Quality of life and human rights conditions in a public psychiatric hospital in Cairo

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Abstract

Purpose – *There is no documented evidence on service users' perceptions of quality of care and observance of human rights in mental health residential facilities in Egypt after the new mental health law passed in 2009. The purpose of this paper is to investigate El-Abbassia Mental Health Hospital in Cairo. Special attention is paid as to the variety of human rights violations which are experienced by the users and the context in which these violations occur.*

Design/methodology/approach – *A cross-sectional study was performed relying on 36 depth interviews with patients, 58 staff members and 15 family members, reviews of documents and observations by an independent assessment team consisting of the author, another psychiatrist, a nurse and a family member using the World Health Organization Quality Rights Tool Kit which uses the Convention on the Rights of Persons with Disabilities (CRPD) as its framework.*

Findings – *The study reported empirical insights into how the steps taken by the hospital to address several of the themes drawn from the CRPD require either improvement or initiation to comply fully with the convention's themes.*

Research limitations/implications – *Respondents may have failed to disclose their true experiences due to fear of punishment.*

Practical implications – *Users admitted to mental hospitals have often been forgotten, thus becoming victims of violence, neglect and other human rights violations.*

Social implications – *An opportunity to promote public awareness of the rights of patients.*

Originality/value – *The importance of this study came from being the first documented evidence on service users' perceptions of quality of care and observance of human rights in mental health residential facilities in Egypt after the new mental health law passed in 2009.*

Keywords *Egypt, CRPD, Stigma, Mental illness, Quality of care, Mental health, Staff-patient relationship, Residential facilities*

Paper type *Research paper*

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Introduction

There is a massive perception of the society, augmented by the media, that people with mental disorders are dangerous. The linking of mental illness with violence without any evidence based on researches gives permission to society to discriminate against them and isolate them away from the public in institutions where people are prohibited from practicing control of their lives and their daily decisions, that's how we can define an "institution" (Parker, 2010).

People with mental disorders still experience ill-treatment such as physical, mental and sexual abuse, especially in middle and low-income countries, due to poor and insufficient resources inside these institutions (Funk *et al.*, 2010; Drew *et al.*, 2011; Nomidou, 2012).

People voluntarily or involuntarily introduced to a mental hospital usually suffer from lack of control of their lives living as a group, eating, sleeping, washing and spending all the day as a

group, and any diversity in the behavior leads to punishment, being kept away from society and environmental stimulation which have harmful effects on their health and wellbeing (Mental Disability Advocacy Center (MDAC) and the Association for Social Affirmation of People with Mental Disabilities (SHINE), 2011; Girlescu, 2014).

A major issue from both a human right and a medical prospective is what happens in large institutions. It reinforces negative stereotypes and increases discrimination by boosting the existing stigma related to mental disorder and by the isolation of an already marginalized group (Jacob, 2001; Ritsher and Phelan, 2004).

After years of negotiations involving civil society, governments and national human rights and international organizations, The Convention on the Rights of Persons with Disabilities (CRPD) was the response of the international community to the long history of discrimination, exclusion and dehumanization of persons with disabilities. After adopting the Convention in the United Nations General Assembly on December 13, 2006, many countries demonstrated their commitment to respecting these rights by signing the Convention and Optional Protocol when UN opened it for signature in March 2007 (United Nations, 2007).

The CRPD states that people with mental disorders have the right to: full inclusion and participation in the community, to choose their place of residence and not be obliged to live in a particular living arrangement; to enjoy legal capacity on an equal basis with others; to be free from torture or from cruel, inhuman or degrading treatment or punishment, exploitation, violence and abuse; and to the enjoyment of a full range of civil, political, economic, social and cultural rights on an equal basis with others – these are all very important rights in relation to persons with mental disorders, particularly those living in institutional contexts.

The General Secretariat of Mental Health GSMH manages 19 hospitals and centers in 14 governorates in Egypt. The total bed capacity is 5,483 (The Egyptian Mental Health Council report, 2013).

The last estimated national prevalence rate of psychiatric disorders (18-64 years) was 17.0 percent, amounting to about 12 million of Egyptians (Ghanem *et al.*, 2009).

Monitoring institutions will uncover compelling problems that need to be discussed by giving an understanding of what occurs in an institution. This will lead to guidance of policy makers in their decisions and ensuring that laws and policies are related to reality. For that reason monitoring of institutions is considered valuable and a necessity. Additionally assuring that human rights are not violated (Gureje and Alem, 2000).

Study design and period

This was a cross-sectional study conducted from December 2012 to April 2013 (preparation phase) and from June 1, 2013 to August 31, 2013 (field work).

Procedure

The researcher received training on the Quality Rights Assessment Tool during the workshop on the tool which held by WHO in Cairo on December 2012, the Assessment team was then established which composed of one psychiatrist, one nurse, one family member and the researcher (the whole team was independent of the facility being assessed to ensure impartial assessment).

After this the assessment team received training on the Quality Rights Assessment Tool by the researcher from February 1, 2013 to April 1, 2013.

Study setting

The study was conducted at The El-Abbassia public mental health hospital located in Cairo, which serves a catchment area of about the third of Greater Cairo. The hospital belongs to the best hospitals of the public system serving catchment areas including the greater Cairo

(Qaliubia, Cairo and Giza). Also, patients from other parts of the country may come for medical service; therefore this hospital serves both rural and urban areas.

There are 1,474 beds (total bed capacity of Egypt is 5,483) in 36 inpatient wards. So the hospital provides a representative sample for the conditions throughout Egypt. In regards to staffing levels, there are 188 psychiatrists, 21 psychologists, 67 social workers, 16 general practitioners, four internist and 656 nurses employed in this facility.

Data collection

After approval of the research by the General Manager of the Secretariat of Mental Health, General Manager of Patient Rights department in the Secretariat of Mental Health, Scientific Committee Research in the Secretariat of Mental Health and the Chief of Patients Rights Committee of the Hospital on June 2013, several visits were made to the facility at different times of the day as well as unannounced visits to ensure that assessment members see conditions as they are experienced by people in all parts of the facility every day.

An interview questionnaire was conducted with the service providers, the service users and their families. After explaining the nature and purpose of the research, participants were assured of complete anonymity and confidentiality to promote candid responses. Informed consent was then obtained from the staff, service users and family members participating in the assessment before interviews were conducted.

Sample

The interview tool was administered to convenience samples of two groups of 56 staff members, including 15 psychiatry residents, three specialists, two consultants, ten psychologists and ten social workers who were selected on an alphabetical basis for interviews ($n = 40$) and a second sample of nurses: one nurse every two wards in the hospital starting from 1-36 selected (half of them selected from the morning shift and the other half selected from evening shift) alternating between the most junior and the most senior ($n = 18$). The third group was a convenience sample of service users. This group included one patient selected from each ward in the hospital admitted voluntarily as well as those who were admitted involuntarily (criteria for selecting patients with a chronic disorder: patients who have been admitted for at least six months and maximum two years at the hospital – criteria for selecting patients with an acute disorder: patients who have been admitted for at least 15 days and asymptomatic and a maximum for three months) and when these criteria matched more than one patient we selected the former alphabet ($n = 36$). The fourth group interviewed was a convenience sample of family members who had visited their relatives at least twice in the last month of their admission ($n = 15$) (Tables I and II).

Table I Illustrate the sample in relation to sex and the duration of admission

	Acute disorder (15 days-3 months)	*Chronic disorder (6 months-2 years)*
Male	8	10
Female	6	12

Table II Number of patients admitted in the period of research

	Voluntary		*Involuntary*		*Addiction*	
Month	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
June	457	488	156	95	111	6
July	424	480	157	85	99	6
August	411	482	157	89	97	10

Measures

The WHO Quality Rights Tool Kit (see the Appendix) was designed to measure service users' perceptions of quality of care and observance of human rights in mental health residential facilities in Egypt after the new mental health law passed in 2009. The measures addressed: first, the Right to an Adequate Standard of Living (Article 28 of the CRPD); second, the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health (Article 25 of the CRPD); third, the Right to Exercise Legal Capacity and to Personal Liberty and the Security of Person (Articles 12 and 14 of the CRPD); fourth, Freedom from Torture or Cruel, Inhuman or Degrading Treatment or Punishment and from Exploitation, Violence and Abuse (Articles 15 and 16 of the CRPD); and finally, the Right to Live Independently and Be Included in the Community (Article 19 of the CRPD).

The five "themes" or "rights" assessed are broken down into a series of 25 "standards." These standards are then further broken down into a series of 111 "criteria." The scoring of each of the criteria under the particular standards was collectively and subjectively weighted and averaged, thus enabling the assessment committee to determine whether a particular standard has been met. The standards, in turn, helped to determine whether the over-arching theme has been met. In total, five themes, 25 standards and 111 criteria were assessed. Arabic translation of The WHO Quality Rights tool kit was done by EMRO.

Analysis

All members of the assessment team met after completion of the assessment to discuss, integrate and compile their results from interviews, observation and review of documentation into a final report on the facility. The assessment team then scored each of the criteria, standards and themes of the tool kit.

Findings

Theme 1

The Right to an Adequate Standard of Living (Article 28 of the CRPD):

- Buildings are quite old; they are well aerated and well lit by the sun, but are not air conditioned. Considering the long months of hot summer in Egypt it is almost a torture for many patients to stay in such conditions. Not to mention patients who are specifically at risk when they lose body fluids such as patients on lithium.
- There are two relatively new buildings; all the windows are wired like a prison. Patients staying in those buildings are stuck all day in the same wards, nothing to do except watch TV and eat their meals, which come in horrible quality by the way. Both buildings are supposed to be centrally air conditioned, but unfortunately the air condition is almost always under maintenance service.
- The building is not accessible for persons with physical disabilities.
- Beds are not curtained off; all rooms have cupboards and nightstand, but none of these could be locked and none of the doors of the rooms had a key.
- Furnishing is adequate while not particularly comfortable.
- Another chronic problem is the water supply to the wards. The recurrent interruption of water supply hits the patients' lives badly. It is not only the lack of water for toilets and showers, but also the lack of clean water to drink. Service users also reported restrictions on the use of the showers and limited hot water.
- Strong odor, dirty toilets and broken siphons noticed.
- Service users have no choice of food and no special dietary accommodation is provided to service users who have diabetes or other physical health conditions. Service users complained about insufficient quantities and cold meals.

- Service users are not allowed to keep money on their persons; their use of phones is restricted; they must get up and go to bed at prescribed times.

Theme 2

The Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health (Article 25 of the CRPD):

- An average inpatient unit accommodates 60 patients. Such a unit is run by one or two doctors; most probably junior residents. A consultant looks after two and sometimes three units. The level of staffing is clearly felt by all the staff to be inadequate.
- Service users are offered a physical health examination and screening of particular illnesses on entry at the facility and on a regular basis.
- The general feeling of the medical and nursing staff of being forgotten by the ministry of health was prevailing in every discussion.
- It is possible that the staff feeling that they are underappreciated to some extent explains omissions on their part or the failure to attempt more ambitious forms of treatment and outdoor exercise to enhance independence and functioning.
- Nobody knows what CRPD is.
- Another problem is that the medical team is not cohesive. Most doctors are unaware of the job description and duties of the rest of the mental health team. Doctors tend to see patients and prescribe medications only, without sharing tasks and duties with the rest of the team. Social workers are only useful gathering some information about the patients' families and addresses when doctors intend to discharge them. Otherwise, they do not do much, and they are not in connection with an effective social service in the community.

Theme 3

The Right to Exercise Legal Capacity and to Personal Liberty and the Security of Person (Articles 12 and 14 of the CRPD):

- Documentation review revealed that free and informed consent for treatment was obtained from all voluntary service users. But information obtained from patients revealed that few service users were aware that they had rights, and that they were entitled to ask for information about their rights.
- Most of service users reported that their own preferences on treatment plan are not taken seriously by the doctors.
- Chemical restraints are considered by the majority of staff as necessary to cope with involuntarily admitted service users contesting their admission, refusing treatment, and/or labeled "dangerous."
- The nursing diary revealed detailed comments on behavior; vital signs, including blood pressure, pulse, intake of food and beverage and elimination of body fluids.
- Data concerning the use of restraints were insufficiently systematic or comprehensive. A separate record of the use of mechanical restraints was kept and recorded in the nursing diary.

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):

- The relationship between service users and nursing staff is complicated when nursing staff exercise power and authority over everyday routines and small habits.
- Service users said that "complaints" are useless or might result in punishment.

- Only 35 percent of service users are informed of and have access to procedures to file appeals and complaints, on issues related to neglect, abuse, seclusion or restraint, admission or treatment without informed consent and other relevant matters (Table III).
- Many patients are verbally abused and called names, especially in male wards. A few get physically abused by working personnel or by other patients in a form more or less like bullying, which is not supervised by the medical team and even sometimes encouraged.
- Scientific experimentations are not conducted in this facility.

Highlighting a case of a mentally ill patient who has been exposed to physical abuse in a mental health hospital:

- This is a very revealing case study – the complaints system relies on mother and two doctors who were not prepared to let the matter rest. Without them, presumably the case would not have been reviewed.
- In December 2011 the patient (H.A) was admitted to El-Abbassia mental health hospital under the involuntary act. During his stay from December 23, 2011 till December 30, 2011, he has been physically abused by one of the nurses supervising his case.
- Patient's mother complained to the "patient's right committee" at the El-Abbassia mental health hospital, which in turn raised the complaint (according to the Egyptian mental health law) to the "Regional Council for Mental Health" in Cairo. This happened after three months of the mother's complaint.
- The complaint stayed unforeseen from March 24, 2012 till October 15, 2012 when the two doctors who reported the incident requested a status update of the complaint from "the Regional Council for Mental Health."
- Unfortunately the Regional Council for Mental Health did not reply their request and there were intransigent dealing and no information was given to them. Until that date the patient still did not know what happened to his complaint.
- A complaint was written to the "general mental health Council" on the November 7, 2012 by the two doctors requesting to review the result of the investigation and to investigate the delay in the patient's complaint.
- On the January 29, 2013, 13 months after the patient's complaint the accused nurse was referred to the Public Prosecution by the "general mental health council" which has been the first case to be refereed there for two years. Up till now, the patient has not been called by the public prosecution, suggesting that no investigation of the case has yet to be undertaken.

Theme 5

The Right to Live Independently and Be Included in the Community (Article 19 of the CRPD):

- There are no national guidelines pamphlet specifically for patient with mental disorders about the available education, employment, housing and financial opportunities for them and how they can get it. Information pamphlets about disability organizations also are not available in the office of the social worker, and service users and family members mentioned they were never told about those opportunities in education, vocational training, employment and financial assistance.

Table III The number of complaints reached the patients right committee inside the hospital during the period of research

Month	*Number of complaints*
June 2013	2
July 2013	0
August 2013	1

- Family members said they need more information, facilitating their access to education, vocational training, employment, housing and financial opportunities which are the main problems they face. All of them reported that they feel forgotten by the State.
- The majority of the staff are still unconvinced of the patient's right to vote in presidential and parliamentary elections and the reason for this, their personal conviction is that the patient's do not enjoy sufficient mental capacity and insight for this to occur.
- One of the doctors told us during the interview "You are looking for mental health patients forgotten rights in a country where its citizens struggling to prove their fundamental rights."

Discussion

There are several limitations of this study. The majority of service users would not speak up about what they felt for fear of punishment. The hospital staff seemed to be divided into two distinct teams, the first team felt that the service provided is the best, and the other team was reticent to speech, also as a result of fear. The overall score of the interviews (resulted from augmentation of all the interviewees score) did not reflect the reality experienced by the assessment team. However, we do not believe that this influenced the results in any major way for all participants were guaranteed confidentiality. And in order to get a full picture of the conditions documentation was reviewed and observations were conducted. Observations included verbal and nonverbal interactions between staff and service users as required by the WHO quality rights tool.

A main finding from the present study was that the service users and their families are being forgotten by the government, especially after the Egyptian revolution of 2011. This is in line with earlier studies in the other low-income countries where many previous reports based on observations and responses from respondents have documented that the people with mental disorders, particularly in low-income countries continue to experience inability to access adequate mental health services in a safe, therapeutic and affordable setting (Drew *et al.*, 2011).

In these countries, the quality of care in both inpatient and outpatient facilities are poor or even harmful and can actively hinder recovery. The treatment provided is often intended to keep people and their conditions "under control" rather than to enhance their autonomy and improve their quality of life (World Health Organization, 2012).

Also, this is the same situation which was highlighted in the Nomidou (2012) report about the situation in Greece when she and her team found a profound difference between the quality of services and life provided to the chest patients and the mental health patients in the same hospital, when she made her comparison between both departments using the same WHO Quality Kit that is what made the International directions in which mental health service are moving in the path of lowering bed capacity and increasing outpatients' capacity.

Upon the results of these reports WHO urge replacement of mental hospital-based care with community-based care supported by general hospital psychiatric beds. So WHO recommends merging general health services with mental health services as a way to augment equity and enhance access to care (Chisholm, 2000; World Health Organization, 2003, 2006; Funk *et al.*, 2004, 2005).

Furthermore the majority of the practices referred to above constitute human rights violations, being strictly forbidden by international law.

In Egypt, there is comprehensive mental health legislation to enforce the rights of persons with mental disorders; but there is a lack of firm policy to implement it. This leads to human rights violations such as abuse related to involuntary hospitalization and treatment, the lack of proper food or water or the lack of proper medical care.

The CRPD emphasizes in its Article 16(1)(3)(5) that governments must take all appropriate legislative, administrative, social, educational and other measures to protect persons with mental disorders from all forms of exploitation, violence and abuse, both within and outside the home. Government should also prevent such events from happening, and they must have legislation and policies, including gender focused and child-focused dimensions (Rahman *et al.*, 2000), in order to identify, investigate and prosecute instances of exploitation, violence and abuse. States must also ensure that facilities designed for people with mental disorders are independently monitored.

To our knowledge this is the first study of service users' perceptions of quality of care and observance of human rights in mental health residential facilities in Egypt after the new mental health law passed in 2009 this report can be used to build advocacy efforts to rectify these conditions.

Conclusion

In summary, this study points to the findings raise a series of important issues. Violations and restrictions of basic human rights were evident through documentation review, observation and interviews at this psychiatric hospital. Deficiencies in the environment of mental health facilities can impede effective treatment and recovery, and thus result in worsened mental and physical health of service users.

These assessment results should open a window for a future national assessment about the problems in existing health care practices, to provide evidence about the living conditions in such residential facilities that can be used to build advocacy efforts to rectify these conditions.

Informed consent

Informed consent was obtained from the staff, service users and family members participating in the assessment before interviews were conducted. They were provided with information about the assessment and about the confidentiality of the interview and the anonymity of the people being interviewed.

Research limitations

Respondents may have failed to disclose their true experiences due to fear of punishment.

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Appendix

The following tables of the results of scoring in El-Abbassia public mental health hospital was based on interviews, review of documentation, and observation on informed and deliberative discussion and consensus between the assessment team members in terms of five levels of achievement:

- **Achieved in full (A/F):** There is evidence that the criterion, standard or theme has been fully realized.
- **Achieved partially (A/P):** There is evidence that the criterion, standard or theme has been realized, but some improvement is necessary.
- **Achievement initiated (A/I):** There is evidence that steps have been taken to fulfill the criterion, standard or theme, but significant improvement is necessary.
- **Not initiated (N/I):** There is no evidence of attempts or steps towards fulfilling the criterion, standard or theme.
- **Not applicable (N/A):** The criterion, standard or theme does not apply to the facility in question (e.g. rating sleeping quarters for outpatient or day treatment facilities).
- **Brief overview of the findings for each theme**

Rating theme	*El-Abbassia public mental health hospital*
Theme 1: the right to an adequate standard of living	A\P
Theme 2: the right to the enjoyment of the highest attainable standard of physical and mental health	A\P
Theme 3: the right to exercise legal capacity and to personal liberty and the security of person	A\I
Theme 4: freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse	A\P
Theme 5: the right to live independently and be included in the community	A\I

Theme 1: The right to an adequate standard of living (Article 28 of the Convention on the Rights of Persons with Disabilities (CRPD))

Overall scores:

Mental health services: A/P

1.1 The building is in good physical condition.

Mental health: A/P

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

Mental health: A/P

1.3 The facility meets hygiene and sanitary requirements.

Mental health: A/P

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

Mental health: A/I

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

Mental health: A/P

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

Mental health: A/I

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

Mental health: A/I

Table AI Theme 1, standard 1.1

	Score	*Additional information*
Standard 1.1. The building is in good physical	A/P	
Criterion 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)	A/P	
Criterion 1.1.2. The building is accessible for people with physical disabilities	N/I	
Criterion 1.1.3. The building's lighting (artificial and natural), heating and ventilation provide a comfortable living environment	A/I	
Criterion 1.1.4. Measures are in place to protect people against injury through fire	A/I	

Table AII Theme 1, standard 1.2

	Score	*Additional information*
Standard 1.2. The sleeping conditions of service users are comfortable and allow sufficient privacy	A/P	
Criterion 1.2.1. The sleeping quarters provide sufficient living space per service user and are not overcrowded	A/I	
Criterion 1.2.2. Men and women as well as children and older persons have separate sleeping quarters	A/F	
Criterion 1.2.3. Service users are free to choose when to get up and when to go to bed	N/I	
Criterion 1.2.4. The sleeping quarters allow for the privacy of service users	A/I	
Criterion 1.2.5. Sufficient numbers of clean	A/I	
Criterion 1.2.6. Service users can keep personal belongings and have adequate lockable space to store them	A/P	

Table AIII Theme 1, standard 1.3

	Score	*Additional information*
Standard 1.3. The facility meets hygiene and sanitary requirements	A/P	
Criterion 1.3.1. The bathing and toilet facilities are clean and working properly	A/I	
Criterion 1.3.2. The bathing and toilet facilities allow privacy, and there are separate facilities for men and women	A/P	
Criterion 1.3.3. Service users have regular access to bathing and toilet facilities	A/P	
Criterion 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	A/I	

Table AIV Theme 1, standard 1.4

	Score	*Additional information*
Standard 1.4. Service users are given food, safe drinking-water and clothing that meet their needs and preferences. Criteria and actions required to achieve this standard	A/I	
Criterion 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	A/I	
Criterion 1.4.2. Food is prepared and served under satisfactory conditions, and eating areas are culturally appropriate and reflect the eating arrangements in the community	A/I	
Criterion 1.4.3. Service users can wear their own clothing and shoes (day wear and night wear)	A/P	
Criterion 1.4.4. When service users do not have their own clothing, good-quality clothing is provided that meets the person's cultural preferences and is suitable for the climate	A/I	

Table AV Theme 1, standard 1.5

	Score	*Additional information*
Standard 1.5. Service users can communicate freely, and their right to privacy is respected	A/P	
Criterion 1.5.1. Telephones, letters, e-mails and the internet are freely available to service users, without censorship	A/I	
Criterion 1.5.2. Service users' privacy in communications is respected	A/I	
Criterion 1.5.3. Service users can communicate in the language of their choice, and the facility provides support (e.g. translators) to ensure that the service users can express their needs	A/F	
Criterion 1.5.4. Service users can receive visitors, choose who they want to see and participate in visits at any reasonable time	A/F	
Criterion 1.5.5. Service users can move freely around the facility	A/P	

Table AVI Theme 1, standard 1.6

	Score	*Additional information*
Standard 1.6. The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction	A/I	
Criterion 1.6.1. There are ample furnishings, and they are comfortable and in good condition	A/I	
Criterion 1.6.2. The layout of the facility is conducive to interaction between and among service users, staff and visitors	A/P	
Criterion 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	A/I	
Criterion 1.6.4. Rooms within the facility are specifically designated as leisure areas for service users	A/I	

Table AVII Theme 1, standard 1.7

	Score	*Additional information*
Standard 1.7. Service users can enjoy fulfilling social and personal lives and remain engaged in community life and activities	A/I	
Criterion 1.7.1. Service users can interact with other service users, including members of the opposite sex	A/I	
Criterion 1.7.2. Personal requests, such as to attend weddings or funerals, are facilitated by staff	A/P	
Criterion 1.7.3. A range of regularly scheduled, organized activities are offered in both the facility and the community that are relevant and age-appropriate	A/I	
Criterion 1.7.4. Staff provides information to service users about activities in the community and facilitate their access to those activities	A/I	
Criterion 1.7.5. Staff facilitate service users' access to entertainment outside of the facility, and entertainment from the community is brought into the facility	A/I	

Theme 2: The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)

Overall scores:

Mental health services: A/P

2.1 Facilities are available to everyone who requires treatment and support.

Overall scores:

Mental health services: A/P

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

Overall scores:

Mental health services: A/P

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

Mental health: A/I

2.4 Psychotropic medication is available, affordable and used appropriately.

Mental health: A/I

2.5 Adequate services are available for general and reproductive health.

Mental health: A/F

Table AVIII Theme 2, standard 2.1

	Score	*Additional information*
Standard 2.1. Facilities are available to everyone who requires treatment and support	A/P	
Criterion 2.1.1. No person is denied access to facilities or treatment on the basis of economic factors or of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status	A/P	
Criterion 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	A/P	
Criterion 2.1.3. No service user is admitted, treated or kept in the facility on the basis of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status	A/P	

Table AIX Theme 2, standard 2.2

	Score	*Additional information*
Standard 2.2. The facility has skilled staff and provides good-quality mental health services	A/P	
Criterion 2.2.1. The facility has staff with sufficiently diverse skills to provide counseling, psychosocial rehabilitation, information, education and support to service users and their families, friends or carers, in order to promote independent living and inclusion in the community	A/P	
Criterion 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	A/I	
Criterion 2.2.3. Service users can consult with a psychiatrist or other specialized mental health staff when they wish to do so	A/P	
Criterion 2.2.4. Staff in the facility are trained and licensed to prescribe and review psychotropic medication	A/F	
Criterion 2.2.5. Staff are given training and written information on the rights of persons with mental disabilities and are familiar with international human rights standards, including the CRPD	A/P	
Criterion 2.2.6. Service users are informed of and have access to mechanisms for expressing their opinions on service provision and improvement	A/P	

Table AX Theme 2, standard 2.3

	Score
Criterion 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	A/I
Criterion 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	A/I
Criterion 2.3.3 As part of their recovery plans, service users are encouraged to develop advance directives2 which specify the treatment and recovery options they wish to have as well as those that they do not, to be used if they are unable to communicate their choices at some point in the future	N/I
Criterion 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	N/I
Criterion 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	A/I
Criterion 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 centers and assisted residential care	N/I

Table AXI Theme 2, standard 2.4

	Score	*Additional information*
Standard 2.4. Psychotropic medication is available, affordable and used appropriately	A/I	
Criterion 2.4.1. The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed	A/I	
Criterion 2.4.2. A constant supply of essential psychotropic medication is available, in sufficient quantities to meet the needs of service users	A/I	
Criterion 2.4.3. Medication type and dosage areal ways appropriate for the clinical diagnoses of service users and are reviewed regularly	A/I	
Criterion 2.4.4. Service users are informed about the purpose of the medications being offered and any potential side effects	A/I	
Criterion 2.4.5. Service users are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy	A/I	

Table AXII Theme 2, standard 2.5

	Score	*Additional information*
Standard 2.5 Adequate services are available for general and reproductive health	A/F	
Criterion 2.5.1. Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter	A/F	
Criterion 2.5.2. Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral	A/F	
Criterion 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 health services in a timely manner	A/F	
Criterion 2.5.4. Regular health education and promotion are conducted at the facility	A/F	
Criterion 2.5.5. Service users are informed of and advised about reproductive health and family planning matters	N/A	
Criterion 2.5.6. General and reproductive health services are provided to service users with free and informed consent	N/A	

Theme 3: The right to exercise legal capacity and the right to personal liberty and the security of person (Articles 12 and 14 of the CPD)

Overall scores:

Mental health services: A/I

Standards

3.1 Service user' preferences on the place and form of treatment are always a priority.

Mental health: A/I

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

Mental health: A/I

3.3 Service users can exercise their legal capacity and are given the support[3] they may require to exercise their legal capacity.

Mental health: A/I

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

Mental health: A/F

[3]See Annex 2 for further information on supported decision-making (United Nations, 2007).

Table AXIII Theme 3, standard 3.1

	Score	*Additional information*
Standard 3.1. Service users' preferences regarding the place and form of treatment are always a priority	A/I	
Criterion 3.1.1. Service users' preferences are the priority in all decisions on where they will access services	A/I	
Criterion 3.1.2. All efforts are made to facilitate discharge so that service users can live in their communities	A/P	
Criterion 3.1.3. Service users' preferences are the priority for all decisions on their treatment and recovery plans	A/I	

Table AXIV Theme 3, Standard 3.2

	Score	*Additional information*
Standard 3.2. Procedures and safeguards are in place to prevent detention and treatment without free and informed consent	A/I	
Criterion 3.2.1. Admission and treatment are based on the free and informed consent of service users	A/P	
Criterion 3.2.2. Staff respects the advance directives of service users when providing treatment	N/I	
Criterion 3.2.3. Service users have the right to refuse treatment	A/I	
Criterion 3.2.4. Any case of treatment or detention in a facility without free and informed consent is documented and reported rapidly to a legal authority	A/P	
Criterion 3.2.5. People being treated or detained by a facility without their informed consent are informed about procedures for appealing their treatment or detention	A/I	
Criterion 3.2.6. Facilities support people being treated or detained without their informed consent in accessing appeals procedures and legal representation	A/I	

Table AXV Theme 3, standard 3.3

	Score	*Additional information*
Standard 3.3 Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity	A/I	
Criterion 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	A/I	
Criterion 3.3.2. Clear, comprehensive information about the rights of service users is provided in both written and verbal form	A/I	
Criterion 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	A/I	
Criterion 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	A/I	
Criterion 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	A/I	
Criterion 3.3.6. Supported decision-making is the predominant model, and substitute decision-making is avoided	A/I	
Criterion 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 appropriate support	A/I	

Table AXVI Theme 3, standard 3.4

	Score	*Additional information*
Standard 3.4. Service users have the right to confidentiality and access to their personal health information	A/F	
Criterion 3.4.1. A personal, confidential medical file is created for each service user	A/F	
Criterion 3.4.2. Service users have access to the information contained in their medical files	A/F	
Criterion 3.4.3. Information about service users is kept confidential	A/F	
Criterion 3.4.4. Service users can add written information, opinions and comments to their medical files without censorship	A/P	

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)

Overall scores

Mental health services: A/P

Standards

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

Mental health: A/I

4.2 Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.

Mental health: A/I

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.

Mental health: A/P

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

Mental health: A/F

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

Mental health: A/P

Table AXVII Theme 4, standard 4.1

	Score	*Additional information*
Standard 4.1. Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect	A/I	
Criterion 4.1.1. Staff members treat service users with humanity, dignity and respect	A/I	
Criterion 4.1.2. No service user is subjected to verbal, physical, sexual or mental abuse	A/I	
Criterion 4.1.3. No service user is subjected to physical or emotional neglect	A/I	
Criterion 4.1.4. Appropriate steps are taken to prevent all instances of abuse	A/I	
Criterion 4.1.5. Staff support service users who have been subjected to abuse in accessing the support they may want	A/I	

Table AXVIII Theme 4, standard 4.2

	Score	*Additional information*
Standard 4.2. Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises	A/I	
Criterion 4.2.1. Service users are not subjected to seclusion or restraint	A/I	
Criterion 4.2.2. Alternatives to seclusion and restraint are in place at the facility, and staff are trained in de-escalation techniques for intervening in crises and preventing harm to service users or staff	A/I	
Criterion 4.2.3. A de-escalation assessment is conducted in consultation with the service user concerned in order to identify the triggers and factors he or she find helpful in diffusing crises and to determine the preferred methods of intervention in crises	A/I	
Criterion 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	N/I	
Criterion 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	A/F	

Notes: "Restraint" means the use of a mechanical device or medication to involuntarily prevent a person from moving his or her body; 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

Table AXIX Theme 4, standard 4.3

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	A/P
Criterion 4.3.1. No electroconvulsive therapy is given without the free and informed consent of service users	A/I
Criterion 4.3.2. Clear, evidence-based clinical Guidelines on when and how electroconvulsive therapy can or cannot be administered a reavailable and adhered to	A/I
Criterion 4.3.3. Electroconvulsive therapy is never used in its unmodified form (i.e. without An anesthetic and a muscle relaxant)	A/P
Criterion 4.3.4. No minor is given electroconvulsive therapy	A/F
Criterion 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	A/F
Criterion 4.3.6. Abortions and sterilizations are not carried out on service users without their consent	A/F

Table AXX Theme 4, standard 4.4

	Score	*Additional information*
Standard 4.4. No service user is subjected to medical or scientific experimentation without his or her informed consent	A/F	
Criterion 4.4.1. Medical or scientific experimentation is conducted only with the free and informed consent of service users	A/P	
Criterion 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	A/F	
Criterion 4.4.3. Medical or scientific experimentation is not undertaken if it is potentially harmful or dangerous to the service user	A/F	
Criterion 4.4.4. Any medical or scientific experimentation is approved by an independent ethics committee	A/F	

Table AXXI Theme 4, standard 4.5

	Score	*Additional information*
Standard 4.5. Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse	A/P	
Criterion 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	A/P	
Criterion 4.5.2. Service users are safe from negative repercussions resulting from complaints they may file	A/I	
Criterion 4.5.3. Service users have access to legal representatives and can meet with them confidentially	A/I	
Criterion 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	A/P	
Criterion 4.5.5. Disciplinary and/or legal action is taken against any person found to be abusing or neglecting service users	A/P	
Criterion 4.5.6. The facility is monitored by an independent authority to prevent the occurrence of ill-treatment	A/F	

Theme 5: The right to live independently and be included in the community (Article 19 of the CPRD)

Overall scores:

Mental health services: A/I

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.

Mental health: N/I

5.2 Service users can access education and employment opportunities.

Mental health: A/I

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

Mental health: A/I

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

Mental health: A/I

Table AXXII Theme 5, standard 5.1

	Score	*Additional information*
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	N/I	
Criterion 5.1.1. Staff inform service users about options for housing and financial resources	N/I	
Criterion 5.1.2. Staff support service users in accessing and maintaining safe, affordable ,decent housing	N/I	
Criterion 5.1.3. Staff support service users in accessing the financial resources necessary to live in the community	N/I	

Table AXXIII Theme 5, standard 5.2

	Score	*Additional information*
Standard 5.2. Service users can access education and employment opportunities	A/I	
Criterion 5.2.1. Staff give service users information about education and employment opportunities in the community	A/I	
Criterion 5.2.2. Staff support service users in accessing education opportunities, including primary, secondary and post-secondary education	A/I	
Criterion 5.2.3. Staff support service users in career development and in accessing paid employment opportunities	A/I	

Table AXXIV Theme 5, standard 5.3

	Score	*Additional information*
Standard 5.3. The right of service users to participate in political and public life and to exercise freedom of association is supported	A/I	
Criterion 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	A/I	
Criterion 5.3.2. Staff support service users in exercising their right to vote	N/I	
Criterion 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	A/I	

Table AXXV Theme 5, standard 5.4

	Score	*Additional information*
Standard 5.4. Service users are supported in taking part in social, cultural, religious and leisure activities	A/I	
Criterion 5.4.1. Staff give service users information on the social, cultural, religious and leisure activity options available	A/I	
Criterion 5.4.2. Staff support service users in participating in the social and leisure activities of their choice	A/I	
Criterion 5.4.3. Staff support service users in participating in the cultural and religious activities of their choice	A/I	

About the author

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