



QualityRights

WHO QualityRights Tool Kit

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

Review of documents
and observation tool



**World Health
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Instructions for using the review of documentation and observation tool

The *WHO QualityRights assessment tool: review of documents and observations* provides guidance on observing a facility and reviewing relevant documentation as part of the assessment. See the *WHO QualityRights Tool Kit* for further information on conducting observations and reviewing documentation.

Review of documentation

This tool provides guidance on the types of documentation that should be reviewed as part of an assessment. Documentation can be divided into four broad categories:

- facility policies, guidelines, standards and other official directives;
- administrative records (e.g. number and categories of staff, number, age and gender of service users, admission and discharge records);
- records of specific events, e.g. complaints, appeals against involuntary admission or treatment, incidents of theft, abuse and deaths; and
- service users' personal records or files.

Observation

This tool provides guidance on what should be observed during a visit to a facility. The activities should include the following:

- Visit all parts of the facility, e.g. acute and chronic units, male and female wards, seclusion rooms, rooms where electroconvulsive therapy is administered, occupational therapy rooms, the kitchen, eating area, toilets and bathrooms.
- Observe interactions between staff and service users in order to determine whether service users are being treated with dignity and respect.
- Observations should be made with all five senses. For example:
 - See whether washing amenities and toilets are clean.
 - Smell whether the toilets have a bad odour.
 - Feel whether there is hot running water.
 - Hear whether service users shout or scream.
 - Taste the food to judge whether it tastes good and is edible.

Note: Theme 1 of the tool kit, *The right to an adequate standard of living*, addresses living conditions in residential facilities specifically and thus does not apply to outpatient services. It does, however, apply to day-care centres, which have a residential component.

Facility Administrative information

Please complete the information below and check (✓) the appropriate response:	
Name and region of facility:	
Type of facility (<i>tick as appropriate</i>):	
Psychiatric hospital	<input type="checkbox"/>
Psychiatric ward in general hospital	<input type="checkbox"/>
Outpatient service (including community mental health or substance abuse centres, primary care clinics and outpatient care in general hospitals)	<input type="checkbox"/>
Social care home (including orphanages, homes for elderly people, homes for children with intellectual and other disabilities and other 'group' homes)	<input type="checkbox"/>
Rehabilitation centres	<input type="checkbox"/>
Day-care centre	<input type="checkbox"/>
General health facility (<i>please specify type</i>)	<input type="checkbox"/>
Other (<i>please specify type</i>).....	<input type="checkbox"/>
Facility provides services for: (<i>tick one or several boxes as appropriate</i>):	
Adults	<input type="checkbox"/>
Children	<input type="checkbox"/>
The elderly	<input type="checkbox"/>
Alcohol use disorders	<input type="checkbox"/>
Substance use disorders	<input type="checkbox"/>
Mental disorders	<input type="checkbox"/>
Neurological disorders	<input type="checkbox"/>
Intellectual disabilities	<input type="checkbox"/>
Other (<i>please specify</i>).....	<input type="checkbox"/>
Announced visit?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual interviewed:	
Service user <input type="checkbox"/> Family member, friend or carer <input type="checkbox"/> Staff member <input type="checkbox"/>	
Interviewee consent given?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of interviewer:	
Date:	

Overview of current service user population

In one or two paragraphs, please describe the purpose and mandate of the facility, including the target population and whether the facility is privately or publicly run (e.g. by the ministry of health) or affiliated with a university and if it is associated with a clinic or other type of health facility.

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On the basis of a review of the facility's administrative records, provide a response where applicable to the facility being reviewed.

Total number of service user	
Number of females	
Number of males	
Age range of service users, e.g. 20–65 years	
Number of service users placed under guardianship	
Number of staff by profession:	
• Psychiatrists	
• Psychologists	
• General practitioners/medical doctors	
• Nurses	
• Social workers	
• Occupational therapists	
• Other (please specify)	
Total number of beds in use at the facility	
Number of service users under voluntary status	
Number of service users under involuntary status (admission and treatment)	
Average length of stay for all service users	

THEME 1
THE RIGHT TO AN ADEQUATE STANDARD OF LIVING
(ARTICLE 28 OF THE CRPD)¹

Standard 1.1

The building is in good physical condition.

Criteria

- 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).
- 1.1.2 The building is accessible for persons with physical disabilities.
- 1.1.3 The building's lighting (artificial and natural), heating and ventilation provide a comfortable living environment.
- 1.1.4 Measures are in place to protect people against injury through fire.

Guidance

Review of documentation

Review all policies and procedures relating to fire and health and safety regulations, and note specifically whether:

- relevant, up-to-date procedures are in place in case of emergency; and
- staff and service users receive training on health and safety measures in the facility.

Observations

Observe and comment on the condition of:

- walls
- windows
- floors
- ceilings and roofs
- grounds

Observe and comment on the accessibility of the building for persons with physical disabilities, including the presence or absence of:

- an accessible entranceway to the building, e.g. permanent ramp with a gradual slope;

¹ Theme 1 specifically addresses living conditions in residential facilities and thus does not apply to outpatient services. It does, however, apply to day-care centres, which has a residential component.

- doorways to the building and rooms that are wide enough to accommodate standard-size wheelchairs;
- toilet and bathing areas that include facilities for people with physical disabilities, including hand-bars, no-step showers, accessible bathtubs and wide stalls;
- signage that includes braille; and
- visual cues for persons with impaired hearing, such as flashing lights when the fire alarm sounds.

Observe and comment on the quality of:

- lighting, i.e. the rooms are sufficiently bright, with both natural and artificial light sources;
- ventilation, i.e. there is fresh air exchange throughout the building; and
- heating and cooling systems, i.e. the facility is sufficiently warm in the cold seasons and sufficiently cool in the hot seasons, especially in sleeping and recreation areas.

Observe and comment on the availability, condition and accessibility of:

- fire extinguishers
- smoke alarms
- fire exits
- fire doors
- fire escapes.

Standard 1.1 Documentation reviewed and observations

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Theme 1

Standard 1.2

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

Criteria

- 1.2.1 The sleeping quarters provide sufficient living space per service user and are not overcrowded.
- 1.2.2 Men and women as well as children and older persons have separate sleeping quarters.
- 1.2.3 Service users are free to choose when to get up and when to go to bed.
- 1.2.4 The sleeping quarters allow for the privacy of service users.
- 1.2.5 Sufficient numbers of clean blankets and bedding are available to service users.
- 1.2.6. Service users can keep personal belongings and have adequate lockable space to store them.

Guidance

Review of documentation

Review the policies for the sleeping conditions in the facility, noting specifically whether there are policies that address:

- the number of services users per bedroom;
- separate sleeping quarters for men, women, children and older persons;
- times when service users are required to rise and go to bed and any restrictions on when they can stay in their bedrooms; and
- privacy measures, including the availability of personal locked storage spaces.

Observations

Observe the sleeping quarters, and comment on:

- whether the number of people in each unit exceeds the number of beds available;
- whether men, women, the elderly and children share sleeping accommodation;
- the quality and quantity, availability and cleanliness of the bedding;
- the availability, location and accessibility of locked cupboards or lockers for private storage of personal belongings and separations between beds to provide privacy (e.g. curtains).

Observe and comment whether service users are:

- required to get up at a certain time,
- prevented from returning to their rooms during the day or
- required to go to bed at a certain time at night.

Standard 1.2 Documentation reviewed and observations

A large, empty rectangular box with a thin black border, intended for recording documentation and observations related to Standard 1.2.

Theme 1

Standard 1.3

The facility meets hygiene and sanitary requirements.

Criteria

- 1.3.1 The bathing and toilet facilities are clean and working properly.
- 1.3.2 The bathing and toilet facilities allow privacy, and there are separate facilities for men and women.
- 1.3.3 Service users have regular access to bathing and toilet facilities.
- 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.

Guidance

Review of documentation

Check whether there are cleaning rosters for the bathing and toilet facilities and that they are regularly and consistently completed.

Check whether there are policies that restrict service user access to toilet and bathing facilities, such as bathing only at certain hours of the day.

Observations

Observe the bathing and toilet facilities, and comment on:

- general cleanliness, including both physical cleanliness and any odours;
- provisions for privacy, including separate facilities for men and women;
- the availability of hot water; specifically, check that there is sufficient hot water for the number of service users in the facility;
- the availability of sufficient quantities of toilet paper or water; and
- the availability of hospital equipment that allows staff to provide personal hygiene to bedridden service users.

Standard 1.3 Documentation reviewed and observations

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Theme 1

Standard 1.4

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

Criteria

- 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.
- 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.
- 1.4.3 Service users can wear their own clothing and shoes (day wear and night wear).
- 1.4.4 When service users do not have their own clothing, good-quality clothing is provided that meets their cultural preferences and is suitable for the climate.

Guidance

Review of documentation

Check whether there is a facility policy on the content and amount of food given to service users.

Check the weekly or monthly menu to see whether it is well-balanced, sufficiently nutritious and offers a good variety of food.

Check whether there is a facility policy on the type of clothing that can be worn by service users and if any restrictions are placed on service users wearing their own clothing.

Observations

Check whether the drinking-water is clean and comes from a hygienic source.

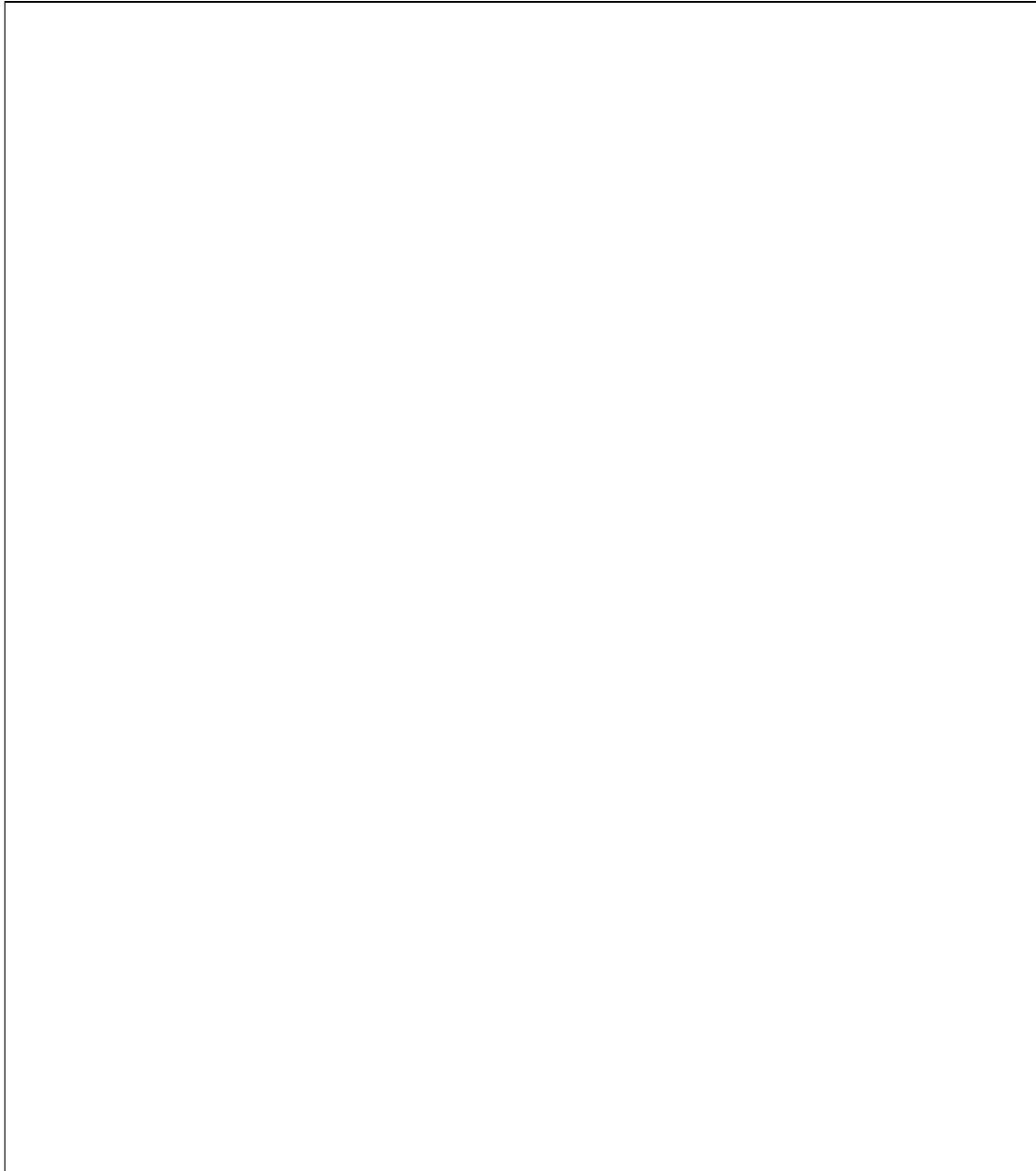
Observe, taste and comment on (involving a dietician if necessary) the food served to service users to determine whether it:

- is balanced, varied and of good quality;
- is sufficient;
- is culturally or personally appropriate, for example, kosher, halal, vegetarian;
- meets the physical health needs of individual service users (e.g. accommodates service users who have diabetes);
- served in a hygienic, suitable environment; and
- reflects food served in the community.

Observe the general appearance of service users, and comment on:

- their overall cleanliness,
- the quality and cleanliness of their clothing,
- whether their clothing is suitable for the climate,
- whether their shoes are in good condition and
- whether their clothing is appropriate for the time of day (e.g. are pyjamas worn during the day?).

Standard 1.4 Documentation reviewed and observations



Theme 1

Standard 1.5

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

Criteria

- 1.5.1 Telephones, letters, e-mails and the Internet are freely available to service users, without censorship.
- 1.5.2 Service users' privacy in communications is respected.
- 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.
- 1.5.4 Service users can receive visitors, choose who they want to see and participate in visits at any reasonable time.
- 1.5.5 Service users can move freely around the facility.

Guidance

Review of documentation

Check whether there are policies that address:

- the access of service users to means of communication, including telephones and the Internet;
- any restrictions placed on access to means of communication; and
- how service users are supported in communicating in their preferred language, including the availability of a translator and written information.

Check whether there are policies concerning visitors, and note specifically any restrictions on visits, including:

- whether service users can see visitors,
- whether they can choose the visitors they see,
- the time of day at which visits can take place,
- the hours for visits and
- who can visit the service user.

Check whether there are policies restricting service users' movements around the facility, including whether service users can move freely:

- within the facility and
- around the grounds of the facility.

Observations

Observe where the service user telephone is located and if the location allows privacy.

Observe whether service users receive post and if it is opened before they see it.

Observe whether computers are available for service users and if they are used. Note whether the computers are working and are in reasonable condition.

Observe whether there is space in the facility for service users to meet privately with visitors.

Observe whether service users can use personal mobile phones.

Observe whether service users move around freely inside the facility and on the grounds.

Observe whether there are any signs indicating that parts of the facility are out of bounds for service users.

Standard 1.5 Documentation reviewed and observations

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Theme 1

Standard 1.6

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

Criteria

- 1.6.1. There are ample furnishings, and they are comfortable and in good condition.
- 1.6.2. The layout of the facility is conducive to interaction between and among service users, staff and visitors.
- 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.
- 1.6.4. Rooms within the facility are specifically designated as leisure areas for service users.

Guidance

Review of documentation

Check whether there are policies for the provision of equipment and space to be used by service users for leisure activities.

Observations

Observe the living and leisure areas of the facility, and comment on:

- whether there is a leisure area;
- the availability, comfort and condition of the furnishings;
- the layout of the facility and whether it promotes interaction between and among staff and service users; and
- the availability and condition of leisure material and equipment, such as books, up-to-date newspapers and magazines, board games, television, stereo, DVDs and CDs.

Observe whether these areas and facilities are being used by service users or whether access is restricted (e.g. doors to these areas or facilities are locked).

Standard 1.6 Documentation reviewed and observations

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Theme 1

Standard 1.7

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

Criteria

- 1.7.1 Service users can interact with other service users, including members of the opposite sex.
- 1.7.2. Personal requests, such as to attend weddings or funerals, are facilitated by staff.
- 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.
- 1.7.4. Staff provide information to service users about activities in the community outside the facility and facilitate their access to those activities.
- 1.7.5. Staff facilitate service users' access to entertainment outside the facility, and entertainment from the community is brought into the facility.

Guidance

Review of documentation

Review facility policies, and note whether there are policies that:

- restrict interaction among service users, including with users of the opposite sex; or
- restrict service users from attending personal social activities, such as weddings and funerals.

Review facility policies for regularly scheduled activities for service users and for the provision of information and support to service users in accessing social activities outside the facility.

Observations

Observe and comment on whether staff and service users speak freely to one another and whether service users speak freely to one another.

Observe and comment on whether any organized social activities occur at the facility and whether service users attend and participate.

Standard 1.7 Documentation reviewed and observations

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THEME 2
THE RIGHT TO ENJOYMENT OF THE HIGHEST ATTAINABLE
STANDARD OF PHYSICAL AND MENTAL HEALTH
(ARTICLE 25 OF THE CRPD)

Standard 2.1.

Facilities are available to everyone who requires treatment and support.

Criteria

- 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.
- 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.
- 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.

Guidance

Review of documentation

Check whether the facility has admission criteria for service users, and, if so, comment on whether the criteria contain any restrictions on the basis of service user's:

- ability to pay fees for service
- race
- colour
- sex
- language
- religion
- political or other opinion
- national, ethnic or social origin
- property
- disability
- birth
- age

Check whether there is a referral policy.

Review the facility's admission records, and determine the number of people who have been refused admission, the reasons provided and whether they were referred to another facility.

Review the facility's discharge records, determine whether any service users were refused discharge, and comment on the reasons for not discharging service users, such as lack of support in the community, lack of financial resources, race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.

Standard 2.1 Documentation reviewed and observations

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Theme 2

Standard 2.2

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

Criteria

- 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.
- 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.
- 2.2.3 Service users can consult with a psychiatrist or other specialized mental health staff when they wish to do so.
- 2.2.4 Staff in the facility are trained and licensed to prescribe and review psychotropic medication.
- 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.
- 2.2.6 Service users are informed of and have access to mechanisms for expressing their opinions on service provision and improvement.

Guidance

Review of documentation

Review the staff list in the facility by unit and section, and determine that the unit or facility has a sufficiently diverse range of skilled staff, including:

- psychiatric nurses
- a psychiatrist
- psychologists and counsellors
- social workers
- occupational therapists
- auxiliaries trained and able to perform the multiple functions required.

Check whether there is a policy that all staff must be trained and familiar with international human rights standards, including the CRPD.

Check whether there is a policy to let service users express their opinions on service provision and improvement.

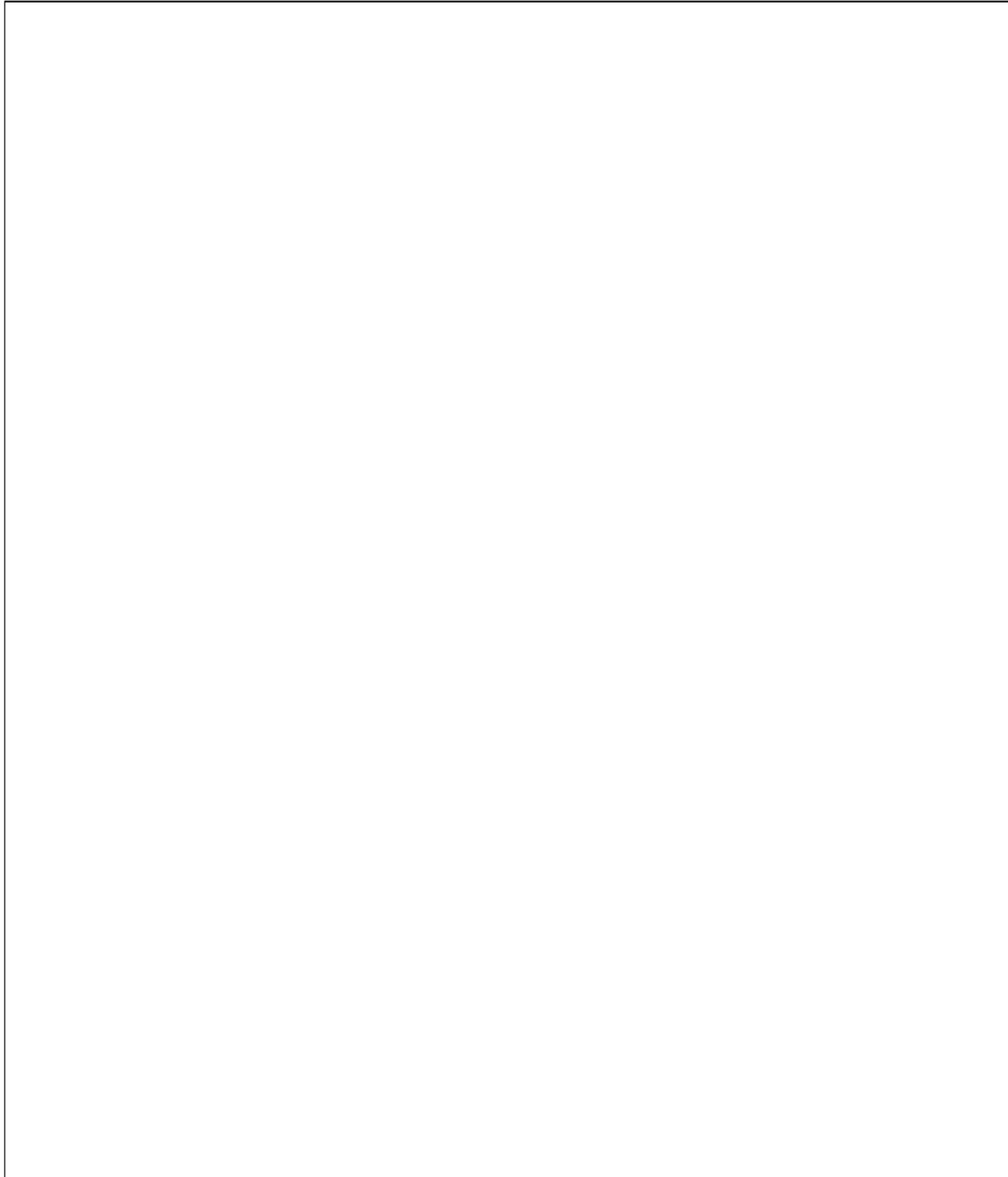
Observations

Observe and document whether there is a range of staff with different roles.

Observe and document whether service users can consult with a psychiatrist or other staff when they wish to.

Observe and document whether there are any visible signs (e.g. posters and other freely available literature) informing service users of their rights, including where they can go to express an opinion on service provision and improvement.

Standard 2.2 Documentation reviewed and observations

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Theme 2

Standard 2.3²

Treatment, psychosocial rehabilitation and links to support networks and other services are elements of a service user-driven recovery plan³ and contribute to a service user's ability to live independently in the community.

Criteria

- 2.3.1 Each service user has a comprehensive, individualized recovery plan that includes their social, medical, employment and education goals and objectives for recovery.
- 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.
- 2.3.3. As part of their recovery plans, service users are encouraged to develop advance directives⁴ 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.
- 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.
- 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.
- 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.⁵

² See also standard 3.1.

³ See Annex 4 of the *WHO QualityRights Tool Kit* for more information on recovery-oriented mental health practices.

⁴ 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.

⁵ See also theme 5.

Guidance

Review of documentation

Check the service users' files to see whether each service user has a documented recovery plan; in particular, note whether:

- the recovery plan is individualized in accordance with the needs and requirements of each service user;
- service users are consulted in the preparation and administration of their recovery plans;
- the recovery plan includes information on psychosocial rehabilitation programmes (including social, medical, employment and education programmes) that would allow service users to develop the skills necessary to fulfill the social roles of their choice.
- service users have the option to complete an advance directive as part of recovery planning;
- the recovery plan includes advance directives outlining service users' preferences about how they would like and not like to be treated if they became unable to communicate their choices at some future time;
- the advance directives are signed by the service user and a relevant member of staff to give it legal authority; and
- the recovery plan is regularly reviewed and updated by the service user with a staff member.

Observations

Observe a session between a staff member and a service user, and document whether recovery plans are used as a basis for treatment or interactions; in particular, note whether the service user is actively involved in discussions and decisions about his or her plan.

Observe a psychosocial rehabilitation programme session, and note whether service users are actively participating in learning skills, i.e. whether the staff member is lecturing service users or whether service users are actively practising the skills.

Standard 2.3 Documentation reviewed and observations

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Theme 2

Standard 2.4

Psychotropic medication is available, affordable and used appropriately.

Criteria

- 2.4.1 The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed.
- 2.4.2 A constant supply of essential psychotropic medication is available, in sufficient quantities to meet the needs of service users.
- 2.4.3 Medication type and dosage are always appropriate for the clinical diagnoses of service users and are reviewed regularly.
- 2.4.4 Service users are informed about the purpose of the medications being offered and any potential side effects.
- 2.4.5 Service users are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy.

Guidance

Review of documentation

Ask an independent expert to review the list of drugs available at the facility (if applicable), and note whether the psychotropic medications and dosages available are those recommended by WHO.

Check facility records for the past 4 months, and note whether there were periods when certain drugs were unavailable.

Check (or ask an expert in psychiatric diagnosis and treatment to check) service users' files to determine whether the medication being given is appropriate to the diagnosis and whether the prescription is reviewed regularly.

Observations

Observe and note whether service users appear to be overmedicated.

Observe and note whether medication is given on an individual basis rather than the same medication and dosage for all, and that each dose of medication administered is recorded. An independent expert may be required.

Standard 2.4 Documentation reviewed and observations

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Theme 2

Standard 2.5

Adequate services are available for general and reproductive health.

Criteria

- 2.5.1 Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter.
- 2.5.2 Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral.
- 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.
- 2.5.4 Regular health education and promotion are conducted at the facility.
- 2.5.5 Service users are informed of and advised about reproductive health and family planning matters.
- 2.5.6 General and reproductive health services are provided to service users with free and informed consent.

Guidance

Review of documentation

Review service user files to determine whether physical health examinations and/or screening were conducted at the first contact with the facility and subsequently on a regular basis. Make a note of how often screening is done.

Check whether screening is done for:

- cancer (e.g. mammograms, PAP tests, skin examinations, oral examinations);
- heart disease (e.g. blood pressure, cholesterol);
- diabetes (blood glucose levels);
- tuberculosis; and
- vaccinations.

Check for and review policies for:

- screening for influenza and voluntary access to vaccination for vulnerable groups;
- the prevention of HIV/AIDS and counselling;
- referral procedures when a service user requires surgical or medical procedures that cannot be provided at the facility;

- the types of health education and promotion to be implemented, including: obesity and exercise, healthy eating, smoking cessation and overcoming substance abuse (including alcohol abuse); and
- reproductive health and family planning for service users.

Check whether facility policy ensures that all general and reproductive health services are provided to services users on the basis of free and informed consent.

Observations

Observe and note whether service users appear to be in good physical health or if many are bedridden.

Observe and note whether health education and promotion are delivered at the facility.

Observe whether there are designated smoking areas, or whether service users are subjected to passive smoking.

Standard 2.5 Documentation reviewed and observations

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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 CRPD)

Standard 3.1.⁶ Service users' preferences on the place and form of treatment are always a priority.

Criteria

- 3.1.1 Service users' preferences are the priority in all decisions on where they will access services.
- 3.1.2 All efforts are made to facilitate discharge so that service users can live in their communities.⁷
- 3.1.3 Service users' preferences are the priority for all decisions on their treatment and recovery plans.

Guidance

Review of documentation

Check whether the facility has a policy that acknowledges and accommodates service users' preferences in all matters pertaining to where they wish to receive treatment.

Check whether the facility has a policy to promote service users' preferences regarding treatment and recovery options.

Check records and files to determine the average length of stay of service users in facilities, and note cases of excessive lengths of stay.

⁶ See also standard 2.3.

⁷ Criterion 3.1.2 applies only to inpatient facilities; all other criteria under this standard apply to both inpatient and outpatient facilities

Standard 3.1 Documentation reviewed and observations

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Theme 3

Standard 3.2

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

Criteria

- 3.2.1 Admission and treatment are based on the free and informed consent of service users.
- 3.2.2 Staff respect the advance directives of service users when providing treatment.⁸
- 3.2.3 Service users have the right to refuse treatment.
- 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.
- 3.2.5 Persons being treated or detained by a facility without their informed consent are informed about procedures for appealing their treatment or detention.
- 3.2.6 Facilities support persons being treated or detained without their informed consent in accessing appeals procedures and legal representation.⁹

Guidance

Review of documentation

Check whether there is a policy that directs staff to:

- provide information about admission and/or treatment to all service users and obtain their consent;
- ensure service users free and informed consent for admission and treatment as well as the right to refuse treatment;
- respect advance directives of service users when providing treatment;
- document and report rapidly to a legal authority the admission or treatment of a service user against his or her will; and
- inform all service users of their right to appeal their admission or treatment and the procedures for doing so, including how to access appeals procedures and legal representation if needed or desired.

Check whether there are records or files that document:

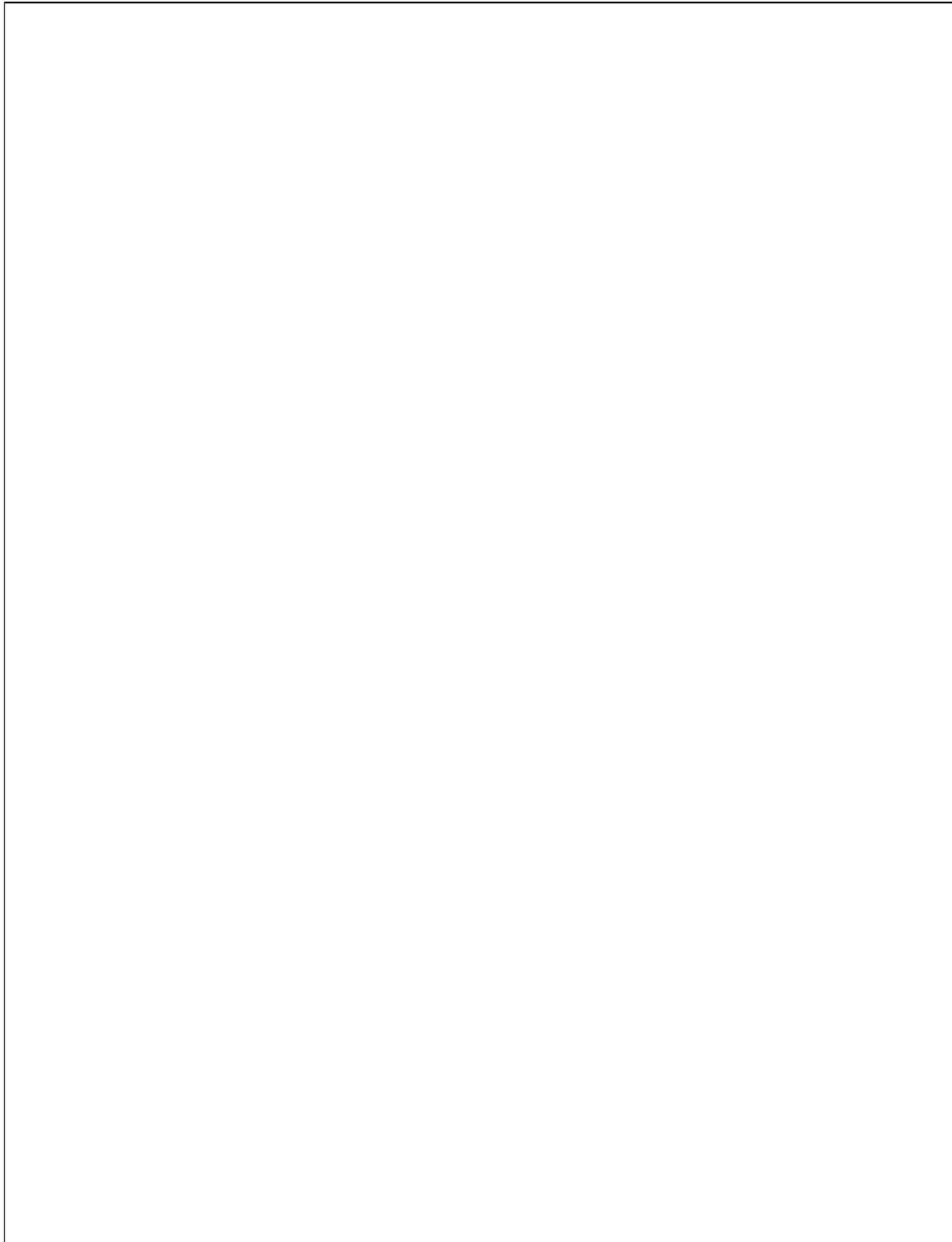
- consent for admission and treatment; and
- incidents of admission and treatment against the will of service users, with the date and time of the admission or treatment, if and when the case was reported to a legal authority and to which legal authority it was reported.

⁸ See standard 2.3.

⁹ See also standard 4.5.

Check whether the facility provides written information (e.g. pamphlets, flyers) about procedures for appealing detention or treatment and about legal representation to support service users in appeals.

Standard 3.2. Documentation reviewed and observations

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Theme 3

Standard 3.3

Service users can exercise their legal capacity and are given the support¹⁰ they may require to exercise their legal capacity.

Criteria

- 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.
- 3.3.2 Clear, comprehensive information about the rights of service users is provided in both written and verbal form.
- 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.
- 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.¹¹
- 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.
- 3.3.6 Supported decision-making is the predominant model, and substitute decision-making is avoided.
- 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.

Guidance

Review of documentation

Check whether there is a policy that:

- directs staff to provide clear, comprehensive verbal and written information to service users about their rights;
- directs staff to provide information to service users and discuss their assessment, treatment and recovery options;
- directs staff to assist service users in accessing support for decision-making; and
- promotes supported decision-making in preference to substitute decision-making.

¹⁰ See Annex 5 for further information on supported decision-making.

¹¹ See Annex 2 for further information on supported decision-making.

Observations

Observe and note whether staff interact with service users in a way that acknowledges their ability to understand information.

Observe a session between a staff member and a service user to discuss assessment results and treatment options, and note whether the service user is given the information in an understandable way and if he or she is given an opportunity to ask questions and make choices and decisions.

Observe whether information (e.g. pamphlets, flyers) is available to service users on:

- legal support
- financial aid and social benefits
- support people and networks
- social services
- different mental health conditions and treatment and recovery options.

Standard 3.3 Documentation reviewed and observations

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Theme 3

Standard 3.4

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

Criteria

- 3.4.1 A personal, confidential medical file is created for each service user.
- 3.4.2 Service users have access to the information contained in their medical files.
- 3.4.3 Information about service users is kept confidential.
- 3.4.4 Service users can add written information, opinions and comments to their medical files without censorship.

Guidance

Review of documentation

Check whether a medical file is opened for each service user on admission.

Check whether there is a policy:

- to give service users access to their personal information;
- that service user information is to be kept strictly confidential; and
- to encourage service users to add written information, opinions and comments to their medical files, without censorship.

Observations

Check that medical files are kept in a secure location.

Standard 3.4 Documentation reviewed and observations

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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)

Standard 4.1 Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect.

Criteria

- 4.1.1 Staff members treat service users with humanity, dignity and respect.
- 4.1.2 No service user is subjected to verbal, physical, sexual or mental abuse.
- 4.1.3 No service user is subjected to physical or emotional neglect.
- 4.1.4 Appropriate steps are taken to prevent all instances of abuse.
- 4.1.5 Staff support service users who have been subjected to abuse in accessing the support they may want.

Guidance

Review of documentation

Review facility policies to determine whether clear guidance is given on reporting and dealing with incidents of verbal, mental, physical or sexual abuse and physical or emotional neglect.

Review facility policies to determine whether service users can lodge complaints about incidents of abuse or neglect and how their complaints are addressed. (See also standard 4.5.)

When interviews have revealed incidents of verbal, mental, physical or sexual abuse or physical or emotional neglect, check the related service user files to determine whether these incidents have been documented.

Check whether there are official records of all incidents of physical, sexual or mental abuse or neglect and of how these abuses were dealt with (e.g. whether an official complaint was lodged).

Observation

Observe interactions between staff and service users, note whether staff show respect and empathy towards service users, and document any instances in which any form of abuse or neglect is witnessed.

Standard 4.1 Documentation reviewed and observations

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Theme 4

Standard 4.2

Alternative methods are used in place of seclusion¹² and restraint¹³ as means of de-escalating potential crises.

Criteria

- 4.2.1 Service users are not subject to seclusion or restraint.
- 4.2.2 Alternatives to seclusion and restraint are in place at the facility, and staff are trained in de-escalation techniques¹⁴ for intervening in crises and preventing harm to service users or staff.
- 4.2.3 A de-escalation assessment is conducted in consultation with the service user concerned in order to identify the triggers¹⁵ and factors he or she finds helpful in diffusing crises and to determine the preferred methods of intervention in crises.
- 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.
- 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.

Guidance

Review of documentation

Check whether there is a policy on the use of seclusion and restraint.

If restraint and seclusion are being used, check whether there is a policy that requires:

- documentation of the seclusion or restraint, including its nature and duration;
- that all cases be reported to the head of the facility; and
- that all cases be reported to a relevant external body (e.g. a mental health review body).

Check whether there is a policy that establishes a firm direction to discontinue use of seclusion and restraint and includes:

¹² 'Restraint' means the use of a mechanical device or medication to involuntarily prevent a person from moving his or her body.

¹³ 'Seclusion' means the involuntary placement of an individual alone in a locked room or secured area from which he or she is physically prevented from leaving.

¹⁴ De-escalation techniques can involve: prompt assessment and rapid intervention in potential crises; using problem-solving with the person concerned; being empathetic and reassuring; using stress management or relaxation techniques such as breathing exercises; giving the person space; offering choices; giving the person time to think.

¹⁵ Triggers might include being pressured to do something, being asked certain questions or being in the presence of a person one is not comfortable with. Factors that help to diffuse a crisis might include being left alone for a while, talking to a person one trusts or listening to music.

- replacing these practices with de-escalation tools and techniques;
- training staff in de-escalation tools and techniques;
- completing an assessment in which the service user concerned identifies potential triggers to a crisis and factors he or she finds useful in diffusing such situations;
- incorporating the service user's preferred intervention methods into his or her recovery plan.

Check whether there are records or files that document incidents in which seclusion or restraint was used, including the date and time of the incident, its duration, whether a complaint was lodged by the service user or another person, the body to which the complaint was made and the outcome of the incident.

Observations

Observe whether 'comfort rooms' are available in the facility (rooms that are unlocked and for use by service users on a voluntary basis for peace and quiet) and whether they are relatively comfortable, i.e. warm enough, with sufficient lighting and ventilation.

Check whether there are restraint apparatus and seclusion rooms and whether they are used and whether service users are locked in their bedrooms or other rooms.

Standard 4.2 Documentation reviewed and observations

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Theme 4

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.

Criteria

- 4.3.1 No electroconvulsive therapy is given without the free and informed consent of service users.
- 4.3.2 Clear evidence-based clinical guidelines on when and how electroconvulsive therapy can or cannot be administered are available and adhered to.
- 4.3.3 Electroconvulsive therapy is never used in its unmodified form (i.e. without an anaesthetic and a muscle relaxant).
- 4.3.4 No minor is given electroconvulsive therapy.
- 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.
- 4.3.6 Abortions and sterilizations are not carried out on service users without their consent.

Guidance

Review of documentation

Review the facility policy regarding electroconvulsive therapy (ECT), and check that it includes the following:

- ECT cannot be administered without informed consent.
- ECT cannot be administered without an anaesthetic.
- ECT cannot be administered without a muscle relaxant.
- ECT cannot be administered to minors.
- There are clear guidelines on the use of ECT.

Review the facility policy on psychosurgery and other invasive or irreversible treatments and check that it includes the following:

- Psychosurgery and other invasive or irreversible treatments cannot be administered without informed consent.
- Psychosurgery and other invasive or irreversible treatments cannot be administered without the approval of an independent panel.

Check whether there is a policy that addresses abortions and sterilizations and whether the policy states that these procedures should not be performed without the consent of service users.

Ask to see written evidence that:

- service users have given informed consent for ECT, psychosurgery and other invasive or irreversible treatment;
- the approval of an independent body was obtained for any psychosurgery or other invasive or irreversible treatment; and
- service users have given written informed consent for abortion or sterilization procedures.

Review any records or files documenting complaints lodged by service users or others about the inappropriate use of ECT or psychosurgery, and note how these complaint were dealt with.

Observations

Observe ECT being conducted (preferably during an unannounced visit), and check whether both an anaesthetic and a muscle relaxant are given.

Standard 4.3 Documentation reviewed and observations

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Theme 4

Standard 4.4

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

Criteria

- 4.4.1 Medical or scientific experimentation is conducted only with the free and informed consent of service users.
- 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.
- 4.4.3 Medical or scientific experimentation is not undertaken if it is potentially harmful or dangerous to the service user.
- 4.4.4 Any medical or scientific experimentation is approved by an independent ethics committee.

Guidance

Review of documentation

Check whether there is a facility policy on medical and other forms of experimentation and that it states that:

- medical experimentation is not to be conducted without the free and informed consent of service users;
- staff cannot receive privileges, compensation or remuneration for encouraging or recruiting service users to participate in medical or scientific experimentation;
- medical or scientific experimentation is strictly prohibited if it is considered harmful or dangerous to a service user; and
- medical or scientific experimentation is approved by an independent ethics committee.

Review any records or files documenting drug trials or other experimentation, and note whether informed consent was obtained from service users, if any complaints were lodged by service users or others with regard to the drug trials or experimentation, and how these complaints were dealt with.

Standard 4.4 Documentation reviewed and observations

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Theme 4

Standard 4.5

Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse.

Criteria

- 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.
- 4.5.2 Service users are safe from negative repercussions resulting from complaints they may file.
- 4.5.3 Service users have access to legal representatives and can meet with them confidentially.
- 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.
- 4.5.5 Disciplinary and/or legal action is taken against any person found to be abusing or neglecting service users.
- 4.5.6 The facility is monitored by an independent authority to prevent the occurrence of ill-treatment.

Guidance

Review of documentation

Check whether there is a facility policy on safeguards to prevent ill-treatment or abuse of service users, and whether it states that:

- service users must be given information on how to file a confidential complaint to an independent legal body;
- service users are to be protected from any possible negative repercussions resulting from their complaint;
- service users must be informed that they can have access to legal representation during the complaints process and that they can meet their legal adviser confidentially; and
- service users must be informed that they can have access to advocates to support them in exercising their legal capacity and rights and to file appeals and complaints.

Ask to see written documentation of the results of complaints, and note whether:

- any disciplinary action was taken against a staff member for abuse or neglect of a service user and
- any recommendations were made to prevent future abuse.

Review any documentation (e.g. reports) of visits to the facility by independent monitoring authorities:

- Determine how often the independent monitoring authority visits the facility.
- Review any findings and recommendations made by the authority.

Standard 4.5 Documentation reviewed and observations



THEME 5

THE RIGHT TO LIVE INDEPENDENTLY AND BE INCLUDED IN THE COMMUNITY (ARTICLE 19 OF THE CRPD)

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.

Criteria

- 5.1.1 Staff inform service users about options for housing and financial resources.
- 5.1.2 Staff support service users in accessing and maintaining safe, affordable, decent housing.
- 5.1.3 Staff support service users in accessing the financial resources necessary to live in the community.

Guidance

Review of documentation

Check whether there is a facility policy to promote the sharing of information by staff with service users and support for their access to housing and financial resources.

Observations

If possible, observe a session between a staff member and a service user to determine the type of support offered and provided to facilitate access to:

- housing and financial options and resources;
- education and employment opportunities (see standard 5.2);
- political activities and participation in political, religious, social and disability organizations (see standard 5.3); and
- social, cultural, religious and leisure activities (see standard 5.4).

Standard 5.1 Documentation reviewed and observations

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Theme 5

Standard 5.2

Service users can access education and employment opportunities.

Criteria

- 5.2.1 Staff give service users information about education and employment opportunities in the community.
- 5.2.2 Staff support service users in accessing education opportunities, including primary, secondary and post-secondary education.
- 5.2.3 Staff support service users in career development and in accessing paid employment opportunities.

Guidance

Review of documentation

Check whether there is a facility policy to promote sharing of information by staff with service users and support for their access to education and employment opportunities.

Observations

See standard 5.1, *Observations*.

Standard 5.2 Documentation reviewed and observations

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Theme 5

Standard 5.3

The right of service users to participate in political and public life and to exercise freedom of association is supported.

Criteria

- 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.
- 5.3.2 Staff support service users in exercising their right to vote.
- 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.

Guidance

Review of documentation

Check whether there is a facility policy to promote sharing of information by staff with service users and support for their access to vote and participate in the activities of political, religious, social and physical and mental disability organizations.

Observations

See standard 5.1, *Observations*.

Standard 5.3 Documentation reviewed and observations

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Theme 5

Standard 5.4

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

Criteria

- 5.4.1 Staff give service users information on the social, cultural, religious and leisure activity options available.
- 5.4.2 Staff support service users in participating in the social and leisure activities of their choice.
- 5.4.3 Staff support service users in participating in the cultural and religious activities of their choice.

Guidance

Review of documentation

Check whether there is a facility policy to promote sharing of information by staff with service users and facilitating their access to social, cultural, religious and leisure activities.

Observations

See standard 5.1, *Observations*.

Standard 5.4. Documentation reviewed and observations

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The *WHO QualityRights tool kit* provides countries with practical information and tools for assessing and improving quality and human rights standards in mental health and social care facilities. The Toolkit is based on the United Nations *Convention on the Rights of Persons with Disabilities*. It provides practical guidance on:

- the human rights and quality standards that should be respected, protected and fulfilled in both inpatient and outpatient mental health and social care facilities;
- preparing for and conducting a comprehensive assessment of facilities; and
- reporting findings and making appropriate recommendations on the basis of the assessment.

The tool kit is designed for use in low-, middle- and high-income countries. It can be used by many different stakeholders, including dedicated assessment committees, nongovernmental organizations, national human rights institutions, national health or mental health commissions, health service accreditation bodies and national mechanisms established under international treaties to monitor implementation of human rights standards and others with an interest in promoting the rights of people with disabilities.

The *WHO QualityRights tool kit* is an essential resource, not only for putting an end to past neglect and abuses but also for ensuring high- quality services in the future.



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