hearing Association is encouraged to collect data regarding disability status to inform understanding of disability representation and potentially increase positive exposure, retention, and recruitment of disabled professionals. Research can be impacted through use of participatory models and focusing on community experiences, diversity issues, and increased understanding of the impact of ableism on clinical practice. Finally, curriculum specific to disability issues is needed to support students' understanding of the variability inherent within the disability community and their role as clinicians in partnering with the disability community.

Dunbar, P., et al. (2022). "Incidence and type of restrictive practice use in residential disability facilities in Ireland, a cross-sectional study." Health & Social Care in the Community **30**(6): e6009-e6017.
Restrictive practices (RPs) are a contentious issue in health and social care services. While use may be warranted in some instances, there are risks and concerns around human rights infringements. There are limited data available on the types and incidences of RPs used in health and social care services internationally. The objective of this study is to describe the type of RPs and incidence of use in disability residential care facilities (RCFs) in Ireland. RP notifications from disability RCFs reported from November 2019 to October 2020 were extracted from the Database of Statutory Notifications from Social Care in Ireland. National frequency and incidence of use of categories and type of RPs were calculated. The number and percentage of disability RCFs reporting RP use, along with the mean annual incidence of use, were also calculated. A total of 48,877 uses of RPs were notified from 1387 disability RCFs (9487 beds) during the 12-month period. The national incidence of RPs use per 1000 beds was as follows: all categories: 5152.0, environmental: 2988.2, physical: 1403.0, other: 527.0 and chemical: 233.8. The most frequently used RPs for each category was as follows: environmental: door locks, physical: other physical, other: liberty and autonomy and chemical: anxiolytics. Most RCFs (81.7%) reported at least one RPs use. The median incidence of any RPs per 1000 beds in these RCFs was 4.75 (IQR: 2.00 to 51.66). Usage of RPs was generally low, although some RCFs reported relatively high usage. Nationally, on average, five RPs were applied per resident over 12 months; environmental contributing to more than half. These findings can be used to inform policy, measure progress in reducing RPs use and for cross-jurisdiction comparisons.

Eaton, J., et al. (2021). "Accountability for the Rights of People with Psychosocial Disabilities: An Assessment of Country Reports for the Convention on the Rights of Persons with Disabilities." Health & Human Rights: An International Journal **23**(1): 175-189.
The Convention on the Rights of Persons with Disabilities (CRPD) has been identified as a milestone in human rights protection, offering people with psychosocial disabilities the opportunity to hold their governments accountable for the realization of their rights. To facilitate such accountability, the country reports produced under the CRPD reporting process should adequately reflect these persons' experiences and relevant positive or negative developments in the country. Our study used content analysis to review the extent and quality of reporting related to mental health and psychosocial disabilities in 19 country reports. The criteria used were based on provisions of the CRPD and on priorities identified by a steering committee of people with psychosocial disabilities. We found a wide variation in the quantity and quality of states' reporting, with an indication that this variation relates to countries' economic development.

Increasing the participation of representative organizations of people with psychosocial disabilities is needed for state parties to fulfill their reporting obligations. While there has been progress in improving organizations of persons with disabilities capacity to be heard at the global level, our findings suggest low levels of participation in CRPD processes at the national level in many countries. State parties must actively include these groups to ensure implementation of the CRPD principles.

Etieyibo, E. (2020). "RIGHTS OF PERSONS WITH DISABILITIES IN NIGERIA." Afrika Focus **33**(1): 59-81.

This paper employs the conceptual-analytical method to analyse literature and news reports on disabilities, and international legal documents and instruments on human rights and the rights of persons with disabilities to which Nigeria is a signatory. This study is conducted in the context of exclusionary and discriminatory practices against persons with disabilities in Nigeria. The practices and rights that are examined are in the areas of education and accessibility with regard to adults and children with disabilities, work and employment, and the employment or use of children with disabilities in alms-soliciting. The paper's broad objective in critically discussing these practices is to make a case for why and how they violate the rights of persons with disabilities. [ABSTRACT FROM AUTHOR]

Frawley, P. and M. McCarthy (2022). "Supporting people with intellectual disabilities with sexuality and relationships." Journal of Applied Research in Intellectual Disabilities **35**(4): 919-920.

Friedner, M. (2023). "Disability Justice as Part of Structural Competency: Infra/structures of Deafness, Cochlear Implantation, and Re/habilitation in India." Health & Human Rights: An International Journal **25**(1): 39-50.

In 2014, the Indian state revised a key program providing aids and appliances to disabled people to also include cochlear implants for children living below the poverty line. The program is remarkable in its targeting of the poorest of the poor to provide them with expensive technology made by multinational corporations and its development of new surgery and rehabilitation infrastructures throughout India. Based on interviews and participant observation with key stakeholders, this paper argues that in focusing only on "a right to hearing" and on cochlear implants as a solution for deafness, health care practitioners ignore the complex work required to maintain cochlear implant infrastructures, as well as the advocacy work done by disability activists in India and internationally to transform existing political, economic, educational, and social structures. Since cochlear implants are the "gold standard" in intervening on hearing loss and increasing numbers of countries in the Global South have started state-funded cochlear implant programs, an exploration of India's program provides an opportunity to analyze both the importance of infrastructure and the need to combat ableism within structural competency frameworks. Disability justice is part of structural competency. Ultimately what is at stake is expanding health practitioners' ideas of what it means to maximize potential, particularly in the face of new technological interventions around disability.

Funk, M. and N. D. Bold (2020). "WHO's Quality Rights Initiative: Transforming Services and Promoting Rights in Mental Health." Health & Human Rights: An International Journal **22**(1): 69-75.

The essay introduces the World Health Organization's (WHO) Quality Rights initiative designed to promote mental health systems, services and practices that prioritizes respect for human rights consistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Topics covered include the solutions provided by the initiative to promote inclusion, legal capacity and non-coercive approaches in mental

health and concerns on the applicability of the CRPD to mental health.

Goswami, S. P. (2020). ""Rights of Persons with Disability" Act: A Boon for Persons with Aphasia." Annals of Indian Academy of Neurology **23**: S51-S51.
The article discusses the "Rights of Persons with Disabilities" Act has passed by the Parliament of India on 27th December 2016 (RPWD-2016) and operational from 19th April 2017. Topics include a certificate stating the disability score from a medical board constituted by the Medical Superintendent, Neurologist, and a certified Speech-Language Pathologist has mandatory; and the International Classification of Functions has the cynosure of RPWD-2016 and improving the social activity level.

Grant, D. C. (2021). "Poetry therapy and disability studies: an investigation." Journal of Poetry Therapy **34**(4): 223-241.
Poetry therapy research is examined in a clinical, community and developmental setting, where the various researchers conducted their study from a medical model perspective of disability. The author looked at twelve articles and analysed nine of them from the social model perspective of disability. It was found that people with disabilities are excluded from poetry therapy research. As such, the author advocated for people with disabilities to have a voice in poetry therapy research.

Hao, Y. and P. Li (2020). "Employment Legal Framework for Persons with Disabilities in China: Effectiveness and Reasons." International journal of environmental research and public health **17**(14).
In order to promote the employment of persons with disabilities, two dominant legal approaches-anti-discrimination legislation based on the social model of disability and an employment quota scheme based on the medical model-are usually employed on a nation-state basis in disability policies. This article systematically examines the reasons why both the anti-discrimination and employment quota scheme legal frameworks have limited effectiveness in promoting employment of persons with disabilities in China. We found that the lack of a definition of disability, the lack of a definition of discrimination, and the absence of effective enforcement mechanisms are the reasons for poor outcomes of the anti-discrimination legal framework. For the employment quota scheme, conflicts between the mainstream labor market legal framework and the quota scheme legal framework have prompted employers to pay penalties rather than hire persons with disabilities. China should address these issues in the current legal system in the short term. Meanwhile, the CRPD should be more strongly emphasized in China. This article argues for the human rights model espoused by the CRPD, instead of the medical model, to develop a coherent and sustainable disability legal framework for promoting participation of persons with disabilities, rather than focusing on viewing them as recipients of care.

Haque, O. S. and M. A. Stein (2020). "COVID-19 Clinical Bias, Persons with Disabilities, and Human Rights." Health & Human Rights: An International Journal **22**(2): 285-290.
In the article, the authors discuss the clinical biases experienced by patients with disabilities during the COVID-19 pandemic and how said stigma affects their equal access to health care. Also cited are how the application of international human rights norms will prevent the biases, the provisions of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), and the COVID-19 care for patients with paraplegia as example.

Koly, K. N., et al. (2022). "Mental Health and Community-Based Rehabilitation: A Qualitative Description of the Experiences and Perspectives of Service Users and Carers in Bangladesh." Community Mental Health Journal **58**(1): 52-66.
Since 2016, Promotion of Human Rights of Persons with Disabilities in Bangladesh

(PHRPB) has been working to include people with psychosocial disabilities in their community-based inclusive development work, and to increase access to formal mental health care. Field visits were carried out to PHRPBD catchment areas in Dhaka and Chittagong for a case study on the integration of mental health into community-based rehabilitation (CBR). This paper synthesizes the results of twenty-five semi-structured interviews carried out as part of the case study. Participants included people with psychosocial disabilities, intellectual disabilities, epilepsy or other cognitive impairments and their carers as needed. Interviews were audio-recorded, transcribed and translated from Bangla to English, then hand-coded for content analysis. Results were organized into five overarching categories: (1) explanatory models, (2) help-seeking behaviors, (3) impact of services, (4) challenges and barriers to improving mental health, (5) recommendations of users and carers. Respondents either had no explanation for why service users had become unwell or attributed it to physically and/or emotionally traumatic events or supernatural causes. Before attending PHRPBD's mental health services, most had visited formal or informal health care providers, often with disappointing results. Despite positive feedback on PHRPBD's services, participants identified ongoing challenges. Stigma, discrimination and human rights abuses persist and are compounded by issues of gender inequality. Participants also identified barriers and made recommendations specific to the program itself, mainly regarding accessibility (e.g., cost, distance, frequency). This study adds to the limited body of qualitative research on mental health in Bangladesh, reinforcing previous findings on explanatory models and health-seeking behaviors while providing new insights into the impact of a CBR program in this context. Feedback of service users and carers suggests that CBR may indeed be a useful approach to increase access to services in Bangladesh for people with psychosocial or intellectual disabilities, epilepsy or other cognitive impairments. However, this program is not without its limitations, some of which are the product of broader issues within the mental health system and others of the social and cultural context. More research is needed to formally evaluate this and other CBR programs in the Global South.

Neto, J. T. (2020). "The UN convention on the rights of persons with disabilities in practice. A comparative analysis of the role of courts." Journal of Adult Protection **22**(3): 175-178.

Niewohner, J., et al. (2020). "'Leave no one behind'? The exclusion of persons with disabilities by development NGOs." Disability & Society **35**(7): 1171-1176.
Persons with disabilities have a right to be included in international development, yet persons with disabilities in the Global South are overwhelmingly excluded from development-related activities. While many states have developed disability inclusive policies for official foreign aid, many private international non-governmental organizations (NGOs) have failed to do so. In response to this gap, the Disability Inclusive Development Initiative at the University of Washington began an ongoing research study of small and medium-sized international NGOs. Thus far, surveys collected and depth interviews have revealed four major barriers to inclusion on the part of mainstream development NGOs: 1.) lack of awareness, 2.) belief that persons with disabilities constitute a separate focus area, 3.) assumption that the costs of inclusion are too high, and 4.) believing that others, such as governments or families, are responsible for ensuring access and accommodations, rather than the NGO itself.

Önnudóttir, H. (2021). "Human rights approach to disability advocacy on sexual health and education...14th European Public Health Conference (Virtual), Public health futures in a changing world, November 10-12, 2021." European Journal of Public Health **31**: iii143-iii144.
In this part of the workshop we will present an example of best practices in advocacy for CSE for children and young people with disabilities. The International Federation for

Spina Bifida and Hydrocephalus (IF) represents individuals with spina bifida and/or hydrocephalus (SBH) and their families globally. IF’s mission is to protect and advance the rights of individuals with SBH and as a part of that mission IF installed a formal international youth group to inform IF’s advocacy on issues related to youth with spina bifida and/hydrocephalus (SBH) where sexuality, sexual health and the taboos and stigmas surrounding these topics was identified as a high priority topic for advocacy. IF will present the work of IF and its youth group, the implementation and findings of activities such as the survey on SBH and sexuality, focus group discussions and the 2020 IF event on disability rights and sexual health. With an emphasis on the role of young people in advocacy and how they were supported and empowered to address this important topic. How strong leadership from persons with SBH helped to open discussions about the challenges faced by young people with disabilities and how disability specific issues (such as incontinence) are often left unaddressed due to stigma and societal taboos. These discussions help to address the barriers to CSE for children and young people with disabilities. IF bases all of its work on the UN Convention on the Rights of Persons with Disabilities and as such meaningful participation by persons with lived experiences, inclusion and non-discrimination guide IF’s work on sexuality. IF will present how those principles elevated the discussions and the outputs produced by the activities. In addition, IF will present how this was achieved in collaboration with other representative organisations for persons with disabilities and the wider impact of IF’s advocacy for individuals with SBH on the disability community as well as for health and social care professionals.

O'Sullivan, C. and D. Ferri (2020). "The Recast Reception Conditions Directive and the Rights of Asylum Seekers with Disabilities: Opportunities, Challenges and the Quest for Reform." European Journal of Migration & Law **22**(2): 272-307.
In recent years, the European Union (EU) has, like much of the developed world, experienced a sustained period of inward migration from refugee-producing States in Africa and the Middle-East. This 'refugee crisis' has placed a strain not only on the political will of the EU institutions and Member States to find a satisfactory resolution to deal with the flow of migrants, but also on their ability to put in place fair processes for any resulting claims for asylum and to adequately support the needs of asylum seekers while those claims are being processed. This article discusses the latter issue from a discreet angle, focusing on how the EU has addressed the needs of asylum seekers with disabilities. As a party to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which enjoys sub-constitutional status within the EU legal order, the EU is obligated to interpret all legislation in light of the Convention. Thus, this article seeks to assess the degree to which Directive 2013/33/EU on the material reception conditions for asylum seekers can protect and promote the rights of asylum seekers with disabilities and fulfill the 'human rights model of disability' embedded within the CRPD. It also assesses the most recent proposal to replace the Directive, and examines whether the potential shortcomings within it have been addressed thus far. Ultimately, it finds that the ambiguities and lack of procedural certainty within the current Directive provide too much room to derogate from the standards arguably mandated by the Convention, and these have yet to be addressed within the new Proposal. [ABSTRACT FROM AUTHOR]

Paul, N., et al. (2019). "A Comprehensive Study of Community-Based Inclusion, Rehabilitation, and Multidisciplinary Approach toward Cross-Disabilities in Panchayats of North India." Indian Journal of Occupational Therapy (Wolters Kluwer India Pvt Ltd) **51**(3): 77-84.
Background: Demonstrated multidisciplinary, scalable, and replicable panchayat models for effective inclusion of persons with disabilities (PwDs) are much needed in a developing country like India, with its 70% of population being rural. Literature on

disability suggests a shift in policy thinking from the charity-, medical-, and institutional-based models of disability to social, community-based rehabilitation (CBR), and rights-based models. This study explored in-depth the Community-Based Inclusion and Rehabilitation (CBIR) program model of the Chinmaya Organisation for Rural Development (CORD), a nongovernmental organization working with 1800 PwDs in 100 panchayats of Kangra district of Himachal Pradesh. Objectives: The objectives were to identify PwDs with all types of disabilities in ten selected panchayats associated under the CORD's CBIR program as per the definitions of disabilities under the PWD Act, 1995, and the National Trust Act, 1999, and to explore multidisciplinary, scalable, and replicable aspects and interventions under the CBIR as a model for inclusion of all types of PwDs in rural India with reference to the World Health Organization's (WHO's) CBR matrix. Study Design: This is a descriptive, qualitative, and quantitative study conducted on the CORD's CBIR model with reference to the WHO's CBR matrix. Methods: A convenient sample of ten panchayats out of 100 panchayats under the CORD's CBIR interventions was studied. The principal investigator with a team of two co-researchers and five field facilitators worked as a team to conduct this study. A baseline format with reference to the WHO's CBR matrix was developed and administered for the collection of primary data besides related interviews of PwDs, their families, and related stakeholders. The CORD's CBIR program data, narratives, and focus group discussions were used to supplement the outcomes of this study. Results: This study observed that availability of disabilities specific, disaggregated and recorded government data on PwDs at the panchayat level was poor and non-existent. Primary data of 124 (100%) PwDs among the 4487 households with a total population of 22,438 in ten panchayats were collected and further investigated from April 2017 to March 2018. The findings highlighted 87 (70%) PwDs newly identified during the study, 60 (48%) PwDs below poverty line, and 113 (91%) marginal and socially backward PwDs. The program interventions enrolled 26 (21%) PwDs in schools, 72 (58%) mothers and women with disabilities in community groups, and 44 (35%) PwDs in productive livelihoods locally. Conclusion: There was evident marginalization of PwDs in multiple ways varying from data to dignity issues at the panchayat level. The CORD's CBIR model promotes the "empowering inclusion and development" of PwDs in the mainstream community at the panchayat level. The recent enactment of the comprehensive Rights of Persons with Disabilities Act 2016, covering 21 types of disabilities, further share an opportunity for effective inclusion of PwDs within the existing policies, programs, and development agenda in rural India as well as globally. [ABSTRACT FROM AUTHOR]

Petri, G. (2022). "Commentary on: Intellectual disability in Switzerland: the Convention on the Rights of Persons with Disabilities as a vehicle for progress." Tizard Learning Disability Review **27**(1): 40-45.

Purpose: The purpose of this paper is to provide a commentary on "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress". Design/methodology/approach: This commentary highlights the importance of including people with intellectual disabilities in human rights reporting. The commentary builds on available data from academic research as well as civil society reports. Findings: Three main aspects are presented: the lack of involvement of people with intellectual disabilities in human rights reporting, the barriers to their participation in developing and publishing human rights reports and possible strategies to tackle those barriers. Originality/value: The United Nations Convention on the Rights of Persons with disabilities (CRPD) makes it mandatory to include people with intellectual disabilities in policy-making as well as in monitoring the CRPD. Academics need to change their practice to include people with intellectual disabilities in human rights research.

Prabandari, A. P., et al. (2021). "Human Rights and Legal Protection of Persons with Disabilities in Aviation Industry in Indonesia." Medico-Legal Update **21**(1): 1689-1693.
Various matters relating to persons with disabilities are often overlooked and often lead to discrimination against them in various fields of life. Likewise, in Indonesia there is often discrimination against persons with disabilities in various aspects of life, including in aviation. For this reason, it is very important to analyze the protection of the rights of persons with disabilities in Indonesian aviation. The method used is a normative juridical method using a statute approach and conceptual approach to analyze secondary data obtained through library research. The government as a duty bearer is fully responsible for ensuring good and accessible service quality and providing facilities for persons with disabilities in flight. Likewise, airport and airline operators as air transport service providers should have SOPs of services that are in accordance with Government policy in order to provide maximum and equal services for persons with disabilities, as a form of protection for the rights possessed by persons with disabilities.

Russo, J. and S. Wooley (2020). "The Implementation of the Convention on the Rights of Persons with Disabilities: More Than Just Another Reform of Psychiatry." Health & Human Rights: An International Journal **22**(1): 151-161.
The social model of disability--which is grounded in the lived realities of disabled people, as well as their activism, research, and theoretical work--has enabled a historic turn in the understanding of disability. This model also facilitates the transition to the rights-based approach that is at the core of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). However, the social model of disability does not straightforwardly translate to the lives of people who end up being detained and forcibly treated in psychiatric facilities. This paper examines the implications of the lack of an equivalent theoretical framework to counteract the hegemony of the biomedical model of "mental illness" and to underpin and guide the implementation of the CRPD for people with psychiatric diagnoses. Critically engaging with some recent attempts to make the CRPD provisions integral to psychiatry, we expose fundamental contradictions inherent in such projects. Our discussion seeks to extend the task of implementation of the CRPD beyond reforming psychiatry, suggesting a much broader agenda for change. We argue for the indispensability of first-person knowledge in developing and owning this agenda and point to the dangers of merely remaking former treatment objects into objects of human rights.

Sullivan, W. F., et al. (2022). "Ethics framework and recommendations to support capabilities of people with intellectual and developmental disabilities during pandemics." Journal of Policy & Practice in Intellectual Disabilities **19**(1): 116-124.
A growing body of knowledge highlights the negative impact of the COVID-19 pandemic on the health and well-being of many people with intellectual and developmental disabilities (IDDs) and their caregivers. The underlying reasons are not only due to biomedical factors but also ethical issues. They stem from longstanding and pervasive structural injustices and negative social attitudes that continue to devalue people with IDD and that underlie certain clinical decisions and frameworks for public-health policies during this pandemic. Unless these fundamental ethical shortcomings are addressed, pandemic responses will continue to undermine the human rights and well-being of people with IDD. This paper proposes an ethics framing for policy and practices regarding clinical care and public health based on Martha Nussbaum's approach to Capability Theory. Such a framework can reorient healthcare professionals and healthcare systems to support the capabilities of people with IDD to protect, recover, and promote health and well-being. It could be applied during this pandemic and in planning for future pandemics. The paper presents some practical recommendations that follow from applying this framework.

Vereenooghe, L. (2021). "Participation of People With Disabilities in Web-Based Research." Zeitschrift für Psychologie **229**(4): 257-259.

Vujcich, D., et al. (2023). "Patients' and health care providers' perspectives of sexual and reproductive health services for people with disability: a scoping review protocol." JBI Evidence Synthesis **21**(2): 449-456.
Objective: The objective of this review is to summarize the nature and focus of research that has been conducted into patients' and health care providers' perspectives of sexual and reproductive health access for people with disability. Introduction: Article 25 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) requires people with disability to be provided with equitable access to sexual and reproductive health services. However, there are few scoping or systematic reviews examining the provision of inclusive sexual and reproductive health services to people with disability. Current and planned reviews are either not inclusive of a full range of disabilities or geographical regions, are limited to reproductive health, or focus exclusively on the perspectives of health professionals. Inclusion criteria: Qualitative, quantitative, mixed method studies, and gray literature concerning sexual and reproductive health service access for people with disability will be included. The UNCRPD definition of disability will be adopted, together with a multidimensional conceptualization of "access." Methods: The review will be conducted in accordance with JBI methodology. A search strategy has been developed for MEDLINE, Embase, CINAHL, and gray literature. After de-duplication, results will be independently screened against the inclusion criteria by 2 reviewers. There will be no geographical limitations, but non-English-language publications will be excluded. Only literature published after the UNCRPD came into effect (May 3, 2008) will be included. Charting tools will be used for data extraction, and results will be presented in descriptive, diagrammatic, and tabular formats.

Wescott, H. N., et al. (2020). "Disability Inclusion and Global Development: A Preliminary Analysis of the United Nations Partnership on the Rights of Persons with Disabilities Programme within the context of the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals." Disability, CBR & Inclusive Development **31**(4): 90-115.
Purpose: This paper provides a preliminary snapshot of the proposed priorities approved by the United Nations programme designated to support the progressive realisation of the CRPD, the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) outlined by specific Convention Articles and, more broadly, the Sustainable Development Goals (SDGs). Method:A content analysis of project proposal summaries approved for funding by the UNPRPD was conducted against the CRPD and SDGs. A matrix of data was produced to draw links between proposed objectives and established international frameworks guiding global development. Results:This analysis provides two sets of information. First, a look at the distribution of rights identified in the initial project proposals and accepted by the UNPRPD, establishing a baseline of priorities and outstanding need. Second, it identifies issues that need to be addressed to ensure the advancement of all rights outlined in the CRPD and equitable achievement of the SDGs. Conclusion and Implications:Disability inclusion is necessary to achieve the SDGs in an equitable manner by 2030, as well as implement the CRPD. The UNPRPD supports a diverse range of projects spanning many of the Convention Articles and global goals; however, full participation and scope of disability inclusion requires programming in all areas of both instruments, and this has not yet been fully integrated in the UNPRPD funded project proposals. Limitations: This study was limited to the available UNPRPD project proposal summaries that were successful, and did not include all the proposals submitted for consideration. The proposals accepted for funding give insights into the disability inclusive development priorities chosen for project implementation by UN

agencies.

White, R., et al. (2021). "Giving voice to the voices of legal practitioners with disabilities." Disability & Society.
Several international human rights conventions focus on ensuring access to justice for all. Based on their unique lived experiences, legal practitioners with disabilities have much to offer in terms of understanding – from an insider perspective – the accommodations that could be used in court. The aim of this study was to describe the perspectives of legal practitioners with disabilities on their own experience of participation in court (focusing on both barriers and facilitators), and to elicit their suggested accommodations for persons with severe communication disabilities. Online and telephonic interviews were conducted with seven legal practitioners with disabilities. In response to the questions, three themes were conceptualised: participation barriers that hinder access to justice; accommodations related to ensuring equality; and accommodations related to procedural fairness. The insider perspectives of legal practitioners with disabilities may assist other persons with disabilities to participate equally in court, thereby ensuring access to justice for all. Points of interest Law professionals with disabilities, for example lawyers and judges, have unique experiences of the court system, which means that they can offer a clearer understanding of what communication skills and strategies are needed to participate in court. Law professionals with disabilities can suggest effective communication methods and strategies that other persons with disabilities could use in court. There are certain barriers in court that make it difficult for persons with disabilities to participate in court, for example, policy barriers. There are also certain accommodations that can assist persons with disabilities to be treated with respect in court, in a fair and equal way. In the future, law professionals with disabilities should be involved when new laws, policies and guidelines are created that could assist persons with disabilities to participate in the court system in an equal way. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Yan, J. X. and K. Luo (2022). "Introducing Audio Describer Training in University Interpreting Classes." Journal of Visual Impairment & Blindness **116**(3): 425-432.
Audio description (AD), the rendering of images into words, helps people who are visually impaired to access audiovisual products. Being able to access media is a basic human right. The United Nations Convention on the Rights of Persons with Disabilities clearly states that people with disabilities should have "access to television programs, films, theater, and other cultural activities, in accessible formats" (United Nations, 2006). Recent developments in technology, for example, text-to-speech synthesizers, have enabled audio description to include more languages (see Tor-Carroggio, 2020). Training is important to ensure the quality of audio describers. Offering audio description training in universities can provide students an opportunity to get early exposure to this field and increase their understanding of the issues about accessibility. This report presents an audio description training module conducted in a university interpreting program in Hong Kong. Based on the commonalities between audio description and interpreting in quality assessment, a set of criteria was proposed and applied to the assessment of the students' audio description performance. A visually impaired colleague was invited to participate in the evaluation, and her timely feedback for the student was provided from the user's perspective. A post-class survey was conducted after the training program. The survey results suggested that students were highly motivated to learn audio description in interpreting classes. In reflecting on the skills cultivated during the training process, students acknowledged the value of audio description training for learning interpreting. The implementation of audio description training in interpreting programs has proved to be feasible and highly regarded by the students. The present study hopes to shed some light on the feasibility of offering audio

description training in universities in general and interpreting classes in particular. It is expected this practice can significantly enrich and broaden the scope of education, audio description and development.

Yilmaz, V. (2020). "An examination of disability and employment policy in Turkey through the perspectives of disability non-governmental organisations and policy-makers." Disability & Society **35**(5): 760-782.
This article examines disability and employment policy in Turkey after the country's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2009 through the perspectives of disability non-governmental organisations (disability NGOs) and policy-makers. Drawing on an exploratory qualitative study, the article analyses how disability NGOs and key policy-makers perceive the impact of this development on disability and employment policy. The article shows disability NGO representatives and policy-makers find the employment policy's over-reliance on the quota method inadequate to put the human rights model into practice. They call for greater policy emphasis on accessibility and effective anti-discrimination enforcement to complement the quota method, which reflects the idea that the human rights model has gained wider acceptance among them. The article, however, also reveals that disability NGOs and policy-makers hold divergent views on what constitutes a human rights approach to disability employment, especially concerning segregation in employment.

Ковачек, Г. Б. and С. О. Самарџић (2023). "ПЕРСПЕКТИВЕ ПОТПУНИЈЕГ ОСТВАРИВАЊА ПРАВА ИЗ ЧЛАНА 12 КОНВЕНЦИЈЕ УЈЕДИЊЕНИХ НАЦИЈА О ПРАВИМА ОСОБА СА ИНВАЛИДИТЕТОМ У РЕПУБЛИЦИ СРБИЈИ." Perspectives of More Complete Realization of Rights from Article 12 of the UN Convention on the Rights of Persons with Disabilities in the Republic of Serbia. **57**(1): 19-38.
Recognition of per sons with disabilities as deserving of the same rights, i.e. equality before the law is clearly highlighted in the UN Convention on the Rights of Persons with Disabilities from 2006. In addition to this Convention, the European Court of Human Rights has stated in its decisions that even a more serious mental deficiency can not be the only reason for the deprivation of le gal capacity. In some countries, this understanding has been approved and accepted for a long time, and significant steps have been taken, primarily in the sense of abolishing a complete deprivation of legal capacity and moving to a system of providing support in decision-making instead of providing substitute decisionmakers. In the Republic of Serbia, laws passed more than two de ca des ago are still in force and still unchanged regarding questions of legal capacity, which in practice leads to complete de privation of legal capacity as a dominant way of decision-making. Although the Preliminary Draft of the Law on Amendments and Supplements to the Family Law has been drawn up, according to which complete deprivation of legal capacity is replaced by “restriction of le gal capacity”, it seems that this change may not bring substantial changes. It is necessary to work on changing the political narrative and understanding first in or der for the real changes to actually occur. (English) [ABSTRACT FROM AUTHOR]

POLITICAL refugees (17)

Baker, C. (2022). "NO REFUGE FOR THE SICK: HOW THE EU'S HEALTH-BASED NON-REFOULEMENT STANDARD COMPOUNDS THE EXCLUSIONARY NATURE OF INTERNATIONAL REFUGEE LAW." Washington International Law Journal **31**(2): 251-291.
The COVID-19 pandemic poses grave threats to the life and health of asylum seekers in

Europe. Many potential asylees are forced to reside in cramped, unsanitary facilities and do not have adequate access to medical treatment. On top of these dangers, many are likely to be denied asylum due to the stringency of international refugee law and European Union ("EU") asylum procedures. As a result, a number of these asylum seekers will turn to Article 3 of the European Convention on Human Rights, which provides broader nonrefoulement protections. However, even Article 3, as currently interpreted by the European Court of Human Rights ("ECtHR"), is unlikely to protect the majority of these asylum seekers. This article proposes ways in which the ECtHR may refine its health-based non-refoulement jurisprudence to protect more individuals. It concludes that the Court may retain its current high standard for qualifying for health-based non-refoulement and provide relief for individuals who contract COVID-19 while detained by EU member states during the asylum application process. Significantly, the ECtHR should hold that EU member states who detain asylum seekers and thereby expose them to COVID-19 have assumed a duty toward them and may not refoule them for the duration of their illness and its lingering health effects. [ABSTRACT FROM AUTHOR]

Barboza, J. Z. (2022). "Between a Rock and a Hard Place: a Human Rights Assessment of the Fate of Excluded Asylum-seekers and Criminal Refugees in Australia." Refugee Survey Quarterly **41**(4): 725-745.
Migrants fearing harm in their own country may benefit from the protection of refugee law. This protection, however, is not extended to those considered undeserving of it, for example, because they committed atrocities in the past, and may be removed from those who become a threat to the host State's national security. In practice, States need to find solutions for such migrants, who are often failed asylum-seekers or criminal refugees who lost their protection status. In this regard, Australia is infamous for its extensive use of immigration detention, which is frequently applied to such migrants. The country's practices have stirred much academic debate and gave rise to a multitude of legal cases and legislation changes. This contribution provides a human rights assessment of Australia's practices towards failed asylum-seekers and criminal refugees, showing that when faced with such migrants, States may adopt measures that violate their international human rights obligations, such as returning them to harm or placing them in indefinite detention. As States are increasingly adopting similar practices, especially regarding the use of immigration detention, this analysis of the Australian context can inform the assessment of these practices anywhere they may be applied. [ABSTRACT FROM AUTHOR]

Blouin, C., et al. (2020). "The spirit of Cartagena? Applying the extended refugee definition to Venezuelans in Latin America: Despite the widespread incorporation of the expanded 'Cartagena definition' of refugee into their national asylum frameworks, States in Latin America must do more to apply this definition - and resulting protection - to displaced Venezuelans." Revista Migraciones Forzadas: 64-66.
The article discusses political, economic and humanitarian crisis of Venezuela, the declaration of Cartagena on Refugees for the International Protection of Refugees and Displaced Persons in Latin America. The article also discusses national regulations in Cartagena, violation of human rights, internal conflicts, laws for the Venezuelan asylum seekers and threats to public order in Cartagena.

Cantalapiedra, E. T. (2020). "Migrant ‘caravans’ in Mexico and the fight against smuggling." Revista Migraciones Forzadas(64): 66-67.
The article discusses migrant and asylum seeker caravans involved in people smuggling from Honduras, El Salvador and Guatemala travelling through Mexico to US. The article also discusses criminalising caravans and migrant human rights defenders, migration control policies and Mexico– US negotiations over migrant mobility.

Coen, A. (2021). "Can't be held responsible: Weak norms and refugee protection evasion." International Relations **35**(2): 341-362.

States have increasingly moved away from refugee protection, intensifying the vulnerability of refugees and asylum-seekers. Drawing on theories of norm dynamics within International Relations (IR), this article argues that departures from refugee protection can be partly explained by the weakness of the normative principles governing the treatment of individuals fleeing persecution. Ambiguities, diverging interpretations, and varying levels of codification complicate efforts to hold states accountable to a complex bundle of human rights standards surrounding refugee and asylum protection. These weaknesses in the international refugee regime bolster norm-evading behavior wherein governments deliberately minimize their obligations while claiming technical compliance. Drawing on an analysis of US refugee and asylum policies under the Trump administration, the article reveals how norm evasion and accountability challenges emerge in the context of ambiguous standards vis-à-vis non-refoulement, non-detention, non-penalization, non-discrimination, and refugee responsibility-sharing. [ABSTRACT FROM AUTHOR]

Dawson, J. (2020). "The externalization of Australian refugee policy and the costs for queer asylum seekers and refugees." Australian Journal of International Affairs **74**(3): 322-339.

This article argues that Australia's increasingly externalized refugee policy harms queer asylum seekers and refugees. Australia's refugee and foreign policies perpetuate colonial and homophobic relations with states such as Indonesia, Papua New Guinea, and Nauru to meet Australia's border security priorities. The lack of recognition of queer people in Australia's foreign policy and the harm caused by its regional refugee policies represent a clear contradiction to Australia's claimed liberal human rights diplomatic position. [ABSTRACT FROM AUTHOR]

Dawson, J. (2020). "The externalization of Australian refugee policy and the costs for queer asylum seekers and refugees." Australian Journal of International Affairs **74**(3): 322-339.

This article argues that Australia's increasingly externalized refugee policy harms queer asylum seekers and refugees. Australia's refugee and foreign policies perpetuate colonial and homophobic relations with states such as Indonesia, Papua New Guinea, and Nauru to meet Australia's border security priorities. The lack of recognition of queer people in Australia's foreign policy and the harm caused by its regional refugee policies represent a clear contradiction to Australia's claimed liberal human rights diplomatic position. [ABSTRACT FROM AUTHOR]

D'Ors, C. (2022). "Protection of "Freedom Of Movement" and of Asylum-Seekers and Refugees: Progress Made by the African Commission on Human and Peoples' Rights via its Communication Procedures and Beyond." Texas International Law Journal **57**(2): 185-214.

The article investigate how the rights enshrined in Articles 12(1) and 12(2) are construed by the African Charter on Human and Peoples' Rights (ACHPR,) as well as Article 12(3)'s focus on the protection of asylum-seekers and refugees, as enacted by the communication procedure of the ACHPR. It mentions Banjul Charter was in line with the objective of the Organisation of African Unity to promote and protect human rights in Africa.

F. Dez, J. (2022). "Print Rights with a Thousand Masks: Migrant Vulnerability, Resistance, and Human Rights Law." Refuge (0229-5113): Canada's Journal on Refugees / Revue Canadienne sur les Réfugiés **38**(2): 1-17.

PrintRights, a co-operative of undocumented asylum seekers in Amsterdam, manufactured facemasks during the COVID-19 pandemic, first distributing them to undocumented migrants residing in the city's emergency shelter system and then selling them to the wider public. By distributing facemasks with messages, PrintRights framed its action within the human right to freedom of expression to legally resist alienage law prohibitions on employment. Engaging Judith Butler's theory, this article analyzes the relationship between PrintRights' resistance, vulnerability, and strategic engagement with human rights law. Drawing on fieldwork conducted with PrintRights, I explore how vulnerability discourse in human rights law can support undocumented migrant organizing. (English) [ABSTRACT FROM AUTHOR]

Farnham, D. D. T. and R. Goldstone (2023). "A narrative review of refugee & asylum seekers' transitions into & experiences of working in the United Kingdom National Health Service." BMC Health Services Research **23**(1): 1-8.
Background: The United Kingdom (UK) has a significant and rising population of refugees and asylum seekers, including many who have previously worked as healthcare professionals. Evidence shows they have struggled to join and successfully work in the UK National Health Service (NHS) despite initiatives designed to improve their inclusion. This paper presents a narrative review based on research surrounding this population to describe the barriers that have impeded their integration and possible ways to overcome them. Methods: We conducted a literature review to obtain peer-reviewed primary research from key databases (PubMed, Web of Science, Medline, EMBASE). The collected sources were individually reviewed against predetermined questions to construct a cohesive narrative. Results: 46 studies were retrieved, of which 13 satisfied the inclusion criteria. The vast majority of literature focussed on doctors with minimal research on other healthcare workers. Study review identified numerous barriers impeding the integration of refugee and asylum seeker healthcare professionals (RASHPs) into the workforce that are unique from other international medical graduates seeking employment in the UK. These include experiences of trauma, additional legal hurdles and restrictions on their right to work, significant gaps in work experience, and financial difficulties. Several work experience and/or training programs have been created to help RASHPs obtain substantive employment, the most successful of which have involved a multifaceted approach and an income for participants. Conclusions: Continual work towards improving the integration of RASHPs into the UK NHS is mutually beneficial. Existing research is significantly limited in quantity, but it provides a direction for future programs and support systems. [ABSTRACT FROM AUTHOR]

Joshi, M. D. (2020). "The use of country guidance case law in refugee recognition outside the UK." Revista Migraciones Forzadas(65): 32-32.
The article discusses about the use of country guidance case law in refugee status determination and recognition, Human rights appeals, individual claims and status determination for Asylum seekers in United Kingdom with a focus on the consistency in decision-making in refugee recognition process outside of United Kingdom.

Larkin, A. (2019). "ITALY AND THE AQUARIUS: A MIGRANT CRISIS." Pace International Law Review **32**(1): 137-169.
Italian journalist Indro Montanelli once wrote, "[w]e Italians are tolerant and civil with all those who are different. Black, red, yellow. Especially when they are far away, at a telescopic distance from us."1 In recent years, Italy had a resurgence of nationalist and far-right political leaders, who have taken an anti-immigration stance.2 Public interest in migration of refugees and asylum seekers is due both to media coverage of their stories3 and to litigation4 before international courts.5 One high-profile story that made headlines in the summer of 2018 was Italy's treatment of the Aquarius, a rescue vessel operated by the German non-governmental organization SOS Méditerranée and Doctors

Without Borders/Médecins Sans Frontières. This comment will focus on what the international community currently does to protect migrants at sea and what role international law has played and could play in the future. Part I will analyze whether Italy violated Article 33 of the United Nations High Commissioner for Refugees' (UNHCR) 1951 Refugee Convention. Part II will analyze whether Italy violated the European Convention on Human Rights (ECHR) Article 1. Finally, Part III will be a brief discussion of other legal avenues that might be available to refugees. [ABSTRACT FROM AUTHOR]

McMillan, K. and S. Petcharamesree (2021). "Towards an ASEAN Model of 'Responsibility-Sharing' for Refugees and Asylum-Seekers." Asia-Pacific Journal on Human Rights & the Law **22**(1): 49-68.
The Andaman Sea crisis of 2015 focused global attention on ASEAN's response to mass refugee flows and generated calls for greater regional cooperation to protect the rights and safety of forced migrants. Such calls draw from the concept of 'responsibility-sharing'; a concept that has long underpinned the international refugee regime. Scholars have responded to this challenge by identifying a range of ways in which ASEAN countries might benefit from sharing responsibility for the refugees and asylum-seekers in their region. Based on interviews with 40 key ASEAN-based actors working on migration and refugee issues across the governmental and non-governmental sectors, this article seeks to understand how the concept of responsibility-sharing for refugee protection is understood in four Southeast Asian countries: Thailand, Malaysia, Indonesia and Singapore. While it finds common agreement among the interviewees that the Andaman Sea crisis was a humanitarian disaster and that existing approaches to refugee issues in the region are ineffective, it also finds little to suggest that a regional approach to refugee issues is likely to develop in the short-to-medium term. On the other hand, interviewees identified a wide range of mechanisms through which bilateral, multilateral and global initiatives might assist the region to deal with refugee and asylum issues. Linking refugee issues with other issues that concern ASEAN Member States and incremental progress towards embedding regional human rights norms via ASEAN human rights institutions are identified as the most fruitful pathways towards regional cooperation to protect refugee rights and safety. [ABSTRACT FROM AUTHOR]

Nikolopoulou, A. (2020). "Recognising refugees in Greece: policies under scrutiny." Revista Migraciones Forzadas(65): 35-38.
The article discusses about recognising the refugees for refugee status determination (RSD) in Greece with a focus on Reforms to Greece’s asylum system including the legal status of migrants and asylum seekers in Europe. The article also discusses about the role of European Court of Human Rights and United Nations High Commissioner for Refugees (UNHCR) in providing justice to the asylum seekers and refugee policies in Greece.

Prabhat, D., et al. (2019). "Age is Just a Number? Supporting Migrant Young People with Precarious Legal Status in the UK." International Journal of Children's Rights **27**(2): 228-250.
This paper challenges the focus on age 18 as an exclusionary point in law for migrant young people, particularly unaccompanied migrants, with insecure legal status. Initially meant to provide a protective category of "childhood" in law, focus on age 18 creates a sharp transition point in law for young people. This chronological concept of age does not match up with the reality of lives of many young people who step into adulthood without being able to live in a self-supporting manner. Law recognises the constraints and provides some respite for British national children who are in care; however, non-UK migrant and/or asylum-seeking young people in this situation are immediately at

risk of losing their liberty. We suggest that non-British migrant young people aged 18–21 should be treated as a youth category in a manner similar to that used for British young people in care. [ABSTRACT FROM AUTHOR]

Rosenberger, S. (2019). "Navigating the Representative-Politics–Liberal-Rights Dilemma: Social Policy Designs for Nonremoved Migrants." Journal of Immigrant & Refugee Studies **17**(1): 11-26.
Although nonremoved rejected asylum seekers (NRASes) are declared unwanted, the liberal state is obliged to provide them with basic social protections. We argue that various social policy designs can mediate the representative-politics–liberal-rights dilemma and allow for (limited) access to differentiated, conditioned benefits. Drawing on migration control and welfare-state literature, the findings stem from expert interviews with stakeholders and document analysis in Austria, Sweden, and the Netherlands. Welfare-enabling approaches are context specific, varying from path dependencies in Sweden to change-resistant forms of policymaking in Austria. In the Netherlands, exclusionary measures are explained by early general welfare retrenchments. [ABSTRACT FROM AUTHOR]

علي أحمد, ا., et al. (2022). "طلبات اللجوء وأهمية إجراءات تسجيل الالجئين." Asylum Applications and the Importance of Refugee Registration Procedures. **9**(52): 146-174.
The study dealt with the issue of asylum requests and the importance of registration procedures for refugees and asylum seekers, as this issue raises several questions, the most important of which are: What are the determinants of registering refugees and asylum seekers? What is the importance of registration and its benefits? What are the difficulties of registering refugees in Yemen? As asylum is a human right in accordance with the Universal Declaration of Human Rights, and given the importance of the phenomenon of asylum, the international organization has sought to set rules and provisions that guarantee the enjoyment of this right and provide protection for refugees. The study aimed to explain the mechanisms and procedures for registering refugees and asylum seekers, and the benefits of that, as well as the religious, moral and humanitarian dimension to facilitate and expedite these procedures in the Republic of Yemen, as Yemen is one of the few countries in the region that has ratified the Refugee Convention. The study was dealt with through three sections, using the descriptive and analytical method. The study showed several results, the most important of which are: the relationship between registration and enjoyment of protection, delaying registration necessarily leads to a delay in protection, registration brings many benefits to all relevant parties, and the presence of several difficulties and obstacles that contribute to delaying the settlement of applications for registration. The study highlighted the need for sustainable awareness of the importance of registration and the development of clear evidence for registration procedures, in addition to the need to provide the administration’s needs necessary to overcome the difficulties of delaying the settlement of registration applications. [ABSTRACT FROM AUTHOR]

Poverty (41)

Aguirre Hernández, J. M. (2020). "The Need to Think about Poverty in the Legal Sense." Journal of Poverty **24**(2): 95-112.
Poverty, despite being an obvious violation of human rights, does not seem to be a matter of concern for those in the legal field. Considerations to be made with respect to the right to human dignity and the minimum wage make this matter one that is evidently part of the legal contents and, therefore, turn it into an issue upon which reflection -in legal terms- is required [ABSTRACT FROM AUTHOR]

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian Journal of Community Health **31**(2): 173-178.

Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural counterparts. [ABSTRACT FROM AUTHOR]

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian Journal of Community Health **31**(2): 173-178.

Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural

counterparts.

Anderson, C. A., et al. (2021). "Empowering Community Voices: The Influences of Consumer Race, Disability, and Poverty on Public Vocational Rehabilitation Service Engagement." Journal of Rehabilitation **87**(1): 40-47.
The public Vocational Rehabilitation (VR) program provides key services and supports to individuals with disabilities seeking to improve their employment, careers, and economic mobility. However, engagement in the VR program is not consistent across all populations, with a focus on those residing in historically underserved and marginalized low-income communities of color. The purpose of this study was to better understand the needs of current and former Black American VR consumers residing in a large urban area to inform current and future policy and practice needs within the state agency. While data was collected just prior to the COVID-19 pandemic, the views shared by participants regarding the stress and trauma of experiencing a chronic lack of resource and recommendations for improvements within the public VR program are perhaps even more relevant considering the disproportionate impact of the pandemic on this and similar communities. Recommendations for training and future research to enhance engagement, understanding, and better serve this population through the public VR program are offered. [ABSTRACT FROM AUTHOR]

Anderson, C. A., et al. (2021). "Empowering Community Voices: The Influences of Consumer Race, Disability, and Poverty on Public Vocational Rehabilitation Service Engagement." Journal of Rehabilitation **87**(1): 40-47.
The public Vocational Rehabilitation (VR) program provides key services and supports to individuals with disabilities seeking to improve their employment, careers, and economic mobility. However, engagement in the VR program is not consistent across all populations, with a focus on those residing in historically underserved and marginalized low-income communities of color. The purpose of this study was to better understand the needs of current and former Black American VR consumers residing in a large urban area to inform current and future policy and practice needs within the state agency. While data was collected just prior to the COVID-19 pandemic, the views shared by participants regarding the stress and trauma of experiencing a chronic lack of resource and recommendations for improvements within the public VR program are perhaps even more relevant considering the disproportionate impact of the pandemic on this and similar communities. Recommendations for training and future research to enhance engagement, understanding, and better serve this population through the public VR program are offered.

Castanyer, P. (2019). "Notes on Race and Gender in the USA: Poverty and Intersectionality." Notas sobre "raza" y género en los Estados Unidos de América: Pobreza e interseccionalidad. **32**(1): 1-12.
This is the first of a series of multidisciplinary notes with one goal in common: to draw a much needed "bigger picture" on some basic human rights in the USA. To achieve this, we will present data from different studies as well as from the USA census. In this first note, we will examine overall poverty, unemployment, and wealth distribution in the USA while analyzing the unremitting socio-economic differences amongst the American population due to race and gender. Unfortunately, it is impossible for us to explain in depth all the reasons behind both racism and sexism due to the fact that these are rather ingrained complex issues with a long stance in America, despite multiple efforts to the contrary. We will, however, explore here the eugenics movement, which was quite influential during a good part of the 20th century, informing policies that would affect both women and people of color for decades. Unfortunately, the basic core beliefs of this movement are still present in the American ethos today and, under this new administration, basic human rights are constantly under attack, aggravating the

already existing levels of poverty and equality amongst women and people of color. Subsequent notes will focus on women's rights. (English) [ABSTRACT FROM AUTHOR]

Cummins, I. and E. J. Gómez-Ciriano (2022). "Poverty as a Political Choice: a Comparative Analysis of Reports of the UN Rapporteur's Visits to the UK and Spain." Journal of human rights and social work **7**(1): 104-113.
This paper presents a comparative analysis of two reports by the UN Rapporteur on Extreme Poverty and Human Rights, one for Spain and one for the UK. In both countries, austerity policies were introduced following the banking crisis of 2008. The UN Rapporteur reports highlight the damage that was done by welfare retrenchment. In particular, the reports document the impact of austerity on the most vulnerable individuals and communities. The paper uses Somers' (2008) conceptual model of citizenship as the basis for a comparative analysis of two reports. Somers' (2008) model of citizenship is a triadic one which sees the state, market and civil society as competing elements. Each one can serve to regulate and limit the influence or excesses of the other two. Somers argues that neoliberalism has seen the dominance of the market at the expense of the role of the state and the institutions of civil society. Austerity policies saw the market dominating. Having examined the context of the two reports and their conclusions, the paper discussed the implications for individual social workers' practice and the role of social work as a profession in tackling poverty and marginalisation. (© The Author(s) 2021.)

Dutta, M. J. (2021). "Migrant health as a human right amidst COVID-19: a culture-centered approach." International Journal of Human Rights in Healthcare **14**(3): 223-239.
Purpose: The purpose of this manuscript is to examine the negotiations of health among low-wage migrant workers in Singapore amidst the COVID-19 outbreaks in dormitories housing them. In doing so, the manuscript attends to the ways in which human rights are constituted amidst labor and communicative rights, constituting the backdrop against which the pandemic outbreaks take place and the pandemic response is negotiated. Design/methodology/approach: The study is part of a long-term culture-centered ethnography conducted with low-wage migrant workers in Singapore, seeking to build communicative infrastructures for rights-based advocacy and interventions. Findings: The findings articulate the ways in which the outbreaks in dormitories housing low-wage migrant workers are constituted amidst structural contexts of organizing migrant work in Singapore. These structural contexts of extreme neoliberalism work catalyze capitalist accumulation through the exploitation of low-wage migrant workers. The poor living conditions that constitute the outbreak are situated in relationship to the absence of labor and communicative rights in Singapore. The absence of communicative rights and dignity to livelihood constitutes the context within which the COVID-19 outbreak emerges and the ways in which it is negotiated among low-wage migrant workers in Singapore. Originality/value: This manuscript foregrounds the interplays of labor and communicative rights in the context of the health experiences of low-wage migrant workers amidst the pandemic. Even as COVID-19 has made visible the deeply unequal societies we inhabit, the manuscript suggests the relevance of turning to communicative rights as the basis for addressing these inequalities. It contributes to the extant literature on the culture-centered approach by depicting the ways in which a pandemic as a health crisis exacerbates the challenges to health and well-being among precarious workers.

ErdoĞMuŞ, Z. (2023). "AN ASSESSMENT ON CHILD POVERTY." International Journal of Turcologia **17**(35): 28-35.
Today, poverty is considered as a serious problem in both developing and underdeveloped countries. In this context, institutions such as the United Nations and the World Bank have published important research on poverty. It is a fact that children,

who are the most vulnerable link in families struggling with poverty, are more affected by poverty than adults are. Children faced with poverty cannot access their basic rights and needs such as health, education and nutrition, so poverty is passed on to future generations in a cycle. In this respect, it is important to address and work on child poverty to break this cycle. In this study, the appearance of child poverty in society, street children, working children, delinquent children, causes and consequences of child poverty will be examined and suggestions for solutions will be presented. [ABSTRACT FROM AUTHOR]

Farley, M. (2022). "Exploiting Indigenous Peoples: Prostitution, Poverty, Climate Change, and Human Rights." Fourth World Journal: 104-115.
This article describes connections between resource extraction, prostitution, poverty, and climate change. Although resource extraction and prostitution have been viewed as separate phenomena, this article suggests that they are related harms that result in multiple violations of indigenous peoples' human rights. [ABSTRACT FROM AUTHOR]

Farley, M. (2022). "Making the connections: resource extraction, prostitution, poverty, climate change, and human rights." International Journal of Human Rights **26**(6): 1032-1055.
This article describes the connections between resource extraction, prostitution, poverty, and climate change. Although resource extraction and prostitution have been viewed as separate phenomena, this article suggests that they are related harms that result in multiple violations of women's human rights. The businesses of resource extraction and prostitution adversely impact women's lives, especially those who are poor, ethnically or racially marginalised, and young. The article clarifies associations between prostitution and climate change on the one hand, and poverty, choicelessness, and the appearance of consent on the other. We discuss human rights conventions that are relevant to mitigation of the harms caused by extreme poverty, homelessness, resource extraction, climate change, and prostitution. These include anti-slavery conventions and women's sex-based rights conventions. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.
Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.
Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for

perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Gostin, L. O. (2019). "WHO Global Action Plan to Promote the Health of Refugees and Migrants." Milbank Quarterly **97**(3): 631-635.
The article reflects author's opinion on World Health Organization (WHO) global action plan to promote the health of refugees and migrants. Topics discussed include United Nations (UN) response to crisis of forced migration; migrants lack access to health care or medications for chronic conditions; and All-cause mortality is higher among international migrants living in countries with restrictive policies.

Gostin, L. O. (2019). "WHO Global Action Plan to Promote the Health of Refugees and Migrants." Milbank Quarterly **97**(3): 631-635.
The article reflects author's opinion on World Health Organization (WHO) global action plan to promote the health of refugees and migrants. Topics discussed include United Nations (UN) response to crisis of forced migration; migrants lack access to health care or medications for chronic conditions; and All-cause mortality is higher among international migrants living in countries with restrictive policies.

Hyde, E., et al. (2020). "Time poverty: Obstacle to women's human rights, health and sustainable development." Journal of Global Health **10**(2): 1-5.

Jackson, R. (2022). "Coronavirus and people with an intellectual disability: time to change our approach to the provision of social care in the UK." International Journal of Developmental Disabilities **68**(4): 583-586.

Jannin, J., et al. (2022). "[Tropical diseases and poverty: impact on women's and children's rights - scientific day of the Sfmtsi, 25 may 2022]." Medecine tropicale et sante internationale **2**(2).

Lavee, E., et al. (2022). "Families in Poverty and Noncitizenship: An Intersectional Perspective on Economic Exclusion." Journal of Family Issues **43**(7): 1922-1945.
Recent scholarship on families living in poverty has focused on immigrant and migrant families, legal and illegal. The element of citizenship has received relatively broad attention, as legal status has profound influence on the individual's life chances. However, studies exploring relations between noncitizenship and poverty have not provided a comprehensive explanation of the mechanisms that deprive noncitizens of the possibility of accumulating sufficient material resources. The study offers a nuanced, comprehensive account of the process of economic deprivation, focusing on four main survival strategies with respect to noncitizen Palestinian families residing in Israel. Drawing on 24 qualitative in-depth interviews with adult family members, we apply the intersectionality approach to decipher mechanisms of exclusion at work in the everyday lives of illegal migrants, shaping their ability to attain material resources. Findings point to a need to adopt a transnational protection framework in order to allow economic and social inclusion of noncitizens. [ABSTRACT FROM AUTHOR]

Lavee, E., et al. (2022). "Families in Poverty and Noncitizenship: An Intersectional Perspective on Economic Exclusion." Journal of Family Issues **43**(7): 1922-1945.

Recent scholarship on families living in poverty has focused on immigrant and migrant families, legal and illegal. The element of citizenship has received relatively broad attention, as legal status has profound influence on the individual's life chances. However, studies exploring relations between noncitizenship and poverty have not provided a comprehensive explanation of the mechanisms that deprive noncitizens of the possibility of accumulating sufficient material resources. The study offers a nuanced, comprehensive account of the process of economic deprivation, focusing on four main survival strategies with respect to noncitizen Palestinian families residing in Israel. Drawing on 24 qualitative in-depth interviews with adult family members, we apply the intersectionality approach to decipher mechanisms of exclusion at work in the everyday lives of illegal migrants, shaping their ability to attain material resources. Findings point to a need to adopt a transnational protection framework in order to allow economic and social inclusion of noncitizens.

Lee, L. K., et al. (2021). "Infant mortality, poverty and reproductive justice." Pediatric Research **90**(5): 926-929.

Loutet, M. G., et al. (2022). "Sexual and reproductive health factors associated with child, early and forced marriage and partnerships among refugee youth in a humanitarian setting in Uganda: Mixed methods findings." African Journal of Reproductive Health **26**: 66-77.
Preventing early and forced marriage is a global priority, however, sexual and reproductive health (SRH) among youth remains understudied in humanitarian settings. This study examined child, early and forced marriage and partnership (CEFMP) among young refugees in Bidi Bidi refugee settlement, Uganda, and associations with SRH outcomes among young women. This mixedmethods study involved a qualitative phase with young (16-24 years) sexual violence survivors (n=58), elders (n=8) and healthcare providers (n=10), followed by a quantitative phase among refugee youth (16-24 years; n=120) during which sociodemographic and SRH data were collected. We examined SRH outcome differences by CEFMP using Fisher's exact test. Qualitative data showed that CEFMP was a significant problem facing refugee young women driven by stigma, gender norms and poverty. Among youth refugee survey participants, nearly one-third (31.7%) experienced CEFMP (57.9% women, 42.1% men). Among women in CEFMP compared to those who were not, a significantly higher proportion reported forced pregnancy (50.0% vs. 18.4%, p-value=0.018), forced abortion (45.4% vs. 7.0%, p-value=0.002), and missed school due to sexual violence (94.7% vs. 63.0%, p-value=0.016). This study illustrates the need for innovative community-engaged interventions to end CEFMP in humanitarian contexts in order to achieve sexual and reproductive health and rights for youth.

McKinney, E. L., et al. (2021). "Access to healthcare for people with disabilities in South Africa: Bad at any time, worse during COVID-19?" South African family practice : official journal of the South African Academy of Family Practice/Primary Care **63**(1): e1-e5.
People with disabilities, especially those living in low- and middle-income countries, experience significant challenges in accessing healthcare services and support. At times of disasters and emergencies, people with disabilities are further marginalised and excluded. During the coronavirus disease 2019 (COVID-19) pandemic, many people with disabilities are unable to access healthcare facilities, receive therapeutic interventions or rehabilitation, or gain access to medication. Of those who are able to access facilities, many experience challenges, and at times direct discrimination, accessing life-saving treatment such as intensive care unit admission and ventilator support. In addition, research has shown that people with disabilities are at higher risk of contracting the virus because of factors that include the need for interpersonal caregivers and living in residential facilities. We explore some of the challenges that people with

disabilities residing in South Africa currently experience in relation to accessing healthcare facilities.

Mubangizi, J. C. (2021). "Poor Lives Matter: COVID-19 and the Plight of Vulnerable Groups with Specific Reference to Poverty and Inequality in South Africa." Journal of African Law **62**(S2): 237-258.
This article explores the impact of the COVID-19 pandemic on vulnerable people in South Africa in the specific context of poverty and inequality. It does so by first looking at the conceptual context and then highlighting the extent of the impact both from a constitutional and human rights context and from a legislative context. It uses the poor and vulnerable as a proxy to explore the impact of the pandemic (and the measures put in place to contain it) on the specific constitutional rights of vulnerable people, before suggesting a human rights-based approach to managing the pandemic. It concludes that, despite the South African government having undertaken some of the actions recommended, there remains room for improvement and scope for further research, as the pandemic is expected to continue for some time. [ABSTRACT FROM AUTHOR]

Njelesani, J. (2019). "'A child who is hidden has no rights': Responses to violence against children with disabilities." Child Abuse & Neglect **89**: 58-69.
Background: There is an urgent need to understand how best to prevent and respond to violence against children with disabilities as they are at a high risk for violence because they are marginalized, isolated, and targeted and have little power within their communities. Objective: Guided by social-ecological theory, this study explores responses to violence against children with disabilities, including preventative measures and treatment of victims in the West African countries of Guinea, Niger, Sierra Leone, and Togo. Participants: Participants were recruited using purposive and snowball sampling from the following three groups: disability stakeholders including representatives from local, national, and international organizations and governments; community members including parents, teachers, and leaders; and children with disabilities. Methods: A qualitative study design guided data generation, that included document analysis, semi-structured interviews, and focus groups across the four countries. In total, 419 people participated. Of those participants, 191 took part in an interview and the rest participated in one of 55 focus groups. Findings: Responses to disability-based violence are driven at the mesosystem and exosystem levels. Prevailing views indicated that national level policies and laws are not always considered part of solutions, communities are leading responses to violence, and children with disabilities are hidden at home or in institutions for both their own and their family’s safety. Conclusions The findings can inform development of prevention and intervention programs that will protect children with disabilities from violence in contexts with high levels of disability stigma, social conflict, violence, and poverty. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Ortega, F. and M. R. Müller (2022). "Negotiating human rights narratives in Global Mental Health: Autism and ADHD controversies in Brazil." Global Public Health **17**(11): 3189-3203.
Promoting evidence-based treatments and the human rights of people living with mental illness are the two pillars of Global Mental Health (GMH). Critics counter that human rights narratives must also include social justice frameworks. We draw on the cases of autism and ADHD in Brazil to discuss the role of human rights in mental health in the context of GMH. A human rights perspective involves citizenship rights for individuals living with mental distress and provides a framework to problematise the logic of GMH centred on individual rights and rights to treatment. We begin with an overview on human rights discussions in GMH and examine the introduction of human rights discourses in the Brazilian psychiatric reform. We then explore how autism and ADHD

became priorities of GMH interventions as well as the constitution of two styles of activism and mobilisation of human rights around these conditions. One follows the universal public health logic and promotes health as a social right. The other follows the logic of parents' associations that redefined those conditions as forms of disability to advocate for specialised services and interventions. Finally, we discuss these forms of human rights mobilisation and their implications for Brazilian mental health and GMH. [ABSTRACT FROM AUTHOR]

Paul, N., et al. (2019). "A Comprehensive Study of Community-Based Inclusion, Rehabilitation, and Multidisciplinary Approach toward Cross-Disabilities in Panchayats of North India." Indian Journal of Occupational Therapy (Wolters Kluwer India Pvt Ltd) **51**(3): 77-84.

Background: Demonstrated multidisciplinary, scalable, and replicable panchayat models for effective inclusion of persons with disabilities (PwDs) are much needed in a developing country like India, with its 70% of population being rural. Literature on disability suggests a shift in policy thinking from the charity-, medical-, and institutional-based models of disability to social, community-based rehabilitation (CBR), and rights-based models. This study explored in-depth the Community-Based Inclusion and Rehabilitation (CBIR) program model of the Chinmaya Organisation for Rural Development (CORD), a nongovernmental organization working with 1800 PwDs in 100 panchayats of Kangra district of Himachal Pradesh. Objectives: The objectives were to identify PwDs with all types of disabilities in ten selected panchayats associated under the CORD's CBIR program as per the definitions of disabilities under the PWD Act, 1995, and the National Trust Act, 1999, and to explore multidisciplinary, scalable, and replicable aspects and interventions under the CBIR as a model for inclusion of all types of PwDs in rural India with reference to the World Health Organization's (WHO's) CBR matrix. Study Design: This is a descriptive, qualitative, and quantitative study conducted on the CORD's CBIR model with reference to the WHO's CBR matrix. Methods: A convenient sample of ten panchayats out of 100 panchayats under the CORD's CBIR interventions was studied. The principal investigator with a team of two co-researchers and five field facilitators worked as a team to conduct this study. A baseline format with reference to the WHO's CBR matrix was developed and administered for the collection of primary data besides related interviews of PwDs, their families, and related stakeholders. The CORD's CBIR program data, narratives, and focus group discussions were used to supplement the outcomes of this study. Results: This study observed that availability of disabilities specific, disaggregated and recorded government data on PwDs at the panchayat level was poor and non-existent. Primary data of 124 (100%) PwDs among the 4487 households with a total population of 22,438 in ten panchayats were collected and further investigated from April 2017 to March 2018. The findings highlighted 87 (70%) PwDs newly identified during the study, 60 (48%) PwDs below poverty line, and 113 (91%) marginal and socially backward PwDs. The program interventions enrolled 26 (21%) PwDs in schools, 72 (58%) mothers and women with disabilities in community groups, and 44 (35%) PwDs in productive livelihoods locally. Conclusion: There was evident marginalization of PwDs in multiple ways varying from data to dignity issues at the panchayat level. The CORD's CBIR model promotes the "empowering inclusion and development" of PwDs in the mainstream community at the panchayat level. The recent enactment of the comprehensive Rights of Persons with Disabilities Act 2016, covering 21 types of disabilities, further share an opportunity for effective inclusion of PwDs within the existing policies, programs, and development agenda in rural India as well as globally. [ABSTRACT FROM AUTHOR]

Paul, N., et al. (2019). "A Comprehensive Study of Community-Based Inclusion, Rehabilitation, and Multidisciplinary Approach toward Cross-Disabilities in Panchayats of North

India." Indian Journal of Occupational Therapy (Wolters Kluwer India Pvt Ltd) **51**(3): 77-84.

Background: Demonstrated multidisciplinary, scalable, and replicable panchayat models for effective inclusion of persons with disabilities (PwDs) are much needed in a developing country like India, with its 70% of population being rural. Literature on disability suggests a shift in policy thinking from the charity-, medical-, and institutional-based models of disability to social, community-based rehabilitation (CBR), and rights-based models. This study explored in-depth the Community-Based Inclusion and Rehabilitation (CBIR) program model of the Chinmaya Organisation for Rural Development (CORD), a nongovernmental organization working with 1800 PwDs in 100 panchayats of Kangra district of Himachal Pradesh. Objectives: The objectives were to identify PwDs with all types of disabilities in ten selected panchayats associated under the CORD's CBIR program as per the definitions of disabilities under the PWD Act, 1995, and the National Trust Act, 1999, and to explore multidisciplinary, scalable, and replicable aspects and interventions under the CBIR as a model for inclusion of all types of PwDs in rural India with reference to the World Health Organization's (WHO's) CBR matrix. Study Design: This is a descriptive, qualitative, and quantitative study conducted on the CORD's CBIR model with reference to the WHO's CBR matrix. Methods: A convenient sample of ten panchayats out of 100 panchayats under the CORD's CBIR interventions was studied. The principal investigator with a team of two co-researchers and five field facilitators worked as a team to conduct this study. A baseline format with reference to the WHO's CBR matrix was developed and administered for the collection of primary data besides related interviews of PwDs, their families, and related stakeholders. The CORD's CBIR program data, narratives, and focus group discussions were used to supplement the outcomes of this study. Results: This study observed that availability of disabilities specific, disaggregated and recorded government data on PwDs at the panchayat level was poor and non-existent. Primary data of 124 (100%) PwDs among the 4487 households with a total population of 22,438 in ten panchayats were collected and further investigated from April 2017 to March 2018. The findings highlighted 87 (70%) PwDs newly identified during the study, 60 (48%) PwDs below poverty line, and 113 (91%) marginal and socially backward PwDs. The program interventions enrolled 26 (21%) PwDs in schools, 72 (58%) mothers and women with disabilities in community groups, and 44 (35%) PwDs in productive livelihoods locally. Conclusion: There was evident marginalization of PwDs in multiple ways varying from data to dignity issues at the panchayat level. The CORD's CBIR model promotes the "empowering inclusion and development" of PwDs in the mainstream community at the panchayat level. The recent enactment of the comprehensive Rights of Persons with Disabilities Act 2016, covering 21 types of disabilities, further share an opportunity for effective inclusion of PwDs within the existing policies, programs, and development agenda in rural India as well as globally.

Qurat-ul-Ann, A.-R. and F. M. Mirza (2021). "Multidimensional Energy Poverty in Pakistan: Empirical Evidence from Household Level Micro Data." Social Indicators Research **155**(1): 211-258.

This paper estimates household level incidence and intensity of multidimensional energy poverty in Pakistan using a multidimensional energy poverty index with seven dimensions weighted based on their relative importance. Although being widely discussed in the literature as a basic human right for addressing energy access, reliable background estimates, and official statistics of national-level energy poverty are not available for Pakistan. This study thus provides necessary support in understanding energy poverty severity and the incidence with multiple dimensions. Some of the existing measurement approaches analyse multiple dimensions like lack of electricity access, access to clean cooking and heating fuels and inability to obtain sufficient and reliable amount of different energy services but are deficient in other vital dimensions.

Hence, the study carried out a more comprehensive measurement with additional dimensions and indicators. Results analysing the Pakistan Social and Living Standards Measurement (PSLM) survey data for 2014–15 suggest that 55 percent of the households are multi-dimensionally energy-deprived in 30 percent of the selected dimensions in Pakistan. Robustness analysis depicts the change in multidimensional energy poverty estimates as a result of changes in energy poverty cut-off scores and weights. Results also provide insights into the underlying factors affecting multidimensional energy poverty in Pakistan. [ABSTRACT FROM AUTHOR]

Qurat-ul-Ann, A.-R. and F. M. Mirza (2021). "Multidimensional Energy Poverty in Pakistan: Empirical Evidence from Household Level Micro Data." Social Indicators Research **155**(1): 211-258.
This paper estimates household level incidence and intensity of multidimensional energy poverty in Pakistan using a multidimensional energy poverty index with seven dimensions weighted based on their relative importance. Although being widely discussed in the literature as a basic human right for addressing energy access, reliable background estimates, and official statistics of national-level energy poverty are not available for Pakistan. This study thus provides necessary support in understanding energy poverty severity and the incidence with multiple dimensions. Some of the existing measurement approaches analyse multiple dimensions like lack of electricity access, access to clean cooking and heating fuels and inability to obtain sufficient and reliable amount of different energy services but are deficient in other vital dimensions. Hence, the study carried out a more comprehensive measurement with additional dimensions and indicators. Results analysing the Pakistan Social and Living Standards Measurement (PSLM) survey data for 2014–15 suggest that 55 percent of the households are multi-dimensionally energy-deprived in 30 percent of the selected dimensions in Pakistan. Robustness analysis depicts the change in multidimensional energy poverty estimates as a result of changes in energy poverty cut-off scores and weights. Results also provide insights into the underlying factors affecting multidimensional energy poverty in Pakistan. [ABSTRACT FROM AUTHOR]

Redeker Hepner, T. and M. Treiber (2021). "Discussion paper. The anti-refugee machine: a draft framework for migration studies." Archiv Weltumseum Wien **71**(2): 175-189.

Rogge, N. and R. Self (2019). "Measuring regional social inclusion performances in the EU: Looking for unity in diversity." Journal of European Social Policy **29**(3): 325-344.
This study measures and benchmarks regional social inclusion performances in Europe using a composite index constructed on the basis of the commonly agreed sub-indicators of the Europe 2020 headline indicators. The multidimensional nature of these issues and the disparate social policy priorities of nations/regions in addressing them call for a reconciliatory performance evaluation framework, for which this article advocates the use of benefit-of-the-doubt (BoD) weighting. Based on the composite scores, leading and lagging regions in social inclusion are identified and the impact of regional contextual characteristics is examined. Overall results show that regions of Denmark and Sweden are consistently strong performers, while the Continental regions of Italy and Spain typically perform poorly. As to the poverty and social exclusion determinants, results show that low educational attainment and a high percentage of single-parent households relate negatively to regional social inclusion. [ABSTRACT FROM AUTHOR]

Rogge, N. and R. Self (2019). "Measuring regional social inclusion performances in the EU: Looking for unity in diversity." Journal of European Social Policy **29**(3): 325-344.
This study measures and benchmarks regional social inclusion performances in Europe using a composite index constructed on the basis of the commonly agreed sub-indicators

of the Europe 2020 headline indicators. The multidimensional nature of these issues and the disparate social policy priorities of nations/regions in addressing them call for a reconciliatory performance evaluation framework, for which this article advocates the use of benefit-of-the-doubt (BoD) weighting. Based on the composite scores, leading and lagging regions in social inclusion are identified and the impact of regional contextual characteristics is examined. Overall results show that regions of Denmark and Sweden are consistently strong performers, while the Continental regions of Italy and Spain typically perform poorly. As to the poverty and social exclusion determinants, results show that low educational attainment and a high percentage of single-parent households relate negatively to regional social inclusion.

Ruslan, I. A. B. (2022). "Gender Inequality: African Union Strategy to Combat Women Poverty Crisis in Somalia." Jurnal Hubungan Internasional **15**(2): 184-201.
Globalization has led to national security issues to occurred and resulted in people losing their fundamental human rights in some cases. Women's poverty is clearly the deprivation of human rights for both women and young girls. Somalia, one of the nations in Africa regions, has suffered from the act of gender inequality that deprived the rights of women which led them to live in poverty. Social norms or traditions are playing a crucial role in worsening the condition of living hood among women in Somalia. While both men and women are indeed suffered poverty, however, men are getting wide chances to access job opportunities compared to women. However, in recent years, African Union has acknowledged the importance of women's role in the economic development of the region, therefore African Union established the Gender Equality and Women's Empowerment Strategy as a guide to both the government of the states and women's agency to spread awareness regarding the rights of the women to be equal as men. Therefore, this paper further will discuss how successful such strategies are to be able to construct new ideas and social norms in Somalia. (English) [ABSTRACT FROM AUTHOR]

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.
There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs. [ABSTRACT FROM AUTHOR]

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.
There is a dearth of studies that have examined the attitudes of society toward people

with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs.

Shook, J., et al. (2020). "Moving beyond poverty: Effects of low-wage work on individual, social, and family well-being." Families in Society **101**(3): 249-259.
Social work has long been committed to eliminating poverty, which is at the root of many of the social issues and challenges we address. Over 40% of the U.S. workforce makes less than $15/hour, and the accumulating evidence suggests this is not enough to meet basic needs. In this introduction to a special issue about low-wage work, we describe what is known regarding the experiences and well-being of low-wage workers, as well as promising policy and practice ideas to better support working families. We provide an overview of the included articles and conclude with encouragement for social workers to move beyond a narrow focus on poverty and more broadly consider the struggles and well-being of low-wage workers and their families. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Thompson, M., et al. (2022). "Exploring the role of contextual behavioural science variables and education in the prosocial domain of global poverty and human rights." Journal of Contextual Behavioral Science **23**: 165-173.
Two preliminary, single session, lab-based experiments sought to examine the differing roles of: contextual behavioural science variables (i.e. ACT/mindfulness), charity focused education and control conditions in terms of their influence on donations to charities operating in the fields of global poverty and human rights. Across the two studies, participants (n = 83, n = 85) were compensated for their time and after completing self-report questionnaires were introduced to the work of Oxfam and/or Amnesty International and asked if they would donate any of their compensation to the charities (ask 1). Following this, participants listened to a single audio recording containing either: ACT/mindfulness material or relevant charity education content. Control conditions were also used. Participants were then asked again if they wished to donate any of their compensation to charity (ask 2), before being given their actual compensation and having the opportunity to donate some, none or all of it for real (ask 3). Results indicate a bimodal distribution in donation data forcing a change in analytic strategy to non-parametric statistics. Psychological flexibility measures did not significantly correlate with donation data. And neither ACT nor mindfulness audio recordings significantly moved the donation data across the asks. However, charity education material significantly and positively moved donation data between ask 1 and ask 3. The paper discusses possible reasons for the results and explores future avenues for research in the prosocial area. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Vargas, D. Z. (2020). "How Poverty Became a Violation of Human Rights: The Production of a New Political Subject, France and Belgium, 1964-88." History of Political Economy **52**(3): 449-517.
The article focuses on Belgium and France have created the most innovative systems of poverty reduction and consider poverty as a violation of human rights. It mentions systems created in isolation from existing social security institutions were supposed to function as an universal safety net. It also mentions transformation of the scientific, economic, and sociological categories regularly deployed to represent poverty, which were equally articulated around a new conception of social justice.

Veronese, G., et al. (2023). "Human insecurity and psychological well-being in migrants hosted in a Nigerian transit center: A qualitative exploration on risk and protective factors." International Social Work **66**(3): 753-768.
Our explorative work aimed to qualitatively analyze the factors affecting human security and psychological well-being in a group of migrants temporarily hosted in a Nigerian transit center. The study involved 250 migrants from different Western and sub-Saharan African countries who were interviewed during their stay in International Organization for Migration – supported transit centers. Thematic content analysis was performed on the texts of the interviews. Motivations for departure from the home country, resources available for migrants' sense of security, expectations for their future, experience in the host country, and the relationship between human insecurity and life satisfaction were the main emerging themes. [ABSTRACT FROM AUTHOR]

Weir, S., et al. (2023). "Realising economic and social rights for children with communication and swallowing disability: Sustainable Development Goals 1, 8 and 10." International Journal of Speech-Language Pathology **25**(1): 37-41.
This commentary describes the economic disempowerment of children with communication and/or swallowing disability and outlines why attending to their economic and social needs is essential for the realisation of the United Nations' Agenda 2030. Children with communication and/or swallowing disability encounter intersectional disempowerment on account of both their disability, and their status as children. In particular, they experience unique barriers to the realisation of their economic and social rights. This presents a number of challenges to the realisation of Agenda 2030, and its Sustainable Development Goals (SDGs). Drawing on the broader disability rights and child rights literature, we outline these issues, and describe four empowering solutions, within the scope of this special issue commentary. We describe that speech-language pathologists must interpret the discussion of these issues as a call to action for our profession. This commentary focusses on the Agenda 2030 Sustainable Development Goals of, No Poverty (SDG 1), Decent Work and Economic Growth (SDG 8), and Reduced Inequalities (SDG 10), and also addresses the goals of Zero Hunger (SDG 2), Good Health and Well-Being (SDG 3), Quality Education (SDG 4), Gender Equality (SDG 5) and Partnerships for the Goals (SDG 17).

Prejudice (12)

Bemak, F. and R. C.-Y. Chung (2021). "Contemporary Refugees: Issues, Challenges, and a Culturally Responsive Intervention Model for Effective Practice." Counseling Psychologist **49**(2): 305-324.
The vast number of worldwide refugees has caused a global refugee crisis, political turmoil, and heightened anxiety in resettlement countries, stimulating xenophobia and religious tensions. We provide an overview of the four articles in this Major Contribution as a foundation for describing contemporary issues, challenges, and present an effective culturally responsive model of intervention to work with present-

day refugees.

Devkota, H. R., et al. (2019). "Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood." BMC Pregnancy & Childbirth **19**(1): N.PAG-N.PAG.
Background: This study reviews the attitudes and behaviours in rural Nepalese society towards women with disabilities, their pregnancy, childbirth and motherhood. Society often perceives people with disabilities as different from the norm, and women with disabilities are frequently considered to be doubly discriminated against. Studies show that negative perceptions held in many societies undervalue women with disabilities and that there is discomfort with questions of their control over pregnancy, childbirth and motherhood, thus limiting their sexual and reproductive rights. Public attitudes towards women with disabilities have a significant impact on their life experiences, opportunities and help-seeking behaviours. Numerous studies in the global literature concentrate on attitudes towards persons with disabilities, however there have been few studies in Nepal and fewer still specifically on women.Methods: A qualitative approach, with six focus group discussions among Dalit and non-Dalit women without disabilities and female community health volunteers on their views and understandings about sexual and reproductive health among women with disabilities, and 17 face-to-face semi-structured interviews with women with physical and sensory disabilities who have had the experience of pregnancy and childbirth was conducted in Rupandehi district in 2015. Interviews were audio-recorded, transcribed, and translated into English before being analysed thematically.Results: The study found negative societal attitudes with misconceptions about disability based on negative stereotyping and a prejudiced social environment. Issues around the marriage of women with disabilities, their ability to conceive, give birth and safely raise a child were prime concerns identified by the non-disabled study participants. Moreover, many participants with and without disabilities reported anxieties and fears that a disabled woman's impairment, no matter what type of impairment, would be transmitted to her baby, Participants - both disabled and non-disabled, reported that pregnancy and childbirth of women with disabilities were often viewed as an additional burden for the family and society. Insufficient public knowledge about disability leading to inaccurate blanket assumptions resulted in discrimination, rejection, exclusion and violence against women with disabilities inside and outside their homes. Stigma, stereotyping and prejudice among non-disabled people resulted to exclusion, discrimination and rejection of women with disabilities. Myths, folklore and misconceptions in culture, tradition and religion about disability were found to be deeply rooted and often cited as the basis for individual beliefs and attitudes.Conclusion: Women with disabilities face significant challenges from family and society in every sphere of their reproductive lives including pregnancy, childbirth and motherhood. There is a need for social policy to raise public awareness and for improved advocacy to mitigate misconception about disability and promote disabled women's sexual and reproductive rights.

Håndlykken-Luz, Å. (2020). "'Racism is a perfect crime': Favela residents’ everyday experiences of police pacification, urban militarization, and prejudice in Rio de Janeiro." Ethnic and Racial Studies **43**(16): 348-367.
This article examines residents’ everyday experiences and perceptions of changing urban politics and racism in a 'pacified' favela, or poor informal neighbourhood, in Rio de Janeiro, drawing on longitudinal ethnographic data from 2011 to 2018. The findings suggest that despite a discourse on inclusion, human rights, and citizenship, the police pacification program and urban security interventions aimed at 'civilizing' the favela’s residents as 'undesirable others,' drawing on racialization. The naturalization, legitimization, and reproduction of police violence promote the operation of racial and socio-spatial inequalities and privileges through what I describe as pigmentocratic

everyday practices. These processes continually shape the condition of possibilities for the dehumanization of blackness, exclusion, inclusion, and resistance in a society influenced by the myth of racial democracy and that celebrates both diversity and ideologies of whitening. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Haque, O. S. and M. A. Stein (2020). "COVID-19 Clinical Bias, Persons with Disabilities, and Human Rights." Health and human rights **22**(2): 285-290.
Competing Interests: Competing interests: None declared.

Ouliaris, C., et al. (2020). "Preventing prejudice by preserving the spirit of mental health legislation during the COVID-19 national emergency." Australasian Psychiatry **28**(5): 500-503.
Objective: The COVID-19 national emergency activates legislative powers that allow a proportional infringement upon individual liberties. We canvas the complex legal landscape governing mental health consumers in this climate, highlight ethical considerations in application of the law and offer a simple algorithm to navigate this space. Conclusion: In times of emergency, it is crucial that we uphold the safeguards embodied within mental health legislation to prevent prejudicial treatment of mental health consumers. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Parker, L. R., et al. (2020). "Dehumanization, prejudice, and social policy beliefs concerning people with developmental disabilities." Group Processes & Intergroup Relations **23**(2): 262-284.
We investigated the nature of prejudice toward people with developmental disabilities, its potential roots in dehumanization, its implications for social policy beliefs affecting this target group, and strategies for reducing prejudice toward people with developmental disabilities. Studies 1 (N = 196, MTurk) and 2 (N = 296, undergraduates) tested whether prejudice took a hostile or ambivalent (both hostile and benevolent components) form. Consistent support for a hostile prejudice model was found. This model was comprised of beliefs that people with developmental disabilities may harm others, should be kept separate from others, and are dependent on others. Also, greater dehumanization was associated with greater prejudice, and prejudice mediated the effect of dehumanization on participants’ social policy beliefs. Study 3 (N = 151, MTurk) provided construct validity for the newly developed multidimensional measure of prejudice. Study 4 (N = 156, undergraduates) showed that presenting a person with developmental disabilities in either humanizing or individuating ways reduced dehumanization and prejudice and, in turn, increased the favorability of social policy beliefs. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Pinto, O. Y., et al. (2020). "Exploring the right to work among persons with disabilities: The role of labor-oriented values." Work (Reading, Mass.) **67**(1): 193-202.
Background: The UN Convention on the Rights of Persons with Disabilities (CRPD) assumes that persons with disabilities have similar rights, motivations to work and personal values as those without disabilities.; Objective: The article examines the corroboration between this assumption and real-life facts to better understand the importance of labor-oriented values in people with disabilities.; Methods: We tested the relationship between human values, employment and wages among Israelis with disabilities who cope with prejudice, negative attitudes and a lack of accessible workplaces in comparison to Israelis without disabilities.; Results: We found that the effect of labor-oriented values on employment status is 70% higher among people with disabilities than among those without disabilities. Furthermore, persons with disabilities ranked power and achievement as important values related to employment, but these values were not included in the considerations of persons without disabilities.; Conclusions: These results highlight the importance of labor-oriented values for people

with disabilities to overcome challenges in the labor market. Our findings suggest that rehabilitation policies would benefit from identifying personal human values of people with disabilities at an early stage of their career.

Pinto, O. Y., et al. (2020). "Exploring the right to work among persons with disabilities: The role of labor-oriented values." Work: Journal of Prevention, Assessment & Rehabilitation **67**(1): 193-202.
Background: The UN Convention on the Rights of Persons with Disabilities (CRPD) assumes that persons with disabilities have similar rights, motivations to work and personal values as those without disabilities. Objective: The article examines the corroboration between this assumption and real-life facts to better understand the importance of labor-oriented values in people with disabilities. Methods: We tested the relationship between human values, employment and wages among Israelis with disabilities who cope with prejudice, negative attitudes and a lack of accessible workplaces in comparison to Israelis without disabilities. Results: We found that the effect of labor-oriented values on employment status is 70% higher among people with disabilities than among those without disabilities. Furthermore, persons with disabilities ranked power and achievement as important values related to employment, but these values were not included in the considerations of persons without disabilities. Conclusions: These results highlight the importance of labor-oriented values for people with disabilities to overcome challenges in the labor market. Our findings suggest that rehabilitation policies would benefit from identifying personal human values of people with disabilities at an early stage of their career. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Pritchard-Jones, L. (2019). "Exploring the potential and the pitfalls of the United Nations Convention on the Rights of Persons with Disabilities and General Comment no 1 for people with dementia." International Journal of Law and Psychiatry **66**.
The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has widely been heralded as representing a shift in disability politics; a 'new way of thinking about disability, centered on citizenship, equality, and inclusion'. This is in part undoubtedly down to the fact that people with disabilities were heavily involved in its drafting and remain involved through their membership on the Committee on the Rights of Persons with Disabilities, and their role in monitoring its implementation under Article 33. Its creation represents a shift in not only how we view disability, but also where we view disability; it has brought the voices of many persons with disabilities to the forefront of international human rights law-making. These are all features for which the UNCRPD, as a piece of law, has rightly been praised. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Pulido, J. S. (2022). "Social justice as a moral and normative framework for social intervention with migrant citizens." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-15.
Theoretical analysis of Fraser's and Honneth's critical perspectives on social justice is made, presenting their relationship with migration as a current social phenomenon; also, the different social problems faced by migrants, which require normative and moral frameworks that promote social recognition through social participation in the spaces of daily life. At the same time, the different types of justice (distributive and recognition) are presented as the theoretical basis for the design of intervention devices to reduce the social gaps that originate from social injustices: discrimination, xenophobia, and racism experienced by migrants in the social contexts of arrival and which are exacerbated by the lack of distribution, political participation, and recognition. It is concluded that it is necessary to incorporate the framework of social justice in social intervention practices from a perspective centered on the subjects and the context in which they carry out their

daily lives and occupations.

Sambaraju, R. and A. Minescu (2019). "'I have not witnessed it personally myself, but...': Epistemics in managing talk on racism against immigrants in Ireland." European Journal of Social Psychology **49**(2): 398-412.
Social psychologists who study racism or prejudice argue that various versions of these are constructed in ways to suppress or minimise their relevance. However, researchers have not particularly examined how knowledge-claims about racism can also be variously made or negotiated in attending to the relevance of racism. We offer such an examination through a discursive psychological analysis of interview talk with Irish nationals on immigration, since in these settings issues of immigration and racism are not readily relevant. Findings show that participants treated how knowledge of racism can be accessed and who has the rights to make knowledge-claims about racism, as relevant. Epistemic access and rights were negotiated in ways that showed sensitivity to possibilities for suppressing alternative claims about racism. These findings are discussed in relation to current social psychological and discursive approaches to racism. [ABSTRACT FROM AUTHOR]

Sambaraju, R. and A. Minescu (2019). "'I have not witnessed it personally myself, but...': Epistemics in managing talk on racism against immigrants in Ireland." European Journal of Social Psychology **49**(2): 398-412.
Social psychologists who study racism or prejudice argue that various versions of these are constructed in ways to suppress or minimise their relevance. However, researchers have not particularly examined how knowledge-claims about racism can also be variously made or negotiated in attending to the relevance of racism. We offer such an examination through a discursive psychological analysis of interview talk with Irish nationals on immigration, since in these settings issues of immigration and racism are not readily relevant. Findings show that participants treated how knowledge of racism can be accessed and who has the rights to make knowledge-claims about racism, as relevant. Epistemic access and rights were negotiated in ways that showed sensitivity to possibilities for suppressing alternative claims about racism. These findings are discussed in relation to current social psychological and discursive approaches to racism.

RACISM (74)

(2022). "Influencing institutional anti-racism." Emergency Medicine Australasia **34**(1): 114-115.
In the article, the author discusses the issue of institutional racism in Australia and how anti-racism campaigners should address it. Other topics include the resilience of the First Nations people and communities in the country in addressing challenges like increasing socioeconomic disadvantage, generational trauma and disparities in health equity and equality, and the contrasting opinions on racism in the political and civil sectors.

(2022). "Racism in Nursing." AJN American Journal of Nursing **122**(4): 13-13.

Acharya, A. (2022). "Race and racism in the founding of the modern world order." International Affairs **98**(1): 23-43.
While race existed as a cultural marker in earlier history, a mutually-reinforcing link between racism, slavery and empire is a distinct product of western Europe and the US-led world order. Yet, mainstream scholarship on International Relations has obscured the question of race or worse, legitimized its exclusion in discussions of world order-building. At the same time, demand for racial equality from anti-colonial forces

presented an alternative and inclusive conception of world order. The first part of this article offers a brief discussion of concepts of race, racism and world order. The next part examines how racist ideas and norms created exclusionary frameworks and approaches of world order, such as the European 'standard of civilization' principle. The third part looks at the role of racism in the emergence of the American-led world order, including US President Woodrow Wilson's rejection of the 'racial equality' principle in the League of Nations Charter, the privileging of 'sovereign equality' over 'racial equality' in the UN Charter, and the scant attention given to the link between colonialism and denial of human rights in the Universal Declaration of Human Rights. Yet, anti-colonial leaders and conferences, especially the 1955 Bandung Conference, integrated 'national sovereignty, racialism and colonialism', and demanded racial equality as a fundamental human right. The final part cautions against the dangers of complacency and compartmentalizing the study of race and racism, and calls instead for viewing racism as an inter-linked global challenge, hence integral to the emerging research agenda of Global International Relations. [ABSTRACT FROM AUTHOR]

Acharya, A. (2022). "Race and racism in the founding of the modern world order." International Affairs **98**(1): 23-43.
While race existed as a cultural marker in earlier history, a mutually-reinforcing link between racism, slavery and empire is a distinct product of western Europe and the US-led world order. Yet, mainstream scholarship on International Relations has obscured the question of race or worse, legitimized its exclusion in discussions of world order-building. At the same time, demand for racial equality from anti-colonial forces presented an alternative and inclusive conception of world order. The first part of this article offers a brief discussion of concepts of race, racism and world order. The next part examines how racist ideas and norms created exclusionary frameworks and approaches of world order, such as the European 'standard of civilization' principle. The third part looks at the role of racism in the emergence of the American-led world order, including US President Woodrow Wilson's rejection of the 'racial equality' principle in the League of Nations Charter, the privileging of 'sovereign equality' over 'racial equality' in the UN Charter, and the scant attention given to the link between colonialism and denial of human rights in the Universal Declaration of Human Rights. Yet, anti-colonial leaders and conferences, especially the 1955 Bandung Conference, integrated 'national sovereignty, racialism and colonialism', and demanded racial equality as a fundamental human right. The final part cautions against the dangers of complacency and compartmentalizing the study of race and racism, and calls instead for viewing racism as an inter-linked global challenge, hence integral to the emerging research agenda of Global International Relations. [ABSTRACT FROM AUTHOR]

Anderson, G. B., et al. (2022). "Racism Within the Deaf Community." American Annals of the Deaf **167**(4): 1-5.
The article discusses the problem of racism in the general field of deafness in the U.S. Topics discussed include the lack of integration between Blacks and whites in the adult deaf community and post-educational practices, cases in which deaf clubs deny membership to Black deaf persons, and lack of preparation possessed by Black deaf children at the time of school entrance.

Ashurst, A. (2019). "Key points of equality and diversity training." Nursing & Residential Care **21**(9): 534-536.
Equality and diversity is a frequently discussed topic that has many emotional and legal implications. Adrian Ashurst describes how he organises and structures training sessions on this subject and advises on further reading.

Bakan, A. B. and Y. Abu-Laban (2021). "The Israel/Palestine Racial Contract and the challenge

of anti-Racism: a case study of the United Nations World Conference Against Racism." Ethnic & Racial Studies **44**(12): 2167-2189.
This article forwards an analysis about Israel/Palestine in relation to race in global context, through the case study of the UN World Conference Against Racism (WCAR) process (2001–2011). Although the WCAR has been widely framed as "antisemitic" we demonstrate this interpretation is unfounded, through highlighting legitimate claims for Palestinian human rights and other oppressed and racialized groups – in particular African-descended peoples seeking reparations for Atlantic slavery. The argument draws on 25 interviews undertaken with civil society delegates from Canada, the US and Israel/Palestine who participated in the WCAR process. Extending the work of Charles Mills we conceptualize an Israel/Palestine Racial Contract, and argue the WCAR process can serve as a microcosm to demonstrate suppression of Palestinian claims, the resistance to this suppression, as well as the potential of civil society alliances that identify Palestinian claims in a consistent and solidaristic anti-racist framework. [ABSTRACT FROM AUTHOR]

Bakan, A. B. and Y. Abu-Laban (2021). "The Israel/Palestine racial contract and the challenge of anti-racism: A case study of the United Nations World Conference Against Racism." Ethnic and Racial Studies **44**(12): 2167-2189.
This article forwards an analysis about Israel/Palestine in relation to race in global context, through the case study of the UN World Conference Against Racism (WCAR) process (2001–2011). Although the WCAR has been widely framed as 'antisemitic' we demonstrate this interpretation is unfounded, through highlighting legitimate claims for Palestinian human rights and other oppressed and racialized groups—in particular African-descended peoples seeking reparations for Atlantic slavery. The argument draws on 25 interviews undertaken with civil society delegates from Canada, the US and Israel/Palestine who participated in the WCAR process. Extending the work of Charles Mills we conceptualize an Israel/Palestine Racial Contract, and argue the WCAR process can serve as a microcosm to demonstrate suppression of Palestinian claims, the resistance to this suppression, as well as the potential of civil society alliances that identify Palestinian claims in a consistent and solidaristic anti-racist framework. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Beard, K. V., et al. (2020). "Racism and the Diversity Policy Paradox: Implications for Nurse Leaders." Nursing Economic$ **38**(4): 176-193.
The article examines how structural racism and bias impacted diversity policies and ethical hiring and promotion practices in the nursing profession. Topics discussed include the importance of forward-thinking leaders in achieving sustainable changes in the racial demographics of the profession, how racism prevented entry into leadership positions in the profession and influence hiring practices and ways to achieve reform hiring practices.

Benson, M. and C. Lewis (2019). "Brexit, British people of colour in the EU-27 and everyday racism in Britain and Europe." Ethnic and Racial Studies **42**(13): 2211-2228.
This paper foregrounds an understanding of Brexit as unexceptional, as business as usual in Britain and Europe. It reports on original empirical research with British People of Colour who have settled elsewhere in Europe, to bring into view an original perspective to understandings of what Brexit means to Britons living in Europe, and to consider what these testimonies offer to emerging social science research on Brexit. As we argue, focussing on the testimonies of British People of Colour living in the EU-27 offers a unique lens into how Brexit is caught up in everyday racism, personal experiences of racialization and racial violence, and longer European histories of racialization and racism. Importantly, these experiences precede and succeed Brexit, taking place in both Britain and other European Union countries. (PsycInfo Database

Record (c) 2020 APA, all rights reserved)

Birger, L. and Y. Nadan (2022). "Social workers and refugee service users (re)constructing their relationships in a hostile political climate." Journal of Social Work **22**(2): 402-421.
Summary: This article explores the relationship between social workers and adult Eritrean refugee service users in the context of a hostile political climate and restrictive state policies. It examines the implications of politics and policies on the formation of this relationship based on findings from a qualitative study conducted in Israel and Germany. Semi-structured in-depth interviews were conducted with 38 participants – 16 Eritrean refugees and 22 social workers who work with refugees. Findings: Despite different political, social and organizational contexts, especially in the asylum policies towards Eritrean refugees, our thematic analysis yielded two main themes common to both countries: First, changing relationship structures, in particular moving away from a 'traditional' conceptualization of the social work relationship towards 'informal' practices. These included modifications of the setting, of professional boundaries and of the therapeutic language. Second, shifting power relations, characterized by a friend-like dynamic, which enabled more egalitarian relations, and a parent–child dynamic, which included increased power imbalances and dependency. Implications: An increased understanding of the role of restrictive policies, everyday racism and exclusionary political discourse in the reconstruction of the user-worker relationship dynamics could inform social work education and practice. Beyond the refugee arena, establishing informal relationship structures could help to reduce power differentials, increase trust-building and improve therapeutic outcomes with refugees and other service users. The possible risks of informal relations, such as misunderstandings or worker burnout, are also discussed. [ABSTRACT FROM AUTHOR]

Birger, L. and Y. Nadan (2022). "Social workers and refugee service users (re)constructing their relationships in a hostile political climate." Journal of Social Work **22**(2): 402-421.
Summary: This article explores the relationship between social workers and adult Eritrean refugee service users in the context of a hostile political climate and restrictive state policies. It examines the implications of politics and policies on the formation of this relationship based on findings from a qualitative study conducted in Israel and Germany. Semi-structured in-depth interviews were conducted with 38 participants – 16 Eritrean refugees and 22 social workers who work with refugees. Findings: Despite different political, social and organizational contexts, especially in the asylum policies towards Eritrean refugees, our thematic analysis yielded two main themes common to both countries: First, changing relationship structures, in particular moving away from a 'traditional' conceptualization of the social work relationship towards 'informal' practices. These included modifications of the setting, of professional boundaries and of the therapeutic language. Second, shifting power relations, characterized by a friend-like dynamic, which enabled more egalitarian relations, and a parent–child dynamic, which included increased power imbalances and dependency. Implications: An increased understanding of the role of restrictive policies, everyday racism and exclusionary political discourse in the reconstruction of the user-worker relationship dynamics could inform social work education and practice. Beyond the refugee arena, establishing informal relationship structures could help to reduce power differentials, increase trust-building and improve therapeutic outcomes with refugees and other service users. The possible risks of informal relations, such as misunderstandings or worker burnout, are also discussed.

Bradley, A. S. (2019). "Human Rights Racism." Harvard Human Rights Journal **32**: 1-58.
International human rights law seeks to eliminate racial discrimination in the world through treaties that bind and norms that transform. Yet law's impact on eradicating racism has not matched its intent. Racism, in all of its forms, remains a massive cause of

discrimination, indignity, and lack of equality for millions of people in the world today. This Article investigates why. Applying a critical race theory analysis of the legal history and doctrinal development of race and racism in international law, Professor Spain Bradley identifies law's historical preference for framing legal protections around the concept of racial discrimination. She further exposes that international law has neither explicitly defined nor prohibited racism. In response, Professor Spain Bradley advances a long-overdue claim: racism should be affirmatively and explicitly recognized as a human rights violation under international law. She argues that addressing racism in the world today requires uderstanding how human rights are violated by racial ideologies in addition to discriminatory acts. Insights from neuroscience about racial bias deepen these understandings. By naming "human rights racism" as the central challenge, this Article calls upon the international community to affirmatively recognize racism's extensive harm and to take more seriously it's eradication. [ABSTRACT FROM AUTHOR]

Britt, A. J., et al. (2021). "The Convergence of COVID-19 and Systemic Racism: An Evaluation of Current Evidence, Health System Changes, and Solutions Grounded in Reproductive Justice." Journal of Midwifery & Women's Health **66**(3): 298-303.
The article focuses on the U.S. is experiencing the confluence of 2 deadly pandemics, that of systemic racism and of COVID-19 and widespread, deeply intertwined, and disproportionately affect Black, Indigenous, Latinx, and other people of color. Topics include the intersection of these 2 pandemics produces a perfect storm of color who are pregnant, the innovative solutions to the twin pandemics of systemic racism and COVID-19, and the intentional efforts focused on the expansion of the racial.

Burden-Stelly, C. (2022). "W.E.B. Du Bois Against U.S. Capitalist Racism: Durable Peace and the Fulfillment of People(s)-Centered Human Rights." American Communist History **21**(3/4): 228-243.
This article argues that W.E.B. Du Bois's struggle for a durable peace was inextricably linked to his rejection of the United States' racialized economic order that emplaced Blacks at the bottom of society within its borders and, given its imperial ambitions, threatened perpetual war abroad, with particularly dire consequences for colonized peoples. The first section re-interprets Du Bois's writings and speeches about "caste" as, more accurately, explicating a system of "U.S. capitalist racism" in the United States that was inexorably tied to imperialism and war. Such clarity opens up an understanding of Du Bois's conception of peace not as the absence of conflict, but rather as a necessary condition for the eradication of political, economic, and social inequality and injustice on a world scale. The next section argues that Du Bois's analysis and critique of U.S. capitalist racism undergirded his advocacy of "People(s)-Centered Human Rights" (PCHR). Coined by Black Alliance for Peace National Organizer Ajamu Baraka, PCHR emanate from and address the everyday realities, needs, and challenges of racialized and colonized people. For Du Bois, PCHR could only be achieved through a durable peace, and durable peace could only be maintained through the extension of PCHR to all persons irrespective of race, class, or nation. The final section explicates how this anticapitalist, antiracist, anti-imperial, and anticolonial conception of durable peace drew the ire of the U.S. government and made Du Bois, the Peace Information Center, and his fellow peace activists targets of Black Scare and Red Scare repression. [ABSTRACT FROM AUTHOR]

Burrell, M., et al. (2021). "Depicting "the system": How structural racism and disenfranchisement in the United States can cause dynamics in community violence among males in urban black communities." Social Science & Medicine **272**: N.PAG-N.PAG.
A complex system of factors interacting across time shapes community violence. It is

not well understood how features of persons, institutions and communities interact as a "system" to produce escalating community violence. We aimed to integrate theoretical and experiential knowledge among young African-American urban males to develop a concept model of key causal structures driving dynamics of community violence escalation over time in a context of historical racism. We analyzed three published sources (two documentary films and one ethnography) containing lived experience perspectives on community violence escalation among African American males in three U.S. cities experiencing civil unrest due to structural racism. Qualitative descriptive analysis identified features in three key thematic categories: racialized policies and practices, economic and social disenfranchisement, and intrapsychic factors. We used causal loop diagramming, a system dynamics method designed for depicting dynamic hypotheses about the system structure producing observed trends over time, to represent the dynamic relationships among identified individual and community variables. The concept model contained key feedback structures capable of generating exponential growth in violence - providing detailed dynamic hypotheses about how violence can beget more violence ("violence escalation") within a community. Referred to as reinforcing feedback loops, these dynamics involved development of kill-or-be-killed norms, civil unrest emerging from racially oppressive policies, internalizing the code of the streets to seek outward displays of power, and processes that get one "stuck" or not able to break out of the system of violence. Qualitative system dynamics methods offered an approach to uncover and hypothesize the complex, dynamic relationships between variables shaping violence escalation trends. The resulting causal loop diagram hypothesized dynamic mechanisms capable of creating and perpetuating racial disparities in community violence escalation, that can be tested in future research to inform action to break observed cycles of community violence. United States, community violence, system dynamics, causal loop diagram, African American, civil unrest, structural racism • Community violence transmission and escalation emerges from feedback structures. • Feedback loops among variables, stocks and flows in communities transmit violence. • Racialized policies and practices from racism leads to factors escalating violence. • Economic opportunity, mobility and intrapsychic factors interact to cause violence. • Kill-or-be-killed norms and displays of power permit violence to perpetuate. [ABSTRACT FROM AUTHOR]

Burton, A. O. and J. McMillan (2023). "How judges can use their discretion to combat anti-black racism in the United States family policing system." Family Court Review **61**(2): 265-286.

Child protection court judges have broad authority and practically unchecked discretion to shape the everyday experiences and long-term outcomes for children and families that come before them. For Black families, this broad power to dictate intimate details of family life - including the power to legally terminate a child's parental and familial connections - is exercised within the historical and social context of chattel slavery and anti-Black racism. Judges wield their power to regulate the everyday lives and inter-generational outcomes of Black families charged with child maltreatment within a legal and practice framework characterized by indeterminacy and subjectivity that implicates the parent–child relationship and the constitutionally recognized rights of family privacy, autonomy, and integrity. Drawing on the authors' experiences and perspectives as Black women with personal lived expertise and professional practice with the so-called child protection or child welfare system, and referencing the limited literature that examines parents' experiences in child protection courts, this Article explores how judges' exercise of discretion perpetuates anti-Black racism in the family policing system and suggests ways child protection judges can consciously exercise their discretion to mitigate harm and maximize due process, accountability, and justice for Black children and families. The authors urge child protection judges to heed the expertise and wisdom of Black parents about their family's needs and desires, to hold

child protection agencies and workers accountable to their legal obligations and duties, and to tightly constrain their own tendencies to silence, punish, and regulate Black parents. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Came, H., et al. (2021). "Addressing Structural Racism Through Constitutional Transformation and Decolonization: Insights for the New Zealand Health Sector." Journal of Bioethical Inquiry **18**(1): 59-70.
In colonial states and settings, constitutional arrangements are often forged within contexts that serve to maintain structural racism against Indigenous people. In 2013 the New Zealand government initiated national conversations about the constitutional arrangements in Aotearoa. Māori (Indigenous) leadership preceded this, initiating a comprehensive engagement process among Māori in 2010, which resulted in a report by Matike Mai Aotearoa which articulated a collective Māori vision of a written constitution congruent with te Tiriti o Waitangi (the founding document of the colonial state of New Zealand) by 2040. This conceptual article explores the Matike Mai Aotearoa report on constitutional transformation as a novel means to address structural racism within the health system as a key domain within the constitutional sphere. Matike Mai suggests alternative conceptual structural formations through its focus on the kāwanatanga (governance), the relational and the tino rangatiratanga (sovereignty) sphere. This framework is informed by a range of Indigenous ethical values such as tikanga (protocol), belonging, and balance that can usefully inform the redesign of the health sector. We assert that constitutional transformation and decolonization are potentially powerful ethical sources of disruption to whiteness and structural racism. We argue that, to eliminate entrenched health disparities, change processes need to be informed by the Indigenous inspirations expressed in the Matike Mai report. [ABSTRACT FROM AUTHOR]

Castanyer, P. (2019). "Notes on Race and Gender in the USA: Poverty and Intersectionality." Notas sobre "raza" y género en los Estados Unidos de América: Pobreza e interseccionalidad. **32**(1): 1-12.
This is the first of a series of multidisciplinary notes with one goal in common: to draw a much needed "bigger picture" on some basic human rights in the USA. To achieve this, we will present data from different studies as well as from the USA census. In this first note, we will examine overall poverty, unemployment, and wealth distribution in the USA while analyzing the unremitting socio-economic differences amongst the American population due to race and gender. Unfortunately, it is impossible for us to explain in depth all the reasons behind both racism and sexism due to the fact that these are rather ingrained complex issues with a long stance in America, despite multiple efforts to the contrary. We will, however, explore here the eugenics movement, which was quite influential during a good part of the 20th century, informing policies that would affect both women and people of color for decades. Unfortunately, the basic core beliefs of this movement are still present in the American ethos today and, under this new administration, basic human rights are constantly under attack, aggravating the already existing levels of poverty and equality amongst women and people of color. Subsequent notes will focus on women's rights. (English) [ABSTRACT FROM AUTHOR]

Chapman, A., et al. (2020). "Reimagining the Mental Health Paradigm for Our Collective Well-Being." Health & Human Rights: An International Journal **22**(1): 1-6.
An introduction to articles published within the issue is presented on topics including the daily facilitators that contribute to the confinement of dementia patients in Australian care homes, the quality of care in Czech psychiatric hospitals, and the underprioritization and underfunding of mental health.

Davis, R., et al. (2021). "Increasing Diversity in the Field of Lactation: An Interview With the Directors of Pathway 2 IBCLC Programs at Historically Black Colleges and Universities...Janiya Williams." Journal of Human Lactation **37**(2): 230-235.

In this issue's Lactation Newsmakers: Documenting our History, we are featuring two emerging leaders in the field of lactation. Rachel Davis and Janiya Williams are both International Board Certified Lactation Consultants and hold positions as directors for the only two Pathway 2 Lactation Consultant Training Programs in Historically Black Colleges / Universities. Rachel is Program Director for the Lactation Consultant Training Program at Johnson C. Smith University in Charlotte, North Carolina, while Janiya directs the Human Lactation Training Program at North Carolina Agricultural and Technical State University an hour and a half away in Greensboro, North Carolina. While their backgrounds are quite different, both women care passionately about increasing diversity and equity in the field of lactation support, as well as normalizing nursing for Black and brown families transitioning into parenthood. In this interview they speak to relationships they have developed with their students, their students have developed with each other, and the strength of community created within and between their programs. They describe the difficulties their students encounter with institutional racism within the medical system, and the additional preparation they receive to navigate it. Both programs experience high volumes of applicants—almost 350 for the 12 positions at Johnson C. Smith University—demonstrating the significant need for this curriculum in Historically Black Universities/Colleges. The importance of this model in diversifying the field of lactation cannot be underestimated, and the outspoken women doing this work will be influencers in this field for years to come. (RD = Rachel Davis; JW = Janiya Williams; EC = Ellen Chetwynd).

De Almeida, D. A., et al. (2021). "COMBATE AO RACISMO PELO “CENTRO DE CULTURA NEGRA - NEGRO COSME” DE IMPERATRIZ (MA)." COMBATING RACISM BY AT THE “CENTER FOR BLACK CULTURE - NEGRO COSME”, IMPERATRIZ (MA). **46**(3): 1460-1474.

This work aims to discuss and analyze the history of the Center for Black Culture - Negro Cosme (CCN-NC) in the fight against racism and in the promotion of citizenship and human rights in Imperatriz – MA. For the theoretical framework we used Sousa (2013), Gomes (2012), Munanga (2005), Almeida (2018-2020) and others. We adopted in the methodology the bibliographic research, documentary and structured interview. We point to the action of the Center committed to guaranteeing human rights and the exercise of citizenship of the black population in Imperatriz - MA. And that, his way of doing social militancy assures him a character of black movement educator that seeks to combat racism from within social structures where racial prejudice is entrenched. (English) [ABSTRACT FROM AUTHOR]

De Costa, P. I. (2020). "Linguistic racism: its negative effects and why we need to contest it." International Journal of Bilingual Education & Bilingualism **23**(7): 833-837.

Linguistic racism is magnified when a speaker is multilingual and shuttles between different languages and language varieties. This reality is underscored in this commentary that reviews four empirical studies that comprise this special issue on linguistic racism. We see linguistic racism enacted in different forms and contexts: through racial microaggressions experienced by students who negotiate the Catalan/Spanish bilingual educational context; instances of racial prejudice encountered by international students at Australian universities; and sociolinguistics pressures placed upon members of an Australian Aboriginal community as they negotiate ratified and denigrated languages and language varieties. My commentary also highlights the need to consider the affective turn in sociolinguistics, in particular, the emotional fallout that often accompanies linguistic racism. Several suggestions on how to combat linguistic racism are also discussed. [ABSTRACT FROM AUTHOR]

Degooyer, S. (2022). "Resettling Refugee History." American Literary History **34**(3): 893-911.

Destro Bisol, G., et al. (2019). "A new Italian manifesto against racism." Nature **566**(7745): 455.

Dineen, K. K. and E. Pendo (2022). "Engaging Disability Rights Law to Address the Distinct Harms at the Intersection of Race and Disability for People with Substance Use Disorder." Journal of Law, Medicine & Ethics **50**(1): 38-51.
This article examines the unique disadvantages experienced by Black people and other people of color with substance use disorder in health care, and argues that an intersectional approach to enforcing disability rights laws offer an opportunity to ameliorate some of the harms of oppression to this population. [ABSTRACT FROM AUTHOR]

Dordunoo, D. (2020). "RAÇA NÃO É PATOLÓGICA, MAS O RACISMO É." RACE IS NOT PATHOLOGICAL BUT RACISM IS. **34**: 1-7.
Objectives: To provide a brief history of the race variable, to discuss the misuse of race as a biological rather than a social construction and its implications for the practice of nursing and to suggest racism as a primary determinant of health among people of African descent. Method: Critical reflection on the concept of race and racism. Results: Racism has not changed over the years, but its unit of measurement: race has evolved. Conclusion: It is important to explore the history of the race to understand that African descent has little to do with the physical and mental health profile of black people. The inconsistencies in the classification of people of the same species across countries do not remove the social implications of racism, because the notion of inequality is implicit in racial groups. Disparities in social determinants of health tend to continue and worsen for people of African descent. (English) [ABSTRACT FROM AUTHOR]

Dovchin, S. (2020). "Introduction to special issue: linguistic racism." International Journal of Bilingual Education & Bilingualism **23**(7): 773-777.
Papers in this Special Issue, "Linguistic Racism", focus on the phenomenon of linguistic racism – the ideologies and practices that are utilised to conform, normalise and reformulate an unequal and uneven linguistic power between language users (Skutnabb-Kangas 2015) – directed at culturally and linguistically different (CaLD) or Indigenous backgrounds around the globe. The authors provide multiple ethnographic studies to understand what it means to speak as a racialised subject in the highly diverse societies of the twenty-first century, examining the manners in which one's fundamental human rights are violated, and how one is deprived of both socio-economic and socio-cultural opportunities as a result of their use of language. All of the articles acknowledge the multiple, complex layers of cause and effect that further entrenches linguistic racism into particular social, cultural, ethnic, national and educational contexts that (re)shape the minoritised bilingual speakers' linguistic practices. The Special Issue addresses the effects of critical approaches to current bilingualism theories that break new ground by disclosing the reality that it is not always applicable to commend bilingual diversity without fully acknowledging ongoing, often profoundly entrenched, local constraints. [ABSTRACT FROM AUTHOR]

Dovchin, S. (2020). "Introduction to Special Issue: Linguistic Racism." International Journal of Bilingual Education and Bilingualism **23**(7): 773-777.
ABSTRACT Papers in this Special Issue, 'Linguistic Racism', focus on the phenomenon of linguistic racism – the ideologies and practices that are utilised to conform, normalise and reformulate an unequal and uneven linguistic power between language users (Skutnabb-Kangas 2015) – directed at culturally and linguistically different (CaLD) or Indigenous backgrounds around the globe. The authors provide multiple ethnographic

studies to understand what it means to speak as a racialised subject in the highly diverse societies of the twenty-first century, examining the manners in which one's fundamental human rights are violated, and how one is deprived of both socio-economic and socio-cultural opportunities as a result of their use of language. All of the articles acknowledge the multiple, complex layers of cause and effect that further entrenches linguistic racism into particular social, cultural, ethnic, national and educational contexts that (re)shape the minoritised bilingual speakers' linguistic practices. The Special Issue addresses the effects of critical approaches to current bilingualism theories that break new ground by disclosing the reality that it is not always applicable to commend bilingual diversity without fully acknowledging ongoing, often profoundly entrenched, local constraints. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Dudgeon, P., et al. (2023). "Mitigating the impacts of racism on Indigenous wellbeing through human rights, legislative and health policy reform." The Medical journal of Australia **218**(5): 203-205.

Ellis, C., et al. (2021). "The Impact of Racism, Power, Privilege, and Positionality on Communication Sciences and Disorders Research: Time to Reconceptualize and Seek a Pathway to Equity." American Journal of Speech-Language Pathology **30**(9): 2032-2039.
Purpose: The purpose of this article is to explore how racism, privilege, power, and positionality negatively impact clinical research conducted in the discipline of communication sciences and disorders. Conclusions: Evidence suggests solutions will not emerge from a minor revision or adjustment of current research approaches. Instead, to make deep and necessary changes, a complete restructuring of the research process is needed. This restructuring calls for a reconceptualization of how research questions and hypotheses are formed, how methods are selected, how data are analyzed and interpreted, and who is at the table throughout this process of knowledge generation. Such an overhaul of current research approaches will offer the field a solution-oriented roadmap for scientific investigation that facilitates greater equity in the research enterprise that translates into improved clinical outcomes for all clients served. [ABSTRACT FROM AUTHOR]

Ellis, C., et al. (2021). "The Impact of Racism, Power, Privilege, and Positionality on Communication Sciences and Disorders Research: Time to Reconceptualize and Seek a Pathway to Equity." American Journal of Speech-Language Pathology **30**(9): 2032-2039.
Purpose: The purpose of this article is to explore how racism, privilege, power, and positionality negatively impact clinical research conducted in the discipline of communication sciences and disorders. Conclusions: Evidence suggests solutions will not emerge from a minor revision or adjustment of current research approaches. Instead, to make deep and necessary changes, a complete restructuring of the research process is needed. This restructuring calls for a reconceptualization of how research questions and hypotheses are formed, how methods are selected, how data are analyzed and interpreted, and who is at the table throughout this process of knowledge generation. Such an overhaul of current research approaches will offer the field a solution-oriented roadmap for scientific investigation that facilitates greater equity in the research enterprise that translates into improved clinical outcomes for all clients served.

El-Mowafi, I. M., et al. (2021). "The politest form of racism: sexual and reproductive health and rights paradigm in Canada." Reproductive Health **18**(1): 1-5.
The Canadian national identity is often understood as what it is not; American. Inundation with American history, news, and culture around race and racism imbues Canadians with a false impression of egalitarianism, resulting in a lack of critical

national reflection. While this is true in instances, the cruel reality of inequity, injustice and racism is rampant within the Canadian sexual and reproductive health and rights realm. Indeed, the inequitable health outcomes for Black, Indigenous and people of color (BIPOC) are rooted in policy, research, health promotion and patient care. Built by colonial settlers, many of the systems currently in place have yet to embark on the necessary process of addressing the colonial, racist, and ableist structures perpetuating inequities in health outcomes. The mere fact that Canada sees itself as better than America in terms of race relations is an excuse to overlook its decades of racial and cultural discrimination against Indigenous and Black people. While this commentary may not be ground-breaking for BIPOC communities who have remained vocal about these issues at a grassroots level for decades, there exists a gap in the Canadian literature in exploring these difficult and often underlying dynamics of racism. In this commentary series, the authors aim to promote strategies addressing systemic racism and incorporating a reproductive justice framework in an attempt to reduce health inequities among Indigenous, Black and racialized communities in Canada. [ABSTRACT FROM AUTHOR]

El-Mowafi, I. M., et al. (2021). "The politest form of racism: sexual and reproductive health and rights paradigm in Canada." Reproductive Health **18**(1): 1-5.

The Canadian national identity is often understood as what it is not; American. Inundation with American history, news, and culture around race and racism imbues Canadians with a false impression of egalitarianism, resulting in a lack of critical national reflection. While this is true in instances, the cruel reality of inequity, injustice and racism is rampant within the Canadian sexual and reproductive health and rights realm. Indeed, the inequitable health outcomes for Black, Indigenous and people of color (BIPOC) are rooted in policy, research, health promotion and patient care. Built by colonial settlers, many of the systems currently in place have yet to embark on the necessary process of addressing the colonial, racist, and ableist structures perpetuating inequities in health outcomes. The mere fact that Canada sees itself as better than America in terms of race relations is an excuse to overlook its decades of racial and cultural discrimination against Indigenous and Black people. While this commentary may not be ground-breaking for BIPOC communities who have remained vocal about these issues at a grassroots level for decades, there exists a gap in the Canadian literature in exploring these difficult and often underlying dynamics of racism. In this commentary series, the authors aim to promote strategies addressing systemic racism and incorporating a reproductive justice framework in an attempt to reduce health inequities among Indigenous, Black and racialized communities in Canada.

Farquharson, W. H. and C. J. Thornton (2020). "Debate: Exposing the most serious infirmity – racism's impact on health in the era of COVID-19." Child & Adolescent Mental Health **25**(3): 182-183.

The COVID-19 pandemic retells a story that other diseases like HIV, diabetes, and cancer have clearly internationally illustrated. Minorities in developed countries across the globe – especially those of African, Hispanic, and Native American descent – suffer a greater burden of disease than whites. The evidence of the cause and effect relationship of racism on mental and minority health outcomes is staggering. Racism and its influence on policy and important structural systems allow health inequities across racial and ethnic groups to persist. What's more troubling is how systemic racism impacts children from all races and has been perpetuated across many generations dating back hundreds of years. The impact of racial oppression is seen through intergenerational trauma which impacts youth in varying ways. For this article, we offer three areas in which racism causes healthcare disparities, intergenerational trauma, social determinants, and cultural mistrust. Effective policy change and a greater level of accountability must be placed on major systems including health care, to most fully counter racism's varied role in sustaining mental health inequities. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.
Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Foster, V.-A., et al. (2021). "Reimagining Perinatal Mental Health: An Expansive Vision For Structural Change." Health Affairs **40**(10): 1592-1596.
Diagnoses of depression, anxiety, or other mental illness capture just one aspect of the psychosocial elements of the perinatal period. Perinatal loss; trauma; unstable, unsafe, or inhumane work environments; structural racism and gendered oppression in health care and society; and the lack of a social safety net threaten the overall well-being of birthing people, their families, and communities. Developing relevant policies for perinatal mental health thus requires attending to the intersecting effects of racism, poverty, lack of child care, inadequate postpartum support, and other structural violence on health. To fully understand and address this issue, we use a human rights framework to articulate how and why policy makers must take progressive action toward this goal. This commentary, written by an interdisciplinary and intergenerational team, employs personal and professional expertise to disrupt underlying assumptions about psychosocial aspects of the perinatal experience and reimagines a new way forward to facilitate well-being in the perinatal period. [ABSTRACT FROM AUTHOR]

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.
In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges' drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis.

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.
In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges'

drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis. [ABSTRACT FROM AUTHOR]

George, E. (2021). "Racism as a Human Rights Risk: Reconsidering the Corporate 'Responsibility to Respect' Rights." Business & Human Rights Journal **6**(3): 576-583.
Darnella Frazer, a teenage witness to a fatal police encounter, used social media to share her cell phone video footage capturing a white police officer casually kneeling on the neck of a handcuffed Black man named George Floyd for nearly nine minutes. Her video rapidly went viral, sparking civil unrest across the United States (US) and protests around the world.1 Independent experts of the Special Procedures of the United Nations Human Rights Council came together to issue a joint statement condemning 'systemic racism' and 'state sponsored racial violence' in the US.2 George Floyd was not the first unarmed Black person to die in police custody under questionable circumstances,3 but his murder motivated many to confront the reality of racism in American society. A broad section of the business community reacted to the civil unrest in the immediate aftermath of the murder of George Floyd with solidarity statements denouncing racism and pledges to promote racial equality.4 Brands rushed to embrace the previously untouchable #BlackLivesMatter movement in marketing campaigns. Business leaders expressed interested in evaluating how particular policies and practices operate in ways that serve to promote racial discrimination or perpetuate racial inequality.5 [ABSTRACT FROM AUTHOR]

George, E., et al. (2021). "Reckoning: A Dialogue about Racism, AntiRacists, and Business & Human Rights." Washington International Law Journal **30**(2): 171-254.
Video of George Floyd's death sparked global demonstrations and prompted individuals, communities and institutions to grapple with their own roles in embedding and perpetuating racist structures. The raison d'être of Business and Human Rights (BHR) is to tackle structural corporate impediments to the universal realization of human rights. Yet, racism, one of the most obvious of such barriers, has been a blind spot for BHR. While the field has contended with gender inequality, there have only been tokenistic nods to intersectional harms caused by business activities. The failure to address racism seriously undermines both the promise of BHR generally and specifically the recognized need to redress intersectional harms experienced by women from racialized backgrounds. In this article, three established BHR scholars enter into a dialogue on racism in BHR's theory and practice. The article is not aimed at providing definitive answers, but instead at asking the questions necessary for understanding how BHR embeds, or may combat, racism. By engaging in a dialogic inquiry, the authors are able to highlight, examine, and analyze different approaches to these issues. The result is both an opening salvo on the intersection of critical race theory and BHR and an identifiable research agenda for future scholarship in the area. [ABSTRACT FROM AUTHOR]

Håndlykken-Luz, Å. (2020). "'Racism is a perfect crime': Favela residents’ everyday experiences of police pacification, urban militarization, and prejudice in Rio de Janeiro." Ethnic and Racial Studies **43**(16): 348-367.
This article examines residents’ everyday experiences and perceptions of changing urban politics and racism in a 'pacified' favela, or poor informal neighbourhood, in Rio de Janeiro, drawing on longitudinal ethnographic data from 2011 to 2018. The findings suggest that despite a discourse on inclusion, human rights, and citizenship, the police pacification program and urban security interventions aimed at 'civilizing' the favela’s

residents as 'undesirable others,' drawing on racialization. The naturalization, legitimization, and reproduction of police violence promote the operation of racial and socio-spatial inequalities and privileges through what I describe as pigmentocratic everyday practices. These processes continually shape the condition of possibilities for the dehumanization of blackness, exclusion, inclusion, and resistance in a society influenced by the myth of racial democracy and that celebrates both diversity and ideologies of whitening. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Hedges, J., et al. (2021). "Racism and oral health inequities among Indigenous Australians." Community Dental Health **38**(2): 150-155.

Racial discrimination, which can be structural, interpersonal and intrapersonal, has causal links with oral health morbidity (dental caries, periodontal disease) and mortality (tooth loss). Racism impacts on oral health in three main ways: (1) institutional racism creates differential access to oral health services; (2) cultural racism, which is structurally pervasive, results in poorer psychological and physiological well-being of those discriminated against and; (3) interpersonal racism undermines important dental health service provider-patient relationships. Indigenous Australians have experienced sustained racial discrimination since European colonisation in the 1780s. This includes Government policies of land and custom theft, assimilation, child removal and restrictions on Indigenous people's civil rights, residence, mobility and employment. Australia failed to enumerate Indigenous people in the Census until 1967, with the 'White Australia' policy only ending in 1973. In our paper we posit that all minority groups experience racial discrimination that impacts oral health, but that this is amplified among Indigenous groups in Australia because of ongoing legacies of colonialism, institutional racism and intergenerational trauma.

Hernández Montero, O. (2023). "Pulsión de muerte en el racismo contemporáneo." Death Drive in Contemporary Racism. **40**(105): 250-264.

The exacerbation of the narcissism that drives the consumerist alienations typical of the fetish of globalized merchandise, by preventing ethics as recognition of the human condition in otherness, uses racism as a biopolitical mechanism. Thus, human segregation allows the overexploitation of work, the transfer of value to the hegemonic centers of power. Social reification subordinates human rights to the accumulation of capital; therefore, biophilic manifestations are prevented in favor of dispossessing the population of the material resources capable of shaping well-being. Consequently, this research has the purpose of analyzing the characteristic death drive of contemporary racism as authorization to dispossession. It is a bibliographical study of a diachronic type executed from the deductive rationalist approach. It concludes that the humanization of societies is possible by educating to recognize the sensitive and rational quality in others, to form coexistence protected by the ability to produce justice and equity. (English) [ABSTRACT FROM AUTHOR]

Homan, P. A. and T. H. Brown (2022). "Sick And Tired Of Being Excluded: Structural Racism In Disenfranchisement As A Threat To Population Health Equity." Health Affairs **41**(2): 219-227.

Theoretical research suggests that racialized felony disenfranchisement--a form of structural racism--is likely to undermine the health of Black people, yet empirical studies on the topic are scant. We used administrative data on disproportionate felony disenfranchisement of Black residents across US states, linked to geocoded individual-level health data from the 2016 Health and Retirement Study, to estimate race-specific regression models describing the relationship between racialized disenfranchisement and health among middle-aged and older adults, adjusting for other individual- and state-level factors. Results show that living in states with higher levels of racialized disenfranchisement is associated with more depressive symptoms, more functional limitations, more difficulty performing instrumental activities of daily living, and more difficulty performing activities of daily living among Black people. However, there are no statistically significant relationships between racialized disenfranchisement and health among White people. These findings suggest that policies aiming to mitigate disproportionate Black felony disenfranchisement not only are essential for political inclusion but also may be valuable tools for improving population health equity. [ABSTRACT FROM AUTHOR]

Hoyt, K. S. and E. G. Ramirez (2021). "Diversity, Equity, and Inclusion: Is It Just Another Catchphrase?" Advanced Emergency Nursing Journal **43**(2): 87-88.

Karabulut, B. (2022). "İSLAMOFOBİ, ZENOFOBİ ve IRKÇILIĞIN İNSAN HAKLARI BAĞLAMINDA KARŞILAŞTIRMALI BİR ANALİZİ." A COMPARATIVE ANALYSIS of ISLAMOPHOBIA, XENOPHOBIA and RACISM in the CONTEXT of HUMAN RIGHTS.(44): 118-139.

It is a reality that exists in every period of the historical process that human beings have feelings of fear, hatred and hostility towards people and groups that they perceive as other. This kind of discriminatory othering feelings may exist as an internal feeling. The problem here is that this feeling is expressed through concrete actions, and as a result, practices that contain human rights violations against individuals and groups of people who are seen as the other. In particular, the systematization of such feelings with understandings such as Islamophobia, xenophobia and racism can be considered as the peak of these human rights violations. In this context, the main purpose of the study is to seek an answer to the question of whether the phenomena of Islamophobia, xenophobia and racism should be accepted as independent structures or as similar understandings that support each other. The basic assumption of the study is that the phenomena of Islamophobia, xenophobia and racism are basically artificial perceptions placed in people's minds. Another assumption of the study is that these three phenomena are constructed by political elites in order to create the other for ideological and political purposes and to achieve certain political goals through this enemy. In this context, the facts of Islamophobia, xenophobia and racism will be analyzed comparatively, especially through their similarities. The tendencies of Islamophobia, xenophobia and racism, which have emerged especially in Western developed countries, will be exemplified through concrete practices and the negative developments in recent years will be analyzed. (English) [ABSTRACT FROM AUTHOR]

Kilgo, D. K. (2021). "Police violence and protests: Digital media maintenance of racism, protest repression, and the status quo." Journal of Broadcasting & Electronic Media **65**(1): 157-176.

Analyzing news coverage of the killing of Stephon Clark in 2018, this research contributes to the further theorization of the hierarchy of social struggle by (1) confirming the consistent use of demonizing and delegitimizing framing devices to describe Black human rights protest, and (2) illustrating that the quality of the presentation of grievances and demands must also be considered when assessing the degree to which coverage can be legitimizing for a racial justice movement. In addition, findings show selective social media sharing amplified the limited coverage about police character but amplified sensational reports of injury. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Lerma, B. R. L. (2022). "Social Uprising, Racism, and Resistance in Cali's National Strike." South Atlantic Quarterly **121**(2): 425-434.

Lugon Arantes, P. d. T. (2021). "The Due Diligence Standard and the Prevention of Racism and Discrimination." Netherlands International Law Review (Springer Science & Business

Media B.V.) **68**(3): 407-431.
The due diligence standard has played a significant role in preventing human rights violations, including racial discrimination. Yet, it is significantly articulated in neutral terms, often failing to grasp the specificities of violations of this type. Moreover, the positive structural impact that due diligence can produce is still subject to debate and is approached with reluctance by human rights courts and monitoring bodies. The principle of substantive (racial) equality has considerably contributed to improving the law on racial discrimination, but with limited impact on collective or structural claims. In the wake of new social events demanding responses to racism beyond the classical individual perspective, it makes it necessary to inquire whether, or to what extent, this standard can play a role in enhancing such structural responses by international human rights law. This article aims to analyze the main components of the due diligence standard (the preventive limb) to assess the relevant shortcomings, and to propose ways forward in order to enhance a structural perspective in racial discrimination. [ABSTRACT FROM AUTHOR]

Matache, M. and J. Bhabha (2020). "Anti-Roma Racism is Spiraling during COVID-19 Pandemic." Health & Human Rights: An International Journal **22**(1): 379-382.
A reprint of the article "Anti-Roma Racism Is Spiraling During COVID-19 Pandemic," by Margareta Matache et al published on the journal website on April 7, 2020 is presented. Topics covered include the escalation of populist and racist voices intent among European Union (EU) Member States on blaming the Roma community for the pandemic, and how the pandemic has exacerbated the exposure of Romani communities to structural inequality.

Matache, M. and J. Bhabha (2020). "Anti-Roma Racism is Spiraling during COVID-19 Pandemic." Health and human rights **22**(1): 379-382.

McCarthy, H. (2021). "Self-Advocacy and Ally-Advocacy for Disability Justice: Organisational, Psychosocial, and Political Resources." Disability, CBR & Inclusive Development **32**(2): 160-178.
The world of today sees more persistent, collective work of marginalised people resisting structural oppression rooted in racism and misogyny through newlyorganised multinational movements like Black Lives Matter, #IamSpeaking, and Me Too. This has led to a rapid rise in public consciousness and activism about social injustices across many sectors of society. Ableism and other types of discrimination in education, employment and community-living experienced by people with a disability have both similarities to, and differences from, the indignity and impact of racism and misogyny. The activist disability community is working hard to have their advocacy agendas gain more public awareness and support. The common ground among all oppressed groups is their demand to have their human rights honoured. This requires two societal value shifts: (1) listening to voices outside the dominant culture and power structures through the involvement of insiders, based on their lived experience as members of the marginalised groups, and (2) collaborative advocacy to achieve milestones on their journey towards social justice. Applying these principles, this article aims to elevate and amplify the historical and current activities of self-advocates from the disability community to affirm and secure their human rights. The article provides explanations and examples of: (1) the complexities of disability-based discrimination; (2) political activism by the disability rights and independent living movements in the United States; (3) the psychosocial dimensions of embracing disability identity, culture, and pride; and (4) various outstanding consumer-driven artistic and organisational resources that are shaping the evolution of equal opportunity and disability justice.

McKenzie, J. A., et al. (2019). "Intellectual disability in South Africa: the possibilities and limits

of democratic rights." Tizard Learning Disability Review **24**(4): 204-212.
Purpose: The purpose of this paper is to present an overview of the history, current status and possible future directions for intellectual disability (ID) policy and practice in South Africa (SA). Design/methodology/approach: The paper was developed by academics and practitioners in the field of ID in SA. A review of the literature, accompanied by a joint writing and discussion process was carried out to identify critical issues in the development of ID services, specifically facing the challenge of moving from racially based provision towards equitable services for all citizens with ID. Findings: Progressive policy has replaced practices of scientific racism which were previously used to support the establishment of white supremacism. This positive move is still in process and has not resulted in the immediate establishment of human rights. A vibrant civil society is engaging with this task currently. Research limitations/implications: The findings point to the need for a human rights approach that takes into account the postcolonial context of SA. Practical implications: There is a need for continued advocacy that is inclusive of people with ID and their families. Social implications: Continuing engagement between government and civil society is recommended to ensure the achievement of human rights for citizens with ID. Originality/value: This paper is of value to ID researchers and practitioners from the global South as it describes a non-western context that might have resonance with other low and middle income countries. [ABSTRACT FROM AUTHOR]

Mesquiati de Oliveira, D. and K. R. Cazotto Terra (2021). "Pentecostalismos, racismo e Direitos Humanos." Pentecostalisms, racism, and Human Rights. **19**(58): 98-113.
Pentecostalism meant a break with Protestant anthropology hostage to the epistemology of Modernity. As Havey Cox explains, these American movements in the early years of the 20th century filled the ecstatic deficit left by evangelicals, pointing towards the affective system of knowledge of reality, an affective epistemology. If, on the one hand, the Pentecostal experience encouraged the shift from the margin to the center of corporeality, on the other, the violated and subjugated bodies became visible and empowered, because marginalized groups, excluded by the American and Brazilian Protestant establishment, were and are protagonists. Pentecostal movements are presented as a presence in the world and religious practice that reveals the defense of fundamental rights, especially in the militancy experience of racial justice, which does not mean a theoretical defense, but community experiences of excluded bodies that gain pneumatic status. The essay discusses the relationship between religion, human rights and racial issues, pointing out how Pentecostalism represents intuitions for a more fraternal and egalitarian society. (English) [ABSTRACT FROM AUTHOR]

Obasi, C. (2022). "Black social workers: Identity, racism, invisibility/hypervisibility at work." Journal of Social Work **22**(2): 479-497.
Summary: This article provides a reflexive account of qualitative research with Black female social workers in the North of England. It uses 'Africanist Sista-hood in Britain' as the theoretical framework guiding the research. The data are gathered from six semi-structured interviews and two focus groups. Data were analysed via thematic analysis. Participant data are used to discuss issues of identity, race and racism as they contribute to positions of visibility, invisibility and hypervisibility within the social work spaces discussed. The article challenges Western forms of knowledge production as the dominant discourse in social work research, practice, education and training and links this to wider issues of power, privilege and suppression of marginalised voices. Findings: The findings section reveals examples of racism, marginality, invisibility and hypervisibility as part of the lived experiences of Black female social workers in the study. It includes discussions of 'collective strategic projection' as a consequence of the development of the 'race taboo' often present in these work environments. Applications: The article calls for social work educators, practitioners and the wider academic field to

do more to centralise anti-racist approaches in an attempt to challenge racism in social work. [ABSTRACT FROM AUTHOR]

Ortega Domínguez, A. (2022). "The mestizo gaze: visualizing racism, citizenship, and rights in neoliberal Mexico." Ethnic and Racial Studies **45**(14): 2609-2630.

Ortega, F. and M. R. Müller (2022). "Negotiating human rights narratives in Global Mental Health: Autism and ADHD controversies in Brazil." Global Public Health **17**(11): 3189-3203.
Promoting evidence-based treatments and the human rights of people living with mental illness are the two pillars of Global Mental Health (GMH). Critics counter that human rights narratives must also include social justice frameworks. We draw on the cases of autism and ADHD in Brazil to discuss the role of human rights in mental health in the context of GMH. A human rights perspective involves citizenship rights for individuals living with mental distress and provides a framework to problematise the logic of GMH centred on individual rights and rights to treatment. We begin with an overview on human rights discussions in GMH and examine the introduction of human rights discourses in the Brazilian psychiatric reform. We then explore how autism and ADHD became priorities of GMH interventions as well as the constitution of two styles of activism and mobilisation of human rights around these conditions. One follows the universal public health logic and promotes health as a social right. The other follows the logic of parents' associations that redefined those conditions as forms of disability to advocate for specialised services and interventions. Finally, we discuss these forms of human rights mobilisation and their implications for Brazilian mental health and GMH. [ABSTRACT FROM AUTHOR]

Pulido, J. S. (2022). "Social justice as a moral and normative framework for social intervention with migrant citizens." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-15.
Theoretical analysis of Fraser's and Honneth's critical perspectives on social justice is made, presenting their relationship with migration as a current social phenomenon; also, the different social problems faced by migrants, which require normative and moral frameworks that promote social recognition through social participation in the spaces of daily life. At the same time, the different types of justice (distributive and recognition) are presented as the theoretical basis for the design of intervention devices to reduce the social gaps that originate from social injustices: discrimination, xenophobia, and racism experienced by migrants in the social contexts of arrival and which are exacerbated by the lack of distribution, political participation, and recognition. It is concluded that it is necessary to incorporate the framework of social justice in social intervention practices from a perspective centered on the subjects and the context in which they carry out their daily lives and occupations.

Rahier, J. M. (2020). "From the transatlantic slave trade to contemporary ethnoracial law in multicultural Ecuador. The 'changing same' of anti-Black racism as revealed by two lawsuits filed by Afrodescendants." Current anthropology (Supplement) **61**(22): S248-S259.

Roberson, Q. (2020). "Access to justice as a human right, organizational entitlement and precursor to diversity and inclusion." Equality, Diversity & Inclusion **39**(7): 787-791.
Purpose: In the wake of the death of George Floyd in the United States, many corporate leaders have released statements condemning racism and police brutality and committed their organizations to focus on diversity and inclusion. While such statements, intentions, and goals are laudable, they evade the phenomenon at the crux of the current social movement: access to justice. Design/methodology/approach: This essay draws

upon theory and research across a variety of disciplines to examine the accessibility of justice for African Americans in society and in work organizations. Findings: As corporate leaders have made statements decrying racism and police brutality and offered their support to civil rights groups and organizations fighting for racial justice, there is a need for that same level of scrutiny and support within their own organizations. As a precursor to diversity and inclusion initiatives, corporate leaders need to take actions to ensure the fairness of outcomes, policies and practices, and treatment by others for African Americans within their organizations. Practical implications: Strategies for reviewing and revising organizational policies and practices to preserve fairness in the work experiences of African Americans and for creating and maintaining cultures of fairness are offered. Originality/value: The author integrates historical documents, research, opinion, and literary devices to understand the meaning and practice of justice in society and organizations. [ABSTRACT FROM AUTHOR]

Rutland, P. (2022). "Racism and Nationalism." Nationalities Papers **50**(4): 629-642.
This article reviews the current scholarship around racism and nationalism, two of the mostly hotly debated issues in contemporary politics. Both racism and nationalism involve dividing humanity into groups and setting up some groups as innately superior to others. Until recently, racism and nationalism were both widely seen as unpleasant relics of times past, destined to disappear as the principles of equality and human rights become universally embraced. But both concepts have proved their resilience in recent years. Scholars have been devoting new attention to the "racialization" of ethnic and national identities in the former Soviet Union and East Europe, the regions that are the main focus of this journal. The article examines the prevailing approaches to understanding the terms "racism" and "nationalism," which are distinct but overlapping categories of analysis and vehicles of political mobilization. Developments in genomics have complicated the relationship between perceptions of race as a purely social phenomenon. The essay explores the way racism and nationalism play out in two self-proclaimed "exceptional" political systems – the Soviet Union and the United States – which have played a prominent role in global debates about race and nation. It briefly discusses developments in other regions, such as the debate over multiculturalism in Europe. [ABSTRACT FROM AUTHOR]

Sabatello, M., et al. (2021). "Structural Racism in the COVID-19 Pandemic: Moving Forward." American Journal of Bioethics **21**(3): 56-74.
The COVID-19 pandemic has taken a substantial human, social and economic toll globally, but its impact on Black/African Americans, Latinx, and American Indian/Alaska Native communities in the U.S. is unconscionable. As the U.S. continues to combat the current COVID-19 cycle and prepares for future pandemics, it will be critical to learn from and rectify past and contemporary wrongs. Drawing on experiences in genomic research and intersecting areas in medical ethics, health disparities, and human rights, this article considers three key COVID-19-related issues: research to identify remedies; testing, contact tracing and surveillance; and lingering health needs and disability. It provides a pathway for the future: community engagement to develop culturally-sensitive responses to the myriad genomic/bioethical dilemmas that arise, and the establishment of a Truth and Reconciliation Commission to transition the country from its contemporary state of segregation in healthcare and health outcomes into an equitable and prosperous society for all. [ABSTRACT FROM AUTHOR]

Sabatello, M., et al. (2021). "Structural Racism in the COVID-19 Pandemic: Moving Forward." American Journal of Bioethics **21**(3): 56-74.
The COVID-19 pandemic has taken a substantial human, social and economic toll globally, but its impact on Black/African Americans, Latinx, and American

Indian/Alaska Native communities in the U.S. is unconscionable. As the U.S. continues to combat the current COVID-19 cycle and prepares for future pandemics, it will be critical to learn from and rectify past and contemporary wrongs. Drawing on experiences in genomic research and intersecting areas in medical ethics, health disparities, and human rights, this article considers three key COVID-19-related issues: research to identify remedies; testing, contact tracing and surveillance; and lingering health needs and disability. It provides a pathway for the future: community engagement to develop culturally-sensitive responses to the myriad genomic/bioethical dilemmas that arise, and the establishment of a Truth and Reconciliation Commission to transition the country from its contemporary state of segregation in healthcare and health outcomes into an equitable and prosperous society for all.

Sambaraju, R. and A. Minescu (2019). "'I have not witnessed it personally myself, but...': Epistemics in managing talk on racism against immigrants in Ireland." European Journal of Social Psychology **49**(2): 398-412.

Social psychologists who study racism or prejudice argue that various versions of these are constructed in ways to suppress or minimise their relevance. However, researchers have not particularly examined how knowledge-claims about racism can also be variously made or negotiated in attending to the relevance of racism. We offer such an examination through a discursive psychological analysis of interview talk with Irish nationals on immigration, since in these settings issues of immigration and racism are not readily relevant. Findings show that participants treated how knowledge of racism can be accessed and who has the rights to make knowledge-claims about racism, as relevant. Epistemic access and rights were negotiated in ways that showed sensitivity to possibilities for suppressing alternative claims about racism. These findings are discussed in relation to current social psychological and discursive approaches to racism. [ABSTRACT FROM AUTHOR]

Sambaraju, R. and A. Minescu (2019). "'I have not witnessed it personally myself, but...': Epistemics in managing talk on racism against immigrants in Ireland." European Journal of Social Psychology **49**(2): 398-412.

Social psychologists who study racism or prejudice argue that various versions of these are constructed in ways to suppress or minimise their relevance. However, researchers have not particularly examined how knowledge-claims about racism can also be variously made or negotiated in attending to the relevance of racism. We offer such an examination through a discursive psychological analysis of interview talk with Irish nationals on immigration, since in these settings issues of immigration and racism are not readily relevant. Findings show that participants treated how knowledge of racism can be accessed and who has the rights to make knowledge-claims about racism, as relevant. Epistemic access and rights were negotiated in ways that showed sensitivity to possibilities for suppressing alternative claims about racism. These findings are discussed in relation to current social psychological and discursive approaches to racism. [ABSTRACT FROM AUTHOR]

Shaio, M.-F. (2021). "The impact of racism on rheumatic fever rates." Kai Tiaki Nursing New Zealand **27**(1): 36-37.

Slootweg, A., et al. (2019). "The raced constitution of Europe: The Eurobarometer and the statistical imagination of European racism." European Journal of Cultural Studies **22**(2): 144-163.

Centering upon the first Europe-wide public opinion survey of racism, carried out by the Eurobarometer in 1988, this article explores how studying European public opinion research can shed light on what we call the raced constitution of Europe. Based on an analysis of this Eurobarometer survey, we scrutinize how Eurobarometer opinion polling involves a constant scale-switching through which 'Europe' and 'racism' are co-produced. As we argue, techniques of European opinion polling contributed to the imagination of a 'European' ideological whole, from which stabilized categories of 'non-European others' were excluded. By creating an opposition between 'democratic Europe' and 'individualized xenophobia', racism was enacted as a lower class attitude 'not of Europe' and as a permanent rem(a)inder of the past that serves to legitimate the project of European integration. [ABSTRACT FROM AUTHOR]

Talamaivao, N., et al. (2021). "Informing Anti-Racism Health Policy in Aotearoa New Zealand." Policy Quarterly **17**(4): 50-57.
Racism is firmly established as a determinant of health and an underlying cause of ethnic health inequities. As an organised system, racism operates at multiple levels (including structurally and interpersonally). Racism and its many manifestations are breaches of international human rights obligations and, in the Aotearoa New Zealand context, te Tiriti o Waitangi. This article considers approaches to anti-racism in health and disability policy in the 30 years following the foundational publication Püao-te-Ata-Tü (Ministerial Advisory Committee on a M äori Perspective for the Department of Social Welfare, 1988), which was one of the first government publications to name and call out the harmful impacts of institutional racism. The article then examines the ways in which government health and disability sector organisations have talked about and responded to racism at a national level since 1980. The results of this research urge a stronger organisational-level approach to antiracism in the health and disability system for more tangible results, requiring multi-level solutions, and transforming what is considered 'business as usual' in health and disability sector institutions. [ABSTRACT FROM AUTHOR]

West, K., et al. (2021). "Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'." British Journal of Social Psychology **60**(4): 1136-1153.
The Black Lives Matter (BLM) movement has been called the 'civil rights issue of our time' (Holt & Sweitzer, 2020, Self and Identity, 19(, p. 16) but the All Lives Matter (ALM) movement swiftly emerged as an oppositional response to BLM. Prior research has investigated some predictors of support for ALM over BLM, but these predictors have thus far not included levels of racial bias or potentially relevant constructions of racism. This pre-registered, cross-sectional study (N = 287) tested the degree to which White participants' support for ALM could be predicted using measures of racism (implicit and explicit) and ideological stances around the construction of 'racism' (that discourage the recognition of contemporary inequalities and discrimination). Using multiple regression analyses, we found that implicit racism, colour-blind ideology, and narrow definitional boundaries of discrimination positively predicted support for ALM over BLM. Explicit racism, collective narcissism, and right-wing political orientation did not predict ALM support, nor did any (2-way) interaction of these predictors. Implications for our understanding of the All Lives Matter movement are discussed. [ABSTRACT FROM AUTHOR]

West, K., et al. (2021). "Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'." British Journal of Social Psychology **60**(4): 1136-1153.
The Black Lives Matter (BLM) movement has been called the 'civil rights issue of our time' (Holt & Sweitzer, 2020, Self and Identity, 19(, p. 16) but the All Lives Matter (ALM) movement swiftly emerged as an oppositional response to BLM. Prior research has investigated some predictors of support for ALM over BLM, but these predictors have thus far not included levels of racial bias or potentially relevant constructions of racism. This pre-registered, cross-sectional study (N = 287) tested the degree to which

White participants' support for ALM could be predicted using measures of racism (implicit and explicit) and ideological stances around the construction of 'racism' (that discourage the recognition of contemporary inequalities and discrimination). Using multiple regression analyses, we found that implicit racism, colour-blind ideology, and narrow definitional boundaries of discrimination positively predicted support for ALM over BLM. Explicit racism, collective narcissism, and right-wing political orientation did not predict ALM support, nor did any (2-way) interaction of these predictors. Implications for our understanding of the All Lives Matter movement are discussed.

Willey, S., et al. (2022). "Racism, healthcare access and health equity for people seeking asylum." Nursing Inquiry **29**(1): 1-9.
People seeking asylum are at risk of receiving poorer quality healthcare due, in part, to racist and discriminatory attitudes, behaviours and policies in the health system. Despite fleeing war and conflict; exposure to torture and traumatic events and living with uncertainty; people seeking asylum are at high-risk of experiencing long-term poor physical and mental health outcomes in their host country. This article aims to raise awareness and bring attention to some common issues people seeking asylum face when seeking healthcare in high-income countries where the health system is dominated by a Western biomedical view of health. Clinical case scenarios are used to highlight instances of racist healthcare policies and practices that create and maintain ongoing health disparities; limited access to culturally and linguistically appropriate health services, and lack of trauma-informed approaches to care. Nurses and midwives can play an important role in countering racism in healthcare settings; by identifying and calling out discriminatory practice and modelling tolerance, respect and empathy in daily practice. We present recommendations for individuals, organisations and governments that can inform changes to policies and practices that will reduce racism and improve health equity for people seeking asylum.

Willey, S., et al. (2022). "Racism, healthcare access and health equity for people seeking asylum." Nursing Inquiry **29**(1): e12440.
People seeking asylum are at risk of receiving poorer quality healthcare due, in part, to racist and discriminatory attitudes, behaviours and policies in the health system. Despite fleeing war and conflict; exposure to torture and traumatic events and living with uncertainty; people seeking asylum are at high-risk of experiencing long-term poor physical and mental health outcomes in their host country. This article aims to raise awareness and bring attention to some common issues people seeking asylum face when seeking healthcare in high-income countries where the health system is dominated by a Western biomedical view of health. Clinical case scenarios are used to highlight instances of racist healthcare policies and practices that create and maintain ongoing health disparities; limited access to culturally and linguistically appropriate health services, and lack of trauma-informed approaches to care. Nurses and midwives can play an important role in countering racism in healthcare settings; by identifying and calling out discriminatory practice and modelling tolerance, respect and empathy in daily practice. We present recommendations for individuals, organisations and governments that can inform changes to policies and practices that will reduce racism and improve health equity for people seeking asylum. (© 2021 John Wiley & Sons Ltd.)

Zhang, T. (2023). "Contesting Reports of Racism, Contesting the Rights to Assess." Social Psychology Quarterly **86**(2): 130-150.
Analyzing a thread of online interaction, I apply conversation analysis and discursive psychology methods to explicate how experiences of racism are reported and contested by participants in interaction. The person reporting their experience of racism (the reporter) applies commonsense knowledge to assess the perpetrator's racist intent. Recipients of the report contest the reporter's rights to assess the perpetrator's intent

while managing their lack of independent access to the reported encounter. In milder contestations, they cast doubt while avoiding assessing the situation themselves, which leads to negotiations over the accusation without contesting the correctness of the reporter's assessment. In aggravated contestations, recipients explicitly contest the reporter's assessment of the perpetrator, which leads to interactional breakdowns where moral culpabilities of both sides are implicated. Implications for understanding the moral difficulties involved in accusing racism, the interactional contingencies involved in responding to and contesting such accusations, and members' understandings of racism are discussed. [ABSTRACT FROM AUTHOR]

Refugee (21)

Assi, R., et al. (2019). "Health needs and access to health care: the case of Syrian refugees in Turkey." Public Health (Elsevier) **172**: 146-152.
Turkey is a principal destination and transit country for refugees from diverse countries. Turkey currently hosts Syrian refugees and provides free access to shelter, education and health care. The aim of this study is to determine the health needs and document the healthcare services available to Syrian refugees in Turkey. Literature review. An examination of the scientific literature, reports and government policies about refugees in Turkey was performed. In addition, literature focussing on the understanding and development of the healthcare needs and systems in crisis situations in Turkey was analysed. The Turkish government has made several regulations for Syrian refugees, which allow them to benefit from emergency care units and primary, secondary and tertiary healthcare centres in Turkey's 81 provinces free of charge; the financial costs of these benefits are covered by the Disaster and Emergency Management Authority. Effectiveness of healthcare services for refugees is limited by language barriers, mobility of the refugees and some legal restrictions. Mental health and rehabilitation services are relatively weak because of the inadequate number of qualified practitioners. The current migration rules in Turkey do not enable refugees to access all human rights. Because the number of refugees has increased, there has been a subsequent increase in the financial and human resources needed for healthcare services. Multidynamic refugee-friendly systems, the provision of preventive health care (including primary and secondary prevention opportunities) and increasing the number of national and international organisations may help improve the health of refugees. • Refugee access to healthcare is restricted by language, financial support, experienced professionals. • Provision of preventive and rehabilitation services may improve access to health care. • Access to healthcare interacts with social and human rights. [ABSTRACT FROM AUTHOR]

Bellino, M. J. and S. Dryden-Peterson (2019). "Inclusion and exclusion within a policy of national integration: refugee education in Kenya's Kakuma Refugee Camp." British Journal of Sociology of Education **40**(2): 222-238.
This article explores the impact of global policy shifts toward 'national integration' on schooling for refugee youth in Kenya. Based on interviews and classroom observations in Kakuma Refugee Camp, we theorize that integration manifests in a multidirectional, hierarchical manner as few refugees integrate "up" into government schools, while most integrate "down" into segregated camp schools. We examine how youth interpret and navigate these oppositional paths, imbued with assumptions about quality and status. We argue that global policy can foster structures for physical integration; however, social integration, integrally connected to protection and opportunity, depends on local strategies and practices, encompassing formal decisions about adapting policy, as well as embedded beliefs about the purposes of educating refugees and their long-term inclusion in host societies. This study responds to calls for deeper sociological attention

to education and global migration, as states expand educational opportunities for refugee populations while negotiating educational rights amongst citizens. [ABSTRACT FROM AUTHOR]

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.
The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. [ABSTRACT FROM AUTHOR]

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health-multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.
The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to

their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. (© 2022. The Author(s).)

Chen, E. C. (2021). "Syrian refugee access to and quality of healthcare in Turkey: A call to streamline and simplify the process." International Perspectives in Psychology: Research, Practice, Consultation **10**(1): 55-57.
Although Turkey affirms the right to health regardless of citizenship status, as defined by the Declaration of Human Rights, there are gaps in the legislation and administration regarding the conditions for which an individual must fulfill as a Syrian refugee to access healthcare in Turkey (Mardin, 2017). One of the greatest healthcare access barriers is not gaining status under the temporary protection regulation (TPR) as a Syrian refugee (Mardin, 2017). Even after gaining status under the TPR, individuals are bound to the city in which they have registered and are designated, outside of which they are ineligible for healthcare (Mardin, 2017). This limits the autonomy of the individual when making appropriate resettlement decisions within Turkey. This process also poses an additional burden on healthcare professionals to act as healthcare access 'gatekeeper' (Mardin, 2017). This policy brief seeks to outline both the challenges Syrian refugees face in accessing quality healthcare in Turkey and provide reformation suggestions to allow for a more streamlined approach. Furthermore, suggestions are made with consideration of lessening the burden of Turkey's healthcare system as the host country. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Choi, W. G. (2019). "Asian Civil Society and Reconfiguration of Refugee Protection in Asia." Human Rights Review **20**(2): 161-179.
Despite its long history of refugee crises, Asia lacks effective refugee protection mechanisms. Most Asian states resist ratification of the international refugee laws, and many international organizations are ineffective and lack concrete legal and political approaches to protecting refugees. Asian civil society, particularly Asia Pacific Refugee Rights Network (APRRN), collaborates to protect refugees by employing alternative frameworks. This paper argues that Asian civil society aims to challenge the nature of refugee protection in Asia. Instead of encouraging states to ratify the 1951 Convention Relating to the Status of Refugees and 1967 Protocol Relating to the Status of Refugees, APRRN stimulates national-level implementation of refugee protection principles and practices from below. It engages its members in global decision-making by mobilizing and sharing resources with them. APRRN frames refugee protection as international human rights issue instead of as a national security concern. [ABSTRACT FROM AUTHOR]

Di Nitto, C. (2020). "EXCURSUS HISTÓRICO Y CUADRO NORMATIVO ACTUAL: DERECHO DE ASILO Y STATUS DE REFUGIADO." Historical Excursus and current normative framework: right of asylum and refugee status.(11): 175-198.
The migratory issues need to be deepened, not only from the human point of view, but also with regard to legal discipline. Asylum, a term of Greek origin ασυλον (ιερον), literally means without capture; in the Latin terminology asylum indicates a temple where there is no right of capture and is strictly bound to the Institute of Hospitality, defined by the Romans Hospitium Publicum (one of the first forms of public hospitality). Asylum and refugee status represent, therefore, two institutions that go back to the Greco-Roman age and that will be deepened juridically from the origins and their practical applications. The different interpretations regarding the discipline that have been developed in modern and contemporary history will be analyzed later, and in addition, it will be observed how these have finally been reinterpreted since the First and the Second World Conflicts and moreover since the Universal Declaration of Human Rights of 1948. (English) [ABSTRACT FROM AUTHOR]

Ekblad, S. (2020). "To increase mental health literacy and human rights among new-coming, low-educated mothers with experience of war: A culturally, tailor-made group health promotion intervention with participatory methodology addressing indirectly the children." Frontiers in Psychiatry **11**.
Due to the increasing numbers of newcomers with impacts of war, civil war and persecution, at high risk of trauma-related mental health problems, there is a need for increase the poor mental health literacy (MHL) and human rights among the new-comers, especially low-educated mothers with children. This article aimed to present a case study report of several years’ experience of tailor-made group health promotion intervention. It describes as an example, a project during autumn 2018 in five municipalities of Sweden and in collaboration between academia, primary care, social welfare, police, and an NGO. Fifty-one women, Arabic- or Somalian speaking, with 1–7 children, mean age 40 years, low-educated and in average four years’ of living in Sweden participated. Under supervision, a local female member of the NGO coordinated the group meetings in Swedish with up to ten participants and the moderators were representatives of healthcare, social services and police/lawyer, with an interpreter present. Each intervention focused on human rights, health including mental health, psychosocial and parenting support, by using a 5-week group intervention a 2 h/week, totally 10 h excluding pre- and post-evaluation, and one language per intervention. Each meeting included 1-h lecture and after a short break with refreshments, the participants asked questions to the respective moderator. It was a mixed method but emphasis on qualitative design and participatory methodology with co-creation and evaluation of the intervention. The results showed that this tailor-made group intervention gave the participants empowerment and a sense of coherence, MHL and tools to deal with stress/anxiety, based on their needs that were mapped before in a pilot study during Spring 2018, indirectly addressing their children. However, they did not primarily talk about mental illness experience. It is vital that these interventions toward the target group with limited exposure to Western concepts (e.g., illness, anxiety, and trauma), may bridge the gap between Western and traditional cultural understanding of pre- and postmigration stress. In conclusion, MHL may be a function of both the cultural origin of the target group’s background and their resettlement in a Western reception country. Implications are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Garlick, M. and C. Inder (2021). "Protection of refugees and migrants in the era of the global compacts: Ensuring support and avoiding gaps." Interventions: The International Journal of Postcolonial Studies **23**(2): 207-226.

This essay examines the decision of States to affirm the Global Compact on Refugees (GCR) and the Global Compact for Safe, Orderly and Regular Migration (GCM) in 2018, in light of the normative and institutional frameworks for refugees and migrants which underpin them, and the challenges that each compact respectively seeks to address. It details how the GCR seeks to reinforce international protection for refugees and the GCM aims for strengthened protection for the rights of migrants, as well as the scope for their application together to obviate protection gaps, including in the context of mixed movements. To illustrate this, the essay explores the potential application of the GCR and GCM to a specific mixed movement situation in the Mediterranean region. It outlines the potential of the compacts to provide a firmer basis for States and other actors to address challenges around large-scale arrivals and identification of those in need of international protection, while promoting respect in practice for the rights of all persons on the move in accordance with international law. [ABSTRACT FROM AUTHOR]

Haque, M. M., et al. (2023). "Rohingya refugees and their right to work in Malaysia." Asian Affairs: An American Review **50**(2): 95-119.
This study examines Rohingya living in Malaysia. Myanmar's discriminatory citizenship laws have stripped nearly all Rohingya of their citizenship, making them the largest stateless ethnic group in the world. Malaysia is one of the most popular destinations for the displaced Rohingya from Myanmar. As Malaysia is not a signatory to the 1951 Refugee Convention and its 1967 Protocol, the Rohingya are not entitled to any legal protection under the existing law in their host country. This study aims to identify the challenges faced by displaced Rohingya regarding their right to work, and the response from the Malaysian government. The methodology used for this research is a multi-site case study with the case study sites being Kuala Lumpur, Selangor, Terengganu, and Pahang. After intensive fieldwork and meetings with different stakeholders, this research revealed that Malaysian people are sympathetic to the Rohingya and wish to assist them within their limited capacities. Overall, this study argues that there is no consistent government policy and a lack of coordination between the Malaysian government and international agencies working to improve the welfare of the Rohingya. [ABSTRACT FROM AUTHOR]

Jongedijk, R. A., et al. (2020). "Severity profiles of posttraumatic stress, depression, anxiety, and somatization symptoms in treatment seeking traumatized refugees." Journal of Affective Disorders **266**: 71-81.
<bold>Background: </bold>Western countries are facing many challenges hosting refugees from several regions in the world. Many of them are severely traumatized and suffer from a variety of mental health symptoms, which complicates the identification and treatment of refugees at risk. This study examined subgroups based on a broad range of psychopathology, and several predictors, including trauma characteristics and gender.<bold>Methods: </bold>Participants were 1147 treatment-seeking, traumatized refugees. Latent profile analysis was conducted to identify different subgroups based on levels of posttraumatic stress disorder (PTSD), depression, anxiety, and somatic symptoms. Multinomial logistic regression was used to identify predictors of subgroup membership.<bold>Results: </bold>Three distinct subgroups were identified, reflecting Moderate (10.2%), Severe (43.0%), and Highly Severe (45.9%) symptom severity levels, respectively. Symptom severity of all psychopathology dimensions was distributed equally between the subgroups. Participants in the Severe and Highly Severe Symptoms subgroups reported more types of traumatic events compared to the Moderate subgroup. In particular, traumatic events associated with human right abuses, lack of human needs and separation from others predicted subgroup membership, as did gender.<bold>Limitations: </bold>The results are confined to treatment-seeking, traumatized refugee populations.<bold>Conclusions: </bold>Distinguishable symptom

severity profiles of PTSD, depression, anxiety and somatic complaints could be identified in this large treatment-seeking refugee population, without qualitative differences in symptom distribution. Instead of focusing on specific mental disorders, classification based on overall symptom severity is of interest in severely traumatized patients. This knowledge will help to identify individuals at risk and to enhance existing treatment programs for specific patient groups. [ABSTRACT FROM AUTHOR]

Kim, J. (2023). "The role of international intervention in managing refugee crises: lessons from Vietnamese and North Korean refugee cases in China." Pacific Review **36**(1): 90-118.
This article examines the role of international intervention for refugee protection by conducting a within-case analysis of two similar groups in China: Vietnamese and North Korean refugees. It argues that states make refugee policy decisions based on cost-benefit calculations, but this self-centered behavior can be mitigated by international intervention. Without amending national laws and official policies, the international community can improve refugee protection in authoritarian regimes through external assistance and support that shares and reduces the burden on host states and persuades state behavior toward refugees. The evidence of this study further suggests that international intervention matters, but the formats of intervention are even more critical to improving a state's refugee protection, especially in dealing with a powerful authoritarian state like China in the context of the Post-Cold War era. More specifically, positive inducements are preferable than sanctions and criticism to address China's human rights violations regarding North Korean refugees because the strategies help China to leverage its power in the Korean peninsula and the Asian region more broadly by providing them enough political coverage to save its face from allies and constituents and maintain close diplomatic relationships with its all neighbors, including the two Koreas. [ABSTRACT FROM AUTHOR]

Mayblin, L. and P. James (2019). "Asylum and refugee support in the UK: civil society filling the gaps?" Journal of Ethnic & Migration Studies **45**(3): 375-394.
The vast majority of asylum seekers in the UK are not permitted to enter the labour market. In the absence of the right to work asylum seekers receive welfare support, which amounts to less than a third of the weekly spend of the poorest 10% of British citizens. This article presents new research on the third sector response to the poverty created by this policy regime. Through a four-pronged methodological design we map the scale of this response, and in doing so offer an alternative critical perspective on the inadequacies of government policy, inadequacies which lead to the human rights of some who are within, or who have been through the system, being breached. [ABSTRACT FROM AUTHOR]

McCormack, L. and B. Tapp (2019). "Violation and hope: Refugee survival in childhood and beyond." International Journal of Social Psychiatry **65**(2): 169-179.
Background: The psychological complexity of refugee status for children is poorly understood. Alone or with family members, child refugees are exposed to multiple and potentially traumatic events, including conflict and human rights deprivation in their country of origin, perilous and life-threatening escape journeys, years of statelessness, and isolation and discrimination in their new host country. Aims: This phenomenological study explored the positive and negative interpretations of four adults as they sought to make sense of their experiences of refugee status as children. Method: Interpretative Phenomenological Analysis (IPA) guided the development of semi-structured interview for data collection and analysis. Results: One superordinate theme, Violation and Hope, overarched three subordinate themes, Violent detachment, Refugee identity, and Resourcefulness and reciprocity. One divergent theme also emerged: Clashing identities. These themes provide unique insight into the interpreted experiences of escaping oppression and persecution in each participant's country of

origin as children, and the ensuing bleak interval as refugees, belonging nowhere. They identify the risk of becoming pawns of opportunism without human rights protection. Once stateless, survival was not guaranteed, producing a stark merging of acceptance of mortality and determined resourcefulness as children. Avoidant coping became a positive tool for surviving ever present threat, and was crucial in defining a life philosophy that was future oriented as they entered adulthood. Conclusion: These participants rejected a 'refugee victim' identity, emphasising a legacy of resourcefulness, hope, gratitude and reciprocity, domains of post-traumatic growth which are unreported aspects of refugee well-being that can provide future therapeutic and research direction. [ABSTRACT FROM AUTHOR]

MeÇE, M. H. (2020). "HUMAN TRAFFICKING AND HUMAN RIGHTS IN HUMANITARIAN CRISES: THE CASE OF REFUGEE CAMPS." Balkan Social Science Review **15**(15): 177-196.

Recent global statistics show that refugee situations are on the rise. A growing body of literature has focused on the scale of the crises, mostly in rich countries, portraying refugees as „victims?, „burden? and „problems?. In general, host communities have been perceived as being homogenous while socially constructed differences between them and refugees have been understudied. Implementation of top-down interventions with a primary focus on refugees? basic needs satisfaction increased their dependency on aid and instilled their dignity triggering the strategy of their confinement mainly in camps. Accommodation of refugees in camps has not always been the best solution because they did not always provide a safe place for their dignified life. Operational gaps in some refugee-accepting countries, on the one hand, and the disproportionate efforts made by the international community to support them to manage humanitarian crises, on the other hand, have made refugees a profitable target for human traffickers. While human trafficking has been perceived as a side effect rather than a direct consequence of the humanitarian crises, it has not been prioritized in humanitarian responses? design. Considering the existing gaps in the literature about challenges faced by refugees in camps and insufficient research about refugee-host communities? relations, this paper aims at discussing the risk of human trafficking in refugee camps and how it is addressed. It examines how policies and approaches advocated by International Office for Migration, European Commission, and the United Nations High Commissioner for Refugees call to promote a rightsbased anti-trafficking response in refugee camps during humanitarian crises. It uses secondary data to illustrate the vulnerability of refugees to human trafficking in refugee camps and provides some recommendations to be taken into consideration. [ABSTRACT FROM AUTHOR]

Mim, N. J. (2020). "Religion at the Margins: Resistance to Secular Humanitarianism at the Rohingya Refugee Camps in Bangladesh." Religions **11**(8): 423.

This paper joins the growing body of work on Human Rights and Religion and examines the impacts of religious practices in protecting the socioeconomic and cultural rights of Rohingya Refugees in Bangladesh. Based on an empirical study at eight different camps in Kutupalong, Cox's Bazar, Bangladesh, this article documents how the refugees, through different Islamic religious activities and practices, protect their cultural identities, negotiate with the local governing agents, and maintain solidarity with the host communities in their camp lives. This article also describes how, in these camps, many secular humanitarian projects often get challenged, resisted, or rejected by the refugees since those fail to address their networked relations with religion. Drawing from a rich body of literature in forced migrations, socioeconomic human rights, and religious studies in the Global South, this article investigates how religion and religious activities cushion the refugees from different forms of marginalization that are often engendered by secular development agencies. This article further offers several insights for practitioners and policymakers to ensure socioeconomic and cultural integration in human rights activities in refugee camps in the Global South. [ABSTRACT FROM AUTHOR]

Oliveira da Silva, E. (2021). "EVOLUÇÃO HISTÓRICA DA PROTEÇÃO LEGISLATIVA DOS REFUGIADOS NO BRASIL: UMA BREVE ANÁLISE NO PLANO INTERNO E INTERNACIONAL." HISTORICAL EVOLUTION OF THE LEGISLATIVE PROTECTION OF REFUGEES IN BRAZIL: A BRIEF ANALYSIS ON THE INTERNATIONAL AND INTERNATIONAL PLAN. **7**(2): 126-143.

Schumacher, L., et al. (2021). "Using clinical expertise and empirical data in constructing networks of trauma symptoms in refugee youth." Empleando la experiencia clínica y los datos empíricos para construir redes de síntomas de trauma en refugiados jóvenes. **12**(1): 1-12.
Background: In recent years, many adolescents have fled their home countries due to war and human rights violations, consequently experiencing various traumatic events and putting them at risk of developing mental health problems. The symptomatology of refugee youth was shown to be multifaceted and often falling outside of traditional diagnoses. Objective: The present study aimed to investigate the symptomatology of this patient group by assessing the network structure of a wide range of symptoms. Further, we assessed clinicians' perceptions of symptoms relations in order to evaluate the clinical validity of the empirical network. Methods: Empirical data on Post-Traumatic Stress Disorder (PTSD), depression and other trauma symptoms from N = 366 refugee youth were collected during the routine diagnostic process of an outpatient centre for refugee youth in Germany. Additionally, four clinicians of this outpatient centre were asked how they perceive symptom relations in their patients using a newly developed tool. Separate networks were constructed based on 1) empirical symptom data and 2) clinicians' perceived symptom relations (PSR). Results: Both the network based on empirical data and the network based on clinicians' PSR showed that symptoms of PTSD and depression related most strongly within each respective cluster (connected mainly via sleeping problems), externalizing symptoms were somewhat related to PTSD symptoms and intrusions were central. Some differences were found within the clinicians' PSR as well as between the PSR and the empirical network. Still, the general PSR-network structure showed a moderate to good fit to the empirical data. Conclusion: Our results suggest that sleeping problems and intrusions play a central role in the symptomatology of refugee children, which has tentative implications for diagnostics and treatment. Further, externalizing symptoms might be an indicator for PTSD-symptoms. Finally, using clinicians' PSR for network construction offered a promising possibility to gain information on symptom networks and their clinical validity. Symptom networks were investigated to understand better refugee youth's symptomatology. Intrusions were central; PTSD and depression symptoms related mainly to symptoms in their own domain. Despite differences, clinicians' perceptions showed moderate fit to the empirical data. (English) [ABSTRACT FROM AUTHOR]

Van Hout, M.-C., et al. (2020). "Migrant health situation when detained in European immigration detention centres: a synthesis of extant qualitative literature." International Journal of Prisoner Health **16**(3): 221-236.
Purpose: Many migrants are detained in Europe not because they have committed a crime but because of lack of certainty over their immigration status. Although generally in good physical health on entry to Europe, migrant detainees have complex health needs, often related to mental health. Very little is known about the current health situation and health care needs of migrants when detained in European immigration detention settings. The review aims to synthesize the qualitative literature available on this issue from the perspectives of staff and migrants.; Design/methodology/approach: The authors undertook a synthesis of extant qualitative literature on migrant health

experience and health situation when detained in European immigration detention settings; retrieved as part of a large-scale scoping review. Included records (n = 4) from Sweden and the UK representing both detainee and staff experiences were charted, synthesised and thematically analysed.; Findings: Three themes emerged from the analysis, namely, conditions in immigration detention settings, uncertainties and communication barriers and considerations of migrant detainee health. Conditions were described as inhumane, resembling prison and underpinned by communication difficulties, lack of adequate nutrition and responsive health care.; Practical Implications: It is crucial that the experiences underpinning migration are understood to respond to the health needs of migrants, uphold their health rights and to ensure equitable access to health care in immigration detention settings.; Originality/value: There is a dearth of qualitative research in this area because of the difficulty of access to immigration detention settings for migrants. The authors highlight the critical need for further investigation of migrant health needs, so as to inform appropriate staff support and health service responses. (© Emerald Publishing Limited.)

Van Hout, M.-C., et al. (2020). "Migrant health situation when detained in European immigration detention centres: A synthesis of extant qualitative literature." International Journal of Prisoner Health **16**(3): 221-236.
Purpose: Many migrants are detained in Europe not because they have committed a crime but because of lack of certainty over their immigration status. Although generally in good physical health on entry to Europe, migrant detainees have complex health needs, often related to mental health. Very little is known about the current health situation and health care needs of migrants when detained in European immigration detention settings. The review aims to synthesize the qualitative literature available on this issue from the perspectives of staff and migrants. Design/methodology/approach: The authors undertook a synthesis of extant qualitative literature on migrant health experience and health situation when detained in European immigration detention settings; retrieved as part of a large-scale scoping review. Included records (n = 4) from Sweden and the UK representing both detainee and staff experiences were charted, synthesised and thematically analysed. Findings: Three themes emerged from the analysis, namely, conditions in immigration detention settings, uncertainties and communication barriers and considerations of migrant detainee health. Conditions were described as inhumane, resembling prison and underpinned by communication difficulties, lack of adequate nutrition and responsive health care. Practical implications: It is crucial that the experiences underpinning migration are understood to respond to the health needs of migrants, uphold their health rights and to ensure equitable access to health care in immigration detention settings. Originality/value: There is a dearth of qualitative research in this area because of the difficulty of access to immigration detention settings for migrants. The authors highlight the critical need for further investigation of migrant health needs, so as to inform appropriate staff support and health service responses. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Yozwiak, D., et al. (2022). "The Mental Health of Refugees during a Pandemic: Striving toward Social Justice through Social Determinants of Health and Human Rights." Asian Bioethics Review **14**(1): 9-23.
This paper is the second of two in a series. In our first paper, we presented a social justice framework emerging from an extensive literature review and incorporating core social determinants specific to mental health in the age of COVID-19 and illustrated specific social determinants impacting mental health (SDIMH) of our resettled Bhutanese refugee population during the pandemic. This second paper details specific barriers to the SDIMH detrimental to the basic human rights and social justice of this population during this pandemic. The SDIMH, as described, further informs the need for social justice measures and cultural humility in mental healthcare, public health, law,

and community engagement. This work concludes with a proposed call to action toward mental health improvement and fair treatment for refugee populations in three core areas: communication and education, social stigma and discrimination, and accessibility and availability of resources. [ABSTRACT FROM AUTHOR]

Refugee Camps (25)

Aultman, J. M. (2019). "How Should Health Care Professionals Address Social Determinants of Refugee Health?" AMA Journal of Ethics **21**(3): E223-E231.
In the case scenario, RJ is a resettled refugee teenager who presents to his physician with vitamin B 12 deficiency, anemia, and symptoms of mental illness. This commentary considers social determinants of refugee health and the moral importance of freedom to achieve well-being. The capabilities framework is used to analyze this case because it offers an ethical framework for understanding and evaluating social determinants of refugee health that either promote or diminish freedom to achieve well-being. By using this framework to consider social isolation as a negative social determinant of refugee health, clinicians and institutions can be caregivers as well as advocates for social justice, fulfilling 2 core ethical obligations to refugee communities. (© 2019 American Medical Association. All Rights Reserved.)

Azizi, S., et al. (2021). "Aid Allocation for Camp-Based and Urban Refugees with Uncertain Demand and Replenishments." Production & Operations Management **30**(12): 4455-4474.
There are 26 million refugees worldwide seeking safety from persecution, violence, conflict, and human rights violations. Camp-based refugees are those that seek shelter in refugee camps, whereas urban refugees inhabit nearby, surrounding populations. The systems that supply aid to refugee camps may suffer from ineffective distribution due to challenges in administration, demand uncertainty and volatility in funding. Aid allocation should be carried out in a manner that properly balances the need of ensuring sufficient aid for camp-based refugees, with the ability to share excess inventory, when available, with urban refugees that at times seek nearby camp-based aid. We develop an inventory management policy to govern a camp's sharing of aid with urban refugee populations in the midst of uncertainties related to camp-based and urban demands, and replenishment cycles due to funding issues. We use the policy to construct costs associated with: (i) referring urban populations elsewhere, (ii) depriving camp-based refugee populations, and (iii) holding excess inventory in the refugee camp system. We then seek to allocate aid in a manner that minimizes the expected overall cost to the system. We propose two approaches to solve the resulting optimization problem, and conduct computational experiments on a real-world case study as well as on synthetic data. Our results are complemented by an extensive simulation study that reveals broad support for our optimal thresholds and allocations to generalize across varied key parameters and distributions. We conclude by presenting related discussions that reveal key managerial insights into humanitarian aid allocation under uncertainty. [ABSTRACT FROM AUTHOR]

Birger, L. and Y. Nadan (2022). "Social workers and refugee service users (re)constructing their relationships in a hostile political climate." Journal of Social Work **22**(2): 402-421.
Summary: This article explores the relationship between social workers and adult Eritrean refugee service users in the context of a hostile political climate and restrictive state policies. It examines the implications of politics and policies on the formation of this relationship based on findings from a qualitative study conducted in Israel and Germany. Semi-structured in-depth interviews were conducted with 38 participants – 16 Eritrean refugees and 22 social workers who work with refugees. Findings: Despite

different political, social and organizational contexts, especially in the asylum policies towards Eritrean refugees, our thematic analysis yielded two main themes common to both countries: First, changing relationship structures, in particular moving away from a 'traditional' conceptualization of the social work relationship towards 'informal' practices. These included modifications of the setting, of professional boundaries and of the therapeutic language. Second, shifting power relations, characterized by a friend-like dynamic, which enabled more egalitarian relations, and a parent–child dynamic, which included increased power imbalances and dependency. Implications: An increased understanding of the role of restrictive policies, everyday racism and exclusionary political discourse in the reconstruction of the user-worker relationship dynamics could inform social work education and practice. Beyond the refugee arena, establishing informal relationship structures could help to reduce power differentials, increase trust-building and improve therapeutic outcomes with refugees and other service users. The possible risks of informal relations, such as misunderstandings or worker burnout, are also discussed. [ABSTRACT FROM AUTHOR]

Eloubeidi, S. and T. K. Reuter (2023). "Restricting access to employment as a human rights violation: a case study of Palestinian refugees in Lebanon." International Journal of Human Rights **27**(1): 53-73.
Palestinian refugees in Lebanon face many human rights violations, including heavy restrictions of the right to employment. While the detrimental ramifications of the lack of access to employment for Palestinian refugees have been well documented in policy reports and scholarship, few have assessed Palestinian refugees' perspectives on this issue. Our study offers insights on Palestinian refugees' perceptions of restricted employment access, especially as it pertains to their standard of living, emotional and mental well-being, interpretation of the right to work, and integration into Lebanese society. Using a mixed-methods study design with a heavy qualitative component, we assess Palestinian's perceptions and examine the consequences of work restrictions for the situation of Palestinians in Lebanon. Our results indicate that Palestinian refugees' restricted access to employment negatively affects their everyday life, with some nuances regarding work inside and outside of refugee camps. Further, unlike pervasive findings in the literature stating that lack of access to high-level occupations negatively impacts refugees, we found that availability of any employment is considered positive by the participants in our study. Further, we found that several of the participants used human rights language in their responses, highlighting that there is awareness of employment as a human right. [ABSTRACT FROM AUTHOR]

Fotaki, M. (2019). "A Crisis of Humanitarianism: Refugees at the Gates of Europe." International journal of health policy and management **8**(6): 321-324.
Having initially welcomed more than a million refugees and forced migrants into Europe between 2015 and 2016, the European Union's (EU's) policy has shifted toward externalising migration control to Turkey and Northern Africa. This goes against the spirit of international conventions aiming to protect vulnerable populations, yet there is widespread indifference toward those who remain stranded in Italy, Greece and bordering Mediterranean countries. Yet there are tens of thousands living in overcrowded reception facilities that have, in effect, turned into long-term detention centres with poor health and safety for those awaiting resettlement or asylum decisions. Disregard for humanitarian principles is predicated on radical inequality between lives that are worth living and protecting, and unworthy deaths that are unseen and unmarked by grieving. However, migration is on the rise due to natural and man-made disasters, and is becoming a global issue that concerns us all. We must therefore deal with it through collective political action that recognises refugees' and forced migrants' right to protection and ensures access to the health services they require. (© 2019 The Author(s); Published by Kerman University of Medical Sciences. This is an open-access

article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.)

Gonzalez Benson, O. (2023). "The Limits of Human Rights Discourse within Sovereign Territory: Examining US Refugee Policy Formation." Social Service Review **97**(2): 398-422.

Human rights denote universality, moral normativity, and the international community. Citizenship rights, meanwhile, denote particularity, collective identity, and sovereign territory. Yet some argue that human rights are realized only through the nation-state. Refugee resettlement allows introspection into the tensions between the human and the citizen, as the "refugee" embodies the transition from internationally governed refugee camps to national political communities. This study examines rights discourse surrounding the US Refugee Act as a crucial moment of policy formation and how policy discourse made sense of human rights approaching US borders. I argue that human rights discourse in US policy brings refugees to the door but abandons them as soon as they enter the sovereign space. There, US policy discourse materializes not citizenship rights but neoliberal citizenship. Refugee resettlement reveals the limits of human rights and the contradictory ways that the market and the state encroach on the neoliberal constitution of citizenship. [ABSTRACT FROM AUTHOR]

Haar, R. J., et al. (2019). "Documentation of human rights abuses among Rohingya refugees from Myanmar." Conflict & Health **13**(1): N.PAG-N.PAG.

Background: Decades of persecution culminated in a statewide campaign of organized, systematic, and violent eviction of the Rohingya people by the Myanmar government beginning in August 2017. These attacks included the burning of homes and farms, beatings, shootings, sexual violence, summary executions, burying the dead in mass graves, and other atrocities. The Myanmar government has denied any responsibility. To document evidence of reported atrocities and identify patterns, we interviewed survivors, documented physical injuries, and assessed for consistency in their reports. Methods: We use purposive and snowball sampling to identify survivors residing in refugee camps in Bangladesh. Interviews and examinations were conducted by trained investigators with the assistance of interpreters based on the Istanbul Protocol – the international standard to investigate and document instances of torture and other cruel, inhuman, and degrading treatment. The goal was to assess whether the clinical findings corroborate survivors' narratives and to identify emblematic patterns. Results: During four separate field visits between December 2017 and July 2018, we interviewed and where relevant, conducted physical examinations on a total of 114 refugees. The participants came from 36 villages in Northern Rakhine state; 36 (32%) were female, 26 (23%) were children. Testimonies described several patterns in the violence prior to their flight, including the organization of the attacks, the involvement of non-Rohingya civilians, the targeted and purposeful destruction of homes and eviction of Rohingya residents, and the denial of medical care. Physical findings included injuries from gunshots, blunt trauma, penetrating trauma such as slashings and mutilations, burns, and explosives and from sexual and gender-based violence. Conclusions: While each survivor's experience was unique, similarities in the types and organization of attacks support allegations of a systematic, widespread, and premeditated campaign of forced displacement and violence. Physical findings were consistent with survivors' narratives of violence and brutality. These findings warrant accountability for the Myanmar military per the Rome Statute of the International Criminal Court (ICC), which has jurisdiction to try individuals for serious international crimes, including crimes against humanity and genocide. Legal accountability for these crimes should be pursued along with medical and psychological care and rehabilitation to address the ongoing effects of violence, discrimination, and displacement. [ABSTRACT FROM AUTHOR]

Khan, F., et al. (2021). "Situating the Global Compact on Refugees in Africa: Will it Make a Difference to the Lives of Refugees "Languishing in Camps"?" Journal of African Law **65**(S1): 35-57.
The protection of refugees languishing in camps in Africa has posed a challenge for the international community for far too long. The OAU Refugee Convention does not reflect refugee rights or provide a durable solution for refugees in host states. Over the last 50 years there have been multiple attempts to resolve what remains one of the greatest challenges facing Africa. Each resolution has clarified the steps required to enhance the situation for those most affected and to provide solutions for refugee-hosting countries in need of strategic policies and funding. This article considers recent developments in refugee law since the adoption of the New York Declaration. It specifically evaluates the benefit of the Global Compact on Refugees (GCR) for African states and the refugees they host. Furthermore, because the OAU convention is the first refugee convention to make international solidarity (ie burden-sharing) a state obligation, the article assesses how the GCR builds on the convention. [ABSTRACT FROM AUTHOR]

Lovey, T., et al. (2021). "Basic Medical Training for Refugees via Collaborative Blended Learning: Quasi-Experimental Design." Journal of Medical Internet Research **23**(3): N.PAG-N.PAG.
<bold>Background: </bold>Globally, there is an excess of 68.5 million people who have been forced to leave their homes and seek sanctuary elsewhere because of poverty, persecution, conflict, violence, and human rights violations. Although international humanitarian responses usually focus on ensuring that the basic needs of these people are being met, there is growing attention on the role that development-oriented interventions can play in the longer term. Higher education in a refugee context is one such intervention that can equip refugees with the knowledge and skills they need to serve their communities and move forward.<bold>Objective: </bold>This study aims to evaluate the outcomes and effectiveness of the University of Geneva InZone-Raft Basic Medical Training Course in the Kakuma refugee camp in Kenya compared with a previous incarnation of the same course in the Dadaab refugee camp in Kenya.<bold>Methods: </bold>We used a quasi-experimental design to compare the posttest scores of both inequivalent student groups: control group (n=18) and intervention group (n=16). Factors that influenced refugee students' knowledge acquisition, the amount of knowledge they acquired, and their academic outcomes were assessed, and the pedagogical evolution of the project is presented.<bold>Results: </bold>We found that the Kakuma intervention course yielded better outcomes and was more effective in terms of learning than the Dadaab control course. Of the 16 students who took part in the intervention course, 10 (63%) completed the program successfully and received accreditation from the University of Geneva. We observed that they received new knowledge well and scored higher on all learning modalities than those in the control course. Comparison of written and oral examinations between the courses showed statistical significance for the intervention group in written and oral exams (two-tailed: P=.006 and P=.05; one-tailed: P=.003 and P=.03, respectively). The Kakuma course was not effective in addressing electricity and internet access problems, nor in reducing the challenge of tight deadlines in the syllabus. Pedagogical adjustments to the intervention course improved student involvement, with higher participation rates in quizzes (10/11, 91%), and overall satisfaction and learning.<bold>Conclusions: </bold>The intervention group-with an improved mode of delivery, better contextualized content, and further interaction-reached a higher level of medical knowledge acquisition and developed more complex questions on medical topics than the control group. The positive outcome of this project shows that given the right

resources and support, refugees can contribute to the improvement and development of health care in their communities. Nonetheless, a more focused effort is necessary to meet the educational needs of refugee learners and better understand their living conditions. [ABSTRACT FROM AUTHOR]

MeÇE, M. H. (2020). "HUMAN TRAFFICKING AND HUMAN RIGHTS IN HUMANITARIAN CRISES: THE CASE OF REFUGEE CAMPS." Balkan Social Science Review **15**(15): 177-196.
Recent global statistics show that refugee situations are on the rise. A growing body of literature has focused on the scale of the crises, mostly in rich countries, portraying refugees as „victims?, „burden? and „problems?. In general, host communities have been perceived as being homogenous while socially constructed differences between them and refugees have been understudied. Implementation of top-down interventions with a primary focus on refugees? basic needs satisfaction increased their dependency on aid and instilled their dignity triggering the strategy of their confinement mainly in camps. Accommodation of refugees in camps has not always been the best solution because they did not always provide a safe place for their dignified life. Operational gaps in some refugee-accepting countries, on the one hand, and the disproportionate efforts made by the international community to support them to manage humanitarian crises, on the other hand, have made refugees a profitable target for human traffickers. While human trafficking has been perceived as a side effect rather than a direct consequence of the humanitarian crises, it has not been prioritized in humanitarian responses? design. Considering the existing gaps in the literature about challenges faced by refugees in camps and insufficient research about refugee-host communities? relations, this paper aims at discussing the risk of human trafficking in refugee camps and how it is addressed. It examines how policies and approaches advocated by International Office for Migration, European Commission, and the United Nations High Commissioner for Refugees call to promote a rightsbased anti-trafficking response in refugee camps during humanitarian crises. It uses secondary data to illustrate the vulnerability of refugees to human trafficking in refugee camps and provides some recommendations to be taken into consideration. [ABSTRACT FROM AUTHOR]

Meral, A. G. (2020). "Assessing the Jordan Compact One Year On: An Opportunity or a Barrier to Better Achieving Refugees' Right to Work." Journal of Refugee Studies **33**(1): 42-61.
The international community can play a key role in assisting states to achieve the right to work for refugees. For example, they can provide financial and technical support to host states as well as influencing a more enabling legal and policy environment. The recent Jordan Compact agreed between Jordan and the international community in February 2016 is an example of the sphere of that influence. Such bilateral agreements between refugee-hosting states and donor states, regional blocs or the international community are an increasing occurrence, providing enormous resources and support for improving the socio-economic lives of refugees. Yet, to date, there has been no analysis of these compacts from the perspective of international human rights law and specifically the right to work for refugees. This article attempts to fill that gap. Drawing on international human rights law and using the Jordan Compact as a case study, it examines the extent to which such agreements can be an effective tool in better achieving refugees' right to work. [ABSTRACT FROM AUTHOR]

Mom, S., et al. (2019). "Capoeira Angola: An alternative intervention program for traumatized adolescent refugees from war-torn countries." Torture : quarterly journal on rehabilitation of torture victims and prevention of torture **29**(1): 85-96.
Background: Following resettlement in Australia, young traumatized refugees often face social challenges, including language and cultural barriers and social adjustment, which can lead to behavioral difficulties. Providing support at this vulnerable stage is therefore

vital for reducing future setbacks.; Objective: The STARTTS Capoeira Angola program was developed to help traumatized adolescents successfully integrate into their school environments. As an Afro-Brazilian martial art that incorporates dance, Capoeira appeared an appropriate intervention for adolescent refugees due to its unique ethos of empowerment and group membership.; Method: 32 refugeesfrom Middle Eastern and African countries (aged12-17) from the Intensive English Centre (IEC) department of the participant schools were assessed pre- and post- intervention using the Teacher's Strengths and Difficulties Scale (SDQ). Teachers were also asked to observe the students' functioning in a range of different situations at school.; Results/conclusions: A significant overall decrease in behavioral problems was observed, which was associated with improvements in interpersonal skills, confidence, respect for self and others, self-discipline, and overall sense of responsibility.

Parmar, P. K., et al. (2019). "Mortality in Rohingya refugee camps in Bangladesh: historical, social, and political context." Sexual & Reproductive Health Matters **27**(2): 39-49.
Fifty-two maternal deaths occurred between September 2017 and August 2018 in the Rohingya refugee camps in Ukhia and Teknaf Upazilas, Cox's Bazar District, Bangladesh. Behind every one of these lives lost is a complex narrative of historical, social, and political forces, which provide an important context for reproductive health programming in Rohingya camps. Rohingya women and girls have experienced human rights violations in Myanmar for decades, including government-sponsored sexual violence and population control efforts. An extension of nationalist, anti-Rohingya policies, the attacks of 2017 resulted in the rape and murder of an unknown number of women. The socio-cultural context among Rohingya and Bangladeshi host communities limits provision of reproductive health services in the refugee camps, as does a lack of legal status and continued restrictions on movement. In this review, the historical, political, and social contexts have been overlaid below on the Three Delays Model, a conceptual framework used to understand the determinants of maternal mortality. Attempts to improve maternal mortality among Rohingya women and girls in the refugee camps in Bangladesh should take into account these complex historical, social and political factors in order to reduce maternal mortality. (English) [ABSTRACT FROM AUTHOR]

Pérez-Sales, P., et al. (2022). "Refugee Camps as Torturing Environments-An Analysis of the Conditions in the Moria Reception Center (Greece) Based on the Torturing Environment Scale." International journal of environmental research and public health **19**(16).
Background: European countries apply a policy of deterrence of migrants in territorial and extraterritorial border areas. The authors apply the model of torturing environments, which has been already applied to other contexts where persons are deprived of liberty, to the situation of the reception center of Moria, on the island of Lesvos (Greece).; Methods: A cross-sectional study was conducted in the months of April and June of 2020. Personal interviews were conducted with 160 people (80 men, 80 women) from Afghan, Syrian, Somalian, and Congo backgrounds. The authors applied the Torturing Environmental Scale, which measures interpersonal violence, emotional distress, and legal safeguards.; Results: The findings confirm the inhumane living conditions for the people sheltered in Moria, documenting the severe suffering of the population due to elements linked to basic human functions (hunger, thirst, hygiene, overcrowding, temperature, etc.), actions that produce fear and distress, actions that produce helplessness and hopelessness, actions that cause physical pain, attacks on sexual integrity, and attacks on identity and the need to belong. Some of the data suggest that the purposive and intentionality elements of the definition of cruel, inhuman, or degrading treatment were also met.; Conclusions: According to the conceptual model of torturing environments, the Moria reception camp constitutes a space of systematic ill

treatment that vulnerated the European legal standards related to torture (Article 3 of the Human Rights Convention). The idea of torturing environments provides a valuable avenue to assess human rights violations in collective spaces and could constitute a useful tool in forensic and litigation processes.

Riley, A., et al. (2020). "Systematic human rights violations, traumatic events, daily stressors and mental health of Rohingya refugees in Bangladesh." Conflict & Health **14**(1): N.PAG-N.PAG.

Background: Almost 900,000 Rohingya refugees currently reside in refugee camps in Southeastern Bangladesh. Prior to fleeing Myanmar, Rohingya experienced years of systematic human rights violations, in addition to other historical and more recent traumatic events such as the burning of their villages and murder of family members, friends and neighbors. Currently, many Rohingya struggle to meet basic needs in refugee camps in Bangladesh and face mental health-related concerns that appear linked to such challenges. The purpose of this study is to describe systematic human rights violations, traumatic events, daily stressors, and mental health symptoms and to examine relationships between these factors. Methods: Cross-sectional data was collected from a representative sample of 495 Rohingya refugee adults residing in camps in Bangladesh in July and August of 2018. Results: Respondents reported high levels of systematic human rights violations in Myanmar, including restrictions related to expressing thoughts, meeting in groups, travel, religious practices, education, marriage, childbirth, healthcare, and more. Events experienced in Myanmar included exposure to gunfire (99%), destruction of their homes (93%), witnessing dead bodies (92%), torture (56%), forced labor (49%), sexual assault (33%), and other events. More than half (61%) of participants endorsed mental health symptom levels typically indicative of PTSD, and more than two thirds (84%) endorsed levels indicative of emotional distress (symptoms of anxiety and depression). Historic systematic human rights violations, traumatic events, and daily stressors were associated with symptoms of posttraumatic stress, as well as depression and anxiety. Respondents reported numerous stressors associated with current life in the camps in Bangladesh as well as previous stressors, such as harassment, encountered in Myanmar. Conclusions: Findings underscore the impact of systematic human rights violations, targeted violence, and daily stressors on the mental health of Rohingya in Bangladesh. Those working with Rohingya should consider the role of such factors in contributing to poor mental health. This research has the potential to inform interventions targeting such elements. Future research should examine the relationships between mental health and human rights violations over time. [ABSTRACT FROM AUTHOR]

Rothe, D., et al. (2021). "Digital Humanitarianism and the Visual Politics of the Refugee Camp: (Un)Seeing Control." International Political Sociology **15**(1): 41-62.

Digital visual technologies have become an important tool of humanitarian governance. They allow the monitoring of crises from afar, making it possible to detect human rights violations and refugee movements, despite a crisis area being inaccessible. However, the political effects of such "digital humanitarianism" are understudied. This article aims to amend this gap by analyzing which forms of seeing, showing, and governing refugee camps are enabled by digital technologies. To this end, the article combines scholarship on the politics of the refugee camp with the emerging body of work on digital humanitarianism. It proposes the notion of a "visual assemblage of the refugee camp" to conceptualize the increasing adoption of visual technologies in refugee camp governance. Using the two paradigmatic cases of Zaatari and Azraq, two refugee camps for displaced Syrians in Jordan, the text outlines how this visual assemblage enacts the refugee camp in different ways—thus bringing about different versions of the camp. The case study reveals three such enactments of the refugee camp—as a technology of care and control; as a political space; and, as a governmental laboratory—and discusses

how these interact and clash in everyday camp life. Les technologies visuelles numériques sont devenues un outil important de la gouvernance humanitaire. Elles permettent de surveiller les crises à distance tout en offrant la possibilité de détecter les violations des droits de l'Homme, les mouvements de réfugiés, etc. malgré l'inaccessibilité de la zone de crise. Les effets politiques d'un tel « humanitarisme numérique » sont toutefois sous-étudiés. Cet article vise à combler cette lacune en analysant les formes de technologies d'observation à distance, d'affichage et de gouvernance qui seraient adaptées au cas des camps de réfugiés. Pour cela, cet article associe une étude portant sur la politique des camps de réfugiés aux travaux émergents sur l'humanitarisme numérique. Il propose la notion « d'assemblage visuel de camp de réfugiés » pour conceptualiser l'adoption croissante des technologies visuelles dans la gouvernance des camps de réfugiés. Ce texte s'appuie sur les deux cas paradigmatiques de Zaatari et Azraq, deux camps de réfugiés pour les Syriens déplacés en Jordanie afin de décrire comment cet assemblage visuel représente les camps de différentes manières, en faisant ainsi apparaître différentes perspectives des camps. L'étude de cas révèle trois représentations des camps: Technologie de soins et de contrôle, Espace politique et Laboratoire gouvernemental. Il aborde ensuite la manière dont ces représentations interagissent et entrent en conflit dans la vie quotidienne des camps. Las tecnologías visuales digitales se han convertido en una importante herramienta de la gestión humanitaria. Permiten observar las situaciones de crisis a distancia y, así, detectar las violaciones de los derechos humanos, los movimientos de refugiados y demás a pesar de que no se pueda acceder a la zona afectada. Sin embargo, los efectos políticos de ese "humanitarismo digital" no se han estudiado lo suficiente. En el artículo se intenta llenar este vacío mediante el análisis de qué formas de ver, mostrar y dominar las tecnologías remotas sirven en el caso de los campos de refugiados. Para esto, el artículo relaciona los estudios sobre las políticas del campo de refugiados con las nuevas investigaciones sobre el humanitarismo digital. Propone la noción de un "montaje visual del campo de refugiados" para conceptualizar la creciente adopción de tecnologías visuales en la gestión de los campos de refugiados. A partir de los casos paradigmáticos de Zaatari y Azraq, dos campos de refugiados para sirios desplazados en Jordania, el texto esboza cómo este montaje visual representa el campo de refugiados de diferentes maneras y da lugar a diversas perspectivas del campo. El estudio de caso revela tres de estas representaciones del campo de refugiados (como una tecnología de cuidado y control, como un espacio político y como un laboratorio gubernamental) y expone cómo estas interactúan y chocan en la vida cotidiana del campo. [ABSTRACT FROM AUTHOR]

Ruzibiza, Y. (2021). "'They are a shame to the community ... ' stigma, school attendance, solitude and resilience among pregnant teenagers and teenage mothers in Mahama refugee camp, Rwanda." Global Public Health **16**(5): 763-774.
Mahama refugee camp in Rwanda, whose population is predominately Burundian, has registered a rapid rise in pregnancies among girls between 13 and 15 years. In Rwanda, pregnant girls are encouraged to remain in school as long as their health and the health of the child is not jeopardised. Yet this study found that the majority of pregnant teenagers and teen mothers in Mahama are not in school due to the stigma associated with teenage pregnancy. This paper describes how pregnant teenagers and teen mothers experience stigma in terms of solitude and isolation. I draw on Bourdieusian theories of capital to expand on the analysis of solitude, to highlight how teen mothers use this solitude or isolation to rebuild their self-esteem and the symbolic capital which they lose when they become pregnant. The study suggests that despite the existence of a policy guaranteeing certain rights to girls, closer attention should be paid to the contextual barriers that may hinder pregnant teenagers or teen mothers from exercising these rights. [ABSTRACT FROM AUTHOR]

Salas-Ruiz, A., et al. (2021). "Novel Methodology for Supporting Integration between Refugees

and Host Communities: NAUTIA (Need Assessment under a Technological Interdisciplinary Approach)." Journal of Refugee Studies **34**(4): 4503-4533.
More than 26 million people are recognized globally as refugees and have been forced to flee from their home countries because of poverty, human rights violations, natural disasters, climate change, and other social and political conflicts. What is more, most host communities are usually poor and face social and economic crises. This is why supporting integration between refugees and host communities is imperative at the global humanitarian context. Thereby, this research presents the NAUTIA (Need Assessment under a Technological Interdisciplinary Approach) methodology, an innovative mixed-method approach designed by the Platform on Refugees of the Universidad Politécnica de Madrid. The main objective of NAUTIA is to identify the basic needs of refugees and locals to improve their quality of life through interdisciplinary and inclusive intervention proposals based on technology. The methodology was applied in the permanent Shimelba Refugee Camp (Ethiopia), where energy, shelter, and food security solutions have resulted essential to improve the living conditions of both population groups. The results are useful for researchers, stakeholders, and practitioners from the humanitarian sector as they provide a more innovative and comprehensive way to support the unprecedented global human mobility there is nowadays. [ABSTRACT FROM AUTHOR]

Schottland-Cox, J. and J. Hartman (2019). "Physical Therapists Needed: The Refugee Crisis in Greece and Our Ethical Responsibility to Respond." Physical Therapy **99**(12): 1583-1586.
The authors convey their concerns on the refugee crisis in Greece and the ethical responsibility of clinicians to respond to the crisis. Topics mentioned include accusations of mismanagement and fraud causing closure of many necessary non-governmental organizations, the difficulty of obtaining public physical therapy appointments, and the U.S. involvement in the Middle East as a contributing factor to the migrant crisis in Europe.

Schottland-Cox, J. and J. Hartman (2019). "Physical Therapists Needed: The Refugee Crisis in Greece and Our Ethical Responsibility to Respond." Physical Therapy **99**(12): 1583-1586.
The authors convey their concerns on the refugee crisis in Greece and the ethical responsibility of clinicians to respond to the crisis. Topics mentioned include accusations of mismanagement and fraud causing closure of many necessary non-governmental organizations, the difficulty of obtaining public physical therapy appointments, and the U.S. involvement in the Middle East as a contributing factor to the migrant crisis in Europe.

Tirado, V., et al. (2020). "Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review." PLoS ONE **15**(7): 1-25.
Background: The need to address sexual and reproductive health and rights (SRHR) in humanitarian settings is more urgent than ever, especially among young refugees. We conducted a scoping review to identify and synthesise the literature on perceived barriers and facilitators to SRHR among young refugees and interventions created to address their needs. Methods: We searched three databases (PubMed, Global Health and POPLINE) for peer-reviewed and grey literature published in English between January 2008 and June 2018 that reported on SRHR barriers, facilitators and interventions for young refugees aged 10 to 24 years. We extracted data using standardised templates and assessed the quality of studies according to study design. Data were charted using qualitative content analysis and organised in line with a socio-ecological framework (individual, social and community, institutional and health system, and structural).

Findings: We screened 1,169 records and included 30 publications (qualitative, quantitative, and mixed methods) across 22 countries; 15 were peer-reviewed articles and 15 were from the grey literature. Twenty-two publications reported on young people in refugee camps or alternatives to camps (e.g. sustainable settlements), and eight referred to young refugees who had been resettled to a third country. We identified 19 sub-categories for barriers and 14 for facilitators at the individual, social and community, institutional and health system, and structural levels. No publications discussed the SRHR challenges faced by young homosexual, bisexual, transgender or queer refugees, or those living with HIV. Nine publications described interventions, which tended to focus on the provision of SRHR services and information, and the training of peers, parents, religious leaders and/or service providers. Conclusions: Findings highlight that while young refugees experience similar barriers to SRHR as other young people, many of these barriers are exacerbated by the refugee context. The limited number of publications and evidence on interventions underlines the immediate need to invest in and evaluate SRHR interventions in refugee contexts. [ABSTRACT FROM AUTHOR]

Tzavella, F. and G. Sakellaridis (2020). "Γυναικείες προσφυγικές μαρτυρίες και ανθρώπινα δικαιώματα στην Ελλάδα." Refugee women's testimonies and human rights in Greece. **37**: 10-16.

The international financial crisis that began in the US in 2008 soon expanded to Europe as well. Greece, emerged as the weak link in the European Union, and experienced since the end of the decade a profound socioeconomic crisis, as a result of the austerity measures imposed on the population. In recent years, the consequences of the refugee social phenomenon that Europe experienced, have also worstened the predominant economic austerity. Amnesty International (IA), the global movement of about seven million members, activists and supporters aiming to protect human rights around the world, believes that economic austerity coupled with refugee and migrant crises affecting many parts of the world in recent years, can negatively affect the respect of human rights. IA, considering that onthe- spot investigations are the best way to detect possible human rights abuses, as from March 2017, spoke to more than a hundred refugee women and girls living in camps and apartments in Athens and the Greek islands. The stories of these women and girls captured in the document "I Want to Decide about My Future: Uprooted Women in Greece Speak out", which was released in October 2018. Through this report, IA presented with emphasis to the Greek and European authorities, the "Ten General Requirements for Women and Girls" living in refugee camps in Greece which must be respected for their human rights not to be violated. (English) [ABSTRACT FROM AUTHOR]

Uddin, M. A. (2021). "The Meaning of Marriage to the Rohingya Refugees, and Their Survival in Bangladesh." Journal of Refugee Studies **34**(2): 2036-2051.

This article offers an insight into how the 'stateless' Rohingya refugees try to manage their survival in their host country through interethnic marriage. In response to the relative absence of comprehensive study on citizenship and integration of the Rohingya, it offers a critical account of the marriage between the nationals of Myanmar and Bangladesh. The major research question of the study was how the Rohingya refugees reconstruct the images of marriage, which they associate with citizenship and survival in the host country Bangladesh. The empirics of the study reveals that in the absence of adequate food, shelter, and security in refugee camps, Rohingya women try to manage their survival marrying Bangladeshi men with the hope of obtaining citizenship and other basic rights. Notwithstanding such interethnic marriages are 'illegal' that often involve polygamy, child marriage, or abandonment, both sides find potential advantages from marriages between two nations. [ABSTRACT FROM AUTHOR]

Ullah, A. K. M. A., et al. (2020). "Covid-19 and Rohingya Refugee Camps in Bangladesh." Intellectual Discourse **28**(2): 793-806.

Ullah, A. K. M. A., et al. (2020). "Covid-19 and Rohingya Refugee Camps in Bangladesh." Intellectual Discourse **28**(2): 793-806.

Refugees (161)

(2019). "[Open letter to migrants]." Assistenza infermieristica e ricerca : AIR **38**(3): 156-157.

(2020). Medication Confiscation: How Migrant Children Are Placed in Medically Vulnerable Conditions. **145:** 3.

The article describes two cases to show how medication confiscation in undocumented immigrant detention facilities in the U.S. has placed migrant children in medically vulnerable conditions. Topics covered include the detrimental consequences of the Customs and Border Protection (CBP) policy breaches, the emerging problem for the health care system as illustrated by the cases, and ways on how pediatricians may advocate for children in similar situations.

(2020). Medication Confiscation: How Migrant Children Are Placed in Medically Vulnerable Conditions. **145:** 3.

The article describes two cases to show how medication confiscation in undocumented immigrant detention facilities in the U.S. has placed migrant children in medically vulnerable conditions. Topics covered include the detrimental consequences of the Customs and Border Protection (CBP) policy breaches, the emerging problem for the health care system as illustrated by the cases, and ways on how pediatricians may advocate for children in similar situations.

(2021). "Immigration, Refugees and Responses." Journal of Common Market Studies **59**: 92-102.

V The New Pact on Migration and Asylum The securitization of migration and attempts to block refugee arrivals during the Covid-19 pandemic was not a new phenomenon but a continuation of ongoing trends in EU migration and refugee policies. Further, the Commission has abandoned the seemingly futile quest to get all Member States including the Visegrád countries, to agree to obligatory relocation quotas for refugees, and has instead introduced the idea of solidarity measures whereby instead of agreeing to accept relocated refugees, a Member State can "sponsor" a refugee return, or "help" receiving states with expertise or practical help such as the organization of reception centres. In 2020, the situation of refugees arriving, or attempting to arrive, in the EU was often largely overshadowed by the wider Covid-19 pandemic. And it seems that the precedents set during the Covid-19 pandemic are set to continue with the implementation of the New Pact on Migration, which can be seen as a "pragmatic" solution to the realities of Member States policy priorities on migration, but at the same time promises a continuing exclusion and marginalisation of refugees, and a diminishing respect for migrant and refugee rights in Europe. [Extracted from the article]

(2021). "An institutional right of refugee return." European Journal of Philosophy **29**(4): 948-964.

Calls to recognize a right of return are a recurring feature of refugee crises. Particularly when such crises become long-term, advocates of displaced people insist that they be allowed to return to their country of origin. I argue that this right is best understood as the right of refugees to return, not to a prior territory, but to a prior political status. This status is one that sees not just any state, but a refugee's state of origin, take responsibility for safeguarding their welfare. This entitlement I characterize as an institutional right: a right that presupposes, and is a necessary feature of, a particular institution. The institution of which the right of return is an indispensable part is the international political system that sees authority exercised by sovereign states. The institutional argument for a right of refugee return presupposes two basic factual claims about states: they play a central role in safeguarding rights and they pursue exclusionary policies of border control. Importantly, the institutional view presupposes only that states do perform both functions, not that they are justified in doing so. On a purely normative level, the institutional account assumes little more than the moral equality of human beings. [ABSTRACT FROM AUTHOR]

(2021). "TESTIMONY OF CINDY HUANG, VICE PRESIDENT OF STRATEGIC OUTREACH REFUGEES INTERNATIONAL, HOUSE COMMITTEE ON FOREIGN AFFAIRS, SUBCOMMITTEE: ASIA, THE PACIFIC, AND NONPROLIFERATION "HUMAN RIGHTS IN SOUTHEAST ASIA: A REGIONAL OUTLOOK" JULY 25, 2019." Current Politics & Economics of South, Southeastern & Central Asia **30**(2/3): 173-249.

(2022). "Reclaiming "Natural Partnership and Communication": Francisco de Vitoria's Legacy for Today's Refugee Challenges." Journal of Religious Ethics **50**(1): 103-122.
The massive scale of forced displacement across the globe discloses the fractured state of the modern international order. Francisco de Vitoria's theological approach to the law of nations, in the context of the Spanish conquest of the Americas, had a significant influence on this order's development. This paper argues that recovering his innovative insights today can help refurbish a collective sense of international responsibility for refugees. Vitoria's bold assertion of indigenous Americans' dominion affirmed all human beings as members of a world commonwealth with equal claims to basic rights. The "right to travel" he articulated, by its orientation to "natural partnership and communication," can promote refugee rights and global fraternity. [ABSTRACT FROM AUTHOR]

Abdelaaty, L. (2021). "The relationship between human rights and refugee protection: an empirical analysis." International Journal of Human Rights **25**(10): 1704-1723.
What is the relationship between a government's respect for the rights of its own citizens and that government's regard for refugee rights? On one hand, we may expect that a country with high human rights standards will also offer a higher quality of asylum. Domestic laws that protect citizens' rights may be extended to refugees, for example. On the other hand, there are reasons to theorize that a country with high human rights standards may offer a lower quality of asylum. For instance, governments may claim that protecting citizens' wellbeing necessitates the rejection of refugees. To explore these questions, I analyse a global dataset drawn from reports by the US Committee for Refugees and Immigrants. I find that the relationship between citizens' rights and refugee rights is modified by economic conditions and the size of the refugee population. Moreover, some domestic rights (like freedom of movement and labor rights) may increase protections for refugees, while others (like rule of law) may decrease them. Refugees have been largely absent from the literature on the politics of human rights. By systematically examining the relationship between human and refugee rights worldwide, this paper fills an important gap in the scholarly and policy literature. [ABSTRACT FROM AUTHOR]

Achiume, E. T. (2022). "Empire, Borders, and Refugee Responsibility Sharing." California Law Review **110**(3): 1011-1039.
The article focuses on refugee responsibility-sharing scholars, for the most part, are concerned with persons who, due to serious violations of human rights including severe

forms of deprivation. It mentions literature's analysis is heavily informed and constrained by the prevailing doctrine of sovereignty in international law. It also mentions International lawyers focus on the consent-based regime of international refugee law of the U.N. Refugee Convention and its Protocol.

Achiume, E. T. (2022). "Empire, Borders, and Refugee Responsibility Sharing." California Law Review **110**(3): 1011-1039.
The article focuses on refugee responsibility-sharing scholars, for the most part, are concerned with persons who, due to serious violations of human rights including severe forms of deprivation. It mentions literature's analysis is heavily informed and constrained by the prevailing doctrine of sovereignty in international law. It also mentions International lawyers focus on the consent-based regime of international refugee law of the U.N. Refugee Convention and its Protocol.

Adbul-Majied, S. and Z. Kinkead-Clark (2022). "Exploring the early years needs of Venezuelan migrant children in Trinidad and Tobago." International Journal of Early Years Education **30**(2): 216-234.
Since 2015, Trinidad and Tobago experienced an influx of over 40,000 migrants from Venezuela. Having signed the Convention on the Rights of the Child and the Convention Relating to the Status of Refugees, young migrant children are entitled to education in Trinidad and Tobago. However, they face obstacles accessing schooling and social services [UNICEF EC (UNICEF Eastern Caribbean). 2019. 'Making Friendly Spaces for Venezuelan Children.' Accessed September 14, 2019. https://www.unicef.org/easterncaribbean/media_39482.html]. Broadly, this conceptual study sought to answer one primary question: What are the key issues Trinidad and Tobago's government must address in order to support young children from Venezuelan migrant families in the early years setting? To answer this, data from policy documents, government releases, peer-reviewed articles and news reports were analysed. Six overarching themes emerged from the literature: policy gaps, fear/xenophobia, resource limitations, familial support, political risks and child rights infringements. Recommendations for overcoming challenges are included. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Adeboye, A. O. (2021). "Addressing the Boko Haram-Induced Mental Health Burden in Nigeria." Health and human rights **23**(1): 71-73.

Ahmad, N. (2021). "Refugees and Algorithmic Humanitarianism: Applying Artificial Intelligence to RSD Procedures and Immigration Decisions and Making Global Human Rights Obligations Relevant to AI Governance." International Journal on Minority & Group Rights **28**(3): 367-435.
Artificial intelligence (AI) has created algorithmic-driven humanitarianism without ethics, justice, and morality. Current AI dynamics do not protect humanity and mitigate its sufferings in refugee status determination procedures and immigration decisions, raising a host of data privacy and confidentiality issues. Data from refugees, asylum–seekers and migrants and the stateless might be deployed and manipulated for geostrategic, geopolitical, geo-engineering, medico-research, socio-economic, and demographical purposes by international organisations and governments. AI lacks anthropogenic sensitivity, critical thinking, and human traits of subjectivity and objectivity. The author ruminates on these issues by examining the application of AI and assessing its impact on the global human rights norms. The author adopts a human rights-based approach while espousing the reprogramming of algorithmic humanitarianism within new AI technologies for sustainable artificial intelligence. [ABSTRACT FROM AUTHOR]

Al Imran, H. (2022). "The Plight of Boat Refugees to Thailand: Challenges in Law & Policy and Non-Refoulement Obligation." International Journal on Minority & Group Rights **29**(5): 984-1009.

Thailand is a coastal State, and the plight of Rohingya boat refugees from Myanmar is an ongoing issue there. However, Thailand has no refugee laws and the State is also a non-State party to the 1951 Refugee Convention. Refugee issues are being treated under ad hoc decisions in Thailand; therefore, refugees have no legal status there, they are treated as illegal immigrants. Moreover, being a coastal State, Thailand rigorously controls its seas. However, Thailand signed on to core international human rights instruments which ensure protection from torture, including their guarantee of civil and political rights to all individuals within its territory. As a State-party to international maritime laws, Thailand also has obligations to assist any person at sea. Against this background, this article examines the challenges of refugee protection in Thailand, where special focus is given to the Rohingya boat refugees within an examination of its maritime laws. In conclusion, it suggests a solution for refugee protection in Thailand under the existing regime. While particular literature on the Rohingya boat refugees in Thailand is very limited, it is expected that the article will fill the gap in existing literature regarding the boat refugee issue in Thailand. [ABSTRACT FROM AUTHOR]

Alim, M., et al. (2021). "Relationship between experiences of systemic injustice and wellbeing among refugees and asylum seekers: a systematic review." Australian Psychologist **56**(4): 274-288.

This study is a systematic review of the literature on systemic injustice and wellbeing among refugees and asylum seekers. The review was conducted using the PRISMA guidelines for conducting systematic reviews. Four main databases were searched, and studies were screened based on specific inclusion criteria. The data were extracted and analysed using thematic analysis. Fourteen studies, with various research designs met the study inclusion criteria. The themes identified were that "justice is human rights and a balance in power". Consequences of experiencing systemic injustice were highlighted in the theme of "mistrust in the legal system and a preference for informal forms of justice". Systemic injustice has negative impacts on wellbeing which formed the themes of "injustice and wellbeing", "sense of agency/control" and "anger at injustice". Experiences of systemic injustice have a negative impact on the wellbeing of refugees and asylum seekers. Implications for refugee and asylum seeker wellbeing are discussed along with suggestions for working with this population. KEY POINTS What is already known about this topic: (1) Justice is fundamentally important to humans. (2) Experiencing an injustice has many negative consequences for wellbeing. (3) People with refugee and asylum seeker backgrounds face many risk factors for negative wellbeing and mental health. What this topic adds: (1) Refugees and asylum seekers understand justice in terms of human rights and as a balance of power. (2) Refugees and asylum seekers face many barriers and to accessing justice through legal pathways and as such express a mistrust of the legal system. (3) A loss of control and agency over one's life was associated with negative wellbeing outcomes. [ABSTRACT FROM AUTHOR]

Alim, M., et al. (2021). "Relationship between experiences of systemic injustice and wellbeing among refugees and asylum seekers: A systematic review." Australian Psychologist **56**(4): 274-288.

Objective: This study is a systematic review of the literature on systemic injustice and wellbeing among refugees and asylum seekers. Methods: The review was conducted using the PRISMA guidelines for conducting systematic reviews. Four main databases were searched, and studies were screened based on specific inclusion criteria. The data were extracted and analysed using thematic analysis. Results: Fourteen studies, with various research designs met the study inclusion criteria. The themes identified were that 'justice is human rights and a balance in power'. Consequences of experiencing systemic injustice were highlighted in the theme of 'mistrust in the legal system and a preference for informal forms of justice'. Systemic injustice has negative impacts on wellbeing which formed the themes of 'injustice and wellbeing', 'sense of agency/control' and 'anger at injustice'. Conclusions: Experiences of systemic injustice have a negative impact on the wellbeing of refugees and asylum seekers. Implications for refugee and asylum seeker wellbeing are discussed along with suggestions for working with this population. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Arnold-Fernández, E. E. (2019). "National Governance Frameworks in the Global Compact on Refugees: Dangers and Opportunities." International Migration **57**(6): 188-207.
This article examines the treatment of national governance frameworks in the Global Compact on Refugees. Given that national governance frameworks are the primary determinants of whether a refugee can live safely, move freely, work, and access state and private services such as education, healthcare, banking and justice, their treatment in the Global Compact has important implications for future prospects for local integration, the durable solution least-often discussed but most likely to become the de facto reality for most of the world's refugees. [ABSTRACT FROM AUTHOR]

Aslanpay ÖZdemİR□, E. (2021). "AVRUPA BİRLİĞİ VE TÜRKİYE ARASINDA DÜZENSİZ GÖÇ SÜRECİNDE MALİ YARDIM PROGRAMININ TOPLUMSAL CİNSİYET AÇISINDAN ANALİZİ." THE GENDER ANALYSIS OF THE EU FACILITY FOR REFUGEE IN TURKEY WITHIN THE CONTEXT IRREGULAR MIGRATION PROCESS.: 75-93.
There has been an irregular migration issue between Turkey and the European Union (EU) since almost the year 2010. This issue has turned into a "crisis" as a result of the rapid increase in illegal entries from Turkey to the EU countries. The geographical location of Turkey has led to becoming a transit country towards the EU countries for migrants. This situation has led to massive migration flows that almost no country has encountered to Turkey in the last decade. Most of the migrants with different statuses in Turkey, especially those coming from Syria, consist of women and children. This situation requires a gender perspective to deal with irregular migration entirely. The measures taken by the United Nations and the EU in this regard are insufficient due to the number and the density of migrants in some regions of Turkey. The Republic of Turkey has tried to manage this sudden and irregular migration, besides, it has coped with heavy fiscal and social burdens. The Facility for Refugees in Turkey (FRIT) has been developed and put into practice within the context of the financial assistance programs and projects between Turkey and the EU. This study examines the elements of the gender perspective and the positive and negative aspects of implementation within the framework of the FRIT. The results show that more efforts are needed within the scope of the FRIT on "supporting, protecting and ensuring the human rights of women and girls, gender equality and empowerment of women and girls". (English) [ABSTRACT FROM AUTHOR]

Assi, R., et al. (2019). "Health needs and access to health care: the case of Syrian refugees in Turkey." Public Health (Elsevier) **172**: 146-152.
Turkey is a principal destination and transit country for refugees from diverse countries. Turkey currently hosts Syrian refugees and provides free access to shelter, education and health care. The aim of this study is to determine the health needs and document the healthcare services available to Syrian refugees in Turkey. Literature review. An examination of the scientific literature, reports and government policies about refugees in Turkey was performed. In addition, literature focussing on the understanding and development of the healthcare needs and systems in crisis situations in Turkey was

analysed. The Turkish government has made several regulations for Syrian refugees, which allow them to benefit from emergency care units and primary, secondary and tertiary healthcare centres in Turkey's 81 provinces free of charge; the financial costs of these benefits are covered by the Disaster and Emergency Management Authority. Effectiveness of healthcare services for refugees is limited by language barriers, mobility of the refugees and some legal restrictions. Mental health and rehabilitation services are relatively weak because of the inadequate number of qualified practitioners. The current migration rules in Turkey do not enable refugees to access all human rights. Because the number of refugees has increased, there has been a subsequent increase in the financial and human resources needed for healthcare services. Multidynamic refugee-friendly systems, the provision of preventive health care (including primary and secondary prevention opportunities) and increasing the number of national and international organisations may help improve the health of refugees. • Refugee access to healthcare is restricted by language, financial support, experienced professionals. • Provision of preventive and rehabilitation services may improve access to health care. • Access to healthcare interacts with social and human rights. [ABSTRACT FROM AUTHOR]

Azizi, S., et al. (2021). "Aid Allocation for Camp-Based and Urban Refugees with Uncertain Demand and Replenishments." Production & Operations Management **30**(12): 4455-4474.
There are 26 million refugees worldwide seeking safety from persecution, violence, conflict, and human rights violations. Camp-based refugees are those that seek shelter in refugee camps, whereas urban refugees inhabit nearby, surrounding populations. The systems that supply aid to refugee camps may suffer from ineffective distribution due to challenges in administration, demand uncertainty and volatility in funding. Aid allocation should be carried out in a manner that properly balances the need of ensuring sufficient aid for camp-based refugees, with the ability to share excess inventory, when available, with urban refugees that at times seek nearby camp-based aid. We develop an inventory management policy to govern a camp's sharing of aid with urban refugee populations in the midst of uncertainties related to camp-based and urban demands, and replenishment cycles due to funding issues. We use the policy to construct costs associated with: (i) referring urban populations elsewhere, (ii) depriving camp-based refugee populations, and (iii) holding excess inventory in the refugee camp system. We then seek to allocate aid in a manner that minimizes the expected overall cost to the system. We propose two approaches to solve the resulting optimization problem, and conduct computational experiments on a real-world case study as well as on synthetic data. Our results are complemented by an extensive simulation study that reveals broad support for our optimal thresholds and allocations to generalize across varied key parameters and distributions. We conclude by presenting related discussions that reveal key managerial insights into humanitarian aid allocation under uncertainty. [ABSTRACT FROM AUTHOR]

Barbour, B., et al. (2021). "A Whole-of-Society Approach to the Rohingya Refugee Crisis: Strengthening Local Protection Capacity in South and South-East Asia." Asia-Pacific Journal on Human Rights & the Law **22**(1): 28-48.
In 2020, Rohingya men, women, and children continue to embark across the Bay of Bengal and Andaman Sea, and States continue to lack safe and predictable disembarkation protocols and standards. From a protection perspective, the situation in 2020 has played out as it did in 2015 showing a lack of progress. After decades of discriminatory policies, denial of basic human rights, and targeted violence, at least 1.5 million stateless Rohingya refugees have fled Myanmar's Rakhine State to seek refuge in the region and scattered locations around the globe, often surviving horrendous journeys by sea in the hope of disembarking with even marginally better prospects. The

reception of the Rohingya in each of their places of refuge has been mixed, but it has rarely if ever been one of unqualified welcome. How do we engage with challenges that seem so intractable? The academic literature looking at refugee protection in the Asian region has largely dealt with its absence or inadequacy. Yet if we look more closely at any specific context in Asia, we can see that States may have laws, policies, or practices that can be utilised to recognise or respond to protection needs; international institutions like the United Nations High Commissioner for Refugees (UNHCR) are often recognised and permitted to conduct protection activities; civil society actors in every jurisdiction have developed substantial capacity for operationalising protection in practice; and refugees themselves are coping and contributing to their own protection in every case. It is at the national and local levels where protection capacity must be built towards implementation of a 'whole-of-society' approach. [ABSTRACT FROM AUTHOR]

Barboza, J. Z. (2022). "Between a Rock and a Hard Place: a Human Rights Assessment of the Fate of Excluded Asylum-seekers and Criminal Refugees in Australia." Refugee Survey Quarterly **41**(4): 725-745.
Migrants fearing harm in their own country may benefit from the protection of refugee law. This protection, however, is not extended to those considered undeserving of it, for example, because they committed atrocities in the past, and may be removed from those who become a threat to the host State's national security. In practice, States need to find solutions for such migrants, who are often failed asylum-seekers or criminal refugees who lost their protection status. In this regard, Australia is infamous for its extensive use of immigration detention, which is frequently applied to such migrants. The country's practices have stirred much academic debate and gave rise to a multitude of legal cases and legislation changes. This contribution provides a human rights assessment of Australia's practices towards failed asylum-seekers and criminal refugees, showing that when faced with such migrants, States may adopt measures that violate their international human rights obligations, such as returning them to harm or placing them in indefinite detention. As States are increasingly adopting similar practices, especially regarding the use of immigration detention, this analysis of the Australian context can inform the assessment of these practices anywhere they may be applied. [ABSTRACT FROM AUTHOR]

Bastaki, J. and L. Charles (2022). "Privilege to Work: Syrian Refugees in Jordan, Technical and Vocational Education Training, and the Remote Work Loophole." Refugee Survey Quarterly **41**(4): 625-644.
Jordan is the second biggest host of Syrian refugees per capita in the world, yet, initially, refugees were not given the legal right to work. Investment in Technical and Vocational Education Training (TVET) was seen as a way to equip refugees and host communities to find employment, and with the 2016 Jordan Compact, a formal pathway for employment was created for Syrians refugees in Jordan. It appears that, despite some avenues for formal work and the significant investment in TVET programmes, many refugees still prefer to work in the informal sector. Through interviews with TVET providers in Jordan, this article assesses the role of TVET and explores the reasons for the preference for informal work among Syrian refugees in Jordan. The research shows that the most successful TVET programmes include digital skills training, as this enables refugees to work remotely, and informally, circumventing local laws that limit their participation in the local labour market. Yet, while digital skills appear to be the most promising in terms of actually helping refugees acquire work, there are still significant challenges. [ABSTRACT FROM AUTHOR]

Bender, F. (2021). "Refugees: The politically oppressed." Philosophy & Social Criticism **47**(5): 615-633.

Who should be recognized as a refugee? This article seeks to uncover the normative arguments at the core of legal and philosophical conceptions of refugeehood. It identifies three analytically distinct approaches grounding the right to refugee status and argues that all three are normatively inadequate. Refugee status should neither be grounded in individual persecution for specific reasons (classical approach) nor in individual persecution for any discriminatory reasons (human rights approach). It should also not be based solely on harm (humanitarian approach). Rather, this article argues, it should be based on political oppression – on persons lacking public autonomy, formally expressed as a lack of legal–political status. The normative foundation for a claim to refugee status lies in the inability of a person to control, amend and seek recourse to the specific situation she faces. It lies in the lack of public autonomy expressed as a lack of legal–political rights. What matters for a claim to refugee status is thus the legal–political disenfranchisement of a person, ultimately leaving her with no recourse to the particular situation she faces other than flight. Refugees, then, are not only those who fear harm or persecution, but those who are politically oppressed. [ABSTRACT FROM AUTHOR]

Betts, A. and O. Sterck (2022). "Why do states give refugees the right to work?" Oxford Review of Economic Policy **38**(3): 514-530.
This article explains the conditions under which countries allow refugees the right to work in accordance with Articles 17–19 of the 1951 Convention on the Status of Refugees. It explores variation in both the de jure and de facto rights to work through a mixed-methods approach. Qualitatively, it builds upon research in the East African region, in which there is significant variation in state practice relating to refugees' socio-economic rights. Quantitatively, it draws upon an original dataset to examine the policies of low- and middle-income countries that host more than 1,000 refugees. Coding for the right to work was supplied by and triangulated across three different refugee organizations with relevant expertise. We argue that the de jure and de facto rights to work are shaped by distinctive actors and mechanisms. De jure rights are determined by pay-offs at the 'national' level; de facto rights by pay-offs at the 'local' level. While being a signatory of international norms is the most important variable for de jure commitment, the degree of decentralization is the most important variable underlying de facto rights. These findings suggest that promoting refugee norm compliance relies upon creating incentives at both national and local levels. [ABSTRACT FROM AUTHOR]

Bhabha, J., et al. (2019). "Toleration deficits: The perilous state of refugee protection today." Philosophy & Social Criticism **45**(4): 503-510.
The escalation of contemporary distress migration has coincided with an intensification of intolerance, xenophobia and nativism precipitating enormous human suffering among the migrant and refugee community. This chapter examines some instances of the growing exclusionary trend in current refugee and migration policy and explores alternative strategic opportunities to enforce the human rights and humanitarian entitlements for distress migrants established by international norms. [ABSTRACT FROM AUTHOR]

Bilotta, N. (2023). "'Respect' and 'justice' for whom? Culturally irresponsive ethical practices with refugee communities." International Social Work **66**(3): 817-830.
This article explores how two common social work ethical principles, respect for persons and justice, are understood by refugee young people aged 18–30 years old in Kenya. Through 31 semi-structured, in-depth interviews with refugee young people who had previously participated in academic and/or organization-based qualitative research, this article explores how this group conceptualizes research ethics. The analysis suggests that refugee young people in Kenya did not necessarily feel that researchers

were respectful. As such, the article claims that researchers must reconsider how Eurocentric social work and research ethics codes are understood globally. [ABSTRACT FROM AUTHOR]

Birger, L. and Y. Nadan (2022). "Social workers and refugee service users (re)constructing their relationships in a hostile political climate." Journal of Social Work **22**(2): 402-421.
Summary: This article explores the relationship between social workers and adult Eritrean refugee service users in the context of a hostile political climate and restrictive state policies. It examines the implications of politics and policies on the formation of this relationship based on findings from a qualitative study conducted in Israel and Germany. Semi-structured in-depth interviews were conducted with 38 participants – 16 Eritrean refugees and 22 social workers who work with refugees. Findings: Despite different political, social and organizational contexts, especially in the asylum policies towards Eritrean refugees, our thematic analysis yielded two main themes common to both countries: First, changing relationship structures, in particular moving away from a 'traditional' conceptualization of the social work relationship towards 'informal' practices. These included modifications of the setting, of professional boundaries and of the therapeutic language. Second, shifting power relations, characterized by a friend-like dynamic, which enabled more egalitarian relations, and a parent–child dynamic, which included increased power imbalances and dependency. Implications: An increased understanding of the role of restrictive policies, everyday racism and exclusionary political discourse in the reconstruction of the user-worker relationship dynamics could inform social work education and practice. Beyond the refugee arena, establishing informal relationship structures could help to reduce power differentials, increase trust-building and improve therapeutic outcomes with refugees and other service users. The possible risks of informal relations, such as misunderstandings or worker burnout, are also discussed. [ABSTRACT FROM AUTHOR]

Birger, L. and Y. Nadan (2022). "Social workers and refugee service users (re)constructing their relationships in a hostile political climate." Journal of Social Work **22**(2): 402-421.
Summary: This article explores the relationship between social workers and adult Eritrean refugee service users in the context of a hostile political climate and restrictive state policies. It examines the implications of politics and policies on the formation of this relationship based on findings from a qualitative study conducted in Israel and Germany. Semi-structured in-depth interviews were conducted with 38 participants – 16 Eritrean refugees and 22 social workers who work with refugees. Findings: Despite different political, social and organizational contexts, especially in the asylum policies towards Eritrean refugees, our thematic analysis yielded two main themes common to both countries: First, changing relationship structures, in particular moving away from a 'traditional' conceptualization of the social work relationship towards 'informal' practices. These included modifications of the setting, of professional boundaries and of the therapeutic language. Second, shifting power relations, characterized by a friend-like dynamic, which enabled more egalitarian relations, and a parent–child dynamic, which included increased power imbalances and dependency. Implications: An increased understanding of the role of restrictive policies, everyday racism and exclusionary political discourse in the reconstruction of the user-worker relationship dynamics could inform social work education and practice. Beyond the refugee arena, establishing informal relationship structures could help to reduce power differentials, increase trust-building and improve therapeutic outcomes with refugees and other service users. The possible risks of informal relations, such as misunderstandings or worker burnout, are also discussed.

Bradby, H., et al. (2020). "Policy Makers', NGO, and Healthcare Workers' Accounts of Migrants' and Refugees' Healthcare Access Across Europe-Human Rights and

Citizenship Based Claims." Frontiers in sociology **5**: 16.
Freely available healthcare, universally accessible to the population of citizens, is a key ideal for European welfare systems. As labor migration of the twentieth century gave way to the globalized streams of the twenty-first century, new challenges to fulfilling these ideals have emerged. The principle of freedom of movement, together with large-scale forced migration have led to large scale movements of people, making new demands on European healthcare systems which had previously been largely focused on meeting sedentary local populations' needs. Drawing on interviews with service providers working for NGOs and public healthcare systems and with policy makers across 10 European countries, this paper considers how forced migrants' healthcare needs are addressed by national health systems, with factors hindering access at organizational and individual level in particular focus. The ways in which refugees' and migrants' healthcare access is prevented are considered in terms of claims based on citizenship and on the human right to health and healthcare. Where claims based on citizenship are denied and there is no means of asserting the human right to health, migrants are caught in a new form of inequality. (Copyright © 2020 Bradby, Lebano, Hamed, Gil-Salmerón, Durá-Ferrandis, Garcés-Ferrer, Sherlaw, Christova, Karnaki, Zota and Riza.)

Carreño, A., et al. (2020). "["No one seems ready to hear what I've seen:" Mental health care for refugees and asylum seekers in Chile]." Salud colectiva **16**: e3035.
This article analyzes the results of a descriptive, qualitative study carried out in 2018 on the mental healthcare needs of Latin American refugees and asylum seekers in Chile, through the perspectives of refugees and asylum applicants (n=8), healthcare professionals responsible for delivery of care (n=4), and members of civil society organisations involved in this area (n=2). Our findings indicate that despite Chile's commitment to international treaties in this regard, little has been achieved in safeguarding the right to access to mental health care, understood as part of the universal right to health care access. This article documents barriers to mental health care access for migrants applying for asylum and refugee status. Post-migration stress factors may also increase the risk of emotional disorders within this group of people. Mental healthcare providers and teams are often not equipped with the tools to deal with the psychological consequences arising from the situations of violence and persecution associated with forced migration. Our study discusses the need to strengthen the link between mental health care - as a fundamental human right - and the right to international protection.

Çelen, A. İ. (2021). "YENİ BİR GÖÇ KRİZİNİN EŞİĞİNDE BATI YARIM KÜRE: TEMEL BİLEŞENLERİYLE VENEZUELA MÜLTECİ KRİZİ." WESTERN HEMISPHERE ON THE VERGE OF A NEW MIGRATION CRISIS: VENEZUELA REFUGEE CRISIS WITH ITS BASIC COMPONENTS. **20**(42): 1663-1687.
The Bolivarian Republic of Venezuela (Venezuela) has experienced increasingly deepening economic, political and social crises especially in the last decade. As a result of this the great increase in displacements from the country in recent years has attracted all the attention. Purpose: Accordingly, the aim of the study is to reveal whether the departure from the country meets the international refugee criteria and to examine the quantitative and qualitative dimensions of the migration with its basic components. Method: The study is based on qualitative and quantitative data analysis. In addition the main problem areas have been identified according to Regional Refugee and Migrant Response Plan (RMRP). In this context, the data and reports of global food, health, safety and human rights institutions and organizations, especially UNHCR and IOM, and the relevant literatute were analyzed so the displacemets is a migrant crisis experienced in terms of increasing food insecurity, a collapsing healthcare system, citizen insecurity and rising crime rates, and violations of civil and political rights.

Findings: As a result, the displacements from the country are happening in the migration waves is a refugee crisis especially since the middle of the second wave (2016-2017). And it is suitable for the 1951 Refugee Convention, the 1967 Protocol and the 1984 Cartagena Declaration refugee criterias. Originality: With this study, it has been revealed that the departure from the country in Venezuela has turned into a regional refugee crisis. This situation is turning into an important economic and social threat for the countries of the region. Accordingly, within the framework of UNHCR and IOM's opinion, the undisputed refugee status should be accepted by all global authorities and necessary measures should be taken. (English) [ABSTRACT FROM AUTHOR]

Chen, E. C. (2021). "Syrian refugee access to and quality of healthcare in Turkey: A call to streamline and simplify the process." International Perspectives in Psychology: Research, Practice, Consultation **10**(1): 55-57.
Although Turkey affirms the right to health regardless of citizenship status, as defined by the Declaration of Human Rights, there are gaps in the legislation and administration regarding the conditions for which an individual must fulfill as a Syrian refugee to access healthcare in Turkey (Mardin, 2017). One of the greatest healthcare access barriers is not gaining status under the temporary protection regulation (TPR) as a Syrian refugee (Mardin, 2017). Even after gaining status under the TPR, individuals are bound to the city in which they have registered and are designated, outside of which they are ineligible for healthcare (Mardin, 2017). This limits the autonomy of the individual when making appropriate resettlement decisions within Turkey. This process also poses an additional burden on healthcare professionals to act as healthcare access 'gatekeeper' (Mardin, 2017). This policy brief seeks to outline both the challenges Syrian refugees face in accessing quality healthcare in Turkey and provide reformation suggestions to allow for a more streamlined approach. Furthermore, suggestions are made with consideration of lessening the burden of Turkey’s healthcare system as the host country. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Chynoweth, S. K., et al. (2020). "A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study." Conflict & Health **14**(1): 1-13.
Background: Post-sexual violence service utilization is often poor in humanitarian settings. Little is known about the service uptake barriers facing male survivors specifically. Methods: To gain insights into this knowledge gap, we undertook a qualitative exploratory study to better understand the barriers to service utilization among male survivors in three refugee-hosting countries. The study sites and populations included refugees who had travelled the central Mediterranean migration route through Libya living in Rome and Sicily, Italy; Rohingya refugees in Cox's Bazar, Bangladesh; and refugees from eastern Democratic Republic of the Congo, Somalia, and South Sudan residing in urban areas of Kenya. Methods included document review, 55 semi-structured focus group discussions with 310 refugees, semi-structured key informant interviews with 148 aid workers and human rights experts, and observation of service delivery points. Data were thematically analyzed using NVivo 12. Results: We identified eleven key barriers and situated them within a social ecological framework to describe impediments at the policy, community (inter-organizational), organizational, interpersonal, and individual levels. Barriers entailed: 1) restrictions to accessing legal protection, 2) legislative barriers such as the criminalization of same-sex sexual relations, 3) few designated entry points, 4) poor or nonexistent referral systems, 5) lack of community awareness-raising and engagement, 6) limited staff capacity, 7) negative provider attitudes and practices, 8) social stigma, 9) limited knowledge (at the individual level), 10) self-stigma, and 11) low formal help-seeking behaviors. Conclusion: The social ecological framework allowed us to better understand the multifaceted ways that the barriers facing male survivors operate and reinforce one another, and may be useful

to inform efforts promoting service uptake. Additional research is warranted in other refugee settings. [ABSTRACT FROM AUTHOR]

Coen, A. (2021). "Can't be held responsible: Weak norms and refugee protection evasion." International Relations **35**(2): 341-362.
States have increasingly moved away from refugee protection, intensifying the vulnerability of refugees and asylum-seekers. Drawing on theories of norm dynamics within International Relations (IR), this article argues that departures from refugee protection can be partly explained by the weakness of the normative principles governing the treatment of individuals fleeing persecution. Ambiguities, diverging interpretations, and varying levels of codification complicate efforts to hold states accountable to a complex bundle of human rights standards surrounding refugee and asylum protection. These weaknesses in the international refugee regime bolster norm-evading behavior wherein governments deliberately minimize their obligations while claiming technical compliance. Drawing on an analysis of US refugee and asylum policies under the Trump administration, the article reveals how norm evasion and accountability challenges emerge in the context of ambiguous standards vis-à-vis non-refoulement, non-detention, non-penalization, non-discrimination, and refugee responsibility-sharing. [ABSTRACT FROM AUTHOR]

Correa-Cabrera, G. and N. Koizumi (2021). "Explicando las caravanas migrantes: ¿hipótesis de trabajo, activismo académico o teorías conspirativas?" Explaining Migrant Caravans: Research hypotheses, academic activism or conspiracy theories? **33**: 1-14.
El articulo discute sobre activísimo académico y teorías conspirativas acerca de las carvanas migrantes. El articulo también se centra en la política migratoria estadounidense y mexicana, las redes de tranfico ilícito de personas en las rutas de tránsito y fronteras de Norteamericana, Centroamericana y los derechos humanos de los refugiados .

Dajani, D. (2021). "Refuge under austerity: the UK's refugee settlement schemes and the multiplying practices of bordering." Ethnic & Racial Studies **44**(1): 58-76.
This paper draws on two current UK refugee resettlement schemes, the Vulnerable Persons Resettlement Scheme (VPRS) and Community Sponsorship, to consider the ways in which they borrow technologies from austerity and innovate "border-work". On the global level, the paper considers how VPRS outsources the UK's border management to UNHCR. On the national level, the paper considers how Community Sponsorship shifts the responsibility for the support of refugees from the state to local communities. Finally, on the local level, the paper discusses how the borrowed technologies between austerity and migration control (outsourcing, categorising, and individualizing responsibility) shape the experiences of social workers and migrants in a northern London borough. The paper contributes to understanding how the governmentalities of austerity and migration engage in shaping and re-shaping public space through the differential regulation of subjects who come to experience shared space in fundamentally different ways. [ABSTRACT FROM AUTHOR]

de Grandis, R. and R. Arantes Cavalcante (2021). "OS DIREITOS HUMANOS DA MULHER TRABALHADORA IMIGRANTE REFUGIADA NO BRASIL SOB A PERSPECTIVA DAS EMPRESAS TRANSNACIONAIS." THE HUMAN RIGHTS OF IMMIGRATE REFUGEE WORKING WOMEN IN BRAZIL FROM THE PERSPECTIVE OF TRANSNATIONAL COMPANIES. **7**(2): 20-37.

DeGooyer, S. (2022). "Resettling Refugee History." American Literary History **34**(3): 893-911.
This article pursues a longue durée study of the US refugee to resettle, in necessary and generative ways, contemporary interest in the refugee as representative of a current

"global crisis" and as inherently tied to the unique violence of the twentieth and twenty-first centuries. It argues that the twentieth century is not the only thinkable or relevant period for a refugee literary history. The colonial construction of "asylum," the word we refer today as a legal source of political protection for refugees, was in earlier times intertwined with the development of an exclusionary migration regime, vestiges of which continue to govern the reception of migrants today. The very idea of asylum, despite becoming a legal fixture of human rights law in the twentieth century, was never meant to be expansive in the US. How we make sense of this disjuncture is a serious project for literary scholarship invested in refugees and migration. The limbo that many contemporary refugees find themselves in today, in detention camps and other make-shift shelters, is tied to the US's early fictional conception of itself as a refuge for white European foreigners. [ABSTRACT FROM AUTHOR]

Degooyer, S. (2022). "Resettling Refugee History." American Literary History **34**(3): 893-911.

Díez Bosch, M., et al. (2019). "Letting Diasporic Voices Be Heard: Refugees and Migrants in European Media." Ecumenical Review **71**(1/2): 110-132.
More than 68.5 million people were forced to move from their countries, according to the UN Refugee Agency, UNHCR, in 2018. Forced displacements are caused by poverty, war, and lack of safety. Since 2015, Europe has been experiencing a so-called refugee crisis that calls European values and policies into question. Beyond data, there are the experiences of those who are on the move. The number of people arriving on the continent has made integration a decisive topic. This research aims to discover the portrayal of refugees and migrants in media. This goal includes the challenge of making European media evaluate their work to improve the treatment given to complex subjects such as migration. This article is the result of research derived from the project Refugees Reporting in 2017, coordinated by the Europe Region of the World Association for Christian Communistories ancation and the Churches' Commission for Migrants in Europe. [ABSTRACT FROM AUTHOR]

Dressel, A., et al. (2020). "Attitudes among working professionals toward immigrants and refugees living in Ecuador: Impacts on health and well-being." Public Health Nursing **37**(4): 517-524.
Objective: To explore attitudes toward immigrants and refugees living in Ecuador. Design and Measures: A transnationalism framework informed this qualitative study, which utilized a semi-structured interview guide to elicit responses from participants about their attitudes toward immigrants and refugees. Interviews were conducted in Spanish, audio-taped, transcribed, coded, and analyzed in Spanish to identify emergent themes. Demographic data were analyzed using SPSS. Sample: Participants (n = 50) were recruited from five sectors that interact with refugees: health care, the press, the police, nongovernmental organizations, and education. Fifty interviews were conducted with adults in Quito, Ecuador, in 2017. Results: Participants reported concerns about the health and well-being of immigrants and refugees, expressed a willingness to assist them, but within limits, noted discrimination and bias against refugees, and cited social policies and human rights as factors that influenced their attitudes. Conclusions: Our findings indicate that immigrants and refugees face challenges which impact their health and well-being, according to participants in the study. Social policies can influence attitudes, but are also affected by rapidly shifting immigration patterns. Migration flows in South America is an under-studied area of research, with opportunity for further public health nursing inquiry. [ABSTRACT FROM AUTHOR]

Dubs, A., et al. (2022). "Mental health and child refugees." International Review of Psychiatry **34**(6): 596-603.
This paper presents an overview of the importance of mental health services for

unaccompanied asylum-seeking children in the United Kingdom. It reviews what mental health support appears to be available in the United Kingdom following an on-line search which took place in Spring 2021 and using information gathered through 22 interviews and focus groups with stakeholders. The latter group are defined as people working with asylum-seeking children. The primary stakeholders were local authority staff, although interviews were also conducted with local government associations (London Councils, the Local Government Association), NHS bodies and the voluntary sector. Often, further relevant stakeholders were identified during interviews. The report details the aims, methodology and context, before the findings are presented which is followed by recommendations for improving mental and social care provision for unaccompanied asylum-seeking children in the United Kingdom. [ABSTRACT FROM AUTHOR]

Egli-Gany, D., et al. (2021). "The social and structural determinants of sexual and reproductive health and rights in migrants and refugees: a systematic review of reviews." Eastern Mediterranean Health Journal **27**(12): 1203-1213.
Background: The sexual and reproductive health and rights (SRHR) of migrants and refugees present important public health challenges. Social and structural determinants affect both the general health and SRHR of migrants, but the drivers of SRHR among migrant and refugee populations remain understudied. Aims: To identify upstream social and structural determinants of SRHR health of migrants and refugees reported in systematic reviews. Methods: We conducted a systematic review of reviews. We studied 3 aspects of SRHR: sexually transmitted infections, sexual violence and unintended pregnancy in migrants and refugees. We used an inductive approach to synthesize emerging themes, summarized them in a narrative format and made an adapted version of Dahlgren and Whitehead's social determinants of health (SDH) model. Results: We included 12 systematic reviews, of which 10 were related to sexually transmitted infections, 4 to sexual vi- olence and 2 to unintended pregnancy. We identified 6 themes that operate at 4 different levels in an adapted version of the Dahlgren and Whitehead SDH model: economic crisis and hostile discourse on migration; limited legal entitlements, rights and administrative barriers; inadequate resources and financial constraints; poor living and working conditions; cultural and linguistic barriers; and stigma and discrimination based on migration status, gender, sex and ethnicity. Conclusion: This review provides evidence of how upstream social and structural determinants undermine the SRHR of refugees and migrants. Unless these are addressed in policy-making and planning, the health of migrants and refugees is at risk.

Eloubeidi, S. and T. K. Reuter (2023). "Restricting access to employment as a human rights violation: a case study of Palestinian refugees in Lebanon." International Journal of Human Rights **27**(1): 53-73.
Palestinian refugees in Lebanon face many human rights violations, including heavy restrictions of the right to employment. While the detrimental ramifications of the lack of access to employment for Palestinian refugees have been well documented in policy reports and scholarship, few have assessed Palestinian refugees' perspectives on this issue. Our study offers insights on Palestinian refugees' perceptions of restricted employment access, especially as it pertains to their standard of living, emotional and mental well-being, interpretation of the right to work, and integration into Lebanese society. Using a mixed-methods study design with a heavy qualitative component, we assess Palestinian's perceptions and examine the consequences of work restrictions for the situation of Palestinians in Lebanon. Our results indicate that Palestinian refugees' restricted access to employment negatively affects their everyday life, with some nuances regarding work inside and outside of refugee camps. Further, unlike pervasive findings in the literature stating that lack of access to high-level occupations negatively impacts refugees, we found that availability of any employment is considered positive

by the participants in our study. Further, we found that several of the participants used human rights language in their responses, highlighting that there is awareness of employment as a human right. [ABSTRACT FROM AUTHOR]

Elserafy, J. S. (2019). "The Smuggling of Migrants across the Mediterranean Sea: A Human Rights Perspective." East European Yearbook on Human Rights **2**(1): 94-117.
Irregular migration by sea is one of the most apparent contemporary political issues, and one that entails many legal challenges. Human smuggling by sea is only one aspect of irregular migration that represents a particular challenge for States, as sovereignty and security interests clash with the principles and obligations of human rights and refugee law. In dealing with the problem of migrant smuggling by sea, States have conflicting roles, including the protection of national borders, suppressing the smuggling of migrants, rescuing migrants and guarding human rights. The legal framework governing the issue of migrant smuggling at sea stems not only from the rules of the law of the sea and the Smuggling Protocol but also from rules of general international law, in particular human rights law and refugee law. The contemporary practice of States intercepting vessels engaged in migrant smuggling indicates that States have, on several occasions, attempted to fragment the applicable legal framework by relying on laws that allow for enhancing border controls and implementing measures that undermine obligations of human rights and refugee law. This article seeks to discuss the human rights dimension of maritime interception missions and clarify as much as possible the obligations imposed by international law on States towards smuggled migrants and whether or not these obligations limit the capacity of States to act. [ABSTRACT FROM AUTHOR]

Endler, M., et al. (2020). "Sexual and reproductive health and rights of refugee and migrant women: gynecologists' and obstetricians' responsibilities." International Journal of Gynecology & Obstetrics **149**(1): 113-119.
Ensuring universal access to sexual and reproductive healthcare services is Target 3.7 of the United Nations Sustainable Development Goals (SDG). Refugee and migrant women and children are at particular risk of being forgotten in the global momentum to achieve this target. In this article we discuss the violations of sexual and reproductive health and rights (SRHR) of particular relevance to the refugee and migrant reality. We give context-specific examples of denial of health services to vulnerable groups; lack of dignity as a barrier to care; the vulnerability of adolescents; child marriage; weaponized rape; gender-based violence; and sexual trafficking. We discuss rights frameworks and models that are being used in response to these situations, as well as what remains to be done. Specifically, we call for obstetricians and gynecologists to act as individual providers and through their FIGO member societies to protect women's health and rights in these exposed settings.

Eylemer, S. and N. Söylemez (2020). "Policy Versus Praxis: Has the European Union Failed to Respond to the Refugee Crisis?" World Affairs **183**(4): 315-342.
This study analyzes the effects of supranational governance on the refugee crisis in the European Union (EU). The main argument is that the supranational institutions of the EU have often failed to adequately manage the refugee crisis according to its foundational principles of fair burden sharing and solidarity. This failure has gradually discredited the Union's basic normative principles such as solidarity, hospitality, and respect for human rights. We show that the gaps between certain policies adopted at the Union level and the practices at the national level have widened, and this has led to a familiar defeat of the normative domain by realpolitik, following some central tenets of classical realism. We aim to show that in several areas of EU policy, as well as how individual states have responded to them, national interests and burden shirking, rather than sharing, have unfortunately prevailed. (English) [ABSTRACT FROM AUTHOR]

Ferris, E. E. and S. F. Martin (2019). "The Global Compacts on Refugees and for Safe, Orderly and Regular Migration: Introduction to the Special Issue." International Migration **57**(6): 5-18.

In December 2018, the UN General Assembly adopted two Global Compacts: The Global Compact on Refugees (GCR) and the Global Compact for Safe, Orderly and Regular Migration (GCM). These two compacts, while non-binding and aspirational in nature, offer the first widely-accepted new normative frameworks on the movement of people since the ratification of the 1951 refugee convention and its 1967 protocol. This special issue of International Migration aims to analyse the way in which these two compacts were negotiated, examine their potential impact in a number of areas, and compare the way they deal with common themes such as gender, civil society and security. This introductory article describes the background and the process of negotiating the global compacts, provides a short summary of the articles included in this special issue, and highlights gaps in the two compacts that are not elsewhere discussed herein. [ABSTRACT FROM AUTHOR]

Fiske, L. (2020). "Crisis and Opportunity: Women, Youth and Ethnic Minorities' Citizenship Practices During Refugee Transit in Indonesia." International Journal of Politics, Culture & Society **33**(4): 561-573.

Expulsion from the state is approached as a crisis within both human rights and refugee studies, with Hannah Arendt proposing that the 'loss of national rights was identical with the loss of human rights' (Arendt 1976, p. 292). This analysis conceptualises the state as a protective structure and seeks to rehabilitate the refugee into the state system, whether within a reformed natal state (through return) or into a new state (through local integration or resettlement), ultimately restoring the refugee as 'citizen'. This model is rooted in what Nira Yuval-Davis (1997, p. 119) terms 'the "fraternal" enlightenment project' and is both western centric and has a male, purportedly universal-imagined citizen at its heart. Postcolonial feminist scholars have articulated the many ways in which third world/non-western women's relationships to the state are more commonly either distant or repressive. Expulsion from the state may not, for those who have held only notional or marginal citizenship, entail the 'radical crisis' of human rights (Agamben 1998, p. 126) that refugee studies and human rights that theories conceive. Moments of rupture and crisis that disrupt powerful sociocultural norms and break the alliance between constraining state and civil society structures (patriarchal ethnic and religious institutions) can also be moments of social transformation and opportunity. This paper explores the social practices and testimonies of refugees in transit in Indonesia to examine the assumptions underpinning citizenship and to question whether the social good that citizenship aims to deliver needs to be tied to the state. [ABSTRACT FROM AUTHOR]

Fotaki, M. (2019). "A Crisis of Humanitarianism: Refugees at the Gates of Europe." International journal of health policy and management **8**(6): 321-324.

Having initially welcomed more than a million refugees and forced migrants into Europe between 2015 and 2016, the European Union's (EU's) policy has shifted toward externalising migration control to Turkey and Northern Africa. This goes against the spirit of international conventions aiming to protect vulnerable populations, yet there is widespread indifference toward those who remain stranded in Italy, Greece and bordering Mediterranean countries. Yet there are tens of thousands living in overcrowded reception facilities that have, in effect, turned into long-term detention centres with poor health and safety for those awaiting resettlement or asylum decisions. Disregard for humanitarian principles is predicated on radical inequality between lives that are worth living and protecting, and unworthy deaths that are unseen and unmarked by grieving. However, migration is on the rise due to natural and man-made disasters, and is becoming a global issue that concerns us all. We must therefore deal with it through collective political action that recognises refugees' and forced migrants' right to protection and ensures access to the health services they require. (© 2019 The Author(s); Published by Kerman University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.)

Francis, J. (2019). "Human rights violations as humanist performance: Dehumanizing criminalized refugee youth in Canada." Canadian Geographer **63**(1): 129-144.
This paper explores the dehumanization of criminalized refugee youth. The concept of "institutional humanism" is used to explicate how the ideology of humanism is deployed through the denial of rights to dehumanize, objectify, and animalize racialized and criminalized refugee youth in Canada, setting them in opposition to mainstream whites who are deemed normal, rational, and autonomous—in essence, human. Drawing on qualitative interviews with criminalized refugee youth and professional adults who work with them, the paper shows how institutional policy regulates inclusion in the human community by specifying who may be denied human rights. The interview data are set within the web of theoretical relationships among humanism, posthumanism, animalization, institutional policy, and categorizations based on race, gender, class, ability, age, and immigration status. The paper demonstrates how these theoretical nodes attain bolder relief when operationalized using a theory of performativity. In contrast to conventional analyses of dehumanization, rather than arguing for an extension of liberal humanism, the paper seeks a transformation away from humanism. Key Messages: "Institutional humanism" relies on the performative reproduction of nature/culture dualisms.Institutional policies and practices demarcate the human from the nonhuman and place criminalized refugee youth in the latter category through the denial of human rights.Intersectionality theory must incorporate species difference. (English) [ABSTRACT FROM AUTHOR]

Gee, D. G. and E. M. Cohodes (2019). "A call for action on migrant children's mental health." The lancet. Psychiatry **6**(4): 286.

Gilbert, G. (2019). "Not Bound but Committed: Operationalizing the Global Compact on Refugees." International Migration **57**(6): 27-42.
The Global Compact on Refugees is not legally binding, but it gives rise to commitments by the international community as a whole. It is also rooted in international refugee law, international human rights law and international humanitarian law. This article addresses how the GCR cannot give rise to binding obligations in international law, yet provide for enhanced protection and assistance to refugees and hosting communities, and establish commitments for a fairer and more predictable sharing of burdens and responsibilities. It does this by reference to other non-legally binding international documents and rules of law. Additionally, the use of indicators to measure states' and other international actors' performance in operationalizing the GCR provides a framework to measure commitments; coupled with greater humanitarian and development co-operation, commitments can be better facilitated even if the GCR is not legally binding. Finally, the sharing of burdens and responsibilities is also fulfilled by the emphasis on solutions. [ABSTRACT FROM AUTHOR]

Gilliland, A. J. and K. Carbone (2020). "An analysis of warrant for rights in records for refugees." International Journal of Human Rights **24**(4): 483-508.
This paper argues that personal actualisation of human and personal rights articulated in key internationally recognised policy instruments is significantly impeded without

similar recognition of individual rights 'in and to records'. It reports on a study in which archival literary warrant analysis was applied top-down on 19 such instruments and on professional international guidelines for archiving records relevant to human rights. Warrant was also derived bottom-up from media and personal accounts of documentation and recordkeeping challenges faced by refugees. Based on the results of these analyses, a platform of proposed refugee rights in and to records was derived. These rights are presented together with the warrants from which they were derived, and also juxtaposed with other frameworks emanating out of peace research as well as information, data and machine learning communities in order to demonstrate where there is overlap and divergence in recommendations. Further research is necessary to test whether such a framework addressing refugees' needs is sufficiently inclusive to encompass any context in which documentation and recordkeeping play key roles in enabling and actualising human rights, and whether rights in and to records should themselves be recognised as fundamental human rights. [ABSTRACT FROM AUTHOR]

Golesorkhi, L. Z. (2021). "Protection by whom, for whom? Muslim refugee women facing a contested European identity." Studies In Ethnicity & Nationalism **21**(1): 67-80.
The protection of the 'European way of life' has come at the expense of protecting the human rights of migrants. This trade-off has occurred at border crossings and in host countries, and has left third-country nationals, including Muslim refugee women, in grey areas of protection. How can we explain these limited protections across the EU? I argue that the limited protections of Muslim refugee women can be explained through a combination of the EU's fragmented non-discrimination framework and surging nationalist dynamics. By using Germany as my case study and by drawing on ethnographic research, I propose that Muslim refugee women have been securitized through three distinct but connected 'threat logics': refugees as threat, Muslims and Islam as threat, and Muslim women as threat. All three threat logics have been employed by nationalist and right-wing groups to simultaneously target migration and Islam qua Muslim refugee women. [ABSTRACT FROM AUTHOR]

Gomes Rodrigues Fermentão, C. A. and M. F. da Silva Giacomelli (2019). "OS REFUGIADOS E A INEFICÁCIA DAS NORMAS: FLAGELOS HUMANOS, LUTANDO PELA VIDA E PELA DIGNIDADE." REFUGEES AND INEFFICIENCY OF RULES: HUMANS FIGHTING FOR LIFE AND DIGNIT Y. **19**(3): 673-703.
Facing the risk of death and the loss of all expectations, humans have only the alternative to seek asylum in neighboring countries. International law has ruled on protection to refugees. Current paper analyzes such rules and their applicability, coupled to people's vulnerability due to war, especially 20th and 21st century wars, the war in Syria and the social wars in Africa, Angola, Haiti and Venezuela. The paper deals with the manner conflicts affect people's life with all their consequences. In fact, people have to displace themselves from their place of origin for a better life and dignity. The paper also reveals the struggle of international communities for the publication of laws for the protection of humans and the construction of their rights. It also discusses whether the laws for the protection of humans and especially for refugees have efficacious application in the wake of atrocities caused by political and social situations that force people to face difficulties for their own survival. Current deductive and historical method brings forth international treaties and laws and their efficaciousness or their violation. (English) [ABSTRACT FROM AUTHOR]

Gonzalez Benson, O. (2023). "The Limits of Human Rights Discourse within Sovereign Territory: Examining US Refugee Policy Formation." Social Service Review **97**(2): 398-422.
Human rights denote universality, moral normativity, and the international community.

Citizenship rights, meanwhile, denote particularity, collective identity, and sovereign territory. Yet some argue that human rights are realized only through the nation-state. Refugee resettlement allows introspection into the tensions between the human and the citizen, as the "refugee" embodies the transition from internationally governed refugee camps to national political communities. This study examines rights discourse surrounding the US Refugee Act as a crucial moment of policy formation and how policy discourse made sense of human rights approaching US borders. I argue that human rights discourse in US policy brings refugees to the door but abandons them as soon as they enter the sovereign space. There, US policy discourse materializes not citizenship rights but neoliberal citizenship. Refugee resettlement reveals the limits of human rights and the contradictory ways that the market and the state encroach on the neoliberal constitution of citizenship. [ABSTRACT FROM AUTHOR]

Green, A. S., et al. (2022). "Immigration judges' perceptions of telephonic and in-person forensic mental health evaluations." Journal of the American Academy of Psychiatry and the Law **50**(2): 240-251.
Clinicians affiliated with medical human rights programs throughout the United States perform forensic evaluations of asylum seekers. Much of the best practice literature reflects the perspectives of clinicians and attorneys, rather than the viewpoints of immigration judges who incorporate forensic reports into their decision-making. The purpose of this study was to assess former immigration judges' perspectives on forensic mental health evaluations of asylum seekers. We examined the factors that immigration judges use to assess the affidavits resulting from mental health evaluations and explored their attitudes toward telehealth evaluations. We conducted semistructured interviews in April and May 2020 with nine former judges and systematically analyzed them using consensual qualitative research methodology. Our findings were grouped in five domains: general preferences for affidavits; roles of affidavits in current legal climate; appraisal and comparison of sample affidavits; attitudes toward telephonic evaluations; and recommendations for telephonic evaluations. Forensic evaluators should consider the practice recommendations of judges, both for telephonic and in-person evaluations, which can bolster the usefulness of their evaluations in the adjudication process. To our knowledge, this is the first published study to incorporate immigration judges' perceptions of forensic mental health evaluations, and the first to assess judges' attitudes toward telephonic evaluations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Green, A. S., et al. (2020). "Piloting forensic tele-mental health evaluations of asylum seekers." Psychiatry research **291**: 113256.
While the number of medical human rights programs has increased, there is substantial unmet need for forensic evaluations among asylum seekers throughout the United States. From September 2019 through May 2020, the Mount Sinai Human Rights Program has coordinated pro bono forensic mental health evaluations by telephone or video for individuals seeking protected immigration status who are unable to access in-person services. The national network clinicians conducted 32 forensic evaluations of individuals in eight U.S. states and Mexico seeking immigration relief. Remote forensic services have been a relevant solution for individuals in immigration detention, particularly during the COVID-19 pandemic.; Competing Interests: Declaration of Competing Interest Dr. Katz is the national trauma consultant for Advanced Recovery Systems. The other authors declare that they have no competing interests. (Copyright © 2020 Elsevier B.V. All rights reserved.)

Haar, R. J., et al. (2019). "Documentation of human rights abuses among Rohingya refugees from Myanmar." Conflict & Health **13**(1): N.PAG-N.PAG.
Background: Decades of persecution culminated in a statewide campaign of organized,

systematic, and violent eviction of the Rohingya people by the Myanmar government beginning in August 2017. These attacks included the burning of homes and farms, beatings, shootings, sexual violence, summary executions, burying the dead in mass graves, and other atrocities. The Myanmar government has denied any responsibility. To document evidence of reported atrocities and identify patterns, we interviewed survivors, documented physical injuries, and assessed for consistency in their reports. Methods: We use purposive and snowball sampling to identify survivors residing in refugee camps in Bangladesh. Interviews and examinations were conducted by trained investigators with the assistance of interpreters based on the Istanbul Protocol – the international standard to investigate and document instances of torture and other cruel, inhuman, and degrading treatment. The goal was to assess whether the clinical findings corroborate survivors' narratives and to identify emblematic patterns. Results: During four separate field visits between December 2017 and July 2018, we interviewed and where relevant, conducted physical examinations on a total of 114 refugees. The participants came from 36 villages in Northern Rakhine state; 36 (32%) were female, 26 (23%) were children. Testimonies described several patterns in the violence prior to their flight, including the organization of the attacks, the involvement of non-Rohingya civilians, the targeted and purposeful destruction of homes and eviction of Rohingya residents, and the denial of medical care. Physical findings included injuries from gunshots, blunt trauma, penetrating trauma such as slashings and mutilations, burns, and explosives and from sexual and gender-based violence. Conclusions: While each survivor's experience was unique, similarities in the types and organization of attacks support allegations of a systematic, widespread, and premeditated campaign of forced displacement and violence. Physical findings were consistent with survivors' narratives of violence and brutality. These findings warrant accountability for the Myanmar military per the Rome Statute of the International Criminal Court (ICC), which has jurisdiction to try individuals for serious international crimes, including crimes against humanity and genocide. Legal accountability for these crimes should be pursued along with medical and psychological care and rehabilitation to address the ongoing effects of violence, discrimination, and displacement. [ABSTRACT FROM AUTHOR]

Hanewald, B., et al. (2022). "Addressing the Mental Health Challenges of Refugees-A Regional Network-Based Approach in Middle Hesse Germany." International journal of environmental research and public health **19**(20).
Refugees constitute a vulnerable group with an increased risk of developing trauma-related disorders. From a clinician's integrative perspective, navigating the detrimental impact of the social, economic, structural, and political factors on the mental health of refugees is a daily experience. Therefore, a collective effort must be made to reduce health inequities. The authors developed a treatment concept which provides broader care structures within a scientific practitioner's approach. The resulting "Trauma Network" addresses the structural challenges for refugees in Middle Hesse. Accompanying research provided a sound basis for further discussions with policy-makers to improve the situation for refugees in the short- and long-term.

Haque, M. M., et al. (2023). "Rohingya refugees and their right to work in Malaysia." Asian Affairs: An American Review **50**(2): 95-119.
This study examines Rohingya living in Malaysia. Myanmar's discriminatory citizenship laws have stripped nearly all Rohingya of their citizenship, making them the largest stateless ethnic group in the world. Malaysia is one of the most popular destinations for the displaced Rohingya from Myanmar. As Malaysia is not a signatory to the 1951 Refugee Convention and its 1967 Protocol, the Rohingya are not entitled to any legal protection under the existing law in their host country. This study aims to identify the challenges faced by displaced Rohingya regarding their right to work, and the response from the Malaysian government. The methodology used for this research is

a multi-site case study with the case study sites being Kuala Lumpur, Selangor, Terengganu, and Pahang. After intensive fieldwork and meetings with different stakeholders, this research revealed that Malaysian people are sympathetic to the Rohingya and wish to assist them within their limited capacities. Overall, this study argues that there is no consistent government policy and a lack of coordination between the Malaysian government and international agencies working to improve the welfare of the Rohingya. [ABSTRACT FROM AUTHOR]

HermerÉN, G. (2021). "A Future for Migrants with Acute Heart Problems Seeking Asylum?" Cambridge Quarterly of Healthcare Ethics **30**(2): 297-311.
This paper discusses the future of migrants with acute heart problems and without permanent permission to remain in the country where they are seeking asylum. What does the country they have traveled to owe them? Specifically, what healthcare services are they entitled to? This may seem a niche problem, but numbers of migrants with acute heart problems could increase in the future. Besides, similar problems could be raised by, for instance, traumatized migrants with acute needs for healthcare services for other serious conditions. The paper identifies the issues and some positions on them. Arguments for and against these positions are explored. This particular set of problems in healthcare ethics creates several challenges, at both national and international levels, concerning access to transplantation, public willingness to donate organs, optimal use of organs, justice and fairness, and potential conflicts of law, politics and ethics, as well as issues revolving around interaction and communication (or lack of it) between agencies and professions. [ABSTRACT FROM AUTHOR]

Herrero, D. (2021). "Refugee Policies and Narratives in the Globalised Era: The Case of Australia." International Journal of English Studies (IJES) **21**(2): 101-121.

Hodge, D. R. (2019). "Spiritual assessment with refugees and other migrant populations: A necessary foundation for successful clinical practice." Journal of Religion & Spirituality in Social Work **38**(2): 121-139.
In light of the current global refugee crisis, social workers and other mental health professionals are increasingly likely to encounter refugees in various practice settings. For many refugees, receiving services is directly intersected by spiritual beliefs and practices in culturally unique ways. Research indicates that many, if not most, practitioners have received little training in spirituality and, consequently, may not consider refugees' spirituality in their clinical assessment. The present article addresses this gap in practitioner training by explicating six intertwined rationales that underscore the importance of identifying and understanding refugees' spiritual beliefs and practices. Together, these rationales illustrate why successful clinical practice with refugees and other migrant populations is often contingent upon integrating spirituality into clinical work, a process that starts with a spiritual assessment. The manuscript concludes by providing some practical suggestions for conducting an assessment in an effective and culturally sensitive manner. [ABSTRACT FROM AUTHOR]

Hoffmam, F. and L. Frescura Doleys (2019). "A QUESTÃO AMBIENTAL COMO MATÉRIA GLOBAL E O ENFRENTAMENTO DA "PROBLEMÁTICA" DOS REFUGIADOS AMBIENTAIS SOB O PRISMA DO DIREITO INTERNACIONAL." THE ENVIRONMENTAL QUESTION AS A GLOBAL MATTER AND THE FACING OF THE "PROBLEM" OF ENVIRONMENTAL REFUGEES UNDER THE PRISM OF INTERNATIONAL LAW. **14**(2): 420-446.
At a time when globalization is in the process of expansion and human rights extend their vision under the globe, appear humanitarian and global situations such as refugees. Within the sphere of these, stand out the refuges originating from causes involving nature as direct or indirect causative agent, in the face of major environmental

transformations originated from great natural disasters or wear out and weather changes involving the man's hand as a direct figure of the damages. In this context, is important to observe how international law deals with these issues. (English) [ABSTRACT FROM AUTHOR]

Horst, C. and O. Lysaker (2021). "Miracles in Dark Times: Hannah Arendt and Refugees as 'Vanguard'." Journal of Refugee Studies **34**(1): 67-84.
The radical uncertainty that refugees face because of war, flight and exile often dramatically shapes their participation in society. Violent conflict and human rights abuses are not just disproportionately experienced by, but can also create, political subjects. Such life events can transform the motivations, sense of responsibility and political actions of individuals with refugee backgrounds. In this article, we explore the links between civil–political engagement and the life stories of such individuals, analysing our empirical data through themes in the work of Hannah Arendt. We make three central points. First, we highlight the possibility of refugees as 'vanguard', playing a leading role in the struggle against dark times. Second, we illustrate the importance of expanding the idea of 'the political' through Arendt's understanding of political action as narrative. And, third, we explore the political freedom and hope that stem from the possibility of 'new beginnings'. [ABSTRACT FROM AUTHOR]

Jarvis, G. E. and L. J. Kirmayer (2023). "Global migration: Moral, political and mental health challenges." Transcultural Psychiatry **60**(1): 5-12.
Global migration is expected to continue to increase as climate change, conflict and economic disparities continue to challenge peoples' lives. The political response to migration is a social determinant of mental health. Despite the potential benefits of migration, many migrants and refugees face significant challenges after they resettle. The papers collected in this thematic issue of Transcultural Psychiatry explore the experience of migration and highlight some of the challenges that governments and healthcare services need to address to facilitate the social integration and mental health of migrants. Clinicians need training and resources to work effectively with migrants, focusing on their resilience and on long-term adaptive processes. Efforts to counter the systemic discrimination and structural violence that migrants often face need to be broad-based, unified, and persistent to make meaningful change. When migrants are free to realize their talents and aspirations, they can help build local communities and societies that value diversity. [ABSTRACT FROM AUTHOR]

Jongedijk, R. A., et al. (2020). "Severity profiles of posttraumatic stress, depression, anxiety, and somatization symptoms in treatment seeking traumatized refugees." Journal of Affective Disorders **266**: 71-81.
<bold>Background: </bold>Western countries are facing many challenges hosting refugees from several regions in the world. Many of them are severely traumatized and suffer from a variety of mental health symptoms, which complicates the identification and treatment of refugees at risk. This study examined subgroups based on a broad range of psychopathology, and several predictors, including trauma characteristics and gender.<bold>Methods: </bold>Participants were 1147 treatment-seeking, traumatized refugees. Latent profile analysis was conducted to identify different subgroups based on levels of posttraumatic stress disorder (PTSD), depression, anxiety, and somatic symptoms. Multinomial logistic regression was used to identify predictors of subgroup membership.<bold>Results: </bold>Three distinct subgroups were identified, reflecting Moderate (10.2%), Severe (43.0%), and Highly Severe (45.9%) symptom severity levels, respectively. Symptom severity of all psychopathology dimensions was distributed equally between the subgroups. Participants in the Severe and Highly Severe Symptoms subgroups reported more types of traumatic events compared to the Moderate subgroup. In particular, traumatic events associated with human right abuses,

lack of human needs and separation from others predicted subgroup membership, as did gender.<bold>Limitations: </bold>The results are confined to treatment-seeking, traumatized refugee populations.<bold>Conclusions: </bold>Distinguishable symptom severity profiles of PTSD, depression, anxiety and somatic complaints could be identified in this large treatment-seeking refugee population, without qualitative differences in symptom distribution. Instead of focusing on specific mental disorders, classification based on overall symptom severity is of interest in severely traumatized patients. This knowledge will help to identify individuals at risk and to enhance existing treatment programs for specific patient groups. [ABSTRACT FROM AUTHOR]

Joniad, J. N. (2021). "The challenges we face in a non-signatory country: Refugee journalist JN Joniad has been living in Indonesia since 2013, unable to move on and yet unable to access his basic rights." Forced Migration Review(67): 65-66.
The article focuses on the challenges that face in a non-signatory country. Topics discussed include refugee journalist JN Joniad has been living in Indonesia since 2013, unable to move on and yet unable to access his basic rights; and Indonesia has not acceded to the 1951 Refugee Convention, in the absence of effective domestic protection mechanisms, asylum seekers and refugees are considered illegal.

Jubilut, L. L. and M. M. Casagrande (2019). "Shortcomings and/or Missed Opportunities of the Global Compacts for the Protection of Forced Migrants." International Migration **57**(6): 139-157.
The Global Compact for Safe, Orderly and Regular Migration (GCM) and the Global Compact on Refugees (GCR) are norm-creating exercises, in the sense of being international legal documents for a new framework that reinforces existing structures and attempt to renew migration governance globally. They were expected to further develop the protection of all migrants. However, despite some progress, there are shortcomings and/or missed opportunities in what they were able to achieve, especially in the case of the protection of forced migrants. Understanding these shortcomings and/or missed opportunities as being conceptual and institutional in nature, and to assess both these sets, this article presents the idea of forced migration and the lack of international protection of forced migrants (part 1), describes the protection of forced migrants achieved by the Compacts (part 2), and ends by assessing the shortcomings and/or missed opportunities in both Compacts (part 3). [ABSTRACT FROM AUTHOR]

Kaplin, D. (2019). "Framing the issue: An introduction to various types of international migrants, latest figures, and the central role of the United Nations." Journal of Infant, Child & Adolescent Psychotherapy **18**(4): 313-318.
The purpose of this article is to introduce several distinctions between types of people on the move, their relative frequency, and the role the United Nations (UN) has played to develop guidelines to increase their protection. The article begins with distinctions between international migrants, refugees, asylum-seekers, internally displaced persons, and stateless persons. In total, there are an estimated 272 million people living outside their country of origin. This number includes 25.9 million refugees and 3.5 million asylum-seekers. Because these individuals experience forced migration, they are vulnerable to a myriad of challenges, and are in need of international protection. The United Nations has been at the forefront of protecting these vulnerable populations since the Universal Declaration of Human Rights. Several key doctrines that were subsequently written to protect immigrants, forcibly displaced individuals, and stateless persons are introduced to the reader. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Kapoor, R. (2019). "Nehru's Non-Alignment Dilemma: Tibetan Refugees in India." South Asia:

Journal of South Asian Studies **42**(4): 675-693.
The circumstances of Tibetan refugees in India in the 1960s attracted international recognition. The question of their asylum provoked domestic debate about India's relations with China and had implications for India's vision of non-alignment, particularly regarding how human rights and self-determination would be brought together in the changing post-colonial world. Ultimately, the Indian government led by Prime Minister Jawaharlal Nehru focused on the Indian state's right to grant Tibetans asylum and assistance, with limited involvement from the international community. Public opinion in India called for the refugees' right to self-determination in Tibet. Simultaneously, the Nehruvian vision of non-alignment was undergoing a change from its immediate post-colonial form. The Indian government tried to draw a clear line between those displaced by India's own decolonisation and by Partition, and a crisis that was a thorn in the side of Sino-Indian bilateral relations in the bipolar world of the Cold War. The 1960s can therefore be seen as India's reframing of the term 'refugee' to reflect its own interests domestically and internationally. [ABSTRACT FROM AUTHOR]

Khan, F., et al. (2021). "Situating the Global Compact on Refugees in Africa: Will it Make a Difference to the Lives of Refugees "Languishing in Camps"?" Journal of African Law **65**(S1): 35-57.
The protection of refugees languishing in camps in Africa has posed a challenge for the international community for far too long. The OAU Refugee Convention does not reflect refugee rights or provide a durable solution for refugees in host states. Over the last 50 years there have been multiple attempts to resolve what remains one of the greatest challenges facing Africa. Each resolution has clarified the steps required to enhance the situation for those most affected and to provide solutions for refugee-hosting countries in need of strategic policies and funding. This article considers recent developments in refugee law since the adoption of the New York Declaration. It specifically evaluates the benefit of the Global Compact on Refugees (GCR) for African states and the refugees they host. Furthermore, because the OAU convention is the first refugee convention to make international solidarity (ie burden-sharing) a state obligation, the article assesses how the GCR builds on the convention. [ABSTRACT FROM AUTHOR]

Kim, J. (2023). "The role of international intervention in managing refugee crises: lessons from Vietnamese and North Korean refugee cases in China." Pacific Review **36**(1): 90-118.
This article examines the role of international intervention for refugee protection by conducting a within-case analysis of two similar groups in China: Vietnamese and North Korean refugees. It argues that states make refugee policy decisions based on cost-benefit calculations, but this self-centered behavior can be mitigated by international intervention. Without amending national laws and official policies, the international community can improve refugee protection in authoritarian regimes through external assistance and support that shares and reduces the burden on host states and persuades state behavior toward refugees. The evidence of this study further suggests that international intervention matters, but the formats of intervention are even more critical to improving a state's refugee protection, especially in dealing with a powerful authoritarian state like China in the context of the Post-Cold War era. More specifically, positive inducements are preferable than sanctions and criticism to address China's human rights violations regarding North Korean refugees because the strategies help China to leverage its power in the Korean peninsula and the Asian region more broadly by providing them enough political coverage to save its face from allies and constituents and maintain close diplomatic relationships with its all neighbors, including the two Koreas. [ABSTRACT FROM AUTHOR]

Koehler, G. (2019). "Bob Deacon, social solidarity, and the rights of migrants and refugees."

Global Social Policy **19**(1/2): 29-31.

Kolar, M., et al. (2021). "Public opinion on the eligibility of health care for migrants and refugees in Slovenia." Eastern Mediterranean health journal = La revue de sante de la Mediterranee orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit **27**(12): 1182-1188.
Background: Worldwide, more than 200 million people have left their home country, and international migration from the Middle East to Europe is increasing. The journey and the poor living conditions cause numerous health problems. Migrants show significant differences in lifestyle, health beliefs and risk factors compared with native populations and this can impact access to health systems and participation in prevention programmes.; Aims: Our aim was to measure the attitude of survey participants to migrants and to define up to what level migrants are entitled to health care from the viewpoint of Slovenian citizens.; Methods: This survey was carried out in January 2019 and included 311 respondents. We applied a quantitative, nonexperimental sampling method. We used a structured survey questionnaire based on an overview, a national survey on the experiences of patients in hospitals and user satisfaction with medical services of basic health care at the primary level.; Results: A large proportion of the respondents agreed that migrants should receive emergency or full health care provision, that there is no need to limit their health rights and that they do not feel that their own rights are compromised by the rights of migrants. Over 80% agreed with health protection for women and for children.; Conclusion: The findings offer a basis for supplementing the existing, or designing a new, model of health care provision for migrants in Slovenia, focusing on the provision of health protection and care as a fundamental human right. (Copyright © World Health Organization (WHO) 2021. Open Access. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license (https://creativecommons.org/licenses/by-nc-sa/3.0/igo).)

Konsta, A.-M. (2019). "Is There a Right to Human Dignity? The Example of the Right to Education of Refugees." European Journal of Migration & Law **21**(2): 261-279.
The present article attempts a brief presentation of the legal framework in relation to the protection of the right to education and the protection of the human dignity of refugees, with reference to international and emphasis on European law, in an effort to recognize the inviolability of the right to education of refugees. At the same time, the question is raised if there is an independent right to human dignity or if human dignity is merely a framework term in light of which one could interpret, for example, the right to education of refugees. Through the discussed case-law of the European judicial and quasi-judicial bodies, which use the concept of human dignity, in order to protect asylum seekers, a European concept of human dignity has emerged, which may be acknowledged as an absolute fundamental right. [ABSTRACT FROM AUTHOR]

Kosciejew, M. (2019). "Information's Importance for Refugees: Information Technologies, Public Libraries, and the Current Refugee Crisis." The Library Quarterly **89**(2): 79-98.
Refugees are being empowered by their access to and use of information, enabled by information communication services and technologies and public libraries. Drawing on the work of various LIS scholars and recent media coverage and reports, this article presents a detailed literature review on the intersections of refugees, human rights, information, and public libraries to help consolidate and condense the research on these interrelated subjects. It examines the critical roles played by information in refugees' lives, including how information communication technologies, services, and public libraries help facilitate refugees' human right to information and, by extension, assist them in adapting to and better understanding unfamiliar information landscapes, building information and personal resilience, forging social trust, and transitioning into new communities. It is hoped this article can contribute to continued collective attention

and coordinated collaboration to help address and alleviate this current refugee crisis.

Lange, T., et al. (2021). "Highly Skilled Entrepreneurial Refugees: Legal and Practical Barriers and Enablers to Start Up in the Netherlands." International Migration **59**(4): 74-87.
This article analyses how highly skilled refugees experience barriers and enablers to entrepreneurship in the Netherlands. Using the welcoming talent model, the article claims that material and procedural norms as well as the governance of support for refugee entrepreneurship in the Netherlands needs a new design. Through socio-legal research on the experiences of highly skilled Syrian refugees, private support structures and municipalities with migration, integration and welfare policies and practices, we reveal that financial independence through entrepreneurship requires not just entrepreneurial skills but meeting the right people and not running into municipalities propagating work first. Policies and practices need to be developed in which welcoming entrepreneurial (highly skilled) refugees is key. Welcoming policies and practices are to offer refugees nationwide, equally accessible, transparent support structures, and access to finance instead of barriers towards financial independence. [ABSTRACT FROM AUTHOR]

Lawrence, J. A., et al. (2019). "Computer-assisted expressions of the perspectives of refugee children in resettlement." Human Development **62**(1-2): 83-99.
Understanding the perspectives of refugee children on their lives is important for acknowledging children’s rights, competence, and contributions to practice and policy. Children’s perspectives are the views they construct for framing events, relationships and images, and the meanings they convey in relational coactions with other people and institutions. We demonstrate the usefulness of digital technology in the form of computer-assisted interviews (CAIs) for enabling refugee children to express perspectives on their lives in resettlement. We describe how CAIs constructed by adopting a child’s perspective recognize the children’s agency and enable their expressions of their perspectives. We illustrate the facilities of CAIs with analyses of children’s ratings and open-ended typed comments about their worries and who helps them to feel better. Children’s views revealed the predominance of family members as sources of worry and help. We discuss the implications of using digital technology in research to provide children with ways of contributing to knowledge construction. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Lee, J. H. (2022). "The Effects of Trauma Types at Pre-Migration, Transit, and Post-Migration Stages on Depression and PTSD among North Korean Refugees in South Korea." Challenges (20781547) **13**(2): 31.
This study aimed to assess the interrelationship (comorbidity pattern) between depression and PTSD among North Korean (NK) refugees in South Korea and examine the effects of trauma types at pre-migration, transit, and post-migration stages on both depression and PTSD. Therefore, the study analyzed the data of the 2017 Survey on the Human Right Abuses and Trauma of NK refugees (N = 299) using the Seemingly Unrelated Regression model. The results showed that depression and PTSD have a comorbidity pattern among NK refugees. In addition, the predominant death threat of trauma type at the transit stage had a positive relationship with depression and PTSD simultaneously. Based on these findings, we suggested a transdiagnostic approach and trauma-informed care for NK refugees who suffered from various traumas in the migration stage. [ABSTRACT FROM AUTHOR]

Lovey, T., et al. (2021). "Basic Medical Training for Refugees via Collaborative Blended Learning: Quasi-Experimental Design." Journal of Medical Internet Research **23**(3): N.PAG-N.PAG.
<bold>Background: </bold>Globally, there is an excess of 68.5 million people who

have been forced to leave their homes and seek sanctuary elsewhere because of poverty, persecution, conflict, violence, and human rights violations. Although international humanitarian responses usually focus on ensuring that the basic needs of these people are being met, there is growing attention on the role that development-oriented interventions can play in the longer term. Higher education in a refugee context is one such intervention that can equip refugees with the knowledge and skills they need to serve their communities and move forward.<bold>Objective: </bold>This study aims to evaluate the outcomes and effectiveness of the University of Geneva InZone-Raft Basic Medical Training Course in the Kakuma refugee camp in Kenya compared with a previous incarnation of the same course in the Dadaab refugee camp in Kenya.<bold>Methods: </bold>We used a quasi-experimental design to compare the posttest scores of both inequivalent student groups: control group (n=18) and intervention group (n=16). Factors that influenced refugee students' knowledge acquisition, the amount of knowledge they acquired, and their academic outcomes were assessed, and the pedagogical evolution of the project is presented.<bold>Results: </bold>We found that the Kakuma intervention course yielded better outcomes and was more effective in terms of learning than the Dadaab control course. Of the 16 students who took part in the intervention course, 10 (63%) completed the program successfully and received accreditation from the University of Geneva. We observed that they received new knowledge well and scored higher on all learning modalities than those in the control course. Comparison of written and oral examinations between the courses showed statistical significance for the intervention group in written and oral exams (two-tailed: P=.006 and P=.05; one-tailed: P=.003 and P=.03, respectively). The Kakuma course was not effective in addressing electricity and internet access problems, nor in reducing the challenge of tight deadlines in the syllabus. Pedagogical adjustments to the intervention course improved student involvement, with higher participation rates in quizzes (10/11, 91%), and overall satisfaction and learning.<bold>Conclusions: </bold>The intervention group-with an improved mode of delivery, better contextualized content, and further interaction-reached a higher level of medical knowledge acquisition and developed more complex questions on medical topics than the control group. The positive outcome of this project shows that given the right resources and support, refugees can contribute to the improvement and development of health care in their communities. Nonetheless, a more focused effort is necessary to meet the educational needs of refugee learners and better understand their living conditions. [ABSTRACT FROM AUTHOR]

Maia Garcia, F., et al. (2021). "EDUCAÇÃO E DIREITOS HUMANOS: ASPECTOS FUNDAMENTAIS DA DEMOCRATIZAÇÃO DA EDUCAÇÃO AOS REFUGIADOS VENEZUELANOS EM MANAUS." EDUCATION AND HUMAN RIGHTS: FUNDAMENTAL ASPECTS OF THE DEMOCRATIZATION OF EDUCATION FOR VENEZUELAN REFUGEES IN MANAUS. **46**(2): 712-727.
This paper proposes to analyze the educational assistance to refugees in Manaus in the years 2017 and 2018, as part of the democratization process of Brazilian education, in which the human rights perspective is interpreted as a universal guarantee by the signatory countries of the Universal Declaration of Human Rights (1948). The research is both bibliographic and documental, based on theoretical principles which are indispensable for a substantiated understanding of the concepts. The results reflect the compilation of processes, formats, and challenges involved in providing educational care to refugee students in Manaus as a fundamental part of their right to access and remain in the public education system. (English) [ABSTRACT FROM AUTHOR]

Majcher, I. (2019). "Immigration Detention under the Global Compacts in the Light of Refugee and Human Rights Law Standards." International Migration **57**(6): 91-114.
The article explores how immigration detention is addressed in the Global Compact on

Refugees (GCR) and Global Compact for Safe, Orderly and Regular Migration (GCM) and investigates the potential implications of the compacts on the existing legal framework regulating the use of immigration detention. While Objective 13 of the GCM largely reflects detention-related standards under international human rights law, the GCR makes only scarce references to detention in §60. Overall, the compacts risk inhibiting gradual endorsement of the norm of non-detention of children. On the other hand, they rightly restate the priority for alternatives to detention for adults. States should implement the provisions of the compacts in line with their obligations under international human rights and refugee law. The compacts cannot be used as a pretext to lower domestic detention-related standards or to diminish the validity of the existing framework governing immigration detention. [ABSTRACT FROM AUTHOR]

Mancini, T., et al. (2019). "The opportunities and risks of mobile phones for refugees' experience: A scoping review." PLoS ONE **14**(12): e0225684.
Although mobile phones (MPs) are inexorably changing the forced migration experience, the realm of digital migration studies is still fragmented and lacking an analytical focus. Many research areas are still unexplored, while no narrative, scoping or systematic reviews have been conducted on this topic to date. The present review analyzed scientific contributions in Humanistic and Social Sciences with the aim to provide an overview of existing studies on the role of mobile phones (MPs) on refugees' experience, and to inform practice and policymaking for advancing the use of MPs for the protection of migrants' human rights. A scoping review was conducted using the Arksey and O'Malley framework and the JBI Reviewer's Manual recommendations. A three-step search was carried out in four bibliographic databases by three independent reviewers. Review selection and extraction were performed using an interactive team approach. Forty-three theoretical and empirical contributions were selected, and their content analyzed. The contributions ranged from 2013 to 2018 and varied in terms of disciplines, objectives, methodology, contexts, and migrants' origin, with the most studied group being Syrians. Five different topics concerning refugees' experience and MPs' usage emerged: (a) media practices in refugees' everyday lives; (b) opportunity and risks of MPs during the migration journey; (c) the role of MPs in maintaining and developing social relations; (d) potential of MPs for refugees" self-assertion and self-empowerment; (e) MPs for refugees' health and education. The results showed that modern devices, such as mobile phones, bring both risks and opportunities for refugees' experience, thereby both favouring and threatening asylum seekers' and refugees' human rights. Recommendations to policymaking and services and associations for advancing the use of MPs for the protection of the rights of migrants have been proposed.; Competing Interests: The authors have declared that no competing interests exist.

Mares, S., et al. (2021). "Impact of Covid-19 on the mental health needs of asylum seekers in Australia." Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists **29**(4): 417-419.
Objective: This paper highlights the significant mental health vulnerabilities of people who have sought asylum in Australia and their additional adversities as a result of the Covid-19 pandemic.; Conclusions: Australia's policies in relation to asylum seekers result in multiple human rights violations and add significantly to mental health vulnerabilities. Despite a majority being identified as refugees, people spend years in personal and administrative limbo and are denied resettlement in Australia. Social isolation and other restrictions associated with Covid-19 and recent reductions in welfare and housing support compound their difficulties. The clinical challenges in working with people impacted by these circumstances and the role of psychiatrists and the RANZCP in advocacy are identified.

Martikainen, J. and I. Sakki (2021). "Visual (de)humanization: Construction of otherness in

newspaper photographs of the refugee crisis." Ethnic and Racial Studies **44**(16): 236-266.

This study examines how Otherness is constructed visually in newspaper photographs of the refugee crisis. This visual rhetoric analysis examines the form, content, and function of images and explores the rhetorical strategies deployed in visualizations of the refugee crisis in a mainstream Finnish national newspaper from 2015 to 2016. The data consisted of 1,473 images. The study identified six rhetorical strategies used for dehumanizing refugees: massifying, separating, passivating, demonizing, individualizing, and recontextualizing the Other. The rhetorical strategies in turn constructed four discourses related to refugees, namely those of threat and victimhood aimed at dehumanizing as well as personhood and distance aimed at humanizing the Other. The paper contributes to the current knowledge on dehumanization and humanization of refugees in public discourse by unpacking the subtle visual mechanisms through which these processes occur. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

McAdam, J. and T. Wood (2021). "The Concept of "International Protection" in the Global Compacts on Refugees and Migration." Interventions: The International Journal of Postcolonial Studies **23**(2): 191-206.

The adoption in 2018 of two Global Compacts, one on Refugees and the other on Migration, has reinvigorated longstanding debates about the distinction between these two groups. On the one hand, differentiating between the two is crucial to ensuring that people forced to leave their homes are not removed to any place where they face a real risk of persecution or other serious harm. On the other hand, drawing a hard line between them does not reflect the current state of international law, nor the complex reasons that people move. This essay argues that, in the context of cross-border mobility, the most important distinction is not between refugees and migrants per se, but rather between those who require "international protection" and those who do not. Using the term "refugee" as shorthand for the former is no longer accurate or desirable, and risks arbitrarily privileging the rights of some forced migrants over others. A close reading of the Global Compacts reveals that both, in fact, recognize the importance of international protection and that States' international protection obligations extend beyond any specific definition of a "refugee". These obligations derive from the broader body of international refugee and human rights law that underpins, and should guide, the interpretation and application of the Compacts themselves. They include the core obligation not to remove (refouler) individuals to any place where they would face a real risk of persecution or other serious harm. Such principles must remain at the forefront of efforts to implement both Global Compacts, unobscured by nomenclature or neat categorizations. [ABSTRACT FROM AUTHOR]

McMillan, K. and S. Petcharamesree (2021). "Towards an ASEAN Model of 'Responsibility-Sharing' for Refugees and Asylum-Seekers." Asia-Pacific Journal on Human Rights & the Law **22**(1): 49-68.

The Andaman Sea crisis of 2015 focused global attention on ASEAN's response to mass refugee flows and generated calls for greater regional cooperation to protect the rights and safety of forced migrants. Such calls draw from the concept of 'responsibility-sharing'; a concept that has long underpinned the international refugee regime. Scholars have responded to this challenge by identifying a range of ways in which ASEAN countries might benefit from sharing responsibility for the refugees and asylum-seekers in their region. Based on interviews with 40 key ASEAN-based actors working on migration and refugee issues across the governmental and non-governmental sectors, this article seeks to understand how the concept of responsibility-sharing for refugee protection is understood in four Southeast Asian countries: Thailand, Malaysia, Indonesia and Singapore. While it finds common agreement among the interviewees

that the Andaman Sea crisis was a humanitarian disaster and that existing approaches to refugee issues in the region are ineffective, it also finds little to suggest that a regional approach to refugee issues is likely to develop in the short-to-medium term. On the other hand, interviewees identified a wide range of mechanisms through which bilateral, multilateral and global initiatives might assist the region to deal with refugee and asylum issues. Linking refugee issues with other issues that concern ASEAN Member States and incremental progress towards embedding regional human rights norms via ASEAN human rights institutions are identified as the most fruitful pathways towards regional cooperation to protect refugee rights and safety. [ABSTRACT FROM AUTHOR]

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.
An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.
An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.
An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Meral, A. G. (2020). "Assessing the Jordan Compact One Year On: An Opportunity or a Barrier to Better Achieving Refugees' Right to Work." Journal of Refugee Studies **33**(1): 42-61.
The international community can play a key role in assisting states to achieve the right to work for refugees. For example, they can provide financial and technical support to host states as well as influencing a more enabling legal and policy environment. The recent Jordan Compact agreed between Jordan and the international community in February 2016 is an example of the sphere of that influence. Such bilateral agreements between refugee-hosting states and donor states, regional blocs or the international community are an increasing occurrence, providing enormous resources and support for improving the socio-economic lives of refugees. Yet, to date, there has been no analysis of these compacts from the perspective of international human rights law and specifically the right to work for refugees. This article attempts to fill that gap. Drawing on international human rights law and using the Jordan Compact as a case study, it examines the extent to which such agreements can be an effective tool in better achieving refugees' right to work. [ABSTRACT FROM AUTHOR]

Mim, N. J. (2020). "Religion at the Margins: Resistance to Secular Humanitarianism at the Rohingya Refugee Camps in Bangladesh." Religions **11**(8): 423.
This paper joins the growing body of work on Human Rights and Religion and examines the impacts of religious practices in protecting the socioeconomic and cultural rights of Rohingya Refugees in Bangladesh. Based on an empirical study at eight different camps in Kutupalong, Cox's Bazar, Bangladesh, this article documents how the refugees, through different Islamic religious activities and practices, protect their cultural identities, negotiate with the local governing agents, and maintain solidarity with the host communities in their camp lives. This article also describes how, in these

camps, many secular humanitarian projects often get challenged, resisted, or rejected by the refugees since those fail to address their networked relations with religion. Drawing from a rich body of literature in forced migrations, socioeconomic human rights, and religious studies in the Global South, this article investigates how religion and religious activities cushion the refugees from different forms of marginalization that are often engendered by secular development agencies. This article further offers several insights for practitioners and policymakers to ensure socioeconomic and cultural integration in human rights activities in refugee camps in the Global South. [ABSTRACT FROM AUTHOR]

Mulé, N. J. (2022). "Mental health issues and needs of LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada." Psychology & Sexuality **13**(5): 1168-1178.
LGBTQ+ people experience mental health challenges due to their minoritized status, systemic inequities and structural disparities. For LGBTQ+ asylum seekers, refugee claimants and refugees the impact on their mental health can be compounding. This study, which featured a series of focus groups with LGBTQ+ asylum seekers, refugee claimants and refugees in Toronto, Canada, was part of a larger international study 'Envisioning Global LGBT Human Rights' that looked at colonising effects on LGBTQ people in the Commonwealth. The migration process, – often forced due to persecution in their country of origin based on sexual orientation or gender identity and expression – produced traumatic experiences involving life-changing decisions, accessing information and resources, cultural shifts, conceptualisation of identities, and navigating the refugees claims process. The specialised experiences of LGBTQ+ asylum seekers, refugee claimants and refugees can have a deleterious effect on their mental health that a critical psychology perspective can address clinically by recognising the particularised needs of this population and systemically by addressing the structural inequities. [ABSTRACT FROM AUTHOR]

Musca, S. and G. P. Corrêa (2020). "'White People All Over': Refugee Performance, Fictional Aesthetics, and Dramaturgies of Alterity-Empathy." Contemporary Theatre Review **30**(3): 375-389.
The article examines the production of the immersive participatory performance project titled "Passajar" in Lisbon, Portugal to tackle topics like refugee performance, fictional aesthetics, migrant theatre, and alterity-empathy. Topics include the dramaturgical processes of refugeedom, the need for an inclusive dramaturgy on human rights, and the complexities and differences of the personal histories of individual refugees.

Nesterko, Y., et al. (2023). "Mental health of recently arrived male refugees in Germany reporting sexual violence." Medicine, conflict, and survival **39**(1): 4-27.
Conflict-related sexual violence (CRSV) is one of the most severe and stigmatizing human rights violations. The recognition of men and boys as targets of sexual violence is a rather recent development. In the present study data on experiences of sexual violence as well as mental health outcomes were analysed in recently arrived male refugees (N = 392) in Germany. More than one third of the men interviewed (n = 128; 36.6%) reported having experienced sexual violence. Compared to male refugees without experiences of sexual violence, male refugee survivors showed higher prevalence rates of PTSD. Moreover, some differences were found between the subgroups on the single symptoms level, indicating higher severity in those affected by sexual violence, including negative alterations in cognition/mood, suicidal ideation, and nervousness or shakiness inside. The findings provide initial data on prevalence of sexual violence and related mental health outcomes in male refugees newly arrived in Germany and emphasize the significance of sexual violence as a risk factor for different mental health outcomes. This provides clear implications for health care professionals that could aid them in better identifying those affected. Finally, further research is

urgently needed that takes a closer, more differentiated look at sexual violence in male refugee populations.

Niaz, U. (2022). "MENTAL HEALTH IN THE EASTERN MEDITERRANEAN REGION: FOCUS ON WOMEN, CHILDREN, THE ELDERLY AND REFUGEES." Journal of Pakistan Psychiatric Society **19**(2): 48-51.
The Eastern Mediterranean Region (EMR) has some of the world's poorest health metrics among the WHO regions. It has the highest prevalence of mental disorders worldwide. This is largely attributable to the region's ongoing persistent humanitarian crises, which from one perspective, increase the need and demand for mental health services, while on the contrary eroding the capacity of health and social care systems to provide the basic care. With insufficient human, structural, institutional, data and financial resources, these mental health care systems continue to suffer from neglect and apathy. The situation is exacerbated further by the stigma, discrimination, and human rights' violations that people with mental illnesses face, where women, children, the elderly, and immigrants are the highly susceptible population groups. This paper aims to outline the issues and risks linked with mental health in the Eastern Mediterranean Region, and also to provide practical and equitable recommendations that seek to address the past indifference and neglect in order to advocate the importance of mental health in public health. [ABSTRACT FROM AUTHOR]

Nillsuwan, B. (2023). "Interacting with global refugee complexity and wresting control: Shan refugees and migrants in Thailand." Asian Politics & Policy **15**(2): 226-248.
The changes in Thailand's policy on labor migrant control appeared optimistic for refugee and human rights issues in recent years. This article argues that such positive adjustment is to take control of refugees and migrants outside the space of the global refugee regime. Using the case of Chiang Mai, Thailand, it discussed how the movement of Shan people in this area indicates mixed migration and how the Thai authorities and local Thais' views of them affect their status in Thailand. It examined the role of international norms that influence Thailand's policy and treatment of the Shan refugees and migrants in education and healthcare. Recent adjustments demonstrated that the Thai government began altering migration restrictions, although this is an attempt to seize control. In the refugee regime complexity, Thailand interacts with the regimes in two areas: education and healthcare, to maintain the control and manageability of refugees and migrants. (English) [ABSTRACT FROM AUTHOR]

Nisanci, A., et al. (2020). "Working with refugees during COVID-19: Social worker voices from Turkey." International Social Work **63**(5): 685-690.
This short essay aims to share social workers' experiences of working with refugees during the COVID-19 pandemic in Turkey. Three of the authors work in different non-governmental organizations (NGOs) in different cities. NGOs play a vital role in the delivery of psychosocial support services to refugees in Turkey and have been inevitably affected by the pandemic. The major practice challenges are being unprepared for tele-social work, a decrease in financial resources, increasing barriers to resources, and threats to refugee children's wellbeing. Finally, suggestions are made for the near future. [ABSTRACT FROM AUTHOR]

Nolan-Ferrell, C. (2021). "Pedimos Posada: Local Mediators and Guatemalan Refugees in Mexico, 1978-1984." Pedimos posada: mediadores locales y refugiados guatemaltecos en México, 1978-1984.(80): 153-178.
Objective/Context: This article investigates how indigenous Guatemalan campesinos who took refuge in Chiapas, Mexico, relied upon Mexican mediators and community solidarity to secure their safety during the Guatemalan army's genocidal campaign (1979-1983) against Mayan campesinos. The objective is to identify why different

groups of mediators successfully met refugee needs. Methodology: Using the framework of forced migration studies, the article uses archival and oral histories to examine patterns of labor migration and refugee movement. Originality: The study uses previously uncatalogued archival collections, including the Guatemalan Refugees Collection in the Archivo Histórico Diocesano de San Cristóbal de las Casas, local documents from the Instituto Nacional de los Pueblos Indígenas (formerly Instituto Nacional Indígena, ini), and oral histories collected in communities of ex-refugiados. Conclusions: Refugees relied upon local mediators, primarily campesinos and small farmers, for food, shelter, and work. Although formal mediators (governmental and intergovernmental organizations) potentially offered more services to refugee settlements, refugee camps also required formal registration and restricted peoples' rights to work and move freely. Indigenous Maya villagers on both sides of the border shared long histories of labor migration, along with social, religious, and family ties. These links formed the base of new communities and provided refugees with needed flexibility. More broadly, this research shows how grassroots community formation protected, and at times exploited, the human rights of refugees. (English) [ABSTRACT FROM AUTHOR]

Nolan-Ferrell, C. (2021). "Pedimos Posada: Local Mediators and Guatemalan Refugees in Mexico, 1978-1984." Pedimos posada: mediadores locales y refugiados guatemaltecos en México, 1978-1984.(80): 153-178.
Objective/Context: This article investigates how indigenous Guatemalan campesinos who took refuge in Chiapas, Mexico, relied upon Mexican mediators and community solidarity to secure their safety during the Guatemalan army's genocidal campaign (1979-1983) against Mayan campesinos. The objective is to identify why different groups of mediators successfully met refugee needs. Methodology: Using the framework of forced migration studies, the article uses archival and oral histories to examine patterns of labor migration and refugee movement. Originality: The study uses previously uncatalogued archival collections, including the Guatemalan Refugees Collection in the Archivo Histórico Diocesano de San Cristóbal de las Casas, local documents from the Instituto Nacional de los Pueblos Indígenas (formerly Instituto Nacional Indígena, ini), and oral histories collected in communities of ex-refugiados. Conclusions: Refugees relied upon local mediators, primarily campesinos and small farmers, for food, shelter, and work. Although formal mediators (governmental and intergovernmental organizations) potentially offered more services to refugee settlements, refugee camps also required formal registration and restricted peoples' rights to work and move freely. Indigenous Maya villagers on both sides of the border shared long histories of labor migration, along with social, religious, and family ties. These links formed the base of new communities and provided refugees with needed flexibility. More broadly, this research shows how grassroots community formation protected, and at times exploited, the human rights of refugees. (English) [ABSTRACT FROM AUTHOR]

Norman, K. P. (2021). "Migrant and refugee mobilisation in North African host states: Egypt and Morocco in comparison." Journal of North African Studies **26**(4): 679-708.
Scholarly work on migration to Europe and North America asserts that states adopt liberal migration policies when migrants are able to mobilise and when they are assisted by state and non-state institutions. To what extent does this explanation for mobilisation transfer to the Global South where authoritarian state structures might be in place, thereby constraining certain political behaviours? This paper examines why migrants and refugees have been able to mobilise to a greater extent in Morocco than in Egypt. Drawing primarily on original data from semi-structured interviews, this paper assesses the formal and informal rules that constrain or permit certain political behaviours among non-national populations in each host state. I find that the Moroccan system has been

more responsive than the Egyptian state to migrant and refugee mobilisation due primarily to the type of authoritarian governance in place. While both Egypt and Morocco seek to retain control overt opposition, the Moroccan regime since the 1990s has allowed for a degree of openness, permitting visible forms of resistance and ultimately co-opting critics, whereas Egypt – especially since 2013 – has sought to violently eliminate any form of contestation and since 2014 has also sought to limit any associational activities related to human rights promotion. The findings address the question of whether extant explanations for migrant mobilisation and subsequent policy reform travel to the Global South, and also contribute to understandings of whether and how the political mobilisation of migrants and refugees can take place in non-democratic spaces and to what effect. [ABSTRACT FROM AUTHOR]

O'Donnell, A. W., et al. (2020). "Sport participation may protect socioeconomically disadvantaged youths with refugee backgrounds from experiencing behavioral and emotional difficulties." Journal of Adolescence **85**: 148-152.
<bold>Introduction: </bold>Youth with refugee backgrounds experience social and socioeconomic difficulties that arise following resettlement. Research has found that sport participation generally provides youth with a protective milieu that is especially beneficial for the most disadvantaged youth. Accordingly, the current study examines whether sport participation is related to positive psychosocial outcomes for resettled adolescent refugees, and if these effects are greater for those living in socioeconomically disadvantaged communities.<bold>Method: </bold>Data were from a large, nationally representative cohort of refugees recently resettled in Australia (Building New Life in Australia study, BNLA). Self-reported social and emotional well-being was collected from 415 youth who entered the country as refugees (Mage = 14.04, SD = 1.99) at three years post settlement were used.<bold>Results: </bold>A moderated regression analysis indicated that refugee youth living in socioeconomically disadvantaged neighborhoods who participated in sports reported significantly better outcomes compared to those refugee youth in economically similar neighborhoods who did not participate in sport. In contrast, refugee youth residing in more socioeconomically advantaged communities had better developmental outcomes, regardless of sport participation.<bold>Conclusions: </bold>Sport participation is a protective factor for youth with refugee backgrounds. Community socioeconomic disadvantage moderates this relationship, whereby stronger effects were observed for adolescents in more disadvantaged communities. Protecting the most disadvantaged in our society is a human rights imperative, and the current study indicates that sport participation could contribute to these efforts among resettled refugee populations. [ABSTRACT FROM AUTHOR]

Ogg, K. and C. Taoi (2021). "COVID-19 Border Closures: A Violation of Non-Refoulement Obligations in International Refugee and Human Rights Law?" Australian Year Book of International Law **39**(1): 32-48.

Okafor, O. C. (2021). "The Future of International Solidarity in Global Refugee Protection." Human Rights Review **22**(1): 1-22.
The main focus of the paper is to reflect analytically on the likely place/role of international solidarity in global refugee protection context in the coming years. Following a short introduction, the paper begins with brief discussions of certain preliminary questions related to the nature of the concept of international solidarity. These discussions are followed by a consideration of some discrete issues related to the "norm/practice chasm" in the operation of international solidarity in global refugee protection (including positive expressions of international solidarity in that context; gaps in human rights-based international solidarity in that same field; and the abusive deployment of international solidarity in the same area). Thereafter, the future of

international solidarity in the global refugee protection context is pondered in its duality and complexity, especially the claim that the future of international solidarity is likely to be shaped by a harsher trend that is styled "de-solidarity" in the paper. [ABSTRACT FROM AUTHOR]

Oliveira da Silva, E. (2021). "EVOLUÇÃO HISTÓRICA DA PROTEÇÃO LEGISLATIVA DOS REFUGIADOS NO BRASIL: UMA BREVE ANÁLISE NO PLANO INTERNO E INTERNACIONAL." HISTORICAL EVOLUTION OF THE LEGISLATIVE PROTECTION OF REFUGEES IN BRAZIL: A BRIEF ANALYSIS ON THE INTERNATIONAL AND INTERNATIONAL PLAN. **7**(2): 126-143.

O'Sullivan, C. and D. Ferri (2020). "The Recast Reception Conditions Directive and the Rights of Asylum Seekers with Disabilities: Opportunities, Challenges and the Quest for Reform." European Journal of Migration & Law **22**(2): 272-307.
In recent years, the European Union (EU) has, like much of the developed world, experienced a sustained period of inward migration from refugee-producing States in Africa and the Middle-East. This 'refugee crisis' has placed a strain not only on the political will of the EU institutions and Member States to find a satisfactory resolution to deal with the flow of migrants, but also on their ability to put in place fair processes for any resulting claims for asylum and to adequately support the needs of asylum seekers while those claims are being processed. This article discusses the latter issue from a discreet angle, focusing on how the EU has addressed the needs of asylum seekers with disabilities. As a party to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which enjoys sub-constitutional status within the EU legal order, the EU is obligated to interpret all legislation in light of the Convention. Thus, this article seeks to assess the degree to which Directive 2013/33/EU on the material reception conditions for asylum seekers can protect and promote the rights of asylum seekers with disabilities and fulfill the 'human rights model of disability' embedded within the CRPD. It also assesses the most recent proposal to replace the Directive, and examines whether the potential shortcomings within it have been addressed thus far. Ultimately, it finds that the ambiguities and lack of procedural certainty within the current Directive provide too much room to derogate from the standards arguably mandated by the Convention, and these have yet to be addressed within the new Proposal. [ABSTRACT FROM AUTHOR]

Pacheco Pacífico, A., et al. (2021). "Regime stretching para proteger migrantes forçados no Brasil." Regime stretching to protect forced migrants in Brazil. **20**(1): 1-11.
Brazil is an International Refugee Regime member, having incorporated the 1951 Convention related to Refugee Status into its Legal Order with the Act 9474/97. Additionally, it advances in humanitarian protection based on human rights to international environmentally Displaced Persons, to huge flux of refugees and to economic migrants (Migration Act n. 13.445.2017). This article evaluates the way how the regime stretching theory proposed by Betts (2010) may be used to explain how the International Refugee Regime is enlarged in local implementation level to be adjusted and to supply local needs, being hybridly implemented in Brazil, with different rules, norms, institutions, and public policies to different types of displaced people in Brazil. (English) [ABSTRACT FROM AUTHOR]

Palacios-Arapiles, S., et al. (2021). "Unfolding Africa's Impact on the Development of International Refugee Law." Journal of African Law **65**(S1): 9-33.
This article traces the contributions of African states to the development of international refugee law and explores the role African human rights supervisory bodies have played in the interpretation and application of this field of law. While Africa's contributions to international refugee law are often overlooked, this article sets out to identify Africa's

involvement in the drafting process of the UN Refugee Convention and its 1967 Protocol. It also explores the legal framework for refugees in Africa, in particular the OAU Refugee Convention and the Bangkok Principles on Status and Treatment of Refugees, and the extent to which these two instruments have enriched international refugee law. The article argues that some of their provisions may provide evidence of customary rules of international law. Lastly, it examines some of the authoritative pronouncements made by African human rights supervisory bodies, in so far as they adopt a progressive approach to interpreting the rights of refugees and asylum-seekers. [ABSTRACT FROM AUTHOR]

Peralta, E. C. O., et al. (2021). "Filosofía y migración: Debates sobre la protección de los derechos de los refugiados venezolanos en Perú." Philosophy and Migration: Discussion on the Protection of the Rights of Venezuelan Refugees in Peru. **38**(99): 276-291.
This paper aims to analyze the migratory phenomenon in the light of philosophy. Mobility is a fact as old as humanity, it responds to the need for progress, which has significantly helped in the evolution of man. However, war, disease, poverty, social marginalization, conditioned social scenarios and prompted human beings to transcend their geographical limits, seeking better life opportunities, thus guaranteeing the right to survival, advancing towards the consolidation of universal human rights. The present investigation assumes this theoretical-philosophical position; However, it recognizes the political, economic and social impact of migration in current scenarios; Therefore, it evaluates the specific case of the Venezuelan migration to Peru, pointing out the role that the Special Commission for Refugees has played in its performance as a state body whose function is to protect and enforce the right of refugees who enter the country Peruvian territory. For this reason, the importance of international agreements in the protection of refugees is recognized and, at the same time, the intrinsic value that exists in human nature is emphasized. (English) [ABSTRACT FROM AUTHOR]

Pérez-Sales, P., et al. (2022). "Refugee Camps as Torturing Environments-An Analysis of the Conditions in the Moria Reception Center (Greece) Based on the Torturing Environment Scale." International journal of environmental research and public health **19**(16).
Background: European countries apply a policy of deterrence of migrants in territorial and extraterritorial border areas. The authors apply the model of torturing environments, which has been already applied to other contexts where persons are deprived of liberty, to the situation of the reception center of Moria, on the island of Lesvos (Greece).; Methods: A cross-sectional study was conducted in the months of April and June of 2020. Personal interviews were conducted with 160 people (80 men, 80 women) from Afghan, Syrian, Somalian, and Congo backgrounds. The authors applied the Torturing Environmental Scale, which measures interpersonal violence, emotional distress, and legal safeguards.; Results: The findings confirm the inhumane living conditions for the people sheltered in Moria, documenting the severe suffering of the population due to elements linked to basic human functions (hunger, thirst, hygiene, overcrowding, temperature, etc.), actions that produce fear and distress, actions that produce helplessness and hopelessness, actions that cause physical pain, attacks on sexual integrity, and attacks on identity and the need to belong. Some of the data suggest that the purposive and intentionality elements of the definition of cruel, inhuman, or degrading treatment were also met.; Conclusions: According to the conceptual model of torturing environments, the Moria reception camp constitutes a space of systematic ill treatment that vulnerated the European legal standards related to torture (Article 3 of the Human Rights Convention). The idea of torturing environments provides a valuable avenue to assess human rights violations in collective spaces and could constitute a useful tool in forensic and litigation processes.

Pincock, K. (2021). "UNHCR and LGBTI refugees in Kenya: the limits of 'protection'." Disasters **45**(4): 844-864.

This paper problematises the framing and implementation of protection of lesbian, gay, bisexual, transgender, and intersex (LGBTI) refugees in Kenya by the United Nations Refugee Agency (UNHCR). Despite increased international attention being paid to them, the extant literature focuses on asylum-seeking at Western borders; there is a dearth of scholarship on LGBTI refugees' experiences in first countries of asylum in the Global South. Building on essential humanitarian governance literature, the paper suggests that how protection is framed by UNHCR, and practical restrictions on the implementation of protection in Kenya, leave LGBTI refugees unsafe. Yet, their own attempts to secure protection, often drawing on the same human rights discourse that UNHCR utilises in its guidance, renders them even less 'protectable' by UNHCR and Kenyan activists. This paper argues for a more critical and contextualised approach to 'protection' as a form of humanitarian assistance, given its place within the broader dynamics of global refugee governance. (© 2020 The Author Disasters © 2020 Overseas Development Institute.)

Rami, F., et al. (2023). "Health Inequities and Social Determinants of Health in Refugee and ImMigrant Communities." American Psychologist **78**(2): 160-172.

This article evaluates and elucidates the intersections across social and economic determinants of health and social structures that maintain current inequities and structural violence with a focus on the impact on imMigrants (immigrants and migrants), refugees, and those who remain invisible (e.g., people without immigration status who reside in the United States) from Black, Indigenous, and People of Color communities. Psychology has a history of treating individuals and families without adequately considering how trauma is cyclically and generationally maintained by structural violence, inequitable resources, and access to services. The field has not fully developed collaboration within an interdisciplinary framework or learning from best practices through international/global partnerships. Psychology has also been inattentive to the impact of structural violence prominent in impoverished communities. This structural harm has taken the form of the criminalization of imMigrants and refugees through detention, incarceration, and asylum citizenship processes. Most recently, the simultaneous occurrence of multiple catastrophic events, such as COVID-19, political polarization and unrest, police violence, and acceleration of climate change, has created a hypercomplex emergency for marginalized and vulnerable groups. We advance a framework that psychologists can use to inform, guide, and integrate their work. The foundation of this framework is select United Nations Sustainable Development Goals to address health inequities. [ABSTRACT FROM AUTHOR]

Rami, F., et al. (2023). "Health inequities and social determinants of health in refugee and immigrant communities." American Psychologist **78**(2): 160-172.

This article evaluates and elucidates the intersections across social and economic determinants of health and social structures that maintain current inequities and structural violence with a focus on the impact on imMigrants (immigrants and migrants), refugees, and those who remain invisible (e.g., people without immigration status who reside in the United States) from Black, Indigenous, and People of Color communities. Psychology has a history of treating individuals and families without adequately considering how trauma is cyclically and generationally maintained by structural violence, inequitable resources, and access to services. The field has not fully developed collaboration within an interdisciplinary framework or learning from best practices through international/global partnerships. Psychology has also been inattentive to the impact of structural violence prominent in impoverished communities. This structural harm has taken the form of the criminalization of imMigrants and refugees through detention, incarceration, and asylum citizenship processes. Most recently, the

simultaneous occurrence of multiple catastrophic events, such as COVID-19, political polarization and unrest, police violence, and acceleration of climate change, has created a hypercomplex emergency for marginalized and vulnerable groups. We advance a framework that psychologists can use to inform, guide, and integrate their work. The foundation of this framework is select United Nations Sustainable Development Goals to address health inequities. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Redeker Hepner, T. and M. Treiber (2021). "Discussion paper. The anti-refugee machine: a draft framework for migration studies." Archiv Weltumseum Wien **71**(2): 175-189.

Riley, A., et al. (2020). "Systematic human rights violations, traumatic events, daily stressors and mental health of Rohingya refugees in Bangladesh." Conflict & Health **14**(1): N.PAG-N.PAG.
Background: Almost 900,000 Rohingya refugees currently reside in refugee camps in Southeastern Bangladesh. Prior to fleeing Myanmar, Rohingya experienced years of systematic human rights violations, in addition to other historical and more recent traumatic events such as the burning of their villages and murder of family members, friends and neighbors. Currently, many Rohingya struggle to meet basic needs in refugee camps in Bangladesh and face mental health-related concerns that appear linked to such challenges. The purpose of this study is to describe systematic human rights violations, traumatic events, daily stressors, and mental health symptoms and to examine relationships between these factors. Methods: Cross-sectional data was collected from a representative sample of 495 Rohingya refugee adults residing in camps in Bangladesh in July and August of 2018. Results: Respondents reported high levels of systematic human rights violations in Myanmar, including restrictions related to expressing thoughts, meeting in groups, travel, religious practices, education, marriage, childbirth, healthcare, and more. Events experienced in Myanmar included exposure to gunfire (99%), destruction of their homes (93%), witnessing dead bodies (92%), torture (56%), forced labor (49%), sexual assault (33%), and other events. More than half (61%) of participants endorsed mental health symptom levels typically indicative of PTSD, and more than two thirds (84%) endorsed levels indicative of emotional distress (symptoms of anxiety and depression). Historic systematic human rights violations, traumatic events, and daily stressors were associated with symptoms of posttraumatic stress, as well as depression and anxiety. Respondents reported numerous stressors associated with current life in the camps in Bangladesh as well as previous stressors, such as harassment, encountered in Myanmar. Conclusions: Findings underscore the impact of systematic human rights violations, targeted violence, and daily stressors on the mental health of Rohingya in Bangladesh. Those working with Rohingya should consider the role of such factors in contributing to poor mental health. This research has the potential to inform interventions targeting such elements. Future research should examine the relationships between mental health and human rights violations over time. [ABSTRACT FROM AUTHOR]

Riley, A., et al. (2020). "Systematic human rights violations, traumatic events, daily stressors and mental health of Rohingya refugees in Bangladesh." Conflict and health **14**: 60.
Background: Almost 900,000 Rohingya refugees currently reside in refugee camps in Southeastern Bangladesh. Prior to fleeing Myanmar, Rohingya experienced years of systematic human rights violations, in addition to other historical and more recent traumatic events such as the burning of their villages and murder of family members, friends and neighbors. Currently, many Rohingya struggle to meet basic needs in refugee camps in Bangladesh and face mental health-related concerns that appear linked to such challenges. The purpose of this study is to describe systematic human rights violations, traumatic events, daily stressors, and mental health symptoms and to

examine relationships between these factors.; Methods: Cross-sectional data was collected from a representative sample of 495 Rohingya refugee adults residing in camps in Bangladesh in July and August of 2018.; Results: Respondents reported high levels of systematic human rights violations in Myanmar, including restrictions related to expressing thoughts, meeting in groups, travel, religious practices, education, marriage, childbirth, healthcare, and more. Events experienced in Myanmar included exposure to gunfire (99%), destruction of their homes (93%), witnessing dead bodies (92%), torture (56%), forced labor (49%), sexual assault (33%), and other events. More than half (61%) of participants endorsed mental health symptom levels typically indicative of PTSD, and more than two thirds (84%) endorsed levels indicative of emotional distress (symptoms of anxiety and depression). Historic systematic human rights violations, traumatic events, and daily stressors were associated with symptoms of posttraumatic stress, as well as depression and anxiety. Respondents reported numerous stressors associated with current life in the camps in Bangladesh as well as previous stressors, such as harassment, encountered in Myanmar.; Conclusions: Findings underscore the impact of systematic human rights violations, targeted violence, and daily stressors on the mental health of Rohingya in Bangladesh. Those working with Rohingya should consider the role of such factors in contributing to poor mental health. This research has the potential to inform interventions targeting such elements. Future research should examine the relationships between mental health and human rights violations over time.; Competing Interests: Competing interestsThe authors declare that they have no commercial or other associations that might pose a conflict of interest. (© The Author(s) 2020.)

Ritchie, G. (2022). "Migration as class struggle: refugee youth, work rights, and solidarity." Labor History **63**(4): 518-530.
Young adult refugees from the Middle East and North Africa are at the center of a development agenda that seeks to reconstitute displacement as development and grow the region's digital economy. Working from an internationalist standpoint, this article thinks through the contradictory forms of consciousness that arise as displacement is transitioned into development. The analysis interrogates the ideological forms of knowledge that delink capitalist development in the region from the conditions that incited youth uprisings and led to their displacement. The reader is invited to think through the ways in which migration is a generative, contradictory, and contingent force within global capitalism, which is to say a manifestation of class struggle. [ABSTRACT FROM AUTHOR]

Ritchie, G. (2022). "Migration as class struggle: refugee youth, work rights, and solidarity." Labor History **63**(4): 518-530.
Young adult refugees from the Middle East and North Africa are at the center of a development agenda that seeks to reconstitute displacement as development and grow the region's digital economy. Working from an internationalist standpoint, this article thinks through the contradictory forms of consciousness that arise as displacement is transitioned into development. The analysis interrogates the ideological forms of knowledge that delink capitalist development in the region from the conditions that incited youth uprisings and led to their displacement. The reader is invited to think through the ways in which migration is a generative, contradictory, and contingent force within global capitalism, which is to say a manifestation of class struggle. [ABSTRACT FROM AUTHOR]

Robert, E. and P.-M. David (2019). "'Healthcare as a refuge': Building a culture of care in Montreal for refugees and asylum-seekers living with HIV." International Journal of Human Rights in Healthcare **12**(1): 16-27.
Purpose: Between 2012 and 2016, the Government of Canada modified health insurance

for refugees and asylum seekers. In Quebec, this resulted in refusals of care and uncertainties about publicly reimbursed services, despite guaranteed coverage for people with this status under the provincial plan. The Chronic Viral Illness Service (CVIS) at the McGill University Health Centre in Montreal continued to provide care to refugees and asylum seekers living with HIV. The purpose of this paper is to explain how and why challenges brought by this policy change could be overcome.
Design/methodology/approach: A qualitative case study was conducted using interviews with patients and staff members, observation sessions and a review of media, documents and articles. A discussion group validated the interpretation of preliminary results.
Findings: The CVIS provides patient-centered care through a multidisciplinary team. It collectively responds to medical, social and legal issues specific to refugees. Its organizational culture and expertise explain the sustained provision of care. The team's empathetic view of patients, anchored in the service's history, care for men who have sex with men and commitment to human rights, is key. A culture of care developed over time thanks to the commitment of exemplary figures. Because they countered the team's values, changes in refugee healthcare coverage strengthened the service's culture of care. However, the healthcare system reform launched in 2014 in Quebec is perceived as jeopardizing the culture of care, as it makes, refugee and asylum-seeker patients a non-lucrative venture for providers. Originality/value: This research analyzes the origin of sustained provision of care to refugees and asylum seekers living with HIV through the lens of culture of care. It considers the historical and political contexts in which this culture developed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Saiti, A. and M. Chletsos (2020). "Opportunities and Barriers in Higher Education for Young Refugees in Greece." Higher Education Policy **33**(2): 287-304.
Over the last decade, Greece has been the dominant receiver of large waves of both migrants and refugees. Taking into consideration that (a) immigration (and the displacement of people from their homes in general) is a social phenomenon, (b) education has a significant influence on the development process and access to education is absolutely a fundamental human right, (c) real development calls for improved educational opportunities and access for all citizens without any discrimination, and (d) the lives of young refugees have been impacted by negative experiences, then the purpose of this paper is to investigate, through qualitative analysis, the access and the opportunities that the Greek higher education system offers to young refugees (if they wish to enter) and to identify possible barriers raised by existing educational policy. A qualitative survey was conducted by analysing the relevant Greek legislative framework and by using structured interviews with key personnel of refugee support organizations and higher education institutions (HEIs), both public and private. This study supports the view that higher education should aim to remove any barriers to accessibility, have a humanitarian orientation, ensure equality and constitute a key step in the whole process of socialization. [ABSTRACT FROM AUTHOR]

Salas-Ruiz, A., et al. (2021). "Novel Methodology for Supporting Integration between Refugees and Host Communities: NAUTIA (Need Assessment under a Technological Interdisciplinary Approach)." Journal of Refugee Studies **34**(4): 4503-4533.
More than 26 million people are recognized globally as refugees and have been forced to flee from their home countries because of poverty, human rights violations, natural disasters, climate change, and other social and political conflicts. What is more, most host communities are usually poor and face social and economic crises. This is why supporting integration between refugees and host communities is imperative at the global humanitarian context. Thereby, this research presents the NAUTIA (Need Assessment under a Technological Interdisciplinary Approach) methodology, an innovative mixed-method approach designed by the Platform on Refugees of the Universidad Politécnica de Madrid. The main objective of NAUTIA is to identify the

basic needs of refugees and locals to improve their quality of life through interdisciplinary and inclusive intervention proposals based on technology. The methodology was applied in the permanent Shimelba Refugee Camp (Ethiopia), where energy, shelter, and food security solutions have resulted essential to improve the living conditions of both population groups. The results are useful for researchers, stakeholders, and practitioners from the humanitarian sector as they provide a more innovative and comprehensive way to support the unprecedented global human mobility there is nowadays. [ABSTRACT FROM AUTHOR]

Santiago, A. M. and R. J. Smith (2019). "Community practice with immigrant and refugee populations: Responding to a growing human rights crisis." Journal of Community Practice **27**(2): 111-115.
An introduction is presented in which the editor discusses articles in the issue on topics including emergence-based approach in community practice; outcomes-based organizing by the rational planning model; and the development of the Garbage Can Model.

Schiariti, V. and S. J. Hollung (2022). "The rights of children with disabilities during armed conflict." Developmental Medicine & Child Neurology **64**(6): 802-803.
This letter discusses the rights of children with disabilities during armed conflict. The conflict in Ukraine has sparked massive population displacement. Since February 24th 2022, more than 2 million children have fled Ukraine to neighbouring countries with the number of refugees growing every day. Humanitarian actions are urgently needed to safeguard these children's rights to safety, health, education, psychosocial support, and recreation. Children with disabilities are more likely than other children to experience violence and this vulnerability is heightened in humanitarian crises. During armed conflict, the lives of children with disabilities are especially affected as health care and social service infrastructure deteriorates, as well as access to education and recreation. Furthermore, armed conflict has a major negative effect on the mental health of children and adolescents, both with and without disabilities. Currently, children with disabilities and their mothers in the Ukraine are fleeing the country and becoming refugees, mainly in Poland. In a humanitarian context, it is paramount to identify those special needs and barriers faced by children with disabilities. It is especially important to document violations against the rights of such children, including discrimination and denial of humanitarian assistance. Moreover, it is crucial we provide accessible information about the ongoing situation to children with disabilities and their families, and adopt disability inclusive programming to ensure these children benefit from humanitarian relief. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Schottland-Cox, J. and J. Hartman (2019). "Physical Therapists Needed: The Refugee Crisis in Greece and Our Ethical Responsibility to Respond." Physical Therapy **99**(12): 1583-1586.
The authors convey their concerns on the refugee crisis in Greece and the ethical responsibility of clinicians to respond to the crisis. Topics mentioned include accusations of mismanagement and fraud causing closure of many necessary non-governmental organizations, the difficulty of obtaining public physical therapy appointments, and the U.S. involvement in the Middle East as a contributing factor to the migrant crisis in Europe.

Schouler-Ocak, M., et al. (2020). "Mental health of migrants." Indian Journal of Psychiatry **62**(3): 242-246.
The article reflects on mental health of migrants and risk factors such as poor medical care, separation of family and children as well as other relatives. It include homelessness, lack of food and water, xenophobic attacks, poor education, perceived

and experienced discrimination, and a high risk of death and injury. It also mentions prevalence of dementia among those with a migrant background are currently lacking and psychiatric disorders in refugees and internally displaced persons.

Schumacher, L., et al. (2021). "Using clinical expertise and empirical data in constructing networks of trauma symptoms in refugee youth." Empleando la experiencia clínica y los datos empíricos para construir redes de síntomas de trauma en refugiados jóvenes. **12**(1): 1-12.
Background: In recent years, many adolescents have fled their home countries due to war and human rights violations, consequently experiencing various traumatic events and putting them at risk of developing mental health problems. The symptomatology of refugee youth was shown to be multifaceted and often falling outside of traditional diagnoses. Objective: The present study aimed to investigate the symptomatology of this patient group by assessing the network structure of a wide range of symptoms. Further, we assessed clinicians' perceptions of symptoms relations in order to evaluate the clinical validity of the empirical network. Methods: Empirical data on Post-Traumatic Stress Disorder (PTSD), depression and other trauma symptoms from N = 366 refugee youth were collected during the routine diagnostic process of an outpatient centre for refugee youth in Germany. Additionally, four clinicians of this outpatient centre were asked how they perceive symptom relations in their patients using a newly developed tool. Separate networks were constructed based on 1) empirical symptom data and 2) clinicians' perceived symptom relations (PSR). Results: Both the network based on empirical data and the network based on clinicians' PSR showed that symptoms of PTSD and depression related most strongly within each respective cluster (connected mainly via sleeping problems), externalizing symptoms were somewhat related to PTSD symptoms and intrusions were central. Some differences were found within the clinicians' PSR as well as between the PSR and the empirical network. Still, the general PSR-network structure showed a moderate to good fit to the empirical data. Conclusion: Our results suggest that sleeping problems and intrusions play a central role in the symptomatology of refugee children, which has tentative implications for diagnostics and treatment. Further, externalizing symptoms might be an indicator for PTSD-symptoms. Finally, using clinicians' PSR for network construction offered a promising possibility to gain information on symptom networks and their clinical validity. Symptom networks were investigated to understand better refugee youth's symptomatology. Intrusions were central; PTSD and depression symptoms related mainly to symptoms in their own domain. Despite differences, clinicians' perceptions showed moderate fit to the empirical data. (English) [ABSTRACT FROM AUTHOR]

Schumacher, L., et al. (2021). "Using clinical expertise and empirical data in constructing networks of trauma symptoms in refugee youth." Empleando la experiencia clínica y los datos empíricos para construir redes de síntomas de trauma en refugiados jóvenes. **12**(1): 1-12.
Background: In recent years, many adolescents have fled their home countries due to war and human rights violations, consequently experiencing various traumatic events and putting them at risk of developing mental health problems. The symptomatology of refugee youth was shown to be multifaceted and often falling outside of traditional diagnoses. Objective: The present study aimed to investigate the symptomatology of this patient group by assessing the network structure of a wide range of symptoms. Further, we assessed clinicians' perceptions of symptoms relations in order to evaluate the clinical validity of the empirical network. Methods: Empirical data on Post-Traumatic Stress Disorder (PTSD), depression and other trauma symptoms from N = 366 refugee youth were collected during the routine diagnostic process of an outpatient centre for refugee youth in Germany. Additionally, four clinicians of this outpatient centre were asked how they perceive symptom relations in their patients using a newly developed

tool. Separate networks were constructed based on 1) empirical symptom data and 2) clinicians' perceived symptom relations (PSR). Results: Both the network based on empirical data and the network based on clinicians' PSR showed that symptoms of PTSD and depression related most strongly within each respective cluster (connected mainly via sleeping problems), externalizing symptoms were somewhat related to PTSD symptoms and intrusions were central. Some differences were found within the clinicians' PSR as well as between the PSR and the empirical network. Still, the general PSR-network structure showed a moderate to good fit to the empirical data. Conclusion: Our results suggest that sleeping problems and intrusions play a central role in the symptomatology of refugee children, which has tentative implications for diagnostics and treatment. Further, externalizing symptoms might be an indicator for PTSD-symptoms. Finally, using clinicians' PSR for network construction offered a promising possibility to gain information on symptom networks and their clinical validity. Symptom networks were investigated to understand better refugee youth's symptomatology. Intrusions were central; PTSD and depression symptoms related mainly to symptoms in their own domain. Despite differences, clinicians' perceptions showed moderate fit to the empirical data. (English) [ABSTRACT FROM AUTHOR]

Scott-Smith, T. (2019). "Beyond the boxes: refugee shelter and the humanitarian politics of life." American ethnologist **46**(4): 509-521.

Sheppard, J. and J. von Stein (2022). "Attitudes and action in international refugee policy: Evidence from Australia." International Organization **76**(4): 929-956.
Do citizens care whether their government breaches international law, or are other imperatives more influential? We consider this question in the human rights arena, asking whether and how it matters how abuses are framed. In a novel survey experiment, we ask Australians about their attitudes toward restrictive immigration policy, holding the underlying breaches constant but varying how they are framed. We find that people most strongly oppose policy that violates international law. Emphasizing moral considerations has smaller but still notable impacts on attitudes, whereas reputational frames have the weakest effects. We also find that translating attitudes into political action is challenging: most who learn of current policy's legal, moral, or reputational dimensions and in turn become more critical do not subsequently express greater interest in trying to do something about it. Nonetheless, there are interesting differences across frames. Appealing to international law or moral considerations is more effective at spurring mobilization than emphasizing reputational harm, though via different mechanisms. Framing this debate in international reputational terms consistently has the weakest impacts on interest in political action, and may be worse than saying nothing at all. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Sidhu, R. K. and D. Rossi-Sackey (2022). "Navigating the Politics and Ethics of Hospitality: Inclusive Practice with Forced Migrants." British Journal of Social Work **52**(1): 138-157.
Globally, forced migration has displaced 70 million people, a number set to increase in light of the social distress from the current health pandemic and ongoing climate-related disasters. Although protected from large-scale land-based movements of forced migrants, successive governments in Australia have resorted to detention and marginalisation to 'manage' forced migration. This context presents many challenges for social workers: they are confronted with scarce resources in their work with disenfranchised groups, while facing 'welfare chauvinism'—a logic that locates their primary responsibilities in the welfare rights of national citizens. The article interrogates the intersectional power dynamics that inform global conventions and national policies to manage the problem of forced migration. It contrasts 'exhausted humanitarianism', a

politically expedient rationality with 'hospitality'. To unsettle the hold of restrictive and inhospitable practices introduced in the name of the nation, the article calls for a re-scaling of the imagination and practice of social work. It introduces the discursive figure of the social worker as a boundary spanner to locate new possibilities for inclusive practices that uphold a human rights approach to the 'refugee problem' in place of an exhausted humanitarianism.

Silove, D. (2021). "Challenges to mental health services for refugees: A global perspective." World Psychiatry **20**(1): 131-132.
This article reflects on the challenges to mental health services for refugees. Considerable progress has been made over recent decades in formulating models of care and implementing mental health and psychosocial support (MHPSS) services for refugees worldwide. The challenges in providing services to this population are being greatly increased by the COVID-19 crisis. At the same time, the World Health Organization has provided impetus to supporting refugees, including in the MHPSS field, by adopting a Global Action Plan extending over the next four years. The field must ensure that the basic principles of human rights and equity are upheld in planning MHPSS services in the future. A global focus requires that careful decisions are made regarding the allocation of resources, in order to provide equitable access to MHPSS services. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Slade, N. (2019). "Representing refugees in advocacy campaigns." Revista Migraciones Forzadas(61): 47-48.
The article focuses on the role of the representations of the refugees which play a major role in advocacy campaigns. These representations by humanitarian groups can be helpful in attaining support and solidarity for the refugees. In New Zealand many refugee advocates approached the government to raise annual funding for displaced refugees. Which gained a lot of media attention, in one of the instances it ended up with stereotypical comments from one of the representatives. This article proposes a Responsible way of representing the refugees avoiding stereotypes, structural inequalities and injustice.

Sousa, C., et al. (2020). "'Most importantly, I hope God keeps illness away from us': The context and challenges surrounding access to health care for Syrian refugees in Lebanon." Global Public Health **15**(11): 1617-1626.
The influx of 1.5 million Syrians into Lebanon has created an increased demand for health services, which is largely unmet, due to cost, a highly fragmented and privatised system, and crises around legal documentation and refugee status. The aim of this study was to use a constant comparison analysis of qualitative data to explore how Syrian refugees living in Lebanon describe their experiences accessing healthcare (N = 351 individuals within 46 families). Pervasive fear, lack of confidence in the medical system, and high costs all hinder access to healthcare for Syrians in Lebanon. Findings demonstrate the need for attention to the costs and accessibility of care, and for stronger coordination of care within a centrally led comprehensive emergency plan. While we attend to understanding and alleviating the barriers surrounding refugee healthcare, we must also address the underlying cause of health crisis: the brutal realities caused by armed conflict. [ABSTRACT FROM AUTHOR]

Spiegel, P., et al. (2020). "Migrant and refugee health: Complex health associations among diverse contexts call for tailored and rights-based solutions." PLoS Medicine **17**(3): 1-3.
In an Editorial, Guest Editors Paul Spiegel, Terry McGovern and Kol Wickramage discuss the Special Issue on Refugee and Migrant Health. [ABSTRACT FROM AUTHOR]

Taheri, M., et al. (2023). "Trauma and posttraumatic growth in women refugees: A bibliometric analysis of research output over time." Traumatology.

Refugee women represent one of the biggest minority groups around the globe, yet little is known of the short- or long-term psychosocial consequences they incur from the refugee journey involving possible growth in the face of trauma. Thus, this bibliometric study aimed to assess the volume and characteristics of research output over time concerning the pre, during, and post-refugee journey of refugee women, inclusive of the theoretical constructs of complex trauma and posttraumatic growth. A descriptive repeat cross-sectional study of publications was conducted from the databases EMBASE, Medline, PsycINFO, and Psychology and Behavioural Sciences Collection (EBSCO) across the time periods 1995 to 2000; 2005 to 2010; and 2015 to 2020. Authors jointly assessed article relevance for inclusion. Classifications included the following: database; country of research institution; country of participants; type of trauma experienced; and trauma and growth terminology. In summary, 10 articles, all conducted in the third time period (2015–2020), met criteria for review, providing an increase in the volume of publications reporting on trauma and posttraumatic growth in refugee women despite an overall paucity of research. Most studies were conducted in the United States and Asian refugee women were the greatest recruited participants in studies. A wide range of trauma types were classified as (a) individual trauma, including gender-based trauma, witnessing trauma, forced migration, multiple losses, dehumanization and denial of human rights; (b) collective trauma included internal conflicts, interterritorial war, war civilians, genocide, and systematic government threats. Lastly, the posttraumatic growth domains of positive relations with others, meaning-making, and spirituality were most represented. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Taheri, M., et al. (2023). "Trauma and posttraumatic growth in women refugees: A bibliometric analysis of research output over time." Traumatology.

Refugee women represent one of the biggest minority groups around the globe, yet little is known of the short- or long-term psychosocial consequences they incur from the refugee journey involving possible growth in the face of trauma. Thus, this bibliometric study aimed to assess the volume and characteristics of research output over time concerning the pre, during, and post-refugee journey of refugee women, inclusive of the theoretical constructs of complex trauma and posttraumatic growth. A descriptive repeat cross-sectional study of publications was conducted from the databases EMBASE, Medline, PsycINFO, and Psychology and Behavioural Sciences Collection (EBSCO) across the time periods 1995 to 2000; 2005 to 2010; and 2015 to 2020. Authors jointly assessed article relevance for inclusion. Classifications included the following: database; country of research institution; country of participants; type of trauma experienced; and trauma and growth terminology. In summary, 10 articles, all conducted in the third time period (2015–2020), met criteria for review, providing an increase in the volume of publications reporting on trauma and posttraumatic growth in refugee women despite an overall paucity of research. Most studies were conducted in the United States and Asian refugee women were the greatest recruited participants in studies. A wide range of trauma types were classified as (a) individual trauma, including gender-based trauma, witnessing trauma, forced migration, multiple losses, dehumanization and denial of human rights; (b) collective trauma included internal conflicts, interterritorial war, war civilians, genocide, and systematic government threats. Lastly, the posttraumatic growth domains of positive relations with others, meaning-making, and spirituality were most represented. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Tastsoglou, E. and S. Nourpanah (2019). "(Re)Producing Gender: Refugee Advocacy and Sexual and Gender-Based Violence in Refugee Narratives." Canadian Ethnic Studies **51**(3): 37-56.

The glaring absence of gender persecution as grounds for protection in the 1951

Convention Relating to the Status of Refugees , the cornerstone of international refugee law, continues to impact current refugee claims driven by fear of sexual and gender-based violence. Applying a transnational, feminist and intersectional perspective, our study presents qualitative research on this particular form of violence in refugee claims. The lack of a strong, comprehensive protection framework for survivors of sexual and gender-based violence (SGBV) in refugee law and policy complicates the process of claiming refuge. Refugee advocates have to think strategically about SGBV in refugee claims as they work within this international framework and national (Canadian) law and policy. In doing so, they (re)produce patriarchal gender assumptions. In addition, intersecting gender, race and national origin underlying legal categories make some refugee claimants more vulnerable to the threat of SGBV. Our study raises broader questions about the knowledge produced from refugee narratives about gender and gender-based violence, the role of refugee advocacy organizations, and the advantages and challenges of working with the state to advance the human rights of all refugees. L'absence criarde de persécution fondée sur le genre en tant que motif de protection dans la Convention de 1951 relative au statut des réfugiés , base fondamentale du droit international des réfugiés, continue d'avoir une incidence sur les demandes d'asile actuelles motivées par la peur de la violence sexuelle et sexiste. Considérant une perspective transnationale, féministe et intersectionnelle, notre analyse présente une recherche qualitative sur cette forme particulière de violence dans les demandes d'asile. L'absence d'un cadre solide et raisonnable de protection pour les victimes de violences sexuelles et sexistes (VVSS) dans la législation et la politique des réfugiés complique le processus de traitement des demandes de réfugiés. Les défenseurs des réfugiés doivent réfléchir de manière stratégique à la violence sexuelle et sexiste dans les demandes d'asile comme s'ils travaillent tant dans ce cadre international que celui de la législation et la politique nationale (canadienne). Ce faisant, ils (re) produisent des hypothèses de genre patriarcales. De plus, le croisement entre le sexe, la race et l'origine nationale des catégories juridiques sousjacentes rend certains demandeurs d'asile plus vulnérables à la menace de violence sexuelle et sexiste. Notre étude soulève des questions plus élargies sur les connaissances produites à partir des récits de réfugiés au sujet du genre et de la violence sexuelle et sexiste, le rôle des organizations de défense des réfugiés, et les avantages et les défis de travailler avec l'État pour faire avancer les droits humains de tous les réfugiés. [ABSTRACT FROM AUTHOR]

Tesfai, A., et al. (2023). "Human Rights Violations and Mistrust among Refugees in South Africa: Implications for Public Health during the COVID Pandemic." Social Sciences (2076-0760) **12**(4): 224.
Despite the open policy of integration, refugees in South Africa have been experiencing increasing exclusion and discrimination in socio-economic development and from social services. State-sanctioned discrimination contributes to mistrust among marginalized groups toward the government and its institutions. However, public trust towards healthcare authorities and government institutions is critical during pandemic outbreaks to ensure the population's willingness to follow public health initiatives and protocols to contain the spread of a pandemic. Eleven key informants, including refugee community leaders and refugee-serving NGOs, were virtually interviewed about refugees' access to healthcare in South Africa during the COVID-19 pandemic and the consequences of inconsistent access and discrimination on their trust of public healthcare initiatives. Interviews were analyzed using critical thematic analysis. The results suggest that refugees' access to public healthcare services were perceived as exclusionary and discriminatory. Furthermore, the growing mistrust in institutions and authorities, particularly the healthcare system, and misperceptions of COVID-19 compromised refugees' trust and adherence to public health initiatives. This ultimately exacerbates the vulnerability of the refugee community, as well as the wellbeing of the overall population. [ABSTRACT FROM AUTHOR]

Thomas, M. (2021). "Discredit, Divide and Discord: Motives Behind 2021-22 Belarus-EU Migrant Crisis." Ukrainian Quarterly **77**(4): 26-29.

Tirado, V., et al. (2020). "Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review." PLoS ONE **15**(7): 1-25.
Background: The need to address sexual and reproductive health and rights (SRHR) in humanitarian settings is more urgent than ever, especially among young refugees. We conducted a scoping review to identify and synthesise the literature on perceived barriers and facilitators to SRHR among young refugees and interventions created to address their needs. Methods: We searched three databases (PubMed, Global Health and POPLINE) for peer-reviewed and grey literature published in English between January 2008 and June 2018 that reported on SRHR barriers, facilitators and interventions for young refugees aged 10 to 24 years. We extracted data using standardised templates and assessed the quality of studies according to study design. Data were charted using qualitative content analysis and organised in line with a socio-ecological framework (individual, social and community, institutional and health system, and structural). Findings: We screened 1,169 records and included 30 publications (qualitative, quantitative, and mixed methods) across 22 countries; 15 were peer-reviewed articles and 15 were from the grey literature. Twenty-two publications reported on young people in refugee camps or alternatives to camps (e.g. sustainable settlements), and eight referred to young refugees who had been resettled to a third country. We identified 19 sub-categories for barriers and 14 for facilitators at the individual, social and community, institutional and health system, and structural levels. No publications discussed the SRHR challenges faced by young homosexual, bisexual, transgender or queer refugees, or those living with HIV. Nine publications described interventions, which tended to focus on the provision of SRHR services and information, and the training of peers, parents, religious leaders and/or service providers. Conclusions: Findings highlight that while young refugees experience similar barriers to SRHR as other young people, many of these barriers are exacerbated by the refugee context. The limited number of publications and evidence on interventions underlines the immediate need to invest in and evaluate SRHR interventions in refugee contexts. [ABSTRACT FROM AUTHOR]

Tunca, H. Ö. (2022). "The Security Perceptions of Turkish Society towards Syrian Refugees." Security Strategies Journal: 73-108.
Natural causes such as unbalanced distribution of resources and climate change, which may be coupled with man-made causes such as armed conflict, occupation, discrimination, violation of human rights, developed technologies, and the demand for a better life, have made the human race experience migration. With the contribution of international actors, the civil war in Syria after the Arab Spring in the Middle East, which began in early 2011, displaced Syrians internally and internationally. The mass migration of over 3.5 million Syrians, who were distributed across every city of Turkey, has affected Turkish society in many areas such as social, economic, political, and security from a broader perspective. The main goal of the research is to identify the Turkish security perception caused by the Syrians who have been living in Turkey for over ten years, in the light of ongoing discussions about their permanent or temporary status. Security perceptions are selected and measured with a newly developed questionnaire. The "Most Similar System Design", which is frequently used in social sciences and allows to make comparisons, has been used to measure these perceptions. Two cities, which have similar socio-economic parameters but different populations of Syrians, have been chosen as suitable for this design. A high level of security perception in total and variances were found in both cities. (English) [ABSTRACT FROM

AUTHOR]

Tuomisto, K., et al. (2019). "Refugee crisis in Finland: Challenges to safeguarding the right to health for asylum seekers." Health policy (Amsterdam, Netherlands) **123**(9): 825-832.
In 2015 Finland received an unprecedented number of asylum seekers, ten times more than in any previous year. This surge took place at a time the Finnish Government was busily undergoing a wide-range health and social care reform amid growing nationalist and populist sentiments. Our aim is to explore the governance of a parallel health system for asylum seekers with a right-to-health approach. We concentrated on three right to health features most related to the governance of asylum seeker health care, namely Formal recognition of the right to health, Standards and Coordination mechanisms. Through our qualitative review, we identified three major hurdles in the governance of the system for asylum seekers: 1) Ineffectual and reactive national level coordination and stewardship; 2) Inadequate legislative and supervisory frameworks leading to ineffective governance; 3) Discrepancies between constitutional rights to health, legal entitlements to services and guidance available. This first-time large-scale implementation of the policies exposed weaknesses in the legal framework and the parallel health system. We recommend the removal of the parallel system and the integration of asylum seekers' health services to the national public health care system. (Copyright © 2019 The Authors. Published by Elsevier B.V. All rights reserved.)

Twibell, A. (2019). "GENES, MEMES, LANGUAGE, AND NANOMACHINES: A NANOSCALE APPROACH TO REFUGEE AND IMMIGRATION LAW." Southern California Interdisciplinary Law Journal **29**(1): 65-128.
The article focuses on nanoscale approach to refugee and immigration law and ethnicity, language, and infamous observation about civilization of Walter Benjamin. It mentions scholars believe nanotechnology will transform society so dramatically that if the law cannot change in advance it must and consequences not only for human rights. It also mentions Benjamin's life and his observation of civilization and barbarism.

Uddin, M. A. (2021). "The Meaning of Marriage to the Rohingya Refugees, and Their Survival in Bangladesh." Journal of Refugee Studies **34**(2): 2036-2051.
This article offers an insight into how the 'stateless' Rohingya refugees try to manage their survival in their host country through interethnic marriage. In response to the relative absence of comprehensive study on citizenship and integration of the Rohingya, it offers a critical account of the marriage between the nationals of Myanmar and Bangladesh. The major research question of the study was how the Rohingya refugees reconstruct the images of marriage, which they associate with citizenship and survival in the host country Bangladesh. The empirics of the study reveals that in the absence of adequate food, shelter, and security in refugee camps, Rohingya women try to manage their survival marrying Bangladeshi men with the hope of obtaining citizenship and other basic rights. Notwithstanding such interethnic marriages are 'illegal' that often involve polygamy, child marriage, or abandonment, both sides find potential advantages from marriages between two nations. [ABSTRACT FROM AUTHOR]

Van Hout, M.-C., et al. (2020). "Migrant health situation when detained in European immigration detention centres: A synthesis of extant qualitative literature." International Journal of Prisoner Health **16**(3): 221-236.
Purpose: Many migrants are detained in Europe not because they have committed a crime but because of lack of certainty over their immigration status. Although generally in good physical health on entry to Europe, migrant detainees have complex health needs, often related to mental health. Very little is known about the current health situation and health care needs of migrants when detained in European immigration detention settings. The review aims to synthesize the qualitative literature available on

this issue from the perspectives of staff and migrants. Design/methodology/approach: The authors undertook a synthesis of extant qualitative literature on migrant health experience and health situation when detained in European immigration detention settings; retrieved as part of a large-scale scoping review. Included records (n = 4) from Sweden and the UK representing both detainee and staff experiences were charted, synthesised and thematically analysed. Findings: Three themes emerged from the analysis, namely, conditions in immigration detention settings, uncertainties and communication barriers and considerations of migrant detainee health. Conditions were described as inhumane, resembling prison and underpinned by communication difficulties, lack of adequate nutrition and responsive health care. Practical implications: It is crucial that the experiences underpinning migration are understood to respond to the health needs of migrants, uphold their health rights and to ensure equitable access to health care in immigration detention settings. Originality/value: There is a dearth of qualitative research in this area because of the difficulty of access to immigration detention settings for migrants. The authors highlight the critical need for further investigation of migrant health needs, so as to inform appropriate staff support and health service responses. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

van Selm, J. (2023). "Whose Pathways are They? The Top-Down/Bottom-Up Conundrum of Complementary Pathways for Refugees." European Journal of Migration & Law **25**(2): 137-163.
With so many actors and varying motivations involved, one aspect of the ongoing development of complementary pathways that requires greater attention is the question of whether the pathways are best seen as a top-down or a bottom-up endeavour. Linked to this is the issue of the roles of various actors (i.e., communities, national authorities, the national protection regime and the refugees themselves) in practically creating pathways, and embedding them in an overall refugee protection regime, and how to keep a balance of inputs and expectations among all these different players. The key enquiry of this article is thus whether the bottom-up aspect of complementary pathways lend them any greater chance of success? Can community action be inspired, even requested 'from above' by governments or the international organizations? Or does it have to be organic, and start from below? And if complementary pathways are for refugees, how are refugees included? [ABSTRACT FROM AUTHOR]

Walters, A. (2019). "Asylum evaluations: A call to action for mental health professionals." Brown University Child & Adolescent Behavior Letter **35**(8): 8-8.
Immigration policies have been a source of extensive controversy and intense media coverage of late. Within immigration law, one area particularly applicable to mental health professionals is the evaluation of asylum seekers for resettlement in the United States. The basis of current asylum law is found in the UN Universal Declaration of Human Rights of 1948, followed by the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol Relating to the Status of Refugees, all meant to provide safety to individuals fleeing violence and conflict. In the United States, the main difference between refugees and asylum seekers is the location at the time of the application. Refugees are typically outside of the United States, and asylum seekers are physically present in the United States at application. Regardless of category, the process is lengthy and complex. [ABSTRACT FROM AUTHOR]

Warren, K. (2021). "Failure to Protect: How Tracking Refugees into Temporary Work Violates Economic Rights." International Migration **59**(3): 213-227.
Refugees often imagine resettlement to the USA to be a solution to their problems, but the process of resettlement is full of social, cultural and economic hurdles. Through an ethnographic analysis of a resettlement agency, this research shows that refugee employment specialists consistently track refugees into low-wage and contingent work

even when refugees have strong language skills, experience in professional work, and advanced degrees. Bureaucratic reporting structures and quota requirements create pressures on refugee employment specialists to place refugees in jobs quickly which hinders them from working towards meaningful economic self-sufficiency. The denial of refugee autonomy in pursuit of work and economic freedoms is a human rights violation facilitated by a government failure to protect them from third-party exploitation. This article argues that the chronic underemployment of refugees exemplifies a common, but understudied type of economic rights violation. [ABSTRACT FROM AUTHOR]

Welfens, N. (2020). "Protecting Refugees Inside, Protecting Borders Abroad? Gender in the EU's Responses to the 'Refugee Crisis'." Political Studies Review **18**(3): 378-392.
Migration tends to be denoted as a crisis which needs a solution. The European Union has developed policies for dealing with this crisis internally, within its borders, and externally. Both the experiences of migrants and European Union policy responses are gendered and have gendered effects. This article analyses how the European Union refers to gender in its definitions of and responses to the crisis. Grounded in feminist policy analysis, I scrutinize European Union internal and external policies under its Agenda of Migration. The analysis finds that European Union internal crisis responses demonstrate a more comprehensive understanding of gendered vulnerabilities and a commitment to human right provisions. External crisis responses reduce gender considerations to refugee women and the policy objective of reducing refugee arrivals which leads to further curtailing refugees' access to protection. Showing how the crisis transforms the very meaning and scope of gender considerations to various degrees, the article furthers insights on how the European Union's normative commitments develop in times of crisis. [ABSTRACT FROM AUTHOR]

Wells, R., et al. (2020). "Community readiness in the Syrian refugee community in Jordan: A rapid ecological assessment tool to build psychosocial service capacity." American Journal of Orthopsychiatry **90**(2): 212-222.
The knowledge of Syrian psychosocial activists in displaced communities is an invaluable resource for developing an ecological understanding of community needs and attitudes. This may elucidate the structural challenges of displacement to be addressed in psychosocial interventions. During Phase 1 of the study, we employed the community readiness model—a tool to assess community climate, needs, and resources—to determine community capacity-building needs. Eight Syrian key informants were interviewed in Amman, Jordan (December 2013 to January 2014). Community readiness scores were calculated. Thematic analysis explored community identified needs. During Phase 2, a focus group was conducted with 11 local psychosocial workers in Amman (September 2016) employing Phase 1 findings to develop a local capacity-building intervention. For the Phase 1 results, community attitudes toward mental health were reported to be rapidly changing. However, continued stigma, lack of knowledge of service availability, and insufficient number of services were noted as barriers to care. Sense of civic engagement and cultural knowledge of local psychosocial actors were noted as significant strengths. However, lack of access to work rights and technical supervision were identified as contributing to burnout, undermining the sustainability of local, grassroots initiatives. A need for training in clinical interventions, along with ongoing supervision, was identified. For the Phase 2 results, local psychologists elected to receive training in culturally adapted cognitive behavior therapy and operational capacity building. The cultural and contextual knowledge of Syrian community members are invaluable. Unfortunately, failure to provide these professionals with basic work rights and technical support have undermined the sustainability of their endeavors. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Wenzel, T., et al. (2021). "FGM and Restorative Justice-A Challenge for Developing Countries and for Refugee Women." International journal of environmental research and public health **18**(17).

Female Genital Mutilation (FGM) has been identified as one of the most serious human rights violations women are exposed to in many countries, in spite of national and international efforts. The actual implementation of preventive strategies and support of victims faces a number of challenges that can only be addressed by an interdisciplinary approach integrating public health and legal considerations. FGM in the context of women as refugees who left their country to escape FGM has rarely been covered in this context. This article summarizes the most important international standards and initiatives against FGM, highlights the medical, legal, and psychological factors identified so far, and explores the interdisciplinary considerations in changing a country and society to permit safe return of those escaping FGM to third countries and support public health in the country.

Willey, S., et al. (2022). "Racism, healthcare access and health equity for people seeking asylum." Nursing Inquiry **29**(1): 1-9.

People seeking asylum are at risk of receiving poorer quality healthcare due, in part, to racist and discriminatory attitudes, behaviours and policies in the health system. Despite fleeing war and conflict; exposure to torture and traumatic events and living with uncertainty; people seeking asylum are at high-risk of experiencing long-term poor physical and mental health outcomes in their host country. This article aims to raise awareness and bring attention to some common issues people seeking asylum face when seeking healthcare in high-income countries where the health system is dominated by a Western biomedical view of health. Clinical case scenarios are used to highlight instances of racist healthcare policies and practices that create and maintain ongoing health disparities; limited access to culturally and linguistically appropriate health services, and lack of trauma-informed approaches to care. Nurses and midwives can play an important role in countering racism in healthcare settings; by identifying and calling out discriminatory practice and modelling tolerance, respect and empathy in daily practice. We present recommendations for individuals, organisations and governments that can inform changes to policies and practices that will reduce racism and improve health equity for people seeking asylum.

Yilmaz, V. (2019). "The Emerging Welfare Mix for Syrian Refugees in Turkey: The Interplay between Humanitarian Assistance Programmes and the Turkish Welfare System." Journal of Social Policy **48**(4): 721-739.

This paper explores the key features of the emerging welfare mix for Syrian refugees in Turkey and identifies the modes of interaction between humanitarian assistance programmes, domestic policy responses and the Turkish welfare system. The welfare mix for Syrian refugees is a joint product of humanitarian assistance programmes implemented by international and domestic non-governmental organisations (NGOs) and domestic social policy programmes. Three policy domains are considered: social assistance schemes, employment and health care services. The paper suggests that granting of temporary protection status to Syrian migrants in Turkey and the agreement between Turkey and the EU shaped the welfare mix by empowering the public sector mandate vis-à-vis the humanitarian actors. As a result, the role of the public sector increases at the expense of NGOs, especially in social assistance and health care, while NGOs are increasingly specialised in protection work (especially in mental health support), where the Turkish welfare system has been weak. Employment has been essentially disregarded, in both humanitarian and social policy programmes, which casts doubt on the prospect of successful economic integration. Finally, this paper argues that the convergence of the rights of immigrants and citizens may well occur in mature components of less comprehensive welfare systems. [ABSTRACT FROM AUTHOR]

Yitmen, Ş. and M. Verkuyten (2020). "Support to Syrian refugees in Turkey: The roles of descriptive and injunctive norms, threat, and negative emotions." Asian Journal of Social Psychology **23**(3): 293-301.

This research investigates individual's support for social provisions and rights of Syrian refugees in Turkey. Support is examined in relation to perceived threat of Syrian refugees and negative emotions in combination with the perception of family and friends considering Syrian refugees a threat (negative descriptive social norm) and whether these significant others morally support these refugees (positive injunctive norms). A questionnaire study was conducted among Turkish participants (N = 565), and the results show that perception of threat was associated with negative emotions which, in turn, were related to less support to Syrian refugees. Additionally, perception of threat was associated with less support through negative emotions when perceived descriptive norms were strong. Further, perceived injunctive norms were associated with more support to Syrian refugees, but less so when people had stronger negative emotions. These findings suggest that with negative descriptive norms, threat-based negative emotions are associated with less support to Syrian refugees, and that stronger negative emotions make the association between positive injunctive norms and support weaker. [ABSTRACT FROM AUTHOR]

Yitmen, Ş. and M. Verkuyten (2020). "Support to Syrian refugees in Turkey: The roles of descriptive and injunctive norms, threat, and negative emotions." Asian Journal of Social Psychology **23**(3): 293-301.

This research investigates individual's support for social provisions and rights of Syrian refugees in Turkey. Support is examined in relation to perceived threat of Syrian refugees and negative emotions in combination with the perception of family and friends considering Syrian refugees a threat (negative descriptive social norm) and whether these significant others morally support these refugees (positive injunctive norms). A questionnaire study was conducted among Turkish participants (N = 565), and the results show that perception of threat was associated with negative emotions which, in turn, were related to less support to Syrian refugees. Additionally, perception of threat was associated with less support through negative emotions when perceived descriptive norms were strong. Further, perceived injunctive norms were associated with more support to Syrian refugees, but less so when people had stronger negative emotions. These findings suggest that with negative descriptive norms, threat-based negative emotions are associated with less support to Syrian refugees, and that stronger negative emotions make the association between positive injunctive norms and support weaker. [ABSTRACT FROM AUTHOR]

Zakirova, K. and B. Buzurukov (2021). "Road Back Home is Never Long: Refugee Return Migration." Journal of Refugee Studies **34**(4): 4456-4478.

The current paper, building on qualitative research for refugees' return migration, endeavours to provide an empirical evaluation of return migration. More specifically, this study focuses on the effect of political and economic stimuli on refugees' choice to return. We conducted a quantitative analysis using a negative binomial model with fixed effects on a longitudinal dataset for more than 150 countries for the period 1991–2018. Our results reveal that the strongest predictors of return migration are political factors. Notably, a reduction in human rights violations, the elimination of genocides/politicides, the termination of wars and peace agreements are the most influential variables. Economic incentives are relatively weak, indicating that economic motives are not the principal factor for refugee returnees' decision-making. The most robust economic covariate, educational access, is a conglomerate of economic and social factors; consequently, it is more influential within its group. [ABSTRACT FROM AUTHOR]

علي أحمد, ا., et al. (2022). "طلبات اللجوء وأهمية إجراءات تسجيل الالجئين." Asylum Applications and the Importance of Refugee Registration Procedures. **9**(52): 146-174.

The study dealt with the issue of asylum requests and the importance of registration procedures for refugees and asylum seekers, as this issue raises several questions, the most important of which are: What are the determinants of registering refugees and asylum seekers? What is the importance of registration and its benefits? What are the difficulties of registering refugees in Yemen? As asylum is a human right in accordance with the Universal Declaration of Human Rights, and given the importance of the phenomenon of asylum, the international organization has sought to set rules and provisions that guarantee the enjoyment of this right and provide protection for refugees. The study aimed to explain the mechanisms and procedures for registering refugees and asylum seekers, and the benefits of that, as well as the religious, moral and humanitarian dimension to facilitate and expedite these procedures in the Republic of Yemen, as Yemen is one of the few countries in the region that has ratified the Refugee Convention. The study was dealt with through three sections, using the descriptive and analytical method. The study showed several results, the most important of which are: the relationship between registration and enjoyment of protection, delaying registration necessarily leads to a delay in protection, registration brings many benefits to all relevant parties, and the presence of several difficulties and obstacles that contribute to delaying the settlement of applications for registration. The study highlighted the need for sustainable awareness of the importance of registration and the development of clear evidence for registration procedures, in addition to the need to provide the administration’s needs necessary to overcome the difficulties of delaying the settlement of registration applications. [ABSTRACT FROM AUTHOR]

Refugees* (27)

Asaad, L. and M. Spencer (2022). "Sea of bodies: a medical discourse of the refugee crisis in Tears of Salt: A Doctor's Story." Medical humanities **48**(2): 138-143.

In the memoir Tears of Salt: A Doctor's Story , Pietro Bartolo (2018) relates visceral descriptions of illness, injury and death endured by refugees on their journey of escape to the shores of Lampedusa in the Mediterranean. The medical gaze of the doctor/author further complicates the political and philosophical discourse of mass migration, foregrounding and calling into question the myriad ways in which the migrating human body is subjugated to forms of structural violence that render it ungrievable and inhuman. The migrating body, a production of and outcast from nation-states, is destined to make its way to news outlets where its suffering is gazed upon, sympathised with and later forgotten about. The surge of images revealing the realities of migrating bodies afflicted with pain, disease, trauma and sexual assault is illustrative of the asymmetric power of biopolitics at work, in which some bodies are, according to the formulations of Judith Butler and Giorgio Agamben, allowed to die or made killable. This paper will examine issues of illness, death and dying in relation to Bartolo's accounts of refugees in order to observe what is gained and what is lost in applying a medical gaze to the 'refugee crisis'. In addition to the memoir, we examine the scholarship of violence against the refugee body, the realities of ignoring their pain and how these exploited bodies are portrayed within a global narrative. This article reconfigures the detachment between the human as a socially constructed centre of subjectivity and the body in pain. The corporeality of illness and death that migrants face positions them in an abject position and distances them farther from the rhetoric of human rights. The ontological being of these individuals in medical discourse rarely goes beyond acknowledging that it is normal and expected for these bodies to be in pain. In what ways can we in the humanities gear the discussion towards the raw physicality of fragmentation, distortion and rejection of refugees and immigrants? What role can such a view play in building an ethic of lasting care for the dispossessed? Our research addresses these questions through our reading of the memoir.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.)

Aultman, J. M. (2019). "How Should Health Care Professionals Address Social Determinants of Refugee Health?" AMA Journal of Ethics **21**(3): E223-E231.
In the case scenario, RJ is a resettled refugee teenager who presents to his physician with vitamin B 12 deficiency, anemia, and symptoms of mental illness. This commentary considers social determinants of refugee health and the moral importance of freedom to achieve well-being. The capabilities framework is used to analyze this case because it offers an ethical framework for understanding and evaluating social determinants of refugee health that either promote or diminish freedom to achieve well-being. By using this framework to consider social isolation as a negative social determinant of refugee health, clinicians and institutions can be caregivers as well as advocates for social justice, fulfilling 2 core ethical obligations to refugee communities. (© 2019 American Medical Association. All Rights Reserved.)

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health-multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.
The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. (© 2022. The Author(s).)

Carreño, A., et al. (2020). "["No one seems ready to hear what I've seen:" Mental health care for refugees and asylum seekers in Chile]." Salud colectiva **16**: e3035.

This article analyzes the results of a descriptive, qualitative study carried out in 2018 on the mental healthcare needs of Latin American refugees and asylum seekers in Chile, through the perspectives of refugees and asylum applicants (n=8), healthcare professionals responsible for delivery of care (n=4), and members of civil society organisations involved in this area (n=2). Our findings indicate that despite Chile's commitment to international treaties in this regard, little has been achieved in safeguarding the right to access to mental health care, understood as part of the universal right to health care access. This article documents barriers to mental health care access for migrants applying for asylum and refugee status. Post-migration stress factors may also increase the risk of emotional disorders within this group of people. Mental healthcare providers and teams are often not equipped with the tools to deal with the psychological consequences arising from the situations of violence and persecution associated with forced migration. Our study discusses the need to strengthen the link between mental health care - as a fundamental human right - and the right to international protection.

Chakraborty, R. and J. Bhabha (2021). "Fault Lines of Refugee Exclusion: Statelessness, Gender, and COVID-19 in South Asia." Health and human rights **23**(1): 237-250.

Despite widespread recognition of the right to a nationality, statelessness and its attendant vulnerabilities continue to characterize the lives of millions in South Asia. During the onset of the COVID-19 pandemic, when states turned inward to protect their own citizens, refugees and de facto stateless persons found themselves excluded from humanitarian services and health care and were denied the ability to claim rights. Stateless women faced the additional burden of gender-based violence, a hostile labor market, and the threat of trafficking. This paper analyzes gender and statelessness as vectors of exclusion in South Asia, where asylum seekers are neither recognized by law nor protected by social institutions. We argue that citizenship constitutes an unearned form of social capital that is claimed and experienced in distinctively gendered ways. The pandemic has shone a bright light on the perils of statelessness, particularly for women, who face exacerbated economic inequities, the forced commodification of their sexuality, and exclusion from mechanisms of justice.; Competing Interests: Competing interests: None declared. (Copyright © 2021 Chakraborty and Bhabha.)

Durieux-Paillard, S. and Y.-L. Jackson (2019). "[Migrants in a vulnerable situation : does their access to healthcare match their health needs ?]." Revue medicale suisse **15**(640): 478-481.

At the beginning of the twenty-first century, migratory movements have never been so large and complex. After describing the risk factors influencing the health of migrants in vulnerable situations (asylum seekers, undocumented migrants), this article attempts to describe a holistic model of access to care for this type of population. It also develops a plea for equitable treatment of migrants in their host country, while respecting basic human rights and the independence of the medical profession.; Competing Interests: Les auteurs n’ont déclaré aucun conflit d’intérêts en relation avec cet article.

Envall, E., et al. (2020). "[A human rights-based approach improves the mental health care for migrants]." Lakartidningen **117**.

The increasing number of displaced persons and the high proportion of refugees with traumatic background and psychiatric symptoms affect the mental health care offered. Sweden has been criticized by the United Nations for the unsatisfactory fulfilment of the right to health for migrants. This article on human rights in mental health care practice, with a focus on migrants, describes the right to the enjoyment of the highest attainable standard of physical and mental health and what this right implies for mental health care services, including the responsibilities of medical staff. The right to a dignified and equal treatment, integrity and participation is required by medical ethics and legislation, but is ultimately also a matter of human rights. The importance of social determinants for health, the right to individually adapted information and participation are discussed. The argued discrimination of undocumented migrants and other patients is exemplified. A human rights-based approach, HRBA, improves the mental health care for migrants by increased participation and empowerment of the rights-holders, and can contribute to realizing the human rights in a transcultural mental health care context. A model for implementation of HRBA methods is introduced.

Gosling, J., et al. (2023). "We have a duty to promote disability inclusive refugee responses to achieve the highest attainable standard of health in the European region." BMJ (Clinical research ed.) **381**: p1416.
Competing Interests: Competing interests: none declared.

Green, A. S., et al. (2022). "Immigration Judges' Perceptionsof Telephonic and In-Person Forensic Mental Health Evaluations." The journal of the American Academy of Psychiatry and the Law **50**(2): 240-251.
Clinicians affiliated with medical human rights programs throughout the United States perform forensic evaluations of asylum seekers. Much of the best practice literature reflects the perspectives of clinicians and attorneys, rather than the viewpoints of immigration judges who incorporate forensic reports into their decision-making. The purpose of this study was to assess former immigration judges' perspectives on forensic mental health evaluations of asylum seekers. We examined the factors that immigration judges use to assess the affidavits resulting from mental health evaluations and explored their attitudes toward telehealth evaluations. We conducted semistructured interviews in April and May 2020 with nine former judges and systematically analyzed them using consensual qualitative research methodology. Our findings were grouped in five domains: general preferences for affidavits; roles of affidavits in current legal climate; appraisal and comparison of sample affidavits; attitudes toward telephonic evaluations; and recommendations for telephonic evaluations. Forensic evaluators should consider the practice recommendations of judges, both for telephonic and in-person evaluations, which can bolster the usefulness of their evaluations in the adjudication process. To our knowledge, this is the first published study to incorporate immigration judges' perceptions of forensic mental health evaluations, and the first to assess judges' attitudes toward telephonic evaluations. (© 2022 American Academy of Psychiatry and the Law.)

Green, L., et al. (2022). ""Most of the cases are very similar.": Documenting and corroborating conflict-related sexual violence affecting Rohingya refugees." BMC Public Health **22**(1): 700.
Background: In August 2017, a large population of Rohingya from northern Rakhine state in Myanmar fled to Bangladesh due to "clearance operations" by the Myanmar security forces characterized by widespread and systematic violence, including extensive conflict-related sexual violence (CRSV). This study sought to document the patterns of injuries and conditions experienced by the Rohingya, with a specific focus on sexual violence.; Methods: Qualitative interviews were conducted with 26 health care professionals who cared for Rohingya refugees after their arrival in Bangladesh between November 2019 and August 2020.; Results: Health care workers universally reported hearing accounts and seeing evidence of sexual and gender-based violence committed against Rohingya people of all genders by the Myanmar military and security forces. They observed physical and psychological consequences of such acts against the Rohingya while patients were seeking care. Health care workers shared that patients faced pressure not to disclose their experiences of CRSV, likely resulted in an underreporting of the prevalence of sexual violence. Forced witnessing of sexual violence and observed increases in pregnancy and birth rates as a result of rape are two

less-reported issues that emerged from these data.; Conclusions: Healthcare workers corroborated previous reports that the Rohingya experienced CRSV at the hands of the Myanmar military and security forces. Survivors often revealed their experiences of sexual violence while seeking care for a variety of physical and psychological conditions. Stigma, cultural pressure, and trauma created barriers to disclosing experiences of sexual violence and likely resulted in an underreporting of the prevalence of sexual violence. The findings of this research emphasize the importance of offering universal and comprehensive trauma-informed services to all refugees with the presumption of high rates of trauma in this population and many survivors who may never identify themselves as such. (© 2022. The Author(s).)

Hanewald, B., et al. (2022). "Addressing the Mental Health Challenges of Refugees-A Regional Network-Based Approach in Middle Hesse Germany." International journal of environmental research and public health **19**(20).
Refugees constitute a vulnerable group with an increased risk of developing trauma-related disorders. From a clinician's integrative perspective, navigating the detrimental impact of the social, economic, structural, and political factors on the mental health of refugees is a daily experience. Therefore, a collective effort must be made to reduce health inequities. The authors developed a treatment concept which provides broader care structures within a scientific practitioner's approach. The resulting "Trauma Network" addresses the structural challenges for refugees in Middle Hesse. Accompanying research provided a sound basis for further discussions with policy-makers to improve the situation for refugees in the short- and long-term.

Hattar-Pollara, M. (2019). "Barriers to Education of Syrian Refugee Girls in Jordan: Gender-Based Threats and Challenges." Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing **51**(3): 241-251.
Purpose: The purpose of this study was to uncover and describe the barriers to education as experienced by Syrian refugee girls in the Za'atri Syrian Refugee Camp in Jordan.; Design: A qualitative nonexperimental design utilizing focus group discussions (FGDs), individual interviews, and participant and nonparticipant observation was used for this study. Four FGDs were facilitated in three dropout education centers (nonformal school) in the Za'atri Syrian Refugee Camp. Data were collected over a period of 5 months from December 2017 to April 2018.; Methods: Using an FGD format, the United Nations Human Rights ABC module in the Arabic language was used to educate, to empower with knowledge and skills, and to elicit participants' responses to perceived barriers to exercising their universal human rights, especially their right to education. Data were collected using a demographic tool, digitally recorded FGDs, an observation notebook, a flip chart, and a detailed interview schedule. Fifteen in-depth, individual, 1½-hr interviews of self-selected participants were conducted. Narrative statement and content analysis were used to analyze the data for each FGD. A constant comparative method was used to compare and verify codes, categories, and themes within and between groups.; Findings: The complex interplay of patriarchy, tradition, and religious practices, combined with the added vulnerabilities of protracted warfare displacement, prevent Syrian girls from being their own agents, prevent their access to education, and expose them to even greater health risks through coercion into early marriage. Several themes explained the process by which the interactive nature of patriarchy, traditional cultural, and religious practice influenced the girls' right to education and their right to make their own decisions about marriage. These are (a) gender role and the social position of girls in the family, (b) gender role and the cultural disvaluing of girls' education, (c) economic survival priorities and child labor, and (d) the intersection of environmental stressors with preservation of family honor as motivators for early marriage. Repeated exposure to threats and physical abuse seem to be the mechanisms that reinforce the girls' perceived gender-based vulnerabilities, submissiveness, and

educational truancy.; Conclusions: Syrian refugee girls seem to consistently face conflicts and daily adverse experiences that pose serious physical and psychological risks to their health with potentially far-reaching negative health consequences. Gender-based physical and psychological threats and abuses, along with the coercive practice of early marriage, while viewed as a way of protecting them, put Syrian refugee girls at greater health risk, psychological threat, and social and economic challenge. Evidence on refugees who experienced violence shows that they are more likely to experience post-traumatic stress disorder (PTSD), dissociative disorders, depression, and anxiety, along with a host of life-threatening physical comorbidities.; Clinical Relevance: Syrian refugee girls are at high risk for gender-based abuse and violence. Nurses can play an important role in reducing the health risks associated with gender-based abuse by assessing clients for symptoms of physical and psychological abuse, including symptoms of PTSD, depression, anxiety, and suicidal ideation. Maternal and child health assessment and health-promoting interventions should be included in the healthcare plan. Understanding the sociopolitical conditions, as well as the cultural and religious backgrounds, that shape the lived experiences of displaced girls is also essential for offering a congruent, culturally sensitive plan of care and for creating targeted and relevant educational and treatment intervention strategies and referrals. (© 2019 Sigma Theta Tau International.)

Hruby, D. (2019). "Meet the Iranian aquaculturist refugee who found a new home in Germany." Nature **567**(7749): S46-S47.

Kolar, M., et al. (2021). "Public opinion on the eligibility of health care for migrants and refugees in Slovenia." Eastern Mediterranean health journal = La revue de sante de la Mediterranee orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit **27**(12): 1182-1188.
Background: Worldwide, more than 200 million people have left their home country, and international migration from the Middle East to Europe is increasing. The journey and the poor living conditions cause numerous health problems. Migrants show significant differences in lifestyle, health beliefs and risk factors compared with native populations and this can impact access to health systems and participation in prevention programmes.; Aims: Our aim was to measure the attitude of survey participants to migrants and to define up to what level migrants are entitled to health care from the viewpoint of Slovenian citizens.; Methods: This survey was carried out in January 2019 and included 311 respondents. We applied a quantitative, nonexperimental sampling method. We used a structured survey questionnaire based on an overview, a national survey on the experiences of patients in hospitals and user satisfaction with medical services of basic health care at the primary level.; Results: A large proportion of the respondents agreed that migrants should receive emergency or full health care provision, that there is no need to limit their health rights and that they do not feel that their own rights are compromised by the rights of migrants. Over 80% agreed with health protection for women and for children.; Conclusion: The findings offer a basis for supplementing the existing, or designing a new, model of health care provision for migrants in Slovenia, focusing on the provision of health protection and care as a fundamental human right. (Copyright © World Health Organization (WHO) 2021. Open Access. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license (https://creativecommons.org/licenses/by-nc-sa/3.0/igo).)

Kronick, R., et al. (2021). "Refugee mental health and human rights: A challenge for global mental health." Transcultural Psychiatry **58**(2): 147-156.
This article introduces a thematic issue of Transcultural Psychiatry that presents recent work that deepens our understanding of the refugee experience-from the forces of displacement, through the trajectory of migration, to the challenges of resettlement.

Mental health research on refugees and asylum seekers has burgeoned over the past two decades with epidemiological studies, accounts of the lived experience, new conceptual frameworks, and advances in understanding of effective treatment and intervention. However, there are substantial gaps in available research, and important ethical and methodological challenges. These include: the need to adopt decolonizing, participatory methods that amplify refugee voices; the further development of frameworks for studying the broad impacts of forced migration that go beyond posttraumatic stress disorder; and more translational research informed by longitudinal studies of the course of refugee adaptation. Keeping a human rights advocacy perspective front and center will allow researchers to work in collaborative ways with both refugee communities and receiving societies to develop innovative mental health policy and practice to meet the urgent need for a global response to the challenge of forced migration, which is likely to grow dramatically in the coming years as a result of the impacts of climate change.

Laughon, K., et al. (2023). "Health and safety concerns of female asylum seekers living in an informal migrant camp in Matamoros, Mexico." Journal of advanced nursing **79**(5): 1830-1839.
Background: Whilst increased numbers of people worldwide exercise their human right to seek asylum, the US has greatly reduced the number of asylum seekers able to enter its southern border, resulting in informal encampments. Women and children are uniquely vulnerable to violence and other health risks.; Aim: To describe the health and safety concerns of female asylum seekers living in an informal migrant camp, with a particular focus on the risks of violence against women and children.; Methods: For this qualitative descriptive study, female asylum seekers were purposively recruited in an informal tent encampment in Matamoros, Mexico (n = 43). Semi-structured interviews were conducted in January and February 2020. Qualitative data were analysed using thematic analysis.; Results: The themes identified were constant vigilance, the effects of constant vigilance, lack of resources, and uncertainty. Women's unrelenting fears about their own safety and that of their children impacted their ability to access the camp's meagre resources and exacerbated negative effects on women and children.; Conclusion: Applying established guidelines and best practices for health and safety in humanitarian settings could mitigate threats to women and children. Additionally, camp conditions represent human rights violations. Nurses have an ethical duty to advocate for an end to the US policies creating and maintaining this humanitarian crisis.; Impact: As a result of changes to the United States immigration policy, individuals seeking asylum at the Southern border of the US have been largely prevented from entering the US since early 2018. Asylum seekers living in an informal encampment on the border awaiting entry describe a public health, humanitarian and human rights crisis. Women in this already vulnerable group lacked necessities, such as housing, food security, potable water, protection against gender violence and other forms of physical threats to themselves and their children. This created a heightened sense of vigilance and fear, with implications for their mental health and well-being and that of their children. These findings highlight the need for governmental and international organizations to implement the best health and safety practices for humanitarian settings to ensure equity in relation to the social determinants of health. Nurses have an ethical obligation to be strong human rights advocates.; Patient or Public Contributions: One member of the research team has extensive experience as an advocate for recently immigrated women experiencing intimate partner violence. The study procedures were reviewed with advocates providing direct services to migrant women and children. (© 2022 The Authors. Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Lurie, I., et al. (2019). "[THE ASSOCIATION BETWEEN EXPOSURE TO TRAUMA AND MENTAL ILLNESS AMONG WORK MIGRANTS AND ASYLUM SEEKERS IN ISRAEL: A SURVEY AT THE OPEN CLINIC, PHYSICIANS FOR HUMAN

RIGHTS, 2012-2013]." Harefuah **158**(7): 432-436.

Introduction: In 2012, 183,896 work migrants and 47,704 asylum-seekers and work-migrants arrived in Israel. These populations are at high-risk for depression, anxiety and posttraumatic stress disorder (PTSD). The Open Clinic of Physicians for Human Rights (PHR) delivers free medical and mental health services to these individuals.; Aims: To evaluate exposure to traumatic events, and compare the prevalence and risk for PTSD, depression and anxiety symptoms between work-migrants and asylum-seekers.; Methods: An analytical cross-sectional study of adults visiting the Open Clinic was conducted. Participants completed self-report questionnaires including information on demographics and exposure to traumas, depression, anxiety and PTSD. Statistical models were constructed to predict outcome variables of PTSD, depression and anxiety as dichotomist variables using a logistic regression, and association odds ratio (OR) and confidence interval (CI) on 95% level.; Results: There were 241 participants; 165 asylum-seekers, 76 work-migrants. Work-migrants were exposed to more traumatic events. A total of 17-31% met PTSD criteria. Significantly more asylum-seekers met PTSD criteria. A total of 43%-50% met criteria for depression and/or anxiety, with no between-group differences. Significant association was found between immigration status and PTSD risk. Exposure to traumatic events was significantly associated with the prediction of PTSD, depression and anxiety.; Discussion: Exposure to traumatic events was high among the Open Clinic service users, specifically work-migrants. Prevalence and risk for post-traumatic symptoms were significantly higher among asylum-seekers. It is important to conduct further research, in order to characterize risk and resilience factors in this excluded population, and to plan language and culture-competent mental health services.

Matlin, S. A., et al. (2021). "COVID-19: Marking the Gaps in Migrant and Refugee Health in Some Massive Migration Areas." International journal of environmental research and public health **18**(23).

The health of migrants and refugees, which has long been a cause for concern, has come under greatly increased pressure in the last decade. Against a background where the world has witnessed the largest numbers of migrants in history, the advent of the COVID-19 pandemic has stretched the capacities of countries and of aid, health and relief organizations, from global to local levels, to meet the human rights and pressing needs of migrants and refugees for access to health care and to public health measures needed to protect them from the pandemic. The overview in this article of the situation in examples of middle-income countries that have hosted mass migration in recent years has drawn on information from summaries presented in an M8 Alliance Expert Meeting, from peer-reviewed literature and from reports from international agencies concerned with the status and health of migrants and refugees. The multi-factor approach developed here draws on perspectives from structural factors (including rights, governance, policies and practices), health determinants (including economic, environmental, social and political, as well as migration itself as a determinant) and the human security framework (defined as "freedom from want and fear and freedom to live in dignity" and incorporating the interactive dimensions of health, food, environmental, economic, personal, community and political security). These integrate as a multi-component 'ecological perspective' to examine the legal status, health rights and access to health care and other services of migrants and refugees, to mark gap areas and to consider the implications for improving health security both for them and for the communities in countries in which they reside or through which they transit.

Mom, S., et al. (2019). "Capoeira Angola: An alternative intervention program for traumatized adolescent refugees from war-torn countries." Torture : quarterly journal on rehabilitation of torture victims and prevention of torture **29**(1): 85-96.

Background: Following resettlement in Australia, young traumatized refugees often face social challenges, including language and cultural barriers and social adjustment, which can lead to behavioral difficulties. Providing support at this vulnerable stage is therefore vital for reducing future setbacks.; Objective: The STARTTS Capoeira Angola program was developed to help traumatized adolescents successfully integrate into their school environments. As an Afro-Brazilian martial art that incorporates dance, Capoeira appeared an appropriate intervention for adolescent refugees due to its unique ethos of empowerment and group membership.; Method: 32 refugeesfrom Middle Eastern and African countries (aged12-17) from the Intensive English Centre (IEC) department of the participant schools were assessed pre- and post- intervention using the Teacher's Strengths and Difficulties Scale (SDQ). Teachers were also asked to observe the students' functioning in a range of different situations at school.; Results/conclusions: A significant overall decrease in behavioral problems was observed, which was associated with improvements in interpersonal skills, confidence, respect for self and others, self-discipline, and overall sense of responsibility.

Nesterko, Y., et al. (2023). "Mental health of recently arrived male refugees in Germany reporting sexual violence." Medicine, conflict, and survival **39**(1): 4-27.
Conflict-related sexual violence (CRSV) is one of the most severe and stigmatizing human rights violations. The recognition of men and boys as targets of sexual violence is a rather recent development. In the present study data on experiences of sexual violence as well as mental health outcomes were analysed in recently arrived male refugees (N = 392) in Germany. More than one third of the men interviewed (n = 128; 36.6%) reported having experienced sexual violence. Compared to male refugees without experiences of sexual violence, male refugee survivors showed higher prevalence rates of PTSD. Moreover, some differences were found between the subgroups on the single symptoms level, indicating higher severity in those affected by sexual violence, including negative alterations in cognition/mood, suicidal ideation, and nervousness or shakiness inside. The findings provide initial data on prevalence of sexual violence and related mental health outcomes in male refugees newly arrived in Germany and emphasize the significance of sexual violence as a risk factor for different mental health outcomes. This provides clear implications for health care professionals that could aid them in better identifying those affected. Finally, further research is urgently needed that takes a closer, more differentiated look at sexual violence in male refugee populations.

Ozgumus, A. M. and P. E. Ekmekci (2019). "Refugee Health: A Moral Discussion." Journal of immigrant and minority health **21**(1): 1-3.

Pérez-Sales, P., et al. (2022). "Refugee Camps as Torturing Environments-An Analysis of the Conditions in the Moria Reception Center (Greece) Based on the Torturing Environment Scale." International journal of environmental research and public health **19**(16).
Background: European countries apply a policy of deterrence of migrants in territorial and extraterritorial border areas. The authors apply the model of torturing environments, which has been already applied to other contexts where persons are deprived of liberty, to the situation of the reception center of Moria, on the island of Lesvos (Greece).; Methods: A cross-sectional study was conducted in the months of April and June of 2020. Personal interviews were conducted with 160 people (80 men, 80 women) from Afghan, Syrian, Somalian, and Congo backgrounds. The authors applied the Torturing Environmental Scale, which measures interpersonal violence, emotional distress, and legal safeguards.; Results: The findings confirm the inhumane living conditions for the people sheltered in Moria, documenting the severe suffering of the population due to elements linked to basic human functions (hunger, thirst, hygiene, overcrowding, temperature, etc.), actions that produce fear and distress, actions that produce

helplessness and hopelessness, actions that cause physical pain, attacks on sexual integrity, and attacks on identity and the need to belong. Some of the data suggest that the purposive and intentionality elements of the definition of cruel, inhuman, or degrading treatment were also met.; Conclusions: According to the conceptual model of torturing environments, the Moria reception camp constitutes a space of systematic ill treatment that vulnerated the European legal standards related to torture (Article 3 of the Human Rights Convention). The idea of torturing environments provides a valuable avenue to assess human rights violations in collective spaces and could constitute a useful tool in forensic and litigation processes.

Pincock, K. (2021). "UNHCR and LGBTI refugees in Kenya: the limits of 'protection'." Disasters **45**(4): 844-864.
This paper problematises the framing and implementation of protection of lesbian, gay, bisexual, transgender, and intersex (LGBTI) refugees in Kenya by the United Nations Refugee Agency (UNHCR). Despite increased international attention being paid to them, the extant literature focuses on asylum-seeking at Western borders; there is a dearth of scholarship on LGBTI refugees' experiences in first countries of asylum in the Global South. Building on essential humanitarian governance literature, the paper suggests that how protection is framed by UNHCR, and practical restrictions on the implementation of protection in Kenya, leave LGBTI refugees unsafe. Yet, their own attempts to secure protection, often drawing on the same human rights discourse that UNHCR utilises in its guidance, renders them even less 'protectable' by UNHCR and Kenyan activists. This paper argues for a more critical and contextualised approach to 'protection' as a form of humanitarian assistance, given its place within the broader dynamics of global refugee governance. (© 2020 The Author Disasters © 2020 Overseas Development Institute.)

Sen, P., et al. (2022). "The UK's exportation of asylum obligations to Rwanda: A challenge to mental health, ethics and the law." Medicine, science, and the law **62**(3): 165-167.

Tuomisto, K., et al. (2019). "Refugee crisis in Finland: Challenges to safeguarding the right to health for asylum seekers." Health policy (Amsterdam, Netherlands) **123**(9): 825-832.
In 2015 Finland received an unprecedented number of asylum seekers, ten times more than in any previous year. This surge took place at a time the Finnish Government was busily undergoing a wide-range health and social care reform amid growing nationalist and populist sentiments. Our aim is to explore the governance of a parallel health system for asylum seekers with a right-to-health approach. We concentrated on three right to health features most related to the governance of asylum seeker health care, namely Formal recognition of the right to health, Standards and Coordination mechanisms. Through our qualitative review, we identified three major hurdles in the governance of the system for asylum seekers: 1) Ineffectual and reactive national level coordination and stewardship; 2) Inadequate legislative and supervisory frameworks leading to ineffective governance; 3) Discrepancies between constitutional rights to health, legal entitlements to services and guidance available. This first-time large-scale implementation of the policies exposed weaknesses in the legal framework and the parallel health system. We recommend the removal of the parallel system and the integration of asylum seekers' health services to the national public health care system. (Copyright © 2019 The Authors. Published by Elsevier B.V. All rights reserved.)

Wenzel, T., et al. (2021). "FGM and Restorative Justice-A Challenge for Developing Countries and for Refugee Women." International journal of environmental research and public health **18**(17).
Female Genital Mutilation (FGM) has been identified as one of the most serious human rights violations women are exposed to in many countries, in spite of national and

international efforts. The actual implementation of preventive strategies and support of victims faces a number of challenges that can only be addressed by an interdisciplinary approach integrating public health and legal considerations. FGM in the context of women as refugees who left their country to escape FGM has rarely been covered in this context. This article summarizes the most important international standards and initiatives against FGM, highlights the medical, legal, and psychological factors identified so far, and explores the interdisciplinary considerations in changing a country and society to permit safe return of those escaping FGM to third countries and support public health in the country.

Willey, S., et al. (2022). "Racism, healthcare access and health equity for people seeking asylum." Nursing Inquiry **29**(1): e12440.
People seeking asylum are at risk of receiving poorer quality healthcare due, in part, to racist and discriminatory attitudes, behaviours and policies in the health system. Despite fleeing war and conflict; exposure to torture and traumatic events and living with uncertainty; people seeking asylum are at high-risk of experiencing long-term poor physical and mental health outcomes in their host country. This article aims to raise awareness and bring attention to some common issues people seeking asylum face when seeking healthcare in high-income countries where the health system is dominated by a Western biomedical view of health. Clinical case scenarios are used to highlight instances of racist healthcare policies and practices that create and maintain ongoing health disparities; limited access to culturally and linguistically appropriate health services, and lack of trauma-informed approaches to care. Nurses and midwives can play an important role in countering racism in healthcare settings; by identifying and calling out discriminatory practice and modelling tolerance, respect and empathy in daily practice. We present recommendations for individuals, organisations and governments that can inform changes to policies and practices that will reduce racism and improve health equity for people seeking asylum. (© 2021 John Wiley & Sons Ltd.)

sexual health (22)

Aibangbee, M., et al. (2023). "Migrant and Refugee Youth's Sexual and Reproductive Health and Rights: A Scoping Review to Inform Policies and Programs." International journal of public health **68**: 1605801.
Objectives: Migrants and refugee youth (MRY) in Western nations are less likely to participate in sexual reproductive health (SRH) services. Consequently, MRY are more likely to encounter adverse SRH experiences due to limited access to and knowledge of SRH services. A scoping review was conducted to examine MRY's understanding of and the implications for inclusive sexual and reproductive health and rights (SRHR) programs and policies. Methods: A systematic search of literature across seven academic databases was conducted. Data were extracted following Partners for Dignity and Rights' Human Rights Assessment framework and analysed using the thematic-synthesis method. Results: 38 literature (peer-reviewed, 24 and grey, 14) were considered eligible for inclusion. The findings highlighted significant barriers and the under-implementation of SRHR support and services by MRY. Key policy implications include a need for programs to support MRY's SRHR education, diversity, equity and inclusiveness and privacy protections. Conclusion: The review shows that the emerging evidence on MRY SRHR suggests gaps in practices for resourcing policies and programs that promote sustainable SRH for vulnerable populations. Policies for MRY's SRHR should prioritise programs that focus on diversity, equity and inclusion with targeted education and community resourcing strategies for sustainability.; Competing Interests: The authors declare that they do not have any conflicts of interest. (Copyright © 2023 Aibangbee, Micheal, Mapedzahama, Liamputtong, Pithavadian, Hossain,

Mpofu and Dune.)

Brizuela, V., et al. (2021). "Sexual and reproductive health and rights of migrants: strengthening regional research capacity." Bulletin of the World Health Organization **99**(5): 402-404.
The article emphasizes the importance of strengthening regional research capacity for the dissemination of knowledge on the sexual and reproductive health and rights of migrants. Topics discussed include the stigma, discrimination and barriers facing migrants and refugees, aim of the Reproductive Health Programme Alliance for Research Capacity Strengthening of the United Nations and World Health Organization, and the support of the alliance for local and gender-balanced research teams.

Carew, M. T., et al. (2020). "Predictors of negative beliefs toward the sexual rights and perceived sexual healthcare needs of people with physical disabilities in South Africa." Disability & Rehabilitation **42**(25): 3664-3672.
Background: Although sexuality is a ubiquitous human need, recent empirical research has shown that people without disabilities attribute fewer sexual rights and perceive sexual healthcare to benefit fewer people with disabilities, compared to non-disabled people. Within a global context, such misperceptions have tangible, deleterious consequences for people with disabilities (e.g., exclusion from sexual healthcare), creating an urgent need for effective strategies to change misperceptions. Methods: To lay the groundwork for developing such strategies, we examined predictors of the recognition of sexual rights of people with physical disabilities within the South African context, derived from three key social psychological literatures (prejudice, social dominance orientation and intergroup contact), as well as the relationship between sexual rights and beliefs about sexual healthcare. Data were obtained through a cross-sectional survey, given to non-disabled South Africans (N = 1989). Results: Findings indicated that lack of recognition of the sexual rights for physically disabled people predicted less positive beliefs about the benefits of sexual healthcare. In turn, high levels of prejudice (both cognitive and affective) toward disabled sexuality predicted less recognition of their sexual rights, while prejudice (both forms) was predicted by prior contact with disabled people and possessing a social dominance orientation (cognitive prejudice only). Evidence was also obtained for an indirect relationship of contact and social dominance orientation on sexual healthcare beliefs through prejudice, although these effects were extremely small. Conclusion: Results are discussed in terms of their implications for rehabilitation, as well as national-level strategies to tackle negative perceptions of disabled sexuality, particularly in contexts affected by HIV. Findings demonstrate an empirical link between prejudice toward disabled sexuality, lack of recognition of sexual rights and viewing sexual healthcare of less benefit for disabled people. Consequently, there is need for increased attention to these dimensions within the rehabilitative context. Contact with disabled people, including dedicated interventions, is unlikely to meaningfully impact beliefs about the benefits of sexual healthcare. [ABSTRACT FROM AUTHOR]

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of Intellectual Disability Research **63**(9): 1125-1136.
Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers. Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the

programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015. Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by transforming the perspectives of the parents and service workers from viewing sexuality as a social problem to understanding the sexual rights of adults with ID. Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. [ABSTRACT FROM AUTHOR]

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of Intellectual Disability Research **63**(9): 1125-1136.
Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers. Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015. Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by transforming the perspectives of the parents and service workers from viewing sexuality as a social problem to understanding the sexual rights of adults with ID. Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. [ABSTRACT FROM AUTHOR]

Chou, Y. C., et al. (2019). "'Transformed rights' sexual health programme evaluation for the parents and service workers of adults with an intellectual disability." Journal of intellectual disability research : JIDR **63**(9): 1125-1136.
Background: To promote sexual health in adults with an intellectual disability (ID) in Taiwan, sexual health programmes were provided to adults with ID, their parents and service workers. This study evaluates the impact of these programmes that involved the parents and service workers.; Methods: Intervention and participatory research paradigms were applied to develop, implement and evaluate programmes that address the challenges that relate to the sexual rights of adults with ID. Additionally, the programmes fostered open dialogue among the participants concerning the sexual health of people with ID. In total, 57 parents and 164 service workers were involved in the

programmes. A quasi-experimental design and standardised questionnaires (Attitudes to Sexuality Questionnaire - Individuals with an Intellectual Disability), as well as in-depth interviews, were used to collect both quantitative and qualitative data on the programmes' effectiveness and participants' experiences between April 2012 and July 2015.; Results: The findings revealed that after the programmes were implemented, attitudes towards the sexual rights of people with ID were significantly more positive among both the parents and service workers. Participation in the sexual health programmes facilitated constructive dialogue by revealing hidden concerns and by transforming the perspectives of the parents and service workers from viewing sexuality as a social problem to understanding the sexual rights of adults with ID.; Conclusions: Both the quantitative and qualitative results demonstrate that the programmes had a positive impact on the parents and service workers in terms of their attitudes towards the sexual rights of people with ID. Open dialogue and reciprocal interaction strategies caused transformations in the perspectives of parents and service workers on sexual health. (© 2019 MENCAP and International Association of the Scientific Study of Intellectual and Developmental Disabilities and John Wiley & Sons Ltd.)

Correa, A. B., et al. (2022). "A meta-analytic review of attitudes towards the sexuality of adults with intellectual disabilities as measured by the ASQ-ID and related variables: Is context the key?" Journal of Intellectual Disability Research **66**(10): 727-742.
Background: The attitudes of others towards the sexuality of people with intellectual disabilities are one of the main perceived barriers to them expressing their sexuality. Research on what influences these attitudes yields heterogeneous results. Method: A systematic review of the literature and a meta-analysis were carried out. Results: Eleven studies using the Attitudes to Sexuality Questionnaire—Individuals with an Intellectual Disability (ASQ-ID) were included. Within the included studies, the country's socio-economic development and level of individualism were associated with attitudes towards the sexual rights, parenting and self-control of adults with intellectual disabilities. General population and staff samples held more favourable attitudes than family samples in terms of sexual rights and parenting. Age and gender did not yield significant results. Conclusions: Variables related to country context may underlie the differences observed between countries and therefore influence the population's general thinking and ideologies. Unexpectedly, no age differences were observed. Gender-related results may reflect rapprochement between genders in sexuality. These findings are relevant for researchers and practitioners, as they suggest the importance of considering contextual factors when developing effective interventions that aim to support adults with disabilities to live their sexuality. [ABSTRACT FROM AUTHOR]

Egli-Gany, D., et al. (2021). "The social and structural determinants of sexual and reproductive health and rights in migrants and refugees: a systematic review of reviews." Eastern Mediterranean Health Journal **27**(12): 1203-1213.
Background: The sexual and reproductive health and rights (SRHR) of migrants and refugees present important public health challenges. Social and structural determinants affect both the general health and SRHR of migrants, but the drivers of SRHR among migrant and refugee populations remain understudied. Aims: To identify upstream social and structural determinants of SRHR health of migrants and refugees reported in systematic reviews. Methods: We conducted a systematic review of reviews. We studied 3 aspects of SRHR: sexually transmitted infections, sexual violence and unintended pregnancy in migrants and refugees. We used an inductive approach to synthesize emerging themes, summarized them in a narrative format and made an adapted version of Dahlgren and Whitehead's social determinants of health (SDH) model. Results: We included 12 systematic reviews, of which 10 were related to sexually transmitted infections, 4 to sexual vi- olence and 2 to unintended pregnancy. We identified 6 themes that operate at 4 different levels in an adapted version of the Dahlgren and Whitehead

SDH model: economic crisis and hostile discourse on migration; limited legal entitlements, rights and administrative barriers; inadequate resources and financial constraints; poor living and working conditions; cultural and linguistic barriers; and stigma and discrimination based on migration status, gender, sex and ethnicity. Conclusion: This review provides evidence of how upstream social and structural determinants undermine the SRHR of refugees and migrants. Unless these are addressed in policy-making and planning, the health of migrants and refugees is at risk.

El-Mowafi, I. M., et al. (2021). "The politest form of racism: sexual and reproductive health and rights paradigm in Canada." Reproductive Health **18**(1): 1-5.
The Canadian national identity is often understood as what it is not; American. Inundation with American history, news, and culture around race and racism imbues Canadians with a false impression of egalitarianism, resulting in a lack of critical national reflection. While this is true in instances, the cruel reality of inequity, injustice and racism is rampant within the Canadian sexual and reproductive health and rights realm. Indeed, the inequitable health outcomes for Black, Indigenous and people of color (BIPOC) are rooted in policy, research, health promotion and patient care. Built by colonial settlers, many of the systems currently in place have yet to embark on the necessary process of addressing the colonial, racist, and ableist structures perpetuating inequities in health outcomes. The mere fact that Canada sees itself as better than America in terms of race relations is an excuse to overlook its decades of racial and cultural discrimination against Indigenous and Black people. While this commentary may not be ground-breaking for BIPOC communities who have remained vocal about these issues at a grassroots level for decades, there exists a gap in the Canadian literature in exploring these difficult and often underlying dynamics of racism. In this commentary series, the authors aim to promote strategies addressing systemic racism and incorporating a reproductive justice framework in an attempt to reduce health inequities among Indigenous, Black and racialized communities in Canada. [ABSTRACT FROM AUTHOR]

Elnakib, S., et al. (2021). "Drivers and consequences of child marriage in a context of protracted displacement: a qualitative study among Syrian refugees in Egypt." BMC Public Health **21**(1): 1-14.
<bold>Background: </bold>Child marriage is a human rights violation disproportionately impacting girls in low- and middle-income countries. In the Middle East region, conflict and displacement have prompted concerns that families are increasingly resorting to child marriage to cope with economic insecurity and fears from sexual violence. This study set out to examine child marriage among Syrian refugees residing in Egypt with the aim of understanding drivers of child marriage in this context of displacement as well as how child marriage affects refugee girls' wellbeing.<bold>Methods: </bold>This analysis draws from 15 focus group discussions (FGD) conducted with married and unmarried girls, as well as parents of adolescent girls in three governorates in Egypt. FGDs included a participatory ranking exercise and photo-elicitation. Additionally, we conducted 29 in-depth interviews with girls and mothers, as well as 28 key informant interviews with health providers, community leaders, and humanitarian actors. The data was thematically analyzed using a combination of inductive and deductive coding.<bold>Results: </bold>A prevalent phenomenon in pre-war Syria, child marriage has been sustained after the influx of Syrian refugees into Egypt by pre-existing cultural traditions and gender norms that prioritize the role of girls as wives and mothers. However, displacement into Egypt engendered different responses. For some families, displacement-specific challenges such as disruptions to girls' education, protection concerns, and livelihood insecurity were found to exacerbate girls' vulnerability to child marriage. For others, however, displacement into urban areas in Egypt may have contributed to the erosion of social

norms that favored child marriage, leading to marriage postponement. Among girls who were married early, we identified a range of negative health and social consequences, including lack of family planning use, disruption to schooling and curtailment of girls' mobility as well as challenges with marriage and birth registration which accentuated their vulnerability.<bold>Conclusion: </bold>Efforts to address child marriage among Syrian refugees must acknowledge the different ways in which displacement can influence child marriage attitudes and practices and should capitalize on positive changes that have the potential to catalyze social norm change. Moreover, targeted, focused and contextualized interventions should not only focus on preventing child marriage but also on mitigating its impacts. [ABSTRACT FROM AUTHOR]

Frank, K. and L. Sandman (2019). "Supporting Parents as Sexuality Educators for Individuals with Intellectual Disability: The Development of the Home B.A.S.E Curriculum." Sexuality & Disability **37**(3): 329-337.
All individuals with intellectual and developmental disabilities (I/DD) have the right to develop and express sexuality in an emotionally satisfying and socially appropriate manner. Questions have arisen as to whether sexuality education for this population should be the responsibility of the school or the family. Parents of children with I/DD report they want to be the primary sexuality educators for their children, but often overlook the responsibility because they do not know what to talk about, when to talk about it, or how to modify content so their child will understand. Available resources for parents of individuals with I/DD tend to provide opportunities for independent learning; Few in-person trainings where these parents can learn how and what to talk about regarding sexuality with their children exist. This article describes how the Home Based Adolescent Sexuality Education for Intellectual Disabilities (Home B.A.S.E.) curriculum was created to educate parents on their role as the primary sexuality educators for their adolescents with ID. The vision of the Home B.A.S.E. educational workshop is to increase parents' comfort and confidence in discussing sexuality and healthy relationship topics with their adolescents with ID. This curriculum has unique features considered in its development including: (1) The belief that sexuality is a human right for individuals with ID; (2) The perspective of individuals with disabilities speaking about their sexual rights and relationships; (3) Activities based on adult, social, and transformational learning theories; and (4) A small interactive group format that meets over multiple sessions. [ABSTRACT FROM AUTHOR]

Frank, K. and L. Sandman (2019). "Supporting Parents as Sexuality Educators for Individuals with Intellectual Disability: The Development of the Home B.A.S.E Curriculum." Sexuality & Disability **37**(3): 329-337.
All individuals with intellectual and developmental disabilities (I/DD) have the right to develop and express sexuality in an emotionally satisfying and socially appropriate manner. Questions have arisen as to whether sexuality education for this population should be the responsibility of the school or the family. Parents of children with I/DD report they want to be the primary sexuality educators for their children, but often overlook the responsibility because they do not know what to talk about, when to talk about it, or how to modify content so their child will understand. Available resources for parents of individuals with I/DD tend to provide opportunities for independent learning; Few in-person trainings where these parents can learn how and what to talk about regarding sexuality with their children exist. This article describes how the Home Based Adolescent Sexuality Education for Intellectual Disabilities (Home B.A.S.E.) curriculum was created to educate parents on their role as the primary sexuality educators for their adolescents with ID. The vision of the Home B.A.S.E. educational workshop is to increase parents' comfort and confidence in discussing sexuality and healthy relationship topics with their adolescents with ID. This curriculum has unique features considered in its development including: (1) The belief that sexuality is a

human right for individuals with ID; (2) The perspective of individuals with disabilities speaking about their sexual rights and relationships; (3) Activities based on adult, social, and transformational learning theories; and (4) A small interactive group format that meets over multiple sessions.

Loutet, M. G., et al. (2022). "Sexual and reproductive health factors associated with child, early and forced marriage and partnerships among refugee youth in a humanitarian setting in Uganda: Mixed methods findings." African Journal of Reproductive Health **26**: 66-77.
Preventing early and forced marriage is a global priority, however, sexual and reproductive health (SRH) among youth remains understudied in humanitarian settings. This study examined child, early and forced marriage and partnership (CEFMP) among young refugees in Bidi Bidi refugee settlement, Uganda, and associations with SRH outcomes among young women. This mixedmethods study involved a qualitative phase with young (16-24 years) sexual violence survivors (n=58), elders (n=8) and healthcare providers (n=10), followed by a quantitative phase among refugee youth (16-24 years; n=120) during which sociodemographic and SRH data were collected. We examined SRH outcome differences by CEFMP using Fisher's exact test. Qualitative data showed that CEFMP was a significant problem facing refugee young women driven by stigma, gender norms and poverty. Among youth refugee survey participants, nearly one-third (31.7%) experienced CEFMP (57.9% women, 42.1% men). Among women in CEFMP compared to those who were not, a significantly higher proportion reported forced pregnancy (50.0% vs. 18.4%, p-value=0.018), forced abortion (45.4% vs. 7.0%, p-value=0.002), and missed school due to sexual violence (94.7% vs. 63.0%, p-value=0.016). This study illustrates the need for innovative community-engaged interventions to end CEFMP in humanitarian contexts in order to achieve sexual and reproductive health and rights for youth.

Maylea, C. (2019). "The capacity to consent to sex in mental health inpatient units." Australian & New Zealand Journal of Psychiatry **53**(11): 1070-1079.
Objective: Discussions of capacity to consent in mental health care usually revolve around capacity to consent to treatment. This paper instead explores the issue of capacity to consent to sexual activity in a mental health inpatient setting as a way of exploring capacity from a different perspective. This is not a purely theoretical exercise, with both consensual sexual activity and sexual assault commonplace in mental health inpatient units, current policy and practice approaches are clearly not working and require re-examination. Methods: Four key frameworks are explored: human rights law, mental health law, the criminal law and the law of tort governing the duty of care. These frameworks are explored by highlighting relevant case law and statutes and considering their potential application in practice. This is undertaken using the state of Victoria, Australia, as a case study. Results: The four frameworks are shown to be consistent with each other but inconsistent with contemporary policy. All four legal frameworks explored require clinicians to take a case-by-case assessment to ensure that a person's right to make their own decisions is preserved ' unless the contrary is demonstrably justified ' or where it is ' legally demanded '. While Victorian inpatient units attempt to enforce a blanket ban on consensual sexual activity in inpatient settings, this ban may be without legal basis and may be in breach of both human rights and mental health law. Conclusion: In policing the lawful bodily interactions of their patients and pushing sexual activity out of sight, clinicians may be breaching their duty of care to provide sexual health support and risk creating an environment in which the therapeutic relationship will be sacrificed to the enforcement of institutional policy. Clinicians and policymakers must understand the relevant legal frameworks to ensure that they are acting ethically and lawfully. [ABSTRACT FROM AUTHOR]

Maylea, C. (2019). "The capacity to consent to sex in mental health inpatient units." Australian

& New Zealand Journal of Psychiatry **53**(11): 1070-1079.

Objective: Discussions of capacity to consent in mental health care usually revolve around capacity to consent to treatment. This paper instead explores the issue of capacity to consent to sexual activity in a mental health inpatient setting as a way of exploring capacity from a different perspective. This is not a purely theoretical exercise, with both consensual sexual activity and sexual assault commonplace in mental health inpatient units, current policy and practice approaches are clearly not working and require re-examination. Methods: Four key frameworks are explored: human rights law, mental health law, the criminal law and the law of tort governing the duty of care. These frameworks are explored by highlighting relevant case law and statutes and considering their potential application in practice. This is undertaken using the state of Victoria, Australia, as a case study. Results: The four frameworks are shown to be consistent with each other but inconsistent with contemporary policy. All four legal frameworks explored require clinicians to take a case-by-case assessment to ensure that a person's right to make their own decisions is preserved ' unless the contrary is demonstrably justified ' or where it is ' legally demanded '. While Victorian inpatient units attempt to enforce a blanket ban on consensual sexual activity in inpatient settings, this ban may be without legal basis and may be in breach of both human rights and mental health law. Conclusion: In policing the lawful bodily interactions of their patients and pushing sexual activity out of sight, clinicians may be breaching their duty of care to provide sexual health support and risk creating an environment in which the therapeutic relationship will be sacrificed to the enforcement of institutional policy. Clinicians and policymakers must understand the relevant legal frameworks to ensure that they are acting ethically and lawfully. [ABSTRACT FROM AUTHOR]

Önnudóttir, H. (2021). "Human rights approach to disability advocacy on sexual health and education." European Journal of Public Health **31**: iii143-iii144.

In this part of the workshop we will present an example of best practices in advocacy for CSE for children and young people with disabilities. The International Federation for Spina Bifida and Hydrocephalus (IF) represents individuals with spina bifida and/or hydrocephalus (SBH) and their families globally. IF’s mission is to protect and advance the rights of individuals with SBH and as a part of that mission IF installed a formal international youth group to inform IF’s advocacy on issues related to youth with spina bifida and/hydrocephalus (SBH) where sexuality, sexual health and the taboos and stigmas surrounding these topics was identified as a high priority topic for advocacy. IF will present the work of IF and its youth group, the implementation and findings of activities such as the survey on SBH and sexuality, focus group discussions and the 2020 IF event on disability rights and sexual health. With an emphasis on the role of young people in advocacy and how they were supported and empowered to address this important topic. How strong leadership from persons with SBH helped to open discussions about the challenges faced by young people with disabilities and how disability specific issues (such as incontinence) are often left unaddressed due to stigma and societal taboos. These discussions help to address the barriers to CSE for children and young people with disabilities. IF bases all of its work on the UN Convention on the Rights of Persons with Disabilities and as such meaningful participation by persons with lived experiences, inclusion and non-discrimination guide IF’s work on sexuality. IF will present how those principles elevated the discussions and the outputs produced by the activities. In addition, IF will present how this was achieved in collaboration with other representative organisations for persons with disabilities and the wider impact of IF’s advocacy for individuals with SBH on the disability community as well as for health and social care professionals. [ABSTRACT FROM AUTHOR]

Önnudóttir, H. (2021). "Human rights approach to disability advocacy on sexual health and education...14th European Public Health Conference (Virtual), Public health futures in a

changing world, November 10-12, 2021." European Journal of Public Health **31**: iii143-iii144.
In this part of the workshop we will present an example of best practices in advocacy for CSE for children and young people with disabilities. The International Federation for Spina Bifida and Hydrocephalus (IF) represents individuals with spina bifida and/or hydrocephalus (SBH) and their families globally. IF's mission is to protect and advance the rights of individuals with SBH and as a part of that mission IF installed a formal international youth group to inform IF's advocacy on issues related to youth with spina bifida and/hydrocephalus (SBH) where sexuality, sexual health and the taboos and stigmas surrounding these topics was identified as a high priority topic for advocacy. IF will present the work of IF and its youth group, the implementation and findings of activities such as the survey on SBH and sexuality, focus group discussions and the 2020 IF event on disability rights and sexual health. With an emphasis on the role of young people in advocacy and how they were supported and empowered to address this important topic. How strong leadership from persons with SBH helped to open discussions about the challenges faced by young people with disabilities and how disability specific issues (such as incontinence) are often left unaddressed due to stigma and societal taboos. These discussions help to address the barriers to CSE for children and young people with disabilities. IF bases all of its work on the UN Convention on the Rights of Persons with Disabilities and as such meaningful participation by persons with lived experiences, inclusion and non-discrimination guide IF's work on sexuality. IF will present how those principles elevated the discussions and the outputs produced by the activities. In addition, IF will present how this was achieved in collaboration with other representative organisations for persons with disabilities and the wider impact of IF's advocacy for individuals with SBH on the disability community as well as for health and social care professionals.

Schnellert, L., et al. (2023). ""You have the right to love and be loved": participatory theatre for disability justice with self-advocates." Qualitative Research **23**(2): 467-485.
Individuals with intellectual disability are often left out of and overlooked in discussions on sexual health and sexuality. Given this, we undertook a participatory theatre research project to better respond to the needs of the individuals with intellectual and developmental disability regarding their sexual agency and sexual citizenship. The project, entitled Romance, Relationships, and Rights arose when the executive director of a community living agency approached researchers at the University of British Columbia's Canadian Institute for Inclusion and Citizenship to learn about how they, as an agency, could better support their community. To disrupt sexual ableism and traditional theatre hierarchies, we collaboratively turned to participatory and disability theatre with the aim to advance and promote the sexual citizenship of individuals with intellectual and developmental disability, who refer to themselves as self-advocates - those who speak and act with agency. The challenges of equitable co-creation arose throughout the theatre process; the themes of deconstruction/co-construction and uncertainty and liminality reveal the iterative process of centering self-advocate voices. [ABSTRACT FROM AUTHOR]

Tirado, V., et al. (2020). "Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review." PLoS ONE **15**(7): 1-25.
Background: The need to address sexual and reproductive health and rights (SRHR) in humanitarian settings is more urgent than ever, especially among young refugees. We conducted a scoping review to identify and synthesise the literature on perceived barriers and facilitators to SRHR among young refugees and interventions created to address their needs. Methods: We searched three databases (PubMed, Global Health and POPLINE) for peer-reviewed and grey literature published in English between January

2008 and June 2018 that reported on SRHR barriers, facilitators and interventions for young refugees aged 10 to 24 years. We extracted data using standardised templates and assessed the quality of studies according to study design. Data were charted using qualitative content analysis and organised in line with a socio-ecological framework (individual, social and community, institutional and health system, and structural). Findings: We screened 1,169 records and included 30 publications (qualitative, quantitative, and mixed methods) across 22 countries; 15 were peer-reviewed articles and 15 were from the grey literature. Twenty-two publications reported on young people in refugee camps or alternatives to camps (e.g. sustainable settlements), and eight referred to young refugees who had been resettled to a third country. We identified 19 sub-categories for barriers and 14 for facilitators at the individual, social and community, institutional and health system, and structural levels. No publications discussed the SRHR challenges faced by young homosexual, bisexual, transgender or queer refugees, or those living with HIV. Nine publications described interventions, which tended to focus on the provision of SRHR services and information, and the training of peers, parents, religious leaders and/or service providers. Conclusions: Findings highlight that while young refugees experience similar barriers to SRHR as other young people, many of these barriers are exacerbated by the refugee context. The limited number of publications and evidence on interventions underlines the immediate need to invest in and evaluate SRHR interventions in refugee contexts. [ABSTRACT FROM AUTHOR]

Vujcich, D., et al. (2023). "Patients' and health care providers' perspectives of sexual and reproductive health services for people with disability: a scoping review protocol." JBI Evidence Synthesis **21**(2): 449-456.

Objective: The objective of this review is to summarize the nature and focus of research that has been conducted into patients' and health care providers' perspectives of sexual and reproductive health access for people with disability. Introduction: Article 25 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) requires people with disability to be provided with equitable access to sexual and reproductive health services. However, there are few scoping or systematic reviews examining the provision of inclusive sexual and reproductive health services to people with disability. Current and planned reviews are either not inclusive of a full range of disabilities or geographical regions, are limited to reproductive health, or focus exclusively on the perspectives of health professionals. Inclusion criteria: Qualitative, quantitative, mixed method studies, and gray literature concerning sexual and reproductive health service access for people with disability will be included. The UNCRPD definition of disability will be adopted, together with a multidimensional conceptualization of "access." Methods: The review will be conducted in accordance with JBI methodology. A search strategy has been developed for MEDLINE, Embase, CINAHL, and gray literature. After de-duplication, results will be independently screened against the inclusion criteria by 2 reviewers. There will be no geographical limitations, but non-English-language publications will be excluded. Only literature published after the UNCRPD came into effect (May 3, 2008) will be included. Charting tools will be used for data extraction, and results will be presented in descriptive, diagrammatic, and tabular formats.

Wickström, M., et al. (2020). "How can sexual and reproductive health and rights be enhanced for young people with intellectual disability? – focus group interviews with staff in Sweden." Reproductive Health **17**(1): 1-10.

Background: Different types of staff support individuals with intellectual disability (ID) in their daily life, in schools, leisure activities and in special accommodations. This study aimed to gain a deeper understanding of experiences and perceptions regarding sexual and reproductive health and rights (SRHR) among staff. Methods: Data were collected in mid-Sweden in four focus groups with altogether 20 participants, 18 women and 2 men aged between 18 and 65 years. They had different professions and worked among youth and adults with ID aged 18–40 years in schools, accommodations and with leisure activities. Their working experience varied from 3 years to more than 20 years. Interviews were audio recorded, transcribed and analysed with content analysis. Results: The participants generally described positive attitudes towards sexuality for people with ID, both among themselves and in society. However, many situations such as ensuring privacy, balancing between waiting and acting, issues around contraception and reproduction were difficult to address and participants had hesitations about childbearing. They described different strategies such as showing respect, enhancing self-esteem and decision making ability and using interprofessional support to cope with frustrating situations. They lacked a clear mandate from managers as well as written guidelines and policies. They requested education and support from peers, supervisors and other professionals. Conclusion: Participants in the study were generally open-minded and accepting towards sexuality among young people with ID. They thought it was difficult to deal with reproduction/parenthood and felt unprepared and frustrated in certain situations. The participants requested a clear mandate from managers, organizational guidelines, more education and inter-professional support. We believe these findings can inform the development of policy and support the implementation of SRHR related guidelines to support staff working with young people with ID. [ABSTRACT FROM AUTHOR]

Wickström, M., et al. (2020). "How can sexual and reproductive health and rights be enhanced for young people with intellectual disability? – focus group interviews with staff in Sweden." Reproductive Health **17**(1): 1-10.

Background: Different types of staff support individuals with intellectual disability (ID) in their daily life, in schools, leisure activities and in special accommodations. This study aimed to gain a deeper understanding of experiences and perceptions regarding sexual and reproductive health and rights (SRHR) among staff. Methods: Data were collected in mid-Sweden in four focus groups with altogether 20 participants, 18 women and 2 men aged between 18 and 65 years. They had different professions and worked among youth and adults with ID aged 18–40 years in schools, accommodations and with leisure activities. Their working experience varied from 3 years to more than 20 years. Interviews were audio recorded, transcribed and analysed with content analysis. Results: The participants generally described positive attitudes towards sexuality for people with ID, both among themselves and in society. However, many situations such as ensuring privacy, balancing between waiting and acting, issues around contraception and reproduction were difficult to address and participants had hesitations about childbearing. They described different strategies such as showing respect, enhancing self-esteem and decision making ability and using interprofessional support to cope with frustrating situations. They lacked a clear mandate from managers as well as written guidelines and policies. They requested education and support from peers, supervisors and other professionals. Conclusion: Participants in the study were generally open-minded and accepting towards sexuality among young people with ID. They thought it was difficult to deal with reproduction/parenthood and felt unprepared and frustrated in certain situations. The participants requested a clear mandate from managers, organizational guidelines, more education and inter-professional support. We believe these findings can inform the development of policy and support the implementation of SRHR related guidelines to support staff working with young people with ID.

Social Inclusion (33)

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian

Journal of Community Health **31**(2): 173-178.
Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural counterparts.

Allen, C. and Ö. Ögtem-Young (2020). "Brexit, Birmingham, belonging and home: the experience of secondary migrant Somali families and the dirty work of boundary maintenance." Safer Communities **19**(2): 49-59.
Purpose: This study aims to investigate the impact of the Brexit referendum on feelings of belonging and home among secondary migrant Somali families in the city of Birmingham. Here, the Brexit referendum is understood through the analytical framework of the politics of belonging in that it functioned as a political mechanism that demarcated who was able to belong and who was not. Design/methodology/approach: This research was qualitatively designed, comprising 25 in-depth, semi-structured interviews that used a whole family methodological approach. In doing so, this paper considers how the referendum challenged notions of citizenship as well as community and individual identities. Findings: For the families engaged, they experienced the referendum as a mechanism that immediately conveyed notions of "otherness" and "foreign-ness" onto them, thereby creating anxiety, uncertainty and instability. This paper argues that the emotional components of belonging were also challenged to the extent that feelings of security, safety and "home" became rendered meaningless through the disempowering impact of the referendum via the removal of autonomy and choice in the bonds that exist between people and places. Originality/value: This paper generates new knowledge about the impact of the Brexit referendum. As "one-off" event, this research provides new insights into the political, social and cultural impacts of the vote. It considers a minority group that is seen to be hard to reach and thereby under-researched.

An, K. and H. Ahn (2022). "A journey to reach diversity, equity, and inclusiveness within SNRS." Research in Nursing & Health **45**(3): 272-273.

Blattner, C. E. (2021). "Right to work or refusal to work: Disability rights at a crossroads."

Disability & Society **36**(9): 1375-1398.

Work is a central conduit to justice for the disability rights movement, which claims that through work, persons with disabilities may find meaning, belonging, and a sense of worthiness, and be taken seriously as rights-holders. Proponents of the right to work argue that over time, a combination of work, public education, and activism will erode social, cultural, and political barriers to full participation in society. But this emphasis on the right to work necessarily excludes people who cannot work and undermines their claims to other rights. A disability rights program founded on a work ethic that goes along with the right to work draws lines of inclusion and exclusion, cultivates harmful ideas of worthiness, produces a duty to work, and de-values alternative modes of living. Solutions to better deal with the fraught intersection of work and disability are thus unlikely to emerge from singling out the disability rights movement. Only if we cast the net wider and grapple with the root problems of the work ethic in tandem – by addressing issues of time, valuing alternative ways of being, building social, economic, and political scaffolds to make visible people's experiences at and expectations of work, and, potentially, exercising the refusal to work – can work become a place of empowerment and flourishing for all. The right to work is a central gateway for persons with disabilities for social inclusion. States have crafted a range of policies to give effect to this right, but these have not changed the reality that most people with disabilities are either unemployed, facing poverty, or are socially excluded. Post-work scholarship makes a compelling case that the right to work cannot be remedied for people with disabilities by looking at their experience alone; the problems at the intersection of disability and work might be particularly pronounced or obvious, but they are part and parcel of wider issues plaguing the world of work as currently conceptualized. By fruitfully combining new advances in post-work scholarship and critical disability rights theory, this article describes the most urgent changes needed to remedy the fraught intersection of work and disability. To make the right to work for people with disabilities, we must reconsider issues of time, value alternative ways of being, build social, economic, and political scaffolds to make visible and effective people's experiences at and expectations of work, and exercise a refusal to work. [ABSTRACT FROM AUTHOR]

Blattner, C. E. (2021). "Right to work or refusal to work: Disability rights at a crossroads." Disability & Society **36**(9): 1375-1398.

Work is a central conduit to justice for the disability rights movement, which claims that through work, persons with disabilities may find meaning, belonging, and a sense of worthiness, and be taken seriously as rights-holders. Proponents of the right to work argue that over time, a combination of work, public education, and activism will erode social, cultural, and political barriers to full participation in society. But this emphasis on the right to work necessarily excludes people who cannot work and undermines their claims to other rights. A disability rights program founded on a work ethic that goes along with the right to work draws lines of inclusion and exclusion, cultivates harmful ideas of worthiness, produces a duty to work, and de-values alternative modes of living. Solutions to better deal with the fraught intersection of work and disability are thus unlikely to emerge from singling out the disability rights movement. Only if we cast the net wider and grapple with the root problems of the work ethic in tandem – by addressing issues of time, valuing alternative ways of being, building social, economic, and political scaffolds to make visible people's experiences at and expectations of work, and, potentially, exercising the refusal to work – can work become a place of empowerment and flourishing for all. The right to work is a central gateway for persons with disabilities for social inclusion. States have crafted a range of policies to give effect to this right, but these have not changed the reality that most people with disabilities are either unemployed, facing poverty, or are socially excluded. Post-work scholarship makes a compelling case that the right to work cannot be remedied for people with disabilities by looking at their experience alone; the problems at the intersection of disability and work might be particularly pronounced or obvious, but they are part and parcel of wider issues plaguing the world of work as currently conceptualized. By fruitfully combining new advances in post-work scholarship and critical disability rights theory, this article describes the most urgent changes needed to remedy the fraught intersection of work and disability. To make the right to work for people with disabilities, we must reconsider issues of time, value alternative ways of being, build social, economic, and political scaffolds to make visible and effective people's experiences at and expectations of work, and exercise a refusal to work.

Boland, G. and S. Guerin (2022). "Connecting locally: An examination of the role of service providers in supporting the social inclusion of adults with intellectual disabilities in their neighbourhoods." Journal of Policy and Practice in Intellectual Disabilities **19**(3): 288-299.
Article 19 of the UN Convention on the Rights of People with Disabilities calls for all people with disabilities to live independently and be included in their community. Adults with intellectual disabilities may live in neighbourhoods, but often have limited experience of social connectedness. This study aimed to examine the role of service provider organisations in supporting social inclusion in neighbourhoods of adults with intellectual disabilities. The understanding of social inclusion locally for adults with intellectual disabilities was explored and whether organisational policies (if any) had been drawn up to guide the support actions of staff. A mixed methods design was employed, with CEOs/service leaders of 40 service provider organisations completing an online survey. Follow-up telephone interviews were completed with a randomised sample. Data were analysed using descriptive statistics and qualitative content analysis. Service leaders understood social inclusion to encompass purposeful engagement that moved beyond mere physical presence. Individuals having a sense of connection to place and belonging to people who live locally included fostering mutually supportive connections with neighbours. Equality of access to local services and supports were underscored. Active citizenship and service provider/staff supports for a socially included life were highlighted. Almost all service leaders rated the role of service providers at organisational/strategic level as important. However, their values and beliefs revealed contrasting views on the appropriate level of visibility of service providers when supporting individuals. Close to two-thirds of service providers did not have an organisational policy regarding social inclusion in neighbourhoods. Developing specific service policies on social inclusion in neighbourhoods, based on the UNCRPD, and reflecting relevant national disability policies is proposed. This may enhance strategic planning and service providers decision-making on targeted resource allocation. Further implications for policy, practice and research arising from this study are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Bruce, A. (2021). "Disability at the Crossroads: Asserting Rights and Empowerment in an Unequal World." Journal of Applied Rehabilitation Counseling **52**(1): 5-17.
The concept of social justice has a lengthy history in terms of its development, understanding, and application to human relationships. It connects to parallel concerns around equal opportunity, equity, and recognition. Social justice has also been contested insofar as powerful vested interests have either denied its relevance or actively resisted its demands. In this article, social justice is placed in a global framework where different issues at different times are connected by common concerns and a shared humanity. One of the central questions informing emerging dimensions of service provision in international contexts is how we work with needs of specific communities to create a new matrix of opportunities for inclusion, mutual benefit, and intercultural encounter. Over the past three decades, processes involved in globalization have come to not only shape but determine that matrix in evermore significant ways. The globalization process

is also at the core of labor market change in all countries. This has specific implications for learning specialists and rehabilitation educators in terms of their professional training, understanding of best practice, and standards in approaching the diversity emerging within many communities shaped by globalizing imperatives. The powerful resonance of exclusion linked to the experience of disability impacts many social approaches and policies, not least of which is access to the labor market. For those with disabilities, particularly in the context of the significant advances made by the Independent Living movement and the parallel focus on civil rights, these traditional models of work have been seen as problematic.

Büschi, E., et al. (2022). "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress." Tizard Learning Disability Review **27**(1): 31-39.
Purpose: This paper aims to provide an overview of the history, current status and future challenges for intellectual disability (ID) policy and practice in Switzerland. Design/methodology/approach: Following a review of the literature, academics in the field of ID in Switzerland reflect on critical issues. Findings: The implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) has resulted in the move from institutions to more flexible and individualised, community-based support services. Originality/value: This paper describes a Western-European country facing the challenges of deinstitutionalisation to become an inclusive society due to directions given by the CRPD. [ABSTRACT FROM AUTHOR]

Büschi, E., et al. (2022). "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress." Tizard Learning Disability Review **27**(1): 31-39.
Purpose: This paper aims to provide an overview of the history, current status and future challenges for intellectual disability (ID) policy and practice in Switzerland. Design/methodology/approach: Following a review of the literature, academics in the field of ID in Switzerland reflect on critical issues. Findings: The implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) has resulted in the move from institutions to more flexible and individualised, community-based support services. Originality/value: This paper describes a Western-European country facing the challenges of deinstitutionalisation to become an inclusive society due to directions given by the CRPD.

Clifton, M. and S. Chapman (2022). "Commentary on "Developing a logic model for implementing citizen advocacy for adults with learning disabilities based on the experience of community inclusion centres for disabled people"." Tizard Learning Disability Review **27**(2): 91-94.
Purpose: This commentary reflects on peer advocacy in relation to citizen advocacy in the context of the vital need for advocacy in all its different forms. Design/methodology/approach: The authors reflect from the standpoint of developing peer advocacy in secure mental health settings as an organisation based on self-advocacy and co-production. Findings: By reflecting on peer advocacy and citizen advocacy side by side, the authors affirm both and all kinds of advocacy as being vital to people with learning disabilities living full and free lives as citizens. Originality/value: The authors hope this commentary will enrich people's understandings of the essential role of peer advocacy within different kinds of advocacy, and the need to enlarge the range of possibilities and choices open to a person.

Cui, F., et al. (2019). "Equal participation of persons with disabilities in the development of disability policy on accessibility in China." International Journal of Developmental Disabilities **65**(5): 319-326.

The UN Convention on the Rights of Persons with Disabilities (CRPD) of 2006 has been in effect in China for a decade since 31 August 2008. This treaty impacts the rights of persons with disabilities in China in different ways, especially with regard to the public understanding of disability and accessibility for social inclusion. This article scrutinizes two major and interrelated areas: accessible testing to promote the rights of persons with disabilities to inclusive higher education and the contribution of persons with disabilities and their representative organizations in pertinent policy development. It introduces the evolvement of polices on testing accommodations for the national college entrance examination (Gaokao). It also indicates the gap between policy and service provision for accessible testing in Gaokao and the individual needs of persons with disabilities in taking the test. It further emphasizes the strategic and collaborative advocacy of organizations of persons with disabilities (DPOs) to address the challenges for the improvement of disability policy and practice.

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.
In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges' drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis.

Goodey, C. (2020). "Ordinary lives means ordinary schools: towards a unitary 0-99 years policy for adults and children with learning disabilities." Tizard Learning Disability Review **25**(1): 40-46.
Purpose: This paper aims to look forward to the next generation of policymaking on learning disability and recommends a unitary strategy covering all phases of life including childhood. Design/methodology/approach: In this paper, the author addresses the policy gap between inclusion in ordinary ("mainstream") schools and inclusion in ordinary adult life. The author asks why what has been accepted, at least in principle, for the adult two-thirds of the learning disabled population is still contested for the other, younger third. In the following sections, the author summarises the present discrepancy, compares the rights of children in general with those of people with learning disabilities and outlines the rationale for a 0-99 years focus in research and practice on learning disability, and for future government strategy to establish a 0-99 policy. Findings: It is in the broad context of a unitary 0-99 years approach that policymaking must in future be addressed. The education of children is key to the success of their adult lives, and makes the policy of educating them together in ordinary schools (i.e. giving them from the start the "ordinary lives" that are the main goal of adult policy) an imperative. Originality/value: The need to consider children's rights in a general sense has not previously been applied to the field of policymaking for adults with learning disabilities. [ABSTRACT FROM AUTHOR]

Goodey, C. (2020). "Ordinary lives means ordinary schools: towards a unitary 0-99 years policy for adults and children with learning disabilities." Tizard Learning Disability Review **25**(1): 40-46.
Purpose: This paper aims to look forward to the next generation of policymaking on learning disability and recommends a unitary strategy covering all phases of life including childhood. Design/methodology/approach: In this paper, the author addresses

the policy gap between inclusion in ordinary ("mainstream") schools and inclusion in ordinary adult life. The author asks why what has been accepted, at least in principle, for the adult two-thirds of the learning disabled population is still contested for the other, younger third. In the following sections, the author summarises the present discrepancy, compares the rights of children in general with those of people with learning disabilities and outlines the rationale for a 0-99 years focus in research and practice on learning disability, and for future government strategy to establish a 0-99 policy. Findings: It is in the broad context of a unitary 0-99 years approach that policymaking must in future be addressed. The education of children is key to the success of their adult lives, and makes the policy of educating them together in ordinary schools (i.e. giving them from the start the "ordinary lives" that are the main goal of adult policy) an imperative. Originality/value: The need to consider children's rights in a general sense has not previously been applied to the field of policymaking for adults with learning disabilities.

Gowan, N. J. (2022). "ACCOMMODATION IN A HYBRID WORK WORLD -- ENSURING INCLUSION FOR PERSONS WITH DISABILITIES." OOHNA Journal **41**(2): 12-14.

Hamer, H. P., et al. (2019). "'The right thing to do': Fostering social inclusion for mental health service users through acts of citizenship." International Journal of Mental Health Nursing **28**(1): 297-305.
The theoretical framework of citizenship is increasingly being used in mental health settings to inform practice. This exploratory qualitative study describes in more detail the acts of citizenship embedded in the everyday practices of mental health workers that promote the social inclusion of people in their care. Acts make a claim for justice when one's rights and responsibilities of citizenship are denied. Semistructured interviews were conducted with 12 participants, seven mental health clinicians and five peer support workers, recruited from a mental health facility in Connecticut, USA. Two themes are presented, breaking the rules and the right thing to do, a rights-based practice that fosters inclusion for service users. Results suggest that staff undertake hidden acts of citizenship to promote inclusion and rights of service users by responsibly subverting the rules and norms of the organization. Changes to organizational practices to make visible such inclusionary acts are required. Implications for practice and considerations of organizational change through the development of a citizenship framework to underpin practice are recommended. [ABSTRACT FROM AUTHOR]

Lane, J. and L. Ngo (2020). "Perspectives of minority nursing students on diversity in the classroom." Nurse Education Today **85**: N.PAG-N.PAG.

Lavee, E., et al. (2022). "Families in Poverty and Noncitizenship: An Intersectional Perspective on Economic Exclusion." Journal of Family Issues **43**(7): 1922-1945.
Recent scholarship on families living in poverty has focused on immigrant and migrant families, legal and illegal. The element of citizenship has received relatively broad attention, as legal status has profound influence on the individual's life chances. However, studies exploring relations between noncitizenship and poverty have not provided a comprehensive explanation of the mechanisms that deprive noncitizens of the possibility of accumulating sufficient material resources. The study offers a nuanced, comprehensive account of the process of economic deprivation, focusing on four main survival strategies with respect to noncitizen Palestinian families residing in Israel. Drawing on 24 qualitative in-depth interviews with adult family members, we apply the intersectionality approach to decipher mechanisms of exclusion at work in the everyday lives of illegal migrants, shaping their ability to attain material resources. Findings point to a need to adopt a transnational protection framework in order to allow economic and social inclusion of noncitizens.

McCann, E. and M. J. Brown (2020). "The views and experiences of lesbians regarding their mental health needs and concerns: Qualitative findings from a mixed-methods study." Perspectives in Psychiatric Care **56**(4): 827-836.

Purpose: The aim of this paper is to report the specific views and experiences of lesbians and identify their distinct mental health issues and concerns. Design and methods: A mixed-methods design with surveys and individual interviews was utilized. The data were thematically analyzed. Findings: The key themes were (a) enabling service access, (b) person-centered support, (c) models of care, (d) community presence and participation, and (e) future aspirations for mental health services. Practice implications: The study results inform and develops the understanding of the issues that impact upon the mental health and well-being of lesbians. The implications for mental health practice are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

McNamara, A., et al. (2019). "EUROPEAN ACADEMY OF REHABILITATION MEDICINE: COMMENTARY ON "TWO PERSPECTIVES ON THE SOCIAL RESPONSE TO DISABILITY"." Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation) **51**(2): 147-148.

Milner, P. and P. Frawley (2019). "From 'on' to 'with' to 'by:' people with a learning disability creating a space for the third wave of Inclusive Research." Qualitative Research **19**(4): 382-398.

For people with a learning disability, Inclusive Research is promoted as the right way to redress the hermeneutical injustice of their voices and theorising being excluded from the processes of knowledge production. This article describes the experiences and reflections of non-disabled researchers co-researching with people whose subjectivities were thought to lie beyond qualitative research. Through four stories, jointly told, we detail how those most at risk of exclusion from the academy first challenged and then took the research encounter beyond the linear, assimilative certainties of research 'on' or 'with' people with a learning disability towards the outer, cutting edges of qualitative research and an epistemology that might more authentically be said to be 'by' them.

Negrete Doria, E. F. (2022). "Situaciones de discapacidad de las víctimas del conflicto armado residentes en Montería1." Situations of disability of the victims of the armed conflict residents in Monteria.(57): 9-19.

This article of result aims at determine the juridical and political strategies of the Local Government of Monteria to implement mechanisms of rehabilitation and reparation for victims in situations of disability. The kind of research made was analytic and the juridical and political strategies of the Local Government of Monteria were analyzed and also their implementation from the victims’s eyes, in Human Rights geared to the rehabilitation and reparation for the population in situations of disability which are victims of the armed conflict. The method of research that was applied was the hypothetical deductive. The techniques of data collection of quality and quantity about documental analysis of texts and data processed derived by polls and interviews applied to 16 selected people through purposive sampling based on data base of the Victims Unit of the department of Cordoba. Also, it was made a pilot test with 4 identified people. The interview was applied to 4 ex militaries and 8 victim’s residents in the city. The information allows to identify an increase of the population that claims speedy attention to reduce their basic unsatisfied needs that truly merit clarity about the implementation of the applied mechanisms of the Government. The theory of Justice of John Rawls was adopted, because it helps to the thesis of general benefit and social inclusion by the State referent of transitional Justice in a context that dictates to review the accomplishment mechanisms of the international and National undertakings established in the laws and inside the Law principles of the International Public Law

that impose the necessity of reinvestment and redistribution of the sources, concluding that in this particular case there are lacking integral politics of attention to the victims in special conditions. (English) [ABSTRACT FROM AUTHOR]

Pașcalău-Vrabete, A., et al. (2021). "Restricted mobility and unheard voices: perceptions of accessibility and inclusion expressed on Romanian disability-specific blogs and forums." Disability & Rehabilitation **43**(25): 3680-3687.
Concerning psychosocial aproaches to disability, Romania is characterized by significant discrepancies between the Disability Rights legislation and reality, while the input of people with disabilities regarding the matter is largely overlooked. This study aims to explore perceptions regarding Romania's built and sociocultural environment, as they are expressed by bloggers with disabilities and users of disability-specific forums. Data were collected from four personal blogs and three discussion forums on the topic of physical disabilities. Thematic analysis was performed. Four major themes emerged from the analysis: the disabling built environment; the isolating sociocultural environment; blaming others and the past; self-empowerment and the movement towards independent living. The resistance of disabled people to negative perceptions of disability and their calls to action in this regard may foster positive changes in social attitudes towards disability. Romanians with physical disabilities perceive that the adaptation and implementation of inclusion and accessibility regulations are superficial. They promote a proactive defence of their rights, independence, and dignity, to resist against discrimination and stigma resulting from the medicalization of disability. Education regarding disability, its evaluation, and the development of inclusion policies should stop focusing on "incapacity" as an individual attribute and focus more on the disabling roles of environmental factors. Responsible authorities should understand and enforce the implementation of inclusion and accessibility regulations accordingly. [ABSTRACT FROM AUTHOR]

Paul, N., et al. (2019). "A Comprehensive Study of Community-Based Inclusion, Rehabilitation, and Multidisciplinary Approach toward Cross-Disabilities in Panchayats of North India." Indian Journal of Occupational Therapy (Wolters Kluwer India Pvt Ltd) **51**(3): 77-84.
Background: Demonstrated multidisciplinary, scalable, and replicable panchayat models for effective inclusion of persons with disabilities (PwDs) are much needed in a developing country like India, with its 70% of population being rural. Literature on disability suggests a shift in policy thinking from the charity-, medical-, and institutional-based models of disability to social, community-based rehabilitation (CBR), and rights-based models. This study explored in-depth the Community-Based Inclusion and Rehabilitation (CBIR) program model of the Chinmaya Organisation for Rural Development (CORD), a nongovernmental organization working with 1800 PwDs in 100 panchayats of Kangra district of Himachal Pradesh. Objectives: The objectives were to identify PwDs with all types of disabilities in ten selected panchayats associated under the CORD's CBIR program as per the definitions of disabilities under the PWD Act, 1995, and the National Trust Act, 1999, and to explore multidisciplinary, scalable, and replicable aspects and interventions under the CBIR as a model for inclusion of all types of PwDs in rural India with reference to the World Health Organization's (WHO's) CBR matrix. Study Design: This is a descriptive, qualitative, and quantitative study conducted on the CORD's CBIR model with reference to the WHO's CBR matrix. Methods: A convenient sample of ten panchayats out of 100 panchayats under the CORD's CBIR interventions was studied. The principal investigator with a team of two co-researchers and five field facilitators worked as a team to conduct this study. A baseline format with reference to the WHO's CBR matrix was developed and administered for the collection of primary data besides related interviews of PwDs, their families, and related stakeholders. The CORD's CBIR program data, narratives, and

focus group discussions were used to supplement the outcomes of this study. Results: This study observed that availability of disabilities specific, disaggregated and recorded government data on PwDs at the panchayat level was poor and non-existent. Primary data of 124 (100%) PwDs among the 4487 households with a total population of 22,438 in ten panchayats were collected and further investigated from April 2017 to March 2018. The findings highlighted 87 (70%) PwDs newly identified during the study, 60 (48%) PwDs below poverty line, and 113 (91%) marginal and socially backward PwDs. The program interventions enrolled 26 (21%) PwDs in schools, 72 (58%) mothers and women with disabilities in community groups, and 44 (35%) PwDs in productive livelihoods locally. Conclusion: There was evident marginalization of PwDs in multiple ways varying from data to dignity issues at the panchayat level. The CORD's CBIR model promotes the "empowering inclusion and development" of PwDs in the mainstream community at the panchayat level. The recent enactment of the comprehensive Rights of Persons with Disabilities Act 2016, covering 21 types of disabilities, further share an opportunity for effective inclusion of PwDs within the existing policies, programs, and development agenda in rural India as well as globally.

Pinto, P. C., et al. (2023). "Rights for all? Living conditions and (de)citizenship of adults with intellectual and complex disabilities in portugal." Journal of Applied Research in Intellectual Disabilities.

Background In 2009, Portugal ratified the UN CRPD and a turn to a rights-based approach in disability law and policy has intensified since. It thus becomes important to understand whether these legal changes are furthering the social inclusion of adults with intellectual and complex disabilities. Method Questionnaires were applied to a stratified sample of 127 adults with intellectual and complex disabilities attending social care and vocational training programmes across the country. Results Participants reported low rates of social participation, and many (49%) were found to live below the poverty line. High rates of discrimination and violence and feelings of loneliness and sadness were also reported, which can be strong indicators of the oppression that many of them daily endure. Conclusion Adults with intellectual and complex disabilities in Portugal face exclusion, discrimination, and violence. The poverty and isolation in which many of them live compounds their (de)citizenship status in Portuguese society. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Qureshi, A. P., et al. (2021). "Diversity in Scientific Discovery." The American surgeon **87**(11): 1732-1738.

Presented here is a brief discussion on the imperative need and thoughtful approaches to embracing diversity, equity and inclusion within scientific enquiry.

Russo, J. and S. Wooley (2020). "The Implementation of the Convention on the Rights of Persons with Disabilities: More Than Just Another Reform of Psychiatry." Health and human rights **22**(1): 151-161.

The social model of disability-which is grounded in the lived realities of disabled people, as well as their activism, research, and theoretical work-has enabled a historic turn in the understanding of disability. This model also facilitates the transition to the rights-based approach that is at the core of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). However, the social model of disability does not straightforwardly translate to the lives of people who end up being detained and forcibly treated in psychiatric facilities. This paper examines the implications of the lack of an equivalent theoretical framework to counteract the hegemony of the biomedical model of "mental illness" and to underpin and guide the implementation of the CRPD for people with psychiatric diagnoses. Critically engaging with some recent attempts to make the CRPD provisions integral to psychiatry, we expose fundamental contradictions inherent in such projects. Our discussion seeks to extend the task of implementation of the CRPD beyond reforming psychiatry, suggesting a much broader agenda for change. We argue for the indispensability of first-person knowledge in developing and owning this agenda and point to the dangers of merely remaking former treatment objects into objects of human rights.; Competing Interests: Competing interests: None declared. (Copyright © 2020 Russo and Wooley.)

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.
There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs.

Shaw, P. (2019). "INSPIRING DIVERSITY AND INCLUSION IN THE NHS." Community Practitioner **92**(10): 18-19.
The author discusses the significance of receiving the National BAME Health & Care Award in the category Inspiring Diversity and Inclusion Lead. She describes her efforts to raise the profile and needs of the black, Asian and minority ethnic (BAME) community. She also emphasizes the need for the National Health Service to cultivate a more diverse and effective leadership in order to achieve meaningful inclusion and high-quality care.

Simonelli, A. P., et al. (2020). "Framing of the theme of the inclusion of people with disabilities at work by a wide-circulation newspaper in Parana state since 1991 until 2006." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **28**(2): 452-466.
Introduction: The inclusion of people with disabilities (PWDs) in a job is a long process, resulting from social movements initiated in the eighties, whose regulatory framework was the enactment of the Law 8213/91. Objective: To analyze the framing of the phenomenon of inclusion of people with disabilities in the workplace in the twenty-five years following the enactment of the law, in the main press media of the state of Paraná. Method: Documentary research was conducted based on news related to the inclusion of people with disabilities in the workplace, published in the newspaper from 1991 to 2016. The texts were read by two researchers, being excluded those whose content was about reports and job offers. To characterize the framing of the newspaper, an analysis of the discursive content of the texts was carried out, organized by themes. Results: Ninety-eight journalistic texts were found in the newspaper that met the inclusion criteria, being nine in 1999, the year with the highest number of publications. The analysis of the discursive content shows that the newspaper framed the issue of inclusion more as a problem for companies, adopting a discourse that points to the lack

of qualification of people as a major barrier to inclusion. Conclusion: The newspaper considers inclusion neither as a social right nor as a public policy that would aim to favor the achievement of full rights by people with disabilities.

Vera Angulo, R. J., et al. (2022). "Socio-community inclusion and collective occupations: Dialogues between the institutional world and that of organizations of people with psychosocial disabilities." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-18.
The article analyzes socio-community inclusion practices of groups of people with psychosocial disabilities, generated in doing and feeling in their collective occupations, from the dialogues that take place with social institutions. A qualitative methodology was used, with a critical approach. The information was collected through discussion groups, which made it possible to collect speeches from the participants of two groups of people with mental disabilities, corresponding to the communes of Penco and Concepción, in the Biobío Region (Chile); discourses that were coded, analyzed, categorized and interpreted. Among the most relevant results obtained, differences and tensions are evident in the ways of understanding and proceeding towards inclusion, since institutions tend to maintain hierarchical relationships, while groups tend to have more democratic and participatory practices. Regarding the conclusions, it is possible to visualize that the human rights of people with mental disabilities are materialized in a field of collective occupations, daily actions in everyday contexts, and social conflict.

Wu, J. and L. Sun (2020). "Social support networks and adaptive behaviour choice: A social adaptation model for migrant children in China based on grounded theory." Children & Youth Services Review **113**: N.PAG-N.PAG.
• China's growing urban migrant population has produced a migrant children problem. • Migrant children struggle with social adaptation, resulting in social alienation. • Study develops an environment interaction model based on interview data. • Migrant children adopt two types of adaption: selective and spontaneous inclusion. • Study makes recommendations to enhance migrant social adaptation to urban life. Undergoing rapid urbanisation, China's migrant population is expanding. Accordingly, the problem of migrant children has attracted widespread attention from various sectors of society. Despite the development of numerous supportive policies, the livelihood of these children remains fraught with difficulty. Addressing this issue, this study seeks to improve the adaptability of migrant children in China. Using grounded theory, this study develops an environment interaction model of migrant children's social adaptation. More specifically, we conducted in-depth interviews with and participant observation of 22 migrant children in Harbin. Focus was placed on understanding the subjective perception of their life experiences and their interaction with significant others in the city. Eight categories and the storyline connecting them were identified using grounded theory, and used to construct this study's environment interaction model. Findings show that in face of constraints on adaptation, migrant children with a sizeable social support network adopt selective and spontaneous inclusion to improve their quality of life. Results also indicate that current social support designed for migrant children protects their basic rights but influences their spontaneous inclusion, eventually shaping their sense of identity. This study suggests several recommendations based on the results of its interactive model of social adaptation. Urban society should actively embrace and accept migrant children. The Ministry of Education can adopt the method of 'counterpart assistance'. Third, migrant children need to maintain a good state of mind, improve their sense of self-worth, and improve their ability to socially adapt in terms of their psychological state. Local governments need to reflect on the role and significance of measures taken from migrant children's perspective and explore other ways to provide more effective social support for them.

Yoon, J. (2022). "Cultural strategy for people with disability in Australia." International Journal of Cultural Policy **28**(2): 187-203.

This paper analyses the first cultural strategy introduced in Australia for people with disability and its evaluation reports. For an in-depth understanding of the cultural strategy, it reviews the literature on disability in historical and socio-political contexts, and on human rights for people with disability. It also discusses three key recommendations identified from the evaluations of the cultural strategy: first, to develop an information hub for the arts and disability sector; second, to facilitate collaboration between Australian governments, including arts agencies and national disability support agencies; and third, to revisit and renew the existing cultural strategy. The paper assesses the desired goals and strategies of the cultural strategy, and examines ways in which outcomes can be measured to achieve social inclusion for people with disability in three dimensions of social inclusion: 'access', 'participation' and 'empowerment'. [ABSTRACT FROM AUTHOR]

SOCIAL integration (42)

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian Journal of Community Health **31**(2): 173-178.

Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural counterparts. [ABSTRACT FROM AUTHOR]

Anderson, G. B., et al. (2022). "Racism Within the Deaf Community." American Annals of the Deaf **167**(4): 1-5.

The article discusses the problem of racism in the general field of deafness in the U.S. Topics discussed include the lack of integration between Blacks and whites in the adult deaf community and post-educational practices, cases in which deaf clubs deny membership to Black deaf persons, and lack of preparation possessed by Black deaf children at the time of school entrance.

Arenas, A. d. P., et al. (2020). "Ciudad física y ciudad representada: discapacidad, justicia espacial e innovación social." Physical and represented city: disability, spatial justice and social innovation. **25**: 175-194.

The objective of this article is to socialize the results of a research process on the daily experiences of the subject in a disability situation around the construction of the right to the city, for the development of a mobile application to identify accessible spaces in Ibagué. A mixed and cross-section methodology was used in which thirty people participated, managing to identify the experience and appropriation of the city from the accessibility and spatial justice categories. Likewise, how the application was constituted in a process of social innovation tending to promote community inclusion and participation. (English) [ABSTRACT FROM AUTHOR]

Bellino, M. J. and S. Dryden-Peterson (2019). "Inclusion and exclusion within a policy of national integration: refugee education in Kenya's Kakuma Refugee Camp." British Journal of Sociology of Education **40**(2): 222-238.

This article explores the impact of global policy shifts toward 'national integration' on schooling for refugee youth in Kenya. Based on interviews and classroom observations in Kakuma Refugee Camp, we theorize that integration manifests in a multidirectional, hierarchical manner as few refugees integrate "up" into government schools, while most integrate "down" into segregated camp schools. We examine how youth interpret and navigate these oppositional paths, imbued with assumptions about quality and status. We argue that global policy can foster structures for physical integration; however, social integration, integrally connected to protection and opportunity, depends on local strategies and practices, encompassing formal decisions about adapting policy, as well as embedded beliefs about the purposes of educating refugees and their long-term inclusion in host societies. This study responds to calls for deeper sociological attention to education and global migration, as states expand educational opportunities for refugee populations while negotiating educational rights amongst citizens. [ABSTRACT FROM AUTHOR]

Blattner, C. E. (2021). "Right to work or refusal to work: Disability rights at a crossroads." Disability & Society **36**(9): 1375-1398.

Work is a central conduit to justice for the disability rights movement, which claims that through work, persons with disabilities may find meaning, belonging, and a sense of worthiness, and be taken seriously as rights-holders. Proponents of the right to work argue that over time, a combination of work, public education, and activism will erode social, cultural, and political barriers to full participation in society. But this emphasis on the right to work necessarily excludes people who cannot work and undermines their claims to other rights. A disability rights program founded on a work ethic that goes along with the right to work draws lines of inclusion and exclusion, cultivates harmful ideas of worthiness, produces a duty to work, and de-values alternative modes of living. Solutions to better deal with the fraught intersection of work and disability are thus unlikely to emerge from singling out the disability rights movement. Only if we cast the net wider and grapple with the root problems of the work ethic in tandem – by addressing issues of time, valuing alternative ways of being, building social, economic, and political scaffolds to make visible people's experiences at and expectations of work, and, potentially, exercising the refusal to work – can work become a place of empowerment and flourishing for all. The right to work is a central gateway for persons with disabilities for social inclusion. States have crafted a range of policies to give effect to this right, but these have not changed the reality that most people with disabilities are either unemployed, facing poverty, or are socially excluded. Post-work scholarship makes a compelling case that the right to work cannot be remedied for people with disabilities by looking at their experience alone; the problems at the intersection of disability and work might be particularly pronounced or obvious, but they are part and

parcel of wider issues plaguing the world of work as currently conceptualized. By fruitfully combining new advances in post-work scholarship and critical disability rights theory, this article describes the most urgent changes needed to remedy the fraught intersection of work and disability. To make the right to work for people with disabilities, we must reconsider issues of time, value alternative ways of being, build social, economic, and political scaffolds to make visible and effective people's experiences at and expectations of work, and exercise a refusal to work. [ABSTRACT FROM AUTHOR]

Büschi, E., et al. (2022). "Intellectual disability in Switzerland: the UN Convention on the Rights of Persons with Disabilities, as a vehicle for progress." Tizard Learning Disability Review **27**(1): 31-39.
Purpose: This paper aims to provide an overview of the history, current status and future challenges for intellectual disability (ID) policy and practice in Switzerland. Design/methodology/approach: Following a review of the literature, academics in the field of ID in Switzerland reflect on critical issues. Findings: The implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) has resulted in the move from institutions to more flexible and individualised, community-based support services. Originality/value: This paper describes a Western-European country facing the challenges of deinstitutionalisation to become an inclusive society due to directions given by the CRPD. [ABSTRACT FROM AUTHOR]

Campodónico, N. (2020). "Sobre el estado de la cuestión de las políticas públicas en salud mental en América Latina: Una revisión sistemática." On the state of the art of public policies on mental health in Latin America: A systematic review. **20**(24): 1-27.
This work proposes to carry out a systematic review on the state of the art of public policies in the field of mental health in Latin America, to describe the theoretical and methodological approaches. The systematic review, according to the PRISMA Declaration, is carried out in August 2020 and twenty-five scientific articles are selected from 6 databases that refer to publications in Spanish between 2010-2020, where the importance of public policies is concluded in mental health on issues related to public health, disability, childhood and social inclusion, thus guaranteeing the essential human rights of each subject. (English) [ABSTRACT FROM AUTHOR]

Carmel, E. and B. Sojka (2021). "Beyond Welfare Chauvinism and Deservingness. Rationales of Belonging as a Conceptual Framework for the Politics and Governance of Migrants' Rights." Journal of Social Policy **50**(3): 645-667.
This article argues that the politics and governance of migrants' rights needs to be reframed. In particular, the terms "welfare chauvinism", and deservingness should be replaced. Using a qualitative transnational case study of policymakers in Poland and the UK, we develop an alternative approach. In fine-grained and small-scale interpretive analysis, we tease out four distinct "rationales of belonging" that mark out the terms and practices of social membership, as well as relative positions of privilege and subordination. These rationales of belonging are: temporal-territorial, ethno-cultural, labourist, and welfareist. Importantly, these rationales are knitted together by different framings of the transnational contexts, within which the politics and governance of migration and social protection are given meaning. The rationales of belonging do not exist in isolation, but, in each country, they qualify each other in ways that imply different politics and governance of migrants' rights. Taken together, these rationales of belonging generate transnational projects of social exclusion, as well as justifications for migrant inclusion stratified by class, gender and ethnicity. [ABSTRACT FROM AUTHOR]

Chibaya, G., et al. (2021). "United Nations Convention on the Rights of Person with Disabilities

(UNCRPD) Implementation: Perspectives of Persons with Disabilities in Namibia." Occupational Therapy International: 1-17.
The Namibian government ratified the UNCRPD and its optional protocol in 2007 raising expectations that such a convention would fundamentally improve the lives of persons with disabilities. However, persons with disabilities continue to experience inequalities and violation of dignity. This study explores the impact of the UNCRPD as reflected on the lives of persons with disabilities in Namibia. An exploratory qualitative study with the use of photovoice and in-depth interviews was conducted in Omusati and Khomas regions, Namibia. Persons with disabilities (n = 31) were recruited via purposive sampling, of which n = 25 participants were engaged in three focus group discussions. Participants employed in the disability sector (n = 6) were engaged in in-depth interviews. Data were thematically analysed. The study findings revealed the inadequacy of disability rights information dissemination and continued barriers to inclusivity of persons with disabilities. Stigma, discrimination, limited financial opportunities, weak political support, and limited accessibility to physical infrastructure caused barriers to inclusivity. However, opportunities to advance the UNCRPD were also identified. There is a need for the disability sector to build on identified institutional facilitators to advance disability rights through mobilisation of local resources, communities, and government to redress the challenges identified in Namibia. [ABSTRACT FROM AUTHOR]

Clifton, M. and S. Chapman (2022). "Commentary on "Developing a logic model for implementing citizen advocacy for adults with learning disabilities based on the experience of community inclusion centres for disabled people"." Tizard Learning Disability Review **27**(2): 91-94.
Purpose: This commentary reflects on peer advocacy in relation to citizen advocacy in the context of the vital need for advocacy in all its different forms.
Design/methodology/approach: The authors reflect from the standpoint of developing peer advocacy in secure mental health settings as an organisation based on self-advocacy and co-production. Findings: By reflecting on peer advocacy and citizen advocacy side by side, the authors affirm both and all kinds of advocacy as being vital to people with learning disabilities living full and free lives as citizens.
Originality/value: The authors hope this commentary will enrich people's understandings of the essential role of peer advocacy within different kinds of advocacy, and the need to enlarge the range of possibilities and choices open to a person. [ABSTRACT FROM AUTHOR]

Corona-Aguilar, A., et al. (2021). "Participation by Women With Physical Functional Diversity: From Inherited Oppression to Social Integration." Australian Social Work **74**(3): 320-331.
This paper analyses the participation processes displayed by women with physical functional diversity in Spain, from the perspective of feminism and human rights. Responses from 18 participants with physical functional diversity allowed us to describe the female participants, as well as to explain their participation histories and plans, including any enabling or obstructing elements. This feedback also allowed us to interpret the participation models of women in positions or situations of influence. This paper, using qualitative methodology, combines grounded theory, intersectionality, and discourse narration to analyse the life contexts and elements that impede access to social participation on a level playing field for these women. The results present emancipatory tools for women and arguments for political decision-making that can help women overcome oppression and violence, thereby facilitating their integration into society. The defence of people's rights is a professional endeavour grounded in social work theory and involves drawing attention to inequalities, in this case, those faced by women with functional diversity. Social work training should prepare social workers for

advocacy based on human rights and be led by people with disabilities themselves. Research into disability in social work yields advances in strategies for social and civic participation, particularly for women with functional diversity. [ABSTRACT FROM AUTHOR]

Corona-Aguilar, A., et al. (2021). "Participation by Women With Physical Functional Diversity: From Inherited Oppression to Social Integration." Australian Social Work **74**(3): 320-331.

This paper analyses the participation processes displayed by women with physical functional diversity in Spain, from the perspective of feminism and human rights. Responses from 18 participants with physical functional diversity allowed us to describe the female participants, as well as to explain their participation histories and plans, including any enabling or obstructing elements. This feedback also allowed us to interpret the participation models of women in positions or situations of influence. This paper, using qualitative methodology, combines grounded theory, intersectionality, and discourse narration to analyse the life contexts and elements that impede access to social participation on a level playing field for these women. The results present emancipatory tools for women and arguments for political decision-making that can help women overcome oppression and violence, thereby facilitating their integration into society. The defence of people's rights is a professional endeavour grounded in social work theory and involves drawing attention to inequalities, in this case, those faced by women with functional diversity. Social work training should prepare social workers for advocacy based on human rights and be led by people with disabilities themselves. Research into disability in social work yields advances in strategies for social and civic participation, particularly for women with functional diversity.

Corona-Aguilar, A., et al. (2021). "Participation by women with physical functional diversity: From inherited oppression to social integration." Australian Social Work **74**(3): 320-331.

This paper analyses the participation processes displayed by women with physical functional diversity in Spain, from the perspective of feminism and human rights. Responses from 18 participants with physical functional diversity allowed us to describe the female participants, as well as to explain their participation histories and plans, including any enabling or obstructing elements. This feedback also allowed us to interpret the participation models of women in positions or situations of influence. This paper, using qualitative methodology, combines grounded theory, intersectionality, and discourse narration to analyse the life contexts and elements that impede access to social participation on a level playing field for these women. The results present emancipatory tools for women and arguments for political decision-making that can help women overcome oppression and violence, thereby facilitating their integration into society. Implications: The defence of people’s rights is a professional endeavour grounded in social work theory and involves drawing attention to inequalities, in this case, those faced by women with functional diversity. Social work training should prepare social workers for advocacy based on human rights and be led by people with disabilities themselves. Research into disability in social work yields advances in strategies for social and civic participation, particularly for women with functional diversity. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Fine, M. (2019). "Critical disability studies: Looking back and forward." Journal of Social Issues **75**(3): 972-984.

This epilogue is written in three voices. I reflect back, in conversation with Adrienne Asch, on the history of critical disability studies in psychology; then I thank Kathleen R. Bogart and Dana S. Dunn as I review the magnificent set of articles in the volume centering the construct ableism, and finally I write to the next generation of dis/crit

scholars on how we might democratize, decolonize, and curate psychological inquiries on ableism and in solidarity with disability justice. Drafted as a love letter to the late Adrienne Asch, the essay considers where we have come, and where we have yet to go, as a field that takes seriously and takes to task the role that professional psychology has played in constructing, and segregating, disabled persons. The essay ends with ethical and epistemological musings about our obligation to animate a radically engaged, intersectional, critical, participatory, and provocative assemblage of research that is at once anti-ableist and crafted toward disability justice. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Friggi Ivanovich, A. C. and M. Gesser (2020). "Deficiência e capacitismo: correção dos corpos e produção de sujeitos (a)políticos." Quaderns de Psicologia **22**(3): 1-21.
Abstract: Este estudo objetivou investigar os significados acerca da deficiência presentes no processo de criação e implementação de um Conselho Municipal de Direitos para Pessoas com Deficiência de uma cidade do sul do Brasil. Para tanto, foram realizadas entrevistas semiestruturadas com nove participantes da criação e implementação desse Conselho, as quais foram analisadas a partir da análise dos processos de significação. A pesquisa foi baseada nos Estudos da Deficiência, com destaque para a perspectiva da pesquisa emancipatória. Os participantes relataram haver uma compreensão da deficiência circunscrita ao modelo médico, que reiterava a hierarquização dos corpos, a busca pela cura e que deslegitimava o corpo com deficiência como político. Todavia, a apropriação do campo dos estudos da deficiência e o conhecimento dos direitos previstos na legislação contribuiu para a significação da deficiência como circunscrita à justiça social e para fortalecer a luta pela aprovação do conselho de direitos. Abstract: This study aimed to investigate the meanings about disability present in the process of creating and implementing a Municipal Council of Rights for People with Disabilities in a city in southern Brazil. To this end, semi-structured interviews were conducted with nine participants in the creation and implementation of this Council, which were analyzed based on the analysis of the processes of meaning. The research was based on Disability Studies, with emphasis on the perspective of emancipatory research. Participants reported an understanding of disability limited to the medical model, which reiterated the hierarchy of bodies, the search for a cure and that delegitimized the disabled body as a politician. However, the appropriation of the field of disability studies and the knowledge of the rights provided for in the legislation contributed to the meaning of disability as social justice and to strengthen the struggle for the approval of the rights council.

Gagnon, S., et al. (2022). "Interplay for change in equality, diversity and inclusion studies." Human Relations **75**(7): 1327-1353.
In equality, diversity and inclusion studies, there is often an underlying assumption that research will advance equality and inclusion. Yet scholars increasingly point to a gap between theory and practice to achieve change. While paradigmatic differences in how change is framed may in part account for this gap, we argue that 'action knowledges' drawn from different paradigms are both important and 'commensurable' once a change agenda is adopted. Placing these in tension, we develop an interplay requiring scholars to engage differences in both ontology and ideology to 'see' the change knowledge in other paradigms. A 'fifth knowledge' for research to combat inequality and contribute to more equitable organizations can result from engaging with the dynamic tensions identified in our analysis. [ABSTRACT FROM AUTHOR]

Geva, T. and S. Werner (2021). "Activism, Growth, and Empowerment of Israeli Parents of Children With Disabilities." Family Process **60**(4): 1437-1452.
Traditionally, studies on parenting children with disabilities have focused mostly on experiences of stress. More recently, studies have turned to examining parental coping

from the perspective of strength, focusing on the ability to achieve growth and empowerment. Most studies, however, have not examined parental activism as a coping mechanism. Based on the Double ABCX Model of Family Adjustment and Adaptation, this study, conducted in Israel, assessed the adequacy of a theoretical model linking stress, coping, activism, growth, and empowerment of parents of children with disabilities. Activist and nonactivist parents (N = 123) completed a structured questionnaire that included measures of stress, coping, empowerment, and growth. Stress was negatively associated with empowerment and growth, whereas problem-focused coping and parental activism were positively associated with empowerment and growth. Activism was found to mediate the relationships between stress and growth and empowerment, with lower levels of stress being related to higher levels of activism, which was in turn correlated to higher levels of empowerment and growth. Parental activism, consisting of deconstructing problems faced by the family and demanding change in social discourse with a view toward inclusion, choice, rights, and equality, is a useful mechanism for parents in alleviating levels of stress and enhancing sense of empowerment and growth. (English) [ABSTRACT FROM AUTHOR]

Ginsburg, F. and R. Rapp (2020). "Disability/anthropology: rethinking the parameters of the human. An introduction to Supplement 21." Current anthropology (Supplement) **61**(21): S4-S15.

Goodey, C. (2020). "Ordinary lives means ordinary schools: towards a unitary 0-99 years policy for adults and children with learning disabilities." Tizard Learning Disability Review **25**(1): 40-46.
Purpose: This paper aims to look forward to the next generation of policymaking on learning disability and recommends a unitary strategy covering all phases of life including childhood. Design/methodology/approach: In this paper, the author addresses the policy gap between inclusion in ordinary ("mainstream") schools and inclusion in ordinary adult life. The author asks why what has been accepted, at least in principle, for the adult two-thirds of the learning disabled population is still contested for the other, younger third. In the following sections, the author summarises the present discrepancy, compares the rights of children in general with those of people with learning disabilities and outlines the rationale for a 0-99 years focus in research and practice on learning disability, and for future government strategy to establish a 0-99 policy. Findings: It is in the broad context of a unitary 0-99 years approach that policymaking must in future be addressed. The education of children is key to the success of their adult lives, and makes the policy of educating them together in ordinary schools (i.e. giving them from the start the "ordinary lives" that are the main goal of adult policy) an imperative. Originality/value: The need to consider children's rights in a general sense has not previously been applied to the field of policymaking for adults with learning disabilities. [ABSTRACT FROM AUTHOR]

Gupta, S., et al. (2021). "Dimensions of invisibility: insights into the daily realities of persons with disabilities living in rural communities in India." Disability & Society **36**(8): 1285-1307.
Persons with disabilities in rural India do not have the opportunity to lead a self-determined life and be included in their community as required by the convention on the rights of persons with disabilities. To investigate their experience of living everyday life and the amount of agency they are able to exercise, in-depth interviews were undertaken. The Capability Approach (CA) was used to analyse the situation that was seen in terms of outcome of the interplay between internal and external factors resulting in loss of agency. The results show that the dependency they experience due to lack of adequate support to undertake activities and being completely dependent on the family places them in a vicious circle of 'self-worthlessness'. Reducing the dependency

disabled people face and changing perceptions of the community towards disability may break this circle. In rural India persons with disabilities are unable to live a self-determined life and to participate in home and community activities. The research shows that the interaction between personal, social and environmental factors makes it difficult for persons with disabilities to live a self-determined life and increase dependency. The dependency encountered, coupled with the negative attitude of the community towards disability, places the persons with disabilities in a vicious circle of 'worthlessness'. The recommendations suggest reducing the dependency of persons with disabilities on their families, improving the perception of disability in the community and increasing self-esteem of persons with disabilities. [ABSTRACT FROM AUTHOR]

Hamer, H. P., et al. (2019). "'The right thing to do': Fostering social inclusion for mental health service users through acts of citizenship." International Journal of Mental Health Nursing **28**(1): 297-305.
The theoretical framework of citizenship is increasingly being used in mental health settings to inform practice. This exploratory qualitative study describes in more detail the acts of citizenship embedded in the everyday practices of mental health workers that promote the social inclusion of people in their care. Acts make a claim for justice when one's rights and responsibilities of citizenship are denied. Semistructured interviews were conducted with 12 participants, seven mental health clinicians and five peer support workers, recruited from a mental health facility in Connecticut, USA. Two themes are presented, breaking the rules and the right thing to do, a rights-based practice that fosters inclusion for service users. Results suggest that staff undertake hidden acts of citizenship to promote inclusion and rights of service users by responsibly subverting the rules and norms of the organization. Changes to organizational practices to make visible such inclusionary acts are required. Implications for practice and considerations of organizational change through the development of a citizenship framework to underpin practice are recommended. [ABSTRACT FROM AUTHOR]

Hough, S. (2021). "From the Editor of Sexuality and Disability: 2021...A Year of Acknowledging What We Have Known to Different Degrees....the Fundamental Importance of Inclusiveness, Diversity, Equity, Accessibility, Fairness and Respect." Sexuality & Disability **39**(2): 229-230.
An editorial is presented on the journal, Sexuality and Disability, continues to be a professional home and a place of professional rejuvenation for study and advancement. Topics include the years of contribution to the literature on sexuality and disability healthcare have been a part of the growth, understanding, and advocacy, and the response in terms of best practice evidence based approaches.

Hoyt, K. S. and E. G. Ramirez (2021). "Diversity, Equity, and Inclusion: Is It Just Another Catchphrase?" Advanced Emergency Nursing Journal **43**(2): 87-88.

Kasnitz, D. (2020). "The politics of disability performativity. An autoethnography." Current anthropology (Supplement) **61**(21): S16-S25.

Lavee, E., et al. (2022). "Families in Poverty and Noncitizenship: An Intersectional Perspective on Economic Exclusion." Journal of Family Issues **43**(7): 1922-1945.
Recent scholarship on families living in poverty has focused on immigrant and migrant families, legal and illegal. The element of citizenship has received relatively broad attention, as legal status has profound influence on the individual's life chances. However, studies exploring relations between noncitizenship and poverty have not provided a comprehensive explanation of the mechanisms that deprive noncitizens of the possibility of accumulating sufficient material resources. The study offers a nuanced, comprehensive account of the process of economic deprivation, focusing on

four main survival strategies with respect to noncitizen Palestinian families residing in Israel. Drawing on 24 qualitative in-depth interviews with adult family members, we apply the intersectionality approach to decipher mechanisms of exclusion at work in the everyday lives of illegal migrants, shaping their ability to attain material resources. Findings point to a need to adopt a transnational protection framework in order to allow economic and social inclusion of noncitizens. [ABSTRACT FROM AUTHOR]

Long, S. (2021). "PRESIDENT'S MESSAGE. The Importance of Diversity, Equity, and Inclusion in Our Profession." Journal of Environmental Health **83**(8): 6-7.
The article emphasizes the importance of recognizing diversity, equity and inclusiveness (DEI) in the environmental health profession in the U.S. Topics discussed include the dedication of the members of the National Environmental Health Association (NEHA) to the environmental health sector, necessity for the profession to eliminate bias and support diversity, and dedication of NEHA to efforts to create a welcoming, equitable environment.

Meadows, K. and N. Moran (2022). "Searching for a social work language of human rights: Perspectives of social workers in an integrated mental health service." British Journal of Social Work **52**(3): 1398-1415.
Human rights are described as central to the social work profession. However, whilst principles of human rights are generally accepted as fundamental to social work, their application in specific practice settings is far more complex and the perspectives of social workers themselves are largely absent in the literature. This research explored the perspectives of nine social workers in integrated mental health teams in a National Health Service (NHS) Trust in the north of England. Participants took part in semi-structured face-to-face interviews investigating the role of social workers in enacting rights-based social work in integrated mental health services, the issues they face and aspects of good practice. Participants identified rights-based approaches as inherent in their practice but lacked an adequate language to describe this work and confidence in using specific legislation. All described a lack of available training (post-qualification) and support, and the impact of a lack of both time and resources, in enacting rights-based work. The research suggests a need for further training in human rights, increased support for social workers in enacting rights-based work and for a language of human rights to be more effectively embedded in organisations. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Milner, P. and P. Frawley (2019). "From 'on' to 'with' to 'by:' people with a learning disability creating a space for the third wave of Inclusive Research." Qualitative Research **19**(4): 382-398.
For people with a learning disability, Inclusive Research is promoted as the right way to redress the hermeneutical injustice of their voices and theorising being excluded from the processes of knowledge production. This article describes the experiences and reflections of non-disabled researchers co-researching with people whose subjectivities were thought to lie beyond qualitative research. Through four stories, jointly told, we detail how those most at risk of exclusion from the academy first challenged and then took the research encounter beyond the linear, assimilative certainties of research 'on' or 'with' people with a learning disability towards the outer, cutting edges of qualitative research and an epistemology that might more authentically be said to be 'by' them. [ABSTRACT FROM AUTHOR]

Nyatanga, B. (2022). "Equality, diversity and inclusion: a focus on LGBTQ+ people." International Journal of Palliative Nursing **28**(9): 399-400.
The author focuses on the struggle of lesbian, gay, bisexual, transgender, queer (LGBTQ+) or otherwise not as cisgendered or heterosexual people for equality,

diversity and inclusion in palliative care services. It argues against stigma and discriminatory practices facing LGBTQ+ people. Emphasis is given on the need to address inequalities by ensuring trust in palliative care delivery and provision, understanding religious and cultural/ethnic backgrounds and through end-of-life policies.

Pașcalău-Vrabete, A., et al. (2021). "Restricted mobility and unheard voices: perceptions of accessibility and inclusion expressed on Romanian disability-specific blogs and forums." Disability & Rehabilitation **43**(25): 3680-3687.
Concerning psychosocial aproaches to disability, Romania is characterized by significant discrepancies between the Disability Rights legislation and reality, while the input of people with disabilities regarding the matter is largely overlooked. This study aims to explore perceptions regarding Romania's built and sociocultural environment, as they are expressed by bloggers with disabilities and users of disability-specific forums. Data were collected from four personal blogs and three discussion forums on the topic of physical disabilities. Thematic analysis was performed. Four major themes emerged from the analysis: the disabling built environment; the isolating sociocultural environment; blaming others and the past; self-empowerment and the movement towards independent living. The resistance of disabled people to negative perceptions of disability and their calls to action in this regard may foster positive changes in social attitudes towards disability. Romanians with physical disabilities perceive that the adaptation and implementation of inclusion and accessibility regulations are superficial. They promote a proactive defence of their rights, independence, and dignity, to resist against discrimination and stigma resulting from the medicalization of disability. Education regarding disability, its evaluation, and the development of inclusion policies should stop focusing on "incapacity" as an individual attribute and focus more on the disabling roles of environmental factors. Responsible authorities should understand and enforce the implementation of inclusion and accessibility regulations accordingly. [ABSTRACT FROM AUTHOR]

Pașcalău-Vrabete, A., et al. (2021). "Restricted mobility and unheard voices: perceptions of accessibility and inclusion expressed on Romanian disability-specific blogs and forums." Disability & Rehabilitation **43**(25): 3680-3687.
Concerning psychosocial aproaches to disability, Romania is characterized by significant discrepancies between the Disability Rights legislation and reality, while the input of people with disabilities regarding the matter is largely overlooked. This study aims to explore perceptions regarding Romania's built and sociocultural environment, as they are expressed by bloggers with disabilities and users of disability-specific forums. Data were collected from four personal blogs and three discussion forums on the topic of physical disabilities. Thematic analysis was performed. Four major themes emerged from the analysis: the disabling built environment; the isolating sociocultural environment; blaming others and the past; self-empowerment and the movement towards independent living. The resistance of disabled people to negative perceptions of disability and their calls to action in this regard may foster positive changes in social attitudes towards disability. Romanians with physical disabilities perceive that the adaptation and implementation of inclusion and accessibility regulations are superficial. They promote a proactive defence of their rights, independence, and dignity, to resist against discrimination and stigma resulting from the medicalization of disability. Education regarding disability, its evaluation, and the development of inclusion policies should stop focusing on "incapacity" as an individual attribute and focus more on the disabling roles of environmental factors. Responsible authorities should understand and enforce the implementation of inclusion and accessibility regulations accordingly. [ABSTRACT FROM AUTHOR]

Paul, N., et al. (2019). "A Comprehensive Study of Community-Based Inclusion, Rehabilitation, and Multidisciplinary Approach toward Cross-Disabilities in Panchayats of North India." Indian Journal of Occupational Therapy (Wolters Kluwer India Pvt Ltd) **51**(3): 77-84.

Background: Demonstrated multidisciplinary, scalable, and replicable panchayat models for effective inclusion of persons with disabilities (PwDs) are much needed in a developing country like India, with its 70% of population being rural. Literature on disability suggests a shift in policy thinking from the charity-, medical-, and institutional-based models of disability to social, community-based rehabilitation (CBR), and rights-based models. This study explored in-depth the Community-Based Inclusion and Rehabilitation (CBIR) program model of the Chinmaya Organisation for Rural Development (CORD), a nongovernmental organization working with 1800 PwDs in 100 panchayats of Kangra district of Himachal Pradesh. Objectives: The objectives were to identify PwDs with all types of disabilities in ten selected panchayats associated under the CORD's CBIR program as per the definitions of disabilities under the PWD Act, 1995, and the National Trust Act, 1999, and to explore multidisciplinary, scalable, and replicable aspects and interventions under the CBIR as a model for inclusion of all types of PwDs in rural India with reference to the World Health Organization's (WHO's) CBR matrix. Study Design: This is a descriptive, qualitative, and quantitative study conducted on the CORD's CBIR model with reference to the WHO's CBR matrix. Methods: A convenient sample of ten panchayats out of 100 panchayats under the CORD's CBIR interventions was studied. The principal investigator with a team of two co-researchers and five field facilitators worked as a team to conduct this study. A baseline format with reference to the WHO's CBR matrix was developed and administered for the collection of primary data besides related interviews of PwDs, their families, and related stakeholders. The CORD's CBIR program data, narratives, and focus group discussions were used to supplement the outcomes of this study. Results: This study observed that availability of disabilities specific, disaggregated and recorded government data on PwDs at the panchayat level was poor and non-existent. Primary data of 124 (100%) PwDs among the 4487 households with a total population of 22,438 in ten panchayats were collected and further investigated from April 2017 to March 2018. The findings highlighted 87 (70%) PwDs newly identified during the study, 60 (48%) PwDs below poverty line, and 113 (91%) marginal and socially backward PwDs. The program interventions enrolled 26 (21%) PwDs in schools, 72 (58%) mothers and women with disabilities in community groups, and 44 (35%) PwDs in productive livelihoods locally. Conclusion: There was evident marginalization of PwDs in multiple ways varying from data to dignity issues at the panchayat level. The CORD's CBIR model promotes the "empowering inclusion and development" of PwDs in the mainstream community at the panchayat level. The recent enactment of the comprehensive Rights of Persons with Disabilities Act 2016, covering 21 types of disabilities, further share an opportunity for effective inclusion of PwDs within the existing policies, programs, and development agenda in rural India as well as globally. [ABSTRACT FROM AUTHOR]

Perrin, P. B. (2019). "Diversity and Social Justice in Disability: The Heart and Soul of Rehabilitation Psychology." Rehabilitation Psychology **64**(2): 105-110.

Rehabilitation psychology uniquely incorporates a holistic, psychosocial perspective encompassing all aspects of disability, with a particular focus on the connection between disabled people and the social environment. This article introduces a special issue of Rehabilitation Psychology on diversity and social justice in disability research. The 13 articles in this special issue coalesce around the 3 themes of (a) critical disability identity theory, (b) discrimination and prejudice, and (c) health disparities in the context of disability. This article introduces each of these articles and draws upon the work contained in this special issue to highlight important future directions for research on diversity and social justice in disability across the following areas: (a) nondisabled privilege, (b) rehabilitation versus cure versus adjustment, (c) diverse modes of knowing, and (d) a priori diversity and strength-based measures. This special issue helps rehabilitation psychologists consider how they can best fulfill their social justice, human rights, and advocacy missions in order to advance access and inclusion with and for diverse groups of disabled people. [ABSTRACT FROM AUTHOR]

Reynolds Whyte, S. (2020). "In the long run. Ugandans living with disability." Current anthropology (Supplement) **61**(21): S132-S140.

Robinson, S. and J. Idle (2023). "Loneliness and how to counter it: People with intellectual disability share their experiences and ideas." Journal of Intellectual & Developmental Disability **48**(1): 58-70.
People with intellectual disability are at higher risk of experiencing social isolation in their everyday lives, because of exclusionary practices, discriminatory social policies and structural exclusion. However, less is known about what people with intellectual disability themselves think about loneliness in their lives and what might alleviate it. In this inclusive research study, 17 people with intellectual disability participated in focus groups or individual interviews and talked about what makes them feel lonely and what helps them to feel included. Our findings indicate that the domains of interaction, participation, personal security and attitudes are areas of strong influence on people's experience of inclusion and exclusion and hold opportunities for positive change. Change at systems and community levels is needed to ensure people with intellectual disability are included, have access to disability-ready places that respect their human rights, listen, recognise and include their strategies to alleviate loneliness. [ABSTRACT FROM AUTHOR]

Rogge, N. and R. Self (2019). "Measuring regional social inclusion performances in the EU: Looking for unity in diversity." Journal of European Social Policy **29**(3): 325-344.
This study measures and benchmarks regional social inclusion performances in Europe using a composite index constructed on the basis of the commonly agreed sub-indicators of the Europe 2020 headline indicators. The multidimensional nature of these issues and the disparate social policy priorities of nations/regions in addressing them call for a reconciliatory performance evaluation framework, for which this article advocates the use of benefit-of-the-doubt (BoD) weighting. Based on the composite scores, leading and lagging regions in social inclusion are identified and the impact of regional contextual characteristics is examined. Overall results show that regions of Denmark and Sweden are consistently strong performers, while the Continental regions of Italy and Spain typically perform poorly. As to the poverty and social exclusion determinants, results show that low educational attainment and a high percentage of single-parent households relate negatively to regional social inclusion. [ABSTRACT FROM AUTHOR]

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.
There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in

many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs. [ABSTRACT FROM AUTHOR]

Stanton, A. E. and S. J. Rose (2020). "The Mental Health of Mothers Currently and Formerly Incarcerated in Jails and Prisons: An Integrative Review on Mental Health, Mental Health Treatment, and Traumatic Experiences." Journal of Forensic Nursing **16**(4): 224-231.
Supplemental digital content is available in the text. Most incarcerated women in the United States are mothers who report high rates of mental health issues and traumatic experiences, yet their needs are often overlooked because they comprise a smaller proportion of the incarcerated population compared with men. Objective: This integrative review aimed to synthesize the literature on the mental health, mental health treatment, and traumatic experiences of currently and formerly incarcerated mothers. Methods: We searched PsychINFO, CINAHL, and Criminal Justice Abstracts for all research articles that were written in English; included adult mothers who were incarcerated or incarcerated and released; and contained findings related to mental health, mental health treatment, or traumatic experiences. Results: Thirty-four articles met the inclusion criteria. Mothers had high rates of moderate-to-severe mental health problems and high childhood and adult trauma rates, especially intimate partner violence. Mothers faced barriers to treatment yet showed psychological resilience and active coping skills. Implications: Nurses can recognize risk factors for women's incarceration and assess mental health symptoms and trauma, especially interpersonal violence. Nurses can use assessment findings to refer mothers to treatment and community resources and support their reuniting with their children. Nurses can also provide trauma-informed care and education about mental health topics and advocate for mental health treatment prerelease and postrelease. Staff education and organizational interventions to reduce burnout may remove additional barriers to care.

Tenorio, M., et al. (2022). "As far as possible: The relationship between public awareness, social distance, and stigma towards people with intellectual disability." Journal of Policy & Practice in Intellectual Disabilities **19**(4): 419-430.
Research shows that people with intellectual disability (ID) face public stigma. However, a recently published narrative review suggests that this phenomenon has not been explored in a Latin American country. This study fills the gap in our understanding of public stigma towards people with intellectual disability in Chile. 395 adults from the general population (18 to 78 years) participated in the survey. Using the Intellectual Disability Literacy Scale, adapted for Chile, we explored the participants' literacy about ID, their causal beliefs, and desire of social distance. Only 1.3% of the sample identified intellectual disability in the instrument's vignette. The most common causal attribution for the condition was environmental, followed by biomedical factors. Participants showed a high desire of social distance, with higher scores associated with more educated participants. Our findings show that low literacy about intellectual disability and a high desire for social distance are significant factors contributing to public stigma in Chile. These are tangible targets for change that can lead to increased social inclusion and participation of people with intellectual disability in Chile. Any such approaches are likely to be transferable to other Latin American countries and could help reduce public stigma for this population. [ABSTRACT FROM AUTHOR]

Watchman, K., et al. (2019). "Intersection of Intellectual Disability and Dementia: Report of The International Summit on Intellectual Disability and Dementia." Gerontologist **59**(3): 411-419.

An International Summit on Intellectual Disability and Dementia, held in Glasgow, Scotland (October 13–14, 2016), drew individuals and representatives of numerous international and national organizations and universities with a stake in issues affecting adults with intellectual disability (ID) affected by dementia. A discussion-based consensus process was used to examine and produce a series of topical reports examining three main conceptual areas: (a) human rights and personal resources (applications of the Convention for Rights of People with Disabilities and human rights to societal inclusion, and perspectives of persons with ID), (b) individualized services and clinical supports (advancing and advanced dementia, post-diagnostic supports, community supports and services, dementia-capable care practice, and end-of-life care practices), and (c) advocacy, public impact, family caregiver issues (nomenclature/terminology, inclusion of persons with ID in national plans, and family caregiver issues). Outcomes included recommendations incorporated into a series of publications and topical summary bulletins designed to be international resources, practice guidelines, and the impetus for planning and advocacy with, and on behalf of, people with ID affected by dementia, as well as their families. The general themes of the conceptual areas are discussed and the main recommendations are associated with three primary concerns. [ABSTRACT FROM AUTHOR]

الشيخ سمير, ع. (2022). "مشكلة تعليم أطفال المهاجرين السوريين وبرامج الدمج الاجتماعي تركيا وألمانيا نموذج ا." The problem of education for Syrian refugee children and social integration programs Turkey and Germany as an example.(23): 98-119.

The Syrian revolution, after ten years of the ongoing war in Syria, has produced the greatest human tragedy that humanity has known of the destruction and displacement of about 16 million unarmed civilians, with disastrous results that half of the victims are children and youth, who have big needs of basic human rights in education, food and medicine. It is noticeable that there is a great difference in national policies in dealing with Syrian refugees in countries of asylum, according to their different political systems and economic conditions, between the exclusion or social integration refuges children. This paper attempts to monitor these policies, and stop at the models of experiences of social integration of children for Syrian refugees in Turkey and Germany, and to indicate the level of success in the two experiences and the basic obstacles to social integration, starting with the problem of language, securing job opportunities and access to income and ending with understanding the regulations, laws and the culture of the host countries, and stopping at integration into society. Preserving the cultural identity, which will remain in the short term as a dual identity problem, may delay the integration process in the short and medium term, but integration will lead to preserving this duality in the event that children return to their homeland or remain in the host country, so the best investment will be in the formation of these human resources. In the interest of the countries that dealt humanely and rationally with this issue, these children become men of cultural and economic communication between their home country and the country that hosted and spent on their education. [ABSTRACT FROM AUTHOR]

신준옥 (2020). "발달장애인의 커뮤니티 케어 실현방안에 대한 연구." Research on Ways to Promote Community Care for People with Developmental Disability. **18**(6): 531-540.

The purpose of this study was to present ways and tasks for the successful settlement of community care that the korea government recently aimed to convert the care system of the vulnerable from the center of institutional care to the community-based care system.

As a research method, we tried to find out the community care policies for foreign developmental disabilities and explore major issues and problems in the process. As a result of the study, de-institutionalization and maintenance and enactment of laws related to community-based care systems, the division of subjects and tasks in policy implementation, and above all, it is necessary to specify necessary financial estimation, procurement plan, and budget securing method. In addition, sincere deliberation on the form of living space for people with developmental disabilities after de-institution and clarification of the subjectivity of using the services provided Establish reliable statistics on the characteristics and degree of disability of people with developmental disabilities, worry about human rights violation factors that can occur in community residential facilities that will be provided after de-facility, and create consensus in the community was also analyzed as an important factor. I think it is a key factor to secure the success of the community care policy by carrying out the above multiple tasks simultaneously. [ABSTRACT FROM AUTHOR]

SOCIAL isolation (17)

Barman-Aksözen, J., et al. (2022). "'... they had interpreted "disability" as referring to a patently visible disability': experience of a patient group with NICE." Disability & Society **37**(7): 1239-1245.
Erythropoietic protoporphyria (EPP) is an ultra-rare genetic disorder characterised by intolerance to visible light. Starting in early childhood, people with EPP suffer from social isolation, impaired educational and occupational opportunities, and low quality of life. Afamelanotide is the only effective and approved therapy for EPP. In England, its cost-effectiveness is currently assessed by the National Institute for Health and Care Excellence (NICE), which in 2018 issued a negative recommendation for funding. Stakeholder organisations, including our patient organisation, submitted appeals against the recommendation, which were upheld in all possible grounds. Moreover, the appeal panel expressed concerns about whether the evaluating committee discriminated against people with EPP and suggested that it seek guidance regarding the Equality Act 2010. However, three years later, the identified issues have not been addressed and patients in England remain without treatment. Afamelanotide represents another example for the trend towards a loss of fairness in NICE decisions. [ABSTRACT FROM AUTHOR]

Barman-Aksözen, J., et al. (2022). "'... they had interpreted "disability" as referring to a patently visible disability': experience of a patient group with NICE." Disability & Society **37**(7): 1239-1245.
Erythropoietic protoporphyria (EPP) is an ultra-rare genetic disorder characterised by intolerance to visible light. Starting in early childhood, people with EPP suffer from social isolation, impaired educational and occupational opportunities, and low quality of life. Afamelanotide is the only effective and approved therapy for EPP. In England, its cost-effectiveness is currently assessed by the National Institute for Health and Care Excellence (NICE), which in 2018 issued a negative recommendation for funding. Stakeholder organisations, including our patient organisation, submitted appeals against the recommendation, which were upheld in all possible grounds. Moreover, the appeal panel expressed concerns about whether the evaluating committee discriminated against people with EPP and suggested that it seek guidance regarding the Equality Act 2010. However, three years later, the identified issues have not been addressed and patients in England remain without treatment. Afamelanotide represents another example for the trend towards a loss of fairness in NICE decisions.

Farquharson, W. H. and C. J. Thornton (2020). "Debate: Exposing the most serious infirmity – racism's impact on health in the era of COVID-19." Child & Adolescent Mental Health

25(3): 182-183.
The COVID-19 pandemic retells a story that other diseases like HIV, diabetes, and cancer have clearly internationally illustrated. Minorities in developed countries across the globe – especially those of African, Hispanic, and Native American descent – suffer a greater burden of disease than whites. The evidence of the cause and effect relationship of racism on mental and minority health outcomes is staggering. Racism and its influence on policy and important structural systems allow health inequities across racial and ethnic groups to persist. What's more troubling is how systemic racism impacts children from all races and has been perpetuated across many generations dating back hundreds of years. The impact of racial oppression is seen through intergenerational trauma which impacts youth in varying ways. For this article, we offer three areas in which racism causes healthcare disparities, intergenerational trauma, social determinants, and cultural mistrust. Effective policy change and a greater level of accountability must be placed on major systems including health care, to most fully counter racism's varied role in sustaining mental health inequities. [ABSTRACT FROM AUTHOR]

Geens, N., et al. (2019). "Parents' perspectives of social support and social cohesion in urban contexts of diversity." European Journal of Social Work **22**(3): 423-434.
Although provisions for young children are increasingly considered as ideal places to foster an inclusive and socially just society by embracing issues of social support and social cohesion, there is no in-depth understanding of the role these provisions can play in enabling supportive and cohesive encounters in contexts of diversity. Even more striking is the absence of parents' voices in this discussion. Based on an analysis of qualitative interviews with 18 parents who use childcare services in urban contexts of diversity, our findings show the relevance of ephemeral contacts with diverse people that could offer bridging opportunities in terms of social connectedness to familiarise within diversity while decoding the other in urban contexts of diversity. However, neither bonding nor bridging contacts appear as self-evident. Our research shows that the role of childcare services might be vital in creating light and temporal communities as the prerequisite for social cohesion to flourish, in both individual as well as collective dimensions.

Obasi, C. (2022). "Black social workers: Identity, racism, invisibility/hypervisibility at work." Journal of Social Work **22**(2): 479-497.
Summary: This article provides a reflexive account of qualitative research with Black female social workers in the North of England. It uses 'Africanist Sista-hood in Britain' as the theoretical framework guiding the research. The data are gathered from six semi-structured interviews and two focus groups. Data were analysed via thematic analysis. Participant data are used to discuss issues of identity, race and racism as they contribute to positions of visibility, invisibility and hypervisibility within the social work spaces discussed. The article challenges Western forms of knowledge production as the dominant discourse in social work research, practice, education and training and links this to wider issues of power, privilege and suppression of marginalised voices. Findings: The findings section reveals examples of racism, marginality, invisibility and hypervisibility as part of the lived experiences of Black female social workers in the study. It includes discussions of 'collective strategic projection' as a consequence of the development of the 'race taboo' often present in these work environments. Applications: The article calls for social work educators, practitioners and the wider academic field to do more to centralise anti-racist approaches in an attempt to challenge racism in social work. [ABSTRACT FROM AUTHOR]

Pașcalău-Vrabete, A., et al. (2021). "Restricted mobility and unheard voices: perceptions of accessibility and inclusion expressed on Romanian disability-specific blogs and

forums." Disability & Rehabilitation **43**(25): 3680-3687.
Concerning psychosocial aproaches to disability, Romania is characterized by significant discrepancies between the Disability Rights legislation and reality, while the input of people with disabilities regarding the matter is largely overlooked. This study aims to explore perceptions regarding Romania's built and sociocultural environment, as they are expressed by bloggers with disabilities and users of disability-specific forums. Data were collected from four personal blogs and three discussion forums on the topic of physical disabilities. Thematic analysis was performed. Four major themes emerged from the analysis: the disabling built environment; the isolating sociocultural environment; blaming others and the past; self-empowerment and the movement towards independent living. The resistance of disabled people to negative perceptions of disability and their calls to action in this regard may foster positive changes in social attitudes towards disability. Romanians with physical disabilities perceive that the adaptation and implementation of inclusion and accessibility regulations are superficial. They promote a proactive defence of their rights, independence, and dignity, to resist against discrimination and stigma resulting from the medicalization of disability. Education regarding disability, its evaluation, and the development of inclusion policies should stop focusing on "incapacity" as an individual attribute and focus more on the disabling roles of environmental factors. Responsible authorities should understand and enforce the implementation of inclusion and accessibility regulations accordingly. [ABSTRACT FROM AUTHOR]

Paşcalău-Vrabete, A., et al. (2021). "Restricted mobility and unheard voices: perceptions of accessibility and inclusion expressed on Romanian disability-specific blogs and forums." Disability & Rehabilitation **43**(25): 3680-3687.
Concerning psychosocial aproaches to disability, Romania is characterized by significant discrepancies between the Disability Rights legislation and reality, while the input of people with disabilities regarding the matter is largely overlooked. This study aims to explore perceptions regarding Romania's built and sociocultural environment, as they are expressed by bloggers with disabilities and users of disability-specific forums. Data were collected from four personal blogs and three discussion forums on the topic of physical disabilities. Thematic analysis was performed. Four major themes emerged from the analysis: the disabling built environment; the isolating sociocultural environment; blaming others and the past; self-empowerment and the movement towards independent living. The resistance of disabled people to negative perceptions of disability and their calls to action in this regard may foster positive changes in social attitudes towards disability. Romanians with physical disabilities perceive that the adaptation and implementation of inclusion and accessibility regulations are superficial. They promote a proactive defence of their rights, independence, and dignity, to resist against discrimination and stigma resulting from the medicalization of disability. Education regarding disability, its evaluation, and the development of inclusion policies should stop focusing on "incapacity" as an individual attribute and focus more on the disabling roles of environmental factors. Responsible authorities should understand and enforce the implementation of inclusion and accessibility regulations accordingly. [ABSTRACT FROM AUTHOR]

Robinson, S. and J. Idle (2023). "Loneliness and how to counter it: People with intellectual disability share their experiences and ideas." Journal of Intellectual & Developmental Disability **48**(1): 58-70.
People with intellectual disability are at higher risk of experiencing social isolation in their everyday lives, because of exclusionary practices, discriminatory social policies and structural exclusion. However, less is known about what people with intellectual disability themselves think about loneliness in their lives and what might alleviate it. In this inclusive research study, 17 people with intellectual disability participated in focus

groups or individual interviews and talked about what makes them feel lonely and what helps them to feel included. Our findings indicate that the domains of interaction, participation, personal security and attitudes are areas of strong influence on people's experience of inclusion and exclusion and hold opportunities for positive change. Change at systems and community levels is needed to ensure people with intellectual disability are included, have access to disability-ready places that respect their human rights, listen, recognise and include their strategies to alleviate loneliness. [ABSTRACT FROM AUTHOR]

Rogge, N. and R. Self (2019). "Measuring regional social inclusion performances in the EU: Looking for unity in diversity." Journal of European Social Policy **29**(3): 325-344.
This study measures and benchmarks regional social inclusion performances in Europe using a composite index constructed on the basis of the commonly agreed sub-indicators of the Europe 2020 headline indicators. The multidimensional nature of these issues and the disparate social policy priorities of nations/regions in addressing them call for a reconciliatory performance evaluation framework, for which this article advocates the use of benefit-of-the-doubt (BoD) weighting. Based on the composite scores, leading and lagging regions in social inclusion are identified and the impact of regional contextual characteristics is examined. Overall results show that regions of Denmark and Sweden are consistently strong performers, while the Continental regions of Italy and Spain typically perform poorly. As to the poverty and social exclusion determinants, results show that low educational attainment and a high percentage of single-parent households relate negatively to regional social inclusion. [ABSTRACT FROM AUTHOR]

Rogge, N. and R. Self (2019). "Measuring regional social inclusion performances in the EU: Looking for unity in diversity." Journal of European Social Policy **29**(3): 325-344.
This study measures and benchmarks regional social inclusion performances in Europe using a composite index constructed on the basis of the commonly agreed sub-indicators of the Europe 2020 headline indicators. The multidimensional nature of these issues and the disparate social policy priorities of nations/regions in addressing them call for a reconciliatory performance evaluation framework, for which this article advocates the use of benefit-of-the-doubt (BoD) weighting. Based on the composite scores, leading and lagging regions in social inclusion are identified and the impact of regional contextual characteristics is examined. Overall results show that regions of Denmark and Sweden are consistently strong performers, while the Continental regions of Italy and Spain typically perform poorly. As to the poverty and social exclusion determinants, results show that low educational attainment and a high percentage of single-parent households relate negatively to regional social inclusion.

Ruzibiza, Y. (2021). "'They are a shame to the community ... ' stigma, school attendance, solitude and resilience among pregnant teenagers and teenage mothers in Mahama refugee camp, Rwanda." Global Public Health **16**(5): 763-774.
Mahama refugee camp in Rwanda, whose population is predominately Burundian, has registered a rapid rise in pregnancies among girls between 13 and 15 years. In Rwanda, pregnant girls are encouraged to remain in school as long as their health and the health of the child is not jeopardised. Yet this study found that the majority of pregnant teenagers and teen mothers in Mahama are not in school due to the stigma associated with teenage pregnancy. This paper describes how pregnant teenagers and teen mothers experience stigma in terms of solitude and isolation. I draw on Bourdieusian theories of capital to expand on the analysis of solitude, to highlight how teen mothers use this solitude or isolation to rebuild their self-esteem and the symbolic capital which they lose when they become pregnant. The study suggests that despite the existence of a policy guaranteeing certain rights to girls, closer attention should be paid to the contextual

barriers that may hinder pregnant teenagers or teen mothers from exercising these rights. [ABSTRACT FROM AUTHOR]

Ruzibiza, Y. (2021). "'They are a shame to the community ... ' stigma, school attendance, solitude and resilience among pregnant teenagers and teenage mothers in Mahama refugee camp, Rwanda." Global Public Health **16**(5): 763-774.

Mahama refugee camp in Rwanda, whose population is predominately Burundian, has registered a rapid rise in pregnancies among girls between 13 and 15 years. In Rwanda, pregnant girls are encouraged to remain in school as long as their health and the health of the child is not jeopardised. Yet this study found that the majority of pregnant teenagers and teen mothers in Mahama are not in school due to the stigma associated with teenage pregnancy. This paper describes how pregnant teenagers and teen mothers experience stigma in terms of solitude and isolation. I draw on Bourdieusian theories of capital to expand on the analysis of solitude, to highlight how teen mothers use this solitude or isolation to rebuild their self-esteem and the symbolic capital which they lose when they become pregnant. The study suggests that despite the existence of a policy guaranteeing certain rights to girls, closer attention should be paid to the contextual barriers that may hinder pregnant teenagers or teen mothers from exercising these rights.

Santoro Lamelas, V., et al. (2022). "Derechos sexuales y reproductivos en mujeres con diagnóstico de trastorno mental grave: argumentos y consensos de profesionales en salud mental comunitaria." Anuario de Psicología **52**(1): 7-16.

Abstract: Con el objetivo de conocer los argumentos de profesionales de la salud mental en torno al ejercicio y/o vulneración de los derechos sexuales y reproductivos (DSR) de las mujeres con diagnóstico en trastorno mental grave (DTMG) y establecer prioridades para la investigación en intervención dentro del área, aplicamos el método Delphi para la obtención de información y un análisis del contenido temático para su análisis. Los resultados evidencian como el género interactúa con el estigma social asociado al DTMG como elementos que posicionan a las mujeres en situaciones de vulnerabilidad social, los cuales tienen efectos negativos sobre el ejercicio de sus DSR. Estos efectos están presentes tanto en el área de la sexualidad, caracterizada por el tabú y la medicalización, como en el área de la reproducción, caracterizada por la mirada incapacitante en torno a la maternidad y el control reproductivo. Asimismo, sitúan a las mujeres en posiciones de opresión que favorecen situaciones de abusos y maltratos. Se concluye destacando los elementos clave para la comprensión del fenómeno, los cuales serán de utilidad para el desarrollo de futuros análisis en el área: el estigma del DTMG, el ejercicio del poder simbólico sobre la construcción de la subjetividad y la reproducción de la exclusión social. Finalmente, proponemos líneas de acción social orientadas a revisar los recursos, el reconocimiento de la agencia de las mujeres con DTMG, y el establecimiento de procesos donde participen el saber científico y profesional, las mujeres y sus familias. Abstract: This study explores the arguments of mental health practitioners around the exercise or infringement of sexual and reproductive rights of women with a severe mental health diagnosis, in order to both gain insight and establish priorities for further research and intervention actions in the field. Data has been collected applying the Delphy method and a thematic content analysis has been carried out. The results and analysis show evidence that gender interacts with the social stigma associated with severe mental health conditions, positioning these women in vulnerable social situations, which has a negative effect on exercising their sexual and reproductive rights. These negative effects become evident both in the ambit of their sexuality, which appears characterized by taboo and medicalisation, and in the reproductory sphere, which is characterized by reproductive control and where they are seen as incompetent mothers. Because of the above generated views, these women are placed in oppressive and abusive situations. In conclusion, the following elements have been identified for further research: stigma attached to diagnosis of the severe mental health condition, the exercise of the symbolic power over the construction of subjectivity and there production of social exclusion. Finally, social action guidelines are proposed, leading to the revision of resources, the recognition of women with severe mental health conditions and the establishment processes with the participation of scientific and professional fields as well as the women and their families.

Sawaf, S. (2022). "Applying Theoretical Perspectives and Activism to Understand and Combat Mental Health Stigma." Journal of Recovery in Mental Health **5**(2): 42-46.
Mental health-related stigma results in individual, communal, and societal consequences such as stereotypical thoughts, prejudiced feelings and attitudes, discriminatory behaviours, social injustice, and inequity toward individuals with mental health issues. As a result, individuals living with mental illness often experience decreased self-esteem, loss of identity, isolation, exacerbated mental illness, internalized self-stigma, housing and employment discrimination, academic challenges, and barriers in various aspects of life. Research indicated that stigma continues to persist despite increased knowledge about mental health, expanded treatment options, and an abundance of mental health promotion and stigma reduction programs. Thus, we must further examine mental health-related stigma from various theoretical conceptualizations to understand its persistence. This paper applied two theoretical frameworks: Social Learning Theory and Sociological Imagination Theory to better understand mental health stigma. It argues that activism aids in reducing mental health stigma. This paper also suggests that program developers of future mental health stigma reduction efforts should apply activism into their initiatives to promote social justice and equity for people living with mental disorders. [ABSTRACT FROM AUTHOR]

Smith, S. D., et al. (2021). "Perspectives on Health Policy From People With Disabilities." Journal of Disability Policy Studies **32**(3): 224-232.
People with disabilities are marginalized and face barriers to participation in society, including political participation and representation. While data indicate that people with disabilities have similar political preferences to the overall U.S. population, little research has been conducted to assess the health policy views of people with disabilities in their own words. This study uses qualitative data collected between 2017 and 2019 via 35 telephone interviews and 484 open-ended responses from a nationally representative survey to analyze what people with disabilities would like policymakers to know about health care and health insurance for people with disabilities. Results reveal that this population's perceptions of social exclusion and stigma inform what they would like to tell policymakers. In addition, people with disabilities were largely supportive of Affordable Care Act features and framed expanded or universal access to health care as a human right or a moral issue. [ABSTRACT FROM AUTHOR]

Tenorio, M., et al. (2022). "As far as possible: The relationship between public awareness, social distance, and stigma towards people with intellectual disability." Journal of Policy & Practice in Intellectual Disabilities **19**(4): 419-430.
Research shows that people with intellectual disability (ID) face public stigma. However, a recently published narrative review suggests that this phenomenon has not been explored in a Latin American country. This study fills the gap in our understanding of public stigma towards people with intellectual disability in Chile. 395 adults from the general population (18 to 78 years) participated in the survey. Using the Intellectual Disability Literacy Scale, adapted for Chile, we explored the participants' literacy about ID, their causal beliefs, and desire of social distance. Only 1.3% of the sample identified intellectual disability in the instrument's vignette. The most common causal attribution for the condition was environmental, followed by biomedical factors. Participants showed a high desire of social distance, with higher scores associated with more

educated participants. Our findings show that low literacy about intellectual disability and a high desire for social distance are significant factors contributing to public stigma in Chile. These are tangible targets for change that can lead to increased social inclusion and participation of people with intellectual disability in Chile. Any such approaches are likely to be transferable to other Latin American countries and could help reduce public stigma for this population. [ABSTRACT FROM AUTHOR]

White, J. A., et al. (2020). "Social exclusion and the perspectives of health care providers on migrants in Gauteng public health facilities, South Africa." PLoS ONE **15**(12): 1-19.
Background: Universal health coverage (UHC) for all people, regardless of citizenship, is a global priority. Health care providers are central to the achievement of UHC, and their attitudes and behaviour could either advance or impede UHC for migrants. Using a social exclusion conceptual framework, this study examined the perspectives of health care providers on delivering health services to migrants in public health facilities in Gauteng Province, South Africa. Methods: We used stratified, random sampling to select 13 public health facilities. All health care providers working in ambulatory care were invited to complete a self-administered questionnaire. In addition to socio-demographic information, the questionnaire asked health care providers if they had witnessed discrimination against migrants at work, and measured their perspectives on social exclusionary views and practices. Multiple regression analysis was used to identify predictors of more exclusionary perspectives for each item. Results: 277 of 308 health care providers participated in the study–a response rate of 90%. The participants were predominantly female (77.6%) and nurses (51.9%), and had worked for an average of 6.8 years in their facilities. 19.2% of health care providers reported that they had witnessed discrimination against migrants, while 20.0% reported differential treatment of migrant patients. Exclusionary perspectives varied across the different items, and for different provider groups. Enrolled nurses and nursing assistants were significantly more exclusionary on a number of items, while the opposite was found for providers born outside South Africa. For some questions, female providers held more exclusionary perspectives and this was also the case for providers from higher levels of care. Conclusion: Health care providers are critical to inclusive UHC. Social exclusionary views or practices must be addressed through enabling health policies; training in culture-sensitivity, ethics and human rights; and advocacy to ensure that health care providers uphold their professional obligations to all patients. [ABSTRACT FROM AUTHOR]

SOCIAL justice (99)

(2022). "Dismantling the scaffolding of institutional racism and institutionalising anti-racism." Journal of Family Therapy **44**(1): 91-108.
This paper addresses the challenge to organisations seeking to address institutional racism. It is argued that racism is systemic in its historical roots, anchored in racialising discourses, bolstered and fused by the ideology of Whiteness. It describes an approach to organisational consultancy, where the consultant can facilitate change in organisations by adopting an anti-racism stance and approach which disrupts Whiteness and engages the organisation in anti-racism praxis, towards dismantling institutionalised racism. Ways in which this process can be facilitated are outlined, as part of the change process towards institutionalising anti-racism praxis. Practitioner pointsWhat is already known about this topicRacism is historically scaffolded by Whiteness, and it is institutionalised in every aspect of organisations, including in policies, structures and practices.Whiteness is reproduced, including in the theories, models and practices of systemic psychotherapy, our training institutions and services.Scrutinising and disrupting Whiteness in systems in which we work, and in organisations we consult to,

is essential to anti-racism praxis. [ABSTRACT FROM AUTHOR]

(2022). "Dismantling the scaffolding of institutional racism and institutionalising anti-racism." Journal of Family Therapy **44**(1): 91-108.
This paper addresses the challenge to organisations seeking to address institutional racism. It is argued that racism is systemic in its historical roots, anchored in racialising discourses, bolstered and fused by the ideology of Whiteness. It describes an approach to organisational consultancy, where the consultant can facilitate change in organisations by adopting an anti-racism stance and approach which disrupts Whiteness and engages the organisation in anti-racism praxis, towards dismantling institutionalised racism. Ways in which this process can be facilitated are outlined, as part of the change process towards institutionalising anti-racism praxis. Practitioner pointsWhat is already known about this topicRacism is historically scaffolded by Whiteness, and it is institutionalised in every aspect of organisations, including in policies, structures and practices.Whiteness is reproduced, including in the theories, models and practices of systemic psychotherapy, our training institutions and services.Scrutinising and disrupting Whiteness in systems in which we work, and in organisations we consult to, is essential to anti-racism praxis.

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian Journal of Community Health **31**(2): 173-178.
Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural counterparts. [ABSTRACT FROM AUTHOR]

Ahmed, A. (2019). "Mental Health problem and Sustainable Development in India." Indian Journal of Community Health **31**(2): 173-178.
Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring

Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) Aims & Objectives The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. Material & Methods: Paper is based on secondary data. Results: The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros then rural counterparts.

Akbar, S. and K. Woods (2020). "Understanding Pakistani parents' experience of having a child with special educational needs and disability (SEND) in England." European Journal of Special Needs Education **35**(5): 663-678.
As a response to calls for social justice and promotion of children's rights across increasingly diverse communities, the need for 'culturally competent' services to children, families and schools has been identified. The aim of the paper is to explore, for parents of Pakistani minority ethnic heritage in England, the role of culture and religion in shaping their understanding of disability and their experience of special educational needs and disability (SEND) services. In-depth interviews and thematic analysis were used with 10 Pakistani heritage caregivers in England who have a child with a developmental disability and a statutory identification of need for SEND (Educational, Health and Care Plan). For these parents, hidden disabilities are more difficult to understand, explain and seek services for; stigma is a major source of stress, leading to strained marital relationships, whilst faith acts as a protective factor. Within special education processes, language, perceived power differentials and mistrust are barriers to accessing appropriate services. Educational psychology services for children and families will need to find ways of adapting to engage members of diverse communities in order to protect and promote the rights of children with disabilities. The following was identified as a limitation: recruitment through schools may have identified only those parents already engaged with professionals. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Alim, M., et al. (2021). "Relationship between experiences of systemic injustice and wellbeing among refugees and asylum seekers: a systematic review." Australian Psychologist **56**(4): 274-288.
This study is a systematic review of the literature on systemic injustice and wellbeing among refugees and asylum seekers. The review was conducted using the PRISMA guidelines for conducting systematic reviews. Four main databases were searched, and studies were screened based on specific inclusion criteria. The data were extracted and analysed using thematic analysis. Fourteen studies, with various research designs met the study inclusion criteria. The themes identified were that "justice is human rights and a balance in power". Consequences of experiencing systemic injustice were highlighted in the theme of "mistrust in the legal system and a preference for informal forms of

justice". Systemic injustice has negative impacts on wellbeing which formed the themes of "injustice and wellbeing", "sense of agency/control" and "anger at injustice". Experiences of systemic injustice have a negative impact on the wellbeing of refugees and asylum seekers. Implications for refugee and asylum seeker wellbeing are discussed along with suggestions for working with this population. KEY POINTS What is already known about this topic: (1) Justice is fundamentally important to humans. (2) Experiencing an injustice has many negative consequences for wellbeing. (3) People with refugee and asylum seeker backgrounds face many risk factors for negative wellbeing and mental health. What this topic adds: (1) Refugees and asylum seekers understand justice in terms of human rights and as a balance of power. (2) Refugees and asylum seekers face many barriers and to accessing justice through legal pathways and as such express a mistrust of the legal system. (3) A loss of control and agency over one's life was associated with negative wellbeing outcomes. [ABSTRACT FROM AUTHOR]

Angothu, H., et al. (2020). "Admission of persons with disabilities into nursing and midwifery courses: Progress made by the Indian Nursing Council." Indian journal of medical ethics **V**(4): 1-18.
India's Persons with Disabilities Act, 1995 (PWD Act, 1995) mandated a minimum enrollment reservation of 3% for persons with disability (PwDs) across all educational courses supported by government funding. Following this, the Indian Nursing Council (INC) issued regulations limiting such an enrollment quota to PwDs with lower limb locomotor disability ranging between 40%-50%. The Medical Council of India (MCI) also restricted admissions under the PwD category to PwDs with a lower limb locomotor disability to comply with the Act. The Rights of Persons with Disabilities (RPwD) Act, 2016, which replaced the PwD Act, 1995, raised the minimum reservation to 5% for all government-funded institutions of higher education and extended this reservation to PwDs under 21 different clinical conditions, rather than the seven conditions included under the PwD Act, 1995. Following the enactment of the RPwD Act, 2016, the MCI issued regulations that allowed PwDs with locomotor disability and those with a few other types of disabilities in the range of 40%-80%, to pursue graduate and postgraduate medical courses, while the INC has not made any changes. This article addresses the complexities of inclusion of PwDs in the healthcare workforce, offers suggestions for inclusive measures; and compares the INC admission regulation released in 2019 to the MCI 2019 admission guidelines for graduate and postgraduate medical courses.

Bemak, F. and R. C.-Y. Chung (2021). "Contemporary Refugees: Issues, Challenges, and a Culturally Responsive Intervention Model for Effective Practice." Counseling Psychologist **49**(2): 305-324.
The vast number of worldwide refugees has caused a global refugee crisis, political turmoil, and heightened anxiety in resettlement countries, stimulating xenophobia and religious tensions. We provide an overview of the four articles in this Major Contribution as a foundation for describing contemporary issues, challenges, and present an effective culturally responsive model of intervention to work with present-day refugees.

Bentley, K. J., et al. (2019). "Teaching Social Work Research Through the Lens of Social Justice, Human Rights, and Diversity." Journal of Social Work Education **55**(3): 433-448.
In response to the official charge of the Council on Social Work Education's Commission on Research to promote quality in research curricula across methods and paradigms in BSW, MSW, and doctoral education, this article offers ideas, as well as an annotated bibliography, on how to apply a distinct lens of social justice, human rights,

and diversity in teaching research methods in social work. We hope it will play a part in advancing the science of social work by more widely disseminating knowledge about effectively and intentionally focusing our research methods courses in ways that are more reflective of the values and purposes of the profession. Toward that end, we explore key themes for course topics, content, and strategies for inclusion. [ABSTRACT FROM AUTHOR]

Bentley, K. J., et al. (2019). "Teaching Social Work Research Through the Lens of Social Justice, Human Rights, and Diversity." Journal of Social Work Education **55**(3): 433-448.
In response to the official charge of the Council on Social Work Education's Commission on Research to promote quality in research curricula across methods and paradigms in BSW, MSW, and doctoral education, this article offers ideas, as well as an annotated bibliography, on how to apply a distinct lens of social justice, human rights, and diversity in teaching research methods in social work. We hope it will play a part in advancing the science of social work by more widely disseminating knowledge about effectively and intentionally focusing our research methods courses in ways that are more reflective of the values and purposes of the profession. Toward that end, we explore key themes for course topics, content, and strategies for inclusion.

Bezerra, J. B. and H. C. Alves (2022). "Na EKO na EBA, goes and comes from immigration: daily, identity and demands of African immigrants' university students." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-22.
Introduction: By embracing cultural diversity, human rights, and social justice -- in its practice and knowledge production --, occupational therapy has been interested in discussing the theme of Africa, problematizing different contemporary social dynamics. Objective: To understand the trajectory, the construction of identity, and the demands of young African immigrant university students. Method: Qualitative approach using semi-structured interviews for data collection and thematic content analysis. Results: The first category, "Culture, identity, and daily life: crossing the Black Atlantic", encompasses the perception of young people about otherness and cultural differences/identifications between Brazil and Africa in their daily lives. The second, "'A country of hunters?': prejudice, discrimination and colonial imaginary" dealt with reports of discrimination in everyday life and the imaginary about Africa in Brazil; The last category, "'The house belongs to the other': institutional support/helplessness and coping strategies", discusses the conditions of reception and permanence of the African immigrant student at the university. Conclusion: The trajectory of African students goes through institutional care, and social and relational needs, which overlap in daily life, culture, and academic performance, emphasizing the experience of racial discrimination inside and outside the university that guides otherness in the construction of subjectivity of young people. The appreciation of African themes demonstrates a tendency of the profession to seek new epistems and decolonial theoretical-methodological constructions that produce other looks for human action in the tension of culture and power relations established by the modern world system.

Bhugra, D., et al. (2022). "Social justice, health equity, and mental health." South African Journal of Psychology **52**(1): 3-10.
There is considerable evidence to indicate that stigma and discrimination against people with mental illnesses are widely prevalent across nations. Research also shows that individuals with mental illnesses are likely to die 15–20 years younger than those who do not have these illnesses. In addition, they are more likely to experience delays in help-seeking leading to poor outcomes and are more likely to experience physical illnesses. Stigma and discrimination appear to play a major role in depriving people with

mental illnesses of their basic rights. Their economic, political, social, and human rights are often ignored. In this article, we describe the capability to be healthy and basic principles of social justice related to mental health. We discuss findings of discrimination often embedded in laws of countries around the world in the context of basic human rights. We believe that clinicians have a key role as advocates for their patients. Clinicians and policymakers need to work together to bring about social and health equity. [ABSTRACT FROM AUTHOR]

Britt, A. J., et al. (2021). "The Convergence of COVID-19 and Systemic Racism: An Evaluation of Current Evidence, Health System Changes, and Solutions Grounded in Reproductive Justice." Journal of Midwifery & Women's Health **66**(3): 298-303.

The article focuses on the U.S. is experiencing the confluence of 2 deadly pandemics, that of systemic racism and of COVID-19 and widespread, deeply intertwined, and disproportionately affect Black, Indigenous, Latinx, and other people of color. Topics include the intersection of these 2 pandemics produces a perfect storm of color who are pregnant, the innovative solutions to the twin pandemics of systemic racism and COVID-19, and the intentional efforts focused on the expansion of the racial.

Bruce, A. (2021). "Disability at the Crossroads: Asserting Rights and Empowerment in an Unequal World." Journal of Applied Rehabilitation Counseling **52**(1): 5-17.

The concept of social justice has a lengthy history in terms of its development, understanding, and application to human relationships. It connects to parallel concerns around equal opportunity, equity, and recognition. Social justice has also been contested insofar as powerful vested interests have either denied its relevance or actively resisted its demands. In this article, social justice is placed in a global framework where different issues at different times are connected by common concerns and a shared humanity. One of the central questions informing emerging dimensions of service provision in international contexts is how we work with needs of specific communities to create a new matrix of opportunities for inclusion, mutual benefit, and intercultural encounter. Over the past three decades, processes involved in globalization have come to not only shape but determine that matrix in evermore significant ways. The globalization process is also at the core of labor market change in all countries. This has specific implications for learning specialists and rehabilitation educators in terms of their professional training, understanding of best practice, and standards in approaching the diversity emerging within many communities shaped by globalizing imperatives. The powerful resonance of exclusion linked to the experience of disability impacts many social approaches and policies, not least of which is access to the labor market. For those with disabilities, particularly in the context of the significant advances made by the Independent Living movement and the parallel focus on civil rights, these traditional models of work have been seen as problematic.

Camilleri Zahra, A. (2023). "Accessibility for parents with disability: is it reality or fantasy?" Disability & Society **38**(5): 887-892.

The right for persons with disability to start a family is enshrined in Article 23 of the United Nations Convention on the Rights of Persons with Disabilities. The same convention also affirms the right to accessibility for persons with disability. In 2021, Malta passed the United Nations Convention on the Rights of Persons with Disability Act making the UNCRPD part of Maltese legislation. Notwithstanding these rights, persons with disability who decide to start and have a family still encounter a number of obstacles when accessing services and venues related to parenthood. Parents with disability find it harder to access services at every stage of parenthood, from family planning to pregnancy to maternity to child-rearing. Disability Equality Training for healthcare providers and other service providers working in this sector and full accessibility to all areas will ensure a more positive parenthood experience for parents

with disability in Malta. [ABSTRACT FROM AUTHOR]

Carr, E. R., et al. (2023). "From the medical model to the recovery model: Psychologists engaging in advocacy and social justice action agendas in public mental health." The American journal of orthopsychiatry **93**(2): 120-130.
There is increasing recognition of the need for civil rights advocacy for people with mental illness, as basic human rights continue to be violated in mental health systems. Relatedly, an elevated call for recovery-oriented care creates new opportunities for psychologists to act as social change agents and advocates for patients in state hospital and community settings. Despite lack of specific preparation and training to take on this role, psychologists' overall training places them in a unique position to advocate in many ways. This can be for individuals in the system (patients or staff), for the discipline of psychology, as well as acting as advocates for the continued growth of recovery-oriented approaches, more socially just practices in systems of care, and by engaging in public policy transformation. Psychologists, through creating cultural change, can work to advocate for a transformation from a medical model to a recovery-oriented care model, which focuses on building meaningful lives, autonomy, and rights of the individual. We discuss the many ways in which psychologists can act as advocates in state hospitals and community settings via diverse mechanisms, including at a policy level, the challenges that they encounter, and ways to overcome these. Future directions and ways to increase the effectiveness of advocacy efforts are also discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

Chakraborty, R. and J. Bhabha (2021). "Fault Lines of Refugee Exclusion: Statelessness, Gender, and COVID-19 in South Asia." Health & Human Rights: An International Journal **23**(1): 237-250.
Despite widespread recognition of the right to a nationality, statelessness and its attendant vulnerabilities continue to characterize the lives of millions in South Asia. During the onset of the COVID-19 pandemic, when states turned inward to protect their own citizens, refugees and de facto stateless persons found themselves excluded from humanitarian services and health care and were denied the ability to claim rights. Stateless women faced the additional burden of gender-based violence, a hostile labor market, and the threat of trafficking. This paper analyzes gender and statelessness as vectors of exclusion in South Asia, where asylum seekers are neither recognized by law nor protected by social institutions. We argue that citizenship constitutes an unearned form of social capital that is claimed and experienced in distinctively gendered ways. The pandemic has shone a bright light on the perils of statelessness, particularly for women, who face exacerbated economic inequities, the forced commodification of their sexuality, and exclusion from mechanisms of justice.

Chapman, A., et al. (2020). "Reimagining the Mental Health Paradigm for Our Collective Well-Being." Health & Human Rights: An International Journal **22**(1): 1-6.
An introduction to articles published within the issue is presented on topics including the daily facilitators that contribute to the confinement of dementia patients in Australian care homes, the quality of care in Czech psychiatric hospitals, and the underprioritization and underfunding of mental health.

Chapman, K., et al. (2022). "An undignified disaster reality for Australians with disability." Australian Health Review **46**(6): 710-712.
The United Nations Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Management establish the importance of ensuring the equitable protection of human rights in disaster planning, relief, and recovery. However, internationally and within Australia, the reality is one of indignity, human rights violations, and corruption. Australia is living in a perpetual state of crisis,

following 3years of environmental and health disaster events. Vulnerable Australian citizens, especially people with disability, are at a great risk of human rights violations and may have restricted access to resilience-building resources that would enable them to recover. Embedding dignity into disaster management and recovery can safeguard human rights and improve outcomes for people with disability. What is known about this topic? People with disability are more vulnerable to the negative impacts of disaster and are marginalised and excluded in recovery efforts. What does this paper add? The paper focuses on embedding dignity into disaster planning, response and recovery to conserve human rights of people with disability and improve outcomes. What are the implications for practitioners? Health practitioners are important front-line responders to both health and environmental disasters and should consider how dignity can improve service for people with disability and increase positive outcomes to build back better. [ABSTRACT FROM AUTHOR]

Chapman, K., et al. (2022). "An undignified disaster reality for Australians with disability." Australian Health Review **46**(6): 710-712.

The United Nations Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Management establish the importance of ensuring the equitable protection of human rights in disaster planning, relief, and recovery. However, internationally and within Australia, the reality is one of indignity, human rights violations, and corruption. Australia is living in a perpetual state of crisis, following 3years of environmental and health disaster events. Vulnerable Australian citizens, especially people with disability, are at a great risk of human rights violations and may have restricted access to resilience-building resources that would enable them to recover. Embedding dignity into disaster management and recovery can safeguard human rights and improve outcomes for people with disability. What is known about this topic? People with disability are more vulnerable to the negative impacts of disaster and are marginalised and excluded in recovery efforts. What does this paper add? The paper focuses on embedding dignity into disaster planning, response and recovery to conserve human rights of people with disability and improve outcomes. What are the implications for practitioners? Health practitioners are important front-line responders to both health and environmental disasters and should consider how dignity can improve service for people with disability and increase positive outcomes to build back better.

Charnley, H., et al. (2019). "'If I were given the chance': understanding the use of leisure time by adults with learning disabilities." Disability & Society **34**(4): 540-563.

Despite UK government policy emphasising the rights and choices of people with learning disabilities, opportunities to choose fulfilling leisure activities remain severely constrained. Following a brief literature review we present a co-inquiry study developing a deeper understanding of the persistent space between actual and desired use of leisure time. We explore the potential of the capability approach to aid understanding of learning disabled people's constrained choices of leisure activities, and constrained roles as researchers, as matters of human rights and social justice. [ABSTRACT FROM AUTHOR]

Charnley, H., et al. (2019). "'If I were given the chance': understanding the use of leisure time by adults with learning disabilities." Disability & Society **34**(4): 540-563.

Despite UK government policy emphasising the rights and choices of people with learning disabilities, opportunities to choose fulfilling leisure activities remain severely constrained. Following a brief literature review we present a co-inquiry study developing a deeper understanding of the persistent space between actual and desired use of leisure time. We explore the potential of the capability approach to aid understanding of learning disabled people's constrained choices of leisure activities, and constrained roles as researchers, as matters of human rights and social justice.

de Beaufort, I. (2022). "Being There: A Commentary on Göran Hermerén's "A Future for Migrants with Acute Heart Problems Seeking Asylum?" (CQ 30 (2))." Cambridge Quarterly of Healthcare Ethics **31**(1): 150-159.

Donaldson, A. L. (2021). "Disability in Speech and Hearing Sciences: Reflections on Representation." Perspectives of the ASHA Special Interest Groups **6**(3): 513-519.
Purpose: This article reflects on a diversity and equity view of disability and offers a perspective on the representation of disability within speech and hearing sciences in terms of membership, research, and pedagogy. Conclusions: All areas of representation can be improved to support American Speech-Language-Hearing Association's strategic objectives of increasing diversity of membership and improving cultural competence. American Speech-Language-Hearing Association is encouraged to collect data regarding disability status to inform understanding of disability representation and potentially increase positive exposure, retention, and recruitment of disabled professionals. Research can be impacted through use of participatory models and focusing on community experiences, diversity issues, and increased understanding of the impact of ableism on clinical practice. Finally, curriculum specific to disability issues is needed to support students' understanding of the variability inherent within the disability community and their role as clinicians in partnering with the disability community.

Duda-Mikulin, E., et al. (2020). "Wasted lives in scapegoat Britain: Overlaps and departures between migration studies and disability studies." Disability & Society **35**(9): 1373-1397.
The focus of this paper is to consider how disability studies and migration studies may be brought into further conversation with one another. While their experiences overlap and intersect in many ways, the lives of disabled people and migrants have rarely been considered together and this is an omission we address through a discussion on points of intersection and departure between migration studies and disability studies. We argue that migrants and disabled people are among the most marginalised individuals today whilst a Global North neoliberal rhetoric has pushed them further to the margins. We draw on Bauman’s theorisation of ‘wasted lives’ to bring disability studies and migration studies in dialogue with one another. Through this analysis, we highlight how bringing both disciplines together may help to inform debates focused on social justice and rights to dignity for some of world’s most marginalised communities. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Eiler, E. C. and K. D'Angelo (2020). "Tensions and connections between social work and anti-capitalist disability activism: disability rights, disability justice, and implications for practice." Journal of Community Practice **28**(4): 356-372.
Social work's relationship to disability activism under capitalism is an underexplored area of the profession's literature. This paper aims to help address this gap by providing a conceptual discussion of the tensions within disability activism, within social work, and between the two. Lenin's analysis of the state is used to integrate opposing ideologies. We begin by providing a historical overview of the disability rights and disability justice movements along with recommendations for an integrated approach. We then connect ideological trends within social work to these models. We end with implications for social work practice with disabled people and suggested research. [ABSTRACT FROM AUTHOR]

Eiler, E. C. and K. D'Angelo (2020). "Tensions and connections between social work and anti-capitalist disability activism: disability rights, disability justice, and implications for practice." Journal of Community Practice **28**(4): 356-372.

Social work's relationship to disability activism under capitalism is an underexplored area of the profession's literature. This paper aims to help address this gap by providing a conceptual discussion of the tensions within disability activism, within social work, and between the two. Lenin's analysis of the state is used to integrate opposing ideologies. We begin by providing a historical overview of the disability rights and disability justice movements along with recommendations for an integrated approach. We then connect ideological trends within social work to these models. We end with implications for social work practice with disabled people and suggested research.

Elkhateeb, I. and D. Peter (2019). "Negation of the Right of Women with disabilities in Palestine to Marry: Cultural considerations for disability." Sexuality and Disability **37**(4): 559-570.
The right to marriage, family, and parenthood is embodied in Article 23 of the Convention on the Rights of Person’s with disabilities. The purpose of this study was to explore the access to marriage for women with physical disabilities in Palestine. Seventeen women who acquired their disability before the age of 16 were interviewed. Fourteen participants were not married. Although these unwed participants believed they had the physical capacity to marry, and some had suitors, their families prohibited marriage. Participants reported marriage censure was buttressed by strong community attitudes. Three participants had married, with the support of the their birth family, but with the strong disapproval of the husband’s family. The study explores the relationship between Palestinian cultural practices in regard to marriage and disability and argues that in Palestinian culture a prohibition of marriage results in the negation of the rights of women with disabilities. The study illuminates and raises questions of power and inequity and deepens our understanding of the intersection of gender, gender roles and disability in the Palestinian context, examines the tension between social justice for individuals and respecting a cultural context of collectivism and binding familial relations, and the cultural assumptions made about physical norms and capability. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

El-Mowafi, I. M., et al. (2021). "The politest form of racism: sexual and reproductive health and rights paradigm in Canada." Reproductive Health **18**(1): 1-5.
The Canadian national identity is often understood as what it is not; American. Inundation with American history, news, and culture around race and racism imbues Canadians with a false impression of egalitarianism, resulting in a lack of critical national reflection. While this is true in instances, the cruel reality of inequity, injustice and racism is rampant within the Canadian sexual and reproductive health and rights realm. Indeed, the inequitable health outcomes for Black, Indigenous and people of color (BIPOC) are rooted in policy, research, health promotion and patient care. Built by colonial settlers, many of the systems currently in place have yet to embark on the necessary process of addressing the colonial, racist, and ableist structures perpetuating inequities in health outcomes. The mere fact that Canada sees itself as better than America in terms of race relations is an excuse to overlook its decades of racial and cultural discrimination against Indigenous and Black people. While this commentary may not be ground-breaking for BIPOC communities who have remained vocal about these issues at a grassroots level for decades, there exists a gap in the Canadian literature in exploring these difficult and often underlying dynamics of racism. In this commentary series, the authors aim to promote strategies addressing systemic racism and incorporating a reproductive justice framework in an attempt to reduce health inequities among Indigenous, Black and racialized communities in Canada. [ABSTRACT FROM AUTHOR]

El-Mowafi, I. M., et al. (2021). "The politest form of racism: sexual and reproductive health and rights paradigm in Canada." Reproductive Health **18**(1): 1-5.

The Canadian national identity is often understood as what it is not; American. Inundation with American history, news, and culture around race and racism imbues Canadians with a false impression of egalitarianism, resulting in a lack of critical national reflection. While this is true in instances, the cruel reality of inequity, injustice and racism is rampant within the Canadian sexual and reproductive health and rights realm. Indeed, the inequitable health outcomes for Black, Indigenous and people of color (BIPOC) are rooted in policy, research, health promotion and patient care. Built by colonial settlers, many of the systems currently in place have yet to embark on the necessary process of addressing the colonial, racist, and ableist structures perpetuating inequities in health outcomes. The mere fact that Canada sees itself as better than America in terms of race relations is an excuse to overlook its decades of racial and cultural discrimination against Indigenous and Black people. While this commentary may not be ground-breaking for BIPOC communities who have remained vocal about these issues at a grassroots level for decades, there exists a gap in the Canadian literature in exploring these difficult and often underlying dynamics of racism. In this commentary series, the authors aim to promote strategies addressing systemic racism and incorporating a reproductive justice framework in an attempt to reduce health inequities among Indigenous, Black and racialized communities in Canada.

Engelman, A., et al. (2022). "Global Disability Justice In Climate Disasters: Mobilizing People With Disabilities As Change Agents." Health Affairs **41**(10): 1496-1504.
Disabled people are highly susceptible to climate change impacts and disasters, yet they often remain sidelined or largely invisible. Policy makers, humanitarian agencies, and governments need to address the climate-related vulnerabilities that disabled people encounter during acute events and in the course of more creeping forms of climate change. As deaf researchers, we call for integrating disability justice into climate and disaster preparedness policies and practices worldwide. A disability justice approach can embrace the strengths that disabled people bring to disaster planning and climate mitigation and advocacy efforts. In this article we present case studies from different global regions to illustrate how disability is overlooked in responding to climate-related health impacts and disaster planning. We also draw particular attention to mutual aid networks led by disabled people in adapting to climate-related health impacts. We then suggest questions to help policy makers and practitioners integrate disability justice into their work. Above all, disabled people, organizations, and service providers should take ownership over the process of developing policies and actions to better prevent, prepare for, and respond to climate disasters. [ABSTRACT FROM AUTHOR]

Eyraud, B. and I. Taran (2023). "From Substitute to Supported Decision-Making: Participatory Action Research on the Convention on the Rights of Persons With Disabilities." Journal of Disability Policy Studies **34**(1): 39-48.
In this article, we present findings from a participatory action-research program in France on the exercise of human rights and supported and substitute decision-making, inspired by the United Nations Convention on the Rights of Persons with Disabilities ("CRPD"). Bringing together persons with the lived experience of disability; academics; and health, social care, and support professionals, the project used the method of "experience-based construction of public problem" to transform experience into collective expertise. This enabled the exploration of support that people in vulnerable situations, whose capacity to exercise their human rights has weakened, need to make decisions in their lives and participate meaningfully in public debate. The relationship between the awareness of rights and exercise of rights is discussed. We argue for the need to balance out the positions of different contributors in participatory action research, in a reasoned manner, by recognizing the scientific and citizen-based participation of all partners. [ABSTRACT FROM AUTHOR]

Forber-Pratt, A. J., et al. (2019). "Disability Identity and Allyship in Rehabilitation Psychology: Sit, Stand, Sign, and Show Up." Rehabilitation Psychology **64**(2): 119-129.

Purpose/Objective: The purpose of this conceptual paper was to put forth a call for rehabilitation practitioners to consider their role in developing disability identity in their clients, and to understand this action as a form of allyship toward the disability community. Method: This conceptual paper is organized to engage existing disability and disability-identity literature and its clinical implications. Practical tools and skills are offered for rehabilitation practitioners to develop disability identity and engage in disability allyship. Results: An overview of disability identity and its relationship to clinical practice is presented by way of a literature review. Conversation starters and two activities are presented for rehabilitation practitioners to develop and engage with clients about their disability identities. Descriptions of allyship actions for practitioners are presented. Discussion/Conclusion: In this conceptual paper, we framed disability in terms of both the medical and social models and argues that thinking about disability identity requires attention to the social model of disability. This attention is important, because it allows practitioners to think about themselves as allies to a particular community, rather than experts who must only "fix" clients' disabilities to elicit positive identity development. This shift toward allyship requires attention, engagement, and openness to see clients simultaneously as individuals and as members of a powerful, diverse community with a unique identity experience. [ABSTRACT FROM AUTHOR]

Friedner, M. (2023). "Disability Justice as Part of Structural Competency: Infra/structures of Deafness, Cochlear Implantation, and Re/habilitation in India." Health & Human Rights: An International Journal **25**(1): 39-50.

In 2014, the Indian state revised a key program providing aids and appliances to disabled people to also include cochlear implants for children living below the poverty line. The program is remarkable in its targeting of the poorest of the poor to provide them with expensive technology made by multinational corporations and its development of new surgery and rehabilitation infrastructures throughout India. Based on interviews and participant observation with key stakeholders, this paper argues that in focusing only on "a right to hearing" and on cochlear implants as a solution for deafness, health care practitioners ignore the complex work required to maintain cochlear implant infrastructures, as well as the advocacy work done by disability activists in India and internationally to transform existing political, economic, educational, and social structures. Since cochlear implants are the "gold standard" in intervening on hearing loss and increasing numbers of countries in the Global South have started state-funded cochlear implant programs, an exploration of India's program provides an opportunity to analyze both the importance of infrastructure and the need to combat ableism within structural competency frameworks. Disability justice is part of structural competency. Ultimately what is at stake is expanding health practitioners' ideas of what it means to maximize potential, particularly in the face of new technological interventions around disability.

Geens, N., et al. (2019). "Parents' perspectives of social support and social cohesion in urban contexts of diversity." European Journal of Social Work **22**(3): 423-434.

Although provisions for young children are increasingly considered as ideal places to foster an inclusive and socially just society by embracing issues of social support and social cohesion, there is no in-depth understanding of the role these provisions can play in enabling supportive and cohesive encounters in contexts of diversity. Even more striking is the absence of parents' voices in this discussion. Based on an analysis of qualitative interviews with 18 parents who use childcare services in urban contexts of diversity, our findings show the relevance of ephemeral contacts with diverse people that could offer bridging opportunities in terms of social connectedness to familiarise within diversity while decoding the other in urban contexts of diversity. However, neither bonding nor bridging contacts appear as self-evident. Our research shows that the role of childcare services might be vital in creating light and temporal communities as the prerequisite for social cohesion to flourish, in both individual as well as collective dimensions.

Gergel, T. (2020). "The 'Mental Health and Justice Project': Using interdisciplinarity to move beyond impasse in disability rights." International Journal of Law and Psychiatry **71**: 101570.

Gesser, M., et al. (2022). "ESTUDIOS SOBRE DISCAPACIDAD: INTERSECCIONALIDAD, ANTICAPACITISMO Y EMANCIPACIÓN SOCIAL." STUDIES ON DISABILITY: INTERSECTIONALITY, ANTI-ABILITY AND SOCIAL EMANCIPATION. **19**(49): 217-240.
The article focuses on incorporating an anti-capacity perspective in research and in professional action aimed at people with disabilities. Topics include examines this perspective breaks with the process of oppression experienced by people with disabilities throughout history and incorporates the political struggle of this social group for the guarantee of human rights and social justice.

Goggin, G. and K. Ellis (2020). "Disability, communication, and life itself in the COVID-19 pandemic." Health Sociology Review **29**(2): 168-176.
In this article we offer an analysis of a deeply problematic and troubling dual aspect of the COVID-19 pandemic: how disability is being understood within normative accounts of health and medicine to frame, interpret, and respond to its spread and implications; what are the terms of inclusion and exclusion in altered social life in the COVID crisis; and how people with disabilities fare. We find disturbing indications of disablism and oppressive biopolitics in the 'enforcing of normalcy' that frames and dominates COVID reconstruction of social life – a situation that we suggest needs urgent deciphering, critique, and intervention. [ABSTRACT FROM AUTHOR]

Goggin, G. and K. Ellis (2020). "Disability, communication, and life itself in the COVID-19 pandemic." Health Sociology Review **29**(2): 168-176.
In this article we offer an analysis of a deeply problematic and troubling dual aspect of the COVID-19 pandemic: how disability is being understood within normative accounts of health and medicine to frame, interpret, and respond to its spread and implications; what are the terms of inclusion and exclusion in altered social life in the COVID crisis; and how people with disabilities fare. We find disturbing indications of disablism and oppressive biopolitics in the 'enforcing of normalcy' that frames and dominates COVID reconstruction of social life – a situation that we suggest needs urgent deciphering, critique, and intervention.

Goggin, G. and K. Ellis (2020). "Disability, communication, and life itself in the COVID-19 pandemic." Health Sociology Review **29**(2): 168-176.
In this article we offer an analysis of a deeply problematic and troubling dual aspect of the COVID-19 pandemic: how disability is being understood within normative accounts of health and medicine to frame, interpret, and respond to its spread and implications; what are the terms of inclusion and exclusion in altered social life in the COVID crisis; and how people with disabilities fare. We find disturbing indications of disablism and oppressive biopolitics in the ‘enforcing of normalcy’ that frames and dominates COVID reconstruction of social life—a situation that we suggest needs urgent deciphering, critique, and intervention. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Gould, D. (2023). "Social and Legal Justice for People Given a Mental Health Diagnosis? A Real Possibility, or an Impossible Dream?" British Journal of Social Work **53**(3): 1647-

1656.
This article represents reflections on current social and legal issues for people given a mental diagnosis, from a lived experience perspective. The article addresses: • Major obstacles to social and legal justice for people with this lived experience. • What differences people with lived experience have been able to make. • Key challenges for the British Association of Social Workers (BASW) from a lived experience perspective. The UN Convention on the Rights of Persons with Disabilities is used as a basis for the reflections. The article has a particular emphasis on literature written, or substantially influenced by disabled people, including people with lived experience of receiving a mental health diagnosis. The user-led group Liberation is utilised as an example of what difference people with lived experience can make to obstacles which they experience. Three challenges are made to BASW, related to utilising the Convention to ensure social and legal justice for us, confronting human rights breaches in the draft Mental Health Bill and working in partnership with user-led groups in these spheres.

Grant, E. J. (2022). "Tide of change: Report calls on nursing to confront and eradicate racism." American Nurse Journal **17**(6): 18-18.

Guo, Y. and L. Zhao (2019). "The impact of Chinese Hukou reforms on migrant students' cognitive and non-cognitive outcomes." Children & Youth Services Review **101**: 341-351.
The Chinese Hukou system, a major tool for social control employed by the government, has undergone various fundamental reforms and has received increasing attention in recent years. This study investigates the relationship between Hukou policy innovations and migrant children's cognitive and non-cognitive outcomes, which are vital to the lifetime development of individuals. On the basis of 2654 children holding non-local Hukou from the 2013–2014 wave of the China Education Panel Survey, the results show that migrant students who expect to have fair access to local senior high schools have significantly higher test scores and higher educational aspirations than their counterparts. The expectation of attending a local senior high school improves migrant students' relationship with teachers and the social acclimation with classmates. These findings carry policy implications for addressing migrant children's educational challenges and shed light on China's reform of its Hukou system to achieve social justice and equality. • This paper analyzes the impacts of Hukou reforms on migrant students. • Test scores are higher for migrant students expecting fair access to local senior high schools. • Fair access is positively related to higher educational aspirations. • Fair access improves student-teacher relationships for migrant students. • Fair access improves classmate relationships for migrant students. [ABSTRACT FROM AUTHOR]

Gurbai, S. (2020). "Beyond the Pragmatic Definition? The Right to Non-discrimination of Persons with Disabilities in the Context of Coercive Interventions." Health & Human Rights: An International Journal **22**(1): 279-292.
According to a longstanding definition of non-discrimination, differential treatment does not constitute discrimination if the purpose or effect of the differential treatment is to achieve a legitimate aim and if the differential treatment can be objectively and reasonably justified. This characterization reflects what Wouter Vandenhole has described as the "widely-used pragmatic definition of discrimination." In mental health policy, one important application of this definition pertains to the disputed question of whether coercive psychiatric interventions constitute discrimination on the basis of disability. In this paper, I consider whether the well-established pragmatic definition of discrimination remains valid in light of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). I review evidence from the convention, from the general comment on equality and non-discrimination published by the Committee on the Rights of Persons with Disabilities, and from the committee's adjudication of individual

allegations of discrimination. I conclude that the CRPD and its treaty body send mixed signals in relation to the pragmatic definition: The convention itself is silent as regards the pragmatic definition, and while the committee has in some instances invoked it, it also seems to be pointing toward a new approach that goes beyond the pragmatic definition. I survey three possible alternatives to the pragmatic definition, tracing each to suggestions in the jurisprudence of the Committee on the Rights of Persons with Disabilities, and illustrating how each can be applied in determining whether coercive psychiatry is discriminatory.

Harvey, S. C. (2019). "Diversity and social justice? Comment on Leong, Pickren, and Vasquez (2017)." American Psychologist **74**(4): 506-507.
This is a comment on Leong, Pickren, and Vasquez (2017). The current author contends that in using the American Psychological Association’s response to the Hoffman Report as one milestone in the organization’s evolution in the realm of culture, diversity, and social justice, Leong et al. perpetuated a number of mistruths from that flawed document while also highlighting the challenges involved when speaking about a culture different from their own. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Helbich, M. and S. Jabr (2022). "A Call for Social Justice and for a Human Rights Approach with Regard to Mental Health in the Occupied Palestinian Territories." Health and human rights **24**(2): 305-318.
This paper examines the process of depoliticization of mental health in the occupied Palestinian territories (oPt) and links it to a critical analysis of post-traumatic stress disorder and the role of international humanitarian aid. It is based on a human rights framework that focuses on the right to health and that is instrumental in connecting human rights violations to demands of social justice. Efforts to weaken justice and reparations are analyzed by looking at the role of mental health professionals and assumptions of psychotherapy as a neutral and nonpolitical sphere. By drawing on models of decoloniality and liberation psychology, we advocate for a shift from a decontextualized and individualistic approach to mental health to acknowledging the structural, social, and political oppression that are the underlying factors for suffering in the oPt. In order to alleviate the social suffering of Palestinians and to prevent their victimization, interventions that acknowledge the political nature of mental health ill-being and promote a human rights approach are needed.; Competing Interests: Competing interests: None declared. (Copyright © 2022 Helbich and Jabr.)

HermerÉN, G. (2021). "A Future for Migrants with Acute Heart Problems Seeking Asylum?" Cambridge Quarterly of Healthcare Ethics **30**(2): 297-311.
This paper discusses the future of migrants with acute heart problems and without permanent permission to remain in the country where they are seeking asylum. What does the country they have traveled to owe them? Specifically, what healthcare services are they entitled to? This may seem a niche problem, but numbers of migrants with acute heart problems could increase in the future. Besides, similar problems could be raised by, for instance, traumatized migrants with acute needs for healthcare services for other serious conditions. The paper identifies the issues and some positions on them. Arguments for and against these positions are explored. This particular set of problems in healthcare ethics creates several challenges, at both national and international levels, concerning access to transplantation, public willingness to donate organs, optimal use of organs, justice and fairness, and potential conflicts of law, politics and ethics, as well as issues revolving around interaction and communication (or lack of it) between agencies and professions. [ABSTRACT FROM AUTHOR]

Herrawi, F., et al. (2022). "Global health, human rights, and neoliberalism: The need for

structural frameworks when addressing mental health disparities." Journal of Theoretical and Philosophical Psychology **42**(1): 52-60.
In this paper we argue that the field of psychology—and the psy-disciplines generally—need to embrace an interdisciplinary approach if they are to be relevant and contribute to global social justice initiatives. We focus on two such initiatives: The Global Mental Health movement and calls for increasing access to mental health services for immigrants. We suggest that a stronger focus on the upstream causes of ill-health, a deeper appreciation for the ways in which neoliberalism deflects attention away from these upstream determinants, and a greater engagement with the field of human rights and other disciplines will lead to more substantive gains in population mental health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Herrawi, F., et al. (2022). "Global health, human rights, and neoliberalism: The need for structural frameworks when addressing mental health disparities." Journal of Theoretical and Philosophical Psychology **42**(1): 52-60.
In this paper we argue that the field of psychology—and the psy-disciplines generally—need to embrace an interdisciplinary approach if they are to be relevant and contribute to global social justice initiatives. We focus on two such initiatives: The Global Mental Health movement and calls for increasing access to mental health services for immigrants. We suggest that a stronger focus on the upstream causes of ill-health, a deeper appreciation for the ways in which neoliberalism deflects attention away from these upstream determinants, and a greater engagement with the field of human rights and other disciplines will lead to more substantive gains in population mental health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Horton, C. (2023). "Depathologising diversity: Trans children and families' experiences of pathologisation in the UK." Children & Society **37**(3): 753-770.
In January 2022 the World Health Organization removed transgender identities from categorisation as a mental illness, marking a significant global shift from the pathologisation of gender diversity. However, a legacy of pathologisation of trans identities continues to impact trans lives, particularly on trans children. Informed by qualitative data from 30 families with trans children, this article examines the continued impacts of pathologisation on trans children and families in the UK, exploring how pathologisation manifests at individual, institutional and societal levels. The article advocates for trans depathologisation as a critical priority for child rights and social justice. [ABSTRACT FROM AUTHOR]

Hughes, N., et al. (2020). "Ensuring the rights of children with neurodevelopmental disabilities within child justice systems." The Lancet. Child & adolescent health **4**(2): 163-166.
A recent UN general comment on criminal justice systems includes guidance to state parties regarding the implementation of the Convention on the Rights of the Child for children with developmental delays or neurodevelopmental disorders or disabilities. This guidance asserts that these children "should not be in the child justice system at all", but when present "should be individually assessed" to enable appropriate safeguards and accommodations to ensure the protection of their rights without discrimination. In this Viewpoint, we examine the significant barriers faced by children who are affected by neurodevelopmental disabilities to the realisation of their rights under international law and standards. These barriers include systemic and cultural barriers created by a lack of awareness among justice professionals about how to identify and work with children who have neurodevelopmental disabilities, as well as procedural barriers, which arise from the complexity and rigidity of many criminal justice processes. The effect of these barriers is that the child is denied their rights on an equal basis with other children without such disabilities. (Copyright © 2020 Elsevier Ltd. All rights reserved.)

James, E. (2021). "Rights-Based Social Work and the Named Social Worker for Adults with Learning Disabilities: A Policy Intervention 50 Years in the Making." British Journal of Social Work **51**(4): 1259-1276.
There has been a renewed interest in professional and academic discourse in the reconceptualisation of social work with adults as a human rights-based approach. This is compatible with the social model of disability, which philosophically adult social workers make claims to align with. This was recently argued for when the Department of Health in England piloted a named social worker for adults with learning disabilities, whose behaviour challenged services. This paper discusses the conceptualisation of rights-based practice, its relevance and appropriateness for contemporary social work policy. Drawing on the recognition theory literature, it shall be shown that the meta-theory of rights-based practice may have relevance to contemporary social work practice with adults with learning disabilities. The paper shall also consider the renewed interest in normative reconstruction in social work practice and influencing factors such as drives towards individualism and marketisation. It will consider how these impacted on the adoption into UK policy of social work as a positive intervention to address structural inequalities, perhaps more accurately described as disablism, experienced by adults with learning disabilities, which ultimately is concluded to be a 'wicked problem'.

Koehler, G. (2019). "Bob Deacon, social solidarity, and the rights of migrants and refugees." Global Social Policy **19**(1/2): 29-31.

Lee, L. K., et al. (2021). "Infant mortality, poverty and reproductive justice." Pediatric Research **90**(5): 926-929.

Leong, F. T. L., et al. (2019). "Complexities in the History of Diversity and Social Justice: Reply to Harvey (2019)." American Psychologist **74**(4): 508-509.
The authors provide a reply to Harvey's (2019) comment on the authors' article regarding the American Psychological Association's efforts to promote diversity and social justice (Leong et al., 2017). [ABSTRACT FROM AUTHOR]

Liebling, H. J., et al. (2020). "Sexual and gender-based violence and torture experiences of Sudanese refugees in Northern Uganda: health and justice responses." International Journal of Migration, Health & Social Care **16**(4): 389-414.
Purpose: This British Academy/Leverhulme-funded research (Grant number: SG170394) investigated the experiences and impact of sexual and gender-based violence (SGBV) and torture on South Sudanese refugees' health and rights and the responses of health and justice services in Northern Uganda.
Design/methodology/approach: It involved thematic analysis of the narratives of 20 men and 41 women refugees' survivors of SGBV and torture; this included their experiences in South Sudan, their journeys to Uganda and experiences in refugee settlements. In total, 37 key stakeholders including health and justice providers, police, non-government and government organisations were also interviewed regarding their experiences of providing services to refugees. Findings: All refugees had survived human rights abuses carried out in South Sudan, on route to Uganda and within Uganda. Incidents of violence, SGBV, torture and other human rights abuses declined significantly for men in Uganda, but women reported SGBV incidents. The research demonstrates linkages between the physical, psychological, social/cultural and justice/human rights impact on women and men refugees, which amplified the impact of their experiences. There was limited screening, physical and psychological health and support services; including livelihoods and education. Refugees remained concerned about violence and SGBV in the refugee settlements. While they all knew of the reporting system for such incidents, they questioned the effectiveness of the process. For

this reason, women opted for family reconciliation rather than reporting domestic violence or SGBV to the authorities. Men found it hard to report incidences due to high levels of stigma and shame. Research limitations/implications: Refugees largely fled South Sudan to escape human rights abuses including, persecution, SGBV and torture. Their experiences resulted in physical, psychological, social-cultural and justice effects that received limited responses by health and justice services. An integrated approach to meeting refugees' needs is required. Practical implications: The authors make recommendations for integrated gender sensitive service provision for refugees including more systematic screening, assessment and treatment of SGBV and torture physical and emotional injuries combined with implementation of livelihoods and social enterprises. Social implications: The research demonstrates that stigma and shame, particularly for male refugee survivors of SGBV and torture, impacts on ability to report these incidents and seek treatment. Increasing gender sensitivity of services to these issues, alongside provision of medical treatment for injuries, alongside improved informal justice processes, may assist to counteract shame and increase disclosure. Originality/value: There is currently a lack of empirical investigation of this subject area, therefore this research makes a contribution to the subject of understanding refugees' experiences of SGBV and torture, as well as their perceptions of service provision and response. This subject is strategically important due to the pressing need to develop integrated, gendered and culturally sensitive services that listen to the voices and draw on the expertise of refugees themselves while using their skills to inform improvements in service responses and policy.

Long, S. (2021). "PRESIDENT'S MESSAGE. The Importance of Diversity, Equity, and Inclusion in Our Profession." Journal of Environmental Health **83**(8): 6-7.
The article emphasizes the importance of recognizing diversity, equity and inclusiveness (DEI) in the environmental health profession in the U.S. Topics discussed include the dedication of the members of the National Environmental Health Association (NEHA) to the environmental health sector, necessity for the profession to eliminate bias and support diversity, and dedication of NEHA to efforts to create a welcoming, equitable environment.

Mays, V. M., et al. (2021). "Social Justice Is Not the COVID-19 Vaccine Alone: It Is Addressing Structural Racism Through Social Policies That Shape Health." American Journal of Public Health **111**: S75-S79.
The article explores how public health in the U.S. can address structural racism. The authors describe how social justice brings into focus how structural racism contributes to early mortality for many racial and ethnic minorities. Because racial and ethnic minorities are more likely to live in higher density households and communities, work jobs that require onsite presence, and lack personal protective equipment they have been put more at risk during the COVID-19 pandemic. The issue's focus on the theme of mortality is also discussed.

Mays, V. M., et al. (2021). "Social Justice Is Not the COVID-19 Vaccine Alone: It Is Addressing Structural Racism Through Social Policies That Shape Health." American Journal of Public Health **111**: S75-S79.
The article explores how public health in the U.S. can address structural racism. The authors describe how social justice brings into focus how structural racism contributes to early mortality for many racial and ethnic minorities. Because racial and ethnic minorities are more likely to live in higher density households and communities, work jobs that require onsite presence, and lack personal protective equipment they have been put more at risk during the COVID-19 pandemic. The issue's focus on the theme of mortality is also discussed.

McCarthy, H. (2021). "Self-Advocacy and Ally-Advocacy for Disability Justice: Organisational, Psychosocial, and Political Resources." Disability, CBR & Inclusive Development **32**(2): 160-178.

The world of today sees more persistent, collective work of marginalised people resisting structural oppression rooted in racism and misogyny through newlyorganised multinational movements like Black Lives Matter, #IamSpeaking, and Me Too. This has led to a rapid rise in public consciousness and activism about social injustices across many sectors of society. Ableism and other types of discrimination in education, employment and community-living experienced by people with a disability have both similarities to, and differences from, the indignity and impact of racism and misogyny. The activist disability community is working hard to have their advocacy agendas gain more public awareness and support. The common ground among all oppressed groups is their demand to have their human rights honoured. This requires two societal value shifts: (1) listening to voices outside the dominant culture and power structures through the involvement of insiders, based on their lived experience as members of the marginalised groups, and (2) collaborative advocacy to achieve milestones on their journey towards social justice. Applying these principles, this article aims to elevate and amplify the historical and current activities of self-advocates from the disability community to affirm and secure their human rights. The article provides explanations and examples of: (1) the complexities of disability-based discrimination; (2) political activism by the disability rights and independent living movements in the United States; (3) the psychosocial dimensions of embracing disability identity, culture, and pride; and (4) various outstanding consumer-driven artistic and organisational resources that are shaping the evolution of equal opportunity and disability justice.

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.

An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.

An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Melluish, S. and G. H. Burgess (2019). "Global mental health: training in an international context." International Journal of Mental Health **48**(4): 253-256.

An introduction is presented in which the editor discusses articles in the issue on topics including Developing mental health services in the Global South, Rebalancing Power in Global Mental Health, and Global Mental Health (GMH).

Mesquiati de Oliveira, D. and K. R. Cazotto Terra (2021). "Pentecostalismos, racismo e Direitos Humanos." Pentecostalisms, racism, and Human Rights. **19**(58): 98-113.

Pentecostalism meant a break with Protestant anthropology hostage to the epistemology of Modernity. As Havey Cox explains, these American movements in the early years of the 20th century filled the ecstatic deficit left by evangelicals, pointing towards the affective system of knowledge of reality, an affective epistemology. If, on the one hand, the Pentecostal experience encouraged the shift from the margin to the center of corporeality, on the other, the violated and subjugated bodies became visible and empowered, because marginalized groups, excluded by the American and Brazilian Protestant establishment, were and are protagonists. Pentecostal movements are presented as a presence in the world and religious practice that reveals the defense of fundamental rights, especially in the militancy experience of racial justice, which does not mean a theoretical defense, but community experiences of excluded bodies that gain pneumatic status. The essay discusses the relationship between religion, human rights and racial issues, pointing out how Pentecostalism represents intuitions for a more fraternal and egalitarian society. (English) [ABSTRACT FROM AUTHOR]

Milner, P. and P. Frawley (2019). "From 'on' to 'with' to 'by:' people with a learning disability creating a space for the third wave of Inclusive Research." Qualitative Research **19**(4): 382-398.
For people with a learning disability, Inclusive Research is promoted as the right way to redress the hermeneutical injustice of their voices and theorising being excluded from the processes of knowledge production. This article describes the experiences and reflections of non-disabled researchers co-researching with people whose subjectivities were thought to lie beyond qualitative research. Through four stories, jointly told, we detail how those most at risk of exclusion from the academy first challenged and then took the research encounter beyond the linear, assimilative certainties of research 'on' or 'with' people with a learning disability towards the outer, cutting edges of qualitative research and an epistemology that might more authentically be said to be 'by' them. [ABSTRACT FROM AUTHOR]

Milner, P. and P. Frawley (2019). "From 'on' to 'with' to 'by:' people with a learning disability creating a space for the third wave of Inclusive Research." Qualitative Research **19**(4): 382-398.
For people with a learning disability, Inclusive Research is promoted as the right way to redress the hermeneutical injustice of their voices and theorising being excluded from the processes of knowledge production. This article describes the experiences and reflections of non-disabled researchers co-researching with people whose subjectivities were thought to lie beyond qualitative research. Through four stories, jointly told, we detail how those most at risk of exclusion from the academy first challenged and then took the research encounter beyond the linear, assimilative certainties of research 'on' or 'with' people with a learning disability towards the outer, cutting edges of qualitative research and an epistemology that might more authentically be said to be 'by' them.

Mitchell, W., et al. (2021). "The Human Right to Justice for Older Persons With Mental Health Conditions." American Journal of Geriatric Psychiatry **29**(10): 1027-1032.
This article explores the nature and extent of barriers to access to justice that older persons experience, including those with mental health conditions. It finds that access to justice-the right to fair, prompt and responsive decisions by administrative decision-makers and equal access to courts and tribunals to obtain timely and effective remedies-is not only an important right in itself but also enables the enjoyment of many other human rights. Yet older persons, particularly those with mental health conditions, face a significant "justice gap." Ageist attitudes, laws and practices interact with other forms of bias such as mentalism, sexism, ableism, racism, homophobia, and heterosexism exacerbating older persons' disadvantage and marginalization, particularly those with mental health conditions, and older indigenous persons. These discriminatory practices, together with the phenomena of elder abuse, all severely limit older persons' access to timely and responsive justice. International and national standards, both general and specific to older persons, have been shown to be inadequate to respond to this justice gap. An international standard in the form of a binding legal obligation that specifically addresses older persons' rights of access to justice is needed urgently as part of a new international treaty on the human rights of older persons.

Mitchell, W., et al. (2021). "The Human Right to Justice for Older Persons With Mental Health Conditions." The American journal of geriatric psychiatry : official journal of the

American Association for Geriatric Psychiatry **29**(10): 1027-1032.
This article explores the nature and extent of barriers to access to justice that older persons experience, including those with mental health conditions. It finds that access to justice-the right to fair, prompt and responsive decisions by administrative decision-makers and equal access to courts and tribunals to obtain timely and effective remedies-is not only an important right in itself but also enables the enjoyment of many other human rights. Yet older persons, particularly those with mental health conditions, face a significant "justice gap." Ageist attitudes, laws and practices interact with other forms of bias such as mentalism, sexism, ableism, racism, homophobia, and heterosexism exacerbating older persons' disadvantage and marginalization, particularly those with mental health conditions, and older indigenous persons. These discriminatory practices, together with the phenomena of elder abuse, all severely limit older persons' access to timely and responsive justice. International and national standards, both general and specific to older persons, have been shown to be inadequate to respond to this justice gap. An international standard in the form of a binding legal obligation that specifically addresses older persons' rights of access to justice is needed urgently as part of a new international treaty on the human rights of older persons. (Copyright © 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

Mladenov, T. and C. S. Brennan (2021). "The global COVID-19 Disability Rights Monitor: implementation, findings, disability studies response." Disability & Society **36**(8): 1356-1361.
The global COVID-19 Disability Rights Monitor (COVID-19 DRM) has revealed major injustices suffered by disabled people around the world during the first stage of the pandemic, including enhanced institutionalisation, breakdown of essential services in the community, multiplication of intersectional harms, and denial of access to healthcare. In this paper, we present an overview of the COVID-19 DRM and its findings. We also offer a disability studies response by making recourse to the social model of disability, independent living philosophy, and analyses of biopolitics. We argue that the COVID-19 DRM illuminates systemic flaws that predate the pandemic, and that it is these flaws that need to be addressed in post-pandemic efforts at reconstruction. [ABSTRACT FROM AUTHOR]

Obasi, C. (2022). "Black social workers: Identity, racism, invisibility/hypervisibility at work." Journal of Social Work **22**(2): 479-497.
Summary: This article provides a reflexive account of qualitative research with Black female social workers in the North of England. It uses 'Africanist Sista-hood in Britain' as the theoretical framework guiding the research. The data are gathered from six semi-structured interviews and two focus groups. Data were analysed via thematic analysis. Participant data are used to discuss issues of identity, race and racism as they contribute to positions of visibility, invisibility and hypervisibility within the social work spaces discussed. The article challenges Western forms of knowledge production as the dominant discourse in social work research, practice, education and training and links this to wider issues of power, privilege and suppression of marginalised voices. Findings: The findings section reveals examples of racism, marginality, invisibility and hypervisibility as part of the lived experiences of Black female social workers in the study. It includes discussions of 'collective strategic projection' as a consequence of the development of the 'race taboo' often present in these work environments. Applications: The article calls for social work educators, practitioners and the wider academic field to do more to centralise anti-racist approaches in an attempt to challenge racism in social work. [ABSTRACT FROM AUTHOR]

O'Leary, P. and M.-s. Tsui (2019). "Working with differences and diversities: From discrimination to dignity." International Social Work **62**(3): 1041-1042.

An editorial is presents that discusses the importance of developing social work globally. It mentions the global agenda promote social and economic equalities, the dignity of peoples, environmental and community sustainability, and human relationships and also highlights the mission of social work to safeguard human rights and social justice.

Ortega, F. and M. R. Müller (2022). "Negotiating human rights narratives in Global Mental Health: Autism and ADHD controversies in Brazil." Global Public Health **17**(11): 3189-3203.
Promoting evidence-based treatments and the human rights of people living with mental illness are the two pillars of Global Mental Health (GMH). Critics counter that human rights narratives must also include social justice frameworks. We draw on the cases of autism and ADHD in Brazil to discuss the role of human rights in mental health in the context of GMH. A human rights perspective involves citizenship rights for individuals living with mental distress and provides a framework to problematise the logic of GMH centred on individual rights and rights to treatment. We begin with an overview on human rights discussions in GMH and examine the introduction of human rights discourses in the Brazilian psychiatric reform. We then explore how autism and ADHD became priorities of GMH interventions as well as the constitution of two styles of activism and mobilisation of human rights around these conditions. One follows the universal public health logic and promotes health as a social right. The other follows the logic of parents' associations that redefined those conditions as forms of disability to advocate for specialised services and interventions. Finally, we discuss these forms of human rights mobilisation and their implications for Brazilian mental health and GMH. [ABSTRACT FROM AUTHOR]

Ozgumus, A. M. and P. E. Ekmekci (2019). "Refugee Health: A Moral Discussion." Journal of immigrant and minority health **21**(1): 1-3.

Perrin, P. B. (2019). "Diversity and Social Justice in Disability: The Heart and Soul of Rehabilitation Psychology." Rehabilitation Psychology **64**(2): 105-110.
Rehabilitation psychology uniquely incorporates a holistic, psychosocial perspective encompassing all aspects of disability, with a particular focus on the connection between disabled people and the social environment. This article introduces a special issue of Rehabilitation Psychology on diversity and social justice in disability research. The 13 articles in this special issue coalesce around the 3 themes of (a) critical disability identity theory, (b) discrimination and prejudice, and (c) health disparities in the context of disability. This article introduces each of these articles and draws upon the work contained in this special issue to highlight important future directions for research on diversity and social justice in disability across the following areas: (a) nondisabled privilege, (b) rehabilitation versus cure versus adjustment, (c) diverse modes of knowing, and (d) a priori diversity and strength-based measures. This special issue helps rehabilitation psychologists consider how they can best fulfill their social justice, human rights, and advocacy missions in order to advance access and inclusion with and for diverse groups of disabled people. [ABSTRACT FROM AUTHOR]

Polson, E. C., et al. (2023). "Examining the influence of colleges' and universities' religious affiliation on graduate social work education in the United States." Journal of Religion & Spirituality in Social Work **42**(2): 171-192.
Throughout social work's history, scholars have debated the impact religiously affiliated colleges and universities have on social work education. Some have viewed religious affiliation as an asset contributing to training in values and ethics, while others question whether institutions' religious commitments conflict with professional values. To date, no national study has examined the perceived influence that institutions' religious

affiliation has on Master of Social Work (MSW) programs. Drawing upon data from a national survey of MSW faculty across the United States, we begin to address this gap. Results reveal several ways faculty perceive their institutions' religious cultures influence education and training on social work competencies. [ABSTRACT FROM AUTHOR]

Probert, J. (2021). "Moving Toward a Human Rights Approach to Mental Health." Community Mental Health Journal **57**(8): 1414-1426.
The University of Florida Counseling and Wellness Center (UFCWC) has implemented peer support and professional training programs to address human rights identified within advocacy groups comprised of individuals who have, themselves, been diagnosed with mental illness. These programs are moving the UFCWC toward fulfilling a 2017 United Nations report emphasizing rights-based professional training, provision of genuine informed consent, and availability of non-compromised peer support alternatives. Collaborating with student peers, four UFCWC faculty members have facilitated forms of peer support developed within service-user movements, while openly identifying experiences of reclaiming their own lives from the impacts of adversity, intense mental distress, and traumatizing responses of others to their distress. In the wake of the current pervasive health, economic, and social justice crises, professionals have a collective opportunity to recognize the human experience and rights of those suffering mental distress. These UFCWC programs offer one example of steps taken toward that goal. [ABSTRACT FROM AUTHOR]

Probert, J. (2021). "Moving Toward a Human Rights Approach to Mental Health." Community Mental Health Journal **57**(8): 1414-1426.
The University of Florida Counseling and Wellness Center (UFCWC) has implemented peer support and professional training programs to address human rights identified within advocacy groups comprised of individuals who have, themselves, been diagnosed with mental illness. These programs are moving the UFCWC toward fulfilling a 2017 United Nations report emphasizing rights-based professional training, provision of genuine informed consent, and availability of non-compromised peer support alternatives. Collaborating with student peers, four UFCWC faculty members have facilitated forms of peer support developed within service-user movements, while openly identifying experiences of reclaiming their own lives from the impacts of adversity, intense mental distress, and traumatizing responses of others to their distress. In the wake of the current pervasive health, economic, and social justice crises, professionals have a collective opportunity to recognize the human experience and rights of those suffering mental distress. These UFCWC programs offer one example of steps taken toward that goal. (© 2021. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

Pulido, J. S. (2022). "Social justice as a moral and normative framework for social intervention with migrant citizens." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-15.
Theoretical analysis of Fraser's and Honneth's critical perspectives on social justice is made, presenting their relationship with migration as a current social phenomenon; also, the different social problems faced by migrants, which require normative and moral frameworks that promote social recognition through social participation in the spaces of daily life. At the same time, the different types of justice (distributive and recognition) are presented as the theoretical basis for the design of intervention devices to reduce the social gaps that originate from social injustices: discrimination, xenophobia, and racism experienced by migrants in the social contexts of arrival and which are exacerbated by the lack of distribution, political participation, and recognition. It is concluded that it is necessary to incorporate the framework of social justice in social intervention practices

from a perspective centered on the subjects and the context in which they carry out their daily lives and occupations.

Ricciardelli, L. A. and K. Jaskyte (2019). "A Value-Critical Policy Analysis of Georgia's Beyond a Reasonable Doubt Standard of Proof of Intellectual Disability." Journal of Disability Policy Studies **30**(1): 56-64.
The U.S. Supreme Court's Atkins v. Virginia decision barred the execution of persons with Intellectual disability, but provided minimal specification regarding adjudication. One exception to the lack of instruction was the recommendation that states generally conform to accepted clinical practice and norms, positioning professional associations to take an important role in this discourse. This study uses Chambers and Wedel's value-critical method of analysis to examine the policy element, standard of proof of intellectual disability, within Georgia's 1988 statute prohibiting the execution of persons with intellectual disability. Owing to the public outcry that followed Georgia's controversial execution of Jerome Bowden, who evidenced significant impairments in intellectual and adaptive functioning, the 1988 statute was the first in the nation to bar such executions, and predated the Attains decision by 14 years. However, due to a drafting error, Georgia was also the only state to invoke the highest standard of proof, beyond a reasonable doubt. When states use a standard of proof of intellectual disability that is higher than the lowest standard, a preponderance of the evidence, capital defendants with intellectual disability are at an increased risk for unlawful execution. We present findings and recommendations across the identified analytical contexts. [ABSTRACT FROM AUTHOR]

Riddle, C. A. (2020). "Why we do not need a ‘stronger’ social model of disability." Disability & Society **35**(9): 1509-1513.
Recent calls to amend the social model of disability to articulate and defend a broader set of rights for people with disabilities should be met with critical reflection. For example, Berghs et al. suggest a move to a ‘stronger’ social model - one that acts as a response to the threats against disabled people’s human rights. While the article brings to the forefront the many violations of human rights present in the lives of people with disabilities, it nonetheless mischaracterizes the solution. While people with disabilities do face tremendous injustices, many of which can rightly be thought of as violations of human rights, the proper target of our concern should be on how we conceptualize the notions of equality and justice to inform sound policy, and not on how we model the experience of disability. I suggest these arguments put the cart before the horse. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Rubeis, G. and F. Steger (2019). "A burden from birth? Non-invasive prenatal testing and the stigmatization of people with disabilities." Bioethics **33**(1): 91-97.
The notion of being a burden to others is mostly discussed in the context of care-intensive diseases or end-of-life decisions. But the notion is also crucial in decision-making at the beginning of life, namely regarding prenatal testing. Ever more sophisticated testing methods, especially non-invasive prenatal testing (NIPT), allow the detection of genetic traits in the unborn child that may cause disabilities. A positive result often influences the decision of the pregnant women towards a termination of the pregnancy. Thus, critics claim that these testing methods send a negative message to people with disabilities. At the core of this is what we call the burden assumption. This assumption claims that children with disabilities are necessarily a burden to others, especially to their parents and other family members. In this paper, we discuss what being a burden to others means in this context and how such an attitude can be avoided without restraining reproductive autonomy. A closer examination shows that the burden assumption is mostly based on misinformation and a false model of disability. Empirical studies as well as narrative evidence from parents who raise a child with disabilities

show that the burden assumption is wrong. Raising a child with disabilities does not necessarily mean a decrease in the quality of life. We show how the burden assumption can be challenged through an advanced genetic counselling that combines empirical evidence with narratives from a first-person perspective. (© 2018 John Wiley & Sons Ltd.)

Sawaf, S. (2022). "Applying Theoretical Perspectives and Activism to Understand and Combat Mental Health Stigma." Journal of Recovery in Mental Health **5**(2): 42-46.
Mental health-related stigma results in individual, communal, and societal consequences such as stereotypical thoughts, prejudiced feelings and attitudes, discriminatory behaviours, social injustice, and inequity toward individuals with mental health issues. As a result, individuals living with mental illness often experience decreased self-esteem, loss of identity, isolation, exacerbated mental illness, internalized self-stigma, housing and employment discrimination, academic challenges, and barriers in various aspects of life. Research indicated that stigma continues to persist despite increased knowledge about mental health, expanded treatment options, and an abundance of mental health promotion and stigma reduction programs. Thus, we must further examine mental health-related stigma from various theoretical conceptualizations to understand its persistence. This paper applied two theoretical frameworks: Social Learning Theory and Sociological Imagination Theory to better understand mental health stigma. It argues that activism aids in reducing mental health stigma. This paper also suggests that program developers of future mental health stigma reduction efforts should apply activism into their initiatives to promote social justice and equity for people living with mental disorders. [ABSTRACT FROM AUTHOR]

Saxton, K. (2021). "Whose Responsibility is Equity and Social Justice within the Higher Education System? Reflections on the Australian university sector during the COVID-19 pandemic." Social Alternatives **40**(4): 15-24.
Covid-19 has had a dramatic impact on the delivery and implementation of university courses globally. These impacts have had a disproportionate impact on communities already marginalised, as deep-seeded structural inequalities result in those most vulnerable bearing the brunt of economic, physical, and emotional costs. Against the backdrop of neo-liberalism, the university sector moves to slash operational costs in response to the hypothesised loss in international student revenue. While the international student community suffers increased social vulnerability due to the impacts of Covid-19, market-driven government rhetoric continues to promote the international student "market" as a coveted income stream. This creates significant ethical and moral tensions as educators are exposed to the front-line realities of student disadvantage and inequality. By drawing from core social work concepts of social justice and human rights, this critical narrative reflects on the experiences of a social work academic teaching in the Covid-19 education context. It seeks to consider the diverse roles and responsibilities of government, universities and global citizens in response to the ethical conundrum that is the modern Australian higher education sector. [ABSTRACT FROM AUTHOR]

Schnellert, L., et al. (2023). ""You have the right to love and be loved": participatory theatre for disability justice with self-advocates." Qualitative Research **23**(2): 467-485.
Individuals with intellectual disability are often left out of and overlooked in discussions on sexual health and sexuality. Given this, we undertook a participatory theatre research project to better respond to the needs of the individuals with intellectual and developmental disability regarding their sexual agency and sexual citizenship. The project, entitled Romance, Relationships, and Rights arose when the executive director of a community living agency approached researchers at the University of British Columbia's Canadian Institute for Inclusion and Citizenship to learn about how they, as

an agency, could better support their community. To disrupt sexual ableism and traditional theatre hierarchies, we collaboratively turned to participatory and disability theatre with the aim to advance and promote the sexual citizenship of individuals with intellectual and developmental disability, who refer to themselves as self-advocates - those who speak and act with agency. The challenges of equitable co-creation arose throughout the theatre process; the themes of deconstruction/co-construction and uncertainty and liminality reveal the iterative process of centering self-advocate voices. [ABSTRACT FROM AUTHOR]

Shaio, M.-F. (2021). "The impact of racism on rheumatic fever rates." Kai Tiaki Nursing New Zealand **27**(1): 36-37.

Shook, J., et al. (2020). "Moving beyond poverty: Effects of low-wage work on individual, social, and family well-being." Families in Society **101**(3): 249-259.
Social work has long been committed to eliminating poverty, which is at the root of many of the social issues and challenges we address. Over 40% of the U.S. workforce makes less than $15/hour, and the accumulating evidence suggests this is not enough to meet basic needs. In this introduction to a special issue about low-wage work, we describe what is known regarding the experiences and well-being of low-wage workers, as well as promising policy and practice ideas to better support working families. We provide an overview of the included articles and conclude with encouragement for social workers to move beyond a narrow focus on poverty and more broadly consider the struggles and well-being of low-wage workers and their families. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Siegel, J. L. (2022). "COVID-19 Pandemic: Health Impact on Unaccompanied Migrant Children." Social Work **67**(3): 218-227.
From the point of apprehension by U.S. Customs and Border Protection at the U.S.–Mexican border to their reunification with sponsors in U.S. communities, unaccompanied children (UC) face political, social, and economic conditions, heightening their risk for mental and physical health burdens that may be exacerbated during the COVID-19 pandemic. Such risk underscores the importance of social work practice and advocacy for the improved treatment and experiences of UC. This article uses a structural vulnerability conceptual lens to summarize the existing literature regarding UC and argues that UC's liminal immigration status, economic precarity, and lack of healthcare access place this group at high structural vulnerability during the pandemic. Further, this article identifies and describes three contexts of structural vulnerability of UC that are important points of social work intervention: (1) at the border, where migrant children are denied their legal right to seek protection; (2) in detention and shelter facilities; and (3) during reunification with sponsors. This article concludes with important practice and policy opportunities for social workers to pursue to obtain social justice for an important and highly vulnerable migrant child population. [ABSTRACT FROM AUTHOR]

Siegel, J. L. (2022). "COVID-19 Pandemic: Health Impact on Unaccompanied Migrant Children." Social Work **67**(3): 218-227.
From the point of apprehension by U.S. Customs and Border Protection at the U.S.–Mexican border to their reunification with sponsors in U.S. communities, unaccompanied children (UC) face political, social, and economic conditions, heightening their risk for mental and physical health burdens that may be exacerbated during the COVID-19 pandemic. Such risk underscores the importance of social work practice and advocacy for the improved treatment and experiences of UC. This article uses a structural vulnerability conceptual lens to summarize the existing literature regarding UC and argues that UC's liminal immigration status, economic precarity, and

lack of healthcare access place this group at high structural vulnerability during the pandemic. Further, this article identifies and describes three contexts of structural vulnerability of UC that are important points of social work intervention: (1) at the border, where migrant children are denied their legal right to seek protection; (2) in detention and shelter facilities; and (3) during reunification with sponsors. This article concludes with important practice and policy opportunities for social workers to pursue to obtain social justice for an important and highly vulnerable migrant child population.

Smith, P., et al. (2021). "Cultural responsiveness for mental health professionals working with Aboriginal and Torres Strait Islander clients: a concept analysis." Australian Psychologist **56**(6): 446-457.

Objective: An analysis of the literature was conducted to clearly define the meaning of cultural responsiveness as it applies to the work of mental health practitioners who engage with Aboriginal and Torres Strait Islander clients. Method: This concept analysis utilised Rogers' (2000) protocol, seeking to understand the key terms defining cultural responsiveness. A search of databases yielded a sample of 13 articles for analysis after screening and quality assessment. Results: Five major themes emerged, which were considered definitive of cultural responsiveness: Knowledge, Inclusive Relationships, Cultural Respect, Social Justice/ Human Rights, and Self-Reflection. Conclusion: These themes are presented as core values or components of culturally responsive mental health services with Aboriginal and Torres Strait Islander clients. The implications for practitioner professional development and the education of students within mental health disciplines are also discussed. KEY POINTS What is already known about this topic: Cultural responsiveness is a fundamental requirement for mental health practitioners working with Aboriginal and Torres Strait Islander people. Cultural responsiveness is a core learning component for students of psychology aspiring to work as mental health practitioners. Cultural responsiveness is not clearly defined within the literature. What this topic adds: Cultural responsiveness is a recursive dynamic which differs from past linear models. Cultural responsiveness is a more embracing term than previous terms and consists of overlapping features, including knowledge, inclusive relationships, cultural respect, social justice and self-reflection. Cultural responsiveness elicits a personal response from practitioners. [ABSTRACT FROM AUTHOR]

Stanton, A. E. and S. J. Rose (2020). "The Mental Health of Mothers Currently and Formerly Incarcerated in Jails and Prisons: An Integrative Review on Mental Health, Mental Health Treatment, and Traumatic Experiences." Journal of Forensic Nursing **16**(4): 224-231.

Supplemental digital content is available in the text. Most incarcerated women in the United States are mothers who report high rates of mental health issues and traumatic experiences, yet their needs are often overlooked because they comprise a smaller proportion of the incarcerated population compared with men. Objective: This integrative review aimed to synthesize the literature on the mental health, mental health treatment, and traumatic experiences of currently and formerly incarcerated mothers. Methods: We searched PsychINFO, CINAHL, and Criminal Justice Abstracts for all research articles that were written in English; included adult mothers who were incarcerated or incarcerated and released; and contained findings related to mental health, mental health treatment, or traumatic experiences. Results: Thirty-four articles met the inclusion criteria. Mothers had high rates of moderate-to-severe mental health problems and high childhood and adult trauma rates, especially intimate partner violence. Mothers faced barriers to treatment yet showed psychological resilience and active coping skills. Implications: Nurses can recognize risk factors for women's incarceration and assess mental health symptoms and trauma, especially interpersonal violence. Nurses can use assessment findings to refer mothers to treatment and community resources and support their reuniting with their children. Nurses can also provide trauma-informed care and education about mental health topics and advocate for mental health treatment prerelease and postrelease. Staff education and organizational interventions to reduce burnout may remove additional barriers to care.

Stonehouse, D. P. (2021). "Understanding nurses' responsibilities in promoting equality and diversity." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **36**(6): 27-33.
Nurses have a duty to promote the values of equality and diversity during their interactions with patients and their families and carers, as well as peers and colleagues. This article defines the terms equality, diversity and inclusion, and explains the importance of the Equality Act 2010 and the Human Rights Act 1998 in protecting people from various types of discrimination. It also outlines nurses' responsibilities in promoting equality and diversity by treating all patients and colleagues with respect and dignity, providing compassionate leadership, and practising in accordance with the ethical principle of justice. The article encourages and empowers nurses to recognise and challenge discrimination wherever they see it, thereby delivering high-quality care to all patients.; Competing Interests: None declared (© 2021 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

Sullivan, W. F., et al. (2022). "Ethics framework and recommendations to support capabilities of people with intellectual and developmental disabilities during pandemics." Journal of Policy & Practice in Intellectual Disabilities **19**(1): 116-124.
A growing body of knowledge highlights the negative impact of the COVID-19 pandemic on the health and well-being of many people with intellectual and developmental disabilities (IDDs) and their caregivers. The underlying reasons are not only due to biomedical factors but also ethical issues. They stem from longstanding and pervasive structural injustices and negative social attitudes that continue to devalue people with IDD and that underlie certain clinical decisions and frameworks for public-health policies during this pandemic. Unless these fundamental ethical shortcomings are addressed, pandemic responses will continue to undermine the human rights and well-being of people with IDD. This paper proposes an ethics framing for policy and practices regarding clinical care and public health based on Martha Nussbaum's approach to Capability Theory. Such a framework can reorient healthcare professionals and healthcare systems to support the capabilities of people with IDD to protect, recover, and promote health and well-being. It could be applied during this pandemic and in planning for future pandemics. The paper presents some practical recommendations that follow from applying this framework. [ABSTRACT FROM AUTHOR]

Sullivan, W. F., et al. (2022). "Ethics framework and recommendations to support capabilities of people with intellectual and developmental disabilities during pandemics." Journal of Policy & Practice in Intellectual Disabilities **19**(1): 116-124.
A growing body of knowledge highlights the negative impact of the COVID-19 pandemic on the health and well-being of many people with intellectual and developmental disabilities (IDDs) and their caregivers. The underlying reasons are not only due to biomedical factors but also ethical issues. They stem from longstanding and pervasive structural injustices and negative social attitudes that continue to devalue people with IDD and that underlie certain clinical decisions and frameworks for public-health policies during this pandemic. Unless these fundamental ethical shortcomings are addressed, pandemic responses will continue to undermine the human rights and well-being of people with IDD. This paper proposes an ethics framing for policy and practices regarding clinical care and public health based on Martha Nussbaum's approach to Capability Theory. Such a framework can reorient healthcare professionals

and healthcare systems to support the capabilities of people with IDD to protect, recover, and promote health and well-being. It could be applied during this pandemic and in planning for future pandemics. The paper presents some practical recommendations that follow from applying this framework.

Tierney, M. (2021). "Person-Centered Mental Health Care Access, Equity, and Justice." Journal of the American Psychiatric Nurses Association **27**(2): 174-176.

Vargas, D. Z. (2020). "How Poverty Became a Violation of Human Rights: The Production of a New Political Subject, France and Belgium, 1964-88." History of Political Economy **52**(3): 449-517.
The article focuses on Belgium and France have created the most innovative systems of poverty reduction and consider poverty as a violation of human rights. It mentions systems created in isolation from existing social security institutions were supposed to function as an universal safety net. It also mentions transformation of the scientific, economic, and sociological categories regularly deployed to represent poverty, which were equally articulated around a new conception of social justice.

Wenzel, T., et al. (2021). "FGM and Restorative Justice-A Challenge for Developing Countries and for Refugee Women." International journal of environmental research and public health **18**(17).
Female Genital Mutilation (FGM) has been identified as one of the most serious human rights violations women are exposed to in many countries, in spite of national and international efforts. The actual implementation of preventive strategies and support of victims faces a number of challenges that can only be addressed by an interdisciplinary approach integrating public health and legal considerations. FGM in the context of women as refugees who left their country to escape FGM has rarely been covered in this context. This article summarizes the most important international standards and initiatives against FGM, highlights the medical, legal, and psychological factors identified so far, and explores the interdisciplinary considerations in changing a country and society to permit safe return of those escaping FGM to third countries and support public health in the country.

Wispelwey, B. and Y. Abu Jamei (2020). "The Great March of Return: Lessons from Gaza on Mass Resistance and Mental Health." Health & Human Rights: An International Journal **22**(1): 179-185.
The Gaza Strip is under an Israeli land, sea, and air blockade that is exacerbated by Egyptian restrictions and imposes an enormous cost in terms of human suffering. The effects of blockade, poverty, and frequent attacks suffered by the population have taken a significant toll on people's mental health. The Great March of Return, a mass resistance movement begun in March 2018, initially provided a positive impact on community mental health via a sense of agency, hope, and unprecedented community mobilization. This improvement, however, has since been offset by the heavy burden of death, disability, and trauma suffered by protestors and family members, as well as by a failure of local and international governments to alleviate conditions for Palestinians in Gaza. Reflecting on the ephemerality of the material and political gains of this movement, this paper shows that Palestinian and international health practitioners have an opportunity to develop an understanding of the psychosocial consequences of community organizing and mass resistance while simultaneously providing holistic mental and physical health care to community members affected by the events of the Great March of Return and other efforts.

Yozwiak, D., et al. (2022). "The Mental Health of Refugees during a Pandemic: Striving toward Social Justice through Social Determinants of Health and Human Rights." Asian

Bioethics Review **14**(1): 9-23.
This paper is the second of two in a series. In our first paper, we presented a social justice framework emerging from an extensive literature review and incorporating core social determinants specific to mental health in the age of COVID-19 and illustrated specific social determinants impacting mental health (SDIMH) of our resettled Bhutanese refugee population during the pandemic. This second paper details specific barriers to the SDIMH detrimental to the basic human rights and social justice of this population during this pandemic. The SDIMH, as described, further informs the need for social justice measures and cultural humility in mental healthcare, public health, law, and community engagement. This work concludes with a proposed call to action toward mental health improvement and fair treatment for refugee populations in three core areas: communication and education, social stigma and discrimination, and accessibility and availability of resources. [ABSTRACT FROM AUTHOR]

Zegarra Perales, A. N. (2023). "Educación para la democracia: formación de competencias durante la instrucción universitaria." Education for Democracy: Skills Training during University Instruction. **40**(104): 242-258.
The research has the purpose of analyzing the education of competencies that favor democratic relations, in terms of the formation of ethical and dialogic skills during university instruction. It is a bibliographical study, of a diachronic nature from the deductive rationalist approach. It opposes traditional pedagogical models that, by making solidary commitments impossible, promote social relations that contravene the dignified condition. Therefore, various strategies are used that seek to mediate learning to enable plural, open, participatory societies. It concludes that justice happens by conditioning collective actions to the need to evidence human rights as the foundation of human confluences. (English) [ABSTRACT FROM AUTHOR]

stigma (26)

de Mendonça Lima, C. A., et al. (2022). "IPA and WPA-SOAP position statement on deprivation of liberty of older persons with mental health conditions." International Psychogeriatrics **34**(11): 949-952.
In recognition of the challenges faced by older persons deprived of their liberty, a call was made for input into the 2022 report to the United Nations Human Rights Council (HRC) on older persons. This Position Statement outlines the views of two global organizations, the International Psychogeriatric Association (IPA) and the World Psychiatric Association Section of Old Age Psychiatry (WPA-SOAP), working together to provide rights and dignity-based mental health services to older persons and it was sent to the Independent Expert on the enjoyment of all human rights by older persons at HRC.

Devkota, H. R., et al. (2019). "Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood." BMC Pregnancy & Childbirth **19**(1): N.PAG-N.PAG.
Background: This study reviews the attitudes and behaviours in rural Nepalese society towards women with disabilities, their pregnancy, childbirth and motherhood. Society often perceives people with disabilities as different from the norm, and women with disabilities are frequently considered to be doubly discriminated against. Studies show that negative perceptions held in many societies undervalue women with disabilities and that there is discomfort with questions of their control over pregnancy, childbirth and motherhood, thus limiting their sexual and reproductive rights. Public attitudes towards women with disabilities have a significant impact on their life experiences, opportunities and help-seeking behaviours. Numerous studies in the global literature concentrate on

attitudes towards persons with disabilities, however there have been few studies in Nepal and fewer still specifically on women.Methods: A qualitative approach, with six focus group discussions among Dalit and non-Dalit women without disabilities and female community health volunteers on their views and understandings about sexual and reproductive health among women with disabilities, and 17 face-to-face semi-structured interviews with women with physical and sensory disabilities who have had the experience of pregnancy and childbirth was conducted in Rupandehi district in 2015. Interviews were audio-recorded, transcribed, and translated into English before being analysed thematically.Results: The study found negative societal attitudes with misconceptions about disability based on negative stereotyping and a prejudiced social environment. Issues around the marriage of women with disabilities, their ability to conceive, give birth and safely raise a child were prime concerns identified by the non-disabled study participants. Moreover, many participants with and without disabilities reported anxieties and fears that a disabled woman's impairment, no matter what type of impairment, would be transmitted to her baby, Participants - both disabled and non-disabled, reported that pregnancy and childbirth of women with disabilities were often viewed as an additional burden for the family and society. Insufficient public knowledge about disability leading to inaccurate blanket assumptions resulted in discrimination, rejection, exclusion and violence against women with disabilities inside and outside their homes. Stigma, stereotyping and prejudice among non-disabled people resulted to exclusion, discrimination and rejection of women with disabilities. Myths, folklore and misconceptions in culture, tradition and religion about disability were found to be deeply rooted and often cited as the basis for individual beliefs and attitudes.Conclusion: Women with disabilities face significant challenges from family and society in every sphere of their reproductive lives including pregnancy, childbirth and motherhood. There is a need for social policy to raise public awareness and for improved advocacy to mitigate misconception about disability and promote disabled women's sexual and reproductive rights.

Egli-Gany, D., et al. (2021). "The social and structural determinants of sexual and reproductive health and rights in migrants and refugees: a systematic review of reviews." Eastern Mediterranean Health Journal **27**(12): 1203-1213.
Background: The sexual and reproductive health and rights (SRHR) of migrants and refugees present important public health challenges. Social and structural determinants affect both the general health and SRHR of migrants, but the drivers of SRHR among migrant and refugee populations remain understudied. Aims: To identify upstream social and structural determinants of SRHR health of migrants and refugees reported in systematic reviews. Methods: We conducted a systematic review of reviews. We studied 3 aspects of SRHR: sexually transmitted infections, sexual violence and unintended pregnancy in migrants and refugees. We used an inductive approach to synthesize emerging themes, summarized them in a narrative format and made an adapted version of Dahlgren and Whitehead's social determinants of health (SDH) model. Results: We included 12 systematic reviews, of which 10 were related to sexually transmitted infections, 4 to sexual vi- olence and 2 to unintended pregnancy. We identified 6 themes that operate at 4 different levels in an adapted version of the Dahlgren and Whitehead SDH model: economic crisis and hostile discourse on migration; limited legal entitlements, rights and administrative barriers; inadequate resources and financial constraints; poor living and working conditions; cultural and linguistic barriers; and stigma and discrimination based on migration status, gender, sex and ethnicity. Conclusion: This review provides evidence of how upstream social and structural determinants undermine the SRHR of refugees and migrants. Unless these are addressed in policy-making and planning, the health of migrants and refugees is at risk.

Fabian, E., et al. (2021). "The road to work: Youth with disabilities and their views on

employment and the ADA." Rehabilitation Research, Policy and Education **35**(2): 70-82.
Background: Research indicates that transition-age youth with disabilities face several obstacles with regard to finding employment. However, research on the extent to which barriers and facilitators differ across disability types and contexts is lacking. Objective: The primary purpose of this qualitative study was to understand employment-related challenges encountered by a cross-section of transition-age youth with disabilities across multiple settings. In addition, the study also examined transition-aged youth's knowledge and use of rights under the Americans with Disabilities Act (ADA). Methods: We adopted a focus group strategy to understand the barriers faced by transition-aged youth with disabilities; five focus groups were conducted at five community-based locations in three states (Maryland, Delaware, and Virginia) in Federal Region 3 (i.e., Mid-Atlantic). Participants ranged in age from 16 to 24 (53.5% male; 44.2% White). Findings: Findings indicated that youth with disabilities faced several barriers in the form of stigma, lack of workplace supports and accommodations, their disability condition, and anxiety. In addition, a very small proportion of the sample were aware about the ADA and their rights under Title I. Conclusions: Findings highlight the need to develop programs that equip transition-aged youth with disabilities with the necessary skills as they prepare to enter the work force. In addition, efforts should be targeted at addressing the barriers identified in the study, such as stigma, as well as at increase students' knowledge of the ADA by embedding information within secondary and postsecondary academic curricula. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Girma, E., et al. (2022). "Mental health stigma and discrimination in Ethiopia: evidence synthesis to inform stigma reduction interventions." International Journal of Mental Health Systems **16**(1): 1-18.
Background: People with mental illnesses are at an increased risk of experiencing human rights violations, stigma and discrimination. Even though mental health stigma and discrimination are universal, there appears to be a higher burden in low- and middle-income countries. Anti-stigma interventions need to be grounded in local evidence. The aim of this paper was to synthesize evidence on mental health stigma and discrimination in Ethiopia to inform the development of anti-stigma interventions. Methods: This evidence synthesis was conducted as a part of formative work for the International Study of Discrimination and Stigma Outcomes (INDIGO) Partnership research program. Electronic searches were conducted using PubMed for scientific articles, and Google Search and Google Scholar were used for grey literature. Records fulfilling eligibility criteria were selected for the evidence synthesis. The findings were synthesized using a framework designed to capture features of mental health stigma to inform cultural adaptation of anti-stigma interventions. Results: A total of 37 records (2 grey literature and 35 scientific articles) were included in the evidence synthesis. Some of these records were described more than once depending on themes of the synthesis. The records were synthesized under the themes of explanatory models of stigma (3 records on labels and 4 records on symptoms and causes), perceived and experienced forms of stigma (7 records on public stigma, 6 records on structural stigma, 2 records on courtesy stigma and 4 records on self-stigma), impact of stigma on help-seeking (6 records) and interventions to reduce stigma (12 records). Only two intervention studies assessed stigma reduction— one study showed reduced discrimination due to improved access to effective mental health care, whereas the other study did not find evidence on reduction of discrimination following a community-based rehabilitation intervention in combination with facility-based care. Conclusion: There is widespread stigma and discrimination in Ethiopia which has contributed to under-utilization of available mental health services in the country. This should be addressed with contextually designed and effective stigma reduction interventions that engage stakeholders (service users, service

providers, community representatives and service developers and policy makers) so that the United Nations universal health coverage goal for mental health can be achieved in Ethiopia. [ABSTRACT FROM AUTHOR]

Harden, B., et al. (2023). "Attitudes towards persons with mental health conditions and psychosocial disabilities as rights holders in Ghana: A World Health Organization study." BMC Psychiatry **23**(1).
Background: There are currently major efforts underway in Ghana to address stigma and discrimination, and promote the human rights of those with mental health conditions, within mental health services and the community, working with the World Health Organization's QualityRights initiative. The present study aims to investigate attitudes towards people with lived experience of mental health conditions and psychosocial disabilities as rights holders. Methods: Stakeholders within the Ghanaian mental health system and community, including health professionals, policy makers, and persons with lived experience, completed the QualityRights pre-training questionnaire. The items examined attitudes towards coercion, legal capacity, service environment, and community inclusion. Additional analyses explored how far participant factors may link to attitudes. Results: Overall, attitudes towards the rights of persons with lived experience were not well aligned with a human rights approach to mental health. Most people supported the use of coercive practices and often thought that health practitioners and family members were in the best position to make treatment decisions. Health/mental health professionals were less likely to endorse coercive measures compared to other groups. Conclusion: This was the first in-depth study assessing attitudes towards persons with lived experience as rights holders in Ghana, and frequently attitudes did not comply with human rights standards, demonstrating a need for training initiatives to combat stigma and discrimination and promote human rights. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Illes, J. and H. Lou (2019). "A Cross-Cultural Neuroethics View on the Language of Disability." AJOB Neuroscience **10**(2): 75-84.

Kitafuna, K. B. (2022). "A Critical Overview of Mental Health-Related Beliefs, Services and Systems in Uganda and Recent Activist and Legal Challenges." Community Mental Health Journal **58**(5): 829-834.
As is true throughout the world, Ugandans with lived experience of mental illness, including survivors and those still in treatment or care, have been historically disregarded and mistreated. In Uganda specifically, the treatment and perception of those with mental illness has been historically interwoven with cultural beliefs about witchcraft and spirit possession, as well as the introduction and implementation of Western psychiatric practices (and institutions) during Uganda's colonial period. Both have contributed to punitive practices, stigma and social rejection. Ugandan laws and human rights policies have also largely failed to ensure the rights and community inclusion of persons with psychosocial disabilities. Moving toward the present, a growing movement of human rights advocates have attempted to challenge practices that continue to promote exclusion and coercion. This brief overview of the history of mental health services in Uganda seeks to provide deeper context for current reform efforts.

Koly, K. N., et al. (2022). "Mental Health and Community-Based Rehabilitation: A Qualitative Description of the Experiences and Perspectives of Service Users and Carers in Bangladesh." Community Mental Health Journal **58**(1): 52-66.
Since 2016, Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPB) has been working to include people with psychosocial disabilities in their community-based inclusive development work, and to increase access to formal mental

health care. Field visits were carried out to PHRPBD catchment areas in Dhaka and Chittagong for a case study on the integration of mental health into community-based rehabilitation (CBR). This paper synthesizes the results of twenty-five semi-structured interviews carried out as part of the case study. Participants included people with psychosocial disabilities, intellectual disabilities, epilepsy or other cognitive impairments and their carers as needed. Interviews were audio-recorded, transcribed and translated from Bangla to English, then hand-coded for content analysis. Results were organized into five overarching categories: (1) explanatory models, (2) help-seeking behaviors, (3) impact of services, (4) challenges and barriers to improving mental health, (5) recommendations of users and carers. Respondents either had no explanation for why service users had become unwell or attributed it to physically and/or emotionally traumatic events or supernatural causes. Before attending PHRPBD's mental health services, most had visited formal or informal health care providers, often with disappointing results. Despite positive feedback on PHRPBD's services, participants identified ongoing challenges. Stigma, discrimination and human rights abuses persist and are compounded by issues of gender inequality. Participants also identified barriers and made recommendations specific to the program itself, mainly regarding accessibility (e.g., cost, distance, frequency). This study adds to the limited body of qualitative research on mental health in Bangladesh, reinforcing previous findings on explanatory models and health-seeking behaviors while providing new insights into the impact of a CBR program in this context. Feedback of service users and carers suggests that CBR may indeed be a useful approach to increase access to services in Bangladesh for people with psychosocial or intellectual disabilities, epilepsy or other cognitive impairments. However, this program is not without its limitations, some of which are the product of broader issues within the mental health system and others of the social and cultural context. More research is needed to formally evaluate this and other CBR programs in the Global South.

Li, J., et al. (2021). "Cross-sectional study of mental health related knowledge and attitudes among care assistant workers in Guangzhou, China." International Journal of Mental Health Systems **15**.

Background: Care assistant workers (CAWs) are a part of a new pattern of mental health care providers in China and play a significant role in bridging the human resource shortage. CAWs in China mainly include community cadres, community mental health staff, and community policemen. The mental health related knowledge and attitudes of CAWs could influence their mental health care delivery. This study aimed to assess mental health related knowledge and attitudes of CAWs in Guangzhou, China. Methods: In November 2017, a study was conducted among 381 CAWs from four districts of Guangzhou, China. Participants were assessed using the Perceived Devaluation and Discrimination Scale (PDD), the Mental Health Knowledge Schedule (MAKS), and the Mental illness: Clinicians’ Attitudes (MICA) Scale. Data were analyzed by descriptive statistics, ANOVA, Bonferroni corrections and multivariable linear regression. Results: The mean scores (standard deviation) of PDD, MAKS and MICA were 36.45 (6.54), 22.72 (2.56), and 51.67 (7.88), respectively. Univariate analyses showed that the older CAWs, community policemen and those who were less willing to deliver care to people with mental illness had significant higher MICA scores when compared with other staff ($P < 0.001$). Multivariable linear regression showed that after controlling for key variables, care willingness and PDD total score were positively associated with the MICA total score (all $P < 0.05$), while attitudes on additional items were significant negatively with the MICA total score (all $P < 0.01$). Conclusion: These findings suggest negative attitudes towards people with mental disorders among CAWs are common, especially among older staff. Community policemen suggest that they applied stereotypes of 'violent mentally ill' people to all people they deal with who have mental disorders. The results also indicate human rights are being paid some attention to now, but need to be further continually improved in the future. Strategies for improving such negative attitudes and reducing the perceived stigma and discrimination should be carried out towards particular staff groups in an anti-stigma programme in Guangzhou, China. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Liebling, H. J., et al. (2020). "Sexual and gender-based violence and torture experiences of Sudanese refugees in Northern Uganda: health and justice responses." International Journal of Migration, Health & Social Care **16**(4): 389-414.
Purpose: This British Academy/Leverhulme-funded research (Grant number: SG170394) investigated the experiences and impact of sexual and gender-based violence (SGBV) and torture on South Sudanese refugees' health and rights and the responses of health and justice services in Northern Uganda.
Design/methodology/approach: It involved thematic analysis of the narratives of 20 men and 41 women refugees' survivors of SGBV and torture; this included their experiences in South Sudan, their journeys to Uganda and experiences in refugee settlements. In total, 37 key stakeholders including health and justice providers, police, non-government and government organisations were also interviewed regarding their experiences of providing services to refugees. Findings: All refugees had survived human rights abuses carried out in South Sudan, on route to Uganda and within Uganda. Incidents of violence, SGBV, torture and other human rights abuses declined significantly for men in Uganda, but women reported SGBV incidents. The research demonstrates linkages between the physical, psychological, social/cultural and justice/human rights impact on women and men refugees, which amplified the impact of their experiences. There was limited screening, physical and psychological health and support services; including livelihoods and education. Refugees remained concerned about violence and SGBV in the refugee settlements. While they all knew of the reporting system for such incidents, they questioned the effectiveness of the process. For this reason, women opted for family reconciliation rather than reporting domestic violence or SGBV to the authorities. Men found it hard to report incidences due to high levels of stigma and shame. Research limitations/implications: Refugees largely fled South Sudan to escape human rights abuses including, persecution, SGBV and torture. Their experiences resulted in physical, psychological, social-cultural and justice effects that received limited responses by health and justice services. An integrated approach to meeting refugees' needs is required. Practical implications: The authors make recommendations for integrated gender sensitive service provision for refugees including more systematic screening, assessment and treatment of SGBV and torture physical and emotional injuries combined with implementation of livelihoods and social enterprises. Social implications: The research demonstrates that stigma and shame, particularly for male refugee survivors of SGBV and torture, impacts on ability to report these incidents and seek treatment. Increasing gender sensitivity of services to these issues, alongside provision of medical treatment for injuries, alongside improved informal justice processes, may assist to counteract shame and increase disclosure. Originality/value: There is currently a lack of empirical investigation of this subject area, therefore this research makes a contribution to the subject of understanding refugees' experiences of SGBV and torture, as well as their perceptions of service provision and response. This subject is strategically important due to the pressing need to develop integrated, gendered and culturally sensitive services that listen to the voices and draw on the expertise of refugees themselves while using their skills to inform improvements in service responses and policy.

Loutet, M. G., et al. (2022). "Sexual and reproductive health factors associated with child, early and forced marriage and partnerships among refugee youth in a humanitarian setting in Uganda: Mixed methods findings." African Journal of Reproductive Health **26**: 66-77.
Preventing early and forced marriage is a global priority, however, sexual and

reproductive health (SRH) among youth remains understudied in humanitarian settings. This study examined child, early and forced marriage and partnership (CEFMP) among young refugees in Bidi Bidi refugee settlement, Uganda, and associations with SRH outcomes among young women. This mixedmethods study involved a qualitative phase with young (16-24 years) sexual violence survivors (n=58), elders (n=8) and healthcare providers (n=10), followed by a quantitative phase among refugee youth (16-24 years; n=120) during which sociodemographic and SRH data were collected. We examined SRH outcome differences by CEFMP using Fisher's exact test. Qualitative data showed that CEFMP was a significant problem facing refugee young women driven by stigma, gender norms and poverty. Among youth refugee survey participants, nearly one-third (31.7%) experienced CEFMP (57.9% women, 42.1% men). Among women in CEFMP compared to those who were not, a significantly higher proportion reported forced pregnancy (50.0% vs. 18.4%, p-value=0.018), forced abortion (45.4% vs. 7.0%, p-value=0.002), and missed school due to sexual violence (94.7% vs. 63.0%, p-value=0.016). This study illustrates the need for innovative community-engaged interventions to end CEFMP in humanitarian contexts in order to achieve sexual and reproductive health and rights for youth.

Mahomed, F., et al. (2019). "'They love me, but they don't understand me': Family support and stigmatisation of mental health service users in Gujarat, India." The International journal of social psychiatry **65**(1): 73-79.
Background: Family life is a near-universal condition and a fundamental human right. It can also have a significant impact on mental health, including recovery from mental health conditions. In India, families play a considerable role, representing a source of social, cultural, religious and, often, financial support. However, families can also play a stigmatising role.; Aim: To examine the experiences of mental health service users (MHSUs) relating to stigma and support provided by family members and to consider ways in which family support can be improved.; Method: This is a qualitative study. A total of 17 residential MHSUs at the Ahmedabad Hospital for Mental Health were interviewed. The results were evaluated using thematic content analysis.; Results: The results revealed that all 17 MHSUs considered their families to be important sources of support, while 14 of the 17 MHSUs also experienced stigma emanating from their families. A total of 11 experienced lack of knowledge, 4 spoke of prejudicial attitudes and 5 mentioned discriminatory behaviours. There were important gender differences in experiences. MHSUs mentioned needs ranging from education and peer support for family members to financial support.; Conclusions: Families act both as sources of support and stigmatisation. Education needs are considerable, while the need for peer support for families and resources to aid families in supporting people with mental health conditions are also important considerations.

Markham, S. (2023). "The Need for Practicable Normative Right-based Social Work Practice in Secure and Forensic Mental Health Services." British Journal of Social Work **53**(3): 1726-1734.
We (both author and reader) will explore the need to develop a practicable evaluative human rights-based approach to the care, treatment and discharge of forensic mental health patients. It can be argued that patients in secure and forensic services are potentially the most marginalised and extensively stigmatised of all patient cohorts, and that the extent to which they are discriminated against should not be underestimated. We will consider the concept of right-based practice in secure and forensic mental health settings, and how the quality of practice can be strengthened. We will ground our exploration in the lived experiences of secure and forensic mental health patients and seek through the lens of lived experience to envisage what could constitute fairer and more supportive systems of care.

Math, S., et al. (2019). "The rights of persons with disability act, 2016: Challenges and opportunities." Indian Journal of Psychiatry **61**: 809-815.

India signed the United Nations Convention on the Rights of Person with Disabilities (UNCRPD) and subsequently ratified the same on October 1, 2007. The UNCRPD proclaims that disability results from an interaction of impairments with attitudinal and environmental barriers which hinders full and active participation in society on an equal basis. Further, the convention also mandates the signatories to change their national laws, to identify and eliminate obstacles and barriers, and to comply with the terms of the UNCRPD. In this regard, the Government of India initially undertook the amendment of laws such as Persons with Disability Act, 1995 (PWD Act 1995). The Rights of PWD Act, 2016 (RPWD Act 2016) replaced the PWD Act 1995 to comply with the UNCRPD. The new act was fine-tuned considering the socio-cultural and local needs of the society, and the available resources. Persons with Mental Illness (PMI) are often stigmatized and discriminated, which hinders their full and active participation in society. This is a much larger issue, especially in women, gender minorities, backward communities, and the poor and the migrated populations. Adding to the complexities, PMIs are often not aware of their illness, refuse the much-needed treatment and often are not in a place to exercise their rights. There is an urgent need to address this issue of attitudinal barrier so that the rights of PMI are upheld. Hence, this article discusses challenges and opportunities in the RPWD Act 2016 from the perspective of PMI.

Mukhopadhyay, S. and E. Moswela (2020). "Disability Rights in Botswana: Perspectives of Individuals With Disabilities." Journal of Disability Policy Studies **31**(1): 46-56.

Even though the United Nations Convention on the Rights of Persons With Disabilities (UN-CRPD) 2006 has been in existence for the last 10 years, the Government of Botswana has not ratified the convention. As a result, individuals with disabilities (IWDs) fail to access services and are at the mercy of the service providers. This qualitative study involved in-depth interviews with 30 IWDs about their experiences related to disability rights. Analysis of the data indicated that IWDs face several challenges in exercising their basic rights; these challenges being (a) stigmatization, (b) infrastructural barriers, (c) transport barriers, and (d) information barriers. Findings suggested that awareness of disability rights among IWDs, caregivers, and the general public was generally low. As a result, many IWDs were not aware of their rights and therefore could not exercise their rights fully.

Pulido, J. S. (2022). "Social justice as a moral and normative framework for social intervention with migrant citizens." Brazilian Journal of Occupational Therapy / Cadernos Brasileiros de Terapia Ocupacional **30**: 1-15.

Theoretical analysis of Fraser's and Honneth's critical perspectives on social justice is made, presenting their relationship with migration as a current social phenomenon; also, the different social problems faced by migrants, which require normative and moral frameworks that promote social recognition through social participation in the spaces of daily life. At the same time, the different types of justice (distributive and recognition) are presented as the theoretical basis for the design of intervention devices to reduce the social gaps that originate from social injustices: discrimination, xenophobia, and racism experienced by migrants in the social contexts of arrival and which are exacerbated by the lack of distribution, political participation, and recognition. It is concluded that it is necessary to incorporate the framework of social justice in social intervention practices from a perspective centered on the subjects and the context in which they carry out their daily lives and occupations.

Rahman, M., et al. (2021). "Mental distress and human rights violations during COVID-19: A rapid review of the evidence informing rights, mental health needs, and public policy around vulnerable populations." Frontiers in Psychiatry **11**.

Background: COVID-19 prevention and mitigation efforts were abrupt and challenging for most countries with the protracted lockdown straining socioeconomic activities. Marginalized groups and individuals are particularly vulnerable to adverse effects of the pandemic such as human rights abuses and violations which can lead to psychological distress. In this review, we focus on mental distress and disturbances that have emanated due to human rights restrictions and violations amidst the pandemic. We underscore how mental health is both directly impacted by the force of pandemic and by prevention and mitigation structures put in place to combat the disease. Methods: We conducted a review of relevant studies examining human rights violations in COVID-19 response, with a focus on vulnerable populations, and its association with mental health and psychological well-being. We searched PubMed and Embase databases for studies between December 2019 to July 2020. Three reviewers evaluated the eligibility criteria and extracted data. Results: Twenty-four studies were included in the systematic inquiry reporting on distress due to human rights violations. Unanimously, the studies found vulnerable populations to be at a high risk for mental distress. Limited mobility rights disproportionately harmed psychiatric patients, low-income individuals, and minorities who were at higher risk for self-harm and worsening mental health. Healthcare workers suffered negative mental health consequences due to stigma and lack of personal protective equipment and stigma. Other vulnerable groups such as the elderly, children, and refugees also experienced negative consequences. Conclusions: This review emphasizes the need to uphold human rights and address long term mental health needs of populations that have suffered disproportionately during the pandemic. Countries can embed a proactive psychosocial response to medical management as well as in existing prevention strategies. International human rights guidelines are useful in this direction but an emphasis should be placed on strengthening rights informed psychosocial response with specific strategies to enhance mental health in the long-term. We underscore that various fundamental human rights are interdependent and therefore undermining one leads to a poor impact on the others. We strongly recommend global efforts toward focusing both on minimizing fatalities, protecting human rights, and promoting long term mental well-being. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Ruzibiza, Y. (2021). "'They are a shame to the community ... ' stigma, school attendance, solitude and resilience among pregnant teenagers and teenage mothers in Mahama refugee camp, Rwanda." Global Public Health **16**(5): 763-774.
Mahama refugee camp in Rwanda, whose population is predominately Burundian, has registered a rapid rise in pregnancies among girls between 13 and 15 years. In Rwanda, pregnant girls are encouraged to remain in school as long as their health and the health of the child is not jeopardised. Yet this study found that the majority of pregnant teenagers and teen mothers in Mahama are not in school due to the stigma associated with teenage pregnancy. This paper describes how pregnant teenagers and teen mothers experience stigma in terms of solitude and isolation. I draw on Bourdieusian theories of capital to expand on the analysis of solitude, to highlight how teen mothers use this solitude or isolation to rebuild their self-esteem and the symbolic capital which they lose when they become pregnant. The study suggests that despite the existence of a policy guaranteeing certain rights to girls, closer attention should be paid to the contextual barriers that may hinder pregnant teenagers or teen mothers from exercising these rights.

Sango, P. N. and R. Deveau (2022). "A Scoping Review of Empirical Literature on People with Intellectual Disability in Nigeria." Disabilities **2**(3): 474-487.

Schenk, K. D., et al. (2020). ""Even the fowl has feelings": access to HIV information and services among persons with disabilities in Ghana, Uganda, and Zambia." Disability & Rehabilitation **42**(3): 335-348.

Background: Persons with disabilities have often been overlooked in the context of HIV and AIDS risk prevention and service provision. This paper explores access to and use of HIV information and services among persons with disabilities. Methods: We conducted a multi-country qualitative research study at urban and rural sites in Uganda, Zambia, and Ghana: three countries selected to exemplify different stages of the HIV response to persons with disabilities. We conducted key informant interviews with government officials and service providers, and focus group discussions with persons with disabilities and caregivers. Research methods were designed to promote active, meaningful participation from persons with disabilities, under the guidance of local stakeholder advisors. Results: Persons with disabilities emphatically challenged the common assumption that persons with disabilities are not sexually active, pointing out that this assumption denies their rights and – by denying their circumstances – leaves them vulnerable to abuse. Among persons with disabilities, knowledge about HIV was limited and attitudes towards HIV services were frequently based upon misinformation and stigmatising cultural beliefs; associated with illiteracy especially in rural areas, and rendering people with intellectual and developmental disability especially vulnerable. Multiple overlapping layers of stigma towards persons with disabilities (including internalised self-stigma and stigma associated with gender and abuse) have compounded each other to contribute to social isolation and impediments to accessing HIV information and services. Participants suggested approaches to HIV education outreach that emphasise the importance of sharing responsibility, promoting peer leadership, and increasing the active, visible participation of persons with disabilities in intervention activities, in order to make sure that accurate information reflecting the vulnerabilities of persons with disabilities is accessible to people of all levels of education. Fundamental change to improve the skills and attitudes of healthcare providers and raise their sensitivity towards persons with disabilities (including recognising multiple layers of stigma) will be critical to the ability of HIV service organisations to implement programs that are accessible to and inclusive of persons with disabilities. Discussion: We suggest practical steps towards improving HIV service accessibility and utilisation for persons with disabilities, particularly emphasising the power of community responsibility and support; including acknowledging compounded stigma, addressing attitudinal barriers, promoting participatory responses, building political will and generating high-quality evidence to drive the continuing response. Conclusions: HIV service providers and rehabilitation professionals alike must recognise the two-way relationship between HIV and disability, and their multiple overlapping vulnerabilities and stigmas. Persons with disabilities demand recognition through practical steps to improve HIV service accessibility and utilisation in a manner that recognises their vulnerability and facilitates retention in care and adherence to treatment. In order to promote lasting change, interventions must look beyond the service delivery context and take into account the living circumstances of individuals and communities affected by HIV and disability. Persons with disabilities are vulnerable to HIV infection but have historically been excluded from HIV and AIDS services, including prevention education, testing, treatment, care and support. Fundamental change is needed to address practical and attitudinal barriers to access, including provider training. Rehabilitation professionals and HIV service providers alike must acknowledge the two-way relationship between HIV and disability: people with disability are vulnerable to HIV infection; people with HIV are increasingly becoming disabled. Peer participation by persons with disabilities in the design and implementation of HIV services s crucial to increasing accessibility. Addressing political will (through the National Strategic Plan for HIV) is crucial to ensuring long-term sustainable change in recognizing and responding to the heightened vulnerability of people with disability to HIV. [ABSTRACT FROM AUTHOR]

Scior, K., et al. (2022). "'Standing up for Myself' (STORM): Development and qualitative

evaluation of a psychosocial group intervention designed to increase the capacity of people with intellectual disabilities to manage and resist stigma." Journal of applied research in intellectual disabilities : JARID **35**(6): 1297-1306.

Background: People with intellectual disabilities are at risk of experiencing stigma and require the skills and confidence to deal with stigma in their daily lives.; Method: Development and piloting of a 5-session manualised psychosocial group intervention designed to increase the capacity of people with intellectual disabilities aged 16+ to manage and resist stigma. Ten pre-existing groups (N = 67) in third sector and education settings participated. Interviews with participants (n = 26), facilitators (n = 9) and significant others (n = 7) 2-4 months after the intervention assessed perceived impact.; Results: Perceived benefits of the intervention for participants included increased understanding, improved connections with others, drive for advocacy, increased activity and self-efficacy, and opportunity to process difficult events and emotions. Differential impact depending on individuals' pre-existing self-advocacy skills was noted.; Conclusions: This early-stage study indicates that further evaluation is merited to examine feasibility and outcomes of the STORM intervention. (© 2022 The Authors. Journal of Applied Research in Intellectual Disabilities published by John Wiley & Sons Ltd.)

Scior, K., et al. (2020). "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe." Journal of Policy & Practice in Intellectual Disabilities **17**(2): 165-175.

There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs. [ABSTRACT FROM AUTHOR]

Sharma, B. B., et al. (2022). "Addressing the Syndemics of HIV, Mental Health, and COVID-19 Using the Health and Human Rights Framework among Youth Living with HIV, in Uganda: an Interpretive Phenomenological Study." Journal of human rights and social work **7**(3): 285-298.

Stigma and discrimination negatively impact the prevention, treatment, and care of HIV. The COVID-19 pandemic increased this complexity and created a cluster of synergistic health contexts, wherein the physiological aspects of HIV and the social and environmental conditions increased the vulnerability in health outcomes for youth living with HIV (YPLHIV) in Kampala, Uganda. We used interpretive phenomenological analysis (IPA) and the syndemics framework to understand the lived experiences of YPLHIV. From December 2020 to May 2021, six qualitative focus groups were held with 31 youth living with HIV to understand the lived experiences of YPLHIV. The guided questions used were audio-recorded, transcribed verbatim, and coded for thematic analysis. Findings highlight the complexity of intersecting stigma of HIV and

COVID-19 that have worsened antiretroviral treatment adherence and mental health issues due to lack of access to critical needs such as fears of food insecurity, health-related worries, the fear of perishing due to COVID-19, and human rights concerns related to gender and sexual identity. The study recommends addressing human rights-related concerns in addition to health-related concerns to comprehensively mitigate the syndemics of HIV and COVID-19 for YPLHIV in Uganda.; Competing Interests: Conflict of InterestNot applicable. (© The Author(s), under exclusive licence to Springer Nature Switzerland AG 2022.)

Tenorio, M., et al. (2022). "As far as possible: The relationship between public awareness, social distance, and stigma towards people with intellectual disability." Journal of Policy & Practice in Intellectual Disabilities **19**(4): 419-430.
Research shows that people with intellectual disability (ID) face public stigma. However, a recently published narrative review suggests that this phenomenon has not been explored in a Latin American country. This study fills the gap in our understanding of public stigma towards people with intellectual disability in Chile. 395 adults from the general population (18 to 78 years) participated in the survey. Using the Intellectual Disability Literacy Scale, adapted for Chile, we explored the participants' literacy about ID, their causal beliefs, and desire of social distance. Only 1.3% of the sample identified intellectual disability in the instrument's vignette. The most common causal attribution for the condition was environmental, followed by biomedical factors. Participants showed a high desire of social distance, with higher scores associated with more educated participants. Our findings show that low literacy about intellectual disability and a high desire for social distance are significant factors contributing to public stigma in Chile. These are tangible targets for change that can lead to increased social inclusion and participation of people with intellectual disability in Chile. Any such approaches are likely to be transferable to other Latin American countries and could help reduce public stigma for this population. [ABSTRACT FROM AUTHOR]

White, B. P., et al. (2023). "Exploring Relationships Between State-Level LGBTQ Inclusivity and BRFSS Indicators of Mental Health and Risk Behaviors: A Secondary Analysis." Journal of the American Psychiatric Nurses Association **29**(3): 224-231.

Transients and Migrants (12)

(2019). "[Open letter to migrants]." Assistenza infermieristica e ricerca : AIR **38**(3): 156-157.

Egli-Gany, D., et al. (2021). "The social and structural determinants of sexual and reproductive health and rights in migrants and refugees: a systematic review of reviews." Eastern Mediterranean Health Journal **27**(12): 1203-1213.
Background: The sexual and reproductive health and rights (SRHR) of migrants and refugees present important public health challenges. Social and structural determinants affect both the general health and SRHR of migrants, but the drivers of SRHR among migrant and refugee populations remain understudied. Aims: To identify upstream social and structural determinants of SRHR health of migrants and refugees reported in systematic reviews. Methods: We conducted a systematic review of reviews. We studied 3 aspects of SRHR: sexually transmitted infections, sexual violence and unintended pregnancy in migrants and refugees. We used an inductive approach to synthesize emerging themes, summarized them in a narrative format and made an adapted version of Dahlgren and Whitehead's social determinants of health (SDH) model. Results: We included 12 systematic reviews, of which 10 were related to sexually transmitted infections, 4 to sexual vi- olence and 2 to unintended pregnancy. We identified 6 themes that operate at 4 different levels in an adapted version of the Dahlgren and Whitehead

SDH model: economic crisis and hostile discourse on migration; limited legal entitlements, rights and administrative barriers; inadequate resources and financial constraints; poor living and working conditions; cultural and linguistic barriers; and stigma and discrimination based on migration status, gender, sex and ethnicity. Conclusion: This review provides evidence of how upstream social and structural determinants undermine the SRHR of refugees and migrants. Unless these are addressed in policy-making and planning, the health of migrants and refugees is at risk.

Endler, M., et al. (2020). "Sexual and reproductive health and rights of refugee and migrant women: gynecologists' and obstetricians' responsibilities." International Journal of Gynecology & Obstetrics **149**(1): 113-119.
Ensuring universal access to sexual and reproductive healthcare services is Target 3.7 of the United Nations Sustainable Development Goals (SDG). Refugee and migrant women and children are at particular risk of being forgotten in the global momentum to achieve this target. In this article we discuss the violations of sexual and reproductive health and rights (SRHR) of particular relevance to the refugee and migrant reality. We give context-specific examples of denial of health services to vulnerable groups; lack of dignity as a barrier to care; the vulnerability of adolescents; child marriage; weaponized rape; gender-based violence; and sexual trafficking. We discuss rights frameworks and models that are being used in response to these situations, as well as what remains to be done. Specifically, we call for obstetricians and gynecologists to act as individual providers and through their FIGO member societies to protect women's health and rights in these exposed settings.

Fotaki, M. (2019). "A Crisis of Humanitarianism: Refugees at the Gates of Europe." International journal of health policy and management **8**(6): 321-324.
Having initially welcomed more than a million refugees and forced migrants into Europe between 2015 and 2016, the European Union's (EU's) policy has shifted toward externalising migration control to Turkey and Northern Africa. This goes against the spirit of international conventions aiming to protect vulnerable populations, yet there is widespread indifference toward those who remain stranded in Italy, Greece and bordering Mediterranean countries. Yet there are tens of thousands living in overcrowded reception facilities that have, in effect, turned into long-term detention centres with poor health and safety for those awaiting resettlement or asylum decisions. Disregard for humanitarian principles is predicated on radical inequality between lives that are worth living and protecting, and unworthy deaths that are unseen and unmarked by grieving. However, migration is on the rise due to natural and man-made disasters, and is becoming a global issue that concerns us all. We must therefore deal with it through collective political action that recognises refugees' and forced migrants' right to protection and ensures access to the health services they require. (© 2019 The Author(s); Published by Kerman University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.)

Gee, D. G. and E. M. Cohodes (2019). "A call for action on migrant children's mental health." The lancet. Psychiatry **6**(4): 286.

Lind, J., et al. (2019). "Governing vulnerabilised migrant childhoods through children's rights." Childhood **26**(3): 337-351.
This article analyses four different contexts in Sweden where children's rights have been mobilised to govern vulnerabilised migrant childhoods. The concept of 'vulnerabilisation' is suggested to capture the political processes creating the conditions

for defining and attributing vulnerability. To enable children's rights to be a productive tool for challenging the repressive governing of migrant families and children, the article argues for the need of a problematisation and contextualisation of both the children's rights paradigm and the vulnerabilisation of migrant childhoods.

Mancini, T., et al. (2019). "The opportunities and risks of mobile phones for refugees' experience: A scoping review." PLoS ONE **14**(12): e0225684.
Although mobile phones (MPs) are inexorably changing the forced migration experience, the realm of digital migration studies is still fragmented and lacking an analytical focus. Many research areas are still unexplored, while no narrative, scoping or systematic reviews have been conducted on this topic to date. The present review analyzed scientific contributions in Humanistic and Social Sciences with the aim to provide an overview of existing studies on the role of mobile phones (MPs) on refugees' experience, and to inform practice and policymaking for advancing the use of MPs for the protection of migrants' human rights. A scoping review was conducted using the Arksey and O'Malley framework and the JBI Reviewer's Manual recommendations. A three-step search was carried out in four bibliographic databases by three independent reviewers. Review selection and extraction were performed using an interactive team approach. Forty-three theoretical and empirical contributions were selected, and their content analyzed. The contributions ranged from 2013 to 2018 and varied in terms of disciplines, objectives, methodology, contexts, and migrants' origin, with the most studied group being Syrians. Five different topics concerning refugees' experience and MPs' usage emerged: (a) media practices in refugees' everyday lives; (b) opportunity and risks of MPs during the migration journey; (c) the role of MPs in maintaining and developing social relations; (d) potential of MPs for refugees'' self-assertion and self-empowerment; (e) MPs for refugees' health and education. The results showed that modern devices, such as mobile phones, bring both risks and opportunities for refugees' experience, thereby both favouring and threatening asylum seekers' and refugees' human rights. Recommendations to policymaking and services and associations for advancing the use of MPs for the protection of the rights of migrants have been proposed.; Competing Interests: The authors have declared that no competing interests exist.

Meyer, S. R., et al. (2019). "Gender Differences in Violence and Other Human Rights Abuses Among Migrant Workers on the Thailand–Myanmar Border." Violence Against Women **25**(8): 945-967.
We describe human rights violations against migrant workers at the Thailand–Myanmar border, and evaluate differences by gender and industry. This mixed methods study pairs key informant interviews (n = 40) with a cross-sectional quantitative survey of migrant workers from Myanmar (n = 589) recruited via respondent-driven sampling. Key informants described significant hazards during migration, including deception, theft, and physical and sexual abuse, the latter primarily for women. Quantitative results confirmed prevalent mistreatment and abuse, with significant gender differences, most notably women's disproportionate burden of sexual abuse. Current evidence on the nature of experiences, and significant differences by gender, can position prevention and response programming.

Meyer, S. R., et al. (2019). "Gender differences in violence and other human rights abuses among migrant workers on the Thailand–Myanmar border." Violence Against Women **25**(8): 945-967.
We describe human rights violations against migrant workers at the Thailand–Myanmar border, and evaluate differences by gender and industry. This mixed methods study pairs key informant interviews (n = 40) with a cross-sectional quantitative survey of migrant workers from Myanmar (n = 589) recruited via respondent-driven sampling. Key informants described significant hazards during migration, including deception,

theft, and physical and sexual abuse, the latter primarily for women. Quantitative results confirmed prevalent mistreatment and abuse, with significant gender differences, most notably women’s disproportionate burden of sexual abuse. Current evidence on the nature of experiences, and significant differences by gender, can position prevention and response programming. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Monforte, P., et al. (2019). "Deserving citizenship? Exploring migrants' experiences of the 'citizenship test' process in the United Kingdom." The British journal of sociology **70**(1): 24-43.
Since the early 2000s several European countries have introduced language and citizenship tests as new requirements for access to long-term residence or naturalization. The content of citizenship tests has been often presented as exclusionary in nature, in particular as it is based on the idea that access to citizenship has to be 'deserved'. In this paper, we aim to explore the citizenship tests 'from below', through the focus on the experience of migrants who prepare and take the 'Life in the UK' test, and with particular reference to how they relate to the idea of 'deservingness'. Through a set of in-depth interviews with migrants in two different cities (Leicester and London), we show that many of them use narratives in which they distinguish between the 'deserving citizens' and the 'undeserving Others' when they reflect upon their experience of becoming citizens. In so doing, they negotiate new hierarchies of inclusion into and exclusion from citizenship, which reflect broader neo-liberal and ethos-based conceptions of citizenship. (© London School of Economics and Political Science 2018.)

Sidhu, R. K. and D. Rossi-Sackey (2022). "Navigating the Politics and Ethics of Hospitality: Inclusive Practice with Forced Migrants." British Journal of Social Work **52**(1): 138-157.
Globally, forced migration has displaced 70 million people, a number set to increase in light of the social distress from the current health pandemic and ongoing climate-related disasters. Although protected from large-scale land-based movements of forced migrants, successive governments in Australia have resorted to detention and marginalisation to 'manage' forced migration. This context presents many challenges for social workers: they are confronted with scarce resources in their work with disenfranchised groups, while facing 'welfare chauvinism'—a logic that locates their primary responsibilities in the welfare rights of national citizens. The article interrogates the intersectional power dynamics that inform global conventions and national policies to manage the problem of forced migration. It contrasts 'exhausted humanitarianism', a politically expedient rationality with 'hospitality'. To unsettle the hold of restrictive and inhospitable practices introduced in the name of the nation, the article calls for a re-scaling of the imagination and practice of social work. It introduces the discursive figure of the social worker as a boundary spanner to locate new possibilities for inclusive practices that uphold a human rights approach to the 'refugee problem' in place of an exhausted humanitarianism.

Zhou, D. and X. Wen (2022). "Self-employment and health inequality of migrant workers." BMC Health Services Research **22**(1): 1-13.
Background: Self-employment is one of the most common forms of employment for migrant workers in China. However, migrant workers' lifestyle and behavior, as well as health disparities among them, would be impacted by self-employment. This research aims to explore the mechanism and group differences of the effect of self-employment on health inequality among Chinese migrant workers.Materials and Methods: To explore the effect of self-employment on health inequalities among migrant workers, this research uses the data from the 2018 China Migrant Workers Dynamic Monitoring Survey, and the RIF-I-OLS decomposition method.Results: We find that self-

employment will reduce the health inequality of Chinese migrant workers significantly, especially among migrant workers with low education, low income, and low social integration. A further examination reveals that self-employment can directly promote the self-rated health of migrant workers. Additionally, it indirectly alleviates the health inequality among migrant workers by mediating effect of expanding access to public welfare, such as by establishing health records and strengthening health education.Conclusion: The government should permit and encourage migrant workers to engage in self-employment. It is necessary to provide public services such as health education, health records, and health rights for migrant workers, and focus on the employment of migrant workers in city, especially those with low income and low education. we believe that measures should be taken to enhance migrant workers' sense of belonging in urban China Only on this basis can health inequality among migrant workers be truly reduced.

Transients and Migrants* (27)

Alsamara, T. and L. Mouaatarif (2023). "[Mental health of migrants under international legal texts and clinical practice: what is the role of culture?]." The Pan African medical journal **44**: 98.

This study examines the mental health of migrants under international legal texts and clinical practice. It highlights to what extent the right to mental health of migrants is guaranteed in international legal texts. It then relates this right to national practice in France. It determines practice guidelines addressing migrants' mental health. The purpose of this clinical study is to identify the adequacy of international legal texts to guarantee this right as an integral part of human rights. The individual in his or her singularity is at the heart of our work. However, a multidisciplinary approach will also address socio-cultural, anthropological and environmental factors. Indeed, steeped in clinical and social realities, we wonder how one can deny the cultural dimension of all human interactions and thus the basis of the helping relationship. We therefore understand that we need to broaden our conceptual and clinical/social framework through our awareness of clinical medical anthropology. Culture partly shapes the individual and his or her behaviour. It helps to make sense of the experiences that occur in each person's life and to prepare for what might happen.; Competing Interests: Les auteurs ne déclarent aucun conflit d'intérêts. (Copyright: Tareck Alsamara et al.)

Carreño, A., et al. (2020). "["No one seems ready to hear what I've seen:" Mental health care for refugees and asylum seekers in Chile]." Salud colectiva **16**: e3035.

This article analyzes the results of a descriptive, qualitative study carried out in 2018 on the mental healthcare needs of Latin American refugees and asylum seekers in Chile, through the perspectives of refugees and asylum applicants (n=8), healthcare professionals responsible for delivery of care (n=4), and members of civil society organisations involved in this area (n=2). Our findings indicate that despite Chile's commitment to international treaties in this regard, little has been achieved in safeguarding the right to access to mental health care, understood as part of the universal right to health care access. This article documents barriers to mental health care access for migrants applying for asylum and refugee status. Post-migration stress factors may also increase the risk of emotional disorders within this group of people. Mental healthcare providers and teams are often not equipped with the tools to deal with the psychological consequences arising from the situations of violence and persecution associated with forced migration. Our study discusses the need to strengthen the link between mental health care - as a fundamental human right - and the right to international protection.

Chen, Y. Y. B. (2022). "International migrants' right to sexual and reproductive health care." International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics **157**(1): 210-215.

International migration puts people's sexual and reproductive health (SRH), particularly those of women and children, at increased risk. However, many international migrants are denied access to timely and adequate SRH information, goods, and services by governments and/or service providers. This article reviews relevant international human rights treaties to argue that the barriers faced by migrants in accessing SRH care constitute violations of international law. It is well established that migrants are guaranteed access to SRH care as a part of their right to health, as well as the rights enjoyed by vulnerable populations. Increasingly, hindrance of migrants' access to SRH care is also recognized as a threat to their rights to life and equality with non-migrants. The case of Toussaint v Canada illustrates how governments may be held accountable by human rights treaty monitoring bodies when they fail to respect and fulfill migrants' right to SRH care. (© 2022 International Federation of Gynecology and Obstetrics.)

Chepo Chepo, M. (2021). "[Perceptions regarding health rights for migrants in Chile: Twitter data analysis]." Gaceta Sanitaria **35**(6): 559-564.

Objective: To describe the different perceptions about health rights for migrant population in Chile published on Twitter, concerning the first liver transplant carried out in Chile to a foreign national woman from Haiti, in September 2018.; Method: Qualitative study, case analysis. The case corresponded to the first emergency liver transplant in a migrant woman in Chile. Opinions expressed on Twitter regarding this case were collected between September 29 and November 17 (n=339). Thematic analysis was performed using NVivo12 software, with codes defined conforming to the objective.; Results: According to the perceptions raised on Twitter, the right to access health services of the migrant population in Chile should be limited, and priority should be given to nationals. These opinions coexist with viewing health as a human right. There are also feelings of racism and discrimination towards this group.; Conclusions: In Chile, there are different perceptions of what should grant rights of access to migrant health services. This situation can generate a worsening of stigmatization and vulnerability faced by migrants and a barrier to the policy's implementation, further exacerbating the presence of health inequities. (Copyright © 2020 SESPAS. Publicado por Elsevier España, S.L.U. All rights reserved.)

Díaz, H. L., et al. (2023). "Editorial: Human rights and inequity in health access of Central American Migrants." Frontiers in public health **11**: 1104703.

Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Durieux-Paillard, S. and Y.-L. Jackson (2019). "[Migrants in a vulnerable situation : does their access to healthcare match their health needs ?]." Revue medicale suisse **15**(640): 478-481.

At the beginning of the twenty-first century, migratory movements have never been so large and complex. After describing the risk factors influencing the health of migrants in vulnerable situations (asylum seekers, undocumented migrants), this article attempts to describe a holistic model of access to care for this type of population. It also develops a plea for equitable treatment of migrants in their host country, while respecting basic human rights and the independence of the medical profession.; Competing Interests: Les auteurs n’ont déclaré aucun conflit d’intérêts en relation avec cet article.

Envall, E., et al. (2020). "[A human rights-based approach improves the mental health care for migrants]." Lakartidningen **117**.

The increasing number of displaced persons and the high proportion of refugees with traumatic background and psychiatric symptoms affect the mental health care offered. Sweden has been criticized by the United Nations for the unsatisfactory fulfilment of the right to health for migrants. This article on human rights in mental health care practice, with a focus on migrants, describes the right to the enjoyment of the highest attainable standard of physical and mental health and what this right implies for mental health care services, including the responsibilities of medical staff. The right to a dignified and equal treatment, integrity and participation is required by medical ethics and legislation, but is ultimately also a matter of human rights. The importance of social determinants for health, the right to individually adapted information and participation are discussed. The argued discrimination of undocumented migrants and other patients is exemplified. A human rights-based approach, HRBA, improves the mental health care for migrants by increased participation and empowerment of the rights-holders, and can contribute to realizing the human rights in a transcultural mental health care context. A model for implementation of HRBA methods is introduced.

Gottlieb, N., et al. (2020). "The role of public-private partnerships in extending public healthcare provision to irregular migrants: stopgap or foot in the door?" Israel journal of health policy research **9**(1): 48.
In this commentary to the paper "Ensuring HIV care to undocumented migrants in Israel: a public-private partnership case study" by Chemtob et al. we discuss the role of public-private partnerships (PPPs) as a mechanism for integrating previously excluded groups in public healthcare provision. Drawing on PPP case-studies as well as on Israel's pandemic preparedness policies during the Covid-19 outbreak, we examine potential implications for the populations in question and for health systems.In our view, Chemtob et al. describe an exceptional achievement, where a PPP served as a stepping stone for the subsequent integration of irregular migrants' in publicly funded HIV care. However, we argue that in many other cases PPPs are liable to undermine public healthcare and inclusionary claims. This view is informed by the fundamentally different concepts of healthcare that underlie PPPs and public healthcare provision (namely, health care as a commodity vs. access to healthcare as a right) and existing evidence on PPPs' role in facilitating welfare retrenchment. In contexts that are dominated by an exclusionary stance toward irregular migrants, such as contemporary Israel, we believe that PPPs will become stopgaps that undermine health rights, rather than a first foot in the door that leads toward equitable provision of healthcare for all.

Ingleby, D., et al. (2019). "How can we further rights-based and evidence-based policies on migrant and ethnic minority health?" Public health **172**: 143-145.
There is an urgent need to draw the attention of politicians and the public to the health inequities facing migrants and ethnic minorities to foster health policy reforms based on human rights and sound evidence. Today, it is more important than ever for researchers and organisations promoting migrant health to join forces and intensify their efforts to get policies improved. A workshop was held to consider how this should be done. Three speakers put forward in turn perspectives based mainly on human rights, scientific evidence and a combination of both. (Copyright © 2019 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.)

Jiang, H. and Y. Huang (2023). "How do urban public health services affect rural migrant women's fertility intentions? A study based on the Mobile Population Dynamics Monitoring Survey in China." BMC Health Services Research **23**(1): 219.
Public health service is an important guarantee by the government to safeguard the health rights of rural migrant women. This not only concerns the health status of rural migrant women and their willingness to stay in the urban area but can also affect their fertility intention. This study systematically examined the impact of public health

services on the fertility intentions of rural migrant women as well as the mechanisms, underlying these intentions based on the data from the 2018 China Migration Dynamics Monitoring Survey. Urban public health services, including health records management and health education, could effectively enhance the fertility intentions of rural migrant women. Furthermore, their health status and willingness to stay in urban areas were important mechanisms, by which, the public health services could influence the fertility intentions of rural migrant women. Additionally, urban public health services have a better effect on improving the fertility desire of rural migrant women who have no pregnancy experience, a low income level, and a short residence time in the inflow area. This study contributed to the examination and clarification of the policy effects of public health services on the fertility intentions of rural migrant women. Additionally, it also provided important evidence to support the government policies related to the optimization of the public health service system, improvement of the health status, citizenship, and fertility intentions of the rural migrant women, as well as the development of the uniform public health services. (© 2023. The Author(s).)

Kolar, M., et al. (2021). "Public opinion on the eligibility of health care for migrants and refugees in Slovenia." Eastern Mediterranean health journal = La revue de sante de la Mediterranee orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit **27**(12): 1182-1188.

Background: Worldwide, more than 200 million people have left their home country, and international migration from the Middle East to Europe is increasing. The journey and the poor living conditions cause numerous health problems. Migrants show significant differences in lifestyle, health beliefs and risk factors compared with native populations and this can impact access to health systems and participation in prevention programmes.; Aims: Our aim was to measure the attitude of survey participants to migrants and to define up to what level migrants are entitled to health care from the viewpoint of Slovenian citizens.; Methods: This survey was carried out in January 2019 and included 311 respondents. We applied a quantitative, nonexperimental sampling method. We used a structured survey questionnaire based on an overview, a national survey on the experiences of patients in hospitals and user satisfaction with medical services of basic health care at the primary level.; Results: A large proportion of the respondents agreed that migrants should receive emergency or full health care provision, that there is no need to limit their health rights and that they do not feel that their own rights are compromised by the rights of migrants. Over 80% agreed with health protection for women and for children.; Conclusion: The findings offer a basis for supplementing the existing, or designing a new, model of health care provision for migrants in Slovenia, focusing on the provision of health protection and care as a fundamental human right. (Copyright © World Health Organization (WHO) 2021. Open Access. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license (https://creativecommons.org/licenses/by-nc-sa/3.0/igo).)

Lam, E. (2020). "Migrant sex workers left behind during COVID-19 pandemic." Canadian journal of public health = Revue canadienne de sante publique **111**(4): 482-483.

Lamberti-Castronuovo, A., et al. (2021). "Agricultural Migrants' Health and Ability to Access Care: A Case Study in Southern Italy." International journal of environmental research and public health **18**(23).

Although a large amount of research exists about migration into the European Union (EU) and the role of migrants in European society, relatively little information is available on the health status of migrants after arriving in the EU. This is particularly true in the case of the most marginalised migrants, migrants from sub-Saharan Africa, who work as itinerant laborers harvesting fruits and vegetables in southern Italy. This study analyzes demographic and health data gathered by a non-governmental organization-run primary healthcare clinic in order to understand the challenges these migrants face when trying to maintain their health. Results show that their health suffers greatly due to substandard living and working conditions, partially due to the fact that these individuals experience many barriers when trying to access care from the national health system. The health status of this population cannot improve without broad reforms to the welfare system and the agricultural sector. Government action is needed to ensure that such individuals are not denied their basic human rights and freedoms, including the right to health.

Laughon, K., et al. (2023). "Health and safety concerns of female asylum seekers living in an informal migrant camp in Matamoros, Mexico." Journal of advanced nursing **79**(5): 1830-1839.

Background: Whilst increased numbers of people worldwide exercise their human right to seek asylum, the US has greatly reduced the number of asylum seekers able to enter its southern border, resulting in informal encampments. Women and children are uniquely vulnerable to violence and other health risks.; Aim: To describe the health and safety concerns of female asylum seekers living in an informal migrant camp, with a particular focus on the risks of violence against women and children.; Methods: For this qualitative descriptive study, female asylum seekers were purposively recruited in an informal tent encampment in Matamoros, Mexico (n = 43). Semi-structured interviews were conducted in January and February 2020. Qualitative data were analysed using thematic analysis.; Results: The themes identified were constant vigilance, the effects of constant vigilance, lack of resources, and uncertainty. Women's unrelenting fears about their own safety and that of their children impacted their ability to access the camp's meagre resources and exacerbated negative effects on women and children.; Conclusion: Applying established guidelines and best practices for health and safety in humanitarian settings could mitigate threats to women and children. Additionally, camp conditions represent human rights violations. Nurses have an ethical duty to advocate for an end to the US policies creating and maintaining this humanitarian crisis.; Impact: As a result of changes to the United States immigration policy, individuals seeking asylum at the Southern border of the US have been largely prevented from entering the US since early 2018. Asylum seekers living in an informal encampment on the border awaiting entry describe a public health, humanitarian and human rights crisis. Women in this already vulnerable group lacked necessities, such as housing, food security, potable water, protection against gender violence and other forms of physical threats to themselves and their children. This created a heightened sense of vigilance and fear, with implications for their mental health and well-being and that of their children. These findings highlight the need for governmental and international organizations to implement the best health and safety practices for humanitarian settings to ensure equity in relation to the social determinants of health. Nurses have an ethical obligation to be strong human rights advocates.; Patient or Public Contributions: One member of the research team has extensive experience as an advocate for recently immigrated women experiencing intimate partner violence. The study procedures were reviewed with advocates providing direct services to migrant women and children. (© 2022 The Authors. Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Legido-Quigley, H., et al. (2019). "Healthcare is not universal if undocumented migrants are excluded." BMJ (Clinical research ed.) **366**: l4160.

Competing Interests: Competing interests: We have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Leyva-Flores, R., et al. (2019). "Migrants in transit through Mexico to the US: Experiences with violence and related factors, 2009-2015." PLoS ONE **14**(8): e0220775.

Objectives: The objectives of the study are to 1) estimate the burden of physical, sexual,

and psychological violence among migrants in transit through Mexico to the US; and 2) examine the associations between experiencing violence and sociodemographic characteristics, migratory background, and health status in this vulnerable population.; Method: A cross-sectional study combining qualitative and quantitative methods was carried out from 2009 to 2015 with a sample of 12,023 migrants in transit through Mexico to the US. Information on gender (male, female, and transsexual, transgender and transvestite -TTTs-); nationality; health status; migratory background; and experiences with violence was obtained. Fifty-eight migrants participated in in-depth interviews to explore any experiences of violence during their journey. A descriptive analysis was performed and a probit regression model was applied to analyze the factors associated with violence. Qualitative information was analyzed to understand experiences, meanings and responses to violence.; Results: The overall prevalence of suffering from any form of violence was 29.4%. Nearly 24% reported physical violence, 19.5% experienced psychological violence, and approximately 2% reported sexual violence. TTTs experienced a significantly greater burden of violence compared to men and women. Violence occurred more frequently among migrants from Central American (30.6%) and other countries (40.0%) than it did among Mexican migrants (20.5%). Experiences involving sexual, physical and psychological violence as well as theft and even kidnapping were described by interviewees. Migrants mistrust the police, migration authorities, and armed forces, and therefore commonly refrain from revealing their experiences.; Conclusion: Migrants are subjected to a high level of violence while in transit to the US. Those traveling under irregular migratory conditions are targets of even greater violence, a condition exacerbated by gender inequality. Migrants transiting through Mexico from Central American and other countries undergo violence more frequently than do Mexican migrants. Protective measures are urgently needed to ensure the human rights of these populations.; Competing Interests: The authors have declared that no competing interests exist.

Liubchenko, M., et al. (2019). "Healthcare for migrant workers: human rights' aspect." Wiadomosci lekarskie (Warsaw, Poland : 1960) **72**(12 cz 2): 2547-2552.
Labor migration in a modern world is regarded as a positive and beneficial phenomenon for the growth of economic well-being1. However, migrant workers often find themselves vulnerable and unprotected, especially when it comes to protecting their health. The aim of the article is to clarify the role of a human rights-based approach in protecting the migrant workers' health. The basis of the study constitutes: acts of international law, expert reports and research studies, case law, scientific literature on the problem. It was found a human rights-based approach is the most applicable in the light of this problem.

Lurie, I., et al. (2019). "[THE ASSOCIATION BETWEEN EXPOSURE TO TRAUMA AND MENTAL ILLNESS AMONG WORK MIGRANTS AND ASYLUM SEEKERS IN ISRAEL: A SURVEY AT THE OPEN CLINIC, PHYSICIANS FOR HUMAN RIGHTS, 2012-2013]." Harefuah **158**(7): 432-436.
Introduction: In 2012, 183,896 work migrants and 47,704 asylum-seekers and work-migrants arrived in Israel. These populations are at high-risk for depression, anxiety and posttraumatic stress disorder (PTSD). The Open Clinic of Physicians for Human Rights (PHR) delivers free medical and mental health services to these individuals.; Aims: To evaluate exposure to traumatic events, and compare the prevalence and risk for PTSD, depression and anxiety symptoms between work-migrants and asylum-seekers.; Methods: An analytical cross-sectional study of adults visiting the Open Clinic was conducted. Participants completed self-report questionnaires including information on demographics and exposure to traumas, depression, anxiety and PTSD. Statistical models were constructed to predict outcome variables of PTSD, depression and anxiety as dichotomist variables using a logistic regression, and association odds ratio (OR) and

confidence interval (CI) on 95% level.; Results: There were 241 participants; 165 asylum-seekers, 76 work-migrants. Work-migrants were exposed to more traumatic events. A total of 17-31% met PTSD criteria. Significantly more asylum-seekers met PTSD criteria. A total of 43%-50% met criteria for depression and/or anxiety, with no between-group differences. Significant association was found between immigration status and PTSD risk. Exposure to traumatic events was significantly associated with the prediction of PTSD, depression and anxiety.; Discussion: Exposure to traumatic events was high among the Open Clinic service users, specifically work-migrants. Prevalence and risk for post-traumatic symptoms were significantly higher among asylum-seekers. It is important to conduct further research, in order to characterize risk and resilience factors in this excluded population, and to plan language and culture-competent mental health services.

Matlin, S. A., et al. (2021). "COVID-19: Marking the Gaps in Migrant and Refugee Health in Some Massive Migration Areas." International journal of environmental research and public health **18**(23).
The health of migrants and refugees, which has long been a cause for concern, has come under greatly increased pressure in the last decade. Against a background where the world has witnessed the largest numbers of migrants in history, the advent of the COVID-19 pandemic has stretched the capacities of countries and of aid, health and relief organizations, from global to local levels, to meet the human rights and pressing needs of migrants and refugees for access to health care and to public health measures needed to protect them from the pandemic. The overview in this article of the situation in examples of middle-income countries that have hosted mass migration in recent years has drawn on information from summaries presented in an M8 Alliance Expert Meeting, from peer-reviewed literature and from reports from international agencies concerned with the status and health of migrants and refugees. The multi-factor approach developed here draws on perspectives from structural factors (including rights, governance, policies and practices), health determinants (including economic, environmental, social and political, as well as migration itself as a determinant) and the human security framework (defined as "freedom from want and fear and freedom to live in dignity" and incorporating the interactive dimensions of health, food, environmental, economic, personal, community and political security). These integrate as a multi-component 'ecological perspective' to examine the legal status, health rights and access to health care and other services of migrants and refugees, to mark gap areas and to consider the implications for improving health security both for them and for the communities in countries in which they reside or through which they transit.

McBride, B., et al. (2020). "Underreporting of Violence to Police among Women Sex Workers in Canada: Amplified Inequities for Im/migrant and In-Call Workers Prior to and Following End-Demand Legislation." Health and human rights **22**(2): 257-270.
Sex workers globally face high levels of violence. In Canada, im/migrant sex workers who work in indoor venues may be uniquely targeted by police due to immigration policies, racialized policing, and the conflation of trafficking and sex work. In 2014, Canada passed end-demand legislation that purportedly encourages sex workers to report violence to police; however, little research has evaluated its impact. Using interrupted time series and multivariable logistic regression, we examined proportions of reporting violent incidents to police among sex workers who had experienced workplace violence (2010-2017), including potential changes prior to and following end-demand legislation. We then modeled the independent effects of im/migrant status and place of work on reporting violence. Among sex workers who experienced recent violence during the 7.5-year study (n=367), 38.2% of all participants and 12.7% of im/migrants reported violence to police, and there was no significant change in violence reporting after end-demand legislation. Our results suggest that end-demand laws do not

remove barriers to justice faced by sex workers and instead actually perpetuate harms, particularly for racialized im/migrant and indoor workers. Policy reforms to decriminalize sex work, address discriminatory policing, and promote access to safety and justice are urgently needed.; Competing Interests: Competing interests: None declared. (Copyright © 2020 McBride, Shannon, Bingham, Braschel, Strathdee, and Goldenberg.)

Medina, P., et al. (2022). "Health Literacy and Migrant Communities in Primary Health Care." Frontiers in public health **9**: 798222.

Introduction: The promotion of health literacy of the population in a situation of migration, in the community, is a fundamental field of intervention in health promotion, for the reduction of inequalities in access to health care services. It is increasingly necessary to make health care services more equitable for migrant populations. The aim of the study was to characterize the level of health literacy of the population in a migrant situation, attending a primary health care unit in the Lisbon region, to identify priority areas for community intervention that will become the focus of intervention and contribute to the increase in the health literacy levels in this population.; Methods: A cross-sectional study was carried out by applying the Health Literacy Survey (ILS-PT) to a sample of the population in a situation of migration, found by 27 participants.; Results: The general health literacy index of the sample is inadequate (21.23 points). An analysis of the sub-indexes revealed that 75% of the participants had difficulties related to information about health care and 80% had difficulties in the field of health promotion.; Conclusions: Problematic and inadequate levels of health literacy was significantly frequent among migrant population. So that enhancing health literacy among migrant is essential to reduce health inequalities to achieve better health outcomes and contribute to defense of human rights of this vulnerable population.; Competing Interests: The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. The reviewer KS declared a shared affiliation with one of the authors AC to the handling editor at time of review. (Copyright © 2022 Medina, Maia and Costa.)

Mutola, S., et al. (2022). "The Plight of Female Cameroonian Migrant Sex Workers in N'Djamena, Chad: A Case of Intersectionality." Journal of immigrant and minority health **24**(2): 430-436.

In most countries, sex-work is criminalized and frowned upon. This leads to human rights abuses, especially for migrant female sex workers. The burden is heavier on migrant female sex-workers whose gender and foreign citizenship intersect to produce a plethora of adverse health, social, and legal outcomes. This phenomenological study explores the intersectionality of individual factors leading to human rights abuses among migrant Cameroonian female sex workers in N'Djamena, Chad. Ten female sex workers and two key-informants were interviewed, and being a small sample, they gave detailed information about their experiences. The data was later analyzed using thematic analysis. Participants narrated experiences of social exclusion, exposure to diverse abuses, and health risks due to gender, immigrant status, and illegality of sex work. The experiences of female migrant sex workers, within contexts of sex work criminalization, are exacerbated by the intersectionality of these factors. Women endure several vulnerabilities in many African countries, more so when they have to survive on sex work as foreigners in a country where the act is illegal. (© 2021. The Author(s).)

Serre-Delcor, N., et al. (2021). "A Cross-Sectional Survey on Professionals to Assess Health Needs of Newly Arrived Migrants in Spain." Frontiers in public health **9**: 667251.

Heightened conflicts and lack of safety due to reasons related to economic, social, ethnic, religious, sexual orientation, political, or nationality matters have increased

migratory movements during the last, few decades. Unfortunately, when migrants arrive in new territories, they can face many barriers. For example, in Spain, some migrants have difficulties in accessing health services. The main objective of this study was to describe, from the perspective of social and healthcare professionals, health needs and barriers faced among migrants who recently arrived in Spain when accessing the health system. To accomplish this aim, we carried out a cross-sectional descriptive study using a newly created self-administered questionnaire. Statistical analysis was done using the SPSS 23.00 ® program. Survey collection was from April 2018 to October 2018, and the cohort comprised a total of 228 professionals. Most participants were females (76%), with an average age of 35 years [interquartile range (IQR) 29.8-43.0]. The most represented profession in the cohort was physician (48%), followed by social care professionals (32%), nursing (11%), and other (8%). Of these individuals, 61% stated having either little or limited knowledge of international migrant health rights, and 94% believed migrants must overcome barriers to receive health services. The four most reported barriers were as follows: language, cultural differences, administrative issues, and fear of being undocumented. Additionally, by order of importance, professionals viewed mental health disorders and infectious diseases as the most common contributors to disease burden in this group. The four most popular strategies implemented by professionals to improve healthcare access further for migrants included intercultural competency training for professionals; access to community health agents; access to translators; and development of health system navigation skills among those newly arrived. Study results suggest that governments should make greater efforts to provide social and healthcare professionals with more effective tools that overcome communication barriers and cultural competence training modules.; Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. (Copyright © 2021 Serre-Delcor, Oliveira, Moreno, Treviño, Hajdók, Esteban, Murias-Closas, Denial and Evangelidou.)

Spitzer, D. L., et al. (2019). "Towards inclusive migrant healthcare." BMJ (Clinical research ed.) **366**: l4256.
Competing Interests: Competing interests: We have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Tejkl, L., et al. (2023). "Evaluation of the US detention standards to protect the health and dignity of migrants: a systematic review of national health standards." BMJ open **13**(4): e069949.
Objective: The US government detains hundreds of thousands of migrants across a network of facilities each year. This research aims to evaluate the completeness of standards across US detention agencies to protect the health and dignity of migrants.; Design: Five documents from three US agencies were examined in a systematic review: Immigration and Customs Enforcement (ICE; 3), Customs and Border Protection (CBP; 1) and Office of Refugee Resettlement (ORR; 1). Standards within five public health categories (health, hygiene, shelter, food and nutrition, protection) were extracted from each document and coded by subcategory and area. Areas were classified as critical, essential or supportive. Standards were measured for specificity, measurability, attainability, relevancy and timeliness (SMART), resulting in a sufficiency score (0%-100%). Average sufficiency scores were calculated for areas and agencies.; Results: 711 standards were extracted within 5 categories, 12 subcategories and 56 areas. 284 standards of the 711 standards were included in multiple (2-7) areas, resulting in 1173 standards counted as many times as each was included. On average, 85.4% of standards were specific, 87.1% measurable, 96.6% attainable and 74.9% time-bound. All standards were considered relevant. CBP standards were the least sufficient across all other SMART components, when compared with ICE and ORR.; Conclusions: There

are disparate detention standards based on agencies' mandates and type of facility contracts. Migrants should be ensured of their public health rights and services in all spaces they occupy, and for any length of time regardless of who manages the facility. As long as detention remains a policy, the US should develop comprehensive, consistent and complementary standards for all detention facilities or pursue alternatives to detention.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Van Hout, M.-C., et al. (2020). "Migrant health situation when detained in European immigration detention centres: a synthesis of extant qualitative literature." International Journal of Prisoner Health **16**(3): 221-236.
Purpose: Many migrants are detained in Europe not because they have committed a crime but because of lack of certainty over their immigration status. Although generally in good physical health on entry to Europe, migrant detainees have complex health needs, often related to mental health. Very little is known about the current health situation and health care needs of migrants when detained in European immigration detention settings. The review aims to synthesize the qualitative literature available on this issue from the perspectives of staff and migrants.; Design/methodology/approach: The authors undertook a synthesis of extant qualitative literature on migrant health experience and health situation when detained in European immigration detention settings; retrieved as part of a large-scale scoping review. Included records (n = 4) from Sweden and the UK representing both detainee and staff experiences were charted, synthesised and thematically analysed.; Findings: Three themes emerged from the analysis, namely, conditions in immigration detention settings, uncertainties and communication barriers and considerations of migrant detainee health. Conditions were described as inhumane, resembling prison and underpinned by communication difficulties, lack of adequate nutrition and responsive health care.; Practical Implications: It is crucial that the experiences underpinning migration are understood to respond to the health needs of migrants, uphold their health rights and to ensure equitable access to health care in immigration detention settings.; Originality/value: There is a dearth of qualitative research in this area because of the difficulty of access to immigration detention settings for migrants. The authors highlight the critical need for further investigation of migrant health needs, so as to inform appropriate staff support and health service responses. (© Emerald Publishing Limited.)

Wickramage, K., et al. (2019). "Improving the health of migrants." BMJ (Clinical research ed.) **366**: l5324.
Competing Interests: Competing interests: We have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

vulnerability (18)

(2021). "Current situation of children with disabilities in low- and middle-income countries." Pediatrics International **63**(11): 1277-1281.
Global child mortality has more than halved for the last three decades. Without a decrease in morbidity corresponding to that in mortality, this increased survival is likely to increase the number of children with disabilities, especially in low- and middle-income countries (LMICs). While population-based data on children with disabilities have been scarce in LMICs, it is estimated that among 52.9 million children with disabilities under 5 years worldwide, 95% live in LMICs. Sequelae of postnatal disease continue to be the major cause of child disability in LMICs; however, disability is increasingly the result of perinatal conditions. The Convention on the Rights of the

Child and the Convention on the Rights of Persons with Disabilities promote the rights of children with disabilities, but limited resources in LMICs have prevented the translation of policies reflecting these Conventions into practice. Because health care for children with disabilities is limited in LMICs, most of them are cared for at home. This places heavy physical and mental burden on family caregivers and affects the allocation of time and financial resources in the family. Simple interventions can dramatically improve the clinical condition of disabled children and should be applied in care at home. Legally recognized members of society, children with disabilities remain excluded from public support. Disabled children must be empowered to overcome this inequity. This is the focus of the "Nothing About Us Without Us" campaign. Society, including professionals, can further redistribute power by "putting the first last" to empower individuals with disability. [ABSTRACT FROM AUTHOR]

(2021). "Current situation of children with disabilities in low- and middle-income countries." Pediatrics International **63**(11): 1277-1281.

Global child mortality has more than halved for the last three decades. Without a decrease in morbidity corresponding to that in mortality, this increased survival is likely to increase the number of children with disabilities, especially in low- and middle-income countries (LMICs). While population-based data on children with disabilities have been scarce in LMICs, it is estimated that among 52.9 million children with disabilities under 5 years worldwide, 95% live in LMICs. Sequelae of postnatal disease continue to be the major cause of child disability in LMICs; however, disability is increasingly the result of perinatal conditions. The Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities promote the rights of children with disabilities, but limited resources in LMICs have prevented the translation of policies reflecting these Conventions into practice. Because health care for children with disabilities is limited in LMICs, most of them are cared for at home. This places heavy physical and mental burden on family caregivers and affects the allocation of time and financial resources in the family. Simple interventions can dramatically improve the clinical condition of disabled children and should be applied in care at home. Legally recognized members of society, children with disabilities remain excluded from public support. Disabled children must be empowered to overcome this inequity. This is the focus of the "Nothing About Us Without Us" campaign. Society, including professionals, can further redistribute power by "putting the first last" to empower individuals with disability.

Bradby, H., et al. (2020). "Policy Makers', NGO, and Healthcare Workers' Accounts of Migrants' and Refugees' Healthcare Access Across Europe-Human Rights and Citizenship Based Claims." Frontiers in sociology **5**: 16.

Freely available healthcare, universally accessible to the population of citizens, is a key ideal for European welfare systems. As labor migration of the twentieth century gave way to the globalized streams of the twenty-first century, new challenges to fulfilling these ideals have emerged. The principle of freedom of movement, together with large-scale forced migration have led to large scale movements of people, making new demands on European healthcare systems which had previously been largely focused on meeting sedentary local populations' needs. Drawing on interviews with service providers working for NGOs and public healthcare systems and with policy makers across 10 European countries, this paper considers how forced migrants' healthcare needs are addressed by national health systems, with factors hindering access at organizational and individual level in particular focus. The ways in which refugees' and migrants' healthcare access is prevented are considered in terms of claims based on citizenship and on the human right to health and healthcare. Where claims based on citizenship are denied and there is no means of asserting the human right to health, migrants are caught in a new form of inequality. (Copyright © 2020 Bradby, Lebano,

Hamed, Gil-Salmerón, Durá-Ferrandis, Garcés-Ferrer, Sherlaw, Christova, Karnaki, Zota and Riza.)

Chakraborty, R. and J. Bhabha (2021). "Fault Lines of Refugee Exclusion: Statelessness, Gender, and COVID-19 in South Asia." Health & Human Rights: An International Journal **23**(1): 237-250.
Despite widespread recognition of the right to a nationality, statelessness and its attendant vulnerabilities continue to characterize the lives of millions in South Asia. During the onset of the COVID-19 pandemic, when states turned inward to protect their own citizens, refugees and de facto stateless persons found themselves excluded from humanitarian services and health care and were denied the ability to claim rights. Stateless women faced the additional burden of gender-based violence, a hostile labor market, and the threat of trafficking. This paper analyzes gender and statelessness as vectors of exclusion in South Asia, where asylum seekers are neither recognized by law nor protected by social institutions. We argue that citizenship constitutes an unearned form of social capital that is claimed and experienced in distinctively gendered ways. The pandemic has shone a bright light on the perils of statelessness, particularly for women, who face exacerbated economic inequities, the forced commodification of their sexuality, and exclusion from mechanisms of justice.

Chapman, K., et al. (2022). "An undignified disaster reality for Australians with disability." Australian Health Review **46**(6): 710-712.
The United Nations Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Management establish the importance of ensuring the equitable protection of human rights in disaster planning, relief, and recovery. However, internationally and within Australia, the reality is one of indignity, human rights violations, and corruption. Australia is living in a perpetual state of crisis, following 3years of environmental and health disaster events. Vulnerable Australian citizens, especially people with disability, are at a great risk of human rights violations and may have restricted access to resilience-building resources that would enable them to recover. Embedding dignity into disaster management and recovery can safeguard human rights and improve outcomes for people with disability. What is known about this topic? People with disability are more vulnerable to the negative impacts of disaster and are marginalised and excluded in recovery efforts. What does this paper add? The paper focuses on embedding dignity into disaster planning, response and recovery to conserve human rights of people with disability and improve outcomes. What are the implications for practitioners? Health practitioners are important front-line responders to both health and environmental disasters and should consider how dignity can improve service for people with disability and increase positive outcomes to build back better.

F. Dez, J. (2022). "Print Rights with a Thousand Masks: Migrant Vulnerability, Resistance, and Human Rights Law." Refuge (0229-5113): Canada's Journal on Refugees / Revue Canadienne sur les Réfugiés **38**(2): 1-17.
PrintRights, a co-operative of undocumented asylum seekers in Amsterdam, manufactured facemasks during the COVID-19 pandemic, first distributing them to undocumented migrants residing in the city’s emergency shelter system and then selling them to the wider public. By distributing facemasks with messages, PrintRights framed its action within the human right to freedom of expression to legally resist alienage law prohibitions on employment. Engaging Judith Butler’s theory, this article analyzes the relationship between PrintRights’ resistance, vulnerability, and strategic engagement with human rights law. Drawing on fieldwork conducted with PrintRights, I explore how vulnerability discourse in human rights law can support undocumented migrant organizing. (English) [ABSTRACT FROM AUTHOR]

Gulati, G., et al. (2021). "Challenges for people with intellectual disabilities in law enforcement interactions in Ireland; thematic analysis informed by 1537 person-years' experience." International Journal of Law and Psychiatry **75**: 101683.

Background: People with intellectual disabilities (PWID) are over-represented in criminal justice systems globally. This over-representation reveals itself at once in the demographic make-up of prison populations, as well as those detained in police settings as suspects of crime. While it is well-established in international literature that individuals who find themselves in the latter scenario face particular challenges in negotiating the forensic formalities routinely followed by the police at the pre-trial stage of criminal proceedings on account of their impairments, the specific difficulties experienced by PWID as suspects within Ireland's criminal justice system has yet to be explained, or indeed, understood. In seeking to address this research lacuna, this paper yields an account of a qualitative study which was aimed at identifying the unique challenges which PWID face in their interactions with Law Enforcement Officials (LEOs) in Ireland.; Aims: This study aimed to elicit perspectives across a range of disciplines with regard to barriers for PWID interacting with LEOs in Ireland, and sought viewpoints on the content of a proposed awareness programme.; Methods: A survey using purposive sampling was used to elicit viewpoints from people from representative organisations for PWID, people working with voluntary organisations for PWID, healthcare professionals working with PWID and professionals from the criminal justice system (including members of An Garda Siochana, lawyers, members of the Irish judiciary and officials within the Airport Police). Data were anonymised at the point of collection. Qualitative thematic analysis was conducted to extract themes based on the data retrieved through the survey.; Results: Ninety-five (n = 95) responses were received from individuals reporting a cumulative experience of 1537 person-years. Respondents identified themselves as members of one of three groups; people working in a voluntary or representative organisation for PWID (n = 42, 44.2%); people working in healthcare (n = 31, 32.6%); and people working in law enforcement (n = 22, 23.1%). Three themes were identified from the qualitative thematic analysis. The first theme, "Barriers to Communication", identified challenges which PWID and LEO experience in their mutual interactions and communications with one another. The second theme, "Building Awareness and Skills", identified elements of an ID awareness programme for LEOs. The third theme, "Institutional and System Change", identified possible lines of innovation with respect to contemporary police practice and the availability of supports for both PWID and the LEOs who work with them.; Originality/value: This study represents the first dedicated qualitative inquiry conducted on a multidisciplinary level into the barriers which healthcare professionals, legal professionals and disability advocacy groups perceive to be faced by PWID in their interactions with LEOs in Ireland. Consequently, the findings from this study will act as a valuable template in the direction of informing the development of an ID awareness programme for LEOs in Ireland. In addition, these research findings are expected to usefully inform the development of national policy and protocols in areas related to health, disability and justice. In offering a rich evidence-base for future policy initiatives, the timing of this study is particularly significant. The recent ratification by Ireland of the UN Convention for the Rights of People with Disabilities (UNCRPD), together with the synchronous emergence of an evolving emphasis on human rights-based policing at a national level in Ireland, has meant that Irish policymakers have a unique opportunity to re-imagine the pre-trial formalities of Ireland's criminal process in order to demonstrate an increased sensitivity to the needs of PWID. Securing equal access to justice for such individuals, it is important to emphasise, is a legal requirement pursuant to Article 13 of the UNCRPD. To the extent therefore that this study yields unique insights into the barriers faced by PWID in their interactions with LEOs, the results of this study are potentially generalisable to other jurisdictions that have ratified the UNCRPD and are developing policy to accord with Article 13. (Copyright © 2021 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Heikkilä, M., et al. (2020). "Disability and vulnerability: a human rights reading of the responsive state." International Journal of Human Rights **24**(8): 1180-1200.
Universal human rights of all are complemented with particular, targeted protection of some, especially those that traditionally have been left behind. By juxtaposing the ideas of universality and particularity, the article studies vulnerability as a particularising tool within human rights with a comparative approach to the influential vulnerability theory by Martha Fineman. By outlining the similarities and the differences between the two approaches of vulnerability theory and human rights project, the article sheds light on how the particular protection needs of persons with disabilities play out in the universalistic logic of vulnerability. The article argues that both universal and particular obligations of responsive states – and responsive humans – are needed as a way of materialising substantive equality for persons with disabilities as vulnerable legal subjects. Such obligations cannot be codified in full detail, but the intrinsic essence of rights requires each right to be interpreted in context and with regard to the particular individual vulnerabilities and resilience of each person. In operationalising the obligations arising from such rights, the human rights project and the vulnerability theory complement and reinforce each other in terms of specifying the rationale and the detailed benchmarks for state action. [ABSTRACT FROM AUTHOR]

Helbich, M. and S. Jabr (2022). "Mental health under occupation: an analysis of the de-politicization of the mental health discourse in Palestine and a call for a human rights approach." International Journal of Human Rights in Healthcare **15**(1): 4-16.
Purpose: This study aims to look at the effects of the Israeli occupation on the mental health of Palestinians and examine the link between political oppression and the occurrence of mental health disorders. It argues that, as human rights violations in Palestine are connected to psychological distress, the root causes of social suffering need to be considered in order not to pathologize Palestinians. The purpose of this paper lies in connecting the mental health discourse with a human rights approach to better understand this connection within the context of political violence.
Design/methodology/approach: The paper presents the viewpoint and perspectives of the authors on significant mental health issues in Palestine. The methodology is based on a literature review of the de-politicization of the mental health discourse and on the theoretical framework of a human rights approach. At the base of this discourse lies the demand for social justice and professional solidarity. Findings: The study highlights that to truly understand social suffering in Palestine, it needs to be related to the prevalence of human rights violations, which in turn have a conceivable impact on the mental health well-being of individuals. It advocates for a shift from a de-contextualized, de-politicized and individualistic approach to mental health to acknowledging the importance of the social and political context in which trauma develops. It further illustrates how the adaptation of a human rights approach can strengthen demands of social justice and oppose the victimization of Palestinians. Originality/value: The value of the works lies in putting the prevalence of mental health disorders in Palestine in relation to human rights violations as a consequence of the ongoing Israeli occupation and in highlighting the role that international organizations play in the de-politicization of the mental health discourse.

Lind, J. (2019). "Governing vulnerabilised migrant childhoods through children’s rights." Childhood: A Global Journal of Child Research **26**(3): 337-351.
This article analyses four different contexts in Sweden where children’s rights have been mobilised to govern vulnerabilised migrant childhoods. The concept of ‘vulnerabilisation’ is suggested to capture the political processes creating the conditions for defining and attributing vulnerability. To enable children’s rights to be a productive

tool for challenging the repressive governing of migrant families and children, the article argues for the need of a problematisation and contextualisation of both the children’s rights paradigm and the vulnerabilisation of migrant childhoods. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Lind, J., et al. (2019). "Governing vulnerabilised migrant childhoods through children's rights." Childhood **26**(3): 337-351.
This article analyses four different contexts in Sweden where children's rights have been mobilised to govern vulnerabilised migrant childhoods. The concept of 'vulnerabilisation' is suggested to capture the political processes creating the conditions for defining and attributing vulnerability. To enable children's rights to be a productive tool for challenging the repressive governing of migrant families and children, the article argues for the need of a problematisation and contextualisation of both the children's rights paradigm and the vulnerabilisation of migrant childhoods. [ABSTRACT FROM AUTHOR]

Lind, J., et al. (2019). "Governing vulnerabilised migrant childhoods through children's rights." Childhood **26**(3): 337-351.
This article analyses four different contexts in Sweden where children's rights have been mobilised to govern vulnerabilised migrant childhoods. The concept of 'vulnerabilisation' is suggested to capture the political processes creating the conditions for defining and attributing vulnerability. To enable children's rights to be a productive tool for challenging the repressive governing of migrant families and children, the article argues for the need of a problematisation and contextualisation of both the children's rights paradigm and the vulnerabilisation of migrant childhoods.

Lugon Arantes, P. d. T. (2021). "The Due Diligence Standard and the Prevention of Racism and Discrimination." Netherlands International Law Review (Springer Science & Business Media B.V.) **68**(3): 407-431.
The due diligence standard has played a significant role in preventing human rights violations, including racial discrimination. Yet, it is significantly articulated in neutral terms, often failing to grasp the specificities of violations of this type. Moreover, the positive structural impact that due diligence can produce is still subject to debate and is approached with reluctance by human rights courts and monitoring bodies. The principle of substantive (racial) equality has considerably contributed to improving the law on racial discrimination, but with limited impact on collective or structural claims. In the wake of new social events demanding responses to racism beyond the classical individual perspective, it makes it necessary to inquire whether, or to what extent, this standard can play a role in enhancing such structural responses by international human rights law. This article aims to analyze the main components of the due diligence standard (the preventive limb) to assess the relevant shortcomings, and to propose ways forward in order to enhance a structural perspective in racial discrimination. [ABSTRACT FROM AUTHOR]

Mustaniemi-Laakso, M., et al. (2022). "Vulnerability, Disability, and Agency: Exploring Structures for Inclusive Decision-Making and Participation in a Responsive State." International journal for the semiotics of law = Revue internationale de semiotique juridique: 1-29.
By unpacking some of the dichotomies inherent in the concepts of vulnerability and disability, the article problematises some of the current legal approaches to disability in Finland. It argues that where used to single out population groups or individuals due to their embodied characteristics, the vulnerability paradigm can be seen to create binaries both among the persons with disabilities, and between the "vulnerable" persons with disabilities and the perception of a rational, self-standing and autonomous human being.

To mitigate such binaries, the article explores an agency-centred discourse of vulnerability, one that recognises the co-existence of agency and vulnerability and sees agency as dynamic and responsive to the societal support structures that surround all of us. One of the central arguments of the article is that generalised approaches do, however, not suffice to make agency a reality for all persons with disabilities. Given the extensive diversity of intra-group variations between persons with disabilities, individualised solutions are needed for agency to be possible for all. To overcome objectification and de-agencification - and to enhance agency - this diversity of situations, needs and contexts of lived-in realities of individuals also needs to be expressly reflected in the legal language in addressing disability. (© The Author(s) 2022.)

Sanabria Barradas, B., et al. (2019). "Consentimiento informado en la discapacidad: trastorno del espectro autista." Informed consent in disability: autism spectrum disorder. **19**(36-1): 11-24.
This article shows the importance of informed consent in scientific research processes and therefore the vulnerability faced by people with disabilities in this procedure. The evolution of the concept of informed consent in different countries of Latin America and the United States is presented. Similarly, the various criteria that must be considered within the informed consent are addressed, as well as the treaties and declarations that must be taken into account so as not to violate the human rights of the participants in scientific research. In addition, within this ethical dilemma in our times, the autism spectrum disorder (ASD) is addressed, a neurodevelopmental disorder that, by presenting varying degrees of severity, does not allow people with ASD to give their opinion, combined with the cases where the participants are underage, an issue that puts them in a condition of vulnerability. (English) [ABSTRACT FROM AUTHOR]

Vilog, R. B. T. and C. M. Piocos Iii (2021). "Undocumented in the time of pandemic: exploring legal violence, health care and human rights of irregular Filipino migrants in Italy and the UK." International Journal of Human Rights in Healthcare **14**(3): 209-222.
Purpose: The purpose of this paper is to examine the effects of states' pandemic responses to the conditions and vulnerabilities of undocumented Filipino migrants in Italy and the UK. It also explores the role and strategies of migrant organisations in addressing the issues and concerns of undocumented workers.
Design/methodology/approach: Qualitative approaches are used to collect and analyse the narratives of the migrants and migrant organisations. This paper used government reports, policy briefs and documents from international organisations in analysing the socio-political vulnerabilities of undocumented migrants in the context of the global pandemic. In addition, we interviewed leaders of migrant organisations, which are involved in supporting irregular migrants. Findings: The study reveals that states have exercised a regime of legitimate violence against undocumented workers in Italy and the UK. This regime is imposed not only by the stringent laws and policies that directly and indirectly cause economic, social and even cultural suffering to the migrants but also by the "symbolic violence" manifested in structural and social inequalities, and the exploitative economic order amid the pandemic. Responding to the "regime of fear", migrant organisations provide immediate relief and "safe spaces" for the undocumented workers. Originality/value: The paper contributes to the ongoing conversation on state practices in regulating migration by framing the conditions of undocumentation as legal violence that structurally deprives irregular migrants access to health care and human rights amid global health crisis.

Wilson, K. E. (2020). "The Abolition or Reform of Mental Health Law: How Should the Law Recognise and Respond to the Vulnerability of Persons with Mental Impairment?" Medical Law Review **28**(1): 30-64.

Vulnerability theory challenges the assumption that human beings are abstract and invulnerable liberal subjects and insists that any decent and just society must create law that takes into account and tries to ameliorate human vulnerability. In this article, I explore how vulnerability might apply in the context of the debate about the future of mental health law that has arisen since the entry into force of the Convention on the Rights of Persons with Disabilities (CRPD) in 2008; namely, whether mental health law should be abolished or reformed. In doing so, this article addresses three key issues: (i) how to conceptualise vulnerability; (ii) whether persons with mental impairments really are vulnerable and in what ways; and (iii) how the law should respond to the vulnerability of persons with mental impairments post-CRPD. It describes and compares three different approaches with respect to how well they address vulnerability: the Abolition with Support, Mental Capacity with Support, and the Support Except Where There is Harm Models. It argues that the law should try to accurately capture and ameliorate the vulnerability of those who are subject to it as much as possible. It also argues that from a vulnerability perspective, the reform of mental health law may be better than its abolition and that decreasing the vulnerability of persons with mental impairment requires systemic reform, resources, and cultural change. (© The Author(s) 2019. Published by Oxford University Press; All rights reserved. For permissions, please email: journals.permissions@oup.com.)

Wolf, S. (2021). "Talking to Migrants: Invisibility, Vulnerability, and Protection." Geopolitics **26**(1): 193-214.

Individuals and families are being displaced from the Northern Triangle of Central America by structural and physical violence. Clandestine migration increases the invisibility of forced migrants and makes them difficult to access for researchers. Gatekeepers perceive or depict forced migrants as vulnerable populations and often deny investigators access to them, arguing that traumatised people should not be asked to retell their stories and be revictimised. The growing literature on research participation suggests that individuals categorised as vulnerable often decide to collaborate in studies, because they welcome the opportunity to talk about their experience to an empathetic listener and to help improve policies and services. Immediate distress produced by revisiting painful moments in life often dissipates quickly and is outweighed by the benefits of research participation, such as feelings of catharsis and a sense of acknowledgement and purpose. When gatekeepers deny investigators access to vulnerable population groups, they preclude them from autonomously deciding whether to grant or withhold informed consent and from exercising their right to participate in research. Their invisibilities and silences render migrants more susceptible to human rights violations. Taking protection seriously means widening the research participation of vulnerable individuals. [ABSTRACT FROM AUTHOR]

War (13)

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.

The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. [ABSTRACT FROM AUTHOR]

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.
The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and

traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. [ABSTRACT FROM AUTHOR]

Bürgin, D., et al. (2022). "Impact of war and forced displacement on children's mental health-multilevel, needs-oriented, and trauma-informed approaches." European Child & Adolescent Psychiatry **31**(6): 845-853.

The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with guidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences. (© 2022. The Author(s).)

Ćerimović, E. (2023). "At risk and overlooked: Children with disabilities and armed conflict." International Review of the Red Cross **105**(922): 192-216.

In armed conflicts and crises, children with disabilities face serious threats to their lives and safety, including those related to their inability to flee attacks, risk of abandonment, lack of access to assistive devices, lack of access to basic services and denial of education as well as experiences of stigma, abuse, psychological harm and poverty. Children with disabilities experience multiple and intersecting forms of human rights violations based on their disability and age. Since 2015, Human Rights Watch has documented the impact of armed conflict on children with disabilities in Afghanistan, Cameroon, the Central African Republic, the Gaza Strip in the Occupied Palestinian Territory, South Sudan, Syria and Yemen. While international human rights specifically call for the protection of children with disabilities in situations of armed conflict, the United Nations, governments, parties to the conflict and humanitarian actors have long neglected their specific rights and needs. There is an urgent need for the United Nations and governments to increase efforts to protect children with disabilities as part of their international commitments to protect all children impacted by hostilities. Their attention and investment in those most at risk of violence during armed conflicts will in turn enhance protection measures for everyone. [ABSTRACT FROM AUTHOR]

de Beco, G. (2023). "Taking economic and social rights earnestly: What does international human rights law offer persons with disabilities in situations of armed conflict?" International Review of the Red Cross **105**(922): 306-322.
This article studies the economic and social rights of people with disabilities in times of armed conflict. While hostilities prevent them from accessing the essential goods and services that they rely on to enjoy these rights, the topic has attracted little attention to date. Calling upon international human rights law, the article applies the Convention on the Rights of Persons with Disabilities, with a view to complementing the provisions of international humanitarian law. It focuses on the requirements above the provision of medical care and examines the legal obligations attached to economic and social rights. [ABSTRACT FROM AUTHOR]

Ekblad, S. (2020). "To increase mental health literacy and human rights among new-coming, low-educated mothers with experience of war: A culturally, tailor-made group health promotion intervention with participatory methodology addressing indirectly the children." Frontiers in Psychiatry **11**.
Due to the increasing numbers of newcomers with impacts of war, civil war and persecution, at high risk of trauma-related mental health problems, there is a need for increase the poor mental health literacy (MHL) and human rights among the new-comers, especially low-educated mothers with children. This article aimed to present a case study report of several years' experience of tailor-made group health promotion intervention. It describes as an example, a project during autumn 2018 in five municipalities of Sweden and in collaboration between academia, primary care, social welfare, police, and an NGO. Fifty-one women, Arabic- or Somalian speaking, with 1–7 children, mean age 40 years, low-educated and in average four years' of living in Sweden participated. Under supervision, a local female member of the NGO coordinated the group meetings in Swedish with up to ten participants and the moderators were representatives of healthcare, social services and police/lawyer, with an interpreter present. Each intervention focused on human rights, health including mental health, psychosocial and parenting support, by using a 5-week group intervention a 2 h/week, totally 10 h excluding pre- and post-evaluation, and one language per intervention. Each meeting included 1-h lecture and after a short break with refreshments, the participants asked questions to the respective moderator. It was a mixed method but emphasis on qualitative design and participatory methodology with co-creation and evaluation of the intervention. The results showed that this tailor-made group intervention gave the participants empowerment and a sense of coherence, MHL and tools to deal with stress/anxiety, based on their needs that were mapped before in a pilot study during Spring 2018, indirectly addressing their children. However, they did not primarily talk about mental illness experience. It is vital that these interventions toward the target group with limited exposure to Western concepts (e.g., illness, anxiety, and trauma), may bridge the gap between Western and traditional cultural understanding of pre- and postmigration stress. In conclusion, MHL may be a function of both the cultural origin of the target group's background and their resettlement in a Western reception country. Implications are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Goto, R., et al. (2023). "Mental health services in Ukraine during the early phases of the 2022 Russian invasion." The British Journal of Psychiatry **222**(2): 82-87.

Background: In February 2022, Russia began its invasion of Ukraine. War increases the demand for mental healthcare among affected populations, but with devastating losses across the nation, it is unclear if Ukrainian mental health services are able to meet the needs of the people. Aims: We aimed to evaluate the state of Ukrainian in-patient mental health services, which remains the backbone of the nation's psychiatric services, early in the 2022 Russian invasion. Method: We conducted a nationwide cross-sectional study on Ukrainian in-patient mental health facilities during the 2022 Russian invasion. Using an online questionnaire, we obtained responses from the heads of 32 in-patient mental health facilities across Ukraine, representing 52.5% of all in-patient mental health facilities in the nation. We gathered information on hospital admissions, staff, humanitarian aid received and the additional needs of each facility. Results: Hospital admissions were reduced by 23.5% during the war (April 2022) compared with before the war (January 2022). Across facilities, 9.6% of hospital admissions in April 2022 were related to war trauma, with facilities reporting percentages as high as 30.0%. Facilities reported reductions in staff, with 9.1% of total medical workers displaced and 0.5% injured across facilities. One facility reported that 45.6% of their total medical workers were injured. Although facilities across Ukraine have received humanitarian aid (such as medical supplies, food, volunteers), they reported additionally needing equipment as well as more staff. Conclusions: The mental health service structure in Ukraine has been severely damaged during the 2022 invasion, with staff shortages despite a significant number of hospital admissions related to war trauma. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Kienzler, H., et al. (2022). "The experience of people with psychosocial disabilities of living independently and being included in the community in war-affected settings: A review of the literature." International Journal of Law and Psychiatry **81**: 101764.
This article explores the experience of people with psychosocial disabilities with independent living and community inclusion in war-affected settings. While the UN CRPD obliges states to protect the rights of persons with psychosocial disabilities to community living (Article 19) in contexts of war (Article 11), information is lacking about people's lived experience. We reviewed studies published between 1980 and 2020, exploring concepts central to the CRPD's Article 19. Sixteen articles met the inclusion criteria. Findings indicate that support for persons with psychosocial disabilities is lacking while also being insufficiently described; little information is available about types of mental health and psychosocial support services; and data are almost absent about access to community services available for the general population. To ensure independent living and community integration in contexts of war, we emphasize the need for comprehensive and intersectional approaches that are locally relevant, participatory, and based on human rights. (Copyright © 2021 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Kim, J. (2023). "The role of international intervention in managing refugee crises: lessons from Vietnamese and North Korean refugee cases in China." Pacific Review **36**(1): 90-118.
This article examines the role of international intervention for refugee protection by conducting a within-case analysis of two similar groups in China: Vietnamese and North Korean refugees. It argues that states make refugee policy decisions based on cost-benefit calculations, but this self-centered behavior can be mitigated by international intervention. Without amending national laws and official policies, the international community can improve refugee protection in authoritarian regimes through external assistance and support that shares and reduces the burden on host states and persuades state behavior toward refugees. The evidence of this study further suggests that international intervention matters, but the formats of intervention are even more critical to improving a state's refugee protection, especially in dealing with a powerful authoritarian state like China in the context of the Post-Cold War era. More specifically,

positive inducements are preferable than sanctions and criticism to address China's human rights violations regarding North Korean refugees because the strategies help China to leverage its power in the Korean peninsula and the Asian region more broadly by providing them enough political coverage to save its face from allies and constituents and maintain close diplomatic relationships with its all neighbors, including the two Koreas. [ABSTRACT FROM AUTHOR]

Negrete Doria, E. F. (2022). "Situaciones de discapacidad de las víctimas del conflicto armado residentes en Montería1." Situations of disability of the victims of the armed conflict residents in Monteria.(57): 9-19.

This article of result aims at determine the juridical and political strategies of the Local Government of Monteria to implement mechanisms of rehabilitation and reparation for victims in situations of disability. The kind of research made was analytic and the juridical and political strategies of the Local Government of Monteria were analyzed and also their implementation from the victims's eyes, in Human Rights geared to the rehabilitation and reparation for the population in situations of disability which are victims of the armed conflict. The method of research that was applied was the hypothetical deductive. The techniques of data collection of quality and quantity about documental analysis of texts and data processed derived by polls and interviews applied to 16 selected people through purposive sampling based on data base of the Victims Unit of the department of Cordoba. Also, it was made a pilot test with 4 identified people. The interview was applied to 4 ex militaries and 8 victim's residents in the city. The information allows to identify an increase of the population that claims speedy attention to reduce their basic unsatisfied needs that truly merit clarity about the implementation of the applied mechanisms of the Government. The theory of Justice of John Rawls was adopted, because it helps to the thesis of general benefit and social inclusion by the State referent of transitional Justice in a context that dictates to review the accomplishment mechanisms of the international and National undertakings established in the laws and inside the Law principles of the International Public Law that impose the necessity of reinvestment and redistribution of the sources, concluding that in this particular case there are lacking integral politics of attention to the victims in special conditions. (English) [ABSTRACT FROM AUTHOR]

Schiariti, V. and S. J. Hollung (2022). "The rights of children with disabilities during armed conflict." Developmental Medicine & Child Neurology **64**(6): 802-803.

This letter discusses the rights of children with disabilities during armed conflict. The conflict in Ukraine has sparked massive population displacement. Since February 24th 2022, more than 2 million children have fled Ukraine to neighbouring countries with the number of refugees growing every day. Humanitarian actions are urgently needed to safeguard these children's rights to safety, health, education, psychosocial support, and recreation. Children with disabilities are more likely than other children to experience violence and this vulnerability is heightened in humanitarian crises. During armed conflict, the lives of children with disabilities are especially affected as health care and social service infrastructure deteriorates, as well as access to education and recreation. Furthermore, armed conflict has a major negative effect on the mental health of children and adolescents, both with and without disabilities. Currently, children with disabilities and their mothers in the Ukraine are fleeing the country and becoming refugees, mainly in Poland. In a humanitarian context, it is paramount to identify those special needs and barriers faced by children with disabilities. It is especially important to document violations against the rights of such children, including discrimination and denial of humanitarian assistance. Moreover, it is crucial we provide accessible information about the ongoing situation to children with disabilities and their families, and adopt disability inclusive programming to ensure these children benefit from humanitarian relief. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Taheri, M., et al. (2023). "Trauma and posttraumatic growth in women refugees: A bibliometric analysis of research output over time." Traumatology.

Refugee women represent one of the biggest minority groups around the globe, yet little is known of the short- or long-term psychosocial consequences they incur from the refugee journey involving possible growth in the face of trauma. Thus, this bibliometric study aimed to assess the volume and characteristics of research output over time concerning the pre, during, and post-refugee journey of refugee women, inclusive of the theoretical constructs of complex trauma and posttraumatic growth. A descriptive repeat cross-sectional study of publications was conducted from the databases EMBASE, Medline, PsycINFO, and Psychology and Behavioural Sciences Collection (EBSCO) across the time periods 1995 to 2000; 2005 to 2010; and 2015 to 2020. Authors jointly assessed article relevance for inclusion. Classifications included the following: database; country of research institution; country of participants; type of trauma experienced; and trauma and growth terminology. In summary, 10 articles, all conducted in the third time period (2015–2020), met criteria for review, providing an increase in the volume of publications reporting on trauma and posttraumatic growth in refugee women despite an overall paucity of research. Most studies were conducted in the United States and Asian refugee women were the greatest recruited participants in studies. A wide range of trauma types were classified as (a) individual trauma, including gender-based trauma, witnessing trauma, forced migration, multiple losses, dehumanization and denial of human rights; (b) collective trauma included internal conflicts, interterritorial war, war civilians, genocide, and systematic government threats. Lastly, the posttraumatic growth domains of positive relations with others, meaning-making, and spirituality were most represented. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Taheri, M., et al. (2023). "Trauma and posttraumatic growth in women refugees: A bibliometric analysis of research output over time." Traumatology.

Refugee women represent one of the biggest minority groups around the globe, yet little is known of the short- or long-term psychosocial consequences they incur from the refugee journey involving possible growth in the face of trauma. Thus, this bibliometric study aimed to assess the volume and characteristics of research output over time concerning the pre, during, and post-refugee journey of refugee women, inclusive of the theoretical constructs of complex trauma and posttraumatic growth. A descriptive repeat cross-sectional study of publications was conducted from the databases EMBASE, Medline, PsycINFO, and Psychology and Behavioural Sciences Collection (EBSCO) across the time periods 1995 to 2000; 2005 to 2010; and 2015 to 2020. Authors jointly assessed article relevance for inclusion. Classifications included the following: database; country of research institution; country of participants; type of trauma experienced; and trauma and growth terminology. In summary, 10 articles, all conducted in the third time period (2015–2020), met criteria for review, providing an increase in the volume of publications reporting on trauma and posttraumatic growth in refugee women despite an overall paucity of research. Most studies were conducted in the United States and Asian refugee women were the greatest recruited participants in studies. A wide range of trauma types were classified as (a) individual trauma, including gender-based trauma, witnessing trauma, forced migration, multiple losses, dehumanization and denial of human rights; (b) collective trauma included internal conflicts, interterritorial war, war civilians, genocide, and systematic government threats. Lastly, the posttraumatic growth domains of positive relations with others, meaning-making, and spirituality were most represented. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Alejo, A. (2020). Diplomacias migrantes: Repensando la binacionalidad cívica en Norteamérica. Migraciones, 48, 105-131. 10.14422/mig.i48y2020.005

Ante los desafíos de la movilidad humana contemporánea es necesario pensar en la capacidad de agencia de los migrantes para defender sus derechos. Nuestro punto de partida es que es necesario ir más allá de la mirada estado-céntrica al analizar los activismos migrantes cuando en nombre de la soberanía y el interés nacional, los migrantes enfrentan entornos negativos que inhiben su libre movimiento. Con una perspectiva interdisciplinar, y en diálogo entre la sociología de la acción colectiva y la teoría diplomática, aquí proponemos la noción de diplomacias migrantes como una manera para abordar los activismos migrantes en Norteamérica, a partir de los activismos binacionales ante los procesos de deportación y retorno. En este análisis identificamos a los activismos binacionales, como proyectos cívicos posnacionales que buscan actuar aquí y allá, simultáneamente. Con un enfoque de estudio de casos múltiples usamos dos organizaciones binacionales de Norteamérica para evidenciar cómo operan este tipo de diplomacias migrantes.

Alvares, C. (2022). Le devenir-chien de Moïse. Abandon, spectralité et littérature dans «Tropique de la violence» de Nathacha Appanah. Thélème. Revista Complutense de Estudios Franceses, 37(1), 75-83. https://doi.org/10.5209/thel.79099

En Tropique de la violence, Nathacha Appanah plantea el fenómeno de los menores aislados en Mayotte mediante la história trágica de un niño abandonado, oriundo de la inmigración comoriana, y de un perro callejero que tienen en común la condición de abandonados. El artículo pone el foco en las formas de su amistad, examinando, especialmente con Giorgio Agamben y Achille Mbembé, los umbrales – vida/derecho, vida/muerte, doméstico/salvaje, humano/animal – en los que inscriben las migraciones ilegales en la figura del Abandono; y discute, con Peter Sloterdijk, Pascal Quignard y Anne Simon, el papel esencial y decisivo que desempeña la literatura en la amistad interespecífica durante el período de la adopción (domesticación) y en el momento del acto de deserción, asi como la relación de lo literario con lo viviente.

Álvarez Martínez-Conde, C., & Montenegro Martínez, M. (2020). Memoria, Migración y Acción colectiva: Luchas migrantes en Barcelona. Scripta Nova. Revista Electrónica de Geografía y Ciencias Sociales, 24(646). 10.1344/sn2020.24.28407

La memoria de la lucha por los derechos de las personas inmigradas es un campo productivo para repensar los sistemas de significación de la acción política y el ejercicio de derechos para sujetos que han sido excluidos del espacio público. En este artículo se dialoga, por medio de la técnica de Producciones Narrativas, con las memorias que construyen protagonistas de estas acciones colectivas en Barcelona entre 2000 y 2017. Los ejes de discusión exploran la forma en que estas memorias afectan los marcos de reconocimiento y pertenencia a una comunidad como espacio garante de derechos, donde mediante el recuerdo se establecen matrices de inteligibilidad que constituyen sujetos colectivos con agencia, planteando diferentes estrategias y articulaciones que resisten a la precariedad.

Arce Jiménez, C. (2019). Frontera Sur: Una realidad política y jurídica “construida” que genera violaciones de Derechos Humanos. Revista de Fomento Social, 294, 145-176. 10.32418/rfs.2019.294.1544

Las políticas e instrumentos normativos que se aplican en el control fronterizo y en la gestión de flujos migratorios en la Frontera Sur no se corresponden a la realidad material de estos fenómenos. Dicha disfunción conlleva que no se dé respuesta a los objetivos declarados de los mismos (evitar el tráfico de personas, fomentar la migración regular y ordenada, lucha contra el terrorismo internacional…) y que se produzcan graves violaciones de Derechos Humanos sobre las personas migrantes como “daño colateral”. En este artículo analizamos las principales contradicciones político–jurídicas asociadas al proceso de externalización de fronteras auspiciado por la UE y España, la perversión que representa condicionar la cooperación al desarrollo al control de los flujos migratorios o el cuestionamiento del Estado de Derecho vinculado a las “devoluciones en caliente” y a otras prácticas similares llevadas a cabo en las fronteras españolas y europeas.

Biel Portero, I., & Hernández Silva, R. A. (2019). La inclusión de las personas con discapacidad en los acuerdos de paz de Colombia. Revista Iberoamericana de Estudios de Desarrollo, 8(2), 86-107. 10.26754/ojs_ried/ijds.364

Existe una especial conexión entre discapacidad y conflicto armado. Las situaciones graves de violencia no solo generan nuevas discapacidades, sino que agravan las existentes. Teniendo en cuenta que la discapacidad es una cuestión de derechos humanos, así como el alto número de víctimas del conflicto que tienen algún tipo de discapacidad, hubiese sido deseable que el Acuerdo Final de Paz con las FARC-EP en Colombia incluyese un enfoque específico sobre discapacidad. Su ausencia puede contribuir a perpetuar su situación de exclusión. En el proceso de negociación con el ELN, se abre una posibilidad para subsanar esta omisión.

Casero, M., Crespo, C., MATEO, M., & Vidal, J. (2021). El papel del Fondo Monetario Internacional en América Latina durante la crisis del coronavirus. Boletín Económico de ICE, 3133, 27-39. https://doi.org/10.32796/bice.2021.3133.7176

La crisis desencadenada por la COVID-19 está suponiendo un duro golpe para los países de América Latina. A la factura humana cobrada por la pandemia se suma un fuerte impacto sobre el tejido económico y social. El estancamiento del crecimiento de la región en los últimos años, así como las características socioeconómicas de muchos de estos países, con altos niveles de desigualdad e importantes bolsas de pobreza (exacerbados por la pandemia) ponen en riesgo los éxitos cosechados en la etapa previa. En este contexto, este artículo repasa la actividad financiera desplegada por el Fondo Monetario Internacional y su compromiso en la región y se analizan las posibilidades que ofrece una probable nueva asignación general de derechos especiales de giro por parte del FMI para apoyar a países de renta media con mucha población por debajo de la línea de la pobreza.

Castanyer, P. (2019). Notes on Race and Gender in the USA: Poverty and Intersectionality. Papeles de Europa, 32(1), 1-12. 10.5209/pade.64468

Ésta es la primera de varias notas multidisciplinares con un único objetivo en común: describir el panorama general de algunos derechos humanos en los Estados Unidos de América. Para ello presentaremos datos estadísticos de varios estudios y del censo de los Estados Unidos. En esta primera nota examinaremos los niveles de pobreza, desempleo, y distribución de la riqueza en el país, y observaremos las persistentes diferencias introducidas por las variables de raza y género examinando algunas de las razones más importantes de fondo para tales diferencias. Desafortunadamente, nos sería imposible examinar todas las causas de estos problemas a fondo, dada su complejidad, larga historia y persistencia. Sin embargo, exploraremos el movimiento de la eugenesia y la profunda influencia que tuvo durante gran parte del siglo XX en forma de políticas que afectarían a mujeres y personas de color durante décadas. Desafortunadamente, las creencias de base de este movimiento siguen estando muy vigentes en la sociedad norteamericana, y, bajo esta nueva administración, estos abusos en contra de los derechos humanos son una constante, agravando los elevados niveles de pobreza y desigualdad en mujeres y personas de color.

Cornelio Landero, E. (2019). Derecho del migrante a un trabajo decente en México. Barataria. Revista castellano-manchega de Ciencias Sociales, 25, 103-116. 10.20932/barataria.v0i25.495

El derecho de los trabajadores migrantes a un empleo decente en México, se encuentra plenamente reconocido en diversos instrumentos internacionales y en el derecho interno, de modo, que no importa la condición migratoria que tengan, pues, el derecho de igualdad y no discriminación son un derecho humano de ius cogens. Trabajador es la persona física que presta un trabajo personal subordinado a otra persona física o moral, en tanto que, el trabajo es un derecho y un deber social, debe efectuarse en condiciones que aseguren la vida digna y la salud de quien lo presta y sus familiares dependientes. Por consiguiente, la condición migratoria de la persona no lo debe limitar a que tengan acceso a un trabajo decente; libre de discriminación por origen étnico o nacional, género, edad, discapacidad, condición social, con acceso a la seguridad social y un salario remunerador, y se cuenta con condiciones óptimas de seguridad e higiene para prevenir riesgos de trabajo.

Cornelio Landero, R. (2019). Niños migrantes en México y el cumplimiento del derecho humano a la educación. Barataria. Revista castellano-manchega de Ciencias Sociales, 25, 117-130. 10.20932/barataria.v0i25.500

El territorio mexicano se encuentra en la mira de las organizaciones internacionales que protegen los derechos humanos, ante la alza de flujo migratorio que van a los EEUU., los niños migrantes y su situación en el territorio mexicano que viajan en caravanas solos o con sus padres, son los más vulnerables por su corta edad a ser víctimas de violencia, trata de personas y abuso sexual, por lo que son los que requieren mayor atención y ayuda humanitaria, no discriminarlos por ninguna circunstancia; la UNICEF México es un organismo es el organismo encargado de buscar el trato digno a los niños y que se le otorgue su derecho humano a la salud, a la educación, derechos que se encuentran establecidos en las normas jurídicas mexicanas, por lo que es importante que el Estado mexicano cuente con políticas públicas en materia del derecho humano a la educación de los migrantes.

El Mouali Samadi, F. (2021). Inmigración del Sur global: Relatos silenciados. Geopolítica(s), 12(1), 11-21. 10.5209/geop.73530

Los discursos políticos y mediáticos dominantes —e incluso algunas publicaciones académicas— en España siguen tratando y hablando de la inmigración proveniente del Sur desde una óptica muy sesgada. Esta perspectiva se limita a mencionar las malas condiciones de vida y la falta de derechos humanos en los países de origen como principales motivos de salida, mientras se evita hablar de la implicación de Occidente en la creación de estos factores y en la expulsión de esa población de sus territorios. Las narrativas desplegadas mencionan raramente los problemas y obstáculos estructurales que se encuentran en el destino, presentándose éste sólo como una oportunidad para abrazar la libertad y la igualdad vetada en los países natales. En este artículo se busca mostrar desde una perspectiva crítico cómo se convierte gran parte de la experiencia migratoria en vivencias de máxima vulnerabilidad, debido a la estructura legal que presenta la ley de extranjería y a la mirada social hacia los inmigrantes, en general, y la inmigración femenina en concreto.

Feline, L., & Castillo Jara, S. (2020). Movilidad y políticas migratorias en América Latina en tiempos de COVID-19. Anuario CIDOB de la inmigración, 49-66. 10.24241/10.24241/AnuarioCIDOBInmi.2020.50

Este artículo presenta una visión panorámica de la movilidad humana y las políticas migratorias en América Latina en 2020, durante la pandemia del COVID-19. En primer lugar, revisa algunas situaciones específicas que amenazan a la población en movilidad humana en este contexto, como la inmovilidad forzada, las deportaciones en condiciones de riesgo y los peligros asociados a la movilidad irregular. En segundo lugar, observa cómo la emergencia sanitaria surgió en la región latinoamericana en un momento de politización de la inmigración, con una débil coordinación regional y dificultades para garantizar los derechos sociales de la población extranjera. En tercer lugar, examina la persistente vulnerabilidad de la población migrante en

América Latina ante estas circunstancias y, por último, concluye enfatizando la urgente necesidad de llevar a la práctica políticas de regularización migratoria.

Fenton, J. (2021). Challenges for Social Work Education in a Changing Europe. Cuadernos de Trabajo Social, 34(1), 19-30. 10.5209/cuts.67852

Indudablemente, en Europa y a escala mundial, el neoliberalismo ha sustituido a la socialdemocracia como consenso político. Esto ha llevado a niveles de desigualdad y pobreza relativa sin precedentes en el consenso democrático. También ha llevado a un sentido común, una narrativa neoliberal esencial para obtener apoyo a las políticas que debilitan los derechos de los trabajadores, desregulan las corporaciones y las empresas, y recortan los presupuestos para el bienestar y los servicios públicos. Esencialmente, la narrativa es que las personas deben ser totalmente autosuficientes y que su bienestar dependa del Estado es señal de ser pobre, indolente y pertenecer a una "subclase". Es una narrativa de "autosuficiencia moralizante" (Marston, 2013). Gran parte de la actividad de Trabajo Social se centra en áreas de desempleo, pobreza y privaciones; ¿qué sucederá con nuestros valores de respeto, compasión y cuidado si los trabajadores sociales incuestionablemente interiorizan esta narrativa? Tal vez dé lugar a una forma de trabajo social autoritario que trata a las personas como si fueran algo "menos que humanas" (Smithson y Gibson, 2016)? Grasso et al.(2018) emprendieron una investigación, utilizando los datos del Estudio de Actitudes Británicas y encontraron que los miembros de la generación, conocida como Millennials, eran más autoritarios y de derecha que todas las generaciones anteriores. ¿Qué sucederá si esa trayectoria continúa? Las actitudes autoritarias de nuestra generación actual de estudiantes post-Millennial, etiquetados como iGen por Twenge (2018), se estudiaron en una universidad escocesa y los resultados los comparto en este artículo. ¿Cuáles podrían ser las implicaciones para la educación en Trabajo Social de este desafío?

Gallardo, C., Caldentey, P., Carrazón, J., & Rapallo, R. (2022). Hambre y pobreza rural en Centroamérica. Lecciones aprendidas desde los programas PESA. Revista de Fomento Social, 303, 177-209. 10.32418/rfs.2022.303.5202

Dos de los principales indicadores del Objetivo de Desarrollo Sostenible número 2 (ODS2: "Hambre Cero") son la subalimentación (mide la suficiencia del consumo de energía per–cápita) y la desnutrición crónica infantil (mide el retraso en el crecimiento). La realidad en Centroamérica para estas variables es preocupante: salvo en Costa Rica, los datos están muy por encima de la media de América Latina y el Caribe (FAO, FIDA, UNICEF, PMA y OMS; 2018).El problema principal no está relacionado con la disponibilidad de alimentos, ya que el suministro per cápita en todos los países del istmo supera los requerimientos nutricionales, en términos calóricos, estimados en las Canastas Básicas de Alimentos (CBA) que determinan las líneas de extrema pobreza (Carrazón y Gallardo; 2018). Las causas del hambre hay que buscarlas, principalmente, por el lado del acceso a los alimentos...

García González, S. (2020). La vida desechable. Una mirada necropolítica a la contención migratoria actual. Migraciones, 50, 3-27. 10.14422/mig.i50.y2020.001

Las políticas migratorias actuales perseveran en su empeño de reforzar los dispositivos fronterizos en aras de frenar los flujos migratorios no deseados. La fantasía política de contención migratoria redunda en un aumento de la mortalidad, en sintonía con un incremento de la vulnerabilidad y la inseguridad para las personas que se desplazan forzadamente, a la vez que se intensifica la xenofobia y la aporofobia en las sociedades receptoras. Para los sistemas neoliberales globales, según criterios puramente mercantilistas, una vida vale en la medida que contribuye al progreso económico. Es por ello por lo que las y los migrantes y refugiados conforman la vida desechable. Aplicar la categoría necropolítica al fenómeno migratorio permite ahondar en estas cuestiones desde un enfoque crítico con las políticas migratorias actuales, apelar a los derechos humanos y, en última instancia, reivindicar desde una perspectiva ética el valor de la vida humana.

García Medina, J. (2018). Ajustes razonables y apoyos en la convención de los derechos de las personas con discapacidad. Retos y dificultades. Studia Historica. Historia Contemporánea, 36, 131-149. 10.14201/shhc201836131149

La Convención sobre los derechos de las personas con discapacidad es un instrumento de transformación social y no solo de la vida de las personas con discapacidad. El objetivo fundamental de la Convención es la autonomía de las personas con discapacidad. Ahora bien, conseguir ese objetivo plantea retos y se enfrenta a dificultades, entre ellas determinar el contenido y alcance de los conceptos y términos contenidos en la Convención. Pero es necesario realizar esta tarea ya que de lo contrario la protección de los derechos de las personas con discapacidad sería imposible.

García Oliveros, E. (2018). Exilio Queer, invisibilidad de género y arte público. Arte y Políticas de Identidad, 18, 33-54. https://doi.org/10.6018/reapi.335991

Mujeres subsaharianas, lesbianas o no, algunas demandantes de asilo, otras migrantes o con nacionalidad europea, mujeres que aman a otras mujeres en países africanos, donde amar se paga con la vida, con la ablación o la violación; organizaciones mediadoras con estos colectivos, a nivel europeo o nacional; mujeres artistas, queer; estos fueron los agentes buscados por Toxic Lesbian en el contexto de la residencia de artista en El Ranchito, Matadero, Madrid, para crear con formato público y procesual este proyecto entre los años 2011 a 2012. Contó con la colaboración de organizaciones generalistas de derechos humanos, de refugiados y migrantes, específicas de género o propiamente LGBTQ. El objetivo de la investigación es presentar los hallazgos relativos a las causas de la migración de poblaciones queer africanas y de modo más específico, mujeres. Se expondrán las discriminaciones existentes durante las diásporas por orientación sexual y género, así como las de los organismos internacionales que debieran garantizar el derecho al asilo. Del mismo modo se ilustrarán con imágenes los procesos de creación llevados a cabo en este marco de arte público, mediante colaboración mediada por la artista con las instituciones colaboradoras y la población civil que protagoniza el proyecto.

García Rubio, M. Á., López-Ruiz, S., & González-Gómez, F. (2019). Derechos humanos en España: Protección del derecho al agua en familias con problemas de asequibilidad por riesgo de pobreza y exclusión social. Análisis crítico para una reforma legal. Agua y territorio, 13, 103-114. 10.17561/at.13.4381

Aunque los principales problemas de acceso al agua se presentan en los países pobres, estos también pueden tener alguna incidencia en los países desarrollados. En este caso el problema tiene que ver fundamentalmente con la asequibilidad, es decir, con la capacidad de las familias para hacer frente al pago de la factura de agua; y ello se agrava cuando como consecuencia del impago se producen cortes en el suministro. Esta situación puede presentarse si el marco regulatorio y legal no garantiza, o no de manera suficiente, el acceso de los colectivos más vulnerables y desfavorecidos a un bien básico como el agua potable. En este ensayo, a partir de un enfoque crítico, se analiza la protección del derecho humano de acceso al agua en España frente a situaciones de riesgo de pobreza y exclusión social para proponer una reforma legal. Las situaciones de exclusión social justifican un tratamiento diferenciado del derecho a un bien básico para la vida, al margen del conjunto de la protección social contra la pobreza, dado que esa realidad limita las oportunidades de acceso a los mecanismos de protección social. Una primera conclusión es que en España existe una insuficiente regulación legal en relación con la protección de este derecho. Una segunda conclusión es que la descentralización normativa conduce a que las medidas de acción social en materia de suministro de agua sean muy heterogéneas, de modo que existe una desigual protección del derecho humano al agua según el lugar de residencia.

González Hidalgo, E., & Coco, D. L. (2020). (Des)Protección de personas LGTBI en espacios seguros. Un análisis de las experiencias migratorias en Guatemala y México. Migraciones, 50, 59-85. 10.14422/mig.i50.y2020.003

La vulnerabilidad de las personas lesbianas, gais, transexuales, bisexuales e intersexuales (LGTBI) durante su proceso migratorio ha generado una nueva preocupación en la comunidad internacional. En las últimas décadas se ha tenido en cuenta esta diversidad para generar mecanismos de protección, uno de ellos es la Red de Espacios Seguros (RSSN) en Centroamérica y México, bajo el ACNUR. Sin embargo, el camino para disminuir el grado de vulnerabilidad es complejo. El objetivo de este artículo es evidenciar las lagunas en la protección de las personas LGTBI en los espacios seguros en México y Guatemala. La metodología se apoya en la revisión de fuentes secundarias y en el trabajo de campo en el que se llevaron a cabo observaciones directas, grupos de discusión y entrevistas en profundidad a personas en tránsito, solicitantes de asilo y refugiadas LGTBI.

González Iza, D. (2020). La sociedad civil y la Convención de los Derechos de los Trabajadores Migratorios y sus Familias: Alternativas ante su débil consenso. Revista de Fomento Social, 296, 59-91. 10.32418/rfs.2020.296.3309

El desarrollo de normas internacionales de derechos humanos y de sus instituciones ha permitido cierto protagonismo de las organizaciones de la sociedad civil. El objetivo de este trabajo de investigación es analizar los alcances y límites de la sociedad civil en su interacción con el Comité para los Trabajadores Migratorios de las Naciones Unidas, tomando en cuenta que su instrumento normativo (la Convención de los Derechos de los Trabajadores Migratorios y sus Familias) es de los menos aceptados a nivel internacional. Por lo tanto, se evalúa hasta qué punto la falta de consenso internacional sobre la Convención puede representar una limitante en la relación de la sociedad civil con este Comité

Higueras, G. (2021). El desarrollo como estrategia política de China. Revista de Fomento Social, 300, 375-398. 10.32418/rfs.2021.300.5033

La pandemia ha consolidado a China no solo como fuerza confiable para impulsar la recuperación mundial sino también como actor responsable, preocupado por el futuro de los más desfavorecidos, lo que ha facilitado a Pekín avanzar en su estrategia política de alzarse como representante y voz de los países en vías de desarrollo. Desde su posición de segunda potencia económica y frente al creciente antagonismo de Estados Unidos, la República Popular fomenta un nuevo concepto de desarrollo que califica de “innovador, coordinado, ecológico, abierto e inclusivo”. Con este desarrollo no ligado a los valores occidentales de democracia y derechos humanos, pero basado en los principios de soberanía, no injerencia en los asuntos internos y beneficio mutuo, busca priorizar la lucha contra la pobreza en la Agenda 2030 de Naciones Unidas, al tiempo que promueve la Franja y la Ruta para expandir sus relaciones comerciales y tecnológicas.

Islas Colín, A. (2019). Caravanas de migrantes y refugiados en México. Barataria. Revista castellano-manchega de Ciencias Sociales, 25, 131-146. 10.20932/barataria.v0i25.492

Se estudian las caravanas de migrantes y refugiados en México provenientes del norte de Centroamérica del preiodo octubre de 2018 al mes de abril de 2019. En el presente análisis se estudió la situación de los derechos humanos en Honduras como en México en el primero porque el flujo migratorio provienen de Honduras y el segundo porque explica la concentración de migrantes para protegerse de las violaciones de derechos humanos durante su tránsito por

México. Asimismo se analiza las características de las caravanas migratorias y los programas de retorno a su país de origen.

Jiménez Bautista, F. (2022). El (no)lugar del extranjero en el discurso institucional: Sutilezas de la dicotomía inclusión-exclusión en tiempos de Unión Europea. Scripta Nova. Revista Electrónica de Geografía y Ciencias Sociales, 26(3). 10.1344/sn2022.26.33908

Los desplazamientos humanos en las costas marítimas de la Unión Europea (UE) se han convertido en un problema. La metodología se fundamenta en el análisis de documentos oficiales de las políticas migratorias de retorno y de la concesión de asilo. Estos documentos involucran un discurso que diferencia las personas provenientes principalmente de la guerra de Siria y norte de África, de otros desplazados de sus países de origen por causas económicas. Para Siria, el discurso imperante revela un movimiento de inclusión y acogida dentro del marco jurídico al concederles el estatus de refugiados, para los otros inmigrantes, existe una tendencia de exclusión que plantea la deportación a sus países de origen. Los resultados indican la violación de los derechos humanos dentro del Acuerdo UE-Turquía (2016), una política migratoria que infringe las normativas y principios de justicia, de igualdad y equidad, provocando niveles de exclusión de las personas desplazadas.

Jiménez Gutiérrez, A. (2019). El maestro visto por sus discípulos: Segundo Montes, sociólogo y defensor de los derechos humanos en El Salvador. Naveg@merica, 22, 32 p. https://revistas.um.es/navegamerica/article/view/363631

El artículo esboza un retrato del sociólogo y defensor de los Derechos Humanos Segundo Montes, jesuita vallisoletano asentado en El Salvador y asesinado el 16 de noviembre de 1989 en la Universidad Centroamericana ‘José Simeón Cañas’ junto a otros cinco hermanos de la Compañía de Jesús y dos trabajadoras. Figura imprescindible en la comprensión del ámbito de la defensa de los Derechos Humanos en El Salvador, muy especialmente durante la guerra civil que asoló el país, Montes fue docente e investigador, además de sacerdote. A punto de cumplirse 30 años de su asesinato, en este trabajo se analiza su figura y se resaltan la relevancia e innovación de sus investigaciones en el contexto de la realidad salvadoreña del siglo XX. Para ello, se parte de los testimonios de muchos de sus discípulos, de algunos colegas, de refugiados que conoció y asistió durante la guerra y de miembros de su comunidad parroquial.

Limón Aguirre, C. G., & Duarte Cruz, J. M. (2020). Intervención del profesional del trabajo social con personas jóvenes y adultas con alguna discapacidad. Azarbe. Revista Internacional de Trabajo Social y Bienestar, 9, 17-28. 10.6018/azarbe.410051

Esta investigación analiza los tipos de intervención del profesional de trabajo social con jóvenes y adultos que presentan alguna discapacidad. Se desarrolló en una asociación civil en Chiapas, México, mediante un abordaje cualitativo. Los hallazgos señalan que el modelo de la diversidad, centrado en el respeto, valoración de los derechos humanos, puede encaminarlos a procesos de resiliencia de largo plazo. La intervención debe tener presente el contexto histórico, social, familiar, económico, cultural y los aspectos biológicos del ser humano; además, concebir a estas personas como individuos con derechos, sentimientos, motivaciones y capacidades. Todo en su conjunto coadyuvará en la mejora de sus condiciones de vida y su integración en la sociedad.

López Pérez, M., & Álvarez Nieto, C. (2020). La asistencia personal en España. Perspectiva de sus protagonistas: Personas beneficiarias, responsables de la asistencia personal de las entidades proveedoras y asistentes personales. Trabajo Social Global-Global Social Work, 10(19), 224-256. 10.30827/tsg-gsw.v10i19.11811

La asistencia personal es un recurso humano que pone en práctica el derecho a una vida independiente de las personas con diversidad funcional, un derecho reconocido internacionalmente. Aunque tiene una larga trayectoria en los Estados Unidos y en algunos países europeos como Suecia, Noruega y Reino Unido, sin embargo, en nuestro país es de reciente implantación. En los últimos años, la asistencia personal ha despertado el interés de algunas administraciones públicas y del mundo asociativo de la discapacidad, pero aún sigue siendo escaso su desarrollo académico en nuestro país. El objetivo de esta investigación es conocer y analizar la situación actual de este recurso en España. Para ello, se han estudiado las características y opiniones de las personas beneficiarias, los/as asistentes personales y los/as responsables de la asistencia personal de las entidades proveedoras. Se ha utilizado una metodología mixta para una mejor comprensión del problema investigado. Los resultados muestran la escasa información existente sobre la asistencia personal, el limitado acceso a este recurso y la precariedad laboral en la profesión de asistente personal.

Lousada Arochena, J. F. (2020). Protección universal del derecho a la igualdad. Femeris, 5(2), 100-120. 10.20318/femeris.2020.5386

El derecho a la igualdad de los seres humanos y la prohibición de discrimina¬ción reconocidos en los instrumentos internacionales de derechos humanos exigen mecanis¬mos efectivos de tutela. El estudio analiza los organismos y los procedimientos instaurados a nivel universal bajo el mandato genérico de Naciones Unidas y en el Sistema de Tratados. En particular, el estudio se detiene en el procedimiento de denuncias individuales en la Con¬vención sobre la eliminación de todas las formas de discriminación contra la mujer (1979), la Convención sobre la eliminación de todas las formas de discriminación racial (1965), y la Convención sobre los derechos de las personas con discapacidad (2006). Finalmente, se anali¬za la eficacia interna de los dictámenes del Comité sobre la eliminación de todas las formas de discriminación contra la mujer.

Mareño Sempertegui, M., & Britos, N. (2020). Transformaciones normativas recientes en el derecho a la seguridad social de las personas con discapacidad en Argentina. Gestión y Análisis de Políticas Públicas, 24, 86-105. 10.24965/gapp.i24.10732

Este trabajo tiene como objetivo examinar las transformaciones acaecidas en el derecho a la seguridad social de las personas con discapacidad en Argentina, focalizando la mirada en la política de pensiones no contributivas por invalidez entre los años 2003 y 2019. A partir del análisis del marco normativo, se analizan las medidas tomadas por el Estado en dos períodos. Por un lado, el período 2003-2015, caracterizado por la expansión de la cobertura que supuso una mejora progresiva en el derecho a la seguridad social para esta población, mejora que presentó escasa institucionalidad ya que no fue el resultado de la derogación de una normativa anticonvencional (Decreto Reglamentario No 432/1997). Por el otro, el período 2016-2019 en el que, a partir de la adopción de una serie de medidas regresivas, tanto a nivel normativo como en los resultados de la política de pensiones por invalidez, se ejecuta una masiva suspensión y baja de prestaciones, restringiéndose así el derecho a la seguridad social para este grupo poblacional. Se señala que la no derogación de una normativa nacional que transgrede estándares internacionales de derechos humanos constituyó un acto de omisión por parte de los gobiernos de los dos períodos analizados.

Miranda Ruche, X., & Villacampa Estiarte, C. (2022). Trata de seres humanos y migración: Una exploración al sistema de protección en España a partir de la perspectiva comparada. Migraciones, 54, 1-24. 10.14422/mig.i54y2022.012

España presenta unas cifras muy elevadas de personas migrantes entre las víctimas de trata de seres humanos. Por ello, este artículo plantea una aproximación crítica al sistema de protección español dirigido a dichas víctimas. Con este objetivo se realizó un análisis comparativo con cinco países del entorno europeo. Los resultados indican que España tiene una infraestructura deficitaria para la identificación. Ello impide a las víctimas no detectadas beneficiarse de las coberturas formales de protección y les bloquea su acceso al periodo de restablecimiento y reflexión, así como al permiso de residencia. Para garantizar la atención y los derechos de todas las víctimas, España debería articular un sistema de identificación integrado por un mayor número de operadores especializados, como se observa en el modelo británico, portugués y neerlandés. Dado el alto componente migratorio de la trata de seres humanos, dicho sistema debería ser especialmente competente en materia de diversidad cultural.

Moreno Cantano, A. C. (2019). ACNUR y la promoción de los derechos humanos a través de videojuegos: El caso de Finding Home. Historia actual on-line, 49, 21-32. 10.36132/hao.vi49.1477

En los últimos años organismos como el Alto Comisionado de Naciones Unidas para los Refugiados (ACNUR) se han valido del alcance y difusión de los medios de ocio y aprendizaje digital para aproximar la violación de los Derechos Humanos al público en general. Uno de los ejemplos más palpable ha sido la persecución de los Rohingya, minoría musulmana de Myanmar, considerados «uno de los pueblos más perseguidos del mundo». En un intento por ponernos en la piel de estos refugiados en Malasia, en 2017 ACNUR creó una aplicación para móviles y tablets titulada Finding Home, en la que se mostraban todas las penalidades y sufrimientos de Khatijah (una chica rohingya de 16 años) por reencontrarse con su familia y lograr sobrevivir en un país extranjero, en este caso Malasia. Este título se enmarca en aquella categoría de videojuegos digitales, catalogado como Serious / Newsgames, en los que el mensaje prima por encima del aspecto gráfico y visual. En el presente artículo vamos a profundizar en todas estas cuestiones a partir de un análisis crítico de bibliografía especializada sobre los juegos digitales como producto cultural, así como informes y resoluciones sobre la persecución sufrida por el pueblo rohingya. Finalmente, confrontaremos todos estos datos a través del acceso a la aplicación Finding Home.

Mut Montalvà, E. (2018). Las refugiadas políticas colombianas en España: Aportes para la disciplina de Trabajo Social de los enfoque de género e intercultural. Cuadernos de Trabajo Social, 31(1), 59-68. 10.5209/CUTS.55998

El propósito del presente artículo es aportar conocimientos para la disciplina de Trabajo Social, específicamente en su praxis con mujeres y en la intervención colectiva con el enfoque de género y el enfoque intercultural. Partiendo de la idea de que todo conocimiento es situado, la presente investigación feminista subraya la importancia de pensar desde la perspectiva de las vidas de los grupos excluidos, en este caso de las refugiadas colombianas exiliadas en España, para visibilizar sus aportaciones a la defensa de los derechos humanos, al desarrollo humano sostenible y a la superación de la vulnerabilidad, a través de procesos de empoderamiento y de constitución de redes de apoyo. Para ello se reflexiona, por una parte, sobre la complejidad del refugio político y, por la otra, sobre sus prácticas asociativas. Aunque el drama del exilio es un elemento que atraviesa sus trayectorias vitales relegándolas a una posición subalterna, se analizan sus estrategias de resistencia, resiliencia y empoderamiento a través de su activismo en asociaciones y plataformas. De esta forma, se profundiza en el significado de la diversidad como característica inherente a la sociedad actual en las que convivimos con personas de diversas culturas, valores, creencias religiosas, identidades étnicas y de género, orientaciones sexuales, prácticas sociales, ideologías políticas y estilos de vida y, en particular, en el significado de las contribuciones de las refugiadas colombianas asentadas en España.

Mut Montalvà, E. (2020). La contribución de las refugiadas colombianas a la Agenda Global de Desarrollo a través de su empoderamiento en la acción colectiva para la defensa de los derechos. Revista Iberoamericana de Estudios de Desarrollo, 9(1), 52-73. 10.26754/ojs_ried/ijds.448

El propósito del presente estudio es ahondar sobre los aportes y los significados del activismo social y político en defensa de los derechos humanos que llevan a cabo las refugiadas colombianas asentadas en España y su estrecha vinculación con dos procesos: empoderamiento y generación de nuevas identidades complejas. Las refugiadas colombianas en España son un ejemplo de resiliencia que se fundamenta en la conformación de redes de activismo nacionales y transnacionales en defensa de los derechos humanos de las mujeres exiliadas. Ellas han emergido como agentes sociales con capacidad de interlocución para reclamar derechos en los diferentes territorios en los que experimentan su existencia transnacional en el marco de la Agenda Global de Desarrollo. Dicha participación la cristalizan a través de actividades de sensibilización social, educación para la construcción de una ciudadanía global crítica y de incidencia política internacional, difundiendo sus principios y valores y favoreciendo el cambio social hacia sociedades más inclusivas e igualitarias.

Reyes Martínez, J., & Andrade Guzmán, C. (2021). Los derechos económicos, sociales y culturales de los artistas en contextos de violencia y pobreza. El caso de Acapulco, México. Arte, Individuo y Sociedad, 33(2), 413-432. https://doi.org/10.5209/aris.68448

La pobreza y la victimización ocasionadas por el crimen y la violencia son consideradas violaciones a los derechos económicos, sociales y culturales, y a la dignidad humana. Las poblaciones más excluidas suelen ser víctimas recurrentes de estas violaciones de derechos. Los artistas son una de estas poblaciones, pues usualmente se encuentran en situación de vulnerabilidad socio-económica estructural. Tomando como caso de estudio a la ciudad de Acapulco, México, una de las localidades más violentas y empobrecidas del país, intentamos responder, ¿cómo es ejercido el arte en Acapulco, una ciudad con un alto índice de población en situación de pobreza y con un alto nivel de violencia? ¿Qué implicaciones tiene esto en la práctica artística? A su vez, ¿cómo ejercen sus derechos quienes se dedican al arte en Acapulco? Para ello, se diseñó un estudio de caso cualitativo instrumental centrado en las experiencias de los artistas. Mediante un análisis temático identificamos que en Acapulco los artistas ejercen sus derechos económicos, sociales y culturales principalmente a través del mercado, y en los casos de un ejercicio más constante, éste se encuentra asociado con un contrato laboral formal, más que desde la oferta pública garantizada por el Estado.

Romero Plana, V. (2022). Significados de pobreza y proyecciones de hombres en situación de calle. Masculinidades y Cambio Social, 11(3), 262-289. 10.17583/mcs.10124

Uno de los escenarios de la pobreza extrema es la situación de vida en la calle (sinhogarismo). El estudio de caso presentado en este artículo analiza los significados de pobreza construidos desde experiencias masculinas de exmigrantes deportados e identifica las proyecciones a futuro que se elaboran en la precariedad del contexto. Los participantes de esta investigación son siete hombres que acuden a un albergue de ayuda humanitaria en Hermosillo, capital de Sonora (México) y a quienes se entrevistó para la elaboración de sus historias de vida, técnica elegida para la inducción de significados, sentidos y vivencias. Los resultados muestran la mirada desde los Derechos Humanos en torno a las necesidades y los aspectos que consolidan el problema a partir de la exclusión social. Se plantea una proyección de vida sin incorporar un papel de agencia, lo que genera un “vivir el presente” desde el positivismo y la fe. Se concluye con la necesidad de incorporar el género en el análisis de la pobreza extrema, como eje para comprender la situación de calle, y las historias de vida como técnica adecuada para la recopilación de sentidos y experiencias en torno a nuevos procesos sociales en la frontera norte del país.

Straehle, E. (2018). Europa frente a los refugiados: Releer los derechos humanos desde Hannah Arendt. Lectora. Revista de Dones i Textualitat, 24, 61-81. https://doi.org/10.1344/Lectora2018.24.5

Este artículo analiza las diferentes respuestas europeas a la llamada “crisis de los refugiados” desde el pensamiento de Arendt y las contrasta con la imagen que ha intentado cultivar la Unión Europea de sí misma a nivel público. Para ello, se conecta esta cuestión con el concepto arendtiano de paria y con la experiencia de “pérdida de mundo”. Luego, se examinan los límites que Arendt detectó detrás del discurso de los derechos humanos y cómo éstos impiden que se pueda garantizar la protección de las personas refugiadas. Finalmente, se explica por qué los refugiados y las refugiadas aparecen de diverso modo como una suerte de nuevos bárbaros contemporáneos.

Tenorio, M. (2023). Sobre la paz en la historia. Segle XX, 15, 1-19. http://revistes.ub.edu/index.php/segleXX/article/view/41847

El presente ensayo propone un recorrido por el surgimiento y desarrollo del complejo concepto de paz en la política occidental. En sus inicios la paz nació como idea inseparable de la guerra y la violencia. Solo recientemente la guerra ha comenzado a considerarse una «anomalía». La tradición Ilustrada fue la primera en avanzar en esa dirección al declarar la paz como un derecho natural. Sin embargo, el darwinismo, con su racismo antropológico, y la expansión europea devolvieron a la guerra su antiguo protagonismo. Habrá que esperar al siglo XX para que el pacifismo se torne en una nueva moral y el liberalismo universalice el mercado para que la idea de paz retorne triunfante ahora bajo la cobertura del derecho internacional y los Derechos Humanos. Este estudio recorre los orígenes y principales aportaciones ideológicas y políticas de este desarrollo.

Tuñón, L., Lamarmora, G., & Sánchez, M. E. (2022). Pobreza multidimensional infantil en España y Argentina. Un ejercicio de construcción, compatibilización y análisis de robustez. Empiria. Revista de Metodología de Ciencias Sociales, 55, 57-96. 10.5944/empiria.55.2022.34182

Los Objetivos de Desarrollo Sostenible (ODS) para el 2030 se constituyen en metas a las que adhieren casi todos los gobiernos del mundo, y es la primera vez que acuerdan un objetivo de pobreza multidimensional que incluye explícitamente a los niños/as. En la última década, son muchos los aportes que se han realizado desde lo conceptual y metodológico a la construcción de medidas de pobreza multidimensionales y en particular orientadas a la medición del fenómeno de la pobreza infantil. Estas propuestas, en algunos casos, retoman la perspectiva de las capacidades de Sen, o bien el enfoque de derechos humanos, o se ven más alineadas con el enfoque de privaciones socialmente consensuadas. Este último enfoque es el utilizado por la Unión Europea, e incorporado a través de 18 indicadores en un módulo específico de “Privación material” de la Encuesta de la Unión Europea de Ingresos y Condiciones de Vida (EU-SILC), en el que se releva información de los hogares con niños/as. A partir de la propuesta para la UE y con la intención de poder desarrollar un análisis comparado entre España y la Argentina, se avanzó en la adecuación de indicadores de la Encuesta de la Deuda Social Argentina (EDSA) del Programa del Observatorio de la Deuda Social Argentina (ODSA) de la Universidad Católica Argentina (UCA), procurando su comparabilidad con los presentes en la Encuesta de Condiciones de Vida (ECV) del Instituto Nacional de Estadísticas de España. En este proceso de compatibilización de los instrumentos se tomaron decisiones conceptuales y metodológicas que son sistematizadas y discutidas en el presente artículo. El índice construido logró compatibilizar 11 indicadores comunes para niñas/os entre los 3 y 15 años de la Argentina y España que resultaron ser adecuados, válidos, fiables y aditivos.

Uriarte Bálsamo, P., & Montealegre, N. (2018). “Al menos un puñado de gurises”. Una experiencia de reasentamiento de niños sirios en Uruguay. Athenea Digital. Revista de Pensamiento e Investigación Social, 18(1), 91-112. 10.5565/rev/athenea.2217 En este artículo abordamos el Programa de Reasentamiento de Personas Sirias Refugiadas (PRPSR) en Uruguay, implementado en cooperación con ACNUR en 2014, interrumpiéndose sobre finales del 2015, y que tuvo como principales destinatarios a niños víctimas de la catástrofe humanitaria en Siria. A lo largo del texto problematizamos cómo un sector de la población refugiada —definido en torno a la edad cronológica entendida como correlato de un momento específico y diferenciado del ciclo vital— se transforma en una categoría central en disputa. Focalizamos en la pugna entre los diferentes sentidos que se establecen para las categorías de niños y menores, las formas en que son reelaboradas en cada contexto y cómo están vinculadas a los procesos de asimilación proyectados. Proponemos que, por encima de los derechos humanos, lo que moviliza finalmente las acciones en torno al reasentamiento es un fuerte impulso nacionalista que refuerza una identidad nacional: la uruguaya. Usategui Basozabal, E. (2021). Alexis de Tocqueville, del Humanismo cívico al nacionalismo excluyente. Hispania, 81(267), 129-158. 10.3989/hispania.2021.005 La obra de Alexis de Tocqueville se dirige a hacer salir a los individuos del círculo de sus intereses privados, para que asuman su responsabilidad individual, política y social frente a la masa, escuchen a su deseo innato de libertad y hagan surgir de la igualdad, y, nunca contra ella, sino a través de ella, la libertad política y social. Su amor a la libertad está siempre presente e impregna de sentido ético su pensamiento y su actividad política. De ahí deriva su profundo humanismo ante la situación de la población india y negra en tierras americanas y su oposición frontal a la esclavitud y a cualquier planteamiento racista, como algo contrario a los derechos naturales de los seres humanos. Sin embargo, cuando el diputado Tocqueville toma la palabra, su objetivo primero no es ya la dignidad de los seres humanos, sino los intereses de Francia. Su posición ante la emancipación de los esclavos en los territorios franceses de ultramar, su actitud ante la conquista de Argelia, sus intervenciones en la Asamblea Nacional sobre política exterior nos muestran a un hombre de Estado imperialista, colonialista y racista. Anteriormente había mostrado la ambivalencia de los fenómenos sociales, ahora aparece él mismo ambivalente e incoherente: el filósofo político versus el diputado en la Asamblea Nacional, el defensor de la dignidad humana versus el hombre remiso a asumir los derechos políticos y sociales de una parte de la humanidad, el moralista en América versus el imperialista y colonialista en Argelia y las colonias de ultramar.