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Unique Identifier Code:
(identical for pre and post questionnaires)

Evaluation of QualityRights training on mental health, human rights and recovery: POST-training questionnaire

Please help us evaluate and improve the effectiveness and quality of this training by completing this post training questionnaire.

Please note that this completed questionnaire will remain anonymous and will be kept confidential.



QualityRights

1. Optional personal identification

If you feel comfortable, please provide your name.

First Name _____

Last/Family Name _____

2. Affiliation *Select one of the following options.*

- ☐ Disabled People's Organizations
- ☐ Non-Governmental Organizations
- ☐ Ministry of Health
- ☐ Other Government Ministry/Department/Commission
- ☐ Professional organizations/associations
- ☐ Service Provider (mental health or related areas)
- ☐ Service Provider (general health)
- ☐ Academia
- ☐ World Health Organization
- ☐ UN organizations and agencies
- ☐ Multilateral organization or development agency
- ☐ Donor/Funder
- ☐ Other (please specify): _____

3. Background/Experience *Select one or more options.*

- ☐ Person with lived experience / Person with psychosocial¹, intellectual or cognitive disability
- ☐ Person with other disabilities
- ☐ Family member or care partner
- ☐ Mental health or related practitioner
- ☐ Health practitioner
- ☐ Lawyer
- ☐ Human rights advocate
- ☐ Policy Maker / Analyst
- ☐ Academia
- ☐ Administration/Management
- ☐ Other (please specify): _____

¹ Some people may not be familiar with the term psychosocial disability. In this context the term is being used to refer to people who self-identify in different ways including "people who have received a psychiatric diagnosis", "people with mental health conditions", "people with mental disorders" or "mental illness", "service users", "psychiatric survivors" or "consumers".

4. Please indicate your level of agreement with the following statements.

Select only one option for each statement.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a.	Nothing can be improved within mental health services without additional resources.					
b.	The service environment has little to do with people's mental health and well-being.					
c.	People with dementia should always live in group homes where staff can take care of them					
d.	People with psychosocial disabilities/mental health conditions should not be hired in work requiring direct contact with the public.					
e.	Taking medication is the most important factor to help people with mental health conditions get better.					
f.	You can only inspire hope once a person is no longer experiencing symptoms					
g.	People using mental health services should be empowered to make their own decisions about their treatment.					
h.	Following advice of other people who have experienced mental health issues is too risky.					
i.	The opinions of health practitioners about care and treatment should carry more weight than those of a person with an intellectual disability.					
j.	It is acceptable to pressure people using mental health services to take treatment that they don't want.					
k.	Persons with mental health conditions should not be given important responsibilities.					
l.	When people experience a crisis, health practitioners or families should make decisions based on their ideas about what is best for them.					
m.	People with intellectual disabilities have the right to make their own decisions, even if I don't agree with them.					
n.	Controlling people using mental health services is necessary to maintain order.					
o.	The use of seclusion and restraint is needed if people using mental health services become threatening.					
p.	People at risk of harming themselves or others should be isolated in a locked room.					
q.	Involuntary admission does more harm than good.					

5. Overall, this training met my learning needs.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree

☐ Strongly agree

6. For my skill level and knowledge, the content level was:

- ☐ Too basic
☐ Basic
☐ Just right
☐ Advanced
☐ Too advanced

7. Please indicate your level of agreement with the following statements.

Select only one option for each statement.

Statement		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The people delivering this training:						
a.	Clearly communicated the content					
b.	Engaged the participants					
c.	Responded to questions in a helpful way					
d.	Created a participatory environment					
e.	Respected the participants' point of view					

8. Please indicate your level of agreement with the following statements.

Select only one option for each statement.

	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a.	The content presented was relevant.					
b.	The flow of the content and activities worked well.					
c.	The content was clearly communicated.					
d.	The training engaged participants.					
e.	The case scenarios were helpful.					
f.	The discussions during the training were useful.					
g.	The amount of information was sufficient.					
h.	The training met my expectations.					
i.	The training experience will be useful in my work/life.					

	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
j.	This course changed my attitude towards people with psychosocial ² , intellectual and cognitive disabilities.					
k.	This course will alter my practice/aspects of my life.					

9. If your attitude towards people with psychosocial, intellectual and cognitive disabilities has changed, please describe in what ways. If your attitude has not changed, please describe why not.

10. If you believe your practices will change as a result of this training, please describe in what ways. If you believe your practices will not change, please describe why not.

11. Thinking back on this training, which activities or parts of the training had the biggest impact on you? What did you like best about this training? What didn't you like?

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12. Please use the space below to provide any additional comments or feedback.

13. I would recommend this course to others.

- ☐ Yes
☐ No

14. I understand and agree that my anonymised data will be used for the evaluation and improvement of this training.

- ☐ Yes
☐ No

15. I understand and agree that my anonymised data may be used in external publications and presentations related to the WHO QualityRights programme and its objectives.

- ☐ Yes
☐ No

16. I give permission to be contacted in the future as part of evaluating the mid and long-term impact of this training.

- ☐ Yes
☐ No

17. If you agree to being contacted in the future, please provide your preferred email address.

Please provide your email address here:

Thank you and we hope you enjoyed the training!