

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

Komfo Anokye Teaching Hospital Assessment Report



**Fondation
d'Harcourt**



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

PSYCHIATRY DEPARTMENT, KOMFO ANOKYE TEACHING HOSPITAL



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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 Komfo Anokye 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:

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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 Oheneba Owusu Danso, CEO, Komfo Anokye Teaching Hospital
Dr Baafuor Opoku, Medical Director, Komfo Anokye Teaching Hospital
Dr. Ruth Owusu-Antwi, Head of Psychiatry Unit, Komfo Anokye Teaching Hospital
Madam Theodore Kukah, Chief Nursing officer (CNO-Psych), Komfo Anokye Teaching Hospital
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Madam Faustina Nuako, Mental Health Coordinator- GHS, Ashanti Region

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
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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.

Purpose

This report presents findings of QualityRights assessment conducted in Komfo Anokye Teaching Hospital (KATH) in Ghana. The purpose of this exercise was to measure the quality-of-service delivery and human rights standards in Komfo Anokye Teaching 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 Komfo Anokye Teaching Hospital, leveraging on both internal and external resources.

Methods

Two facilities were assessed: a mental health facility, the Komfo Anokye Teaching 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 (Komfo Anokye 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 32 respondents were interviewed in Komfo Anokye comprising 17 service users, 7 staff and 8 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 KATH 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 KATH.

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. The right to standard of living was partially achieved for the general ward in Korle Bu Teaching Hospital (KBTH) and the Mental Health Ward (MHW) in Komfo Anokye Teaching Hospital (KATH). The buildings were well painted with relatively good hygiene conditions in the toilets and bathrooms. The MHW was rated better than the general ward in KBTH on themes 2 and 3. There were reports of verbal and physical abuses against service users in the mental health ward of KATH. Users were not supported in a way that will help them live independently and be included in the community.

Table 2: Summary of Facility Results

Theme	Mental Health Facility	General Health Facility
	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/P	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/P	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/P	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: Not applicable (N/A); Achieved partially (A/P); Not initiated (N/I); Achievement initiated (A/I); Achieved Fully (A/F)

Discussion

The general ambiance of the Komfo Anoky Hospital was good. The rooms accommodating service users were fitted with fans and air-conditioners to ventilate and provide indoor cooling. The entrance to the unit had ramps, which permit wheelchair users to gain access to the ward. However, the washrooms did not have hand bars to support persons with physical disabilities when accessing these facilities. Fire extinguishers and exit doors were in place for fire safety and other emergencies. Fire drill exercises were conducted three times in a year but limited to only staff of the facility. Service users were not involved in this exercise and no information was made available to them as well. Food served was sufficient and of good quality. This was also confirmed by service users in the Hospital. The use of personal communication gadgets such as mobile phones and laptops were allowed

The hospital provided separate wards for men and women with enough space to accommodate service users on admission. There was no overcrowding, although the rooms were shared facilities. Each room had adequate number of beds and no service user was seen sleeping on the floor. We were told the beds are comfortable and bed sheets are changed at least every two days. Bathing and toilet facilities were also provided separately for males and females and users had open access and could use them as regularly as needed. The washrooms were fitted with appropriate doors to ensure there was privacy when users accessed these facilities. The team found that movement of service users was only allowed within the premises of the wards alone. As a result, service users could not leave for personal occasions such as weddings until they were discharged.

The right of users to enjoyment of physical and mental health, which entails having access to treatment by well trained and skilled staff, availability of prescribed medication and reproductive health services amongst others was realised to a large extent. However, some improvement in the areas of psychosocial rehabilitation and appropriate links to support networks and service user-driven recovery plans require some improvement. The supply of essential medicine was also found to be irregular and service users are sometimes required to procure medicine from external sources. The team were told Komfo Anokye Hospital provides treatment services to all persons regardless of a person's socio-economic, socio-cultural, religious, ethnic and racial backgrounds, but the responses from service users did not fully support this assertion because persons who were unable to afford the cost of care were not treated. The hospital has diversified workforce with required skills set to provide care to service users. They had professionals such as medical officers, psychiatrists, occupational therapist, and nurses among others. These specialised mental health staff were always available upon service user's request and medications were only prescribed by licenced staff. However, the facility refers cases not within their specialty to facilities where care can be provided.

There was no skills training or any form of psychosocial programs provided by the facility even though some service users and staff also gave information to the contrary. Most of the users were not aware of available treatment options apart from medication. Service users' preference was not prioritized in all decisions regarding their treatment and recovery plan. users could not refuse treatment. This was regardless of whether users' admission was voluntary or involuntary. The staff were not aware that service users had the right to appeal or report to the appropriate body or institution in case of treatment or detention without their informed consent. Physical health screening for illness were conducted upon entry to the facility. The Komfo Anokye hospital is a teaching hospital with various units, so service users were referred to the appropriate unit for general health problems. Also, both major and minor surgeries were performed in the facility. Health education promotions were regularly conducted but most service users were not aware.

The facility had personal and confidential medical files for each service user where information was kept confidential. Service users however did not have access to the information contained in these files neither could they add written information, opinions or comments to their medical files. There were reported cases of verbal and physical abuses against users. Sadly, both service users and staff were not aware of appropriate steps to take in preventing all instances of abuse Sedation and restraint were also used as means for controlling service users who they found to be "aggressive". Though all cases of sedations and restraints were recorded in line with mental health Act of Ghana, such practices of de-escalating crisis are not allowed by CRPD. Service users did not have knowledge about their triggers as they were not informed. The staff were not completely aware about service user's triggers as well. Electroconvulsive therapy was conducted with the consent of service users and mostly their relative or carers. Also, ECT is done with anaesthetic and clinical guidelines which were strictly adhered to.

Conclusions and recommendations

Service users in Komfo Anokye teaching Hospital were able to enjoy adequate standard of living due to the physical state of the Hospital, quality of food served, the hygiene situation in the dormitories and general ventilation. However, cost of care was a barrier to accessing treatment

in the Hospital. Aside this, the Hospital had qualified staff to provide professional treatment to users. There is need to review the process of obtaining informed consent to involve service users and also take steps to prevent cases of verbal and physical abuses against users. Finally, the Hospital needs to strengthen the social welfare unit to identify and partner with institutions that can support rehabilitation and reintegration of users in their communities.

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	Michael Bosompem-Twum	Assessor
2	Kingsley Oforu Armah	Mental health advocate in NGO
3	Professor J.B. Asare	Retired Psychiatrist
4	Anaaba Sunday Atua	Mental health advocate with Basic Needs
5	Evans Oheneba-Mensah	Mental health advocate in NGO
6	Nana Abena Korkor Addo	Service user with MEHSOG
7	Humphrey Kofie	Mental health advocate with MEHSOG
8	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 were not conversant with the staff charter and the Mental Health Act. The Patient Charter is 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. Komfo Anokye 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. 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 Komfo Anokye 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.

Sample: numbers of interviews to be conducted in an inpatient facility

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
Komfo Anokye Teaching Hospital	41	-	27 September, 2020 to 28 September, 2020	7	7	17	17	8	8
Korlebu Teaching Hospital	-	-	15 October, 2020 to 16 October, 2020	3	3	3	3	-	-

Table 3: Korle Bu Teaching Hospital Demographics

Description	Number
Number of beds	11
Psychiatrists	4
Administrators	1
Medical Officers	4
Orderlies	1

Nurses	28
Occupational therapist	1
Social worker	1

Average length of stay in ward is 14 days

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/P

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/I

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/I

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/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
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/F	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/P	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
<i>Criteria and actions required to achieve this standard</i>		
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.	A/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/P	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
<i>Criteria and actions required to achieve this standard</i>		
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/I	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.4.1. Food and safe drinking-water are available in sufficient quantities, are of good quality and meet with the service user's cultural preferences and physical health requirements.	A/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).	N/I	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/P	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
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.5.1. Telephones, letters, e-mails and the Internet are freely available to service users, without censorship.	A/F	N/I
Criterion 1.5.2. Service users' privacy in communications is respected.	A/P	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/F	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/F	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/I	A/P
<i>Criteria and actions required to achieve this standard</i>		
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/I	A/I
Criterion 1.6.4. Rooms within the facility are specifically designated as leisure areas for service users.	N/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
<i>Criteria and actions required to achieve this standard</i>		
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

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

Overall scores:

Mental health services: A/P

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/P

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: A/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
<i>Criteria and actions required to achieve this standard</i>		
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/F	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/F	A/F

Theme 2, Standard 2.2

Standard 2.2. The facility has skilled staff and provides good-quality mental health services.	A/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
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/P	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/P	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/F	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.	A/I	N/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 2.3.1. Each service user has a comprehensive, individualized recovery plan that includes his or her social, medical, employment and education goals and objectives for recovery.	A/I	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.	A/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.	A/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/P	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/P	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
<i>Criteria and actions required to achieve this standard</i>		
Criterion 2.4.1. The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed.	A/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/P	N/A
Criterion 2.4.4. Service users are informed about the purpose of the medications being offered and any potential side effects.	A/P	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
<i>Criteria and actions required to achieve this standard</i>		
Criterion 2.5.1. Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter.	A/F	A/F
Criterion 2.5.2. Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral.	A/F	A/F
Criterion 2.5.3. When surgical or medical procedures are needed that cannot be provided at the facility, there are referral mechanisms to ensure that the service users receive these health services in a timely manner.	A/F	A/F
Criterion 2.5.4. Regular health education and promotion are conducted at the facility.	A/P	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/I	A/I

Theme 3

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/P

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/P

General health: A/P

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

Mental health: A/I

General health: A/I

3.3 Service users can exercise their legal capacity and are given the support² they may require to exercise their legal capacity.

Mental health: A/P

General health: A/I

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

Mental health: A/P

General health: A/P

² See Annex 2 for further information on supported decision-making.

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/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 3.1.1. Service users' preferences are the priority in all decisions on where they will access services.	A/P	A/P
Criterion 3.1.2. All efforts are made to facilitate discharge so that service users can live in their communities.	A/P	A/F
Criterion 3.1.3. Service users' preferences are the priority for all decisions on their treatment and recovery plans.	A/P	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.	A/I	A/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 3.2.1. Admission and treatment are based on the free and informed consent of service users.	A/P	A/F
Criterion 3.2.2. Staff respect the advance directives of service users when providing treatment.	A/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/P	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/P	A/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 3.3.1. At all times, staff interact with service users in a respectful way, recognizing their capacity to understand information and make decisions and choices.	A/P	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/P	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/F	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/F	A/I
Criterion 3.3.6. Supported decision-making is the predominant model, and substitute decision-making is avoided.	A/P	A/I
Criterion 3.3.7. When a service user has no support person or network of people and wishes to appoint one, the facility will help the user to access appropriate support.	A/P	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/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
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.	A/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.	A/I	N/I

Theme 4

Theme 4 - Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD)

Overall scores

Mental health services: A/P

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: A/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: A/F

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
<i>Criteria and actions required to achieve this standard</i>		
Criterion 4.1.1. Staff members treat service users with humanity, dignity and respect.	A/F	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.	A/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.	A/I	N/A
<i>Criteria and actions required to achieve this standard</i>		
Criterion 4.2.1. Service users are not subjected to seclusion or restraint.	A/P	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.	A/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.	A/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.	A/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.	A/P	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
<i>Criteria and actions required to achieve this standard</i>		
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.	A/P	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.	A/F	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 4.4.1. Medical or scientific experimentation is conducted only with the free and informed consent of service users.	A/F	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.	A/F	A/I
Criterion 4.4.3. Medical or scientific experimentation is not undertaken if it is potentially harmful or dangerous to the service user.	A/F	A/F
Criterion 4.4.4. Any medical or scientific experimentation is approved by an independent ethics committee.	A/F	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
<i>Criteria and actions required to achieve this standard</i>		
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.	A/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/I	A/F
Criterion 4.5.6. The facility is monitored by an independent authority to prevent the occurrence of ill-treatment.	A/P	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
<i>Criteria and actions required to achieve this standard</i>		
Criterion 5.1.1. Staff inform service users about options for housing and financial resources.	N/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
<i>Criteria and actions required to achieve this standard</i>		
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.	N/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
<i>Criteria and actions required to achieve this standard</i>		
Criterion 5.3.1. Staff give service users the information necessary for them to participate fully in political and public life and to enjoy the benefits of freedom of association.	N/I	N/I
Criterion 5.3.2. Staff support service users in exercising their right to vote.	N/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.	N/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
<i>Criteria and actions required to achieve this standard</i>		
Criterion 5.4.1. Staff give service users information on the social, cultural, religious and leisure activity options available.	N/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

Komfo Anokye Teaching Hospital (KATH) was constructed in 1954 and commenced operations in 1955. The Hospital was initially named Kumasi Central Hospital, but later changed to Komfo Anokye Hospital Teaching Hospital. The Psychiatry unit was established in 1981 and currently attends to an average of 8,000 patients annually. It provides varied specialist psychiatric care, psychotherapy and counselling, psychometric testing and assessments, forensic assessment, electroconvulsive and occupational therapies amongst others. The KATH has a vision to “become a centre of excellence in the provision of specialist healthcare services”.

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

Facility	Standards							Overall Rating
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	
KATH	A/P	A/P	A/P	A/I	A/P	A/I	A/I	A/P - There is evidence that the criterion, standard or theme has been realised, but some 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

The psychiatric unit of the Komfo Anokye hospital had good physical infrastructure. The rooms accommodating service users were fitted with fans and air-conditioners to ventilate and provide indoor cooling. The entrance to the unit had ramps, which permit wheelchair users to gain access to the ward. However, the washrooms did not have hand bars to support persons with physical disabilities when accessing these facilities. Fire extinguishers and exit doors were in place for fire safety and other emergencies. Fire drill exercises were conducted three times in a year but limited to only staff of the facility. Service users were not involved in this exercise and no information was made available to them as well.



Figure 1: Air conditioner in a service user dormitory

The hospital provided separate wards for men and women with enough space to accommodate service users on admission. There was no overcrowding, although the rooms were shared facilities. Each room

had adequate number of beds and no service user was seen sleeping on the floor. We were told the beds are comfortable and bed sheets are changed at least every two days. Also, side lockers were provided and service users could keep their belongings. Despite the fact that the lockers had no locks on them, its existence made the rooms tidy. In addition, the facility does not mandate service users to sleep at specific; there is flexibility for service users to sleep and wake up at any time they wish unless a user was required to receive medications at a prescribed time. Bathing and toilet facilities were also provided separately for males and females and users had open access and could use them as regularly as needed. The washrooms were fitted with appropriate doors to ensure there was privacy when users accessed these facilities. Both staff and service users confirmed to the team that the bath and toilet facilities were routinely cleaned (about three times a day) and those who needed support in accessing the facilities were assisted by their carers or staff who were available.



Figure 2: Toilets and Beds

In the opinion of service users, food provided by the hospital was in sufficient quantity. Though the team ascertained that the food was prepared under good hygienic conditions, service users did not know where the food was prepared because they have never visited the kitchen. There was no dining area as service users eat in their rooms. It will be important to have designated places as dining areas for those who are physically fit to go for their meals. Aside food which was provided by the hospital, potable water was purchased by service users.

Service users were allowed to use their own clothes, but the hospital also had in stock clothing donated by benevolent persons which are available at the Social Welfare Department for use by service users who do not have their clothes. However, service users did not know of the existence of these clothing in the hospital and thus had already made provision for their own clothes. The hospital also allowed the use of personal communication gadgets such as phones and laptops amongst others. Service users told the team their calls were not monitored and they could communicate in their preferred languages without any restriction. Provision was made for visiting hours on daily basis and users were free to receive visitors of their choice. The team found that movement of service users was only allowed within the premises of the wards alone. Furnishings provided by KATH were in good condition although they were not enough. Also, the facility did not have a home-like environment even though it did promote interaction among service users and between staff and users. Leisure opportunity was limited to viewing of television situated within the ward and at the OPD outer space. Apart from this, there was neither scheduled entertainment within the facility nor outside the facility for service users. As movement was restricted to only the psychiatry unit, service users could not leave for personal occasions such as weddings until their end of stay.



Figure 3: Furniture at OPD

Suggestions for service improvement:

- The bathrooms and toilet facilities need wider doors and hand bars to make it disability friendly.
- Fire emergency information should be inculcated in morning assembly meetings and discussions done in the wards for service users.
- The hospital should provide more indoor leisure activities and games to entertain service users.
- Provision should be made for a dining area to allow service users feel comfortable when taking their meals.

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	
KATH	A/P	A/P	A/I	A/P	A/P	A/P - There is evidence that the criterion, standard or theme has been realised, but some improvement is necessary
KBTH	A/F	A/I	N/I	N/A	A/P	A/I - <i>Achievement initiated</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary

The right of users to enjoyment of physical and mental health, which entails having access to treatment by well trained and skilled staff, availability of prescribed medication and reproductive health services amongst others was realised to a large extent. However, some improvement in the area of psychosocial rehabilitation and appropriate links to support networks and service user-driven recovery plans require some improvement. The team were told Komfo Anokye Hospital provides treatment services to all persons regardless of a person's socio-economic, socio-cultural, religious, ethnic and racial backgrounds, but the responses from service users did not fully support this assertion because persons who were unable to afford the cost of care were not treated. A section of the respondents had this to say: 1) *Yes, I was denied once for inability to pay.* 2) *Yes because the health insurance does not cover everything.* 3) *Yes, am aware of detention due to inability to pay bills.* 4) *Denied cases are referred to the department of social welfare.* On the other hand, we were told service users are detained in the hospital when they are unable to pay for services after they have been discharged.

The hospital has diversified workforce with required skills set to provide care to service users. They had professionals such as psychiatrists, clinical psychologist, art therapist, occupational therapist, among others. These specialised mental health staff were always available upon service user's request and medications were only prescribed by licenced staff. However, the facility refers cases not within their speciality to facilities where care can be provided.

There was no awareness made to service users by staff of services and resources in the community to promote independent living and inclusion. Service users and staff both agreed that staff were not adequately knowledgeable about the rights of persons with mental disabilities. Also, service users could not give advance directives as decisions were done on their behalf by the relatives or carers. Some respondents had this to say: 1) *Service user: They do what they like not how we feel or our rights.* 2) *Staff: We are not sufficiently knowledgeable of the rights of persons with mental disabilities.* There were no avenues to express opinions on service provision as service users claimed they had not received any information regarding this. The staff also indicated service users could express their opinions on service provided during their reviews with the doctor. A section of the respondents had this to say: 1) *Service user: No such opportunity exists.* 2) *Service user: No, I do not know.* 3) *Staff: Service users can do that during reviews.*

It was observed that there were no records of recovery plans and both service users and staff did not know about it. A section of the respondents claimed: 1) *Staff: I don't know about recovery plan.* 2) *Staff: Service users have no recovery plan.* 3) *Service user: I don't know of recovery plan.* 4) *Carer: I have not heard of recovery plan.*

From observation and information from most service users and some staff, there were no skills training or any form of psychosocial programs provided by the facility even though some service users and staff also gave information to the contrary. A group of service users and staff said: 1) *Service user: I haven't seen some before.* 2) *Staff: No skills training.* 3) *Service user: Yes, skill training is done in the facility.* 4) *Staff: Yes, some skills training programs are offered here.*

The staff of the facility promote and encourage service users to establish and maintain social support and also link service users to other levels of mental health care and through the social welfare department to assist access services in the community such as financial support among others.

The facility only stocked and prescribed appropriate psychotropic medications. However, these medications were not in constant supply hence carers had to purchase from other pharmacies outside the facility. Service users were given the appropriate medications in their right dosages and reviewed regularly. Service users, carers and staff were all divided on whether service users were informed of their medications and the accompanied side effects. Some indicated service users were informed others indicated the opposite. Some of the respondents said: 1) *Service user: yes, they usually tell us about the side effects of the medication.* 2) *Service user: I am only given the medicine to take, I am not told about any other thing.* 3) *Service user: No, they only tell you to take your medicine.* 3) *Carer: Medications are explained but not side effects.* 4) *Staff: they are informed of their medications but side effects are reported during review.* 5) *Staff: Service users are informed about side effects of medication.*

Even though there were varying views, most service users indicated they were not informed of treatment options and they only knew of medication. Their carers also opined that they only knew of medication and were not aware of any other form of treatment. However, the

staff indicated otherwise. Documents review disclosed that medication was mostly the form of treatment and this was well recorded. A section of the respondents had this to say: 1) *Service user: medication is the only form of treatment given.* 2) *Carer: Only informed of medication treatment.* 3) *Service user: Yes, they inform us about other treatment options.* 4) *Staff: Yes, psychotherapy* 5) *Staff: Yes, we inform them about other forms of treatment.*

Physical health screening for illness were conducted upon entry to the facility. The Komfo Anokye hospital is a teaching hospital with various units so service users were referred to the appropriate unit for general health problems. Also, both major and minor surgeries were performed in the facility. Health education promotions were regularly conducted but most service users were not aware. Some service users were also aware but indicated this was done at the OPD of the psychiatry unit. The staff also indicated health promotions such as suicide prevention, mental health screening, among others, were done regularly. They also indicated that reproductive health and family planning were not part of the health promotions at the psychiatry unit.

Suggestions for Service Improvement:

- Service users and carers should be informed about avenues available to them to express their opinions regarding service provision.
- Staff should be trained regularly on the rights of persons with mental disabilities through workshops, handbooks etc.
- Government should prioritise the supply of essential drugs to the facility to ensure seamless service delivery.
- Hospital authorities should include comprehensive treatment plan in each service user’s records and this should reflect the preferences of the users.
- 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.
- 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	

KATH	A/P	A/I	A/P	A/P	A/P - There is evidence that the criterion, standard or theme has been realised, but some improvement is necessary
KBTH	A/P	A/I	A/I	A/P	A/I- <i>Achievement initiated</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.

Decisions on where to access treatment was either made by service users or on their behalf by their relatives or carers. A section of the respondents had this to say: 1) *Service user: I decided I would come to this facility.* 2) *Service user: I wasn't forced, I came for treatment at the facility myself.* 3) *Service user: where to go for treatment was done by my family.* 4) *Service user: My family brought me to the general OPD and later referred here (psychiatry unit).* 5) *Carer: Service user can't decide so I made the decision.* 6) *Carer: I brought her here for treatment.* 7) *Staff: Some get to decide where to receive treatment.* 8) *Staff: Their relatives decide where to receive treatment.*

However, service user's preference was not a priority for all decisions regarding their treatment and recovery plan. There were no discussions between the staff, service users and carers about housing arrangement upon discharge. Admission to the facility was based on either service user's informed consent, relatives or carers consent. This was brought to knowledge by the various responses gathered even though most service users indicated that they were admitted without their informed consent. The staff however indicated that this was dependent on the service users' condition upon arrival to the facility. It was observed that consent was sought from service users who freely came for treatment at the facility. Upon interactions, a sample of respondents shared: 1) *Service user: Yes and No, sometimes it depends on your condition.* 2) *Service user: A lot of explanations were made to my understanding before I gave my consent.* 3) *Carer: My daughter's admission was not based on her own consent.* 4) *Staff: Admission is based on service user's consent.* 5) *Staff: Admission is not based on service users consent.*

Service users could not refuse treatment whether they willingly came for admission or were brought in by relatives. The staff were not aware that service users had the right to appeal or report to the appropriate body or institution in case of treatment or detention of service users without their informed consent hence could not give service users such information or support. Respondents stated: 1) *Service user: They will force you and treat you with medication or injection.* 2) *Service user: You can't refuse.* 3) *Carer: If they refuse treatment, they are forced.* 4) *Staff: Service users cannot refuse treatment.* 5) *Staff: Right to refuse treatment is not respected.*

Interactions between staff and service users was in a respectful manner. Service users were communicated with in a way they could understand. Service users indicated they were informed of their rights as well as their responsibilities but this was done verbally. Also, service users were informed of their diagnosis and conditions as well as their medication. Often, relatives or carers made decisions on behalf of service users which was respected by the staff.

The facility had a personal and confidential medical file for each service user where information was kept confidential. Service users however did not have access to the information contained in these files neither could they add written information, opinions or comments to their medical files.

Suggestions for Service Improvement:

- Educate staff to ensure the consent of service users are sought at the time of admission and during treatment.
- Educate service users on their rights as service users and flyers and informative materials should be posted at vantage points.
- 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.
- Sensitize staff on the need to inform service users they can nominate someone to make decision on their behalf.
- Sensitize staff to respect and recognize supported decisions by authorized people or network group nominated by service users to do regarding admission, treatment and legal matters.

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	
KATH	A/P	A/I	A/P	A/F	A/I	A/P - There is evidence that the criterion, standard or theme has been realised, but some improvement is necessary
KBTH	A/P	N/A	N/A	A/P	A/P	A/P- <i>Achieved Partially</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.

Service users were of the view that the services rendered at the facility was adequate and despite a few lapses they were satisfied with the services rendered. Also, they indicated that they were treated with respect and dignity. Some service users stated that there had been some few abuses. However, some staff indicated they were rather abused either verbally or physically by service users. Some affected respondents said: 1) *Service user: Yes, a nurse held a user by the shirt and kicked him down.* 2) *Service user: I was once pecked by a male staff unaware.* 3) *Staff: No, it's service users who usually abuse the staff.* Also, service users and staff were not aware of appropriate steps to prevent all instances of abuse or support for abused service users. The staff further indicated that service users were sedated or restrained in the bid to control them when aggressive and not as a form of punishment. All cases of sedations and restraints were recorded. Service users did not have knowledge about their triggers as they were not informed. The staff were not completely aware about service user's triggers as well.

Electroconvulsive (ECT) therapy was conducted in the facility. However, psychosurgery, abortions and sterilisations were not conducted on service users in this facility. Electroconvulsive therapy was conducted with the consent of service users and mostly their relative or carers. Also, ECT is done with Anaesthetic and clinical guidelines which were strictly adhered to.

The staff mentioned that service users could make a complaint to any staff which was recorded in the incidence book and handled confidentially. However, there were no assistance for service users to file complaints to any independent legal body since the facility was not monitored by any independent body and the staff did not also know such avenues exist. This makes the service users have no knowledge about their right to legal aid.



Figure 4: ECT scan

Suggestions for Service Improvement:

- The facility should train its staff to identify crisis triggers of service users and also consult and educate service users on their crisis triggers and how to manage them.
- 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 the facility for easy reference by service users.
- To avoid discretionary abuse of the use of sedation or restraint options, senior officers of wards need to sanction the use of these restraints before they are applied. Where the senior officers are not at post, the circumstances necessitating the use of restraint

should be explained to them and approved before they are applied. It should also be properly documented and reviewed to avoid its capricious application.

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	
KATH	N/I	N/I	N/I	N/I	N/I - <i>Not initiated</i> : There is no evidence of attempts or steps to fulfil the criterion, standard or theme.
KBTH	N/I	N/I	N/I	A/I	N/I - <i>Not initiated</i> : There is no evidence of attempts or steps to fulfil the criterion, standard or theme.

The facility does not provide any information or support services on how service users can access financial support, housing, education among others. Also, service users were not encouraged to participate in political activities as well.

Suggestions for Service Improvement:

- The Komfo Anokye hospital's social Welfare department 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 of 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.

Recommendations for Komfo Anokye Teaching Hospital:

- The bathrooms and toilet facilities need wider doors and hand bars to make it disability friendly.
- Fire emergency information should be inculcated in morning assembly meetings and discussions done in the wards for service users.
- The hospital should provide more indoor leisure activities and games to entertain service users.
- Provision should be made for a dining area to allow service users feel comfortable when taking their meals.
- Service users and carers should be informed about avenues available to them to express their opinions regarding service provision.
- Staff should be trained regularly on the rights of persons with mental disabilities through workshops, handbooks etc.
- Hospital authorities should include comprehensive treatment plan in each service user's records and this should reflect the preferences of the users.
- 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.
- 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.
- Educate staff to ensure the consent of service users are sought at the time of admission and during treatment.
- Educate service users on their rights as service users and flyers and informative materials should be posted at vantage points.

- 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.
- Sensitize staff on the need to inform service users they can nominate someone to make decision on their behalf.
- Sensitize staff to respect and recognize supported decisions by authorized people or network group nominated by service users to do regarding admission, treatment and legal matters.
- The facility should train its staff to identify crisis triggers of service users and also consult and educate service users on their crisis triggers and how to manage them.
- 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 the facility for easy reference by service users.
- Discontinue the use of sedation and any other form of restraint, including seclusion as means of de-escalating potential crisis among service users. Staff should be trained on how to identify triggers of crisis.
- The Komfo Anokye hospital's social Welfare department should be strengthened to 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 and Government:

- Government should prioritise the supply of essential drugs to the facility to ensure seamless service delivery.
- 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 of housing should explore the option of providing social housing for service users who have been discharged and are homeless.

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