

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

Korle Bu Teaching Hospital Assessment Report



QualityRights



Fondation
d'Harcourt



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KORLE BU TEACHING HOSPITAL



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| | |
|------------------------|--|
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| Kingsley Oforu Armah | Mental health advocate with an NGO |
| Professor J.B. Asare | Retired Psychiatrist, Ghana |
| Nana Abena Korkor Addo | Service user with MEHSOG |
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Purpose

This report presents findings of QualityRights assessment conducted in Korle Bu Teaching Hospital (KBTH) in Ghana. The purpose of this exercise was to measure the quality-of-service delivery and human rights standards in the Mental Health unit of Korle Bu 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 Korle Bu Teaching Hospital psychiatric wing, leveraging on both internal and external resources.

Methods

Two wards in Korle Bu Teaching Hospital were assessed: a general ward and mental health wing with the latter being the main target of the present report, while the general ward was used 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 four assessors were assigned to the general ward and eight assessors to the mental health ward 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 two wards.

A total of 28 respondents were interviewed in the mental health ward comprising 15 service users, 7 staff and 6 family members. These represented 78 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 in KBTH 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 KBTH.

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 two wards 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

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 ward and the general ward in KBTH.

The results show that none of the themes has been fully achieved for both wards. 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 the Mental Health Ward (MHW) and the General Ward (GW) achieved substantial results. The significant part of 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 wards, the environment in the GW was cleaner than in the MHW. In both wards, there were diversity of staff skillset needed to provide quality services to users. Therefore, service users' right to enjoyment of highest attainable standard of health care was substantially met as far as the professional staff requirements were concerned. Also, both wards had the same ratings for themes 3 and 5. Whereas some steps have been taken towards realising the legal rights of users, significant interventions are required to fully realise the right to legal capacity of service users. Finally, the results show that KBTH was yet

to initiate steps towards supporting service users to live independently and be included in the community. Unlike the MHWs, we realised there was no leisure activities in the general wards, but users could participate in leisure activities outside the ward, if they wish. It was found that the right to participate in leisure activities was rarely exercised by users in KBTH general wards 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 Ward (KBTH) | 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

The assessment results show that the Mental Health ward in Korle Bu teaching Hospital has been well maintained to provide service users with dignifying lives while accessing health services in the Hospital. Though the psychiatry unit was old, the look and feel was good. The dormitories were not overcrowded and separate living quarters were provided for both men and women. Service users were not compelled to sleep or wakeup at specified time except when it was time for their medications to be administered. The hygiene situation in the washrooms was appropriate as regular cleaning was done and users had access to constant flow of water. Notwithstanding, there were some challenges observed. The building was generally not accessible to persons with physical disabilities. Users complained of narrow staircase and the absence of elevators and staff sometimes have to carry disabled service users to the upper floors of the mental health block for treatment. Service users also complained about poor ventilation and in addition to this we observed that adequate measures were not in place to ensure fire

safety. Only few fire extinguishers were installed at vantage points and there were no fire escape points for emergency situations.

The KBTH had diverse staff skills and well trained in health service delivery to provide good quality service. The hospital provided services without discrimination and staff psychiatrists and nurses were accessible to service users. Though staff said they had knowledge of human rights standards as a result of training on rights of persons with mental disability, they were not aware of the CRPD. Complaint reporting channels were not available and service users together with relatives had no idea how to express their opinions on services rendered. We observed that users did not have comprehensive recovery plans and were equally not encouraged to give advance directives. There was no infrastructure to support the delivery of psychosocial rehabilitation, although social programs are vital for the recovery of service users. The absence of this will likely affect proper reintegration into the communities and the ability to live independent lives. The Hospital had essential medicines in stock and appropriate dosages were prescribed for service users.

The preferences of service users on treatment options and recovery plans were not considered and users were not well informed. Hospital also relied on informed consent of relatives for treatment decisions without recourse to service users. Right of appeal for detention and treatment was not known among service users. In some cases, users were pressured to take medications against their desires. Medical records of users were well kept in both electronic and physical form. The records were confidential and only accessible to authorised personnel. However, users were not allowed to add comments and opinions on their medical files. Staff showed respect for service users and did not engage in abusive conduct against service users. But it is important services users are informed of appropriate support mechanisms for abuse cases when they do arise since service users were not aware of this. The hospital uses chemical restraint to manage crisis situation. Although the Mental Health Act of Ghana permits this, it is against the provisions of the CRPD and needs to be stopped. There are alternative mechanisms for managing crisis involving users without infringing the right of users and this should be explored. Electroconvulsive therapy (ECT) was in use in KBTH but not used on minors. The procedures for ECT were explained to users and relatives before its application. Abortion and sterilisation were carried out but only based on the request and informed consent of service users.

The Hospital was unable to facilitate access of users to social support services, education, housing and finance. Apart from the referral of users to the social welfare department of the Hospital to be assisted to explore opportunities.

Conclusions and recommendations

The Hospital has taken some steps towards fulfilling the rights of service users who access mental health services at Korle Bu Teaching Hospital (KBTH). However, attention need to be placed on improving physical accessibility of the ward to users with physical disabilities, fire safety, informed consent, and developing comprehensive recovery plans, which includes obtaining advance directives of service users.

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 psychiatrist was assigned to carry out document review because of the 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 Oforu Armah | Mental health advocate in NGO |
| 3 | Professor J.B. Asare | Retired Psychiatrist |
| 4 | Nana Abena Korkor Addo | Service user with MEHSOG |
| 5 | Evans Oheneba-Mensah | Mental health advocate in NGO |
| 6 | Emma Avenorgbo | Mental health advocate, Intellectual Disability Organization |
| 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 are 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. Korle Bu teaching Hospital 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 KBTH 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 formula 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 |
| Mental Health Ward (KBTH) | 74 | - | 15 October, 2020 to 16 October, 2020 | 11 | 7 | 17 | 15 | 8 | 6 |
| General Ward (KBTH) | | | 15 October, 2020 to 16 October, 2020 | 3 | 3 | 3 | 3 | - | - |

Table 4: Korle Bu Teaching Hospital Demographics

| Description | Number |
|------------------------|--------|
| Number of beds | 12 |
| Psychiatrists | 5 |
| Administrators | 1 |
| Locum and Resident | 8 |
| Medical Officers | 4 |
| Orderlies | 5 |
| Nurses | 48 |
| Occupational therapist | 2 |
| Engineer | 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 that, 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/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/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/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 |
| <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/F | 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/F | 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 |
| <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/I | 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/F | 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 |
| <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). | 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. | N/A | 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. | N/I | N/I |
| Criterion 1.5.2. Service users' privacy in communications is respected. | A/F | 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/I | 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 |
| <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/F | 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. | 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 |
| <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/I

General health services: A/I

Standards

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

Mental health: A/F

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/I

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/F | 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/F | 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/I | 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/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/F | N/A |
| Criterion 2.2.4. Staff in the facility are trained and licensed to prescribe and review psychotropic medication. | A/P | 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 |
| <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. | 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. | N/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/F | 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/F | 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/I | 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/I | 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/I | 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/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/P | 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/F | A/I |
| Criterion 2.5.5. Service users are informed of and advised about reproductive health and family planning matters. | N/I | A/I |
| Criterion 2.5.6. General and reproductive health services are provided to service users with free and informed consent. | N/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/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: N/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/P

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. | N/I | 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. | N/I | A/P |
| Criterion 3.1.2. All efforts are made to facilitate discharge so that service users can live in their communities. | N/I | A/F |
| Criterion 3.1.3. Service users' preferences are the priority for all decisions on their treatment and recovery plans. | N/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 |
| <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. | N/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. | N/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. | N/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 |
| <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/P | 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/I | A/I |
| Criterion 3.3.6. Supported decision-making is the predominant model, and substitute decision-making is avoided. | N/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/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/F | 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/P | 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/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: 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: N/I
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 |
| <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/F | A/P |
| Criterion 4.1.3. No service user is subjected to physical or emotional neglect. | A/F | 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. | 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. | A/F | 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.) | N/I | 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. | N/I | 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. | N/A | N/A |
| Criterion 4.3.3. Electroconvulsive therapy is never used in its unmodified form (i.e., without an anaesthetic and a muscle relaxant). | N/A | 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. | N/A | N/A |
| Criterion 4.3.6. Abortions and sterilizations are not carried out on service users without their consent. | N/A | 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 |
| <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. | N/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/A | 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/A | A/F |
| Criterion 4.4.4. Any medical or scientific experimentation is approved by an independent ethics committee. | N/A | 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. | N/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. | A/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/I | 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 |
| <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 |

Introduction

Korle Bu Teaching Hospital is a tertiary health facility, which was established in 1923. The name ‘Korle Bu’ in the native Ga dialect means ‘the valley of the Korle Lagoon’. The Hospital is a 2,000 bed capacity facility with a high outpatient attendance and inpatient admissions. It is currently ranked as one of the third largest referral centers in Africa with 21 clinical and diagnostic departments, including Psychiatry. The Psychiatry department was established in 2011 and currently manages different cases of depression and learning disabilities. The Hospital has a set of service promises which include amongst others the promise to 1) provide services that meet the patients’ expectation and 2) partner with others in the interest of improving patient care outcomes. These promises are situated within the context of the overall organisational culture which is to “meet and exceed the patients’ expectation of care and at all times treat them with dignity and respect” in line with human rights standards.

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 |
|------------|-----|-----|-----|-----|-----|-----|-----|--|
| KBTH (MHF) | 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 |
| 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 psychiatry department building is an old storey building but has been well maintained to keep it in a good physical state. The building is not accessible to persons with disabilities as there were no elevators and most staff lamented how difficult it is to carry patients using the stairs. A staff said: *“the building is not accessible to wheel chair users, the staircase is narrow and there are no lifts too. The staff or relatives or carers usually carry the weak or physically disabled service users to the first floor of the building for treatment or admission”*. Meanwhile, at the general wards, elevators were in use. The building is well lit but service users, carers and staff indicated the ventilation was poor. Also, fire extinguishers were only available at few vantage points and there were no exit doors. Both staff and service users were not well informed on fire safety protocols and other emergency measures.

There was sufficient living space and service users were not overcrowded. The living quarters has been separated for male and females and service users had lockers available to keep personal belongings. Service users were also provided with bed sheets and these were changed regularly. Service users had flexibility of choosing when to sleep and wake up. The bath and toilet facilities were kept clean and separated for males and females. There was privacy when these facilities were used and service users had regular access. However, due to the limited number of washrooms, service users had to wait in turns when it was occupied to have access. From observation, there were three (3) bathrooms and three (3) toilet facilities each for the male and female wards. There was regulator supply of tap water for bathing and

other purposes. Service users who could not access the washrooms on their own were supported by the staff or their carer givers.



Figure 1: Service users' dormitory and toilets

The facility provided three meals a day and had a menu which service users could select the food of their choice. Service users provided their own drinking water by purchasing sachet water or bottled water. Service users ate in the ward mostly on their beds as there were no designated areas for dining. Also, service users were allowed to wear their own clothing, but those who did not have were provided with clothes by the social welfare department. Use of personal mobile phones were prohibited, thus service users resorted to the use of office telephone provided by the facility for both the staff and service users (refer to the figure below). Calls were made in the presence of staff and service users could communicate in their preferred language. Visitors were received during visiting hours every day and service users could choose whether or not to receive a visitor.

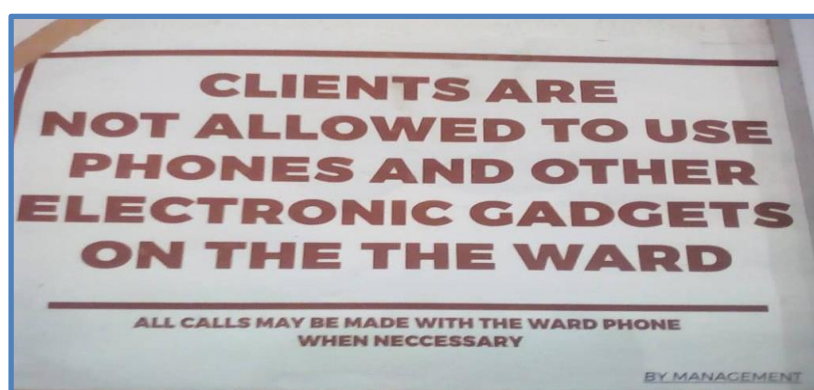


Figure 2: Notice on use of electronic gadgets in the wards

With respect to furnishing, both service users and staff indicated they were inadequate, not in good condition and uncomfortable. Even though there were leisure games such as ludo, oware, cards, scrabbles among others, there was no designated room for leisure activities hence this was done in the open area of the wards. Nonetheless, the layout of the ward facilitated interaction between the service users and staff. Service users could interact among themselves freely and with the opposite sex when they met in common areas of the facility. Service users did not have access to make personal requests for leisure or entertainment activities outside the facilities.

Suggestions for service improvement:

- The Hospital should provide elevators, ramps, and hand bars among others to make it easily accessible to persons with physical disabilities.
- Fire emergency information should be inculcated in morning assembly meetings and discussions done in the wards for service users and staff.
- Provide a TV room or comfortable leisure area for service users.

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 | |
| KBTH (MHF) | A/F | A/I | N/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. |
| 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 |

All persons have access to mental health treatment at Korle-Bu Teaching Hospital. Service users were not detained based on any form of discrimination. Referrals to other facilities were mostly done when there were no beds for admission or a service user was coming from a faraway destination.

The facility has staff with diverse skills in mental health care to help service users fully recover. Staff were trained and licenced to prescribe and review psychotropic medications. Service users could consult with a psychiatrist, psychiatry nurse or any other specialised mental health staff when they do request. The staff did indicate that they were knowledgeable about community services and resources to help service users fully recover, but service users did not have any knowledge about available community services and resources to promote their independent living as they were not informed. Also, the staff revealed that they were given training about the rights of persons with mental disabilities, but were not aware of what the CRPD was about. Furthermore, service users and carers did indicate there were no avenues to express their opinions on services rendered to them but the staff gave contrary information indicating the customer service division of the facility was available to service users and their carers.

The staff revealed that there was a comprehensive recovery plan for service users. Service users did not have access to psychosocial programmes as there was no infrastructure for this purpose. Social support is vital to the recovery of service users and as such the staff made it a point to encourage and facilitate the establishment and maintenance of support networks. Also, the staff helped to link service users to other levels of mental health services and facilities but not community services such as grants, housing, among others.

The facility only stocked appropriate psychotropic medication which was in constant supply as most service users and carers said they purchased medication from the facility’s pharmacy. Also, the appropriate dosage of medications prescribed and given to service users were constantly reviewed. Service users indicated they were informed of their medication and possible side effects. In the case of treatment options, staff indicated such information were given to service users and carers. Service users were divided as some indicated they were not informed about treatment options, others indicated they were informed of treatment options.

Service users undergo physical health examinations and screening for illness only upon entry into the facility. The facility has different departments that provide treatment services for general health problems and undertake major and minor surgeries. The staff revealed that the facility undertakes several health educational programs but most service users were not aware of such programs.

Suggestions for Service Improvement:

- 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 | |
| KBTH (MHF) | N/I | N/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. |
| 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 regarding where to receive treatment, treatment options and recovery plans were not based on service users’ preferences, hence service users did not even know they had a right to be part in making such decisions. The staff were divided as majority indicated that

“service users’ preference was not a priority”. On the otherhand the carers alluded to the claims made by service users that their preferences were not prioritised. After treatment, efforts to facilitate discharge was limited to only advices on how service users and carers could live comfortably in their communities. Admission and treatment were not based on service users’ consent as most of them were not aware of their consent being sought. Carers also indicated they mostly gave consent on behalf of service users. The staff however gave mixed reactions as some claimed consent was being sought others also indicated that was viable if service users were “stable” which was mostly not the case when they arrive at the facility.

Box 1: Comments from respondents on consent

Service user 1: “I don’t know of informed consent.”

Service user 2: “I was not given any consent form”

Staff 1: “Consent is done on behalf of service users by their relatives often”

Staff 2: “Mostly the family gives consent”

Carer 1: “We were not given any consent forms to fill when I brought my relative for treatment.”

Carer 2: “My consent was verbally sought by the staff”

Carer 3: “I was spoken to on behalf of my nephew whenever we came to the hospital”.

Service users were not aware of advance directives even though some staff indicated they were aware but that was not really practiced. Also, service users did not have access to information and support to appeal admissions, treatment and detention without their informed consent. A staff said service users’ right to refuse treatment was not adhered to even though they knew service users could refuse treatment. Another staff gave this remark: *“on most occasions we don’t allow service users to refuse treatment...yes, service users have the right to refuse treatment but sometimes we force them to take the medications.”*

Daily interaction between the staff and service users was done in a respectful manner. Despite the cordial relationship, staff did not take opportunity to create awareness on user rights. While we were told information about diagnosis and treatment was made available to users, the staff said such information was only for service users notices and not for decision making. Also, service users did not know they could nominate a support person as they were mostly brought to the facility by their relatives and carers whose decisions were respected and prioritised over the concerns of service users.

A personal confidential medical file is created for each service user who seek medical treatment from the facility. Responses from service users, staff and carers suggested that electronic folders were used in some wards and medical booklets were used in other wards. Service users mostly had information through the staff when they ask, but this is done verbally. The medical booklets which were used for consultations with the psychiatrist were kept confidential. Though users had the right to add written information, opinions or comments to their file be it an electronic file or a booklet, they were not allowed to do so. Interestingly, both the staff and service users did not know this was even possible.

Suggestions for Service Improvement:

- Educate staff to ensure the consent of service users are sought at the time of admission and during treatment.
- Hospital staff should educate service users on their rights and paste flyers and informative materials on their rights at vantage areas.
- Promote 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 on their right to nominate a person to help take decisions on their behalf regarding admission, treatment and legal matters.
- Educate staff to respect and recognize supported decisions by authorized people or network groups nominated by service users 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 | |
| KBTH (MHF) | A/P | A/I | N/I | N/I | A/I | 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. |
| KBTH | A/P | N/A | N/A | A/P | A/P | A/P - There is evidence that the criterion, standard or theme has been realised, but some improvement is necessary |

The staff undertake their duties in treating service users humanly, with respect and dignity. Service users affirmed they were not subjected to any form of abuse be it verbal, physical, sexual, mental or emotionally neglected in any circumstances. Even though service users made assertions that they had no idea of any appropriate steps to prevent any abuse meted on them or the existence of any support system for abused persons, the staff did indicate there were disciplinary actions in place to deter staff from such acts. The staff also indicated there were support available for service users who are being abused in any way by any staff.

Restraints, medication, injection and talk therapy were used when service users were aggressive and such cases were recorded and reported to the appropriate quarters. The staff indicated they also establish a close and harmonious relationship with service users by using

talk therapy as a de-escalation technique to intervene and prevent crisis. Also, the staff revealed that a risk assessment form in consultation with service users is completed, however service users were not aware of their crisis triggers neither were they informed by the staff as well. It is important the Hospital discontinues the use of restraint as a form of de-escalating crisis since this is against the CRPD and the right of service users.

Electroconvulsive therapy (ECT) was administered in KBTH. The procedure is explained to service users and their relatives or carers and consent sought before administering the ECT procedure. A service user said: *"Information about ECT was shared with me"*. There was little information gathered from service users on ECT as most of them were not aware of the procedure. However, information from staff indicated the procedure was conducted by laid down clinical procedures and anaesthesia used as well. Also, ECT was not conducted on minors. Abortions and sterilizations were only done by the request and consent of service users. Psychosurgery and other irreversible treatments were not part of the treatment options offered in Korle-Bu Teaching Hospital.

Medical or scientific experiments were not conducted in this facility. However, surveys were allowed in the Hospital only after approval by the ethics committee of both Ghana Health Service (GHS) and the KBTH.

There were procedures to file a complaint against a staff of the facility which aligned with procedures for all public health facilities. However, service users were not aware of such procedures. Also, service users indicated they had no information regarding legal matters in any form. Meanwhile, staff indicated service users have access to legal representation but such information was not given to service users as legal cases hardly come up at the facility. The facility according to the staff is monitored by the Ghana Health Service and the Mental Health Authority (MHA).

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 the facility for easy reference by service users.
- Immediately discontinue the use of any form of restraint as means of de-escalating potential crisis as this is against the CRPD. Instead, hospital authorities should train staff on how to assess and identify triggers for crisis.
- Government should take steps to amend portions of the Mental Health Act that provide for the use of seclusion and other forms of restraints to ensure such practices are prohibited.
- Support procedures for abused service users should be posted on notice boards and explained to service users.
- Staff should discuss triggers and de-escalation techniques of these triggers with service users regularly to help them remember and act accordingly when the situation arises.
- Sensitise service users on the existence of complaints procedures in a language they understand. Information on this should also be posted at vantage points within the Korle-Bu Teaching Hospital for easy reference by service users.

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 | |
| KBTH (MHF) | 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 did not provide any information or support services on how service users can access financial support, housing, education, among others. However, staff explained that service users were linked with the social welfare department for assistance.

Suggestions for Service Improvement:

- The social welfare department of KBTH 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 KBTH Mental Health Ward:

- The Hospital should provide elevators, ramps, and hand bars among others to make it easily accessible to persons with physical disabilities.
- Fire emergency information should be inculcated in morning assembly meetings and discussions done in the wards for service users and staff.
- Provide a TV room or comfortable leisure area for service users.
- Hospital authorities should include comprehensive treatment plan in each service user's records and this should reflect the preferences of 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.
- Hospital staff should educate service users on their rights and paste flyers and informative materials on their rights at vantage areas.
- Promote 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 on their right to nominate a person to help take decisions on their behalf regarding admission, treatment and legal matters.
- Educate staff to respect and recognize supported decisions by authorized people or network groups nominated by service users 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 the facility for easy reference by service users.
- Immediately discontinue the use of any form of restraint as means of de-escalating potential crisis as this is against the CRPD. Instead, hospital authorities should train staff on how to assess and identify triggers for crisis.
- Support procedures for abused service users should be posted on notice boards and explained to service users.
- Staff should discuss triggers and de-escalation techniques of these triggers with service users regularly to help them remember and act accordingly when the situation arises.
- Sensitize service users on the existence of complaints procedures in a language they understand. Information on this should also be posted at vantage points within the Korle-Bu Teaching Hospital for easy reference by service users.
- The social welfare department of KBTH 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.
- 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 trainings.

Recommendations for MHA & Government:

- Government should take steps to amend portions of the Mental Health Act that provide for the use of seclusion and other forms of restraints to ensure such practices are prohibited.
- 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.
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- 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.

References:

Korle Bu Teaching Hospital. Website: <https://kbth.gov.gh/>

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

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World Health Organization



UNITED NATIONS HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER



MENTAL HEALTH AUTHORITY Total Health



Department for International Development

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