

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

Sunyani Regional Hospital Assessment Report



QualityRights



Fondation
d'Harcourt



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



Assessment Team with Hospital Staff

CONTENTS

CONTENTS	IV
ACKNOWLEDGEMENTS	V
RESULTS	9
THE RIGHT TO AN ADEQUATE STANDARD OF LIVING (ARTICLE 28 OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD))	9
THEME 2 - THE RIGHT TO ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH (ARTICLE 25 OF THE CRPD)	14
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)	18
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).....	22
THEME 5 - THE RIGHT TO LIVE INDEPENDENTLY AND BE INCLUDED IN THE COMMUNITY (ARTICLE 19 OF THE CPRD)	26
DISCUSSION	29
CONCLUSIONS AND RECOMMENDATIONS	37

ACKNOWLEDGEMENTS

The author of this report is Nurokinan Chimbar, a consultant with Methods Consult Limited, Ghana. He was part of the assessment team and designated to serve as the rapporteur. The content of the report reflects the opinions reached by the assessment team following interviews with service users, family members, staff of Sunyani Regional Hospital (SRH), observation of the facility and document review.

We are grateful to members of the assessment team for the detailed work they did:

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

We also thank the staff, service users and family members of users of the hospital for volunteering to be part of the assessment. We acknowledge the following:

Dr. Cardinal Newton, Hospital Director, Sunyani Regional Hospital
Emmanuel Appiah Boateng, Nurse in Charge of Psychiatric Ward, Sunyani Regional Hospital
Joseph Yere, Regional Mental Health Coordinator, Sunyani Regional Hospital

We also wish to thank the following people from 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 Michelle Funk, World Health Organization, Geneva
Dr Natalie Drew, World Health Organization, Geneva
Dr Maria Francesca Moro, Mailman School of Public Health, Columbia University, New York
Dr Mauro Giovanni Carta, University of Cagliari, Italy

Administrative and secretarial support:

Abdul-Fatawu Issahaku, Mental Health Society of Ghana
Nii Adico, Mind Freedom Ghana

We acknowledge the financial support from European Commission, Department For International Development, Fondation d’Harcourt, and WHO for this project.

Executive summary

Purpose

This report presents findings of WHO QualityRights assessment conducted in the mental health ward in Sunyani Regional Hospital (SRH). The purpose of this exercise was to measure the quality-of-service delivery and human rights standards in the Sunyani Regional 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 to guide the development of an improvement plan for Sunyani Regional Hospital, leveraging on both internal and external resources.

Methods

Two facilities were assessed: a psychiatric unit in a general hospital, the Sunyani Regional Hospital (the main target of the present report), and a general ward in 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 (SRH 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 28 respondents were interviewed in Sunyani Regional Hospital comprising 14 service users, 7 staff and 7 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 SRH 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 SRH.

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.

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

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 Sunyani Regional Hospital and the general ward in KBTH. The results show that none of the themes has been fully achieved for both facilities. Except for theme 5, where steps have not been taken to ensure users realize their right to live independently and be included in the community, some attempts have been made in fulfilling theme 1 to 4, but significant gaps still remain. On the right to standard of living, both Korle Bu Teaching Hospital and Sunyani Regional Hospital have achieved substantial results, but some improvements are required. The buildings were well painted with relatively good hygiene conditions in the toilets and bathrooms. Both Hospitals had the same ratings for themes 2 and 3. Some steps were initiated towards meeting the physical and mental health of users as well as their legal rights, but significant interventions are needed. There was no evidence to show that users were given the required support to live independently and be included in the community. In both Hospitals, the setting (inside the wards) was not conducive for leisure activities, but users could participate in leisure activities outside the ward, if they wish.

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/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: Not applicable (N/A); Achieved partially (A/P); Not initiated (N/I); Achievement initiated (A/I); Achievement initiated (A/I)

Discussion

The psychiatric ward in Sunyani Regional Hospital (SRH) is a 22-bed capacity ward with no stationed psychiatrist, psychologist and occupational therapist. There were 12 staff providing nursing services, 1 orderly, 1 pharmacy technician and 3 social workers. The infirmary did not have the required professional staff to provide the needed services. The Regional Hospital was established in 1927 to serve people of Western Ashanti. As a result of increased population, increased utilization and regional demarcation, the Hospital relocated to new ultramodern site to position it for the provision of world class quality service in line with its vision *“to be a World Class Healthcare Organization of repute and in “Best Practice” in the Medical and Nursing Care and in the Training high caliber Medical by year 2010”*.

The mental health ward was in good condition, but some of the paints were too old. Although reported complaints of broken items in the hospitals were fixed, service users complained of delays in response rate. The sleeping rooms were shared facilities, but provided enough space for cohabitation. The hospital also had side wards, which are available for single occupancy for services who are willing to pay extra charge. Privacy of users are guaranteed in the side wards, but no the shared rooms. From observation and account of staff, the bathrooms were not properly structured and anytime it was used, the floor remained wet with collections of water. The Sunyani Hospital was generally not disability friendly as most for the physical accesses did not make provision for wheel chair use. Food was prepared in clean environment, served in sufficient twice daily and was of good quality.

Being a government hospital, the SRH was available to the general public and its services could be accessed by anyone who visited the Hospital. The concern for service users and relatives was however on the cost for accessing mental health care, despite the fact that the Hospital did not discriminate against anyone. We found that the Hospital did not provide mechanisms for service

users to share feedback on service delivery and how standards of care could be enhanced. The Hospital did not have comprehensive recovery plans and advance directives of users. Psychosocial programs were not available. Meanwhile, these are important elements of the recovery process which will facilitate reintegration and independent living of service users. The supply of psychotropic medication was irregular and sometimes for months, the Hospital runs out of stock for certain medications. This compels relatives to procure such medications from external sources.

Access to legal capacity was not fully realized. Free and informed consent for treatment was reserved for families of service users. At no point was there an indication that services have been consulted. Treatment and detention without free and informed consent were not documented and reported to appropriate legal authorities as required by CRPD. It is our conclusion that substituted decision making was the dominant model rather supported decision making, which is recommended by WHO QR. To protect the medical information of service users, the Sunyani Hospital has individual medical folders for all service users and only permitted staff are allowed access to the folders. Service users are allowed to have access upon request and also add written comments and opinions if they wish, but this information was not made known to the service users. We were told by some staff that family members could also have access to the medical folders of service users upon formal request, but surprisingly, the free and informed consent of users are not sought before these confidential folders are given out to family relatives.

There was one instance of a verbal abuse against a service user and Hospital authorities applied administrative sanctions against the staff involved. However, there was no other reported cases of abuse, inhuman and cruel treatment. Staff were said to be generally friendly to service users and respected their self-worth and dignity. From interviews, it came to light that the Hospital uses chemical restraint to manage potential crisis situation from escalating. Though seclusion was not used and the team did not observe any room designated for such, the CRPD requires an end to the use of any form of restraint and the adoption of alternative methods of de-escalating potential crisis. This requires de-escalation assessment and the identification of triggers, working with the service users to apply acceptable techniques of diffusing crisis.

From observation and document review, the SRH adhered to health and safety precautions to protect the lives of people within the hospital community generally and that of service users in particular. Fire certificate was available, fire extinguishers installed and escape points provided, but fire drills were not conducted within the facility. There were some protocols for managing schizophrenia, mania, depression, bipolar disorders and acute psychiatric emergencies. The hospital is guided by admission criteria and these criteria do not prohibit admission based on the users' inability to pay. Though there is no written policy on referrals, the hospital makes referrals, but did not have records of the referrals made.

The right to housing, education, employment and financial resources for service users was not realized. Though the Hospital had a Social Welfare Department responsible for facilitating rehabilitation, reintegration and independent living in the community, this role was not effectively done. However, the problems such as access to housing, financial resources and housing are symptomatic of the problems in the wider Ghanaian society. Nonetheless, there are

important government safety nets and social protection programs at the local assemblies, which the Hospital can leverage upon to support users gain access.

Conclusions and recommendations

The Hospital has made significant progress with regards to the right to adequate standard of living. Modest steps have been made on access to mental health services, legal capacity and freedom from torture and cruel degrading treatment. There was no evidence of steps taken to improve service users' access to services in the community to facilitate independent living. General repairs are required, free and informed consent of service users should be respected, immediately stop the use of restraint and establish linkages to support networks within the 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 psychiatrist was assigned to carry out document review because of their wealth of experience in direct mental health practice. The author of this report was designated as rapporteur to take notes and compile results of the assessment team while the rest of the trained officers collected data through interviews and observation. To ensure the team was 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 Mind Freedom
2	Nana Abena Korkor Addo	Recovered service user with MEHSOG
3	Grant Baiden	Mental health advocate in NGO
4	Professor J.B. Asare	Retired Psychiatrist
5	Michael Bosompem-Twum	Mental health advocate
6	Humphrey Kofie	Mental health advocate with MEHSOG
7	Evans Oheneba-Mensah	Mental health advocate

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 only understood the native language will not be able to read even when it is displayed. 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. They 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. Sunyani Regional Hospital like any other hospital will be mandated to adopt these standard forms when they are ready for use. Chemical restraint is practiced in SRH. Although the Mental Health Act of Ghana allow the use of seclusion and restraint against the provisions of CRPD, of importance is the fact that the CRPD requires the end of these practices (seclusion and restraint) and the implementation of alternatives. Using the WHO QR toolkit however, this was the first assessment at Sunyani Regional Hospital. Before this assessment, approval was obtained from the ethics committee of the Ghana Health Service and consent of respondents sought before information was collected. For purposes of comparison, the findings on SRH will be related to the results found in Korle-Bu Teaching Hospital (KBTH), a general facility. The general expectation is that conditions and standards of treatment in KBTH are expected to be better than what pertains in the mental health ward in SRH.

The visit

Preliminary discussions were held with the medical director of Sunyani Regional Hospital 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 between the assessment team and hospital authorities, 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: 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
Sunyani Regional Hospital	19	22	28 September, 2020 to 29 September, 2020	7	7	14	14	7	7
Korlebu Teaching Hospital			15 October, 2020 to 16 October, 2020	3	3	3	3	0	0

Description	Number
Beds	22
Psychiatrist	0
General Administrator	1
Clinical Psychiatric Officers	1
Nurses	12

Social Workers	3
Occupational Therapist	0
Orderly	1
Pharmacy Technician	1
Average length of stay	10 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 a day (4th November, 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

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: N/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.	N/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.	N/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.	N/I	N/I
Criterion 1.7.4. Staff provide information to service users about activities in the community and facilitate their access to those activities.	N/I	N/I
Criterion 1.7.5. Staff facilitate service users' access to entertainment outside of the facility, and entertainment from the community is brought into the facility.	N/I	N/A

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

Overall scores:

Mental health services: A/I

General health services: A/I

Standards

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

Mental health: A/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: A/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.	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.	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/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/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 - 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 support² 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

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.	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.	N/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.	N/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/P	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 - 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/A

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/A

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.	N/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.	N/I	N/A
Criterion 4.2.2. Alternatives to seclusion and restraint are in place at the facility, and staff are trained in de-escalation techniques for intervening in crises and preventing harm to service users or staff.	N/I	N/A
Criterion 4.2.3. A de-escalation assessment is conducted in consultation with the service user concerned in order to identify the triggers and factors he or she find helpful in diffusing crises and to determine the preferred methods of intervention in crises.	N/I	N/A
Criterion 4.2.4. The preferred methods of intervention identified by the service user concerned are readily available in a crisis and are integrated into the user's individual recovery plan.	N/I	N/A
Criterion 4.2.5. Any instances of seclusion or restraint are recorded (e.g. type, duration) and reported to the head of the facility and to a relevant external body.	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.)	N/A	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/A	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/A	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 - 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

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
SRH	A/P	A/P	A/P	A/P	A/P	A/P	N/I	A/P – <i>Achieved Partially</i> : 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 - <i>Achieved Partially</i> : There is evidence that the criterion, standard or theme has been realised, but some improvement is necessary

The physical state of the psychiatric ward in Sunyani Hospital is good, but paint on the walls is too old. Service users have beds to themselves and the place is spacious without overcrowding. However, we were told at some point in time, service users in the male ward had to sleep on the floor because the dormitory was fully occupied. Service users raised concern about delays in response to reported complaints. *“We complained about our beds, but it took a while before they were mended”*, a user said. Staff also confirmed this by alluding to the fact that plumbing works usually take some time to be repaired compared to electrical works. The Sunyani regional hospital had separate wards for both men and women. The rooms are shared rooms with maximum of four beds in each room, but side wards also exist, which allow for single occupancy. The side wards allow for privacy and are available for only service users who are willing to pay extra charge for them. The rooms with multiple occupants have no changing rooms or any form of partitions to allow for privacy.



The bathrooms and toilets were not properly structured and this leaves the bathroom floor always wet. Service users said the bathrooms and toilets are not always clean. This is in sharp contrast to what the staff said – *“bathrooms and toilets are cleaned regularly and often”*. Despite the fact that there are separate cubicles in the bathrooms and toilets, they are no doors to each cubicle and hence no privacy. Apart from the showers at the male ward, which were not functional, the water closets and water taps were functioning well. Again, the male ward did not have a heater to provide hot water, but staff told us service users are provided with hot water anytime request was made. The staff also informed the team that the female ward had a functional hot water system. Toilet paper is provided by service users at their own cost.

Although the doors in Sunyani Psychiatric ward were wide enough to accommodate wheelchair users, the facility was generally not accessible to persons with physical disabilities. There were no ramps to the entrance of the ward while bathrooms and toilets did not have hand-bars to support persons with physical disabilities. Lighting situation was fairly good. However, both service users and staff reported that bulbs go off from time to time. We were told that the wards do face electrical challenges because the electrical connections are centralised.

We realized the wards have adequate windows, which can be opened to provide natural ventilation into the rooms. However, service users complained that the windows cannot easily be opened. In the light of this, service users were fairly comfortable with the ventilation in the rooms as some of the fans were not functional. In addition to this, there some concerns around safety. Whereas service users are completely unaware of issues around fire safety, staff indicated education on fire safety are organised for staff. We were told the last fire drill occurred a year ago, but smoke alarms were not functional. Staff hold the view that service users will be rescued with the assistance of staff in case there is fire outbreak.

There is flexibility on the sleeping time and service users can choose to sleep and wakeup any time. Mattresses in the dormitories are in good condition and bedsheets are provided except that service users complained that the size of the bedsheet was small and could not cover the entire mattress. There were lockers by the bedside for each user, but can be access by other service users. The food provided is sufficient and of good quality. It is prepared under clean environment and meet the dietary needs of different service users. What is lacking is a designated facility for eating. Service users bring their own clothing and they are washed by relatives or family members.

Telephone conversations are not monitored by staff because users are allowed to use their personal mobile phones. They speak in their preferred language and do not require any interpretation or translation. Though visitors are allowed between 6am to 6pm, there are no visitors rooms to allow for quality time with service users. Visitors mostly sit on the beds used by service users. However, the design of the psychiatric ward in Sunyani promotes communal interactions among users and between users and staff. Leisure opportunities such as television sets, ludo oware, cards and other board games are provided. No specific places are designed for leisure activities, but users can freely move within the ward, but not allowed to attend personal events such as weddings and funerals.

Suggestions for service improvement

- Fix doors on bathrooms and toilets to allow for privacy when in use by service users.
- Correct design flaws in bathrooms to ensure there are no stagnant waters anytime they are used.
- Repair non-functional fans and regularly service them to improve ventilation within the rooms
- Provide a designated place for visitors and leisure activities. This will allow users to have quality time with colleagues and visitors.
- Replace small sized bedsheets and consider providing laundry services to service users. The current practice where relatives wash bedsheet for service users makes the changing of bedsheets irregular.
- Redesign pathways to be accessible to persons with disabilities by creating ramps and fixing hand bar in the toilets and bathrooms.

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	
Sunyani Hospital	A/F	A/I	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.
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 Sunyani Hospital provides services to the general public and indeed was available to everyone who requires treatment at the time this assessment was carried out. It is the regional hospital that serves the general public in the Bono, Ahafo and Bono East regions in Ghana. Though the Hospital does not discriminate when providing services, some users were concerned about the cost-of-service provision. Apart from this, nobody is denied treatment on the basis of their association or affiliation with any group (sex, ethnicity, religion, race or political orientation). The only exception was that children are not admitted. Both out-patient and in-patient services were accessible to service users who visited the Hospital for mental health care - be it referral or on first time basis. The team were informed the Hospital does not admit or keep service users in the facility based on the demographic factors listed above. The Hospital lack adequate number of skilled staff – there was no psychiatrist and occupational therapist, although these are important health officers as far as treatment and recovery are concerned. The Hospital had only 1 Clinical Psychiatric officer who performs the role of a psychiatrist, including prescribing psychotropic medication. During medical rounds, service users have the opportunity to consult with the clinical psychiatrist and other mental health staff. Despite the enormous human rights issues in the area of mental health, we found

that staff had not received comprehensive training on human rights, especially key provisions in the CRPD.

We also found that the Hospital did not provide mechanisms to allow service users to freely share their opinions on the kind of services provided in the hospital and how some aspects of service delivery could be improved. There was no recovery plan in place for any service user and no document captured how treatment, psychosocial rehabilitation and links to support networks reflect the plans of service users. Emphasis was placed on medical treatment and most often based on the preferences of relatives and staff. None of the users interviewed knew of advance directives because this was not encouraged. This is contrary to provisions in the CRPD. Advance directives are important because they make treatment easy - choices of service users on the type and place of treatment would have been known ahead of any future incidence that can render a user of being incapable of communicating his or treatment choices.

Psychosocial programs such as self-talk, self-help group therapy, psychosocial rehabilitation and psychoeducation help service users to play their social roles optimally as well as develop their skills for employment, education or participation in societal activities. These help to facilitate recovery and support service users to live independently in society. From interviews, we realised such programs were not available. However, staff of the Hospital do encourage service users to maintain contact with their social networks as these groups are helpful in supporting service users to live independently in the community. Though the Hospital makes effort to link users to services within their communities, such efforts are not effective and produce little impact. There were concerns about availability of psychotropic medication because of irregular supply and cost of medication. When we asked users whether psychotropic medication was available, affordable and used appropriately, they said: “not at all” and gave example of inappropriate use of largactil injection.

The absence of some psychotropic medication compels relatives of users to procure such medications from external sources. From sampled reviews of prescriptions, the dosages were appropriate and users are often monitored for potential side effects. Though service users were not informed of potential side effects, they were sometimes told about the purpose of the medication. We learnt from staff that users are not informed of side effects of medications because of the tendency to deter service users from taking the medications. This is against the rights of users to self-knowledge about side effects of medication they are given. During consultation on first visit to the Hospital, service users were taken through physical health examination and screening for specific ailments and this is repeated when necessary after users have been admitted. We were informed service users were equally treated for ailments other than mental health issues. Where the Hospital is unable to handle specific medical conditions and procedures, such cases are referred to other health facilities that have the capacity to handle, but there was no record to account for the number of referrals made by the Hospital. However, if a medical procedure could not be handled by the psychiatric unit, medical specialists from the mainstream Hospital are invited to support. Health promotions were provided on one-to-one basis. Service users made references to health promotion about smoking and its effects. But reproductive health and family issues were not discussed with service users. It was on the basis of these that the team conclude that the Sunyani Regional Hospital has made efforts to ensure users’ right to enjoyment of the highest attainable standard of physical and mental health is realised, but a lot more needs to be done in many respects and these are captured in our suggestions for service improvement.

Suggestions for service improvement:

- Improve the supply of psychotropic medications in the Hospital
- Introduce occupational therapy unit and recruit relevant staff to support psychosocial programs for service users
- Develop comprehensive recovery plans, which includes plans for education and employment. In addition, service users should be encouraged to come up with advance directives to guide how future treatment and recovery should be handled when users are not capable to making choices regarding their treatment.
- Put in place mechanism to document the nature, number and type of referrals made by the Hospital
- Provide feedback mechanism and encourage service users to give their opinions of the quality of service delivered in the Hospital. This will help to identify areas that require improvement to ensure users receive the highest standard of physical and mental health
- Train staff on human rights standards and particularly the WHO QR toolkit

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	
Sunyani Hospital	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.

The results of the assessment show that the Hospital has initiated steps to ensure service users realise their legal rights to the choice of treatment, informed consent and confidentiality of their medical information. But the hospital needs to do more to guarantee the full realization of their rights.

Sunyani Regional Hospital puts the family at the center of every decision regarding the treatment of service users. There was no consultation with users on key decisions such as form and place of treatment. It is assumed family members have the interest of service users and that it is acceptable to entrust decisions about the wellbeing of service users into the control of the family. Though document review carried out by the team shows that the average length of stay in the Hospital was 10 days, service users said the Hospital does not make efforts to facilitate their discharge.

Admission and treatment are done without the consent of users. Staff do not make reference to advance directives during treatment because service users are not even encouraged to prepare advanced directives.

The right of service users to refuse treatment is not known to users and therefore not exercised. From document review, we noted the Hospital had admission criteria in place for service users, but cases of treatment and detention in the Hospital without free and informed consent were not documented and reported to appropriate legal authorities as required by the QR toolkit. Steps have equally not been taken to sensitize users on the procedures to appeal their detention or treatment. In fact, the Sunyani Regional Hospital had no structures in place for appealing treatment and detention without free and informed consent. Everything about treatment and detention is left to the family to decide with the advice of the hospital staff. No support exists to help service users to exercise their legal capacity.

Staff interact with service users in a respectful manner but fail to recognize the capacity of users concerning decision making and treatment choices. There are a few staff who are conversant with some broad aspects of the mental health Act of Ghana touching on some fundamental human rights of service users. However, there is no clear comprehensive information on the rights of service users whether in written or verbal form.

Information about assessment, diagnosis and treatment are documented in the medical folders of users, but some information is not disclosed to service users except their family members. Therefore, service users are not better placed to take decisions regarding their treatment due to this non-disclosure of critical information on the diagnosis of their health status and treatment. In we were told service users are allowed to nominate and consult with a support person of their choice who can exercise the right of taking decisions about personal issues, admission, legal and financial matters. On the contrary, this did not exist as family members were automatically considered by hospital staff as the trusted representatives of users and respected their views in all matters. Thus, instead of supported decision making which is encouraged and sanctioned by CRPD, the dominant decision-making model used in Sunyani Hospital was substituted decision making. The hospital had no support mechanism in place to help users without support persons or network of persons to gain access to service.

The Hospital had medical folders for each service user. Access to these folders is limited to only approved staff of the Hospital, but when demanded by service users, the folders are made available. We also realized that family members can have access to these folders upon request and the request can be made without the free and informed consent of service users. Although family members are assumed to have the best interest of users, the express consent of service users is required by family members to access to the medical folders of users in so far as users did not voluntarily appoint such representatives. Whilst hospital staff said service users are permitted to add written information, opinions and comments to their medical files without censorship, we realised users did not have that information and obviously did not opt to exercise that right.

Suggestions for service improvement:

- Work with service users to prepare advance directives to facilitate future treatment and recovery of users
- Staff should endeavour to seek free and informed consent of service users for treatment as well as educate users on their right to nominate support persons or representative of network groups to take decisions on their behalf.
- Sensitise service users on their rights to have access to the confidential medical folders and be able to add written opinions and comments

- Staff should respect service users' rights to refusal of treatment. Alternatively, staff should explain the purpose of treatment and side effects of medication to users, where it is clear the refusal of treatment is due to lack of understanding of the treatment intent.

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

Facility	Standards					Theme Rating
	4.1	4.2	4.3	4.4	5.5	
Sunyani Hospital	A/P	N/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 – <i>Achieved Partially</i> : There is evidence that the criterion, standard or theme has been realised, but some improvement is necessary

Generally, the right to be free from torture, cruel, inhuman or degrading treatment was respected by staff of the Hospital. Staff of the Hospital told us some service users sometimes resist treatment, which is within their right to do so. Most often, staff employ the technique of persuasions while engaging the affected service users in respectful ways to convince them. We were informed service users are not subjected to any form of verbal, physical, sexual or emotional neglect or abuse, but a staff recounted an instance which resulted in the exchange of abusive words with a service user because there was an attempted escape by the service users from the premises of the hospital. According to Hospital authorities, this was a one-off event, which was duly reported to the senior officer in charge of the ward and staff was subsequently queried and apologised for the misconduct. The hospital takes some steps to support service users who have been abused, including medical examination if it requires. However, there is no clear procedure on how to access such support mechanisms.

The Sunyani hospital does not use seclusion as a form of de-escalating potential crisis. The assessment team did not see any seclusion rooms as well. But there are negotiated sedation procedures and chemical restraint used by the Hospital to management crisis situation. This is against the CRPD and the WHO Quality Rights (QR). The CRPD requires immediate end to the use of restraints as means of de-escalating potential crisis. The team found that staff have not been trained on how to work with service users to identify triggers users find helpful in managing crisis as part of de-escalation assessment. As a result, this is not considered as an option when staff are confronted with potential crisis. Because staff do not conduct de-escalation assessment, alternatives preferred by service users are not known to be adopted during crisis. We observed that instances of restraint used were documented in service users' medical folders and senior officer in charge of the ward notified. However, no external body was informed of any form of restraint used for a service user.

Discussion with hospital authorities show that Electroconvulsive Therapy (ECT), psychosurgery and other forms of irreversible medical procedures are not carried out in Sunyani Regional Hospital. We also realised that no service user has ever been referred to another hospital for such procedures to be carried out. Due to the non-use of the ECT and other potentially

irreversible medical procedures, there was no policy guideline on its application. Though the Hospital had treatment protocols such as the protocol for the management of Schizophrenia; mania; depression; bipolar disorder and acute psychiatric emergency, none of the protocols explicitly addressed the ECT procedure. However, the Hospital is guided by the Mental Health Act, which prohibits the use ECT and other irreversible procedures in medical emergencies. Abortions and sterilisation were not done in the psychiatric unit of the hospital.

Medical and scientific experimentation involving service users are serious procedures that the CRPD in article 15 disallows without the free and informed consent of service users. Sunyani Hospital has never carried out any medical or scientific experimentation on service users before and therefore, the option for staff compromises or otherwise in the form of receiving remuneration, or compensation to allow such procedures without free informed consent did not avail itself for evaluation. Equally, there was no opportunity to assess whether approval of independent authorities is obtained for such procedures.

There are sanctions against staff who involve themselves in misconduct leading to torture of service users, inhuman or degrading treatment and abuse of users. However, service users are not well informed on the procedures to file appeal and/or report complaints, yet remain anonymous to external independent legal bodies. We were told that service users do not suffer any form of negative repercussions for reporting complaints against staff. The Hospital does not prohibit service users from consulting with or having access to legal representatives for confidential discussion, but attorneys are not available in the Hospital for users to easily access and support is not given to assist service users access their services. Though the Mental Health Act of Ghana provides for the establishment of Mental Health Tribunal to investigate and deal with complaints, it appears that has not been fully activated. Also, service users do not have access to advocates who will help in sensitising them on human rights issues and how to exercise their rights with respect to legal capacity (e.g., filling of appeals and complaints). Apart from administrative sanctions that were issued against staff for engaging in verbal exchanges with service users, the route of legal action has not been used against staff for abusive conduct. Under the Mental Health Act of Ghana, the Mental Health Authority (MHA) is responsible for collaborating with the relevant regulatory agencies to ensure compliance to standards of mental healthcare and this includes preventing ill-treatment in facilities providing mental health services. The psychiatric unit of the Sunyani Hospital falls under the monitoring jurisdiction of the MHA.

Suggestions for service improvement:

- Train staff on human rights standards and the need to respect and treat service users with dignity no matter the extent of ‘provocation’ staff encounter.
- Discontinue the use of restraints as means of de-escalating potential crisis. Alternatively, staff should be trained on how to conduct de-escalation assessment to identify triggers service users deem helpful in diffusing their crisis.
- Amend the Mental Health Act to stop the use of restraint as means of e-escalating potential crisis that service users are likely to face.

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	
Sunyani Hospital	N/I	N/I	N/I	N/I	N/I - <i>Not initiated</i> : There is no evidence of attempts or steps towards fulfilling 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 towards fulfilling the criterion, standard or theme.

Article 19 of the CRPD recognises the equal right of all persons, including the rights of service users to live in the community, on equal basis with others. It requires ratifying countries to take effective and appropriate measures to facilitate full enjoyment by service users of this right and their full inclusion and participation in the community. Upon the assessment of this provision in relation to Sunyani Regional Hospital and Korle Bu Teaching Hospital, we conclude that no evidence of attempts has been made towards realising this right. The Hospitals have not supported service users to have access to housing, employment or financial resources that will enable service users have independent living in the communities. Users are not given any information on the existence of these resources. To a large extent, some of these challenges are symptomatic of the problems in the wider Ghanaian society. At the same time, there are some government social intervention programs that can benefit service users, if information is passed to users and their relatives appropriately. In as much as the Social Welfare Department is mandated to facilitate the reintegration of service users by linking them to the appropriate support agencies and network, it is also important for all staff to be involved. Service users were not able to access educational and employment opportunities. This is compounded by the fact that the Sunyani Hospital does not have Occupational Therapist and an OT unit that is supposed to support the development of users' daily life skills, vocational rehabilitation and psychosocial functioning.

The Hospital also did not provide the needed support to enable service users to take part in any political, social, cultural and religious activities or public life in general. The relevant information that is need to facilitate this participation was not availed by staff.

Suggestion for service improvement:

- The Hospital Social Welfare Department should establish working relations with Fund Management Committees of the District Assemblies fund allocated to persons with disabilities. These relations will facilitate the linking of service users to the fund to support reintegration efforts.
- The Hospital should setup occupational Therapy unit and recruit qualified personnel to develop the skills of service users tailored to create easy opportunity to educational and employment opportunities.
- Government should consider providing social homes in the future for service users who are unable to get support from families and relatives to reunite, reintegrate and live independently in the communities.

Conclusions and recommendations

Ghana has ratified the United Nations (UN) Convention on the Rights of Persons with Disability. This enjoins the country to adopt appropriate measures to align the national laws and policies

with the CRPD to improve mental health service delivery. Steps have been taken towards fulfilling the rights of service users, but some improvements are necessarily required to meet the highest standards of service delivery. Service users are not able to fully enjoy the right to adequate standard of living owing to the fact the physical buildings in Sunyani Hospital have some structural gaps with concerns for hygiene improvement. Right to privacy in sleeping areas and during communication, access to constant supply of water and enjoyment of social and personal life are concerns. The Hospital failed to respect the right of users to free and informed consent during treatment and the need to ensure supported decision making is encouraged rather than substituted decisions. Availability of psychotropic medications was a concern; no comprehensive recovery plans that are user driven and lack of appropriate linkages to support mechanisms to facilitate psychosocial rehabilitation and reintegration were concerns that need to be addressed.

Recommendations

- Fix doors on bathrooms and toilets to allow for privacy when in use by service users.
- Correct design flaws in bathrooms to ensure there are no stagnant waters anytime those facilities are used.
- Repair non-functional fans and regularly service them to improve ventilation within the rooms
- Provide a designated place for visitors and leisure activities. This will allow users to have quality time with colleagues and visitors.
- Replace small sized bedsheets and consider providing laundry services to service users. The current practice where relatives wash bedsheet for service users makes the changing of bedsheets irregular.
- Redesign pathways to be accessible to persons with disabilities by creating ramps and fixing hand bars in the toilets and bathrooms.
- Improve the supply of psychotropic medications in the Hospital
- Introduce occupational therapy unit and recruit relevant staff to support psychosocial programs for service users
- Develop comprehensive recovery plans, which includes plans for education and employment. In addition, service users should be encouraged to come up with advance directives to guide how future treatment and recovery should be handled when users are not capable to making choices regarding their treatment.
- Put in place mechanism to document the nature, number and type of referrals made by the Hospital
- Provide feedback mechanism and encourage service users to give their opinions of the quality of service delivered in the Hospital. This will help to identify areas that require improvement to ensure users receive the highest standard of physical and mental health
- Train staff on human rights standards and particularly the WHO QR toolkit
- Work with service users to prepare advance directives to facilitate future treatment and recovery of users
- Staff should endeavour to seek free and informed consent of service users for treatment as well as educate users on their right to nominate support persons or representative of network groups to take decisions on their behalf.
- Sensitise service users on their rights to have access to the confidential medical folders and be able to add written opinions and comments

- Staff should respect service users' rights to refusal of treatment. Alternatively, should explain the purpose of treatment and side effects of medication to users, where it is clear the refusal of treatment is due to lack of understanding of the treatment intent.
- Train staff on human rights standards and the need to respect and treat service users with dignity no matter the extent of 'provocation' staff encounter.
- Discontinue the use of restraints as means of de-escalating potential crisis. Alternatively, staff should be trained on how to conduct de-escalation assessment to identify triggers service users deem helpful in diffusing their crisis.
- Amend the Mental Health Act to stop the use of restraint as means of e-escalating potential crisis that service users are likely to face.
- The Hospital Social Welfare Department should establish working relations with Fund Management Committees of the District Assemblies fund allocated to persons with disabilities. These relations will facilitate the linking of service users to the fund to support reintegration efforts.
- The Hospital should setup occupational Therapy unit and recruit qualified personnel to develop the skills of service users tailored to create easy opportunity to educational and employment opportunities.
- Government should consider providing social homes in the future for service users who are unable to get support from families and relatives to reunite, reintegrate and live independently in the communities.

References:

Ghana Health Service Website: <https://www.ghanahealthservice.org/category.php?hid=2&cid=8>

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

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

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

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

Author:

NUROKINAN CHIMBAR

Consultant, Methods Consult Limited

E-mail1: chimbar@methodsconsult.org

E-mail2: nchimbar@gmail.com

Mob. +233 (0)233333204/2



QualityRights



Fondation d'Harcourt



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