



QualityRights

WHO QualityRights Tool Kit

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

Country-wide
assessment report



**World Health
Organization**

WHO Library Cataloguing-in-Publication Data

WHO qualityrights tool kit: assessing and improving quality and human rights in mental health and social care facilities.

1.Mental health. 2.Mental health services - standards. 3.Human rights. 4.Quality of health care.
5.National health programs I.World Health Organization.

ISBN 978 92 4 154841 0

(NLM classification: WM 30)

© World Health Organization 2012

All rights reserved. Publications of the World Health Organization are available on [the WHO web site \(www.who.int\)](http://www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be **addressed to WHO Press through the WHO web site (http://www.who.int/about/licensing/copyright_form/en/index.html)**.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Preferred citation:

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

ACKNOWLEDGEMENTS

The principal authors of the tool kit were Michelle Funk and Natalie Drew, Mental Health Policy and Service Development, Department of Mental Health and Substance Abuse, World Health Organization (WHO), Geneva, Switzerland.

Technical guidance and reviews were provided by:

- Melvyn Freeman, National Department of Health, South Africa
- Achmat Moosa Salie, World Network of Users and Survivors of Psychiatry, Ubuntu Centre South Africa, Cape Town, South Africa
- Anne Marie Robb, Ubuntu Centre South Africa, South Africa
- Judith Cohen, South African Human Rights Commission, South Africa
- Christine Ogaranko, Canada
- J. Ramón Quirós, Ministry of Health and Health Care, Principality of Asturias' Government, Spain
- Japheth Ogamba Makana, MindFreedom, Kenya
- Sawsan Najjir, MindFreedom, Kenya
- Charlene Sunkel, Gauteng Consumer Advocacy Movement; Chairperson, South African Mental Health Advocacy Movement, South Africa
- Sylvester Katontoka, Mental Health Users Network of Zambia
- Tomás Lopéz Corominas, Hierbabuena, Oviedo Association for Mental Health, Spain
- Helena Nygren Krug, WHO, Geneva, Switzerland
- Gemma Griffin, Mental Health and Addiction, Southern District Health Board, New Zealand
- Shekhar Saxena, WHO, Geneva, Switzerland
- David Crepaz-Keay, Mental Health Foundation, United Kingdom
- Javier Vasquez, WHO Regional Office for the Americas, Washington DC, United States
- Jose Miguel Caldas de Almeida, Faculty of Medical Sciences, New University of Lisbon, Portugal
- Soumitra Pathare, Ruby Hall Clinic, Pune, India
- Benedetto Saraceno, University Nova of Lisbon, Portugal; Global Initiative on Psychiatry, The Netherlands

We also wish to thank the following people for their expert opinion and technical input:

- Victor Aparicio, WHO Subregional Office, Panama
- Gunilla Backman, London School of Hygiene and Tropical Medicine, United Kingdom
- Laurent Benedetti, University of Massachusetts Medical School, United States
- Laura Bennett, Severn Deanery School of Psychiatry, United Kingdom
- Benjamin E. Berkman, Department of Bioethics, National Institutes of Health, United States
- Mrs Barbara Bernath, Association for the Prevention of Torture, Switzerland
- Andrea Bruni, WHO Country Office, Ethiopia
- Judith Bueno de Mesquita, University of Essex Law School, Colchester, United Kingdom
- Vijay Chandra, WHO Regional Office for South-East Asia, New Delhi, India
- Hugo Cohen, WHO Subregional Office, Argentina
- Sebastiana Da Gama Nkomo, WHO Regional Office for Africa, Brazzaville, Republic of the Congo
- Julian Eaton, CBM West Africa Regional Office, Togo
- Marta Ferraz, National Programme for Mental Health, Ministry of Health, Portugal
- Lance Gable, Wayne State University Law School, Detroit, Michigan, United States
- Amelia Concepción González López, Public Health and Participation, Principality of Asturias, Spain
- Lawrence Gostin, O'Neill Institute for National and Global Health Law, Georgetown University, Washington DC, United States
- Paul Hunt, University of Essex Human Rights Centre, Colchester, United Kingdom

- Shadi Jaber, Mental Health Families and Friends Society, West Bank and Gaza Strip
- Jan Paul Kwasiq, Orygen Youth Health, Melbourne, Australia
- Caroline Fei-Yeng Kwok, Canada
- Oliver Lewis, Mental Disability Advocacy Centre, Budapest, Hungary
- Aiysha Malik, University of Oxford, United Kingdom
- Angélica Monreal, National Commission for the Protection of People with Mental Illnesses, Chile
- Maristela Monteiro, WHO Regional Office for the Americas, Washington DC, United States
- Matthijs Muijen, WHO Regional Office for Europe, Copenhagen, Denmark
- Jamil Nassif, Salfit Community Mental Health Center, Ministry of Health, West Bank and Gaza Strip
- Alana Officer, WHO, Geneva, Switzerland
- Ionela Petrea, Trimbos Institute WHO Collaborating Centre, The Netherlands
- Matt Pollard, Association for the Prevention of Torture, Geneva, Switzerland
- Jorge Rodriguez, WHO Regional Office for the Americas, Washington DC, United States
- Diana Rose, Institute of Psychiatry, King's College London, United Kingdom
- Khalid Saeed, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt
- Tom Shakespeare, WHO, Geneva, Switzerland
- Jessica Sinclair, Maxwell Stamp PLC, United Kingdom
- Sarah Skeen, WHO, Geneva, Switzerland
- Peter Stastny, Global Mental Health Program/RedeAmericas, Columbia University, New York City, United States
- Kanna Sugiura, WHO, Geneva, Switzerland
- Ezra Susser, Mailman School of Public Health, Columbia University, New York City, United States
- Stephen Tang, Australian National University, Canberra, Australia
- Graham Thornicroft, Institute of Psychiatry, King's College London, United Kingdom
- Anil Vartak, Schizophrenia Awareness Association, Pune, India
- Henrik Wahlberg, Stockholm County Council, Centre for Transcultural Psychiatry, Stockholm, Sweden
- Simon Walker, Office of the High Commissioner for Human Rights, Geneva, Switzerland
- Xiangdong Wang, WHO Regional Office for the Western Pacific, Manila, Philippines
- Narelle Wickham, Justice Health, Canberra, Australia
- Moody Zaky, Comet General Hospital, Egypt

Administrative and secretarial support: Patricia Robertson

Graphic design and layout: Inis Communication, www.iniscommunication.com

Financial support from the Government of Spain and Portugal is gratefully acknowledged

Instructions for completing this report

This template was designed to help the assessment team to document systematically the results of an assessment of mental health services in a country. It is not prescriptive but offers suggestions on how to document the findings of a country-wide assessment. Additions, modifications and omissions can be made to tailor the report format to the circumstances of the assessment.

This report is to be completed by the assessment team in systematic consultation, in order to equalize scores across facilities. The results for each facility will be documented in this overall report after discussion among the different teams. These discussions may lead to changes in the original ratings for individual facilities, reducing variation. The qualitative findings reported are as important as the scores and should also be documented.

The report contains the following components:

Executive summary: Describes the project, introduces the assessment tool and the themes and standards and briefly presents the method, country-wide findings and conclusions and recommendations.

Methodology: The methods section describes the composition of the teams, how they were selected, trained, allocated roles and so forth. It also includes tables showing e.g. the number of facilities visited (announced and unannounced), the numbers of staff, patients and family (or friends or carers)¹ interviewed. It describes in qualitative form how the visits were conducted.

Results and discussion: This section gives the results by facility type, disaggregated by theme. Tables are presented, with an overview of the scores for each facility in the category. Qualitative findings are given, describing difficulties encountered in the assessment or scoring, descriptions, quotations and anecdotes, and any methodological issues of note or caveats or exceptions for the scores given. The discussion should review the key findings and issues for each theme for each type of facility.

Conclusions and recommendations: This section presents recommendations and suggests the next collaborative steps for the country, in a participatory process with service users, their families and each of the facilities.

Throughout the document, comparisons are to be made with general health facilities in each category. These facilities will have been observed and scored by each member of the assessment team and are used as an in-country baseline against which to measure mental health facilities and also to reduce subjectivity both within and among assessment groups.

¹ Throughout this document, the term 'family members' is used to include friends and carers.

CONTENTS

Executive Summary

Assessment of mental health and social care services

Methodology

Results and discussion

A. Psychiatric hospitals

B. Psychiatric inpatient units in general hospitals

C. Mental Health outpatient facilities

D. Mental health day treatment facilities

E. Social care homes including mental health

F. Rehabilitation centres

Conclusions and recommendations

EXECUTIVE SUMMARY

Executive summary

Purpose

An executive summary should introduce the report. This section should be no longer than three to four pages. It gives a general overview of the project, the methods used and the results, conclusions and recommendations. It should be completed collectively by all assessment groups, after discussion. It should document the results for each facility and give an overview of the situation in the country assessed. It first presents the method used for conducting the entire assessment and what exactly was done and then presents the overall results with a very brief analysis.

An introductory paragraph should describe the background of the project: why the assessment was initiated, its purpose and its objectives.

Methods

This section should first describe how and when the assessment bodies were set up, with brief notes on their composition and roles. It should introduce the assessment tool and state the five themes:

1. The right to an adequate standard of living (Article 28 of the CRPD)
2. The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)
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)
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)
5. The right to live independently and be included in the community (Article 19 of the CRPD)

This section could also include a table to present information about what the teams did (although this information is also given later in the report):

Number of psychiatric hospitals visited	5
Number of psychiatric inpatient wards visited	5
Number of psychiatric outpatient facilities visited	5
Number of day treatment facilities visited	3
Total number of mental health facilities visited	18
Number of announced visits	9
Number of unannounced visits	9
Total number of visits to mental health facilities	18
Number of staff interviewed	61
Number of service users interviewed	279
Number of families (or friends or carers) interviewed	169
Total number of interviews in mental health facilities	509

This section then describes how the results were scored and presents the levels of achievement. It could also mention how subjectivity was controlled for in the assessments: by the in-country baseline comparison with general health facilities and by seeking consensus within and between assessment groups. Any other influencing factors should also be described, such as subjective ‘weighting’ of certain criteria during scoring, which may have influenced the rating of a certain standard or theme more heavily than others.

Results

This section should consist of a table with the overall results of the assessment. Such tables should be colour-coded by facility type and by scores or levels of achievement throughout the report. Each facility can be given a letter-number code (e.g. H-1 for the first psychiatric hospital, N-1 for the first psychiatric inpatient unit), followed by a summary of the reporting form for each facility. This provides an overview of each facility's score on each theme and standard (criteria are not included at this level) and a colour-coded overview of the score of each category of facility. There should be a clear comparison with general health facilities, with one for each category, if possible, or a general hospital at a minimum. An example of such a table is given below.

Conclusions and recommendations

The general situation with regard to human rights and quality of mental health services in the country can be described, and areas in which improvement is recommended should be listed.

Facility code	Theme 1							Theme 2					Theme 3				Theme 4					Theme 5			
	Standard							Standard					Standard				Standard					Standard			
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4
H-1	NI	AI	NI	AI	NI	NI	NI	AP	AI	NI	AI	AI	NI	AI	AI	NI	NI	NI	NI	NI	NI	NI	NI	NI	
H-2	NI	AI	NI	AI	NI	NI	NI	AP	AI	NI	NI	AI	NI	AI	AI	NI	NI	NI	NI	NI	NI	NI	NI	NI	
H-3	AI	AI	AI	AI	NI	NI	AI	AP	AP	AI	AP	AP	NI	NI	AI	NI	NI	NI	NI	NI	NI	NI	NI	NI	
H-4	AP	AP	AP	AP	AI	AI	AI	AP	AP	AI	AP	AP	AI	AI	AI	NI	NI	NI	NI	NI	NI	AI	AI	AI	AI
H-5	AI	AI	AI	AI	AI	NI	AI	AP	AI	NI	AI	AP	NI	AI	AI	NI	NI	NI	NI	NI	NI	AI	AI	AI	AI
N-1	AI	AI	AP	AP	AI	AI	AP	AP	AP	AP	AP	AP	AP	AP	NI	AI	AI	AI	NI	AP	NI	AI	NI	AP	AP
N-2	AI	AI	AI	AP	AI	AI	AI	AP	AP	AP	AP	AP	AP	AP	NI	AI	AI	AI	NI	AI	NI	AI	NI	AI	AI
N-3	AP	AI	AI	AP	AP	AI	AI	AI	NI	AI	AI	NI	AP	AI	AI	NI	NI	NI	NI	NI	NI	AI	NI	AP	AP
N-4	AF	AP	AF	AF	AP	AI	AP	AP	AP	AI	AP	AP	AP	AI	AP	NI	AI	AI	NI	AI	NI	AI	NI	AP	AP
N-5	AP	AP	AP	AF	AP	AI	AP	AP	AF	AF	AP	AF	AP	AI	NI	NI	NI	NI	NI	AI	NI	AI	NI	AP	AP
P-1	x	x	x	x	x	x	x	AP	AP	AF	AF	AP	AF	AF	AF	AP	AF	x	AP	AF	AP	AF	AP	AF	AF
P-2	x	x	x	x	x	x	x	AP	AI	AF	AP	AI	AF	AF	AP	AP	AF	x	AP	AF	AP	AP	AP	AF	AF
P-3	x	x	x	x	x	x	x	AF	AP	AF	AF	AP	AF	AF	AP	AP	AF	x	AP	AF	AP	AF	AP	AF	AF
P-4	x	x	x	x	x	x	x	AP	AP	AP	AP	AI	AF	AF	AP	AP	AF	x	AP	AF	AP	AP	AP	AP	AF
P-5	x	x	x	x	x	x	x	AF	AP	AF	AP	AP	AF	AF	AP	AP	AF	x	AP	AF	AP	AP	AP	AP	AF
D-1	AP	AP	AP	AP	AP	AP	AP	AP	AI	AP	AI	NI	AP	AP	AP	AP	AF	x	AP	AF	AP	AP	AP	AF	AP
D-2	AP	AP	AP	AP	AP	AP	AP	AP	AI	AP	NI	NI	AP	AP	AP	AP	AF	x	AP	AF	AF	AP	AP	AF	AP
D-3	AP	AP	AP	AP	AP	AP	AP	AP	NI	AP	NI	NI	AP	AP	AP	AP	AF	x	AP	AF	AF	AP	AP	AF	AP
<i>General health facility</i>	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4
<i>gH</i>	AP	AF	AF	AP	AF	AP	AP	AF	AF	AF	AF	AF	AP	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF
<i>gN</i>	AF	AF	AF	AF	AF	AP	AF	AP	AF	AF	AP	AF	AP	AF	AP	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF
<i>gP</i>	x	x	x	x	x	x	x	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	x	AF	AF	AF	AF	AF	AF	AF
<i>gD</i>	AF	AF	AF	AF	AF	AF	AF	AF	AP	AF	AP	AP	AF	AF	AF	AF	AF	x	AF	AF	AF	AF	AF	AF	AF

H, psychiatric hospital

N, psychiatric inpatient facility in general hospital

P, psychiatric outpatient facility

D, psychiatric day treatment centre

S, social care home including mental health

R, rehabilitation centre

AF, achieved in full

AP, achieved partially

AI, achievement initiated

NI, not initiated

x, not applicable

ASSESSMENT OF MENTAL HEALTH AND SOCIAL CARE SERVICES

1. Methodology

This section briefly summarizes how the assessment was conducted. It should be a systematic description on a wide scale (not for each facility) and should describe how the results were collected, coded, scored and collated. It may include the following, although these suggestions are neither exhaustive nor prescriptive:

Creating the assessment group

- selecting the members of the group;
- composition of the group by profession and affiliation;
- roles, responsibilities and activities of the group;
- description of any subgroups, e.g. special user interview groups, field work teams;
- training or courses that the teams were given before conducting the assessment, including dates, e.g. on:
 - human rights,
 - mental health legislation and
 - use of the assessment tool and the scoring criteria.

Classification of facilities

How the types of service were grouped, with the classification or key, e.g.:

- psychiatric hospitals (H),
- inpatient units in general hospitals (N),
- outpatient facilities (P),
- day treatment facilities (D),
- social care homes (S) and
- rehabilitation centres (R)

or any other classification relevant to the country.

This section should also describe the kind of general health facilities (G) that were assessed for comparison and whether one of each category was assessed to match the mental health services, or otherwise.

These broad categories of mental health service may include several subcategories, e.g. 'N' might include adult, adolescent and detoxification units in general hospitals; 'S' might include orphanages, homes for elderly people, homes for children with intellectual and other disabilities and other 'group' homes; 'P' might include community mental health or substance abuse centres, primary care clinics and outpatient care provided by general hospitals. Any subcategories should be defined and listed in this section.

Visits

This section should describe how the visits were conducted, including:

- the facilities visited, with dates;
- any pre-visit meetings;
- how assessment teams were assigned to visits, with criteria of independence, variation in facility type, etc.;
- what proportion of visits were notified, and how facilities responded to notification;
- which observations were made and which were not;
- the kinds of documents reviewed and whether they were generally available;
- any noteworthy practical issues that arose during the visit; and
- any ethical considerations, including ethics committee approval and consent forms.

Some of this information could be summarized in one or several tables; for example:

Type and name of facility	Location	Date visited
Psychiatric hospitals		
Facility X	X	01/01/01
Facility Y ...	Y	01/01/01
Inpatient facilities in general hospitals		
Facility A	A	01/01/01
Facility B ...	B	01/01/01
Outpatient facilities		
Facility J	J	01/01/01
Facility K ...	K	01/01/01
Day treatment facilities		
Facility P	P	01/01/01
Facility Q ...	Q	01/01/01
General health facilities		
Facility D	D	01/01/01
Facility E	E	01/01/01

Visits by facility	Planned	Carried out	% announced	% unannounced
Psychiatric hospitals	10	8	80	20
Inpatient facilities in general hospitals	8	8	50	50
Outpatient facilities	12	12	60	40
Day treatment facilities	4	3	40	60
General health facilities	5	5	50	50
Total	39	36	56	44

Interviews

This section should describe how the interviews were conducted, including:

- which interviews were assigned to which assessment team or team member and why; for example, the team might have decided that service users were best placed to interview other service users;
- the rationale or criteria on which the number of interviews for each facility was based;
- a list of the criteria on which the selection of interviewees was based;
- why the numbers of planned interviews did not match the actual numbers, e.g. why people dropped out, consent issues; and
- comments on widespread practical issues, positive and negative, that arose during the interviews (e.g. privacy, staff selection of interviewees).

Reminder

The numbers of people interviewed depend on the number of service users and staff associated with the facility, the overall size of the facility and the number of units it comprises. For example:

- 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 number of interviews to be conducted with family members (or friends or carers) can be determined by halving the number of interviews planned with service users. Thus, in the scenarios above, the number of family members to be interviewed would be three (50% of the number of service users), four (50%) and six (50%).
- The numbers of staff to be interviewed can be determined on the basis of the same proportions used for service users

These proportions are only guides. It might be unnecessary to conduct the predetermined number of interviews if the assessment team considers that it has gathered sufficient information to ascertain the quality and human rights conditions of the facility. For example, there is no point in interviewing people if the interviews do not provide important additional information. Therefore, with probable dropouts and withholding of consent, there will often be a difference between the planned and the actual numbers of interviews conducted.

It is not mandatory to conduct interviews for general health facilities. Comparisons between mental health and general health facilities can be made based on observation. However, for a more in-depth comparison, interviews may also be conducted for general health facilities using the above proportions as a guide.

Again, it might be useful to summarize some of this information in tables, for example:

Interviews	No. planned	No. conducted
Psychiatric hospitals		
Users	247	126
Family	125	94
Staff	32	29
Subtotal	404	249
Inpatient facilities in general hospitals		
Users	52	45
Family	27	22
Staff	14	13
Subtotal	93	80
Outpatient facilities		
Users	83	81
Family	42	40
Staff	12	11
Subtotal	137	132
Day treatment facilities		
Users	29	27
Family	16	13
Staff	9	8
Subtotal	54	48
<i>General health facilities</i>		
<i>[Only observations made]</i>		
Total	1521	1088

NA, not applicable

Methods for analysing results

This section should briefly describe how the results were analysed and assessed, including a description of the levels of achievement, possibly in table format, e.g.:

	Level of achievement	Description
A/F	Achieved in full	There is evidence that the criterion, standard or theme has been fully realized.
A/P	Achieved partially	There is evidence that the criterion, standard or theme has been realized, but some improvement is necessary.
A/I	Achievement initiated	There is evidence that steps are being taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
N/I	Not initiated	There is no evidence of attempts or steps to fulfil the criterion, standard or theme.
N/A	Not applicable	The criterion, standard or theme does not apply to the facility in question (e.g. rating sleeping quarters for outpatient or day treatment facilities).

It should also describe how the assessment committees met to discuss and collate the results and compared them with those for the general health facilities in the country.

2. Results and discussion

The results section has two components: tables for ratings and a discussion of the qualitative findings.

For the tables, the results should be organized by category of facility (e.g. hospitals, inpatient units, outpatient facilities, day treatment facilities, social care homes) and give basic statistics for the facilities reviewed and detailed results for each type of facility, organized by theme. All the tables should include a direct comparison with the baseline general health facilities.

The results section for each category of facility should be accompanied by a discussion of the qualitative findings and opinions on the overall situation in each type of facility, as formed by observation, document review and interviews. The observations of team members should be described, and the findings from the interviews can be summarized. It may be useful to include direct quotations or to summarize anecdotal information given to the team during interviews, to add depth to the report. Nevertheless, the confidentiality of the interviewees is paramount, and the team must consider whether an anecdote or quotation, even though it is anonymous, will reveal the source.

The report could also mention any caveats or explanatory notes on the qualitative results (for example, why certain patterns should be interpreted with care and what observations, anecdotes or quotations might illuminate certain results). Positive findings should also be described, with any areas of particularly good practice.

It may be useful to use the theme structure to order the results for each facility heading:

1. The right to an adequate standard of living (Article 28 of the CRPD)
2. The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)
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)
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)
5. The right to live independently and be included in the community (Article 29 of the CRPD)

An example of a results section is presented below, for each category of facility; however, the ultimate presentation of the report is at the discretion of the assessment team.

A. Psychiatric hospitals

Summary of psychiatric hospitals assessed

This section should start with a review of the basic statistics of the tertiary-level psychiatric facilities assessed, with their codes, the number of staff, the number of users and the number of interviews conducted with users, staff and family.

In the comparison with the general health system, some scores may have been based on observation or document review only. This should be noted, and the column in the table for 'number of interviews conducted' should be left blank.

Facility	Total no. of health-care staff	Total no. of users	No. of Interviews					
			Users		Family members		Staff	
			Planned	Conducted	Planned	Conducted	Planned	Conducted
H-1	12	200	60	30	30	20	6	6
H-2	10	120	36	22	18	16	10	7
H-3	13	265	80	34	40	22	7	7
H-4	9	110	33	20	18	18	5	5
H-5	8	125	38	20	19	18	4	4
General health facility (ideally tertiary)	20	140	42	10	21	4	10	6
Total	131	630	289	136	146	98	42	35

The section should then list the tabulated results for each theme, followed by a discussion of the qualitative results for that theme.

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

	Facility					General health system facility (ideally tertiary level)
	H-1	H-2	H-3	H-4	H-5	
Standard 1.1: The building is in good physical condition.	NI	NI	AI	AP	AI	AP
Standard 1.2: The sleeping conditions of service users are comfortable and allow sufficient privacy.	AI	AI	AI	AP	AI	AF
Standard 1.3: The facility meets hygiene and sanitary requirements.	NI	NI	AI	AP	AI	AF
Standard 1.4: Service users are given food, safe drinking-water and clothing that meet their needs and preferences.	AI	AI	AI	AP	AI	AP
Standard 1.5: Service users can communicate freely, and their right to privacy is respected.	NI	NI	NI	AI	AI	AF
Standard 1.6: The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.	NI	NI	NI	AI	NI	AP
Standard 1.7: Service users enjoy a fulfilling social and personal life and remain engaged in community life and activities.	NI	NI	AI	AI	AI	AP

The discussion will:

- document team members' findings and opinions on the overall situation with respect to theme 1 in psychiatric hospitals,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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

	Facility					General health system facility (ideally, tertiary)
	H-1	H-2	H-3	H-4	H-5	
Standard 2.1: Facilities are available to everyone who requires treatment and support.	AP	AP	AP	AP	AP	AF
Standard 2.2: The facility has skilled staff and provides good-quality mental health services.	AI	AI	AP	AP	AI	AF
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.	NI	NI	AI	AI	NI	AF
Standard 2.4: Psychotropic medication is available, affordable and used appropriately.	AI	NI	AP	AP	AI	AF
Standard 2.5: Adequate services are available for general and reproductive health.	AI	AI	AP	AP	AP	AF

The discussion will:

- document team members' findings and opinions on the overall situation with respect to theme 2 in psychiatric hospitals,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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)

	Facility					General health system facility (ideally tertiary level)
	H-1	H-2	H-3	H-4	H-5	
Standard 3.1: Service users' preferences for the place and form of treatment are always a priority.	NI	NI	NI	AI	NI	AP
Standard 3.2: Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	AI	NI	NI	AI	AI	AF
Standard 3.3: Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.	AI	AI	AI	AI	AI	AF
Standard 3.4: Service users have the right to confidentiality and access to their personal health information.	NI	NI	NI	NI	NI	AF

The discussion will:

- document team members' findings and opinions on the overall situation with respect to theme 3 in psychiatric hospitals,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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)

	Facility					General health system facility (ideally tertiary)
	H-1	H-2	H-3	H-4	H-5	
Standard 4.1: Service users have the right to be free from verbal, mental, physical or sexual abuse and physical or emotional neglect.	NI	NI	NI	NI	NI	AF
Standard 4.2: Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	NI	NI	NI	NI	NI	AF
Standard 4.3: Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the facility or	NI	NI	NI	NI	NI	AF

referred to another facility, must not be abused and can be administered only with free and informed consent.						
Standard 4.4: No service user is subjected to medical or scientific experimentation without his or her informed consent.	NI	NI	NI	NI	NI	AF
Standard 4.5: Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment or other forms of ill-treatment and abuse.	NI	NI	NI	NI	NI	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 4 in psychiatric hospitals,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

Theme 5. The Right to live independently and be included in the community (Article 19 of the CRPD)

	Facility					General health system facility (ideally tertiary)
	H-1	H-2	H-3	H-4	H-5	
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.	NI	NI	NI	AI	AI	AF
Standard 5.2: Service users can access education and employment opportunities.	NI	NI	NI	AI	AI	AF
Standard 5.3: The right of service users to participate in political and public life and to exercise freedom of association is supported.	NI	NI	NI	AI	AI	AF
Standard 5.4: Service users are supported in taking part in social, cultural, religious and leisure activities.	NI	NI	NI	AI	AI	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 5 in psychiatric hospitals,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

B. Psychiatric inpatient units in general hospitals

Summary of inpatient units assessed

This section should start with a review of the basic statistics of the psychiatric inpatient units assessed in general hospitals, with their codes, the number of staff, the number of users and the number of interviews conducted with users, staff and family.

In the comparison with the general health system, some scores may have been based on observation or document review only. This should be noted, and the column in the table for 'number of interviews conducted' should be left blank.

Facility	Total no. of health-care staff	Total no. of users	No. of Interviews					
			Users		Family members		Staff	
			Planned	Conducted	Planned	Conducted	Planned	Conducted
N-1	2	12	6	6	3	2	2	2
N-2	3	20	10	8	5	5	3	3
N-3	4	30	15	11	8	6	4	3
N-4	3	15	8	8	4	4	3	3
N-5	2	25	13	12	7	5	2	2
General health facility (ideally inpatient ward)	10	12	12	8	6	4	10	7
Total	24	114	64	53	33	26	24	20

The section should then list the tabulated results for each theme, followed by a discussion of the qualitative results for that theme.

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

	Facility					General health system facility (ideally, inpatient unit)
	N-1	N-2	N-3	N-4	N-5	
Standard 1.1: The building is in good physical condition.	AI	AI	AP	AF	AP	AF
Standard 1.2: The sleeping conditions of service users are comfortable and allow sufficient privacy.	AI	AI	AI	AP	AP	AF
Standard 1.3: The facility meets hygiene and sanitary requirements.	AP	AI	AI	AF	AP	AF
Standard 1.4: Service users are given food, safe drinking-water and clothing that meet their needs and preferences.	AP	AP	AP	AF	AF	AF
Standard 1.5: Service users can communicate freely, and their right to privacy is respected.	AI	AI	AP	AP	AP	AF
Standard 1.6: The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.	AI	AI	AI	AI	AI	AP
Standard 1.7: Service users can enjoy a fulfilling social and personal life and remain engaged in community life and activities.	AP	AI	AI	AP	AP	AF

The discussion will:

- document team members' findings and opinions on the overall situation with respect to theme 1 in inpatient units,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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

	Facility					General health system facility (ideally, inpatient unit)
	N-1	N-2	N-3	N-4	N-5	
Standard 2.1: Facilities are available to everyone who requires treatment and support.	AP	AP	AI	AP	AP	AP
Standard 2.2: The facility has skilled staff and provides good-quality mental health services.	AP	AP	NI	AP	AF	AF
Standard 2.3: Treatment, psychosocial rehabilitation and links to support networks and other service are elements of a service user-driven recovery plan and contribute to a service user's ability to live independently in the community.	AP	AP	AI	AI	AF	AF

Standard 2.4: Psychotropic medication is available, affordable and used appropriately.	AP	AP	AI	AP	AP	AP
Standard 2.5: Adequate services are available for general and reproductive health.	AP	AP	NI	AP	AF	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 2 in inpatient units,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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)

	FACILITIES					General health system facility (ideally, inpatient unit)
	N-1	N-2	N-3	N-4	N-5	
Standard 3.1: Service users' preferences regarding the place and form of treatment are always the priority.	AP	AP	AP	AP	AP	AP
Standard 3.2: Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	AP	AP	AI	AI	AI	AF
Standard 3.3: Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.	NI	NI	AI	AP	NI	AF
Standard 3.4: Service users have the right to confidentiality and access to their personal health information.	AI	AI	NI	NI	NI	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 3 in inpatient units,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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)

	Facility					General health system facility (ideally, inpatient unit)
	N-1	N-2	N-3	N-4	N-5	
Standard 4.1: Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect.	AI	AI	NI	AI	NI	AF
Standard 4.2: Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	AI	AI	NI	AI	NI	AF
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 person.	NI	NI	NI	NI	NI	AF
Standard 4.4: No service user is subject to medical or scientific experimentation without his or her informed consent.	AP	AI	NI	AI	AI	AF
Standard 4.5: Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse.	NI	NI	NI	NI	NI	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 4 in inpatient units,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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

	Facility					General health system facility (ideally, inpatient unit)
	N-1	N-2	N-3	N-4	N-5	
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.	AI	AI	AI	AI	AI	AF
Standard 5.2: Service users can access education and employment opportunities.	NI	NI	NI	NI	NI	AF
Standard 5.3: The right of service users to participate in political and public life and to exercise freedom of association is supported.	AP	AI	AP	AP	AP	AF

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

AP

AI

AP

AP

AP

AF

The discussion will:

- document team members' findings and opinions on the overall situation with respect to theme 5 in inpatient units,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

C. Mental health outpatient facilities

Summary of outpatient facilities assessed

This section should start with a review of the basic statistics of the mental health outpatient facilities assessed, with their codes, the number of staff, the number of users and the number of interviews conducted with users, staff and family.

In the comparison with the general health system, some scores may have been based on observation or document review only. This should be noted, and the column in the table for 'number of interviews conducted' should be left blank.

Facility	Total no. of health-care staff	Total no. of users per day	No. of interviews					
			Users		Family members		Staff	
			Planned	Conducted	Planned	Conducted	Planned	Conducted
P-1	2	60	20	20	10	10	2	2
P-2	3	40	13	13	7	6	3	3
P-3	4	50	16	15	8	8	4	3
P-4	2	80	24	23	12	11	2	2
P-5	1	30	10	10	5	5	1	1
General health facility (ideally, outpatient facility)	4	12	12	6	6	3	4	4
Total	16	272	95	87	48	43	16	15

The section should then list the tabulated results for each theme, followed by a discussion of the qualitative results for that theme.

Certain themes and standards do not apply to outpatient facilities (see WHO QualityRights tool kit). In particular, theme 1, the right to an adequate standard of living, does not apply at all. This should be noted, as results will not be reported.

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

	Facility					General health system facility (ideally, outpatient facility)
	P-1	P-2	P-3	P-4	P-5	
Standard 2.1: Facilities are available to everyone who requires treatment and support.	AP	AP	AF	AP	AF	AF
Standard 2.2: The facility has skilled staff and provides good-quality mental health services.	AP	AI	AP	AP	AP	AF
Standard 2.3: Treatment, psychosocial rehabilitation and links to support networks and other service are elements of a service user-driven recovery plan and contribute to a service user's ability to live independently in the community.	AF	AF	AF	AP	AF	AF
Standard 2.4: Psychotropic medication is available, affordable and used appropriately.	AF	AP	AF	AP	AP	AF
Standard 2.5: Adequate services are available for general and reproductive health.	AP	AI	AP	AI	AP	AF

The discussion will:

- document team members' findings and opinions on the overall situation with respect to theme 2 in outpatient facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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)

	Facility					General health system facility (ideally, outpatient facility)
	P-1	P-2	P-3	P-4	P-5	
Standard 3.1: Service users' preferences regarding the place and form of treatment are always the priority.	AF	AF	AF	AF	AF	AF
Standard 3.2: Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	AF	AF	AF	AF	AF	AF
Standard 3.3: Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.	AF	AP	AP	AP	AP	AF
Standard 3.4: Service users have the right to confidentiality and access to their personal health information.	AP	AP	AP	AP	AP	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 3 in outpatient facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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)

	Facility					General health system facility (ideally, outpatient facility)
	P-1	P-2	P-3	P-4	P-5	
Standard 4.1: Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect.	AF	AF	AF	AF	AF	AF
Standard 4.2: Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	x	x	x	x	x	x
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 person.	AP	AP	AP	AP	AP	AF
Standard 4.4: No service user is subjected to medical or scientific experimentation without his or her informed consent.	AF	AF	AF	AF	AF	AF
Standard 4.5: Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment or other forms of ill-treatment and abuse.	AP	AP	AP	AP	AP	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 4 in outpatient facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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

	Facility					General health system facility (ideally, outpatient facility)
	P-1	P-2	P-3	P-4	P-5	
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.	AF	AP	AF	AP	AP	AF
Standard 5.2: Service users can access education and employment opportunities.	AP	AP	AP	AP	AP	AF
Standard 5.3: The right of service users to participate in political and public life and to exercise freedom of association is supported.	AF	AF	AF	AP	AP	AF
Standard 5.4: Service users are supported in taking part in social, cultural, religious and leisure activities.	AF	AF	AF	AF	AF	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 5 in outpatient facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

D. Day treatment facilities

Summary of day treatment facilities assessed

This section should start with a review of the basic statistics of the day treatment facilities for mental health, with their codes, the number of staff, the number of users and the number of interviews conducted with users, staff and family (friends or carers).

In the comparison with the general health system, some scores may have been based on observation or document review only. This should be noted, and the column in the table for 'number of interviews conducted' should be left blank.

Facility	Total no. of health-care staff	Total no. of users per day	No. of Interviews					
			Users		Family members		Staff	
			Planned	Conducted	Planned	Conducted	Planned	Conducted
D-1	2	12	12	11	6	5	2	2
D-2	3	9	9	9	5	4	3	3
D-3	4	8	8	7	5	4	4	3
General health facility (ideally, day treatment facility)	4	12	12	8	6	5	4	4
Total	13	41	41	35	22	18	13	13

The section should then list the tabulated results for each theme, followed by a discussion of the qualitative results for that theme.

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

	Facility			
	D-1	D-2	D-3	General health system facility (ideally, day treatment facility)
Standard 1.1: The building is in good physical condition.	AP	AP	AP	AF
Standard 1.2: The sleeping conditions of service users are comfortable and allow sufficient privacy.	AP	AP	AP	AF
Standard 1.3: The facility meets hygiene and sanitary requirements.	AP	AP	AP	AF
Standard 1.4: Service users are given food, safe drinking-water and clothing that meets their needs and preferences.	AP	AP	AP	AF
Standard 1.5: Service users can communicate freely, and their right to privacy is respected.	AP	AP	AP	AF
Standard 1.6: The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.	AP	AP	AP	AF
Standard 1.7: Service users are able to enjoy fulfilling social and personal lives and remain engaged in community life and activities.	AP	AP	AP	AF

The discussion will:

- document team members' findings and opinions on the overall situation with respect to theme 1 in day treatment facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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

	Facility			
	D-1	D-2	D-3	General health system facility (ideally, day treatment facility)
Standard 2.1: Facilities are available to everyone who requires treatment and support.	AP	AP	AP	AF
Standard 2.2: The facility has skilled staff and good-quality mental health services.	AI	AI	NI	AP
Standard 2.3: Treatment, psychosocial rehabilitation and links to support networks and other service are elements of a service user-driven recovery plan and contribute to a service user's ability to live independently in the community.	AP	AP	AP	AF
Standard 2.4: Psychotropic medication is available, affordable and used appropriately.	AI	NI	NI	AP
Standard 2.5: Adequate services are available for general and reproductive health.	NI	NI	NI	AP

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 2 in day treatment facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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)

	Facility			General health system facility (ideally, day treatment facility)
	D-1	D-2	D-3	
Standard 3.1: Service users’ preferences regarding the place and form of treatment are always a priority.	AP	AP	AP	AF
Standard 3.2: Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	AP	AP	AP	AF
Standard 3.3: Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.	AP	AP	AP	AF
Standard 3.4: Service users have the right to confidentiality and access to their personal health information.	AP	AP	AP	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 3 in day treatment facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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)

	Facility			General health system facility (ideally, day treatment facility)
	D-1	D-2	D-3	
Standard 4.1: Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect.	AF	AF	AF	AF
Standard 4.2: Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	x	x	x	x
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.	AP	AP	AP	AF

Standard 4.4: No service user is subjected to medical or scientific experimentation without his or her informed consent.	AF	AF	AF	AF
Standard 4.5: Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse.	AP	AF	AF	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 4 in day treatment facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

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

	Facility			General health system baseline (ideally day treatment facility)
	D-1	D-2	D-3	
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.	AP	AP	AP	AF
Standard 5.2: Service users can access education and employment opportunities.	AP	AP	AP	AF
Standard 5.3: The right of service users to participate in political and public life and to exercise freedom of association is supported.	AF	AF	AF	AF
Standard 5.4: Service users are supported in taking part in social, cultural, religious and leisure activities.	AP	AP	AP	AF

The discussion will:

- document team members’ findings and opinions on the overall situation with respect to theme 5 in day treatment facilities,
- include observations and the findings of the document review and interviews and
- cite quotations or anecdotes.

E. Social care homes, including for mental health

Further sections may be added for other categories of facility being assessed in the country on the basis of the categorization decided upon by the assessment team. The same format should be used as for the other facilities.

F. Rehabilitation centres

Further sections may be added for other categories of facility being assessed in the country on the basis of the categorization decided upon by the assessment team. The same format should be used as for the other facilities.

3. Conclusions and recommendations

This section contains a summary of the main conclusions reached by the coordinating group made up of representatives from each assessment team, including any human rights that are being violated in the country and any areas of good practice.

General recommendations should be given, with suggested timelines. All human rights violations require immediate action; teams should also highlight issues that might be placing service users in imminent danger and that require urgent attention.

The report should not stop at the level of recommendations. It should direct facilities to prepare improvement plans, make suggestions for policy and legal reform and continue conducting activities and strategies to promote the participation of users, their families and supporters and community workers in improving mental health services.

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.



Mental Health Policy and Service Development
Department of Mental Health and Substance Abuse
World Health Organization
Geneva, Switzerland

ISBN 978 92 4 154841 0

