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

Ankaful Psychiatric Hospital Assessment Report

QualityRights

MEHSOG

World Health Organization

UNITED NATIONS HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

MENTAL HEALTH AUTHORITY
Total Health

Department for International Development

Fondation d'Harcourt

Project funded by EUROPEAID
Directorate General for International Cooperation and Development, European Commission
European Union

Assessment team with key hospital staff

CONTENTS

ACKNOWLEDGEMENTS

The author of this report is Nurokinan Chimbar who works as a consultant with Methods Consult Limited, Ghana. The content of the report reflects the opinions reached by the assessment team following interviews with service users, family members, staff of Ankaful Psychiatric Hospital, observation of facility and document review.

We are grateful to members of the Mental Health Authority appointed assessment team for the detailed work they did:

Dan Taylor	Executive Secretary, Mind Freedom Ghana
Kingsley Ofosu Armah	Mental health advocate with an NGO
Professor J.B. Asare	Retired Psychiatrist, Ghana
Anaba Sunday Atua	Mental health advocate, Basic Needs Ghana
Emma Avenorgbo	Mental health advocate, Intellectual Disability Organization
Evans Oheneba-Mensah	Mental health advocate
Martha Coffie	Service user, Mental Health Society of Ghana
Humphrey Kofie	Executive Secretary, Mental Health Society of Ghana
Chimbar, Nurokinan	Lead Consultant, Methods Consult Limited, Ghana

We also thank the staff, service users and family members of users of the hospital for volunteering to be part of the assessment. We acknowledge the following:
Dr Kwadwo Marfo Obeng, Director, Ankaful Psychiatric Hospital
Chireh Thomas Kuusanoo, Deputy Director (Administration)
Tuffour Bismark, Deputy Director of Nursing Services (In-charge)
Tetteh Grace Korkor, Deputy Director of Nursing Services (OPD Manager)
Charles Ofosuhene, Principal Nursing Officer (Quality Improvement Coordinator)
Vico-Korda Alex, Medical Officer (Clinical Coordinator)
Frepong-Boakye Edwin Yiadom, Medical Officer
Assuah Robert, Medical Officer
Daanor Rita, Nursing Officer (In-charge 12-Step Rehabilitation ward)
Mintah Mildred, Senior Nursing Officer (Psyco. OPD in-charge)
Issah Ayishetu, Senior Nursing Officer (Nightingale Ward in-charge)
Akpetey Judith, Senior Nursing Officer (Aggrey ward in-charge)
Coleman Janet, Senior Nursing Officer (Medical OPD in-charge)
Turkson Hannah, Senior Nursing Officer (Counselling Unit in-charge)
Opoku Gertrude, Senior Nursing Officer (Foster ward)
Offei Evans, Senior Nursing Officer (Sangmuah ward in-charge)

We also wish to thank the following people from World Health Organization (WHO) Ghana for their technical, financial support as well as expert opinion in undertaking this assessment:
Dr Neema Rusibamayila Kimambo, WHO Country Representative
Dr Sally Ohene, Disease Prevention and Control Office, WHO Ghana Office
Joana Ansong, Health Promotion Officer, WHO Ghana Office
Dr Leveana Gyimah, Technical Officer for Mental Health, WHO Ghana Office

Technical guidance and support were given by:

Dr Akwasi Osei, Mental Health Authority, Ghana
Dr Caroline Amissah, Mental Health Authority, Ghana
Dr Michelle Funk, World Health Organization, Geneva
Dr Natalie Drew, World Health Organization, Geneva
Dr Maria Francesca Moro, Mailman School of Public Health, Columbia University, New York
Dr Mauro Giovanni Carta, University of Cagliari, Italy

Coordinating Team:
Priscilla Elikplim Tawiah, Mental Health Authority, Ghana
Kwaku Brobbey, Mental Health Authority, Ghana

Administrative and secretarial support:
Abdul-Fatawu Issahaku, Mental Health Society of Ghana
Nii Lartey Addico, MindFreedom Ghana

We acknowledge the financial support from European Commission, Department for International Development, Fondation d'Harcourt, and World Health Organization for this project.

Executive summary

Purpose

This report presents findings of QualityRights assessment conducted in Ankaful Psychiatric Hospital (AkPH) in Ghana. The purpose of this exercise was to measure the quality-of-service delivery and human rights standards in Ankaful Psychiatric Hospital. The assessment was conducted between September and November 2020 with funding from European Commission (EC), Department for International Development (DFID), Fondation d'Harcourt and World Health Organisation (WHO). The overall objective of the project is to address service delivery gaps and work towards consolidating gains in the targeted facility in a manner that respect the rights and dignity of service users. Thus, the report captures forward looking recommendations on the expected interventions or improvement plan for Ankaful Psychiatric Hospital, leveraging on both internal and external resources.

Methods

Two facilities were assessed: a mental health facility, the Ankaful Psychiatric Hospital (the main target of the present report), and a general facility, the Korle Bu Teaching Hospital (KBTH, as a comparison). The assessment was conducted by a team of well-trained assessors drawn from different professional backgrounds (including service users). A total of 26 assessors were taken through three days training on the WHO Quality Rights (QR) toolkit in Accra. Out of this number, a team of nine assessors were assigned to each facility (Ankaful and Korle Bu Teaching Hospital) for data collection and scoring. Initial contacts with hospital authorities were facilitated by the project coordinator with Mental Health Society of Ghana (MEHSOG), before the deployment of the assessment team to the field. In line with guidelines in the WHO QR toolkit, the team adopted a mixed method approach involving interviews, observation and document review. The essence was to obtain rich qualitative detail and quantitative data that present a true picture of the service delivery standards in the facilities.

A total of 113 respondents were interviewed in Ankaful comprising 53 service users, 34 staff and 26 family members. These represent 100 percent of the sample the team planned to interview. The assessment was conducted at a time when nurses were on strike over conditions of service. As a result, the supporting staff of AkPH were temporarily assisting with some duties of the nursing staff while also coordinating the selection and assignment of service users for the assessment. This challenge affected the coordination role of hospital authorities and consequently, the number of days originally planned for the exercise in AkPH.

The interview results were triangulated with findings from document review and observation made on the hygiene and sanitary conditions, the quality of meals served, access to water, bedding facilities, availability of leisure activities, safety measures and attitude of staff towards users amongst others. The same approach to the data collection was applied in the general health facility (KBTH). However, 6 respondents were interviewed comprising 3 service users and 3 staff members.

After the data collection, the assessment team collectively discussed the findings and rated the facilities using the criteria specified in the QR toolkit. First, the team scored each criterion followed by scoring of the standards and finally the overall themes as summarized in Table 2.

The QR toolkit provides a measurable description of how a facility should be rated on the various themes. This is summarised in Table 1 below.

Table 1: Description of Ratings

Level of achievement	Description
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 fulfil 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).

Results

The results of the assessment are summarized along five thematic areas, addressing different aspects of human rights standards. Similarly, the ratings are also categorized into five, defining the extent to which each thematic area has been realised. Table 2 shows the ratings of each thematic area for both the mental health facility (MHF) and the non-psychiatric ward in KBTH.

The results show that none of the themes has been fully achieved for both facilities. Except for theme 5, where steps have not been taken to ensure users realize their right to live independently and be included in the community, some attempts have been made in fulfilling theme 1 to 4, but significant gaps still remain. On the right to standard of living, both Korle Bu Teaching Hospital and the Mental Health Facility (MHF) achieved substantial results. The buildings were well painted with relatively good hygiene conditions in the toilets and bathrooms. Though each service user had bed to themselves in both facilities, the environment in KBTH was cleaner than in the MHF. The general hospital also had more diversified staff skillset to provide quality services to users than in the MHF. Therefore, service users' right to enjoyment of highest attainable standard of health care was substantially met in KBTH compared to MHF. Both Hospitals had the same ratings for themes 3 and 5. Whereas some steps have been taken towards realising the legal rights of users, albeit the need for significant interventions, there was no evidence towards supporting users to live independently and be included in the community. For service users in KBTH, the

setting of the hospital did not allow for leisure activities in the wards, but users could participate in leisure activities outside the ward, if they wish. However, the right to participate in leisure activities was rarely exercised by users in KBTH because most service users tend to prioritise medical care to participation in leisure activities due to the short stay.

Table 2: Summary of Facility Results

Theme	Mental Health Facility (Ankaful)	General Health Facility (KBTH)
	Rating	Rating
Theme 1: The right to an adequate standard of living (Article 28 of the CRPD)	A/P	A/P
Theme 2: The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)	A/I	A/I
Theme 3: The right to exercise legal capacity and the right to personal liberty and security of person (Articles 12 and 14 of the CRPD)	A/I	A/I
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)	A/I	A/P
Theme 5: The right to live independently and be included in the community (Article 19 of the CRPD)	N/I	N/I

Note: Achieved Fully (AF); Achieved Partially (A/P); Achievement Initiated (A/I); Not Initiated (N/I); Not applicable (N/A).

Discussion

Ankaful Psychiatric Hospital has the vision "to be the centre of excellence in mental health care and training in the sub region", but evidence on ground relating to service delivery and upholding human rights standards revealed significant gaps. There is need for deliberate and targeted interventions in many areas to help realise this vision. Most of the buildings have not been renovated for a long time despite the fact that they are old structures. Only a few dormitories looked decent because they were renovated through the benevolence of an alumni group of a past service user. Though users in those wards and wards designated as VIP are happy about the conditions, other wards do not have similar conditions and this undermines the right of users to adequate standard of living.

The hospital has been in existence for over five decades, but some essential staff like clinical psychologists are not available. It was only recently the hospital sponsored two staff to pursue courses in clinical psychology and return to serve the hospital after their training. Government supported medical supplies are not consistent and authorities often rely on private arrangement to get supplies on hire purchase. From review of documentation, prescribed medication and dosage were observed to be appropriate for clinical diagnoses, but users are not informed of side

effects of medications during prescriptions. The team realised the hospital combines the use of medication and other psychosocial treatment options like counselling and occupational therapy, but service users were not aware of the intent of those programs, thus undermining their effectiveness. Majority of users made us aware that their rights to informed consent are not respected because hospital authorities only consult their relatives without regard to their capacity to take decisions by themselves. Service users who said their consent was taken were those who voluntarily visited the hospital for treatment.

Issues of privacy were also raised. There are separate wards for both men and women, but users complained about absence of partitioning in the rooms to allow for privacy. Meanwhile, some of these rooms accommodate an average of 8 to 10 people. Secondly, the ward phones made available to users are placed at a central location where nurses and other medical staff are stationed. This allows staff to listen into conversations of services users, thereby violating their rights to privacy and ability to communicate freely. However, users are not restricted on the preferred language they want to use during phone conversations.

There are serious gaps when it comes to fire safety and measures during emergency. Apart from the Outpatient Department (OPD) and administration blocks that had fire extinguishers, many of the wards did not have fire extinguishers, alarms and emergency directional signs. Where fire extinguishers were sighted, the servicing date was past due. The whole hospital did not have fire certificate and both staff and service users did not remember the last time there was fire training or fire drill. These question the preparedness of the hospital towards emergencies like fire outbreak and therefore poses serious risk to the entire hospital community.

Ankaful Psychiatric is a publicly funded hospital and open to the general public. The admission protocol did not discriminate on the basis of gender, race, religion, ethnicity and economic background. However, the hospital does not admit service users with physical disabilities as well as children. We were told the hospital makes referral of service users to other facilities when the hospital does not have the capacity to handle certain cases, but there was no referral policy in place. The hospital faced challenges with discharge, especially when family members are unwilling to accept service users back into the community or it is unable to trace relatives of service users.

Document review also revealed that the hospital did not have the required number of professional staff despite its high user population. Apart from the nursing staff (200 in number), there were only two psychiatrists and two occupational therapists serving 236 service users under admission. Given this situation, the staff to user ratio does not meet acceptable standards. Also, the hospital did not have diversity of staff skills required to provide relevant services as there was no psychologist for the entire hospital.

At the time of this assessment, users in Ankaful Psychiatric hospital were not able to fully realise their legal rights. Service users were unanimous in their response regarding the fact that hospital staff do not seek their opinion on whether they should be admitted or not. Decisions like this are taken by the relatives and family members on behalf of service users. This is contrary to WHO QR principles and provisions in the CRPD and the Mental Health Act of Ghana. Consent is rarely sought from service users because of the believe that they are not able to take decisions for themselves at the time of admission. This was mostly the case for users who were brought to the facility by their relatives. Further, the hospital still uses seclusion and chemical restraint as ways

of managing crises situation. This is in contrast to WHO QR principles and CRPD provisions. A review of the Mental Health Act of Ghana shows that involuntary seclusion is allowed provided it is intended to prevent service users from being exposed to danger as a result of crisis situation. We realized staff and service users lack knowledge on how to identify triggers in crisis situation and apply de-escalation methods. This made the use of seclusion and chemical restraint the easiest and convenient options.

In Ankaful, service users said they are treated with respect and dignity. There was no report of staff subjecting service users to any form of abuse; be it verbal, physical or emotional abuse. Despite these, the observation we made points to the fact that the use of seclusion rooms and the conditions of some lavatories are sources of psychological trauma that erode the dignity of service users. Though the Mental Health Act of Ghana allow the use of seclusion and other forms of restraints as means of managing potential crisis, if the guidelines are followed, the WHO QR and CRPD require the end of these practices and the implementation of alternatives.

Opportunities for housing and access to financial resources for service users are limited, if not non-existent in Ghana. It makes it difficult for staff to support service users in this regard. Some of the staff interviewed said they do not provide these support mechanisms. However, the Social Welfare Department of the hospital said they inform relatives of service users about government's social interventions available in their respective local government areas. On education and employment, the team did not find evidence of information and support being given to service users. It was only under occupational therapy that staff provided guidance to develop the skills of service users, but not to access paid employment. Even that, the occupational therapy department is under resourced, thus affecting effective skills development.

Conclusions and recommendations

Unlike Ankaful psychiatric hospital, the living conditions in the non-psychiatric ward of KBTH was much better with the walls well painted. While KBTH had a lift to facilitate movement of persons with physical disabilities, physical accessibility at Ankaful was a challenge. Road linking wards were bad with a lot of portholes and doors to some of the wards were not wide to accommodate people who may need to use wheel chairs. Service users do not have good standard of living; they are not able to fully realise their legal rights; their preferences are not considered during treatment and they lack access to housing, employment opportunities and financial resources. However, staff relations with services are positive and should be commended. Overall, both hospitals require improvements in the service delivery and respect for human rights. Staff need to be mindful of the right of service users to consent at the time of admission and during treatment. There is also the need to carry out comprehensive renovation in all wards to improve standard of living of service users. Finally, the hospital needs to immediately discontinue the use of seclusion and chemical restraint as ways of managing crisis situation. Both staff and service users should be trained on how to identify triggers in order to de-escalate potential crisis.

Methodology

This section describes the methods applied during the assessment process. It outlines how the team was composed, the roles and responsibilities of the team, the meetings and visits to the hospital.

Selection, composition, roles and responsibilities of the assessment team

Members of the team were selected from multidisciplinary backgrounds. A three-day training was organised for 26 assessors to build their capacity on the tools for human rights evaluation (assessment and scoring). The team comprised social workers, mental health advocates, retired psychiatrists and service users. The retired psychiatrists were assigned to carry out document review because of their wealth of experience in direct mental health practice. One person was designated as rapporteur to document the work of the assessment team while the rest of the trained officers served as interviewers. To ensure the team were well-informed on the QR toolkit for the assessment, there was a simulation exercise at the Pantang Psychiatric Hospital in Accra after the training exercise, where assessors had the opportunity to pre-test the QR toolkit for their understanding. Prior to starting the actual assessment, the project coordinating team from MEHSOG also arranged a virtual meeting to reorient members on the QR toolkits and the expectations about the project. Apart from the data collection, the assessors also scored and rated the facilities. In between the assessments, the coordinating team continued to organise virtual meetings through zoom to discuss challenges and feedback from the field for redress.

Below is the list of the assessment team:

SR	Name of Assessor	Background
1	Dan Taylor	Mental health advocate with MindFreedom Ghana
2	Kingsley Ofosu Armah	Mental health advocate in NGO
3	Professor J.B. Asare	Retired Psychiatrist
4	Anaba Sunday Atua	Mental health advocate with Basic Needs
5	Evans Oheneba-Mensah	Mental health advocate in NGO
6	Emma Avenorgbo	Mental health advocate, Intellectual Disability Organization
7	Martha Coffie	Service user with MEHSOG
8	Humphrey Kofie	Mental health advocate with MEHSOG
9	Chimbar, Nurokinan	Lead Consultant with Methods Consult

Preliminary meeting of the assessment team

The first meeting was held to train the assessment team from 27th to 30th May, 2020 at Mensvic Hotel in Accra. The policy frameworks that were available in the facility included the Mental Health Act, 2012 (Act 846), the Patients Charter and Staff Charter. The Mental Health Act covers a lot of human rights concerns and procedures on voluntary and involuntary admissions, seclusion, and use of Electroconvulsive Therapy (ECT). However, most staff are not conversant with the staff charter and the Mental Health Act. The Patient Charter was not also presented or displayed for service users who visit the facility. We realised the Patient charter was not translated in any local

language and therefore those who could only speak and read the native languages will not be able to read even when it is displayed for service users. A number of steps are being taken by the Mental Health Authority to streamline and improve service delivery. This includes a recent sensitization workshop, which was organised for residents of the faculty of psychiatrists of the College of Physicians and Surgeons. There are plans to host a trainer-of-trainers (tot) session for mental health staff and partners on the various legal and policy frameworks as well as human rights standards. The MHA is also developing standard forms for consent on voluntary admission, seclusion authorisation, restraint authorization, discharge against medical advice, order for prolonged treatment, transfer warrant for persons on court orders, consent for ECT and referral forms. Ankaful like any other hospital will be mandated to adopt these standard forms when they are ready for use. Seclusion and physical restraint are practiced in addition to chemical restraint in the form of rapid tranquillisation, but guidelines contained in the Mental Health Act on the latter are not adhered to. Importantly however, the use of seclusion and other forms of restraints are against the recommendations of CRPD and WHO QR. To this extent, provisions in the Mental Health Act, which sanctions the use of seclusion and provides guidelines on its use are inconsistent with CRPD. Ankaful has not been monitored in the past and therefore this assessment was the first using the WHO QR toolkit. Before this assessment, approval was obtained from the ethics committee of the Ghana Health Service and consent of respondents sought before information was collected.

The Visit

Preliminary discussions were held with the medical director of Ankaful via zoom meeting and email was sent to the hospital introducing the assessment team. At least two weeks' notice was given before the actual assessment commenced. The discussion focused on the purpose and scope of the exercise. The selection of the respondents was jointly done by the hospital staff and assessment team. The service users included in the study were selected based on the following criteria: 1) Persons who did not require urgent medical attention (e.g., evidence of profound confusion or agitation, high fever, injury), 2) Persons who were not experiencing difficulties in their ability of concentration (e.g., due to the effects of sedating medication) as determined by the trained assessment team members during the process of obtaining the informed consent. While the selection of the in-patients was jointly done by the assessment team and the hospital staff, the selection of the out-patients and family members was exclusively done by the assessment team based on respondents who were present at the time of interviews. Staff respondents were selected by the hospital authorities.

The QR toolkit provides a guide on how the respondents should be selected. This is largely based on the population of users and staff in the facility, but can also be discretionary depending on the pattern established during interviews, especially if sufficient information has been gathered to ascertain the quality and human rights conditions of the facility.

To this end, the sample size of service users to a large extent was influenced by this guide, which requires as follows:

- If only six service users receive services from a facility, all of them (100%) should be interviewed.
- If there are 16 service users, a minimum of eight (50%) should be interviewed.

- If there are 40 service users or more, at least 12 (approximately 30%) should be interviewed.

The QR toolkit also recommends a formular for determining the number of family members or care givers to be included in the assessment. It suggests that the number of family members can be half (50%) the number of interviews planned with service users. Table 3 gives a breakdown of the sample considered for each category of respondents.

Table 3: Sample Size information

Name and Location of Facility	No. of Staff	No. of Service Users	Date and time of Visit	Staff Interviews		User Interviews		Family (or friends or carers) Interviews	
				Planned	*Conducted*	*Planned*	*Conducted*	*Planned*	*Conducted*
Ankaful Psychiatric Hospital	226	236	27 September, 2020 to 28 September, 2020	34	34	53	53	26	26
KorleBu Teaching Hospital			15 October, 2020 to 16 October, 2020	3	3	3	3	-	-

Table 4: Ankaful Hospital Demographics

Description	Number
Number of beds	236
Male	165
Female	71
Psychiatrists	2
Administrators	2
Psychologist	0
GPS+MOS	6
Social workers	3
Orderlies	10
Nurses	200
Occupational therapist	2
Assistant Occupational therapist	1

Meeting of the committee after a visit

For purposes of discussing the findings and scoring the facility, the assessment team convened at the office premises of MEHSOG, the lead organisation for the implementation of this QR project. All the assessors in addition to the rapporteur and document review officer met for three days (from 27 to 29th October, 2020) to score the facility. To ensure the process was devoid of assessor subjectivity, each assessor was allowed to read out their interview responses, observation and findings from document review. This was then summarised by a member of the assessment team who was responsible for coordinating the scoring. In deciding on the scores, the team looked at the trend of responses and triangulated these with the observation made. Where there was no consensus on the rating by the assessment team, time was allowed for each assessor with a dissenting rating to explain further the rationale for their scoring. This process formed the basis for arriving at the facility rating contained in this report. It is important to highlight the fact, the team started by scoring the criteria first, followed by the standards and then to the themes.

Results

Theme 1

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

General health services: A/P

Standards

1.1 The building is in good physical condition.

Mental health: A/I

General health: A/P

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

Mental health: A/P

General health: A/P

1.3 The facility meets hygiene and sanitary requirements.

Mental health: A/P

General health: A/P

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

Mental health: A/P

General health: A/P

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

Mental health: A/P

General health: A/P

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

Mental health: A/P

General health: A/P

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

Mental health: A/I

General health: A/I

Theme 1, standard 1.1

	Mental health facility	General health facility
	Score	Score
Standard 1.1. The building is in good physical condition.	A/I	A/P
Criteria and actions required to achieve this standard		
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	A/P
Criterion 1.1.2. The building is accessible for people with physical disabilities.	A/I	A/I
Criterion 1.1.3. The building's lighting (artificial and natural), heating and ventilation provide a comfortable living environment.	A/P	A/F
Criterion 1.1.4. Measures are in place to protect people against injury through fire.	A/I	A/I

Theme 1, standard 1.2

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

Theme 1, standard 1.3

	Mental health facility	General health facility
	Score	Score
Standard 1.3. The facility meets hygiene and sanitary requirements. (Score this standard after assessing each criterion below.)	A/P	A/P
Criteria and actions required to achieve this standard		
Criterion 1.3.1. The bathing and toilet facilities are clean and working properly.	A/P	A/I
Criterion 1.3.2. The bathing and toilet facilities allow privacy, and there are separate facilities for men and women.	A/P	A/F
Criterion 1.3.3. Service users have regular access to bathing and toilet facilities.	A/F	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/P	A/P

Theme 1, Standard 1.4

Standard 1.4. Service users are given food, safe drinking-water and clothing that meet their needs and preferences.	A/P	A/P
Criteria and actions required to achieve this standard		
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/P	A/P
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	A/P
Criterion 1.4.3. Service users can wear their own clothing and shoes (day wear and night wear).	A/F	A/F
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/F	N/I

Theme 1, Standard 1.5

	Mental health facility	General health facility
	Score	Score
Standard 1.5. Service users can communicate freely, and their right to privacy is respected.	A/P	A/P
Criteria and actions required to achieve this standard		
Criterion 1.5.1. Telephones, letters, e-mails and the Internet are freely available to service users, without censorship.	A/I	N/I
Criterion 1.5.2. Service users' privacy in communications is respected.	N/I	A/F
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/P	A/P
Criterion 1.5.4. Service users can receive visitors, choose who they want to see and participate in visits at any reasonable time.	A/P	A/P
Criterion 1.5.5. Service users can move freely around the facility.	A/P	A/P

Theme 1, Standard 1.6

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

Theme 1, Standard 1.7

Standard 1.7. Service users can enjoy fulfilling social and personal lives and remain engaged in community life and activities.	A/I	A/I
Criteria and actions required to achieve this standard		
Criterion 1.7.1. Service users can interact with other service users, including members of the opposite sex.	A/F	A/F
Criterion 1.7.2. Personal requests, such as to attend weddings or funerals, are facilitated by staff.	A/I	N/A
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	N/I
Criterion 1.7.4. Staff provide information to service users about activities in the community and facilitate their access to those activities.	N/I	N/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.	N/I	N/A

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/I

General health services: A/I

Standards

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

Mental health: A/P

General health: A/F

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

Mental health: A/I

General health: A/I

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: N/I

General health: N/I

2.4 Psychotropic medication is available, affordable and used appropriately.

Mental health: A/P

General health: N/A

2.5 Adequate services are available for general and reproductive health.

Mental health: A/P

General health: A/P

Theme 2, Standard 2.1

	Mental health facility	General health facility
	Score	Score
Standard 2.1. Facilities are available to everyone who requires treatment and support.	A/P	A/F
Criteria and actions required to achieve this standard		
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, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.	A/P	A/F
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	A/F
Criterion 2.1.3. No service user is admitted, treated or kept in the facility on the basis of his or her race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.	A/P	A/F

Theme 2, Standard 2.2

Standard 2.2. The facility has skilled staff and provides good-quality mental health services.	A/I	A/P
Criteria and actions required to achieve this standard		
Criterion 2.2.1. The facility has staff with sufficiently diverse skills to provide counselling, 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/I	A/F
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	N/A
Criterion 2.2.3. Service users can consult with a psychiatrist or other specialized mental health staff when they wish to do so.	A/I	N/A
Criterion 2.2.4. Staff in the facility are trained and licensed to prescribe and review psychotropic medication.	A/F	N/A
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/I	N/I
Criterion 2.2.6. Service users are informed of and have access to mechanisms for expressing their opinions on service provision and improvement.	A/I	A/I

Theme 2, Standard 2.3

	Mental health facility	General health facility
	Score	Score
Standard 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.	N/I	N/I
Criteria and actions required to achieve this standard		
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.	N/I	N/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.	N/I	N/I
Criterion 2.3.3 As part of their recovery plans, service users are encouraged to develop advance directives[1] which specify the treatment and recovery options they wish to have as well as those that they don't, to be used if they are unable to communicate their choices at some point in the future.	N/I	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.	A/I	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	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 centres and assisted residential care.	A/I	N/I

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

Theme 2, Standard 2.4

	Mental health facility	General health facility
	Score	Score
Standard 2.4. Psychotropic medication is available, affordable and used appropriately.	A/P	N/A
Criteria and actions required to achieve this standard		
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/F	N/A
Criterion 2.4.2. A constant supply of essential psychotropic medication is available, in sufficient quantities to meet the needs of service users.	A/P	N/A
Criterion 2.4.3. Medication type and dosage are always appropriate for the clinical diagnoses of service users and are reviewed regularly.	A/F	N/A
Criterion 2.4.4. Service users are informed about the purpose of the medications being offered and any potential side effects.	A/I	N/A
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	N/A

Theme 2, Standard 2.5

Standard 2.5 Adequate services are available for general and reproductive health.	A/P	A/P
Criteria and actions required to achieve this standard		
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/I	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/P	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/P	A/F
Criterion 2.5.4. Regular health education and promotion are conducted at the facility.	A/I	A/I
Criterion 2.5.5. Service users are informed of and advised about reproductive health and family planning matters.	A/I	A/I
Criterion 2.5.6. General and reproductive health services are provided to service users with free and informed consent.	A/F	A/I

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

General health services: A/I

Standards

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

Mental health: A/I

General health: A/P

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

Mental health: N/I

General health: A/I

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

Mental health: A/I

General health: A/I

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

Mental health: A/I

General health: A/P

Theme 3, Standard 3.1

	Mental health facility	General health facility
	Score	Score
Standard 3.1. Service users' preferences regarding the place and form of treatment are always a priority.	A/I	A/P
Criteria and actions required to achieve this standard		
Criterion 3.1.1. Service users' preferences are the priority in all decisions on where they will access services.	A/I	A/P
Criterion 3.1.2. All efforts are made to facilitate discharge so that service users can live in their communities.	A/I	A/F
Criterion 3.1.3. Service users' preferences are the priority for all decisions on their treatment and recovery plans.	A/I	A/F

Theme 3, Standard 3.2

Standard 3.2. Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	N/I	A/I
Criteria and actions required to achieve this standard		
Criterion 3.2.1. Admission and treatment are based on the free and informed consent of service users.	A/I	A/F
Criterion 3.2.2. Staff respect the advance directives of service users when providing treatment.	N/I	A/P
Criterion 3.2.3. Service users have the right to refuse treatment.	A/I	A/F
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/I	N/A
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.	N/I	N/I
Criterion 3.2.6. Facilities support people being treated or detained without their informed consent in accessing appeals procedures and legal representation.	N/I	N/I

Theme 3, Standard 3.3

	Mental health facility	General health facility
	Score	Score
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	A/I
Criteria and actions required to achieve this standard		
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	A/P
Criterion 3.3.2. Clear, comprehensive information about the rights of service users is provided in both written and verbal form.	A/I	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	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	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/P	A/I
Criterion 3.3.6. Supported decision-making is the predominant model, and substitute decision-making is avoided.	A/I	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.	N/I	A/I

Theme 3, Standard 3.4

	Mental health facility	General health facility
	Score	Score
Standard 3.4. Service users have the right to confidentiality and access to their personal health information.	A/I	A/P
Criteria and actions required to achieve this standard		
Criterion 3.4.1. A personal, confidential medical file is created for each service user.	A/F	A/F
Criterion 3.4.2. Service users have access to the information contained in their medical files.	N/I	A/I
Criterion 3.4.3. Information about service users is kept confidential.	A/F	A/F
Criterion 3.4.4. Service users can add written information, opinions and comments to their medical files without censorship.	N/I	N/I

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/I

General 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/P

General health: A/P

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

Mental health: N/I

General health: N/A

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

General health: N/A

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

Mental health: N/I

General health: A/P

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/I

General health: A/P

Theme 4, Standard 4.1

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

Theme 4, Standard 4.2

Standard 4.2. Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	N/I	N/A
Criteria and actions required to achieve this standard		
Criterion 4.2.1. Service users are not subjected to seclusion or restraint.	N/I	N/A
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.	N/I	N/A
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.	N/I	N/A
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	N/A
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.	N/I	N/A

Theme 4, Standard 4.3

	Mental health facility	General health facility
	Score	Score
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. (Score this standard after assessing each criterion below.)	A/P	N/A
Criteria and actions required to achieve this standard		
Criterion 4.3.1. No electroconvulsive therapy is given without the free and informed consent of service users.	A/P	N/A
Criterion 4.3.2. Clear, evidence-based clinical guidelines on when and how electroconvulsive therapy can or cannot be administered are available and adhered to.	A/P	N/A
Criterion 4.3.3. Electroconvulsive therapy is never used in its unmodified form (i.e., without an anaesthetic and a muscle relaxant).	A/P	N/A
Criterion 4.3.4. No minor is given electroconvulsive therapy.	N/A	N/A
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/P	N/A
Criterion 4.3.6. Abortions and sterilizations are not carried out on service users without their consent.	A/P	N/A

Theme 4, Standard 4.4

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

Theme 4, Standard 4.5

	Mental health facility	General health facility
	Score	Score
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/I	A/P
Criteria and actions required to achieve this standard		
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/I	A/F
Criterion 4.5.2. Service users are safe from negative repercussions resulting from complaints they may file.	A/P	A/F
Criterion 4.5.3. Service users have access to legal representatives and can meet with them confidentially.	N/I	A/F
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.	N/I	A/I
Criterion 4.5.5. Disciplinary and/or legal action is taken against any person found to be abusing or neglecting service users.	A/P	A/F
Criterion 4.5.6. The facility is monitored by an independent authority to prevent the occurrence of ill-treatment.	N/I	A/I

Theme 5

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

Overall scores:

Mental health services: N/I

General health services: N/I

Standards

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

General health: N/I

5.2 Service users can access education and employment opportunities.

Mental health: N/I

General health: N/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: N/I

General health: N/I

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

Mental health: N/I

General health: A/I

Theme 5, Standard 5.1

	Mental health facility	General health facility
	Score	Score
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	N/I
Criteria and actions required to achieve this standard		
Criterion 5.1.1. Staff inform service users about options for housing and financial resources.	A/I	A/I
Criterion 5.1.2. Staff support service users in accessing and maintaining safe, affordable, decent housing.	N/I	N/I
Criterion 5.1.3. Staff support service users in accessing the financial resources necessary to live in the community.	N/I	N/I

Theme 5, Standard 5.2

Standard 5.2. Service users can access education and employment opportunities.	N/I	N/I
Criteria and actions required to achieve this standard		
Criterion 5.2.1. Staff give service users information about education and employment opportunities in the community.	N/I	N/I
Criterion 5.2.2. Staff support service users in accessing education opportunities, including primary, secondary and post-secondary education.	N/I	N/I
Criterion 5.2.3. Staff support service users in career development and in accessing paid employment opportunities.	A/I	N/I

Theme 5, Standard 5.3

	Mental health facility	General health facility
	Score	Score
Standard 5.3. The right of service users to participate in political and public life and to exercise freedom of association is supported.	N/I	N/I
Criteria and actions required to achieve this standard		
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.	N/I	N/I
Criterion 5.3.2. Staff support service users in exercising their right to vote.	A/I	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	N/I

Theme 5, Standard 5.4

Standard 5.4. Service users are supported in taking part in social, cultural, religious and leisure activities.	N/I	A/I
Criteria and actions required to achieve this standard		
Criterion 5.4.1. Staff give service users information on the social, cultural, religious and leisure activity options available.	A/I	A/I
Criterion 5.4.2. Staff support service users in participating in the social and leisure activities of their choice.	N/I	N/A
Criterion 5.4.3. Staff support service users in participating in the cultural and religious activities of their choice.	N/I	A/I

Discussion

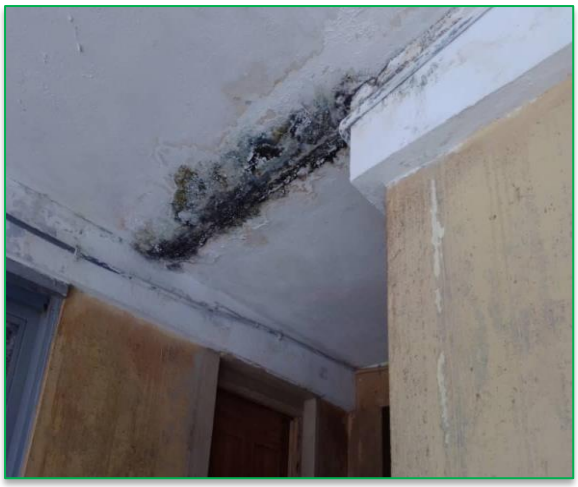
Introduction

Ankaful Psychiatric was established in 1965 as the second public psychiatric hospital in Ghana. It is located in a town called Ankaful in the Central Region of Ghana. The hospital has the vision "to be the centre of excellence in mental health care and training in the sub region". Part of its mission is to "render accessible, quality and efficient mental health care" to users. Apart from mental health services, it also provides general medical services, family health and reproductive care, counselling and special services for the treatment of epilepsy, alcohol abuse and diabetes/hypertension.

1. The right to an adequate standard of living (Article 28 of the CRPD)

Facility	1.1	1.2	1.3	1.4	1.5	1.6	1.7	Overall Rating
AkPH	A/I	A/P	A/P	A/P	A/P	A/P	A/I	A/P - Achievement initiated: There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
KBTH	A/P	A/P	A/P	A/P	A/P	A/P	A/I	A/P - There is evidence that the criterion, standard or theme has been realised, but some improvement is necessary

Most of the buildings in Ankaful are old and requires structural renovation works, painting and replacement of broken items. Users complained of leaking roofs during rainy season and absence of trap doors to prevent entry of mosquitoes. There were strains of leaking water on some walls and cracks on selected wards with iron rods and electrical wires exposed. It is important to note that only a few wards were painted and looked decent.



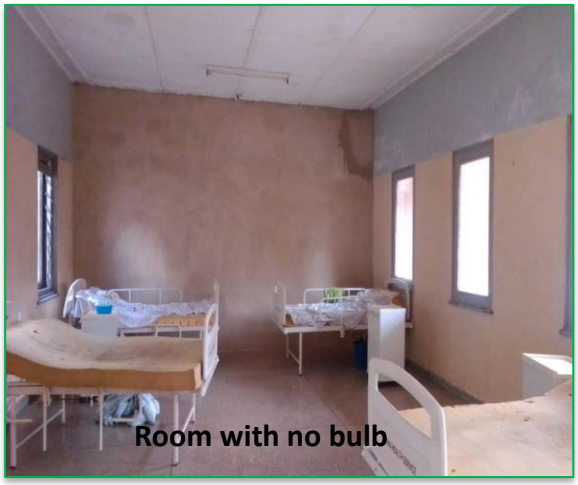
Users in wards like Foster Ward were happy about the living conditions. One of them remarked that *"the building was beautiful, well painted and decent".* Another user described Nightingale ward (inpatient ward) as fine, but needs refurbishment. The Out-Patient Department (OPD) and administration blocks were also in good condition, but users complained about overcrowding during high patient turnout at the OPD. Despite these, it was observed that the surroundings of the OPD is bushy and unkempt with inappropriate littering. Nurses' injection/treatment rooms were not in good condition.

The internal roads and the general terrain of the hospital were not friendly to persons with physical disabilities. Roads linking wards were bad with lots of potholes and most drains were uncovered. Except for the renovated Foster ward, which was accessible to persons who use wheelchairs, the in-patient Nightingale and VIP wards were not accessible. Doors to the wards were not wide enough to accommodate movement of people who use wheelchairs.

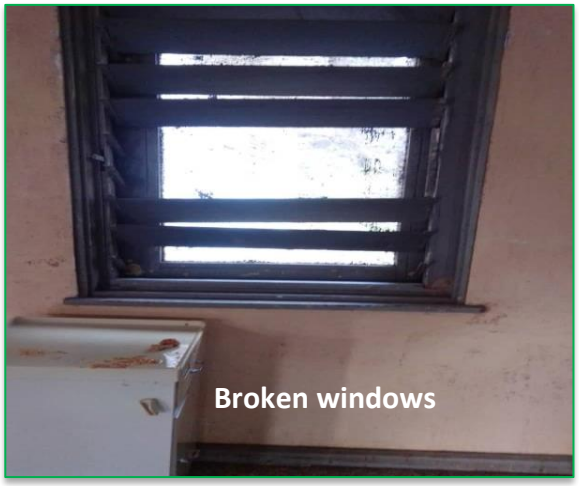
There were divergent opinions among users on the lightening situation, but this was influenced by the wards users found themselves. The following remarks were made by selected users:

> **Respondent 1:** *"Lightening is okay, but consistent maintenance is needed to replace electrical fittings and bulbs".*
>
> **Respondent 2:** *"Lightening is good, but bulbs are not working properly*
>
> **Respondent 3:** *"The place is well lit and there are street lights"*
>
> ***Respondent 4:*** *"Lightening is okay compared to previous"*
>
> ***Respondent 5:*** *"Facility is always dark when there is power outage because the generator is unable to supply power to the entire facility".*

Some staff collaborated these remarks by admitting resource constraints in providing fuel for the power plant to serve the entire hospital community. Observation and further probing revealed that there is only one officer assigned to operate the power plant during the night and his absence from duty at any time in the night leaves the facility in total darkness during power outage from the national grid. It was also observed that the use of plywood and design blocks to partition the consultation rooms contributed to the darkness during power outage.



Room with no bulb



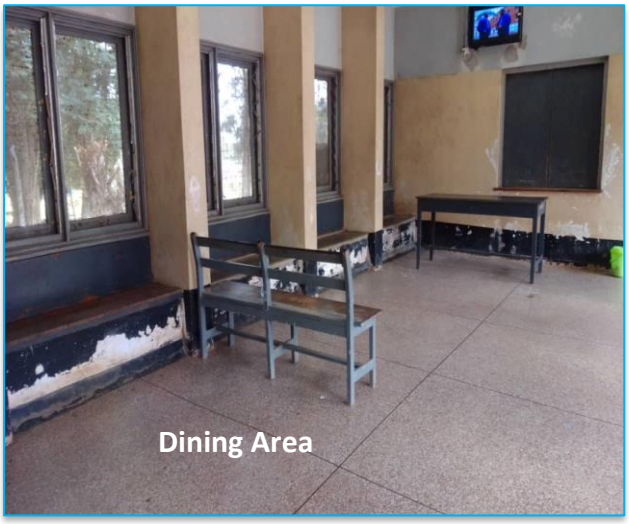
Broken windows

Ventilation is relatively okay for some wards, but there were complaints of some ceiling fans not functioning properly. Some users said the fans were fixed few months before the assessment, but were not been working as expected and they would prefer air conditioners to be installed to improve ventilation in the wards. It was observed some rooms had dusty window nets and some broken windows, exposing service users to mosquitoes.

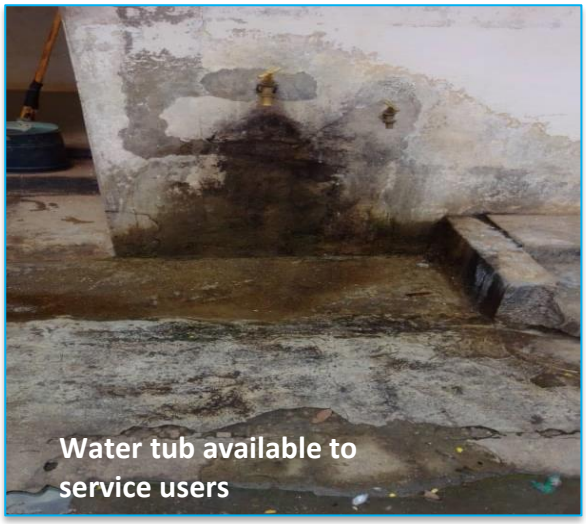
The facility had no adequate safety measures in place. Fire extinguishers were only sighted at the OPD, kitchen and administration blocks and last service date was past due. There were no fire alarms and fire extinguishers and neither were service users given any form of training or fire drills. Document review also revealed that the hospital had no fire certificate in place.

The bedding area was spacious with adequate number of beds for each user, but some users did not have bedsheets and the mattresses looked dirty. We were told that sometimes over 50 service users are admitted in the acute ward, where service users are first assessed before transferred to other wards, making the place overcrowded. Both men and women have separate dormitories with each dormitory accommodating an average of 34 users in the normal wards (between 8 to 10 users in a room). There are also dormitories designated as VIP for users who are able to afford extra charge for special care. The VIP wards had a maximum of 3 service users in a room. Review of documents revealed that service users paid a minimum of GHS 1,500 (USD260) per month for treatment and accommodation and are allowed to stay in the facility for a maximum period of 70 days. It was observed that due to COVID-19 pandemic, a lot of service users were released in order to observe physical distancing protocols.

Leisure activities were encouraged within wards. Hospital authorities provided television sets, Ludo, playing cards, ghetto blasters and other board games. However, "users complained before some of these things were procured for their use". The dining area had a television set as well, but the place requires renovation because the paint is pilling off the walls.

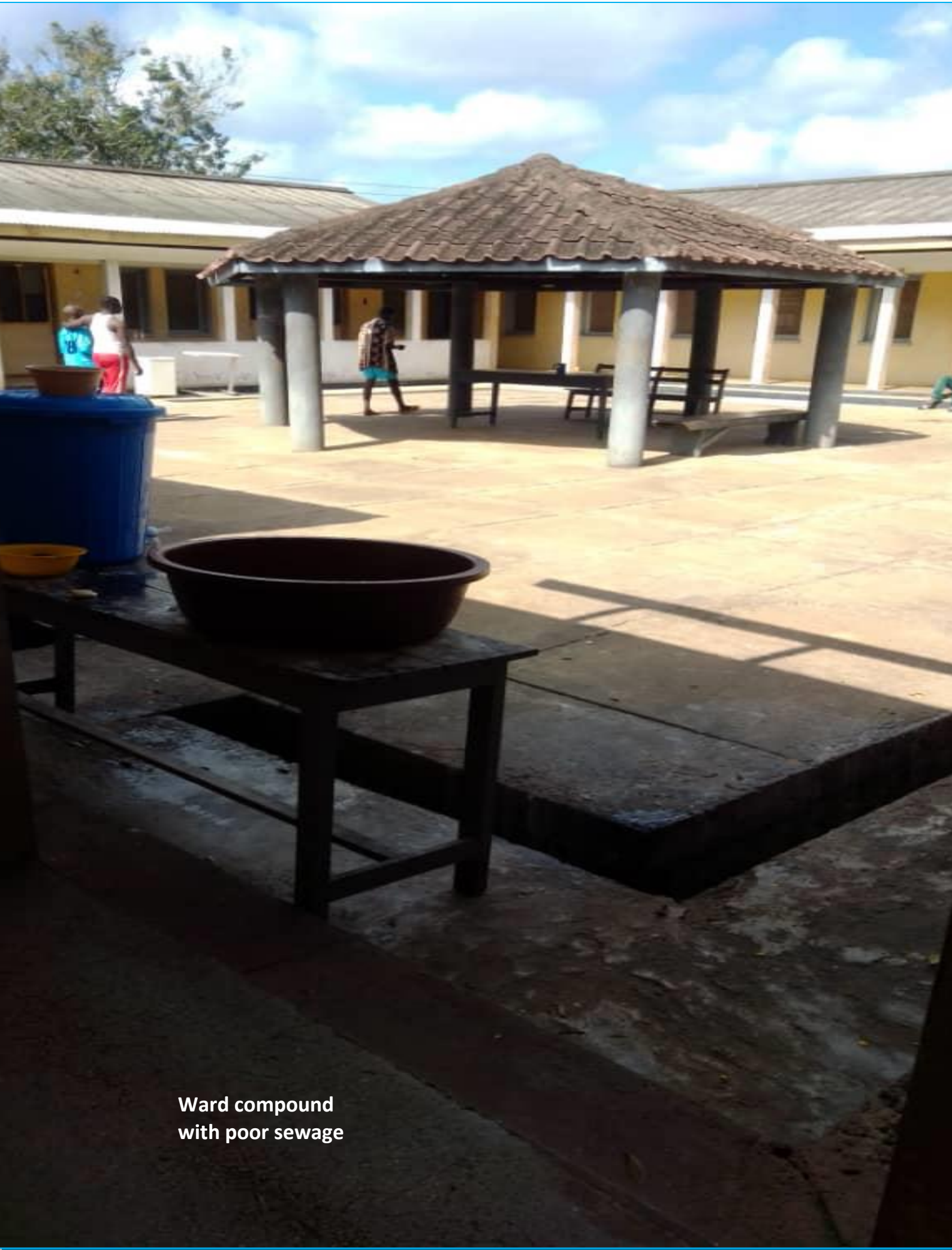


Dining Area



Water tub available to service users

Every ward has official phones, which can be used by service users to receive and make calls, but calls are monitored by staff. There is limited privacy because phones are placed at a common location, where staff can listen to conversation of users. Personal phones are not allowed, but users can speak in their own preferred language during phone conversation. The hospital made provision for users to move freely in the ward, but movement outside the ward is done "on parole" and must be accompanied by staff.



Ward compound with poor sewage

Seclusion Room

A toilet bowl left unclean with messy floor

Compared to the non-psychiatric ward in KBTH, substantial work needs to be done at AkPH to improve the standards of living of service users, family members and staff. Areas to immediately focus on are captured in the recommendations.

Suggestions for Service Improvement:

- The hospital should immediately carry out renovation works in all wards to ensure walls are well painted, repair roof leakages, replace broken windows and fix damaged bulbs and fans.
- There is the need to have cleaning roster in place and washrooms should be regularly monitored by senior officers on duty.
- Rehabilitate damaged sewage systems and provide waste disposal bins at vantage points for proper waste management
- Take steps to immediately clear the entire hospital community of weeds and ensure there is continuous management of weeds
- There is need to provide bed sheets to all service users and continuously ensure they are kept clean/changed regularly
- Take steps to get fire certification in place and install fire alarms and extinguishers in all wards as well as train staff on fire safety and conduct regular fire drills to measure response to hazard management.

Theme 2 - The right to enjoyment of the highest attainable standard of physical and mental health

Facility	Standards					Theme Rating
	2.1	2.2	2.3	2.4	2.5	
AkPH	A/P	A/I	N/I	A/P	A/P	A/I - *Achievement initiated:* There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
KBTH	A/F	A/I	N/I	N/A	A/P	A/I - *Achievement initiated:* There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary

Ankaful Psychiatric is a 236-bed capacity hospital. It is publicly funded and accessible to the general public. The admission protocol does not discriminate on the basis of gender, race, religion, ethnicity and economic background. However, the hospital does not admit service users with physical disabilities as well as children. We were told the hospital makes referrals to other facilities when the hospital does not have the capacity to handle some cases, but there was no referral policy in place. The team could not ascertain the number of referrals the hospital makes periodically since there was no record to verify. Unlike Ankaful, the KBTH is a tertiary hospital and does not refer except medical laboratory tests that cannot be performed in the country. According to the staff, discharge is done when service users have “stabilized”. However, some other conditions are also considered during the process of discharge. This includes whether there is a support mechanism in the community to aid in the reintegration of users or not. The team was informed that there are instances where hospital authorities are unable to trace relatives of service users, although community health nurses make efforts to find out the communities’ users come from. This makes it difficult for discharge to take place. This is common in both KBTH and AkPH as we saw a service user at the general ward in

KBTH who had stayed in the hospital for more than three months because there was no family relative to receive him. The social welfare office at AkPH also makes contacts with local assemblies and social support schemes to establish linkages to facilitate service users' discharge, but where these fail, users tend to stay longer than their planned discharge. From our review discussions, we found out that the maximum length of stay for each service user is 70 days, but circumstances like the difficulty in tracing relatives prolong the length of stay.

The AkPH was the second to be established after Accra Psychiatric hospital (APH) and has been in existence for over five decades. Meanwhile, at the time of conducting this assessment, the hospital had only two psychiatrists and two occupational therapists serving 236 service users. There were also two hundred psychiatric nurses and three social workers, but the hospital had no psychologist. We were told the hospital recently sponsored two serving officers of the hospital to pursue courses in psychology. These staff were bonded and required to return and serve the hospital after their course of study. The hospital is yet to achieve the diversity of skills required since there is presently no psychologist. However, the staff who are required to prescribe medications and treatment options have the requisite training and license to do so, except that the number is inadequate. From the interviews it was found that service users had access to specialised staff, especially the psychiatric nurses. From our review, it was clear that service users could not have access to a psychiatrist at their chosen time because the psychiatrists are only two, but the nurses do inform the psychiatrists to attend to such requests during their general ward visitations.

Knowledge of human rights standards and compliance to human rights laws during treatment are key to achieving the quality required in service delivery. We realised that there are significant gaps when it comes to knowledge of the Mental Health Act and the CRPD, although these are the basic human rights laws that govern treatment standards. From the service users' perspective, staff respect their human rights and treats them with dignity, although they do not know if they have any training in human rights frameworks. A service user had this to say: "staff in this facility treat us with human rights and respect us. But I don't know if they are aware of international human rights law".

To ensure all incidents are documented, AkPH has made available incident books to senior nurses to record events that occur when they are on duty. The assessment team were informed various disciplinary actions are taken against staff who disrespect the rights of service users, but there was no record to validate the actions that have been taken in the past. Despite the fact that service users confirmed that staff give them the opportunity to report incidents of maltreatment or human rights violations, the absence of an official disciplinary record book could be a way of hiding the human rights violations of staff against service users.

All the service users interviewed said they did not have any input in their recovery plans and neither were they aware of the existence of any comprehensive recovery plans that guide their treatment. One of them said: *"no staff has ever helped to come up with such comprehensive plan… even though we don't have such recovery plans, staff make sure to check on how well we are improving and also where we are not".* Observation and review also brought to light the fact that recovery plans are not stated in patient records and they are not also informed about advance directives, although it is way of documenting the treatment and recovery options for service users in case they find themselves in situations they cannot decide for themselves in the future.

Apart from medication, we realised that AkPH also relies on the use of other psychosocial programs like occupational therapy as part of the treatment process. However, service users

are not aware of this and the occupational therapy programs are not well developed. A service user remarked: *"they only instruct us to take any medication is given to us from the hospital, but no alternatives. No other complimentary information given to us".* It is important that users are made aware of the therapeutic impact of such programs as well as the need for authorities to scale investment to improve the various programs for occupational therapy.

As a government facility, AkPH relies on government for medical supplies, but this has not been consistent. As a result, the facility has made arrangement with private providers of medicine to supply on hire purchase. Service users told us their medications are always given to them on time. Though we noted that essential drugs were available, they were in small quantities and supply was irregular; hence patients had to buy drugs when the hospital had no available stock. Most users said they were not informed of the side effects of medication given to them except that they are told to report any side effect they observe. From some staff, this is being done in order not to discourage service users from taking their medication.

To facilitate treatment, Ankaful Psychiatric hospital carries out physical health examinations at the point of admission to ensure service users are screened of other ailments. One of the service users said this: *"they make sure to look out for other underlying health conditions as well. I remember very well there was a time that they allowed for our liver to be checked. That is hepatises B screening*". In addition, service users confirmed that the hospital undertakes regular health education, which includes general reproductive health care and this is done with free and informed consent. From our review, health promotion is undertaken, but there were no flyers or pamphlets available on this to amplify the sensitisation.

In terms of staffing, KBTH has sufficient number of skilled staff compared to AkPH. Both hospitals do not discriminate on the basis of gender, race, economic status, religion or ethnic background. However, unlike KBTH which is a tertiary hospital and most often take on referred patients, the Ankaful hospital was not admitting service users with physical disabilities. This was to allow for space to admit persons with mental health conditions Overall, findings from both facilities revealed that significant gaps exist as far as the rights of patients to enjoyment of the highest attainable standard of physical and mental health is concerned.

Suggestions for Service Improvement:

- Government should prioritise the supply of essential drugs to the facility to ensure seamless service delivery
- Hospital authorities should include comprehensive recovery plan in each service user's records and this should reflect the will and preferences of the users. Service users should be involved in the development of their recovery plans.
- Government through Ghana Health Service and Mental Health Authority should prioritise and scale the training and posting of qualified psychiatrists and psychologist to Ankaful hospital to improve personalized service delivery.
- Hospital authorities should train their staff to encourage service users to develop advance directives on how they wish to be treated in case they are unable to communicate their treatment option in future
- Hospital staff should ensure service users are informed of different treatment options aside medication. Such information will encourage service users to take those programs seriously and this could bring much more desired outcome.

- Hospital authorities should develop a referral policy in line with the provisions of the Mental Health Act and train staff to ensure compliance on the policy guidelines
- Reorient staff on the Staff Charter, Mental Health Act and the CRPD to improve quality service delivery.
- Train staff and service users on human rights and methods to improve the quality of care in the mental health facilities by using the WHO QualityRights materials and training.
- Service users should be informed about possible side effects of medications prescribed for them.
- Flyers and pamphlets on general health education and promotion should be developed and posted at strategic places within the hospital to create sustained awareness among service users.

Theme 3 - The right to exercise legal capacity and the right to personal liberty and the security of person

Facility	Standards				Theme rating
	3.1	3.2	3.3	3.4	
AkPH	A/I	N/I	A/I	A/I	A/I- *Achievement initiated:* There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
KBTH	A/P	A/I	A/I	A/P	A/I- *Achievement initiated:* There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.

This theme looks at whether service users have the opportunity to access legal avenues to protect their rights or not. It deals with consent to admission, treatment, appeal procedure for forceful detention, support mechanisms for service users to appeal their detention, respect for their human rights, confidentiality and access to their personal information. We realised some attempts have been made with respect to this theme, but there are a lot that the hospital needs to do for users to realise these legal rights. At the time of this assessment, users in Ankaful Psychiatric hospital were not able to fully realise their legal rights. Service users were unanimous in their response regarding the fact that hospital staff do not seek their opinion on whether they should be admitted or not. Decisions on consent were taken by the relatives and family members on behalf of service users. This is against WHO QR recommendations. One of the service users said; *"it is not you who decides this. If you need to be admitted, you will be admitted. In this hospital, you are not the one to decide when it comes to treatment and care services"*. Another user also said *"when you come and you are sick, they will still treat you whether or not you give consent"*. Consent is rarely sought from service users because of the believe that *"service users are not able to take decisions for themselves at the time of admission"*. This was mostly the case for users who were brought to the facility by their relatives. There was only one exception where consent was obtained from service users – that is, if the service user voluntarily visited the hospital on their own.

There was no written information available to service users on the opportunity to appeal any forceful detention or admission without consent in the hospital and service users have never seen any staff supporting a user on any appeals procedure. However, staff of the hospital

"were generally friendly and respect the dignity of service users". The team were told that users have the liberty to nominate a support person who will communicate their decisions, but it was not in all instances they were allowed to have supported decision making. *"There are times you meet with a health official who will listen to you; at other times they don't".* This was a user's response when asked whether staff respect the authority of the nominated support persons. While on the one hand, users are allowed to choose people or support networks to take decisions on their behalf, it was not in all situations that the views of support persons were recognised.

From personal observation to user responses, we realized all users in Ankaful have personal medical folders and these are kept confidential from unauthorised access. The folders can only be accessed by staff for purposes of review and recording of their treatment history. It was surprising to note that even service users do not have access to their own folders, although CRPD and WHO QR strongly recommend that service users have access to their own medical folders. When we asked service users if they were allowed to add comments or opinions to their medical files, all the users responded in the negative. One of them had this to say: *"no! no! no! not even with censorship, you cannot add any written opinion or information to your medical file"*. There is a general mistrust arising from the believe that, if service users are allowed to add comments to their files, they may be adding things that are "untrue".

It was on the basis of these accounts that the team scored both AkPH and KBTH as *Achievement Initiated (AI).* This is because some steps have been taken with respect to some criteria in realizing the rights of users, but significant improvements are required in the area of consent, knowledge of available legal options, access to personal medical folders and respect for supported decision making as opposed to substituted decision making.

Suggestions for service improvement:

- Educate staff to ensure the consent of service users are sought at the time of admission and during treatment.
- Create flyers and informative materials on the legal opportunities and appeal procedures available to service users to appeal admission and detention effected without consent.
- Inform all service users of their rights to have access to their personal medical folders and be able to add their opinions and comments. Staff should also be sensitized to avail the opportunities to service users who wish to add comments to their folders.
- Sensitise staff on the need to respect and recognise supported decisions by authorised people or network group nominated by service users to do regarding admission, treatment and legal matters.
- Train staff and service users on the right to legal capacity and the supported decision-making model

Theme 4 - Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse

Facility	Standards					Overall Rating
	4.1	4.2	4.3	4.4	4.5	
AkPH	A/P	N/I	A/P	N/I	A/I	A/I- *Achievement initiated:* There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
KBTH	A/P	N/A	N/A	A/P	A/P	A/P- *Achievement initiated:* There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.

In Ankaful, service users are treated with respect and dignity. There was no report of staff subjecting service users to any form of abuse; be it verbal, physical or emotional. The following are responses of some selected service users: *"staff members do respect us"; "service users are not subjected to any verbal, physical or sexual abuse"; "no, in this hospital or facility, you can't do that to service user"; "Yes the facility tries its best to prevent abuses".* Despite these responses, the observation we made points to the fact that conditions in the seclusion room and some lavatories could be sources of psychological abuse because it affects the dignity of service users. Seclusion was not used in line with the guidelines provided in the Mental Health Act of Ghana, which requires that seclusion is documented in the clinical notes of the service user and authorized by head of facility or senior nurse in charge of a ward. In addition to this, chemical restraint in the form of rapid tranquillisation was also used to manage acute "aggressive" behaviors, but the approach and comments by staff on the use of this restraint creates the impression that service users are being punished. The Mental Health Act prohibits the use of the seclusion or any restraint as forms of punishment to service users or at the convenience of staff. WHO QR and CRPD require the end of these practices and the implementation of alternatives.

From our review, we realised that Ankaful Psychiatric applies Electroconvulsive Therapy (ECT) and these were done in line with guidelines contained in the Mental Health Act. The Act provides that ECT shall not be administered without the informed consent of service users. However, according to these guidelines, ECT can also be administered with the approval of a mental health tribunal, where "service users are unable to give consent". Though we did not have the opportunity to review ECT case, staff said the guidelines are followed. Some service users also confirmed that the free and informed consent of service users are sought before ECT is applied. Majority of the interviewees however were unable to comment on this since they have personally not experienced the use of ECT. Some of the staff who were interviewed also said the use of ECT is based on the service user's "physical soundness and health". *"When a patient is not fit, we don't conduct electroconvulsive therapy on them"*, a staff said.

The assessment team did not see any formal notice and information regarding the procedure for filing complaints by service users relating to abuse, neglect, seclusion or restraint and admission without consent. One of the service users told us some nurses do ask them verbally if they have any form of complaints, but these are not documented to the best of their knowledge. Service users were not aware, if there is any committee or team responsible for investigating and dealing with user complaints. Nonetheless, we were told by staff that disciplinary actions are taken against staff who are found abusing service users. We could not

ascertain how true this was due to lack of documented evidence. Indeed, if the hospital sanctions staff for abusive behaviours but fail to document, it does suggest that such acts maybe deliberate and aimed at hiding abusive conduct of staff. To be fair however, a lot of the service users said staff treat them with respect and dignity.

Regarding visitation by any independent monitoring institutions to the Ankaful Psychiatric hospital, both service users and staff said they had no knowledge of this. The team did not also see any report suggesting any visit had taken place in Ankaful by an independent monitoring body.

Suggestions for service improvement:

- Develop procedure for filing complaints and sensitize service users in a language that they understand. Information on this should also be posted at vantage points within Ankaful for easy reference by service users.
- Discontinue the use of seclusion and other forms of restraints immediately. Instead, staff should be trained on de-escalation techniques and how to identify potential triggers of crisis for effective management.
- Government should amend the Mental Health Law of Ghana to conform with CRPD to implement alternatives to the use of seclusion.
- The hospital should ensure there is a disciplinary record book to document all instances of human rights and treatment violations and the corresponding actions taken against affected staff.

Theme 5 - The right to live independently and be included in the community

Facility	Standards				Overall Rating
	5.1	5.2	5.3	5.4	
AkPH	N/I	N/I	N/I	N/I	N/I - *Not initiated*: There is no evidence of attempts or steps to fulfill the criterion, standard or theme.
KBTH	N/I	N/I	N/I	A/I	N/I - *Not initiated*: There is no evidence of attempts or steps to fulfil the criterion, standard or theme.

In Ghana, opportunities for housing and access to financial resources for service users in their communities were limited, if not non-existent. This made it difficult for staff to support service users in this regard. Some of the staff interviewed said they did not provide these support mechanisms. It was the social welfare department that confirmed some form of engagements are done with local assemblies to access government social intervention. This included funds allocated by central government for persons with disabilities at the district assembly level as well as Livelihood Empowerment Against Poverty (LEAP) program. The social welfare department also mentioned that some benevolent organisations and philanthropist are contacted to assist, but it was often not easy to come by such support mechanisms. Service users and family members interviewed also had no knowledge about any support extended to them.

Also, there was no evidence of information and support being given to service users on education and employment opportunities. It was only under the occupational therapy

sessions that staff provided guidance to develop the skills of service users, but not to access paid employment. Even that, the occupational therapy department was not well-resourced, thus affecting effective skills development. Service users also admitted that hospital staff guide them on how to improve their personal businesses or occupations and these confirm the assertions by the interviewed staff.

There were no direct staff-to-service user engagements on how service users can participate fully in political life, but some staff said users have access to television and are able to follow any political programs telecast on television. In terms of the right to vote, staff said they assist service users to register for voter identity cards by following them to the polling stations. Although staff did not support users to join political party activities, hospital authorities said sometimes they invite religious bodies to conduct religious services in the hospital and these give service users the opportunity to join in those activities. According to the interviewed staff, they also conduct morning devotions and through those sessions, service users are given education on how to associate with family and keep personal hygiene when they are discharged. In contrast however, service users said they were not supported to participate or join political and religious activities. At the general ward in KBTH, patients were not also supported to participate or join in political activities, but service users are allowed if they express their desires to participate in such events. What we realized was however the fact that service users in KBTH tend to prioritise medical care to engaging in social and political activities because of the short stay in the facilities. Decisions regarding the participation of users in social and political events remain the discretion of users and KBTH authorities allow users to fully exercise this right once they make such requests. Overall, service users in both Ankaful Psychiatric hospital and Korle Bu teaching Hospital were not able to realise their rights to live independently and be included in the community due to limited opportunities in the areas of housing, education, financial resources and participation in political activities while on admission. Meanwhile, the Mental Health Act of Ghana mandates the Minister responsible for Social Welfare to take steps to provide for the psycho-social rehabilitation of service users, which include vocational training.

Suggestions for service improvement:

- The social Welfare department of Ankaful Psychiatric hospital should identify both government and non-government support schemes, including philanthropist to link service users for support on education, housing and employment

- The occupational therapy unit of the hospital should be retooled to ensure service users are given relevant training that will increase their employable skills and opportunities.

- Hospital authorities should work with service users to develop recovery plans and work with them towards enhancing their skills for employment.

- The MHA should explore the possibility of establishing a fund to support the reintegration and settlement of service users, especially those whose relatives cannot be traced or are unwilling to accept them back in the communities due to stigma

- The Government of Ghana through the ministry housing should explore the option of providing social housing for service users who have been discharged and are homeless.

Conclusions and recommendations

This assessment was conducted using the WHO QR toolkit, which was developed to measure human rights standards provided in the UN CRPD. Ghana is one of the countries that have ratified the CRPD since 2012. In line with its international commitment, it is required to align national legislation with the provisions in the CRPD to guarantee the enjoyment of rights provided for persons with disability, which include those for persons with mental disability. One of these laws is the Mental Health Act, 2012 (Act 846) and the Persons with Disability Act, 2006 (Act 715). A review of the national laws shows that very important provisions in the CRPD are not sufficiently captured in the national laws. Some of these include access to social housing for the homeless and opportunities for employment after discharge.

The assessment at Ankaful revealed that service users did not have good standard of living. The buildings were not in good state of repairs; hygiene situation in most wards were poor and some of the roofs were leaking, causing discomfort to both service users and staff. This does not guarantee the rights of adequate standard of living. The right to legal capacity is also undermined because of a number of reasons: disregard for users consent during admission and treatment, lack of information on appeal procedure for admission without free consent and lack of formalised complaint reporting mechanism. There were no recovery plans; user preferences were not considered in the treatment and recovery process and no evidence of advanced directives.

The relations between staff and service users were good and generally, there was no report of abuse (physical, verbal, sexual and emotional). Treatment in Ankaful is open to all without discrimination on the basis of sex, economic status, race, ethnicity and religious affiliation. The only exception is that the hospital does not admit children and service users with physical disabilities.

The right to live independently in the community was not achieved because there are limited opportunities for housing, employment and education. This reflects a wider problem in the Ghanaian environment. Occupational therapy (OT), which is expected to also contribute to improving the occupations and recovery of service users is under resourced and requires retooling. Worse, service users were not aware that some of these programs are alternative treatment options aside medication. On the whole, Ankaful Psychiatric has taken some steps to fulfil the rights of service users, but significant gaps still exist. The next sections capture some recommendations to improve service delivery.

Recommendations for Ankaful Psychiatric Hospital:

- The hospital should immediately carry out renovation works in all wards to ensure walls are well painted, repair roof leakages, replace broken windows and fix damaged bulbs and fans.
- There is the need to have cleaning roster in place and washrooms should be regularly and monitored by senior officers on duty.
- Rehabilitate damaged sewage systems and provide waste disposal bins at vantage points for proper waste management

- Hospital authorities should develop a referral policy in line with the provisions of the Mental Health Act and train staff to ensure compliance on the policy guidelines
- Reorient staff on the staff charter, Mental Health Act and the CRPD to improve quality service delivery
- Take steps to immediately clear the entire hospital community of weeds and ensure there is continuous management of weeds
- There is need to provide bed sheets to all service users and continuously ensure they are kept clean/changed regularly
- Take steps to get fire certification in place and install fire alarms and extinguishers in all wards as well as train staff on fire safety and conduct regular fire drills to measure response to hazard management.
- The hospital authorities should ensure there is a disciplinary record book to document all instances of human rights and treatment violations and the corresponding actions taken against affected staff.
- Hospital authorities should include comprehensive recovery plan in each service user's records and this should reflect the will and preferences of the users
- Hospital authorities should train staff to encourage service users to develop advance directives on how they wish to be treated in case they are unable to communicate their treatment options in future
- Hospital staff should ensure service users are informed of different treatment options aside medication. Such information will encourage service users to take those programs seriously and this could bring much more desired outcome.
- Service users should be informed about possible side effects of medications prescribed for them.
- Flyers and pamphlets on general health education and promotion should be developed and posted at strategic places within the hospital to create sustained awareness among service users.
- Train staff and service users on human rights and methods to improve the quality of care in the mental health facilities by using the WHO QualityRights materials and training
- Educate staff to ensure the consent of service users are sought at the time of admission and during treatment.
- Create flyers and informative materials on the legal opportunities and appeal procedures available to service users to appeal admission and detention effected without consent
- Inform all service users of their rights to have access to their personal medical folders and be able to add their opinions and comments
- Sensitise staff on the need to respect and recognise supported decisions by authorised people or network group nominated by service users to do so regarding admission, treatment and legal matters.
- Develop procedure for filing complaints and sensitize service users in a language that they understand. Information on this should also be posted at vantage points within Ankaful for easy reference by service users.
- Discontinue the use of seclusion and other forms of restraints immediately. Instead, staff should be trained on de-escalation techniques and how to identify potential triggers of crisis for effective management.

- Hospital staff should be trained on WHO QR principles regarding alternatives to seclusion and the use of restraints. This will help staff apply appropriate de-escalation techniques when crisis do occur.
- The Social Welfare department of Ankaful Psychiatric hospital should identify both government and non-government support schemes, including philanthropist to link service users for support on education, housing and employment
- The occupational therapy unit of the hospital should be retooled to ensure service users are given relevant training that will increase their employable skills and opportunities.
- Hospital authorities should work with service users to develop recovery plans and work with them towards enhancing their skills for employment.

Recommendations for MHA & Government:

- The MHA should explore the possibility of establishing a fund to support the reintegration and settlement of service users, especially those whose relatives cannot be traced or are unwilling to accept them back in the communities due to stigma.
- Government should prioritise the supply of essential drugs to the facility to ensure seamless service delivery
- The Government of Ghana through the ministry of housing should explore the option of providing social housing for service users who have been discharged and are homeless.
- Consider a review of the Mental Health Act to include provisions to promote reintegration with emphasis on provision of social housing, employment opportunities and education. Alternatively, steps should be taken to develop a policy guideline to address these rights.
- Government through Ghana Health Service and Mental Health Authority should prioritise and scale the training and posting of qualified psychiatrists and psychologists to Ankaful hospital to improve personalized service delivery.
- Government should amend the Mental Health Law of Ghana to conform with CRPD to implement alternatives to the use of seclusion and any form of restraint against service users and end these practices in all hospitals.

References:

Ankaful Psychiatric Website: https://ankafulpsychiatrichospital.org/

Mental Health Act, 2012 (Act 846). Republic of Ghana. Retrieved online: https://www.refworld.org/pdfid/528f243e4.pdf

Persons with Disability Act, 2006 (Act 715). Republic of Ghana. Retrieved online: https://sapghana.com/data/documents/DISABILITY-ACT-715.pdf

United Nations Convention on the rights of the Persons with Disability. Retrieved online: https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

WHO Quality Rights tool kit to assess and improve quality and human rights in mental health and social care facilities. Geneva, World Health Organization, 2012

Author:
NUROKINAN CHIMBAR
Consultant, Methods Consult Limited
E-mail1: chimbar@methodsconsult.org
E-mail2: nchimbar@gmail.com
Mob. +233 (0)233333204/2

QualityRights

Project funded by EUROPEAID
Directorate General for International Cooperation
and Development, European Commission
European Union