



QualityRights

WHO QualityRights Tool Kit

Assessing and improving quality
and human rights in mental
health and social care facilities

Interview tool



**World Health
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Instructions for using the interview tool

The WHO QualityRights interview tool provides guidance on conducting interviews with service users, family members¹ and staff at a facility being assessed. The tool sets out the questions to be asked in relation to each criterion in order to obtain information relevant for the assessment. Below each question are a series of 'prompts' that can be used to elicit additional or more specific information, if required. It may not be necessary to use the prompts if sufficient information is gathered from the answers to the questions alone. See the *WHO QualityRights toolkit* for further information on conducting interviews.

Note

Theme 1 of the tool kit, *The right to an adequate standard of living*, specifically addresses living conditions in residential facilities and thus does not apply to outpatient services. It does, however, apply to day-care centres, which have a residential component. All the other themes apply to both residential and outpatient facilities.

Theme 4 of the tool kit, *Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse*, deals with challenging issues that many service users may find difficult to discuss. Particular sensitivity is therefore required on the part of interviewers when asking service users about issues related to this theme.

- All efforts should be made to minimize any distress the interviewee may feel in re-living past experiences.
- The interviewee must be aware that he or she can stop the interview for a break at any time.
- Allow the interviewee to have a person whom he or she trusts to sit in on the interview if that is helpful to him or her.
- If the interviewee finds the interview too distressing, it should be stopped.

Interviewers should also be sensitive to the fact that service users, families and staff may be hesitant to discuss issues related to this theme for fear of possible repercussions for disclosing information on this theme. Interviewers should explain that the information is being collected anonymously and that the interview is strictly confidential. (See the informed consent form in Annex 6 to the *Overview* for more guidance.)

¹ Throughout this document, the term 'family members' is used to include friends and carers.

Facility administrative information

Please complete the information below and check (✓) the appropriate response:

Name and region of facility:

Type of facility (*tick as appropriate*):

Psychiatric hospital

Psychiatric ward in general hospital

Outpatient service (including community mental health or substance abuse centres, primary care clinics and outpatient care in general hospitals)

Social care home (including orphanages, homes for elderly people, homes for children with intellectual and other disabilities and other 'group' homes)

Rehabilitation centres

Day-care centre

General health facility (*please specify type*)

Other (*please specify type*).....

Facility provides services for: (*tick one or several boxes as appropriate*):

Adults

Children

The elderly

Alcohol use disorders

Substance use disorders

Mental disorders

Neurological disorders

Intellectual disabilities

Other (*please specify*).....

Announced visit?

Yes No

Individual interviewed:

Service user Family member, friend or carer Staff member

Interviewee consent given?

Yes No

Name of interviewer:

Date:

THEME 1
THE RIGHT TO AN ADEQUATE STANDARD OF LIVING
(ARTICLE 28 OF THE CRPD)²

Standard 1.1

The building is in good physical condition.

Criteria

- 1.1.1 The building is in a good state of repair (e.g. windows are not broken, paint is not peeling from the walls).
- 1.1.2 The building is accessible for people with physical disabilities.
- 1.1.3 The building's lighting (artificial and natural), heating and ventilation provide a comfortable living environment.
- 1.1.4 Measures are in place to protect people against injury through fire.

Questions

Lead question 1: Can you comment on the physical condition of this facility? Do you think the maintenance is of an adequate standard?

Prompts: Is anything broken or not working properly? Is the paint peeling from the walls? Have there been complaints about something that needed mending, and were they attended to quickly?

Lead question 2: Is the facility accessible for persons with physical disabilities?

Prompts: Is the entrance to the building accessible, i.e. without stairs? Are the toilet and bathing areas accessible, i.e. are the doors wide enough to accommodate wheelchairs, are there hand-bars near toilets and bathtubs? Are there elevators as alternatives to stairways?

Lead question 3: Can you describe the heating, lighting and ventilation conditions in the facility? Do they work effectively to create a comfortable living environment?

Prompts: Is the temperature comfortable all year round in all parts of the facility? Are there heaters and fans (or air-conditioning)? Do the heaters have safety guards to prevent burns? Is the building well lit? Are some areas of the building not sufficiently lit? Is there an adequate ventilation system, which allows fresh air to come into the building (e.g. can windows be opened, or is there a mechanical ventilation system)?

² Theme 1 specifically addresses living conditions in residential facilities and thus does not apply to outpatient facilities; however, it does apply to day-care centres.

Lead question 4: Do you think that you and others in the facility are sufficiently protected in case of fire? Are adequate measures in place to ensure the safety of you and others should a fire occur?

Prompts: Have you received information about what to do in case of fire? Are there fire escapes and fire extinguishers? Are there smoke alarms? Can the fire escape doors be opened easily? Are there fire drills? If yes, how often? Is there adequate assistance for people who would be unable to rescue themselves, such as people who are sedated, restrained or behind locked doors, such as in seclusion rooms?

Standard 1.1 Answers

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the user to provide answers to the lead question and prompts listed above.

Theme 1

Standard 1.2

The sleeping conditions of service users are comfortable and allow sufficient privacy.

Criteria

- 1.2.1 The sleeping quarters provide sufficient living space per service user and are not overcrowded.
- 1.2.2 Men and women as well as children and older persons have separate sleeping quarters.
- 1.2.3 Service users are free to choose when to get up and when to go to bed.
- 1.2.4 The sleeping quarters allow for the privacy of service users.
- 1.2.5 Sufficient numbers of clean blankets and bedding are available to service users.
- 1.2.6 Service users can keep personal belongings and have adequate lockable space to store them.

Questions

Lead question 1: Do service users have their own bedrooms or do they share rooms with others?

Prompts: What are the minimum and the maximum numbers of people sharing a bedroom within the facility? Are there enough beds for every user to have his or her own bed? Does any service user ever have to sleep on the floor? Is there enough space in the bedrooms, or does it seem overcrowded?

Lead question 2: Do men, women, children and older persons have separate sleeping quarters?

Prompts: Do men, women, children and elderly persons share the same bedrooms, or are there separate bedrooms for each group?

Lead question 3: Can service users decide for themselves when to get up in the morning and when to go to bed at night?³

Prompts: Are service users made to get up at a specific time in the morning because it is convenient for the staff? Are they made to go to bed at a specific time because it is convenient for the staff? Are the doors to sleeping areas left open so that people can rest during the day if they wish to?

³ People with certain mental health conditions, such as bipolar disorder, may require sufficient sleep and regular sleeping schedules.

Lead question 4: Do the bedrooms allow privacy?

Prompts: Can the doors to bedrooms be locked from inside? Are there windows in the door, and if so are they covered? If the room is shared, is there an area of the room for changing clothes in private?

Lead question 5: Do you find the bedding comfortable, clean and provides sufficient warmth?

Prompts: Are enough mattresses, sheets, blankets and pillows available to service users, and are they in a clean and acceptable state? How often is the bedding (pillow-cases, sheets, blankets) washed?

Lead question 6: Is a locked cupboard available to each person to store his or her personal belongings and for which he or she has the key? Are the personal belongings of service users ever confiscated? If so, under what circumstances?

Prompts: Are the cupboards easily accessible? If individual locked cupboards are not available, is there another secure storage place for an individual's personal belongings to which only he or she has access? Are confiscated items recorded or registered somewhere?



Theme 1

Standard 1.3

The facility meets hygiene and sanitary requirements.

Criteria

- 1.3.1 The bathing and toilet facilities are clean and working properly.
- 1.3.2 The bathing and toilet facilities allow privacy, and there are separate facilities for men and women.
- 1.3.3 Service users have regular access to bathing and toilet facilities.
- 1.3.4 The bathing and toileting needs of service users who are bedridden or who have impaired mobility or other physical disabilities are accommodated.

Questions

Lead question 1: Can you describe the overall cleanliness and condition of the bathing and toilet facilities?

Prompts: Are the bathrooms and toilets cleaned regularly and often? Are the toilets, sinks, baths and/or showers in working order? Is there sufficient hot water in the bathing facilities to accommodate all service users, and, if so, is it available throughout the day or only at certain times of the day? Is sufficient toilet paper or water available? Is there accommodation for the disposal of sanitary products?

Lead question 2: Is there sufficient privacy for individuals using the bathing and toilet facilities? Do women and men share these facilities?

Prompts: Are there working locks on the bath and toilet doors? Are there private areas in which to dry oneself or change one's clothing? Are there separate bathing and toilet facilities for men and women?

Lead question 3: Do all service users have regular access to bathing and toilet facilities? Are service users given the toiletries they need?

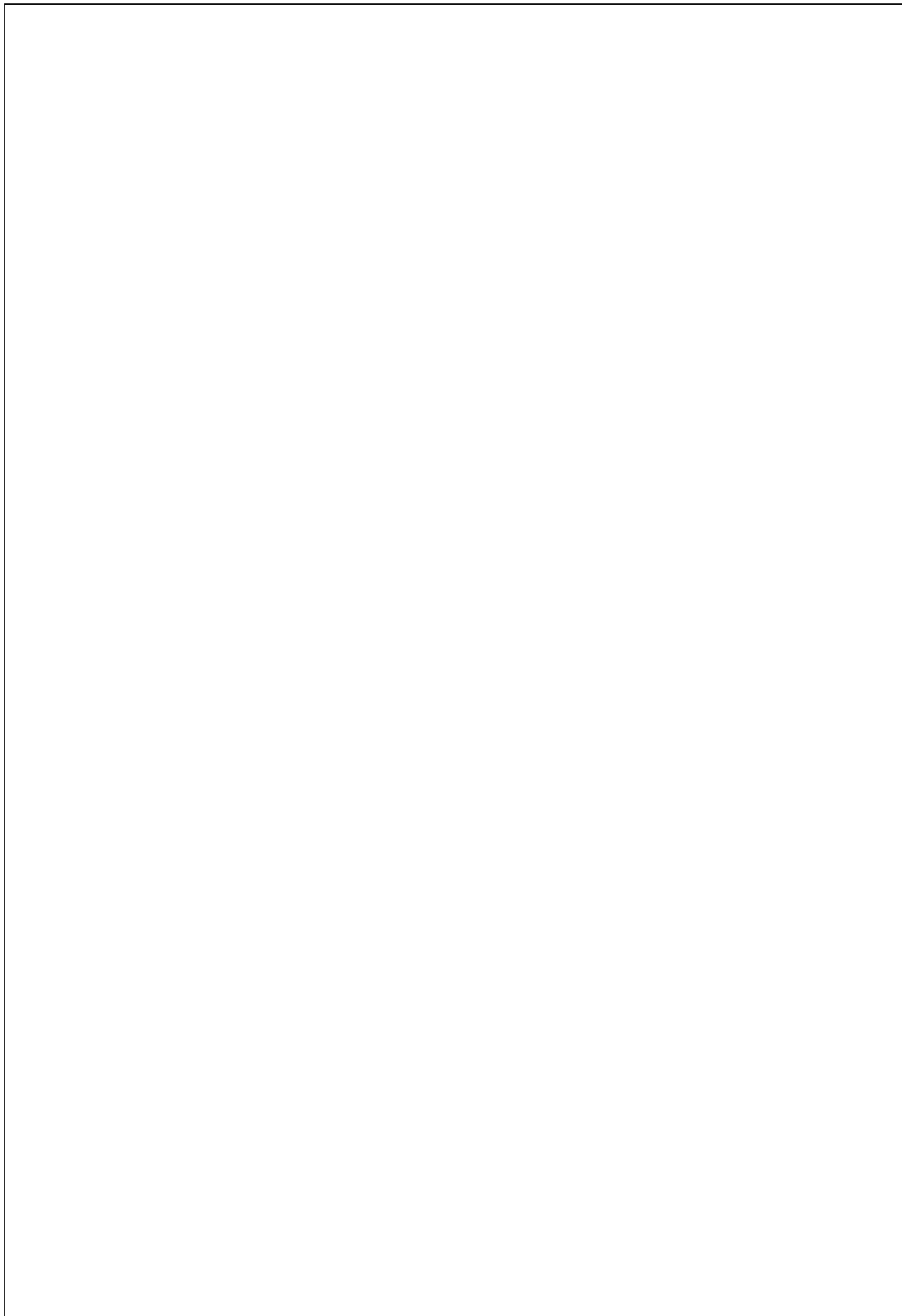
Prompts: Are there restrictions on when service users can access the bathing or toilet areas? If yes, what are the restrictions? Are service users given sufficient soap, shampoo, toothpaste, toothbrushes and other toiletries? Are they provided with clean towels? Do women have access to sufficient sanitary products (e.g. sanitary towels, tampons)?

Lead question 4: Is support provided to service users in accessing and using toilet and bathing facilities when needed?

Prompts: Are the bathing and toilet facilities accessible for people in wheelchairs or who have other physical disabilities? What sort of support do staff provide to assist service users with personal hygiene and toileting? Do

staff provide this support in a way that preserves the dignity of the service users and respects their privacy to the greatest extent possible?

Standard 1.3 Answers

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Theme 1

Standard 1.4

Service users are given food, safe drinking-water and clothing that meet their needs and preferences.

Criteria

- 1.4.1 Food and safe drinking-water are available in sufficient quantities, are of good quality and meet with the service user's cultural preferences and physical health requirements.
- 1.4.2 Food is prepared and served under satisfactory conditions, and eating areas are culturally appropriate and reflect eating arrangements in the community.
- 1.4.3 Service users can wear their own clothing and shoes (day wear and night wear).
- 1.4.4 When service users do not have their own clothing, good-quality clothing is provided that meets their cultural preferences and is suitable for the climate.

Questions

Lead question 1: Is there sufficient food and water, and is it of good quality? If individuals have specific dietary requirements, does the facility accommodate those needs?

Prompts: Is the food fresh, and is there a good variety? Is the food nutritious and the menu well balanced? Is it well presented? Is the water safe to drink? Is there flexibility in the menu to accommodate individual dietary and cultural needs? Is the food prepared and served in a clean environment? Are the eating areas culturally appropriate, and do they resemble eating facilities in the community?

Lead question 2: Is the food prepared and served in a clean environment at the appropriate time, and are the eating areas comfortable for service users?

Prompts: Are standards in place for keeping the food preparation area clean, and are they followed? Is the eating area cleaned regularly? Is the food served at times that reflect the culture of the country? Or, on the contrary, is food served at a times that are convenient for the staff? Does the eating area resemble that at a home (e.g. small tables and chairs), or is it of an institutional design, with long rows of tables and chairs?

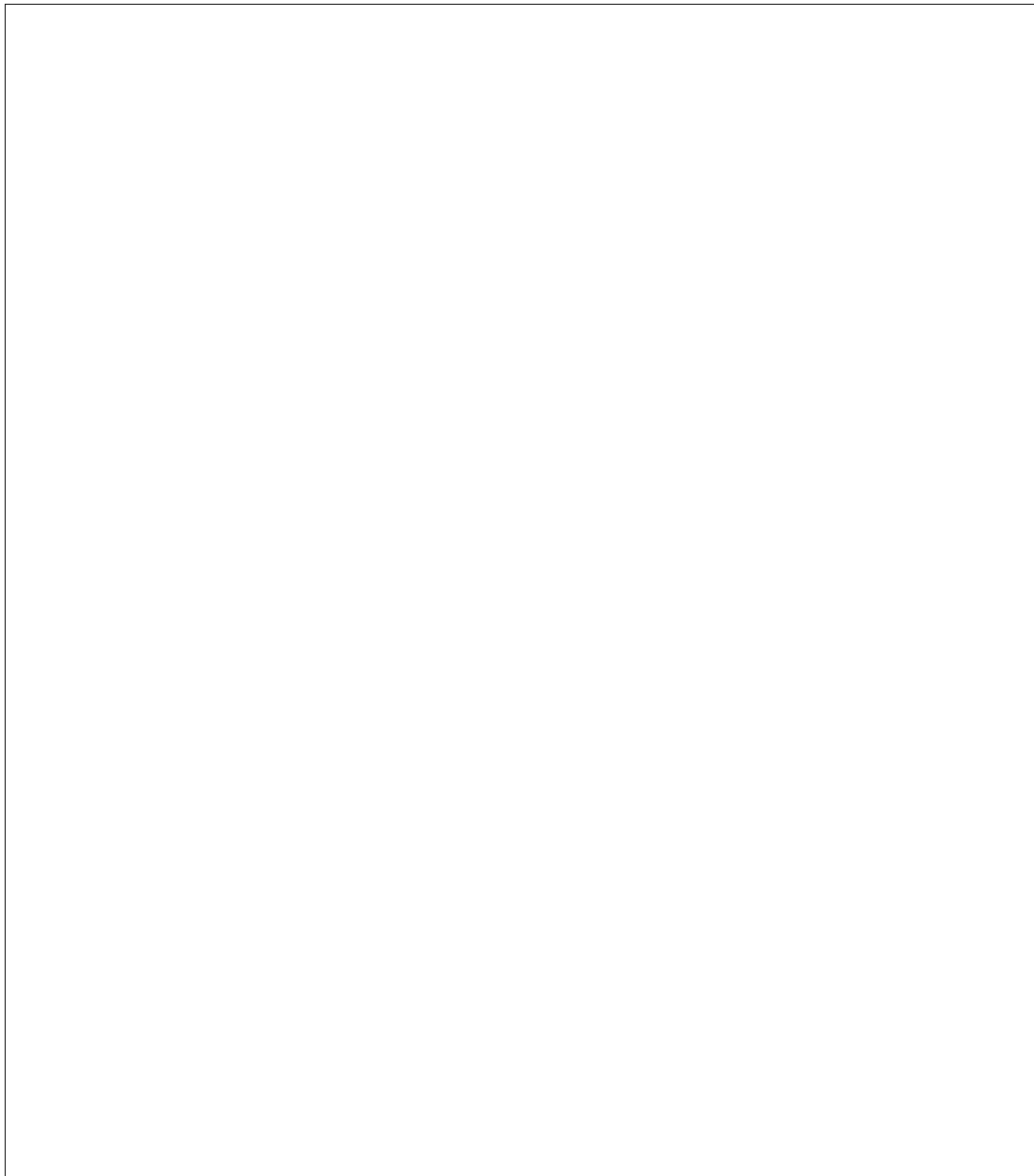
Lead question 3: Can service users choose and wear their own clothing, or are there restrictions on the type of clothing worn? Are clothes washed regularly?

Prompts: If there are restrictions on the clothing that can be worn by service users, what are they? For example, are service users obliged to wear only nightgowns?

Lead question 4: If a person does not have clothing, does the facility provide it, and, if so, what type of clothing is supplied? Are underclothes, shoes and overcoats provided, for example?

Prompts: Is the clothing that is supplied culturally appropriate? Is it suitable for the weather or season? Is the clothing that is supplied in good condition? Is it washed regularly?

Standard 1.4 Answers



Theme 1

Standard 1.5

Service users can communicate freely, and their right to privacy is respected.

Criteria

- 1.5.1 Telephones, letters, e-mails and the Internet are freely available to service users, without censorship.
- 1.5.2 Service users' privacy in communication is respected
- 1.5.3 Service users can communicate in the language of their choice, and the facility provides support (e.g. translators) to ensure that service users can express their needs.
- 1.5.4 Service users can receive visitors, choose who they want to see and participate in visits at any reasonable time.
- 1.5.5 Service users can move freely around the facility.

Questions

Lead question 1: Do service users have free access to a range of communication mechanisms, for example letters, e-mail, use of the Internet and use of the telephone? Are any restrictions placed on the types of communication the service user can use and how they are used?

Prompts: Can service users use the telephone to both make and receive calls? Do service users have access to the Internet for e-mail for restricted periods only?

Lead question 2: Do service users have privacy in relation to communication, such as making and receiving telephone calls and receiving and sending correspondence?

Prompts: Are phone calls monitored or listened in on? Is the telephone located in an area that allows private conversations? Is service users' use of e-mail and the Internet monitored? Do staff read correspondence addressed to or written by service users? Is correspondence to and from the service users censored in any way?

Lead question 3: Can service users communicate their needs in their preferred language? What accommodation does the facility make to ensure that they can communicate in their preferred language?

Prompts: Does the facility provide interpreters to translate the spoken words of service users to staff? Are written documents, such as facility information, translated into different languages?

Lead question 4: Can you provide information about visits between service users and their partners, friends and family members? Are there any restrictions on visits?

Prompts: Can service users receive visits from anyone they wish? How often can partners, family and friends visit? Are the visits restricted to a particular area of the facility? Are the visiting hours flexible and long enough, giving service users the opportunity to spend 'quality time' with partners, family and friends? Do service users have privacy to interact with their visitors alone?

Lead question 5: Can service users move freely around the facility? Both inside the building and throughout the grounds? Are there restrictions on where they can and cannot go?

Prompts: Are service users confined to specific parts of the facility? Their rooms? Their unit or ward? Do service users have access to outdoor areas? Are some areas of the facility out of bounds for service users? If so, which areas and why?

Standard 1.5 Answers

A large, empty rectangular box with a thin black border, intended for providing answers to questions related to Standard 1.5.

Theme 1

Standard 1.6

The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.

Criteria

- 1.6.1 There are ample furnishings, and they are comfortable and in good condition.
- 1.6.2 The layout of the facility is conducive to interaction between and among service users, staff and visitors.
- 1.6.3 The necessary resources, including equipment, are provided by the facility to ensure that service users have opportunities to interact and participate in leisure activities.
- 1.6.4 Rooms within the facility are specifically designated as leisure areas for service users.

Questions

Lead question 1: Is sufficient furniture in good condition available for service users in the facility? Does the facility have a home-like environment, or does it appear sterile and institutional?

Prompts: Are there desks and seating areas in the bedrooms? Is there ample seating in the communal areas? Are there paintings on the walls? Can service users display personal photos in their bedrooms? Is the seating in the communal areas comfortable? Do the fixtures and furnishings provide a welcoming environment?

Lead question 2: Does the design of the facility, particularly the communal areas, promote interaction between service users and staff, among service users and between service users and visitors?

Prompts: Is the staff desk in each unit located centrally and conducive for communication between service users and staff? Are there areas in the facility that are designed to promote communication among service users and between service users and visitors? Are any restrictions placed on interactions between service users? Are any restrictions placed on interactions between service users and staff?

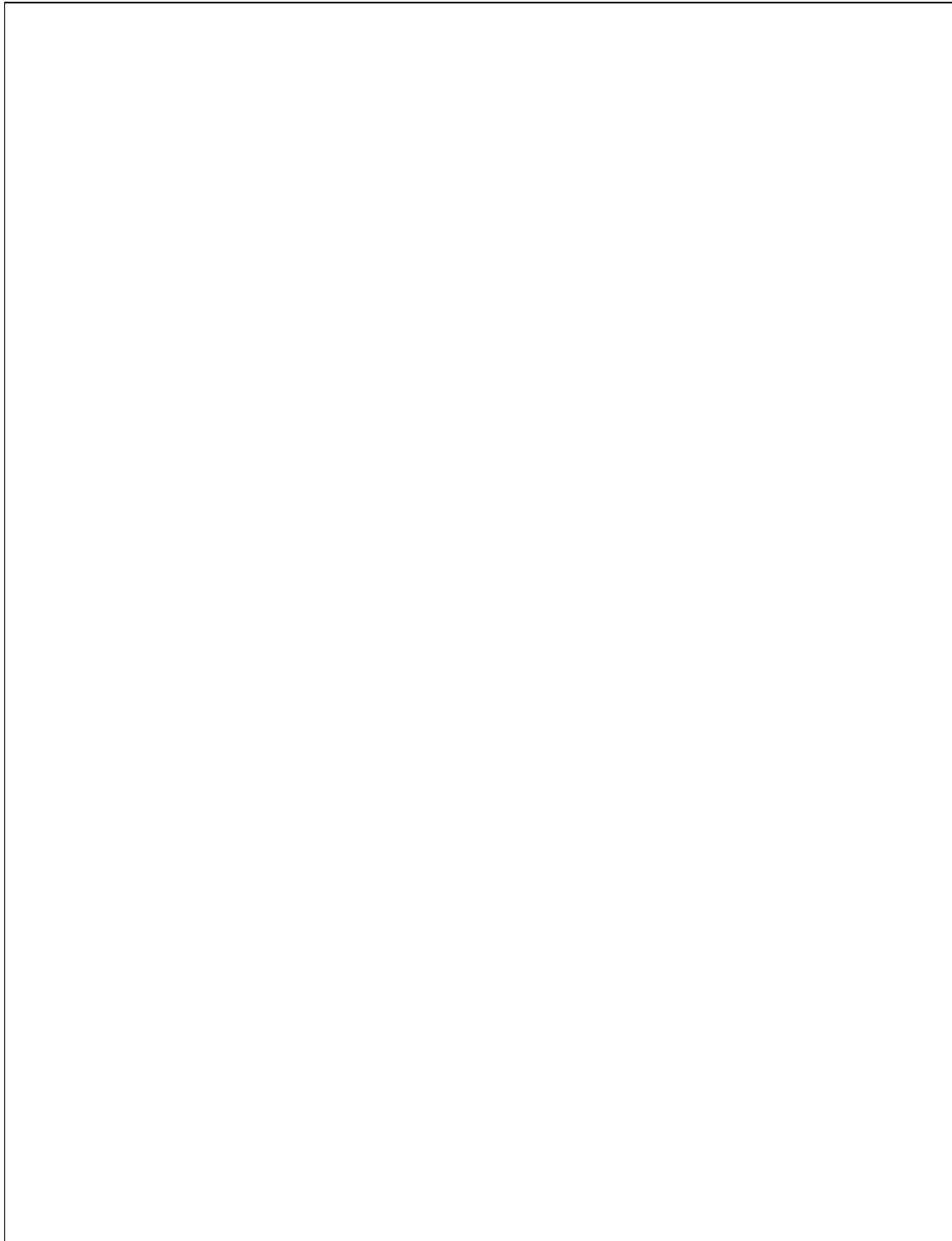
Lead question 3: Does the facility provide services users with leisure opportunities?

Prompts: Is relevant reading material, including daily newspapers and magazines, freely available for service users? Are different leisure options available to service users, such as music, computers, games, television, a DVD player and DVDs, and a variety of learning materials?

Lead question 4: Are rooms in the facility specifically designated as leisure areas for service users?

Prompts: Are there reading rooms, television rooms, fitness rooms, music rooms?

Standard 1.6 Answers

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Theme 1

Standard 1.7

Service users can enjoy fulfilling social and personal lives and remain engaged in community life and activities.

Criteria

- 1.7.1 Service users can interact with other service users, including members of the opposite sex.
- 1.7.2 Personal requests, such as to attend weddings or funerals, are facilitated by staff.
- 1.7.3 A range of regularly scheduled, organized activities is offered in both the facility and the community that are relevant and age-appropriate.
- 1.7.4 Staff provide information to service users about activities in the community and facilitate their access to those activities.
- 1.7.5 Staff facilitate service users' access to entertainment outside the facility, and entertainment from the community is brought into the facility.

Questions

Lead question 1: Can you provide details about service users' freedom to communicate with other service users? Are any restrictions placed on communication between service users?

Prompts: Are service users restricted from communicating with people of the opposite gender?

Lead question 2: Can service users leave the facility for personal occasions, such as weddings and funerals?

Prompts: Are service users ever prevented from attending important personal events outside the facility and, if so, under what circumstances?

Lead question 3: Are there regularly scheduled, organized activities at the facility? If yes, what types of activities are available? Are they voluntary?

Prompt: Who chooses the types of activities that are available? Are service users involved in determining the range of activities? Can service users participate in the organization of these activities if they wish? Are the activities relevant and age-appropriate? Are people free not to participate in activities if they wish?

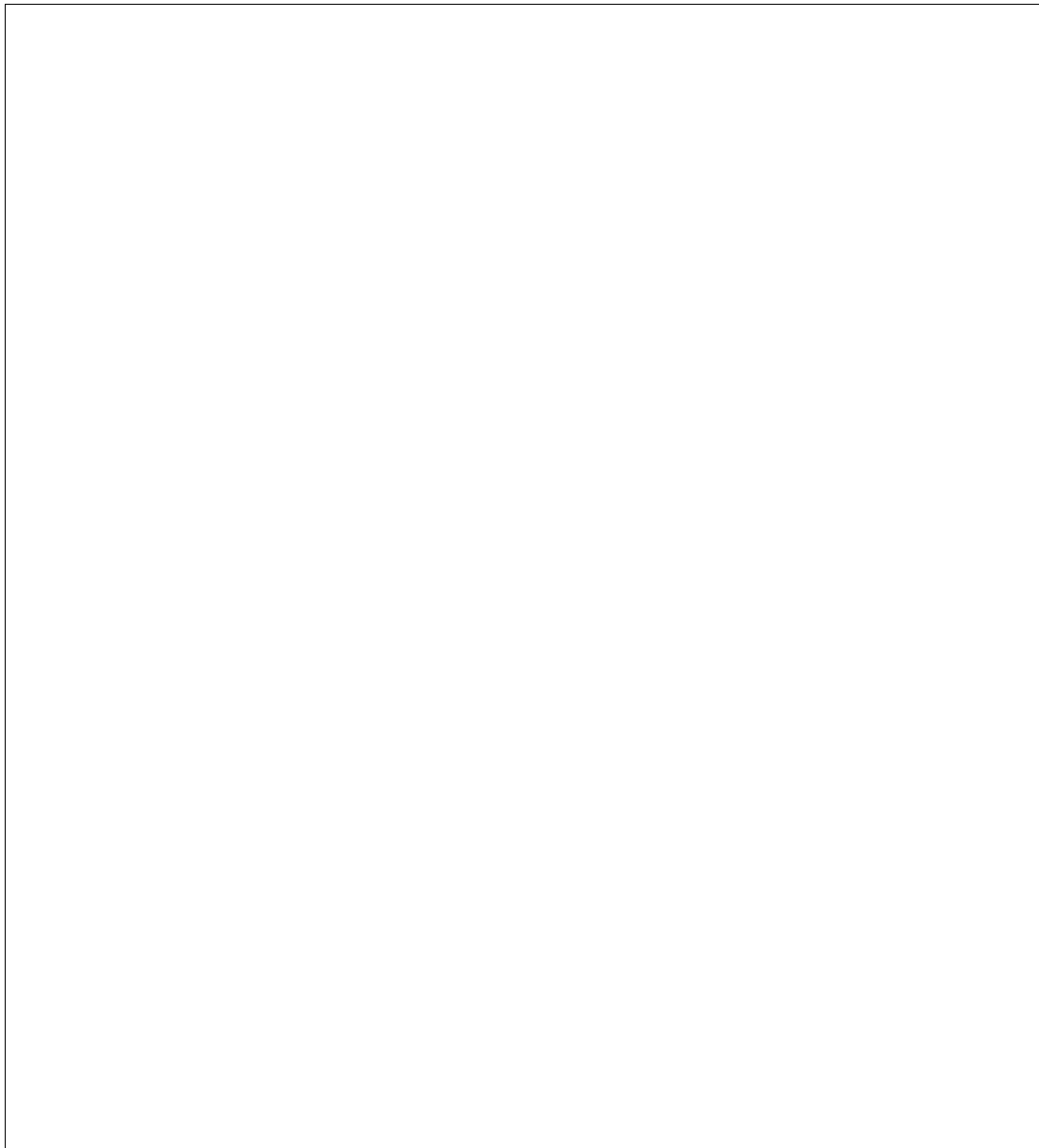
Lead question 4: Do the staff facilitate the access of service users to activities in the community? Is information available to service users about social groups, clubs and leisure and other activities in the community?

Prompt: Do the staff help service users, if requested, to access application forms, arrange transport and obtain financial resources to participate in leisure and other activities in the community? Is information on activities in the community readily and freely available in different formats, e.g. brochures, CDs, to service users?

Lead question 5: Is entertainment arranged and brought into the facility?

Prompts: Do the staff make arrangements for entertainment to be brought into the facility? Are service users involved in choosing the type of entertainment?

Standard 1.7 Answers

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THEME 2
THE RIGHT TO ENJOYMENT OF THE HIGHEST POSSIBLE STANDARD OF
PHYSICAL AND MENTAL HEALTH (ARTICLE 25 OF THE CRPD)

Standard 2.1

Facilities are available to everyone who requires treatment and support.

Criteria

- 2.1.1 No person is denied access to facilities or treatment on the basis of economic factors or of his or her race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.
- 2.1.2 Everyone who requests mental health treatment receives care in this facility or is referred to another facility where care can be provided.
- 2.1.3. No service user is admitted, treated or kept in the facility on the basis of his or her race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.

Questions

Lead question 1: Are you aware of times when a person did not receive treatment because he or she could not afford it? Are you aware of times when a person needing treatment was denied care for personal reasons (for example their gender, their nationality or their religious, cultural or political affiliations)? Is it common practice for facilities to deny people services for personal reasons?

Prompts: Have people been denied mental health care because they have been unable to pay for the service? Have people been denied services because of their age, race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status?

Lead question 2: When the facility is unable to provide treatment, what do staff do to find and access necessary services for people?


Prompts: Do staff refer people to other available facilities and services?

Lead question 3: Do you recall a situation in which someone who could have been discharged was not discharged or was kept in the facility for longer than necessary? Why do you think this happened? Do you think this is a common practice at this facility?

Prompts: Have there been instances in which service users who should have been discharged were kept in the facility because: their family refused to have them to live with them; the service user lacked the financial means

to live independently in the community; or there was no community-based support, including residential living facilities? Have people been admitted, treated or kept too long in the facility because of their race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status?

Standard 2.1 Answers

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Theme 2

Standard 2.2

The facility has skilled staff and provides good-quality mental health services.

Criteria

- 2.2.1 The facility has staff with sufficiently diverse skills to provide counselling, psychosocial rehabilitation, information, education and support to service users, their families, friends or carers, in order to promote independent living and inclusion in the community.
- 2.2.2 Staff are knowledgeable about the availability and role of community services and resources to promote independent living and inclusion in the community.
- 2.2.3 Service users can consult with a psychiatrist or other specialized mental health staff when they wish to do so.
- 2.2.4 Staff in the facility are trained and licensed to prescribe and review psychotropic medication.
- 2.2.5 Staff are given training and written information about the rights of persons with mental disabilities and are familiar with international human rights standards, including the CRPD.
- 2.2.6 Service users are informed of and have access to mechanisms for expressing their opinions on service provision and improvement.

Questions

Lead question 1: Can you describe the different professions of the staff at the facility? Do you think that the staff have the necessary skills to promote service users' capacity to live independently in the community?

Prompts: Do the staff at the facility include psychiatric nurses, psychiatrists, psychologists, social workers, occupational therapists and others? Are staff at the facility knowledgeable in: Providing counselling? Rehabilitation methods? Delivering education about mental health and self care to service users and their family members, friends or carers? Are any professional categories of staff missing at the facility? Do the staff lack any skills necessary to deliver effective mental health care?

Lead question 2: Are staff able to identify different community services and resources (e.g. peer support, employment, housing, education, social welfare schemes) useful for supporting service users in living independently in the community?

Prompts: Are the staff clear about the roles and functions of different services? Do they understand the contribution that these services can make to recovery?

Lead question 3: Can service users consult with a psychiatrist or other specialized mental health worker if they need or wish to do so?

Prompts: How long after requesting a consultation are service users able to see a psychiatrist or mental health worker: Within hours? Days? Weeks? Months?

Lead question 4: Are there staff who are trained and licensed to prescribe and review psychotropic medication?

Prompts: Which professionals at the facility are responsible for prescribing and reviewing psychotropic medication? Are they licensed to do this?

Lead question 5: In your opinion, are the staff at the facility knowledgeable about the human rights of service users? Are they trained and given information about human rights? Are they aware of international human rights standards? Are they familiar with the CRPD?

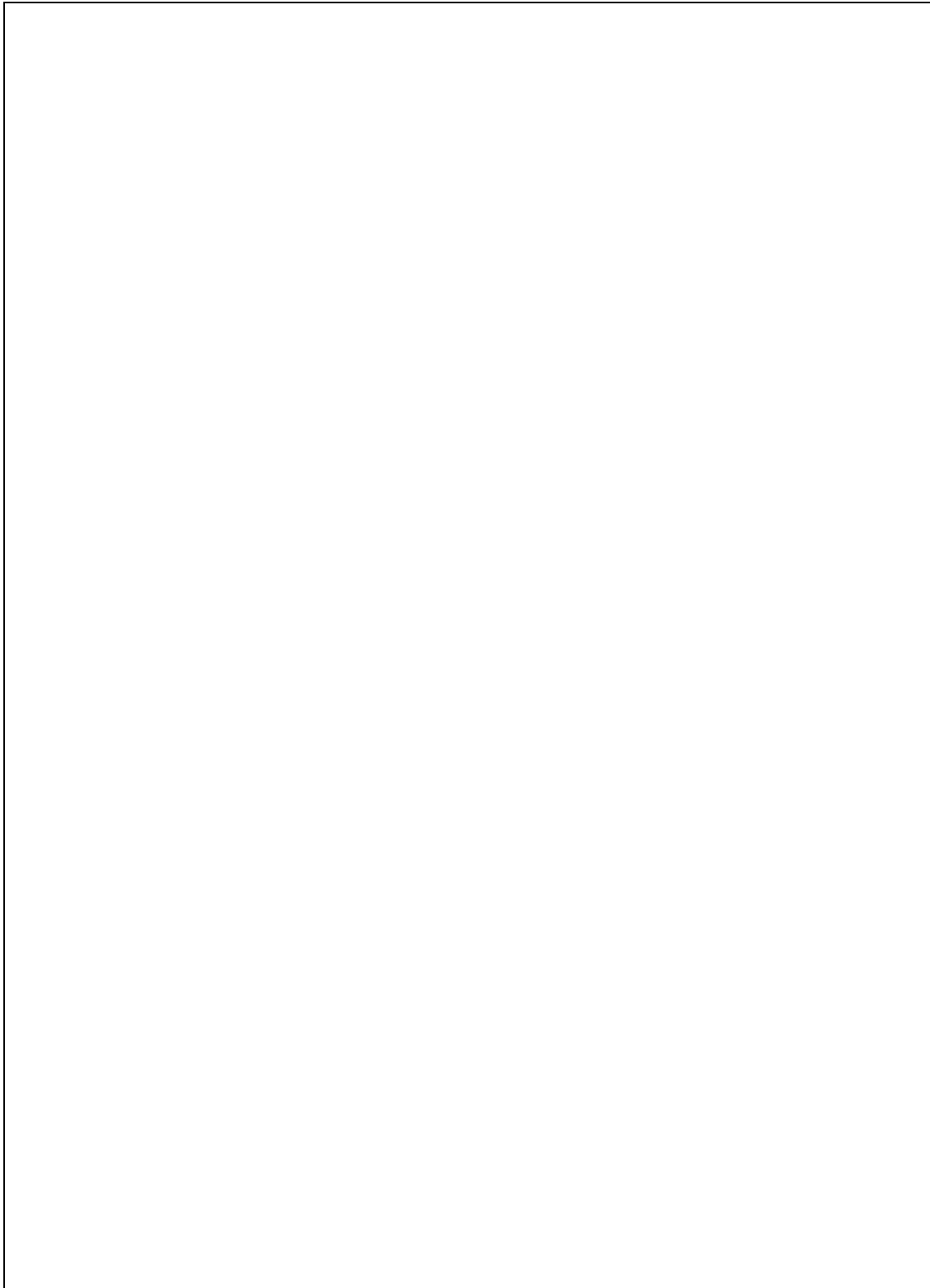
Prompts: Are staff aware that service users have the right:

- to be treated with dignity and respect;
- to informed consent;
- to be informed about treatment options;
- to be involved in preparing their recovery plan;
- to exercise their legal capacity and make decisions and choices for themselves;
- to be free from practices that can amount to torture or cruel, inhuman or degrading treatment or punishment (e.g. verbal, physical, sexual or mental abuse, seclusion, restraint, physical or emotional neglect, electroconvulsive therapy without anaesthetic or muscle relaxants);
- to privacy and confidentiality;
- to have access to information; and
- to receive services and support that allow them to live independently and be included in the community?

Lead question 6: Can you provide information about any mechanisms or opportunities that service users have to express their opinions, criticisms and concerns about the service being provided and to give their views on how the service can be improved? Does this ever occur in reality?

Prompts: If service users want to discuss their concerns and provide input on the running of the facility, how can they do this? Are regular meetings organized between service users and staff, during which such discussions can take place? Can service users meet with senior staff at the facility to discuss such matters? Are they informed of this right? How are service users informed about the facility's policies and procedures?

Standard 2.2 Answers



Theme 2

Standard 2.3⁴

Treatment, psychosocial rehabilitation and links to support networks and other services are elements of a service user-driven recovery plan⁵ and contribute to a service user's ability to live independently in the community.

Criteria

- 2.3.1 Each service user has a comprehensive, individualized recovery plan that includes his or her social, medical, employment and education goals and objectives for recovery.
- 2.3.2 Recovery plans are driven by the service user, reflect his or her choices and preferences for care, are put into effect and are reviewed and updated regularly by the service user and a staff member.
- 2.3.3. As part of their recovery plans, service users are encouraged to develop advance directives⁶ which specify the treatment and recovery options they wish to have as well as those that they don't, to be used if they are unable to communicate their choices at some point in the future.
- 2.3.4 Each service user has access to psychosocial programmes for fulfilling the social roles of his or her choice by developing the skills necessary for employment, education or other areas. Skill development is tailored to the person's recovery preferences and may include enhancement of life and self-care skills.
- 2.3.5 Service users are encouraged to establish a social support network and/or maintain contact with members of their network to facilitate independent living in the community. The facility provides assistance in connecting service users with family and friends, in line with their wishes.
- 2.3.6 Facilities link service users with the general health care system, other levels of mental health services, such as secondary care, and services in the community such as grants, housing, employment agencies, day-care centres and assisted residential care.⁷

Questions

Lead question 1: Does each service user have an individual recovery plan? What areas do the plans cover?

Prompts: Does the plan cover the individual's goals and objectives for the areas of their life they wish to address? Does the plan cover the social roles the

⁴ See also standard 3.1.

⁵ See Annex 1 of the *Overview* for more information on recovery-oriented mental health practices.

⁶ An advance directive is a written document in which a person can specify in advance choices about health care, treatment and recovery options in the event that they are unable to communicate their choices at some point in the future. Advance directives can also include treatment and recovery options that a person *does not* want to have, and as such can help to ensure that they do not receive any intervention against their wishes.

⁷ See also theme 5.

individual would like to fill, e.g. student, homeowner, employee? Are service users actively involved in reviewing the recovery plan?

Lead question 2: Are recovery plans driven primarily by the service users? Are the recovery plans respected and implemented by staff at the facility? How often are the plans reviewed and by whom? Are service users given time to discuss and consult about different treatment options before finalizing their recovery plans?

Prompts: Are service users actively involved from the beginning in preparing their recovery plans? Is the recovery plan based on the choices of the service user? Are service users encouraged and given the time to discuss their treatment, including their preferences, what they don't like about the treatment and any side-effects they may be experiencing? Are they given time to reflect and consult with people they trust (e.g. family member, friend, carer or other members of their support network) about their plans?

Lead question 3: Are all service users encouraged to develop advance directives with detailed information about their preferences for treatment in the event that they are unable to communicate their choices at some future time? Do the advance directives include information on treatment or recovery options they do not want?

Prompts: Are the advance directives driven by the wishes of the service user and without pressure from staff?

Lead question 4: Does the facility offer psychosocial rehabilitation to service users, including life skills and self-care? Are these programmes tailored to the person's specific wishes and needs?

Prompts: Do service users receive assistance in developing life skills, such as using computers, banking, cooking, personal hygiene, shopping? Does the facility work with the individual to develop the skills related to the social roles of their choosing, e.g. employee, student, tenant? Do service users receive guidance on managing their condition (e.g. knowledge about their mental health, when to seek support and care, how to manage their medication)?


Lead question 5: Do staff at the facility encourage service users to make and maintain contact with their support network, i.e. family and friends?

Prompts: How do staff encourage service users to establish or re-establish contact with family and friends? Do staff make contact with a service user's family and/or friends (with the service user's consent) to facilitate the connection?

Lead question 6: Do staff facilitate linkages between service users and other health and social services?

Prompt: Do staff link service users with any other health or mental health services they may need? Do staff link service users with other services in the community, including housing and social services? Are service users given support in securing housing and social security benefits before discharge from the facility? (See also theme 5.)

Standard 2.3 Answers

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Theme 2

Standard 2.4

Psychotropic medication is available, affordable and used appropriately.

Criteria

- 2.4.1 The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed.
- 2.4.2 A constant supply of essential psychotropic medication is available, in sufficient quantities to meet the needs of service users.
- 2.4.3 Medication type and dosage are always appropriate for the clinical diagnoses of service users and are reviewed regularly.
- 2.4.4 Service users are informed about the purpose of the medications being offered and any potential side effects.
- 2.4.5 Service users are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy.

Questions

Lead question 1: Are the appropriate medications available at the facility?

Prompts: Are the medications on the national essential medication list available at the facility or can they be prescribed elsewhere?

Lead question 2: Is there a continuous supply of essential medications, and are they available in sufficient quantities to meet service user demand?

Prompts: Is there enough medication at this facility to meet your demands? Are you aware of any instance in which a service user needed a particular medication but it was not available? How often is the availability of medication reviewed, and who conducts this review?

Lead question 3: Are medications administered to service users appropriately?

Prompts: Is the medication administered to service users the 'right' one for the user's condition? Are you aware of any instances in which a service user received the wrong medication? If yes, describe what happened and the circumstances surrounding the error. Are the dosages administered to service users monitored? If yes, by whom?

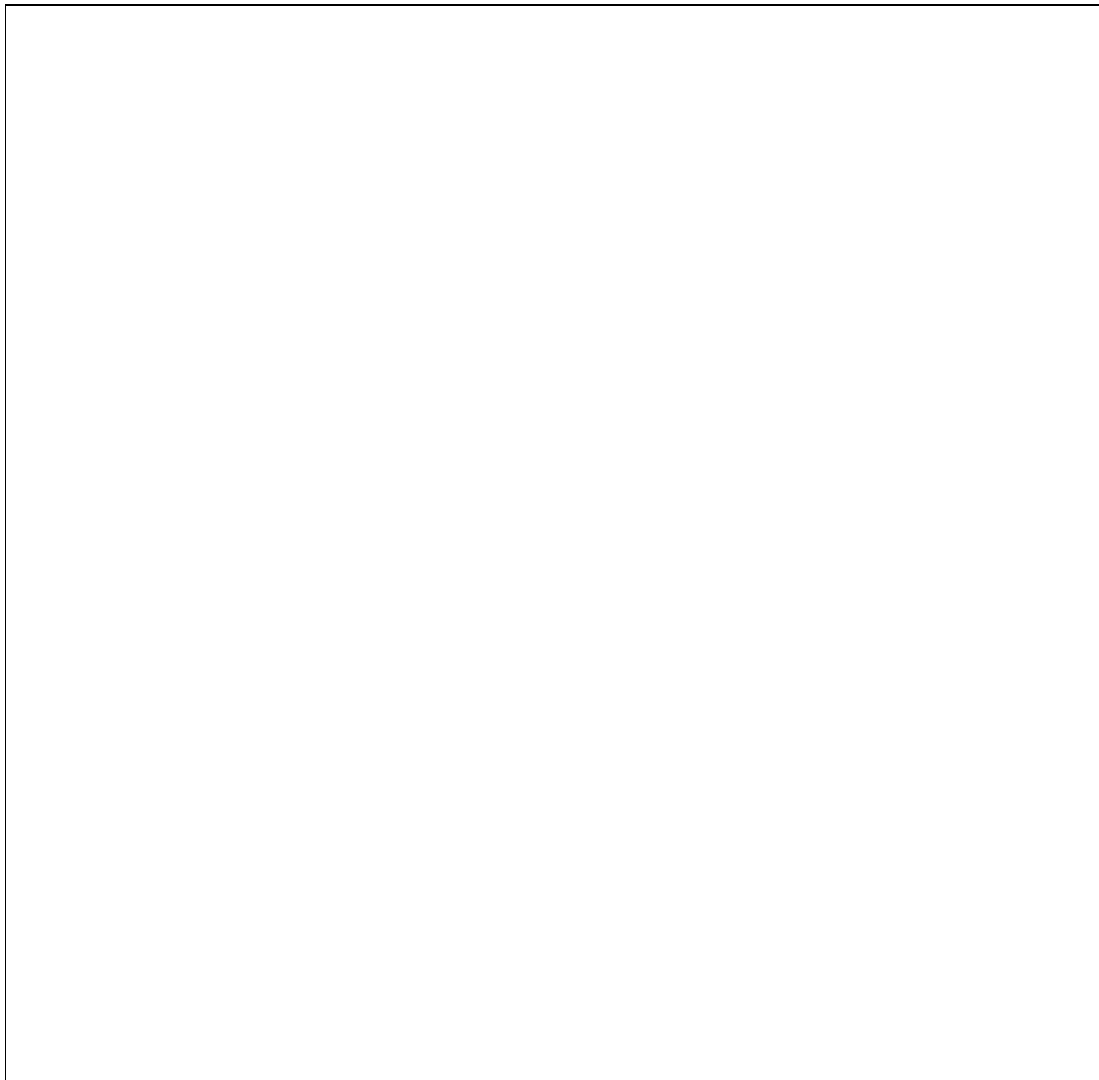
Lead question 4: Are all services users told which medication they have been prescribed and its potential side-effects? Are service users monitored and treated for side-effects? Can service users, upon request, receive written details of their medication regimen, including composition, side-effects and dosage?

Prompts: Are service users told what medication they have been prescribed and for what purpose? Are service users advised about possible side-effects of the medication before it is administered? Are service users monitored for side-effects? If yes, are the side-effects treated?

Lead question 5: Are service users informed about treatment options that are possible alternatives to medication or about complementary therapy?

Prompts: Are medications the only form of treatment available to service users, or are other forms of treatment available, such as psychotherapy or cognitive behavioural therapy, and are service users informed about them?

Standard 2.4 Answers



Theme 2

Standard 2.5

Adequate services are available for general and reproductive health.

Criteria

- 2.5.1 Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter.
- 2.5.2 Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral.
- 2.5.3 When surgical or medical procedures are needed that cannot be provided at the facility, there are referral mechanisms to ensure that the service users receive these services in a timely manner.
- 2.5.4 Regular health education and promotion are conducted at the facility.
- 2.5.5 Service users are informed of and advised about reproductive health and family planning matters.
- 2.5.6. General and reproductive health services are provided to service users with free and informed consent.

Questions

Lead question 1: Are service users offered physical health (including dental) examinations on entry to the facility? Are they screened for particular diseases?

Prompts: Are physical health examinations, including dental examinations, and screening done regularly? What diseases are screened for, e.g. diabetes, cancer, heart disease, tuberculosis, high blood pressure, cholesterol? If service users ask to have a physical health examination, is this arranged?

Lead question 2: Is treatment for general health problems available to service users when needed? Is treatment for general health problems provided at the facility, or are service users referred to another health facility? Are service users offered appropriate vaccinations (e.g. against influenza)?

Prompts: What health conditions, if any, are treated at the mental health facility? If they are not treated at the facility, are service users referred elsewhere for treatment? Does a physician provide the treatment? What difficulties, if any, do service users have in accessing physical health services? Are complaints of physical ailments or conditions by service users taken seriously and addressed? Have there been instances in which physical ailments or conditions (including minor ailments such as headaches and other pain) were not taken seriously or were considered 'part of the mental health condition' and therefore not investigated further?

Lead question 3: Are surgical and other medical procedures done at the facility? If not, are there mechanisms to ensure that service users requiring this form of health care are referred to the appropriate service?

Prompts: Are service users referred to a specialist when necessary? What difficulties, if any, do service users face in accessing specialized health care services?

Lead question 4: What health education and promotion activities are offered at the facility?

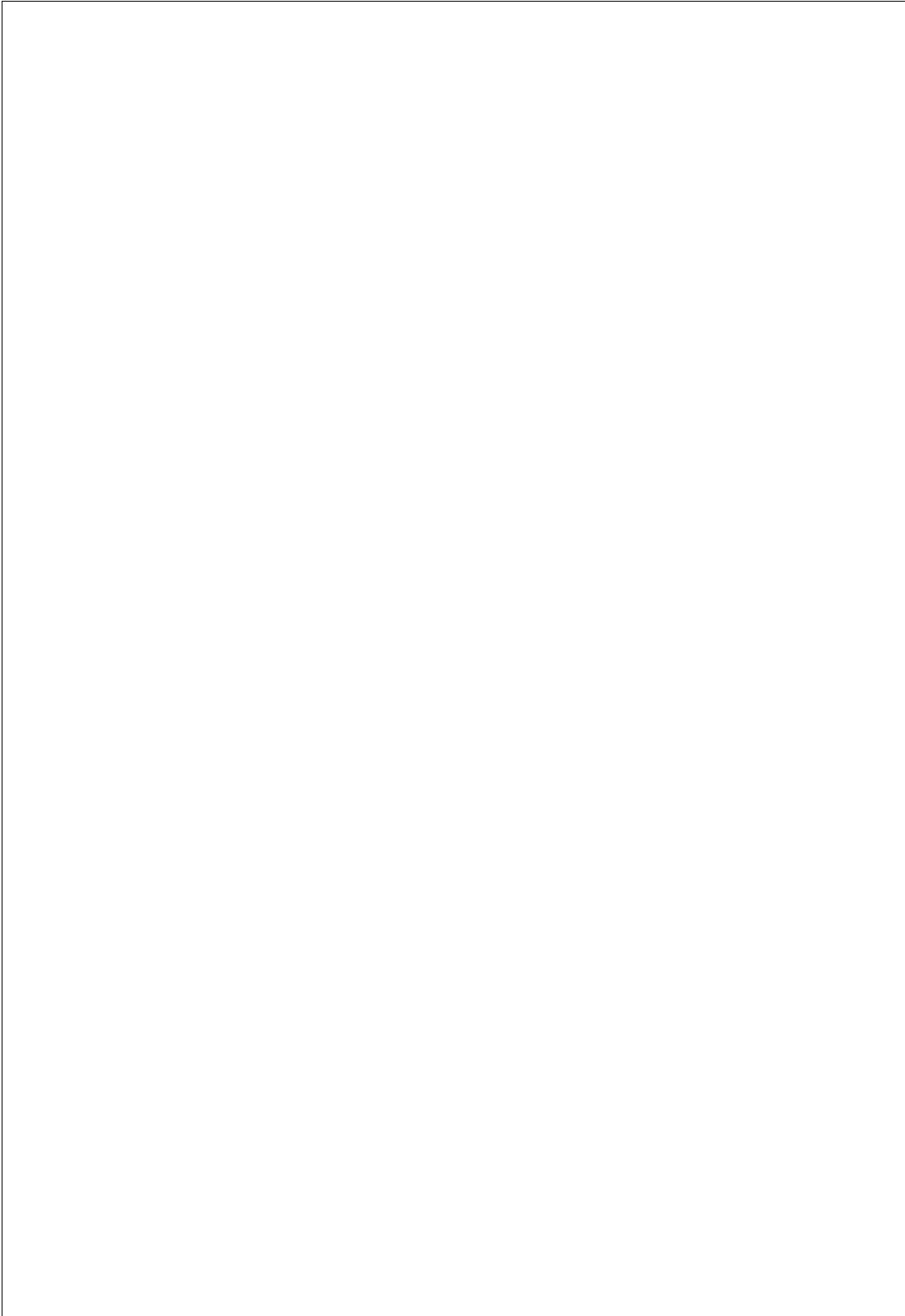
Prompts: Do the education and promotion activities include exercise, healthy eating, quitting smoking and overcoming alcohol and substance abuse? If these areas are not addressed at the facility, are there opportunities for service users to participate in health education and promotion activities elsewhere? What measures are taken to ensure that service users are not subjected to passive smoking at the facility?

Lead question 5: Are service users informed about and advised on family planning issues? Can service users freely decide to found a family and have children? Are they informed about contraception options and helped to access these if they wish? Can service users living in facilities have intimate relationships and be sexually active while at the facility, and, if yes, are they given education, contraception and privacy?

Prompts: What education is provided in relation to family planning, choice of contraceptives and safe sexual practices? Is education provided on sexually transmitted diseases and HIV/AIDS? Are contraceptives (e.g. condoms) available? Is there privacy for couples?

Lead question 6: Are all general and reproductive health services provided to service users on the basis of free and informed consent?

Prompts: Are service users given sufficient, understandable information about general and reproductive health issues and treatment? Are they informed about the different options available to them? Is the informed consent of service users sought regarding general and reproductive health treatment? Are service users put under pressure to give informed consent?



THEME 3

THE RIGHTS TO EXERCISE LEGAL CAPACITY AND THE RIGHT TO PERSONAL LIBERTY AND THE SECURITY OF PERSON (ARTICLE 12 AND 14 OF THE CRPD)

Standard 3.1⁸

Service users' preferences regarding the place and form of treatment are always a priority.

Criteria

- 3.1.1 Service users' preferences are the priority in all decisions about where they will access services.
- 3.1.2 All efforts are made to facilitate discharge to ensure that service users can live in their communities.⁹
- 3.1.3 Service users' preferences are the priority for all decisions on their treatment and recovery plans.

Questions

Lead question 1: Can you provide details about how decisions are made regarding where a service user will access mental health services? Are the preferences of service users about which facility or service they would like to use (e.g. outpatient facility, day treatment programme or inpatient unit in a general hospital) always given priority? If not, under what circumstances are they not taken into account?

Prompts: Are service users asked where they would like to receive mental health services? Do staff respect the wishes of service users in this regard? If service users' preferences are not a priority, why do you think that is?

Lead question 2: Are service users informed about their right to leave inpatient facilities and to seek support in the community? Do staff take the necessary action to ensure that service users can be discharged as soon as possible and return to live in the community? If yes, what kind of action do they take?

Prompts: Do staff help service users in finding a place to live? Do staff arrange transport? Do staff facilitate discussions with family, friends, carers or other trusted people about the return of service users to their homes?

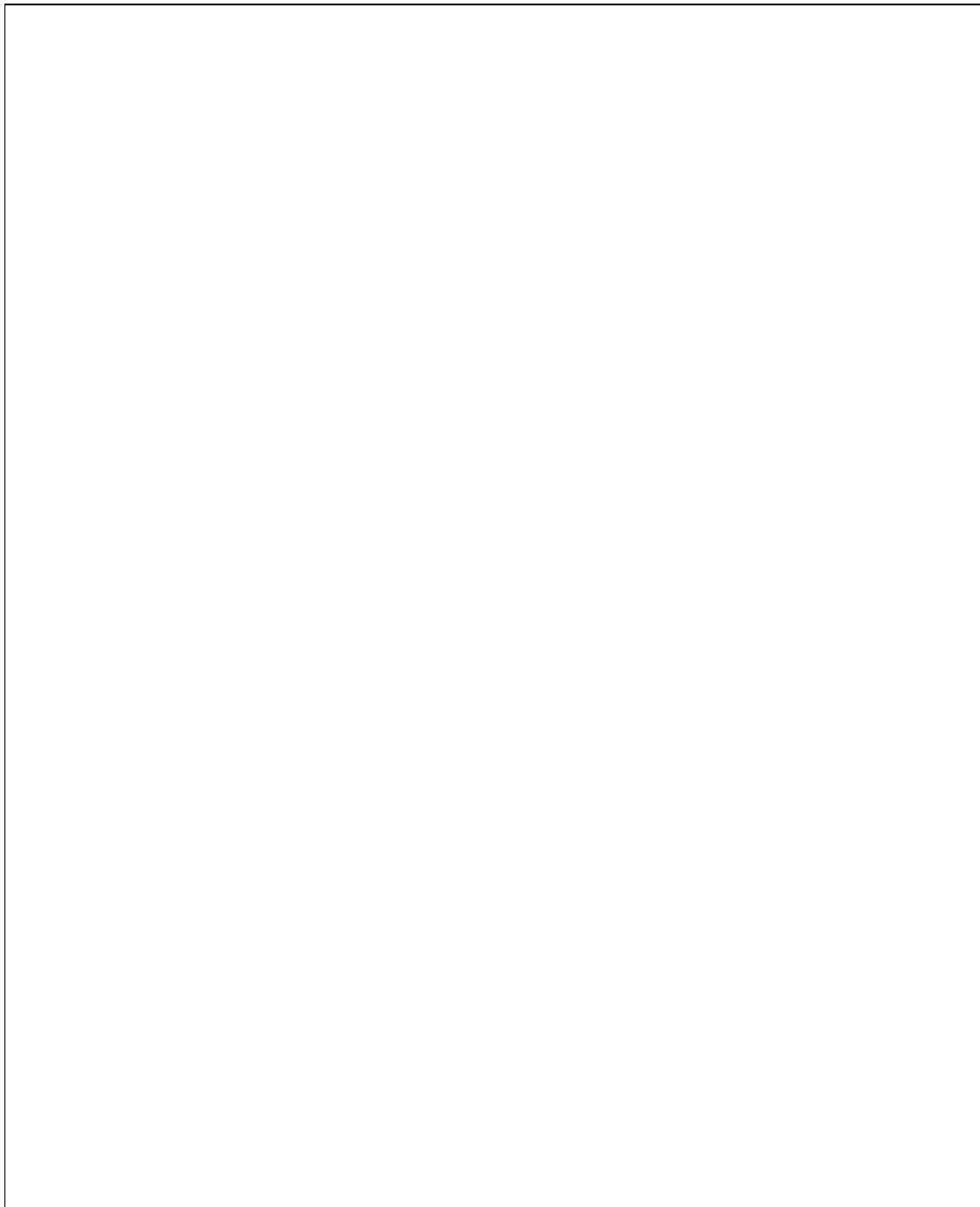
⁸ See also standard 2.3.

⁹ Criterion 3.1.2 applies only to inpatient facilities; all other criteria under standard 3.1 apply to both inpatient and outpatient facilities.

Lead question 3: Can you provide information about how decisions are made concerning the treatment and care of service users? Are the preferences of service users on treatment and recovery options always given priority? If not, under what circumstances are they not taken into account?

Prompts: Are service users asked about their preferences in terms of treatment? Do staff respect the wishes of service users in this regard? If service users' preferences for treatment and care are not a priority, why do you think that is?

Standard 3.1 Answers



Theme 3

Standard 3.2

Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.

Criteria

- 3.2.1 Admission and treatment are based on the free and informed consent of service users.
- 3.2.2 Staff respect the advance directives of service users when providing treatment.
- 3.2.3 Service users have the right to refuse treatment.
- 3.2.4 Any case of treatment or detention by a facility without their free and informed consent is documented and reported rapidly to a legal authority.
- 3.2.5 People being treated or detained by a facility without their informed consent are informed about the procedures for appealing their treatment or detention.
- 3.2.6 Facilities support people being treated or detained without their informed consent in accessing appeals procedures and legal representation.¹⁰

Questions

Lead question 1: Are admission and treatment at the facility based on service users' free and informed consent? Are service users given information about their proposed admission and treatment so that they can give informed consent?

Prompts: Are service users given sufficient, understandable information about different possible treatment options and about the treatment itself (e.g. both benefits and possible side-effects) in order to make an informed decision? Is the informed consent of service users on admission and treatment sought? Are service users put under pressure to give informed consent?

Lead question 2: When service users have written an advance directive (see standard 2.3), are their preferences about treatment respected?

Prompts: Are the advance directives of service users respected even when the family or staff of the facility disagree with the preferences specified by the service user?

Lead question 3: Is the right of a person to refuse treatment respected in this facility? What happens if a person refuses treatment?

¹⁰ See also standard 4.5.

Prompts: Are you aware of any instance in which a service user refused treatment? What were the circumstances, and how was the situation addressed? What was the outcome for the service user? Was he or she discharged?

Lead question 4: Are you aware of any procedures in place to document and report admission or treatment of service users against their will? If yes, can you describe those procedures?

Prompts: Is there documentation of incidents in which a service user is treated or admitted to a facility against his or her will? Where are they documented? Are such incidents reported to a legal authority? If yes, what is the usual time within which the report is made?

Lead question 5: Are service users who have been admitted to a facility or treated against their will given the option to appeal their treatment or admission to a legal authority? Are service users informed of this option?

Prompts: Are you aware whether service users who are treated or admitted against their will are entitled to appeal the decision to a legal authority? If yes, are service users made aware of the procedures to appeal such a decision?

Lead question 6: Do staff support people wishing to appeal their detention and treatment? Do they help people in accessing legal representation for an appeal?

Prompts: Do staff inform service users of their right to appeal? Do staff facilitate confidential meetings between the people concerned and their legal representatives to prepare an appeal (e.g. help people to contact their legal representatives or provide a private space in the facility for the meeting)?

Standard 3.2 Answers



Theme 3

Standard 3.3

Service users can exercise their legal capacity and are given the support¹¹ they may require to exercise their legal capacity.

Criteria

- 3.3.1 At all times, staff interact with service users in a respectful way, recognizing their capacity to understand information and make decisions and choices.
- 3.3.2 Clear, comprehensive information about the rights of service users is provided in both written and verbal form.
- 3.3.3 Clear, comprehensive information about assessment, diagnosis, treatment and recovery options is given to service users in a form that they understand and which allows them to make free and informed decisions.
- 3.3.4 Service users can nominate and consult with a support person or network of people of their own free choice in making decisions about admission, treatment and personal, legal, financial or other affairs, and the people selected will be recognized by the staff.¹²
- 3.3.5 Staff respect the authority of a nominated support person or network of people to communicate the decisions of the service user being supported.
- 3.3.6 Supported decision-making is the predominant model, and substitute decision-making is avoided.
- 3.3.7 When a service user has no support person or network of people and wishes to appoint one, the facility will help the user to access the appropriate support.

Questions

Lead question 1: Do staff interact with service users in such a way that the service users feel heard and validated and supported in their capacity to make choices and decisions?

Prompt: Do staff listen to service users and engage them in discussions about their choices and decisions?

Lead question 2: Do staff provide information to services users about their rights as users of the facility?

Prompts: Is information about the rights of service users provided when they first arrive at the facility? Is it provided in both verbal and written form? Is it provided in a way that is understandable to service users, e.g. avoids legal, medical or technical jargon and takes into consideration any sensory or other impairment the service user may have? Do staff follow up with the service user

¹¹ See Annex 5 for further information on supported decision-making.

¹² See Annex 5 for further information on supported decision-making.

to ensure that the information has been understood and to answer any questions the service user might have?

Lead question 3: Do staff provide information to service users about assessment, diagnosis, recovery and treatment options, so that they can make informed decisions?

Prompts: Is information about service users' assessment, diagnosis, recovery and treatment provided when they first arrive at the facility? Is it provided in a way that is understandable to them, e.g. avoids use of legal, medical or technical jargon and takes into consideration any sensory or other impairment the service user may have? How is this information provided to service users? In written format? Verbally? As a video or audio recording? Do staff follow up with the service user to ensure that the information has been understood and to answer any questions the service user might have?

Lead question 4: Do staff recognize that service users have a right to nominate a support person or network of people of their own free choice with whom they can consult with in relation to making decisions on their treatment and personal affairs?

Prompts: Do staff encourage the nomination of a support person or network of people by service users for making decisions on their treatment or personal matters when the service user so wishes? Are there any restrictions on service users' access to their support person or network of people?

Lead question 5: Do staff respect the authority of support persons or network of people to communicate the decisions of service users?

Prompts: Do staff invite the support person or network of people to communicate the preferences of service users about treatment? Do staff honour service users' decisions about treatment and personal matters as communicated by the support person or network of people?

Lead question 6: Would you say that service users who cannot make decisions on their own are usually encouraged to call on their support person or network of people to help them make decisions, or is it more common that a substitute decision-maker is appointed to make decisions on behalf of the service user?

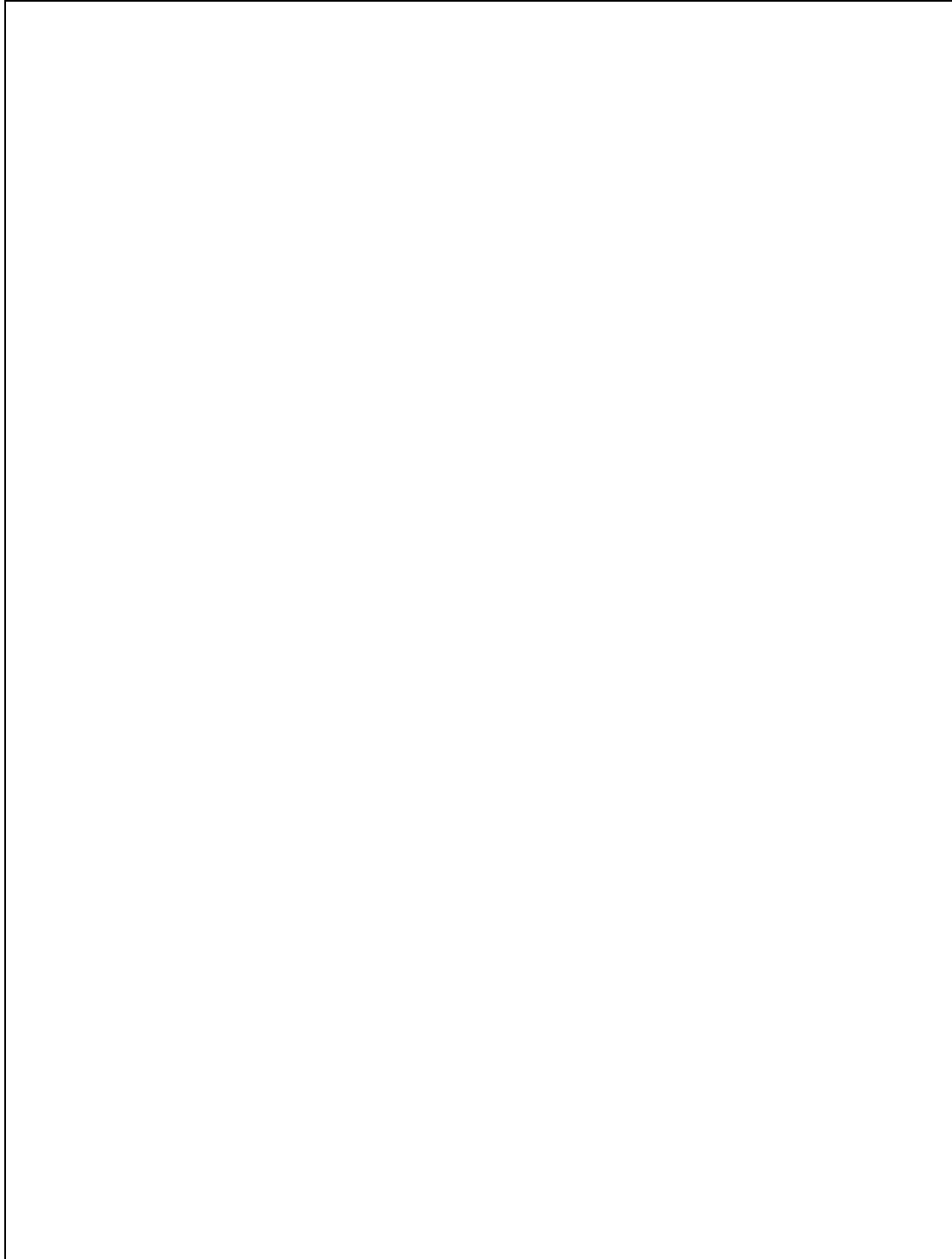
Prompts: Is the appointment of a guardian or substitute decision-maker a common practice at the facility? Is the practice of substitute decision-making more common than that of supported decision-making?

Lead question 7: When a service user wishes to engage in supported decision-making but does not have the necessary support people, does the facility help the service user to access appropriate support, for example from

organizations of persons with disabilities, or advocacy or human rights organizations?

Prompts: Does the facility provide the names of appropriate resource people and facilitate the connection, e.g. provide contact information to the service user?

Standard 3.3 Answers



Theme 3

Standard 3.4

Service users have the right to confidentiality and access to their personal health information.

Criteria

- 3.4.1 A personal, confidential medical file is created for each service user.
- 3.4.2 Service users have access to information contained in their medical files.
- 3.4.3 Information about service users is kept confidential.
- 3.4.4 Service users can add written information, opinions and comments to their medical files without censorship.

Questions

Lead question 1: Is a personal, confidential file established for each service user? Do staff make an effort to obtain any relevant medical files from other facilities at which the service users have received treatment for mental or physical health conditions? Are the files secured in a locked room or file cabinet?

Prompts: Are the clinical records kept in a locked area of the building with restricted access?

Lead question 2: Do service users have access to the information contained in their personal files? Is a service user's access to his or her personal file restricted in any way?

Prompts: How do service users request access to their personal files? Are there relevant procedures? What are those procedures? Have any service users been denied access to their personal files? If yes, on what basis?

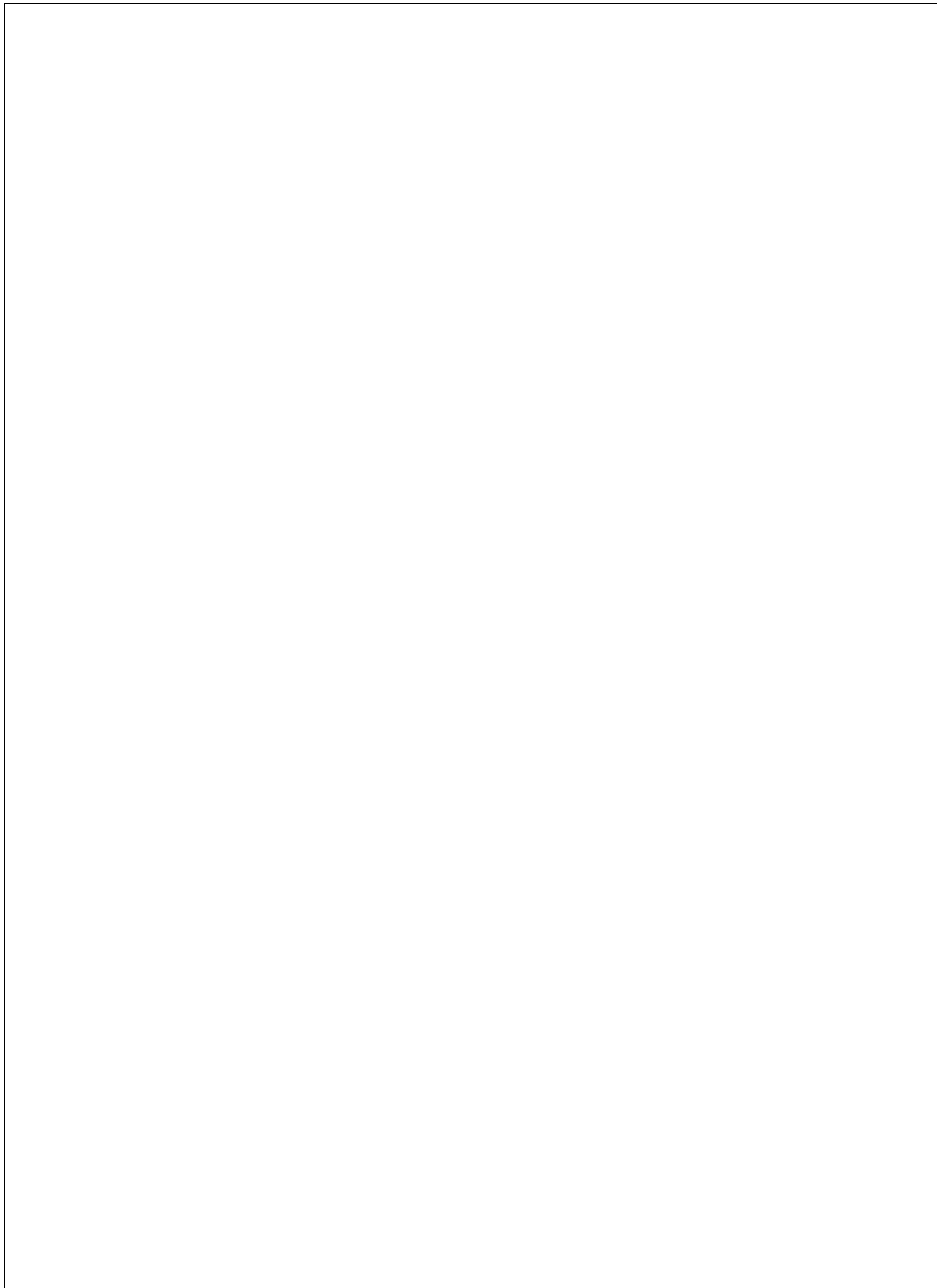
Lead question 3: Are there rules and procedures guiding who does and does not have access to confidential files? Is access to a service user's confidential file restricted to the service user and the staff working directly with the service user? Does anyone else have access to the file?

Prompts: Does anyone else have access to the service user's file? If so, under what circumstances is this permitted? Is information about a service user given to family members (or close friends or carers) or their legal representative? Is consent required from the service user before family members and legal representatives can have access to his or her file?

Lead question 4: Can service users add written information, opinions and comments to their medical files? Can they do this without being censored?

Prompts: If a service user wishes to comment on anything in his or her confidential file, can he or she do so? When, if ever, are service users restricted from doing so?

Standard 3.4 Answers

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THEME 4
FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING
TREATMENT OR PUNISHMENT AND FROM EXPLOITATION, VIOLENCE AND
ABUSE (ARTICLES 15 AND 16 OF THE CRPD)¹³

Standard 4.1

Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect.

Criteria

- 4.1.1 Staff members treat service users with humanity, dignity and respect.
- 4.1.2 No service user is subjected to verbal, physical, sexual or mental abuse.
- 4.1.3 No service user is subjected to physical or emotional neglect.
- 4.1.4 Appropriate steps are taken to prevent all instances of abuse.
- 4.1.5 Staff support service users who have been subjected to abuse in accessing the support they may want.

Questions

Lead question 1: Could you give your overall impression about how service users are treated by staff (health staff, but also cleaning, security and any other staff at inpatient facilities) in this facility? Are service users regarded with humanity, dignity and respect at all times, and are their well-being and safety priorities for the facility?

Prompts: Can you give examples of how service users are or have been treated respectfully and with dignity? Are there situations in which service users were not treated with dignity and respect? Do you think that the overall well-being and safety of service users is a priority for the facility? If not, why do you think that is?

Lead question 2: Are you aware of any instance in which a service user was verbally abused? For example, have staff shouted at service users, talked to them disrespectfully, talked down to them, put them down or used profanity? Is this unusual or common?

Prompts: Can you describe any incident in which you witnessed a service user being verbally abused by staff? What were the circumstances? Is this a common occurrence at the facility? Was the incident reported to an authority in the facility? Could the service user lodge a complaint (see also standard 4.6)? What was the outcome? If a service user was verbally abused by another service user, how was this handled at the facility? Has action been taken to prevent such situations in the future?

¹³ The *Instructions for using the interview tool* should be read carefully before starting interviews on theme 4.

Lead question 3: Are you aware of any instances in which medication has been administered to service users as way of controlling them or as a form of punishment?

Prompts: Have service users been given medication to make them more docile and 'easier to manage' by staff? Are you aware of any instances in which staff have threatened to administer medication to service users if they do not behave in a certain way? Have there been any instances in which staff have threatened to use medication to punish service users? Have medications been administered as a form of punishment? Could the service user lodge a complaint? What was the outcome? Has action been taken to prevent such situations in the future?

Lead question 4: Can you provide any examples in which you have witnessed or experienced physical abuse of a service user? For example, has a person hit, slapped, pushed, pulled, kicked or thrown objects at a service user?

Prompts: Can you describe any instance in which a service user was the target of physical aggression or violence? Is this a common occurrence at the facility? Was the incident reported to an authority in the facility? Could the service user lodge a complaint (see also standard 4.6)? What was the outcome? If the physical abuse was from another service user, how was this handled at the facility? Has action been taken to prevent such situations in the future?

Lead question 5: Could you share any examples in which you have witnessed or experienced sexually inappropriate conduct with a service user? For example, has a person touched a service user in an unwanted sexual way, such as kissing or hugging, or has a person shown more aggressive forms of sexual misconduct, such as displaying sexual organs, sexual assault or rape?

Prompts: Can you describe any instance in which a service user was the recipient of sexual abuse? If yes, what occurred? Is this a common occurrence at the facility? Could the service user lodge a complaint (see also standard 4.6)? What was the outcome? If the sexual abuse was by another service user, how was this handled at the facility? Has action been taken to prevent such situations in the future?

Lead question 6: Can you provide details about any instances that you have witnessed or experienced in which a person was mentally abusive to a service user? For example, has a person treated a service user in a demeaning, humiliating, intimidating or threatening manner?

Prompts: Can you describe any instance in which a service user was the recipient of mental abuse? Is this a common occurrence at the facility? Could the service user lodge a complaint (see also standard 4.6)? What was the outcome? If the mental abuse was by another service user, how was this handled at the facility? Has action been taken to prevent such situations in the future?

Lead question 7: Can you describe any instances of physical or emotional neglect of service users in the facility?

Prompts: Are you aware of any incidents in which service users have required physical or emotional assistance but none was provided by staff? Is this a common occurrence at the facility? Did service users lodge complaints about their physical or emotional neglect (see also standard 4.6)? What was the outcome? Has action been taken to prevent such situations in the future?

Lead question 8: Can you describe any procedures in place at the facility to prevent abuse against service users? What steps are taken when cases of abuse are reported at the facility? Are all cases reported? To whom are they reported?

Prompts: Are all cases of abuse documented and reported to the head of the facility? Are they reported to a relevant external body, such as the police? Does the head of the facility discuss the abuse with those responsible for the incidents? With the service user concerned? Is the person or persons responsible prevented from having further contact with the service user concerned or other service users? Does the head of the facility discuss the abuse and ways of preventing such incidents in the future with all staff members? With all service users at the facility?

Lead question 9: What measures are taken to support service users who have been subjected to abuse?

Prompts: Are service users given counselling after experiencing abuse? Are they offered medical examinations, tests or treatment for any physical consequence of the abuse? Are service users helped to contact trusted family members, friends or carers for support?



Theme 4

Standard 4.2

Alternative methods are used in place of seclusion¹⁴ and restraint¹⁵ as means of de-escalating potential crises.

Criteria

- 4.2.1 Service users are not subjected to seclusion or restraint.
- 4.2.2 Alternatives to seclusion and restraint are in place at the facility, and staff are trained in de-escalation techniques¹⁶ for intervening in crises and preventing harm to service users or staff.
- 4.2.3 A de-escalation assessment is conducted in consultation with the service user concerned in order to identify the triggers¹⁷ and factors he or she find helpful in diffusing crises and to determine the preferred methods of intervention in crises.
- 4.2.4 The preferred methods of intervention identified by the service user concerned are readily available in a crisis and are integrated into the user's individual recovery plan.
- 4.2.5 Any instances of seclusion or restraint are recorded (e.g. type, duration) and reported to the head of the facility and to a relevant external body.

Questions

Lead question 1: Could you provide information about how crises (e.g. acute distress of a service user leading to possible danger or threat to the safety and security of other service users or staff) are managed in the facility? What methods are used to address a crisis? Are service users ever locked up in isolation, seclusion or other rooms (e.g. a bedroom)? Are service users ever restrained?

Prompts: In what situations (if any) is seclusion or restraint used? How long are people kept in seclusion or restraint? Are incidents of this type recorded and reported to the head of the facility and to a relevant external body?

Lead question 2: Does the facility have a policy or plan to discontinue use of seclusion or restraint as a means of addressing crises? If yes, does this plan include a time frame? Are alternatives to seclusion and restraint in place to

¹⁴ 'Restraint' means the use of a mechanical device or medication to voluntarily prevent a person from moving his or her body.

¹⁵ 'Seclusion' means the voluntary placement of an individual alone in a locked room or secured area from which he or she is physically prevented from leaving.

¹⁶ De-escalation techniques can involve: prompt assessment and rapid intervention in potential crises; using problem-solving with the person concerned; being empathetic and reassuring; using stress management or relaxation techniques such as breathing exercises; giving the person space; offering choices; giving the person time to think.

¹⁷ Triggers might include being pressured to do something, being asked certain questions or being in the presence of a person one is not comfortable with. Factors that help to diffuse a crisis might include being left alone for a while, talking to a person one trusts or listening to music.

de-escalate potential crises? Are you aware of any training that staff receive to intervene in crises?

Prompts: Are staff trained in de-escalation techniques? What kind of training do they receive? Is practical use of these de-escalation skills encouraged, and do staff receive continuing instruction to improve their skills? Do service users have access to unlocked 'comfort rooms' or quiet spaces to which they can go voluntarily for privacy or if they want to be alone?

Lead question 3: Do staff take steps to learn from service users what might trigger or diffuse a crisis and service users' preferences in terms of what they need in times of crisis?

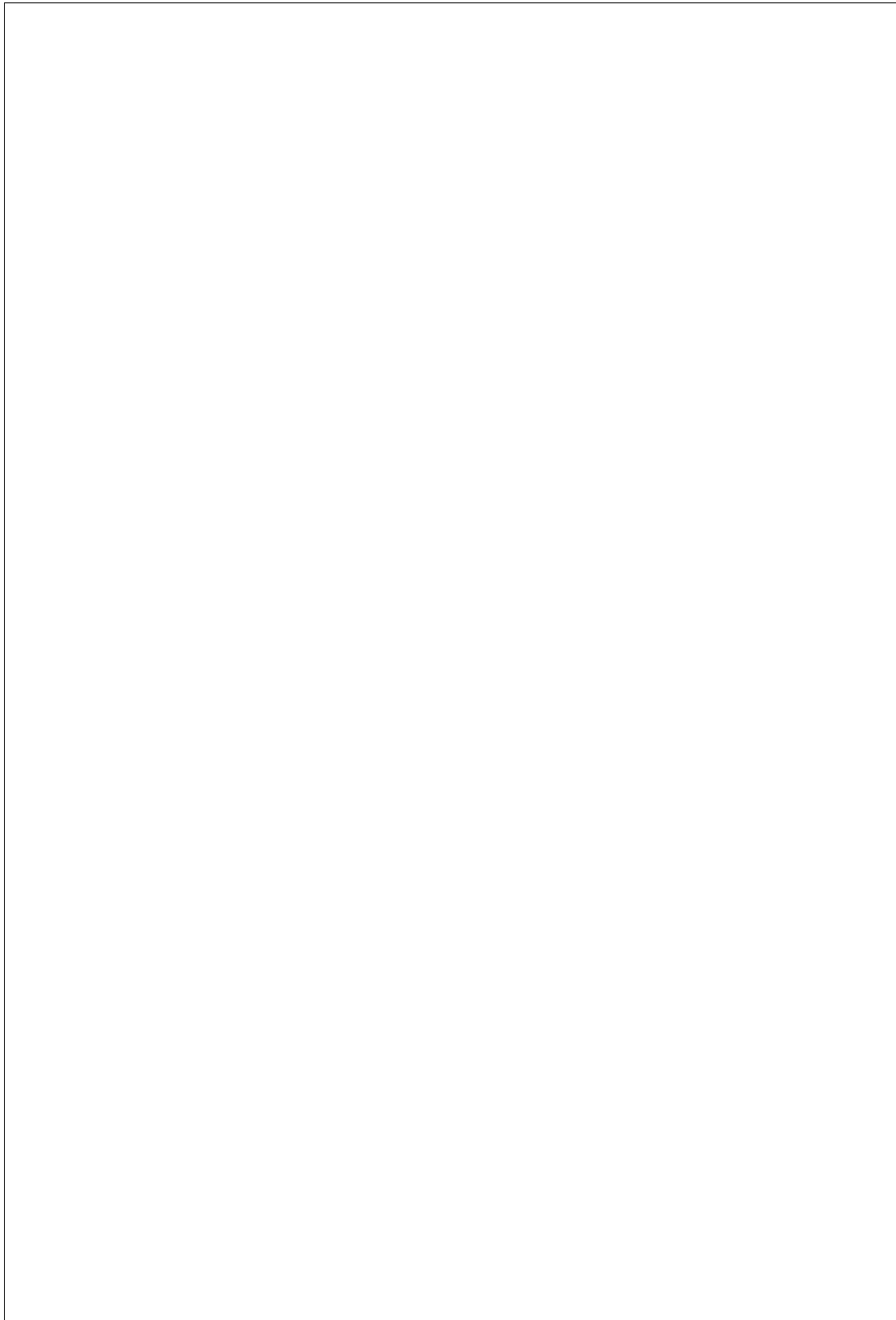
Prompts: Are service users asked to participate in an assessment so that staff can learn what might trigger a crisis in the service user and learn what the user needs from staff to reduce his or her distress? What other methods, if any, do staff use to diffuse crises?

Lead question 4: Is the information about a service user's potential crisis triggers and preferred methods for de-escalating crises documented and readily available at a time of crisis?

Prompts: Is information about the potential crisis triggers recorded? Where is this information kept? Is this information readily available to staff and service users at a time of crisis? Is this information incorporated into service users' recovery plans and reviewed and updated regularly?

Lead question 4: Are all cases of seclusion and restraint are recorded? Are all cases reported to the head of the facility? Are they reported to a relevant external body (e.g. a mental health review body)?

Prompts: Is the duration of seclusion or restraint documented? Is the type of restraint used documented?



Theme 4

Standard 4.3

Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the facility or referred to another facility, must not be abused and can be administered only with the free and informed consent of the service user.

Criteria

- 4.3.1 No electroconvulsive therapy is given without the free and informed consent of service users.
- 4.3.2 Clear evidence-based clinical guidelines on when and how electroconvulsive therapy can or cannot be administered are available and adhered to.
- 4.3.3 Electroconvulsive therapy is never used in its unmodified form (i.e. without an anaesthetic and a muscle relaxant).
- 4.3.4 No minor is given electroconvulsive therapy.
- 4.3.5 Psychosurgery and other irreversible treatments are not conducted without both the service user's free and informed consent and the independent approval of a board.
- 4.3.6 Abortions and sterilizations are not carried out on service users without their consent.

Questions

Lead question 1: Can you provide information about the use of electroconvulsive therapy (ECT) in this facility? Is ECT administered at this facility? Do service users give their informed consent after an explanation of the procedure and its potential risks?

Prompts: How common is it for ECT to be used as a form of treatment for service users? Are service users given information about the procedure before giving their consent? Are the potential risks and side-effects clearly explained to service users before their consent is obtained?

Lead question 2: Are clear, evidence-based guidelines and safeguards in place for when and how ECT can and cannot be used available at the facility? If yes, are they strictly adhered to, or have there been exceptions?

Prompts: What guidelines for administering ECT are followed? Are they evidence-based guidelines? Do the guidelines include clinical criteria for use of ECT? Are you aware of any situation in which ECT was used for a service user who did not meet the clinical criteria? If so, what were the circumstances?

Lead question 3: Are you aware of any instance in which ECT was administered to a service user in its unmodified form, i.e. without an anaesthetic and a muscle relaxant? If so, under what circumstances? Has unmodified ECT ever been used as a form of punishment for service users?

Prompts: What was the purpose of administering unmodified ECT? Was the incident reported to the head of the facility or to an external monitoring body? What was the outcome for the service user concerned?

Lead question 4: Are you aware of any instance in which a minor was given ECT? If yes, what were the circumstances?

Prompts: What was the purpose of administering ECT to a minor? Was the incident reported to the head of the facility or to an external monitoring body? What was the outcome for the minor concerned?

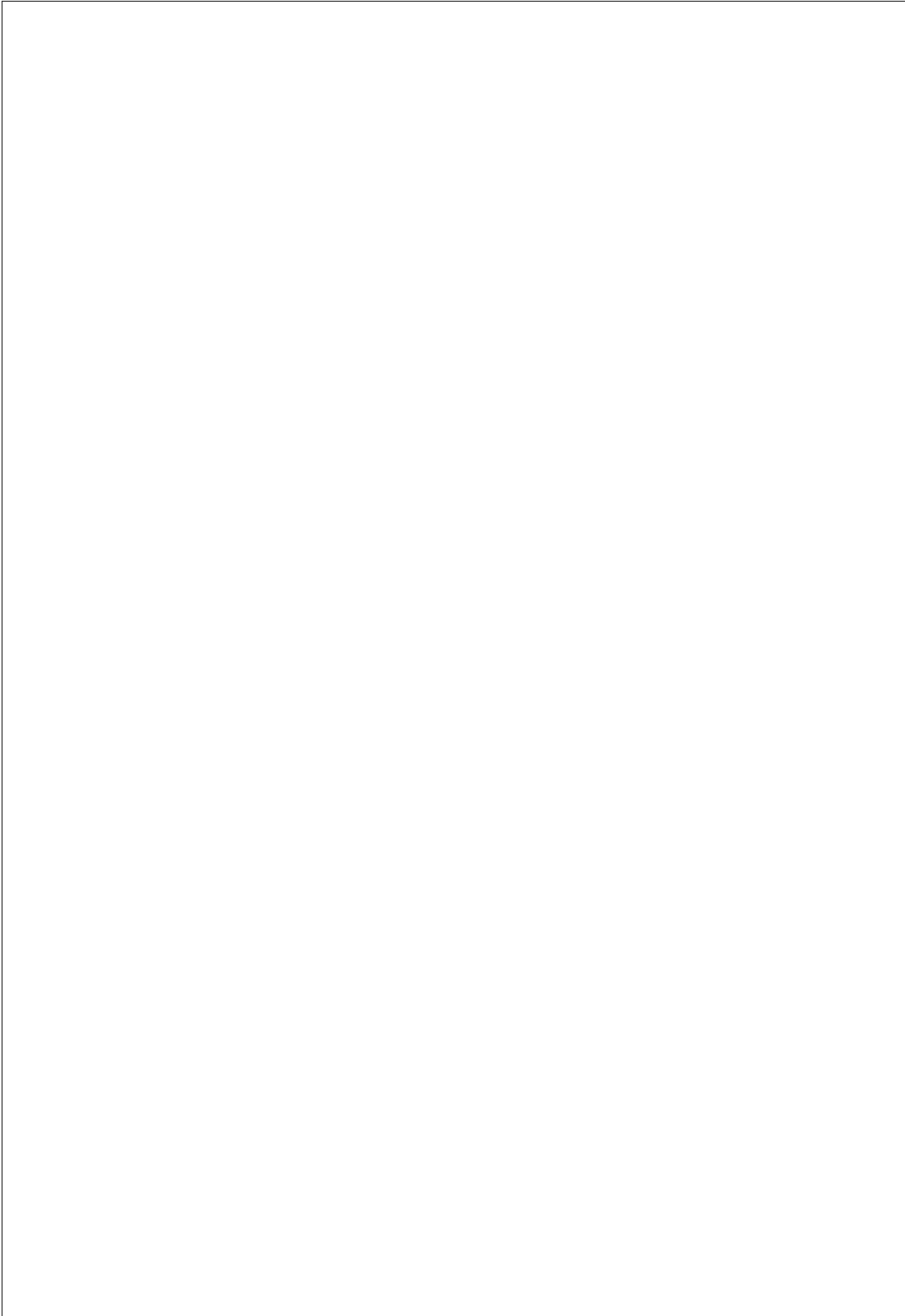
Lead question 5: Could you provide information about the use of psychosurgery or other irreversible treatment in this facility? Is psychosurgery or any other form of irreversible treatment used at this facility and, if so, under what circumstances? Are service users required to provide their informed consent?

Prompts: How common is the use of these forms of treatment? What procedures are followed for administering psychosurgery? Are service users given information about the procedure before they give their informed consent? Are the potential risks and side-effects clearly explained to service users before they give their consent? Are psychosurgery and other irreversible treatments ever performed without the informed consent of service users? Is there an independent board that reviews all requests for psychosurgery and other irreversible treatments and ensures that informed consent has been obtained? If psychosurgery and other irreversible treatments are not conducted at the facility, are service users referred to another facility for such procedures?

Lead question 6: Are you aware whether services users have undergone abortion or sterilization procedures at the facility or elsewhere? If you are aware of any such instances, do you know whether informed consent was sought from the service users before these procedures were conducted?

Prompts: Are you aware of any instance in which service users underwent an abortion or a sterilization procedure without their informed consent? If yes, what were the circumstances?

Standard 4.3 Answers



Theme 4

Standard 4.4

No service user is subjected to medical or scientific experimentation without his or her informed consent.

Criteria

- 4.4.1 Medical or scientific experimentation is conducted only with the free and informed consent of service users.
- 4.4.2 Staff do not receive any privileges, compensation or remuneration in exchange for encouraging or recruiting service users to participate in medical or scientific experimentation.
- 4.4.3 Medical or scientific experimentation is not undertaken if it is potentially harmful or dangerous to the service user.
- 4.4.4 Any medical or scientific experimentation is approved by an independent ethics committee.

Questions

Lead question 1: Do you know whether any medical or scientific experimentation has been conducted at this facility? If yes, was informed consent obtained from service users before their involvement?

Prompts: Were service users informed about the risks of participating in the experiment and any potential side-effects? Was the information provided in such a way that it was fully understood by the service user?

Lead question 2: Are you aware of any instances in which staff have received privileges, remuneration or compensation for encouraging or recruiting service users to participate in medical or scientific experimentation (e.g. experimental drug trials)? If yes, what were the circumstances?

Prompts: Is this practice common at this facility? Is this practice permitted, or are sanctions imposed on anyone caught offering service users compensation for their participation in experimentation?

Lead question 3: Are you aware of any instances in which a service user participated in a medical or scientific experiment that was harmful or dangerous? Are any procedures in place to determine beforehand whether a medical or scientific experiment is acceptable or potentially harmful?

Prompts: Do staff follow procedures to assess whether an experiment is potentially harmful, e.g. request prior approval from an ethics review board? If an experiment is deemed to be harmful, is it carried out anyway?

Lead question 4: Does medical or scientific experimentation require approval from an independent ethics committee?

Prompts: What are the procedures for seeking ethical approval for medical or scientific experimentation? Is the committee responsible for providing approval fully independent? Do any staff at the facility have links with members of the committee?

Standard 4.4 Answers

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Theme 4

Standard 4.5

Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse.

Criteria

- 4.5.1 Service users are informed of and have access to procedures to file appeals and complaints, on a confidential basis, to an outside, independent legal body on issues related to neglect, abuse, seclusion or restraint, admission or treatment without informed consent and other relevant matters.
- 4.5.2 Service users are safe from negative repercussions resulting from complaints they may file.
- 4.5.3 Service users have access to legal representatives and can meet with them confidentially.
- 4.5.4 Service users have access to advocates to inform them of their rights, discuss problems and support them in exercising their human rights and filing appeals and complaints.
- 4.5.5 Disciplinary and/or legal action is taken against any person found to be abusing or neglecting service users.
- 4.5.6 The facility is monitored by an independent authority to prevent the occurrence of ill-treatment.

Questions

Lead question 1: Could you provide information about the procedures whereby service users can file complaints about any violations occurring at the facility, such as neglect, abuse, seclusion, restraint and admission or treatment without informed consent? Are such complaints filed with an outside, independent legal body? Are the procedures confidential?

Prompts: Are service users informed about complaint procedures in a way that is clear and understandable? How can a service user make a complaint? How is the complaints procedure made accessible to service users?

Lead question 2: Are complaints by service users (e.g. about the service, staff, treatment or any violation of their rights) handled confidentially? Are service users safe from negative repercussions if they lodge a complaint? Are you aware of any situation in which service users were punished or suffered other negative repercussions because they made a complaint?

Prompts: Are service users reticent to make complaints for fear of repercussions from the facility and staff? Are you aware of any incident in which service users did not complain because of such fear?

Lead question 3: Can service users access legal representation as part of the complaints process? Can service users and their legal representatives meet confidentially to discuss and prepare their case?

Prompts: Is information on access to legal representation made available to service users? Does the facility assist service users in accessing free or affordable legal services?

Lead question 4: Could you provide details about any individuals or organizations (e.g. organizations of persons with disabilities or advocacy or human rights organizations, advocates) available to service users for assistance and support in defending their rights and filing appeals and complaints?

Prompts: Is information on such individuals and organizations made available to service users? Can these individuals and organizations visit service users regularly? Do service users have access to these individuals and organizations whenever they require them?

Lead question 5: Are you aware of any instances in which disciplinary or legal action was taken against a person found to be abusing or neglecting a service user? What were the circumstances?

Prompts: In your opinion, was the disciplinary action proportional to the severity of the abuse or neglect? In your opinion, was the disciplinary action sufficient to deter future abuse and neglect at the facility? If not, why not?

Lead question 6: Is the facility monitored by an independent authority for the purpose of detecting and preventing violations against service users and promoting human rights?

Prompts: Is that authority independent of the facility? How regularly does the authority visit the facility? Who does the authority report to? Are the findings and recommendations of the authority acted upon by the facility? Is the authority effective in preventing violations and promoting the rights of service users? If not, why not?

Standard 4.5 Answers

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THEME 5
THE RIGHT TO LIVE INDEPENDENTLY AND BE INCLUDED IN THE
COMMUNITY (ARTICLE 19 OF THE CRPD)

Standard 5.1

Service users are supported in gaining access to a place to live and have the financial resources necessary to live in the community.

Criteria

- 5.1.1. Staff inform service users about options for housing and financial resources.
- 5.1.2. Staff support service users in accessing and maintaining safe, affordable, decent housing.
- 5.1.3 Staff support service users in accessing the financial resources necessary to live in the community.

Questions

Lead question 1: Do service users receive information from the facility about available housing options and financial resources, e.g. social and disability benefits?

Prompts: Do service users receive information about housing available in the community? Do service users receive information about accessing the housing they prefer? Do service users receive information about the financial resources available to them and how to access those resources?

Lead question 2: Do service users receive support in accessing and maintaining housing in the community?

Prompts: Do service users receive support in completing the appropriate procedures for acquiring housing? What kind of support is provided and by whom? Do staff, for example, help service users in securing housing or applying for housing schemes?

Lead question 3: Do service users receive support from staff in accessing the financial resources necessary to live in the community?

Prompts: Do service users receive support in following the necessary procedures for accessing financial resources? What kind of support is provided and by whom? Do staff, for example, help service users in applying for social support, disability or other grants they may be entitled to?



Theme 5

Standard 5.2

Service users can access education and employment opportunities.

Criteria

- 5.2.1 Staff give service users information about education and employment opportunities in the community.
- 5.2.2 Staff support service users in accessing education opportunities, including primary, secondary and post-secondary education.
- 5.2.3 Staff support service users in career development and in accessing paid employment opportunities.

Questions

Lead question 1: Are service users given information about education, career development and employment opportunities in the community?

Prompts: Do service users receive information about the education and employment opportunities available in the community? Do service users receive information about how to use those opportunities?

Lead question 2: What support is provided to service users in accessing educational opportunities?

Prompts: Are service users given assistance in completing the procedures for accessing the education programme they want? What kind of support is provided and by whom?

Lead question 3: What support is given to service users in accessing career development or paid employment opportunities in the community?

Prompts: Are service users given assistance in completing procedures to access career development programmes or paid employment? What kind of support is provided and by whom?

Standard 5.2 Answers



Theme 5

Standard 5.3

The right of service users to participate in political and public life and to exercise freedom of association is supported.

Criteria

- 5.3.1 Staff give service users the information necessary for them to participate fully in political and public life and to enjoy the benefits of freedom of association.
- 5.3.2 Staff support service users in exercising their right to vote.
- 5.3.3 Staff support service users in joining and participating in the activities of political, religious, social, disability and mental disability organizations and other groups.

Questions

Lead question 1: Are service users given information on how to participate in political life? Are they given information on joining organizations of people with mental disabilities or political, religious, social organizations?

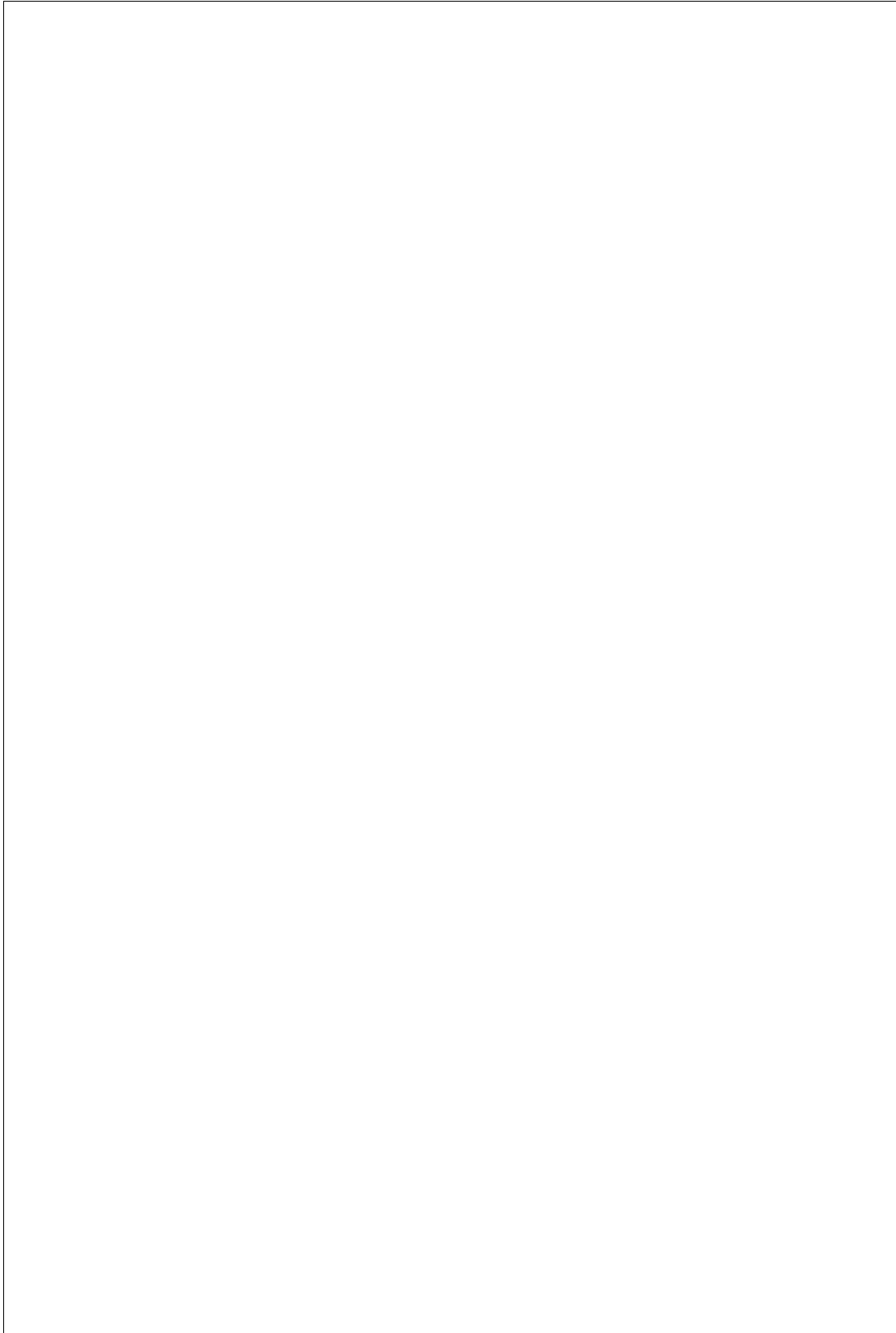
Prompts: Are service users given information on exercising their right to vote? Are service users given information on other opportunities for participating in political life, e.g. participating in decision-making related to mental health policy, legislation, service development and evaluation? Are service users given information about organizations of people with mental disabilities?

Lead question 2: Is support available to services users who wish to vote in local and national elections?

Prompts: Are service users given support to vote in local, regional and national elections? What kind of support is provided and by whom? For example, are service users provided with transport to polling stations?

Lead question 3: Are service users supported in joining and participating in the activities of organizations of people with mental disabilities or other political, religious, social organizations?

Prompts: What kind of support is given to service users in joining and participating in political, religious, social or mental health organizations, and who provides this assistance?



Theme 5

Standard 5.4

Service users are supported in taking part in social, cultural, religious and leisure activities.

Criteria

- 5.4.1 Staff give service users information on the social, cultural, religious and leisure activity options available.
- 5.4.2 Staff support service users in participating in the social and leisure activities of their choice.
- 5.4.3 Staff support service users in participating in the cultural and religious activities of their choice.

Questions

Lead question 1: Are service users given information about the available options for social, cultural, religious and leisure activities?

Prompts: Do service users receive information on accessing such activities, such as about the transport required and entrance fees?

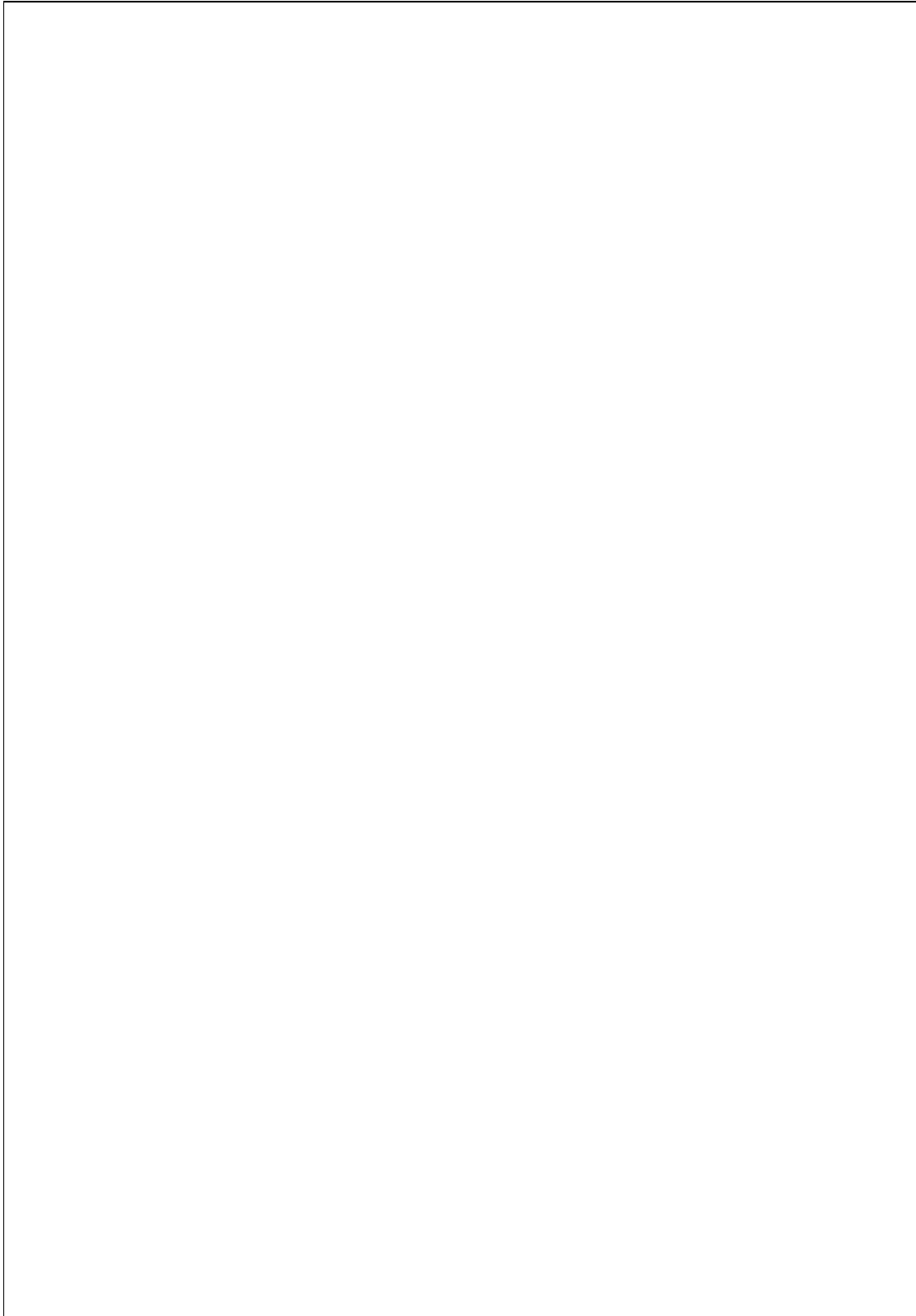
Lead question 2: What support, if any, is given to service users in accessing and participating in the social and leisure activities of their choice?

Prompts: How are service users supported, if necessary, in accessing social and leisure activities? Is transport arranged? Is assistance provided in completing entrance applications?

Lead question 3: How is the desire of service users to participate in cultural and religious activities supported?

Prompts: What support is given to service users in participating in the cultural and religious activities of their choosing? Are they given directions or transport to attend an activity?

Standard 5.4 Answers



The *WHO QualityRights tool kit* provides countries with practical information and tools for assessing and improving quality and human rights standards in mental health and social care facilities. The Toolkit is based on the United Nations *Convention on the Rights of Persons with Disabilities*. It provides practical guidance on:

- the human rights and quality standards that should be respected, protected and fulfilled in both inpatient and outpatient mental health and social care facilities;
- preparing for and conducting a comprehensive assessment of facilities; and
- reporting findings and making appropriate recommendations on the basis of the assessment.

The tool kit is designed for use in low-, middle- and high-income countries. It can be used by many different stakeholders, including dedicated assessment committees, nongovernmental organizations, national human rights institutions, national health or mental health commissions, health service accreditation bodies and national mechanisms established under international treaties to monitor implementation of human rights standards and others with an interest in promoting the rights of people with disabilities.

The *WHO QualityRights tool kit* is an essential resource, not only for putting an end to past neglect and abuses but also for ensuring high- quality services in the future.



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World Health Organization
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