**Project summary**

**Background.** People with psychosocial disabilities are often discriminated and experience violations of their human rights. This is true also in Ghana. The WHO QualityRights (QR) initiative, which follows a rights-based approach and applies the framework of the United Nations Convention on the Rights of People with Disabilities, provides instruments to challenge this situation. **Objectives.** This project aims to promote and support the rights of persons with psychosocial disabilities in Ghana. **Methods.** The project includes the following activities: 1) Collection of data on the respect of the rights of people with psychosocial disabilities in selected mental health facilities. Users, caregivers, and hospitals staff will be surveyed by using the WHO QR toolkit to provide data on the human rights respect in the facilities 2) Provision of the WHO QR training on human rights issues in mental health. The WHO QR training promote the capacity building for people with psychosocial disabilities and other relevant stakeholders in the community, 3) validation of an instrument to evaluate the impact of the trainings. The data collected during these activities will be analysed and the results presented to all the relevant stakeholders. **Timeframe:** This is a three years project. **Outcomes:** 1)Toidentify the causes of the non-realization of rights that need to be addressed in mental health services and develop ad hoc improvement plans, 2) To empower stakeholders in the community (including people with psychosocial disabilities and their organizations) to respect, promote, and fulfill for the rights of people with psychosocial disabilities in Ghana.

**Title**

Empowering people with psychosocial disabilities to fight for their rights: an implementation of the CRPD and QualityRights principles in Ghana.

**May, 2019 - January, 2022**

**Sponsor/funder**

European Commission (within the Europeaid framework)

Project leader: University of Cagliari, Via S. Giorgio 12, 09124 Cagliari, Italy

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**Research sites**

1. Ho Regional Hospital

P.O Box 201

Trafalga

Volta Region

1. Accra Psychiatry Hospital

P.O Bx 1305

Greater Accra

Accra - Asylum Down

1. Ankaful Psychiatry Hospital

P.O Bx 421

Central Region

Cape Coast

Ankaful -Elmina Road

1. Pantang Psychiatry Hospital

P.O Box L981

Greater Accra

Accra-Pantang

1. Eastern Regional Hospital

P.O Box 201

Eastern Region

Koforidua -New Juaben

1. Brong Ahafo Regional Hospital

P.O Box 27

Brong Ahafo

Sunyani

1. Komfo Anokye Teaching Hospital

P.O. Box KS 1934

Ashanti Region

Kumasi - Bantama

1. Korle-Bu Teaching Hospital

Greater Accra Region

P.O Box 77

Guggisberg Avenue

Korle-Bu

Accra

**1. Rationale & background information**

**1.1 Human rights in mental health.**

People with psychosocial disabilities[[1]](#footnote-1) are often discriminated and experience violations of their human rights (Drew, 2011). Poor quality is a feature of many mental health facilities, where people with psychosocial disabilities are exposed to inhuman treatments and have no right to make their own decisions. The organizations of people with psychosocial disabilities and the civil society organizations promoting the rights of these persons are either non-existent or lack the power to make a difference (Meyers, 2016).

The United Nations Convention on the Rights of People with Disabilities (UN CRPD, 2006) - signed and ratified by Ghana in 2012 (HRW, 2012) - challenges this situation, and requires a shift in the treatment of person with (psychosocial) disabilities from a medical or charity perspective to a rights-based approach, ensuring that persons with (psychosocial) disabilities have access to and can participate in all the decisions that affect their lives.

In line with these principles, the World Health Organization’s Department of Mental health and Substance Abuse has developed the QualityRights initiative (Funk, 2017 and WHO, 2017), which follows a rights-based approach and applies the framework of the United Nations CRPD to promote and support the rights of people with psychosocial disabilities across the world.

**1.2 The QualityRights initiative.**

*1.2.1 Collection of data on the human rights’ situation in mental health services.*

A key component of the QR initiative is the collection of data on the human rights and quality standards to be met in mental health and related services.

This activity concentrates on carrying out assessments in selected mental health services. Data on the respect of the rights of persons with psychosocial disabilities are collected - using the WHO QualityRights toolkit (WHO, 2012) - by members of the assessment groups (including different stakeholders) trained in the use of the WHO instruments.

*1.2.2 Provision of training on quality and human rights issues for persons with psychosocial disabilities and other stakeholders.*

Another key component of the QR initiative is the promotion of capacity building for people with psychosocial disabilities and other relevant stakeholders in the community (e.g., health workers, family members, etc.), who are trained on quality and human rights issues using the QualityRights training and guidance modules (WHO, 2017). The QR training is different from existing programs aiming to empower people with psychosocial disabilities because: 1) it applies the framework of the UN CRPD, 2) people with psychosocial disabilities are actively involved in all the phases of the training implementation, 3) people with psychosocial disabilities are central actors in the training (e.g., the training courses include people with psychosocial disabilities as trainers).

The training can be provided either in person or through an online platform, and includes modules on:

• Understanding human rights,

• Promoting human rights in mental health,

• Improving the mental health services environment and community inclusion,

• Realizing recovery and the right to health in mental health services,

• Protecting the right to legal capacity in mental health services, and

• Creating mental health services free from coercion, violence, and abuse.

The QR modules on the understanding, promotion, and protection of human rights in mental health focus on decreasing stigma and improving the attitudes towards people with psychosocial disabilities as right holders, while the remaining modules aim to improve the quality of care and thus the recovery of people with psychosocial disabilities.

**1.3 Human rights in mental health: The situation in Ghana.**

In Ghana, health care is mainly public, and the resources allocated to mental health are scant (1.4% of the health expenditure) and very much skewed towards urban areas (Roberts, 2014). More than 2 million people with psychosocial disabilities live in Ghana (Roberts, 2014), but the services in place for the care of these persons are insufficient and underfunded, and what is available is poorly integrated into the primary care system and the community. Many of the resources for mental health are allocated into ten psychiatric hospitals.

Persons who have a psychosocial disability are believed to be “mad”, “possessed by evil spirits”, or “bewitched”. As a result, these persons are excluded from society and denied any life opportunity due to the belief that they are dangerous and fully incapable. Families often send persons living with a psychosocial disability to prayers camps where they are arbitrarily detained. In these prayers camps, inhumane practices and violations of persons with psychosocial disabilities’ rights are common, and have been denounced by local NGOs and international organizations (HRW, 2012). According to these reports, patients with psychosocial disabilities in the prayers camps are chained to trees, forced to fast, and are victims of other physical abuses.

In 2012, Ghana enacted a Mental Health Act (Walker, 2017) intended to eliminate the widespread abuses against people with psychosocial disabilities and create better and accessible mental health services in the communities.

In 2017, the Mental Health Authority of Ghana has taken steps to freed people held in shackles at prayers camp and has met with groups representing people with disabilities and other NGOs (including MEHSOG and MindFreedom Ghana). However, the practice of shackling and other abuses against people with psychosocial disabilities are still frequent in Ghana (HRW, 2018).

In order to challenge this situation, the Mental Health Authority of Ghana, MEHSOG, and MindFreedom Ghana expressed an interest in applying the QualityRights approach in their country, and started to work with the University of Cagliari, the WHO (Geneva and Europe) and the OHCHR to implement the QualityRights approach in Ghana. Other partners involved in the present project are: In Lebanon, the National Mental Health Programme (NMHP) - Ministry of Public Health, IDRAAC and ABAAD (two human rights civil society organizations), and in Armenia, the Armenian Psychiatric Association and AMBRA (a people with psychosocial disabilities organization).

In particular, in Ghana, there is an interest in the creation of a mechanism for the assessment over time of the human rights violations in psychiatric hospitals, and the provision of capacity-building training on human rights and mental health for people with psychosocial disabilities and other stakeholders in the community.

The action we propose is strongly related to these requests because it includes activities such as 1) creating assessment groups able to collect data on rights violations over time; and 2) providing capacity-building training to stakeholders in Ghana.

The collection of data on rights violations will help to identify the causes of the non-realization of rights that need to be addressed, while the training will provide people with psychosocial disabilities and other stakeholders in the community (including health workers, family members, etc.) with the skills necessary to respect and promote the rights of people with psychosocial disabilities.

**2. Study goals and objectives**

**2.1 Primary, specific, and secondary objectives**

The primary objective of this action is to promote and support the rights of persons with psychosocial disabilities in Ghana.

Specific objectives are:

1) To collect data on the respect of human rights and quality of care in selected mental health services (**WHO QR COLLECTION OF DATA IN MH FACILITIES)**

2) To train various stakeholders on quality and human rights issues in mental health (**WHO QR TRAINING)**

Secondary objective:

3) To validate the instruments for evaluating the impact of the QualityRights training on the attitudes towards people with psychosocial disabilities (**VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING)**

**2.2 Research questions**

1. Do users have access to basic standards of care such as good food, decent accommodation, good sanitation facilities, and adequate medication among others?

2. Can users exercise their legal capacity such as the right to refuse admission, the right to challenge abuse and the right to participate in social events among others?

3. Are users free from torture or cruel, inhuman or degrading treatments, or punishment and from exploitation, violence and abuse?

4. Is the users right to live independently in the community supported?

5. What is the impact of the QualityRights training on the attitudes towards people with psychosocial disabilities?

**3. Study Design**

**3.1 WHO QR COLLECTION OF DATA IN MH FACILITIES**

The study will be observational (cross-sectional) and it will survey users, caregivers, and hospitals staff to provide data on the human rights respect in selected mental health facilities (Korle-Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Brong Ahafo Regional Hospital, Eastern Regional Hospital, Pantang Psychiatry Hospital, Ankaful Psychiatry Hospital, Ho Regional Hospital, and Accra Psychiatry Hospital). The survey will be carried out by using the WHO QualityRights Toolkit. Both quantitative and qualitative data will be collected through interviews, observation and review of documentation. At least 20 respondents are expected to be interviewed in each selected facility.

This project will last three years. The data collection in the selected mental health facilities is expected to be completed in 6 months (first year), after which the teams will undertake another assessment (during the third year of the project).

Multi-stage sampling method will be used (i.e. purposive and simple random sampling). The sample selection process will ensure different user groups and stakeholders are represented in the study (users of different sex, age of stay, type of care received, junior and senior staff as well as casual workers). List of all stakeholder groups will be obtained from the facility director and based on which, the sample will be drawn using purposive and simple random sampling. The purposive sampling will be used to ensure the different user groups are consciously included while the simple random sampling will be used to give the different population groups equal chances of being selected for the study. In arriving at the final sample, the team will be mindful not to include respondents who will be unable to provide any responses due to their conditions. The potential respondents drawn from the sample selection process will be duly engaged to seek their consent for participation in the study before the final sample is concluded upon.

**3.2 WHO QR TRAINING**

The study will be interventional (pre- post- study design). The intervention is the participation in the WHO QualityRights training. At least 6 in person-trainings will be carried out during this three years project throughout Ghana. Each WHO QualityRights in-person training lasts from 5 to 7 days. The online version of the training (WHO QR e-training) can be completed in more or less days, depending on the time spent online by participants. Participants to the training may be: mental health workers, health workers, social workers, people with psychosocial disabilities and their caregivers, religious leaders, journalists, lawyers, judges, government members, members of human rights organizations, members of organizations of people with disabilities, and other stakeholders in the community. Participants to the trainings will be identified by MEHSOG, MindFreedom Ghana, and the Mental Health Authority. Sociodemographic data and data on the attitudes towards people with psychosocial disabilities as rights-holders will be collected - using the WHO QualityRights questionnaire, self report - to evaluate the training impact on the attitudes towards people with psychosocial disabilities. Data will be collected at two points in time (pre- training and after- training).

**3.3 VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING**

The study will be observational (cross-sectional) and it will survey different stakeholders in the community (mental health workers, health workers, social workers, people with psychosocial disabilities and their caregivers, religious leaders, journalists, lawyers, judges, government members, members of human rights organizations, members of organizations of people with disabilities, and others). At least 100 participants are expected to complete the survey. Participants to the validation will be identified by MEHSOG, MindFreedom Ghana, and the Mental Health Authority. Sociodemographic data and data on the attitudes towards people with psychosocial disabilities as rights-holders will be collected - using the WHO QualityRights questionnaire, self report to validate this instrument.

**4. Methodology**

**4.1 WHO QR COLLECTION OF DATA IN MH FACILITIES**

This project will last three years. First, the WHO QualityRights assessment teams will collect data in each facility by using the WHO QualityRights Toolkit (first year). Both quantitative and qualitative data will be collected from users, hospitals staff and family members. In addition, a review of documentation and observation will be made to assess the ratio of staff to users, the number of users treated for every given period, number of times abuse cases have been recorded, the availability of clean washrooms, access to water and sanitary environment and ventilation of bedding among others. The qualitative review will also assess other aspects of human rights and legal capacity of users to take decisions affecting their lives within the facilities.

The data collected will be analyzed and used to write a report on the quality of care and the respect of human rights in each facility. The reports will be shared with the Mental Health Authority (Ministry of Health) and the relevant stakeholders in each facility (including service users, caregivers, and staff members), to identify areas that need change and develop an improvement plan (first/second year). The improvement plan will be implemented and the WHO QualityRights assessment teams will assess the facilities again (second/third year).

**4.2 WHO QR TRAINING**

The QualityRights training can be provided either in person or through an online platform. The in-person training are led by coaches who have been selected and extensively trained in the use of the guidance and training modules by WHO consultants. Usually, each in person training includes 25-30 trainees and 2-3 trainers. The e-training is administered through an online platform under the supervision of online coaches who have received training on QualityRights issues.

The training includes modules on:

• Understanding human rights,

• Promoting human rights in mental health,

• Improving the mental health services environment and community inclusion,

• Realizing recovery and the right to health in mental health services,

• Protecting the right to legal capacity in mental health services, and

• Creating mental health services free from coercion, violence, and abuse.

The QR modules on the understanding, promotion, and protection of human rights in mental health focus on decreasing stigma and improving the attitudes towards people with psychosocial disabilities as right holders, while the remaining modules aim to improve the quality of care and thus the recovery of people with psychosocial disabilities.

Sociodemographic data and data on the attitudes towards people with psychosocial disabilities as rights-holders will be collected - using the WHO QualityRights questionnaire – self report. These data will be collected at two points in time (pre- training and after- training) and analyzed to identify the impact of the training and the areas and groups of people that should be prioritized in the provision of capacity-building.

**4.3 VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING**

The WHO QualityRights questionnaire will be administed either in person (by research assistants) or through an online platform. The questionnaire can be completed in 8 minutes.

Sociodemographic data and data on the attitudes towards people with psychosocial disabilities as rights-holders will be collected using this questionnaire, that will be administered in two times - t0 and t1 (after 10 days) - to evaluate the reliability of the instrument.

**5. Follow-Up**

Follow-up will be done after the first assessment of the selected mental health facilities.

The data collected will be analyzed and used to write a report on the quality of care and the respect of human rights in each facility. The reports will be shared with the Mental Health Authority (Ministry of Health) and the relevant stakeholders in each facility (including service users, caregivers, and staff members), to identify areas that need change and develop an improvement plan (first/second year). The improvement plan will be implemented and the WHO QualityRights assessment teams will assess the facilities again (second/third year).

All relevant hospital staff, service users, and family members in each facility will be trained to implement changes in line with the 5 themes of the WHO QualityRights toolkit by using the WHO QualityRights training.

**6. Data Management and Statistical Analysis**

**6.1 WHO QR COLLECTION OF DATA IN MH FACILITIES**

*6.1.1 Collection of data*

In each facility, the data collection will be done by the members of the trained assessment teams under the supervision of the principal investigators of the project.

Data will be collected through observation, review of the documentation, and interviews of hospital staff, service users, and family members. The observation will rely on all the senses (sight, smell, touch, taste and earing). The teams members will be required for isntance to observe sanitary conditions, taste food given to users (if possible), feel the ventilation and listen to abusive situations.

The data collection is expected to last about 6 months (3-7 days in each facility), giving enough time for team members to effectively engage users and staff at their convenience. There will be intermittent breaks during the interviews in order not to stress respondents. The team members are expected to interview a sample of at least 20 respondents in each facility with representation from key groups (male/female, young/old, in-patient/outpatient, short/long stay, senior/junior staff, etc.). The WHO QualityRights assessments teams will be independent from the government and the Board of the facilities assessed.

*6.1.2 Management and analysis of data*

The data collected (including the audio tapes) will be stored at MEHSOG offices for 5 years, and then analyzed and used to write a report on the quality of care and the respect of human rights in each facility. We will ensure the maximum respect of personal confidentiality. The identity of participants will not be divulged. The names of participants will not be written on the interview tool and will not appear in the final report. All the data will be made anonymous according to the provisions that protect privacy in Europe (Articles 6 and 9 of EU Regulation No. 679).

After the complete anonymization of the individual data, data will be analyzed.

The quantitative data will be analysed with simple descriptive statistics, mainly derivation means (for example age of the respondents, gender, type of care, type of conditions, duration of stay and ratio of staff to user, etc.). The data will be entered and analysed using SAS and R softwares and presented in frequency tables and graphs. The qualitative data will be summarized using thematic content analysis based on patterns observed in the responses. The summaries will be done along the standards in the WHO QualityRights toolkit. The team will seek respondents’ consent to tape record interviews where it is necessary. The audio records will be replayed and transcribed for thematic content analysis. Relevant result from this activity will feed into on-going implementation of the project after the baseline.

The data analyzed will be used to write a final report for each facility. The final reports will be shared with the Mental Health Authority of Ghana (Ministry of Health) and the facility’s authorities, to identify the areas needing change and develop an improvement plan.

**6.2 WHO QR TRAINING**

*6.2.1 Collection of data*

Socio-demographic data and data on the attitudes towards people with psychosocial disabilities as rights-holders will be collected - using the WHO QualityRights questionnaire – self report. The questionnaires will be completed before and after the training. They will be administered by the WHO QualityRights coaches (in-person training) or through the WHO QualityRights online platform.

*6.2.2 Management and analysis of data*

The data collected will be stored at the MHA offices, and then analyzed to evaluate the impact of the QualityRights training. We will ensure the maximum respect of personal confidentiality. The identity of participants will not be divulged. All the data will be made anonymous according to the provisions that protect privacy in Europe (Articles 6 and 9 of EU Regulation No. 679).

The quantitative data will be first analysed with simple descriptive statistics, mainly derivation means and presented in frequency tables and graphs. Methods for imputing missing data will be used if the percentage of missing data is low (<3% for each item). Otherwise, observations with missing data will be excluded from the analysis. Generalized estimating equations (GEEs) will be used to evaluate the change in attitudes after the WHO QR training, using the results to the questionnaire as dependent variable. The data will be entered and analysed using SAS and R softwares.

**6.3 VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING**

*6.3.1 Collection of data*

Socio-demographic data and data on the attitudes towards people with psychosocial disabilities as rights-holders will be collected - using the WHO QualityRights questionnaire – self report. The questionnaires will be completed at t0 and t1 (after 10 days). They will be administered by research assistants or through the WHO QualityRights online platform.

*6.3.2 Management and analysis of data*

The data collected will be stored at the MindFreedom Ghana offices, and then analyzed to validate the Ghanaian version of the WHO QualityRights questionnaire. We will ensure the maximum respect of personal confidentiality. The identity of participants will not be divulged. All the data will be made anonymous according to the provisions that protect privacy in Europe (Articles 6 and 9 of EU Regulation No. 679).

Descriptive statistics will be produced for the study participants. Cronbach’s alpha will be used to assess internal consistency of the total scale and sub-scales. Test-retest reliability for the total score will be estimated using Pearson’s r coefficient. The QR questionnaire factor structure will be examined by using Factor Analysis methods.

**7. Quality Assurance**

**7.1 WHO QR COLLECTION OF DATA IN MH FACILITIES**

To ensure the quality of the data to be collected is guaranteed, the assessment team members will undergo a 3-days training to be conducted by appropriately trained members of the project management team. The format and the quality of training will be overseen by the University of Cagliari and WHO. The topic areas of training will cover the 5 themes of the WHOQRT kit drawn from the CRPD. Data analysts will be supervised by senior researchers from the University of Cagliari.

**7.2 WHO QR TRAINING**

To ensure the quality of the trainings and the data to be collected, the trainers team members undergo two 5-days training conducted by WHO consultants expert in QualityRights issues. The format and the quality of training will be overseen by the University of Cagliari and WHO. Data analysts will be supervised by senior researchers from the University of Cagliari.

**7.3 VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING**

To ensure the quality of the data to be collected is guaranteed, research assistants will be supervised by the principal investigators of the study. Data analysts will be supervised by senior researchers from the University of Cagliari.

**8. Expected Outcomes of the Study**

**8.1 WHO QR COLLECTION OF DATA IN MH FACILITIES**

The evaluation of the mental health facilities will provide a mechanism to monitor the quality of care and the respect of human rights. The development and implementation of the improvement plans will ensure that people with psychosocial disabilities can access services of better quality. Working in services providing higher quality of care and respecting human rights will be beneficial also for staff members. The direct involvement of service users (and their caregivers) in all the stages of the project will empower them to advocate for their rights, improving their self-confidence and, in turn, their quality of life.

**8.2 WHO QR TRAINING**

The WHO QualityRights training will provide the different participants with useful skills to be applied in their work (e.g., health workers, lawyers, journalists) or daily life (e.g., people with psychosocial disabilities, caregivers). The training will raise awareness on human rights in mental health, thus fighting stigma and discrimination towards people with psychosocial disabilities and empowering them to advocate for their rights.

**8.3 VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING**

The validation of the WHO QualityRights questionnaire will provide stakeholders from Ghana with an useful instruments to evaluate attitudes towards people with psychosocial disabilities over time.

**9. Dissemination of Results and Publication Policy**

The results of the assessment in each mental health facility will be used to write a report. The reports will then be shared with the Mental Health Authority (Ministry of Health) and the relevant stakeholders in each facility (including service users, caregivers, and staff members).

The data collected during the facilities assessment, the WHO QualityRights trainings, and the validation of the WHO QualityRights questionnaire will be analysed and used to write scientific articles in peer reviewed journals.

All the data generated from the study, after the complete anonymization of individual data, will be propriety of the Principal Investigators of the study and their organizations that can use them for dissemination in scientific and other media.

**10. Duration of the Project**

This project will last three years.

The data collection in the selected mental health facilities is expected to be completed in 6 months (first year), after which the teams will undertake another assessment (during the third year of the project).

Each WHO QualityRights in-person training lasts from 5 to 7 days. The online version of the training (WHO QR e-training) can be completed in more or less days, depending on the time spent online by participants. The WHO QualityRights trainings will go on during the first and second year of the project.

The data collection for the validation of the WHO QualityRights questionnaire is expected to be completed in 1 year (first year),

**11. Problems Anticipated**

**11.1 WHO QR COLLECTION OF DATA IN MH FACILITIES**

The goal of this project is to improve the care provided to service users. The project itself poses no risk to facility staff. However, there may be perceived risk to careers by staff whose facilities are being assessed and who fear that a negative assessment might affect their jobs. Adequate assurance will be provided to allay such fears.

In regard to service users and caregivers, assurance will also be provided that any information provided by them will not negatively affect the care that service users receive from the providers and that such information will be treated with confidentiality.

Assessors will be trained on how to respond to any participant who may experience distress during the interviews.

The involvement of the relevant authorities (i.e., the Mental Health Authority - Ministry of Health) will allow the assessment teams both to work without interference or fear of negative repercussions for themselves or their informants, and to visit and observe any facility without obstruction.

**11.2 WHO QR TRAINING**

The goal of this project is to improve the care provided to service users and to raise awareness in the community about human rights in mental health. The trainings itself poses no risk to participants. However, the trainers will be provided with skills on how to respond to any participant who may experience distress during the training.

**11.3 VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING**

The validation of the instruments itself poses no risk to participants. However, the interviewers will be provided with skills on how to respond to any participant who may experience distress during the administration of the instruments.

**12. Project Management**

A project steering committee will be formulated at the University of Cagliari coordinating office. The responsibilities of the committee will include overseeing the project execution in the countries (Ghana, Lebanon, and Armenia), working with the country level project management committees to identify the facilities for assessments, providing coordination during report writing and trainings, and seeing to the implementation of follow-up actions identified during the WHO QualityRights assessments in the countries.

The members of the project management committee in Ghana will be:

**Humphrey Matey Kofie**

MEHSOG

(Representative of people with psychosocial disabilities organizations)

He will organize and supervise the activities in Ghana

Mauro Giovanni Carta, MD

University of Cagliari

(Psychiatrist, Senior researcher)

He will supervise the activities in Ghana and provide training

Maria Francesca Moro, MD

University of Cagliari

(Psychiatrist, researcher)

She will supervise the activities in Ghana and provide training

Dan Taylor

MindFreedom Ghana

(Representative of people with psychosocial disabilities organizations)

He will organize and supervise the activities in Ghana

Akwasi Osei, MD

Mental health Authority of Ghana

(Psychiatrist, representative of the Government)

He will supervise the activities in Ghana

Michelle Funk, PhD

World Health Organization

(Representative of the WHO)

She will supervise the application of the QualityRights principles

Lucia De La Sierra

United Nations Office of the High Commission for Human Rights

(Representative of the OHCHR)

She will supervise the application of the CRPD principles

**13. Ethics**

**13.1 WHO QR COLLECTION OF DATA IN MH FACILITIES**

We will ensure the maximum respect of personal confidentiality. The identity of participants will not be divulged. The names of participants will not be written on the interview tool and will not appear in the final report.

All the data will be made anonymous according to the provisions that protect privacy in Europe (Articles 6 and 9 of EU Regulation No. 679). All completed questionnaires will be securely kept at the MEHSOG office for a period of 5 years after which it will be discarded. The reason for keeping the questionnaires is to allow for analysis and follow-ups to be completed.

Voluntary participation/withdrawal

Before the final sample selection, the initial sample will be engaged to determine if they will be interested in participating. Participants will be informed that: 1) the participation to the study is voluntary, 2) they may refuse to participate if they wish, 3) they may stop the interview at any time, 4) there will be no penalty, sanction or other negative repercussions should they refuse to participate in this interview.

The involvement of the relevant authorities (i.e., the Mental Health Authority - Ministry of Health) will allow the assessment teams both to work without interference or fear of negative repercussions for themselves or their informants, and to visit and observe any facility without obstruction.

**13.2 WHO QR TRAINING**

We will ensure the maximum respect of personal confidentiality. The identity of participants will not be divulged.

All the data will be made anonymous according to the provisions that protect privacy in Europe (Articles 6 and 9 of EU Regulation No. 679). All completed questionnaires will be securely kept at the MHA office for a period of 5 years after which it will be discarded. The reason for keeping the questionnaires is to allow for analysis and follow-ups to be completed.

Voluntary participation/withdrawal

Before the final sample selection, the initial sample will be engaged to determine if they will be interested in participating. Participants are informed that: 1) the participation to the study is voluntary, 2) they may refuse to participate if they wish, 3) they may withdraw their participation at any time, 4) there will be no penalty, sanction or other negative repercussions should they refuse to participate in this study.

**13.3 VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING**

We will ensure the maximum respect of personal confidentiality. The identity of participants will not be divulged.

All the data will be made anonymous according to the provisions that protect privacy in Europe (Articles 6 and 9 of EU Regulation No. 679). All completed questionnaires will be securely kept at the MindFreedom office for a period of 2 years after which it will be discarded. The reason for keeping the questionnaires is to allow for analysis to be completed.

Voluntary participation/withdrawal

Before the final sample selection, the initial sample will be engaged to determine if they will be interested in participating. Participants are informed that: 1) the participation to the study is voluntary, 2) they may refuse to participate if they wish, 3) they may withdraw their participation at any time, 4) there will be no penalty, sanction or other negative repercussions should they refuse to participate in this study.

All the data generated from the study, after the complete anonymization of individual data, will be propriety of the Principal Investigators of the study and their organizations.

**14. Informed Consent Forms**

**14.1 WHO QR COLLECTION OF DATA IN MH FACILITIES**

The informed consent forms to be used in the study are attached to this protocol.

* Consent form (WHO QR COLLECTION OF DATA IN MH FACILITIES)

The informed consent forms for the collection of the data in mental health facilities are also categorized for service users, caregivers, and hospital staff separately. These are standard informed consent forms adopted from the WHO QualityRights toolkit and therefore are in line with best practice.

**14.2 WHO QR TRAINING AND E-TRAINING**

The informed consent forms to be used in the study are attached to this protocol.

* Consent form (WHO QR TRAINING)
* Consent form (WHO QR e-TRAINING)

The informed consent forms are for stakeholders in the community. These are standard informed consent forms adopted from the WHO QualityRights initiative and therefore are in line with best practice.

**14.3 VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING**

The informed consent forms to be used in the study are attached to this protocol:

* Consent form (WHO VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING – in person)
* Consent form (WHO VALIDATION OF THE INSTRUMENTS FOR EVALUATING THE QR TRAINING – online platform)

The informed consent forms are for stakeholders in the community. These are standard informed consent forms adopted from the WHO QualityRights initiative and therefore are in line with best practice.

**15. References (of literature cited in preceding sections)**

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1. **Note on language.** Some people may not be familiar with the term "psychosocial disability". 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". [↑](#footnote-ref-1)