

SURVEY ON THE REPORTING OF HUMAN RIGHTS VIOLATIONS: OUTCOMES AND FINDINGS

1. Background

At the 2011 Board Meeting, members of the Board of SAFMH raised the concern that the register of human rights violations (a web-based human rights violations reporting system hosted by SAFMH at that point) was not accessible and user-friendly, as it required mental health care users to have access to the internet and other resources in order to complete and submit their human rights issues. The register had been in existence since 2008, but it was not being utilized effectively. The Board requested that SAFMH explore ways in which reporting could be made more accessible and user-friendly to a wider range of people (many of whom were likely to have had restricted access to technology and related resources). A mandate was subsequently given to SAFMH in 2012 to develop methods that would make it easier for mental health care users and their families to report human rights violations, which would allow for human rights violations to be actioned more effectively. This project was named the “*Mental Health Watch*”.

An additional mandate was given to SAFMH, namely the establishment of accessible and affordable legal support pathways for persons with psychosocial and intellectual disabilities who report human rights violations to SAFMH. Whilst this was a separate mandate, the two mandates (and resultant projects) were closely linked. In response to this, SAFMH developed a partnership with two legal service providers in early 2013, namely Probono.Org and Webber Wentzel Attorneys. This partnership enabled SAFMH to refer cases of human rights violations directly to legal experts whilst acting as a link between mental health care users and the legal system. The legal support programme provided SAFMH with an essential tool to aid in the addressing of human rights violations. However, it also further emphasised the need for adequate reporting mechanisms (the Mental Health Watch project) as a necessary first step in the legal referral process.

From the outset, SAFMH recognised the importance of partnership work in the completion of the Mental Health Watch project, and thus aimed to complete the project through a consultative process. In 2013, a consultation exercise was led with stakeholders to determine what the current methods for the reporting of human rights violations were and how these could potentially be improved. Various sectors participated in the consultation exercise, which included Disabled People of South Africa (DPSA), The South African Disability Alliance (SADA), Disabled Children Advocacy Group (DICAG), The SA Human Rights Commission, The Foundation for Human Rights, The South African Police Services (SAPS), The Chairperson of the South African Review Boards, Departments of Health and Social Development, The South African Mental Health Advocacy Movement (SAMHAM), Die Suid-Afrikaanse Vroue Federasie (SAVF), Mental Health Societies, DEAFSA, Law Firms, The Alzheimer’s Association, and The Traditional Healers’ Association. From the discussions that took place it became apparent that

mental health care users utilized a range of communication methods, aimed at various role players, in conveying incidents of human rights violations. It was found that human rights violations were often reported verbally to social workers, care givers, community leaders and to police stations, whilst others sent emails or made telephonic contact with organisations working in the Disability Sector, or reported incidents via helplines. Families were highlighted as an important vehicle in the reporting of violations, where they would convey the incidents, often to social workers or community based organisations, who then facilitated the cases through the appropriate legal framework of the justice system. Other communication methods shared by the stakeholders included television and radio shows and social media. Suggestions from participants indicated the need for accessible and user-friendly reporting methods, such as an sms system and further emphasized the importance of intersectoral collaboration and a centralised management of records. Public awareness on human rights and the reporting of such violations were also flagged as important aspects in the development of a new reporting systems.

To complement the outcomes from this consultation exercise, a survey on the reporting of human rights violations was conducted with mental health care users in September 2014 to ensure that persons with psychosocial and intellectual disabilities also had the opportunity to express their views and opinions and to help shape the outcomes of the project.

2. Methodology

The survey was disseminated through SAFMH's Mental Health Societies and Member Organisations and mental health care users were encouraged (and supported, where necessary) to complete it. The survey was conducted through a questionnaire, which was sectioned into three parts:

- The first section was aimed at determining the knowledge of Constitutional rights and the types of human rights violations that had been experienced
- The second section was aimed at determining what methods of communication participants had access to
- The third section was aimed at obtaining recommendations from participants on what methods of communication they wished to see implemented as part of the Mental Health Watch project.

Completed questionnaires were sent back to SAFMH, where the Programme Manager for Advocacy & Development collated and analysed the responses.

3. Results

Despite SAFMH's efforts in terms of trying to garnish a fully representative, national sample, only 3 provinces participated in the survey; these were Gauteng, KwaZulu Natal and the

Western Cape. A large response was received from the Gauteng province (123 participants). This response was mostly from those living in residential facilities within the province. The Western Cape had 8 responses and KwaZulu Natal had 10.

For the purpose of this study we have used all data captured and drawn inference from this as a collective whole:

3.1 Respondents according to disability:

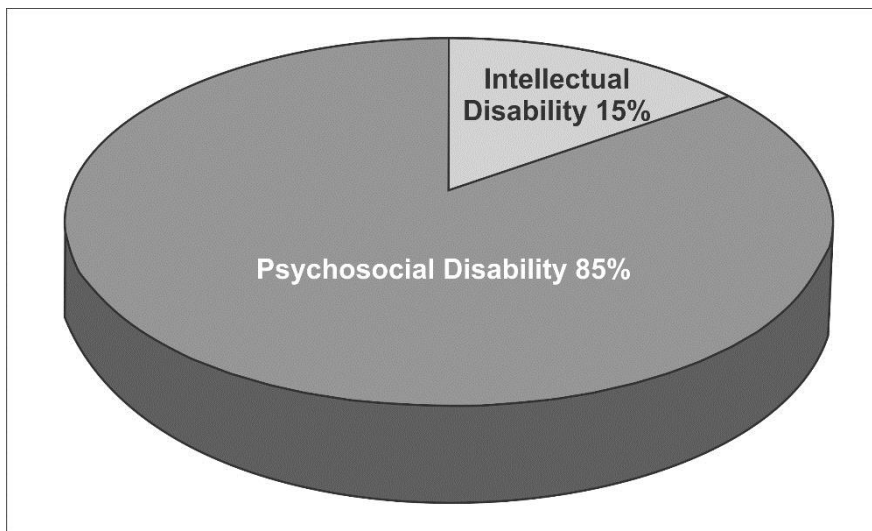


Figure ii: Participants per disability type %

3.2 Respondents according to age:

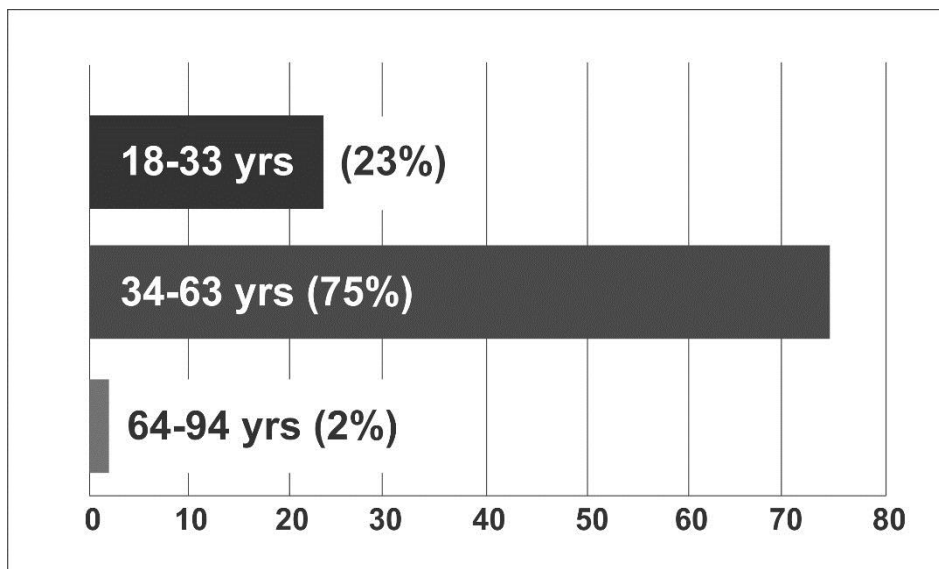


Figure iii: Participants per age group %

3.3 Respondents according to gender:

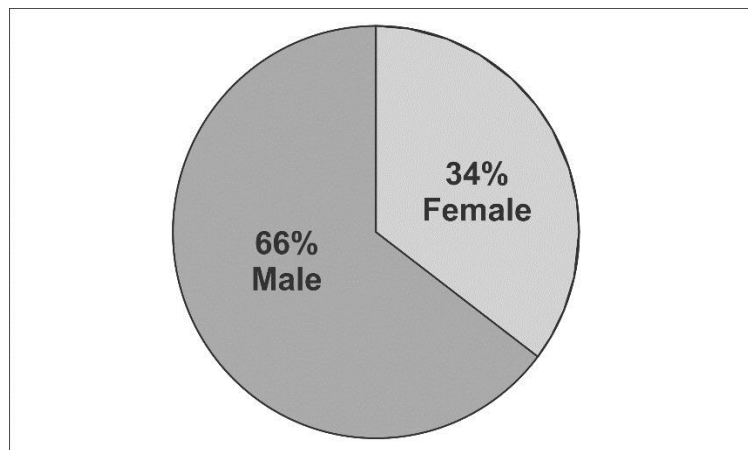


Figure iv: Participants per gender %

3.4 Respondents according to ethnicity:

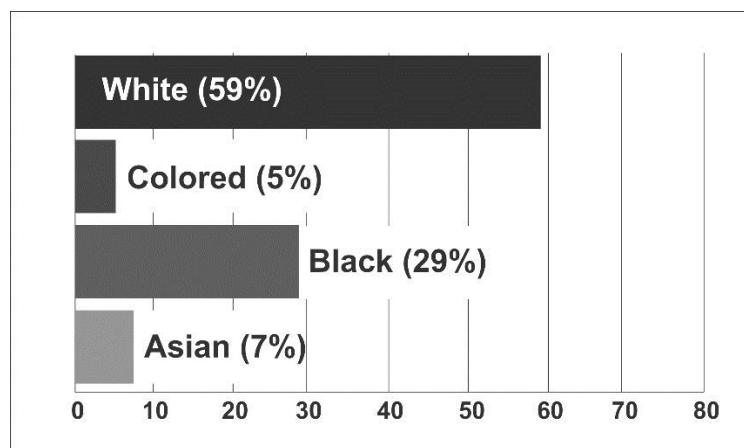


Figure v: Participants per race %

3.5 Experiences of human rights violations:

66% of participants indicated that they knew their Constitutional Rights, leaving **34%** not adequately knowing their rights, which may indicate that they may not have been able to identify that their rights had been violated at some point.

Participants indicated the types of human rights violations that they had experienced:

- 50%** Emotional, verbal or physically abused
- 44%** Stigma and discrimination
- 29%** Denied employment opportunity due to disabilities
- 27%** Ill-treatment in the workplace
- 26%** Unfair dismissal in the workplace

87% of respondents indicated that they had applied for a disability grant; of this **17%** had been declined

Against the backdrop of the aforementioned figures on the prevalence of human rights violations, only **17%** of respondents had reported the incidents, which clearly indicates the need for more effective and accessible reporting avenues within the South African context. It also illustrates the need for more target awareness programmes, aimed at informing persons with psychosocial and intellectual disabilities about their rights and about human rights violations and the reporting thereof.

3.6 Reporting of human rights violations

When asked about which institutions respondents would prefer reporting human rights violations to, responses were as follows:

- 18% Residential facility staff
- 10% “Don’t know to whom”
- 8% Advocacy groups
- 6% Social worker
- 6% Family / friend
- 6% SAPS
- 4% Psychiatrist
- 4% SA Human Rights Commission
- 3% “Too scared to report”
- 2% Dept of Health
- 1% Dept of Social Development
- 1% Small Claims Court
- 37% Did not respond to the question

The above clearly shows the importance of accessible, community-based reporting methods. It does also raise the concern that, at present, people are unaware of how to go about reporting human rights violations. The fact that 37% of respondents didn’t indicate any preferences could be indicative of the fact that they didn’t know whom to report incidents to, were unaware of their human rights, or were unaware of the fact that one could make the conscious decision to report human rights violations.

Furthermore, **77%** of respondents felt that it was important to report human rights violations. This raised two interesting issues / question, namely:

- Why the actual reporting of human rights violations was so low (**17%**) compared to the number of respondents who felt that reporting was important
- Why the remaining **33%** didn’t see the reporting of human rights violations as important? As part of the findings from this survey, **27%** felt that the existing reporting systems for human rights violations were not effective. There might therefore be a correlation between these two findings

3.7 Access to communication methods

Respondents indicated which methods of communication they currently had access to:

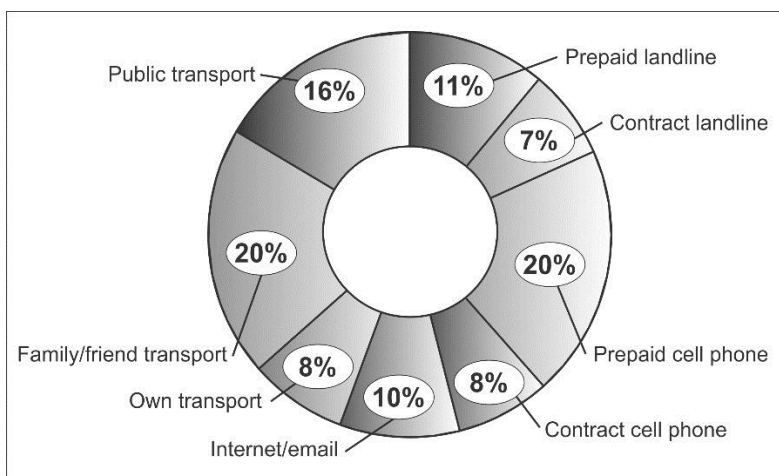


Figure vi: Access to communication methods %

Respondents from more affluent communities / backgrounds, who mostly resided within private or semi-private facilities, and who had families whom financially supported them, mostly indicated access to contract landlines and cell phones, along with access to the internet and email. In most cases they also had their own transport.

The fact that only **10%** indicated that they had access to the internet / email shows why the original, web-based SAFMH system was largely inaccessible.

3.8 Preferred methods for reporting of human rights violations

Respondents were asked to select one or more of the options listed as examples of new / improved methods of reporting human rights violations:

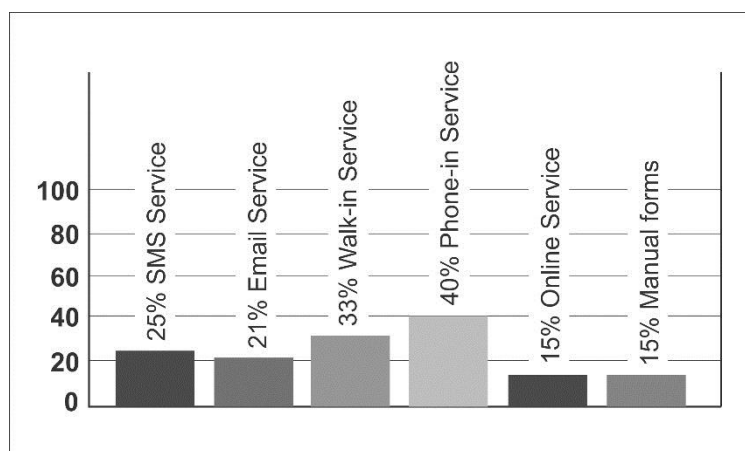


Figure vii: Preferred methods to report human rights violations %

4. Implementation

Taking into consideration all the information obtained via the aforementioned stakeholder consultation and the subsequent survey, it is clear that the most appropriate response would be the development of a “menu” of reporting options. Respondents indicated a range of accessible communication methods and also indicated a range of preferred reporting methods, which all need to be taken into account during the further development of the project. In response to this, SAFMH will be implementing an sms, phone-in, email and online reporting system, which will give persons with psychosocial and intellectual disabilities at least 4 options to choose from when wishing to report a human rights violation. These systems will be implemented in a systematic way:

- Systems that were implemented with immediate effect at the end of 2014 were the development of a specific email address (humanrights@safmh.org) and the formalising of SAFMH’s main landline number (+27 11 781 1852) as reporting avenue; a notification of these was included in the November 2014 *SAMHAM Newsletter* and posted on social media. It is important to note that SAMHAM has a Facebook group, a Facebook page and also a Twitter account. Whilst Social Media (as a reporting avenue) did not feature as a preferred method of reporting human rights violations, these avenues are also available to individuals who might wish to utilise them.
- The sms system (with number +27 760788722) and online service (on the website www.safmh.org) to be implemented at the beginning of 2015.

In terms of publicising the new methods of reporting, SAFMH will be utilising its communication channels via its 17 Mental Health Societies and 107 Member Organisations and stakeholders to inform organisations, mental health care users and their families on an ongoing basis. Flyers will also be developed and distributed across South Africa in the first half of 2015 to notify people of the reporting systems. The Mental Health Societies, Member Organisations, and mental health facilities (such as community clinics) will be targeted as primary distribution channels for this. The flyers will also include information on the different types of human rights violations and on the rights of mental health care users. Press releases will also follow the implementation of the project to announce, to the media and the general public, the various new reporting methods.

Case intakes, referral channels, case progress and outcomes will be recorded for statistical purposes and for the evaluation of the new systems implemented.

It is important to note that the survey also indicated a high preference in terms of “walk-in” as an option for reporting (rated 2nd highest). However, as SAFMH is the National Office of the Federation, it would not be possible, practical or realistic to create a centralised, walk-in reporting mechanism at the offices of SAFMH in Randburg, Gauteng. The most cost-effective, practical and accessible way of addressing this will be for SAFMH to work with its 17 Mental Health Societies and 107 Member Organisations (who are based in communities across South Africa) and to build their capacity to act as walk-in facilities for the reporting of human rights violations. It is also important to note that many of these organisations already formally or informally fulfil this role. In these cases, SAFMH will liaise with the relevant organisations to ascertain how existing reporting methods / systems could potentially be improved. Within the context of this community-based walk-in reporting of human rights violations, SAFMH will still be a key role player in terms of providing assistance in resolving the various human rights violations and as a centralised coordinating structure.