QualityRights - Before e-training Questionnaire

WHO QualityRights E-Training - Before the Training

Welcome to the WHO QualityRights e-training survey on mental health. As you know, the e-training aims to improve the understanding of mental health, tackle stigma and discrimination and improve the way in which we provide services and supports to people with mental health conditions or psychosocial, intellectual and cognitive disabilities.

Participation in the survey and e-training is completely free and you can interrupt your participation at any time.

You are requested to complete the QualityRights survey before you start training, and then again you have completed the training. The questionnaire aims to evaluate the impact of the e-training and will help us to improve its contents.

We assure you the maximum respect of confidentiality. We are bound to professional secrecy. All the data collected will be processed according to the provisions that protect privacy in Europe (Articles 6 and 9 of EU Regulation No. 679). Any nominative information will not be communicated to anyone without your permission. The data will be made anonymous so that it will be impossible to trace the individual.

We are at your disposal for any questions you want to ask about the nature of the training and its evaluation. Dr. Michelle Funk, World Health Organization, Geneva: e-mail: funkm@who.int

CERTIFICATE OF CONSENT

I declare that I have read all the information related to training and its evaluation.

Furthermore, I confirm that the objective of the training and its evaluation has been clearly explained to me;that I have been informed that my participation is absolutely voluntary and should I decide to participate, I will be free to withdraw at any time; that I am aware of the fact that the data is being collected, processed, managed and stored in a secure manner in compliance with current regulations and the personal data protection code (Articles 6 and 9 of EU Regulation No. 679).

If you accept to participate please click on the 'Next' button below.

If you do not accept to participate then click on the 'Exit and clear survey' button below.

Note on language: Some people may not be familiar with the term "psychosocial disability" used in this questionnaire. This 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 health disorders" or "mental illness", "service users", "psychiatric survivors" or "consumers".

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

There are 19 questions in this survey

[] Your email address*

Please write your answer here:

[] Your date of birth *
Please write your answer here:
[]Your country of residence *
Please choose only one of the following:
Optional personal information: If you feel comfortable, please provide your name.
[]First Name
Please write your answer here:
[]Last/Family Name
Please write your answer here:

Profile

[]What is your age? *

Only numbers may be entered in this field.

Please write your answer here:

[]To which gender do you most identify?

Please choose only one of the following:

- O Female
- O Male
- O Prefer not to answer

O Not listed

[]Affiliation *

Please choose only one of the following:

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

[]Background/Experience *

Please choose only one of the following:

- O Person with lived experience/Person with psychosocial, intellectual or cognitive disability
- O Person with other disabilities
- O Family member or care partner
- Mental health or related practitioner
- O Health practitioner
- O Lawyer
- O Human rights advocate

•	O Policy Maker/Analyst
	[]Additional background/experience (if applicable) Please choose only one of the following:
• • • • • • • • • • • • • • • • • • • •	Person with lived experience/Person with psychosocial, 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 indicate your level of agreement with the following statements. [] * Please choose the appropriate response for each item: Strongly Disagree Disagree Neutral Agree Agree a. Nothing can be improved within mental OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
health services without additional resources.					
b. The service environment has little to do with people's mental health and well-being.	0	0	0	0	0
c. People with dementia should always live in group homes where staff can take care of them.	0	0	0	0	0
d. People with psychosocial disabilities/mental health conditions should not be hired in work requiring direct contact with the public.	0	0	0	0	0
e. Taking medication is the most important factor to help people with mental health conditions get better.	0	0	0	0	0
f. You can only inspire hope once a person is no longer experiencing symptoms.	0	0	0	0	0

Please indicate your level of agreement with the following statements

[] *

Please choose the appropriate response for each item:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
g. People using mental health services should be empowered to make their own decisions about their treatment.	0	0	0	0	0
h. Following advice of other people who have	0	0	0	0	0

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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.	0	0	0	0	0
j. It is acceptable to pressure people using mental health services to take treatment that they don't want.	0	0	0	0	0
k. Persons with mental health conditions should not be given important responsibilities.	0	0	0	0	0

Please indicate your level of agreement with the following statements

[] *

Please choose the appropriate response for each item:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1. When people experience a crisis, health practitioners or families should make decisions based on their ideas about what is best for them.	0	0	0	0	0
m. People with intellectual disabilities have the right to make their own decisions, even if I don't agree with them.	0	0	0	0	0
n. Controlling people using mental health services is necessary to maintain order.	0	0	0	0	0
o. The use of seclusion and restraint is needed if people	0	0	0	0	0

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
using mental health services become threatening.					
p. People at risk of harming themselves or others should be isolated in a locked room.	0	0	0	0	0
q. Involuntary admission does more harm than good.	0	0	0	0	0

End of Survey

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

Please choose only one of the following:

- O Yes
- O No

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

Please choose only one of the following:

- O Yes
- O No

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

Please write your answer here:

Thank you and we hope you enjoy the E-Training!

Submit your survey.
Thank you for completing this survey.