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**Implementation of WHO Quality Rights
assessment In Abbassia Mental Health Hospital,
Child and Adolescent outpatient Clinics**

Master's dissertation in Mental Health Policy and Services

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Dedication

*I would love to dedicate this work to the
Spirit of my father
and my son Omar Selim*

Acknowledgement

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Contents

<i>Title</i>	<i>Page No.</i>
List of Tables	i
List of acronyms	ii
Resumo	۱
Abstract	۲
Abstract	۳
Executive Summary	۴
Introduction	۱۰
General objectives	۱۴
Specific objectives.....	۱۵
Methodology	۱۶
Project Management	۱۹
Training of the Assessment Committee	۲۰
Theoretical part of training	۲۱
Practical part of training	۲۱
Ethical Considerations	۲۳
Documentation Review	۲۳
The Visits.....	۲۴
Interviews	۲۵
Post Visit Meeting	۲۷
Results	۲۸
Discussion	۵۷
Conclusions and recommendations	۶۳
References	۶۹

List of Tables

Table (١): Assessment of the theme ٧ according to the different standards and criteria	٢٩
Table (٢): Assessment of the theme ٣ according to the different standards and criteria	٤٣
Table (٣): Assessment of the theme ٤ according to the different standards and criteria	٥٠
Table (٤): Assessment of theme ٥ according to the corresponding standards and criteria	٥٥

List of acronyms

WHO	World Health Organization
CPRD	Convention on the Rights of Persons with Disabilities
GSMHAT	General Secertriat of Mental Health and Addiction Treatment
UN	The United Nations
A/F	Achieved in full
A/P	Achieved partially
A/I	Achievement initiated
N/I	Not initiated

Resumo

Objetivo

Esse trabalho tem como objetivo pesquisar um serviço de clínica ambulatorial para crianças e adolescentes, o Abbassia Mental Health Hospital, no Cairo. Tem como objetivos compreender em que nível esse serviço está cumprindo com padrões de direitos humanos, conforme estabelecido na Convenção sobre os Direitos das Pessoas com Deficiência (CDPD) da Organização das Nações Unidas (ONU), além de fornecer recomendações para o desenvolvimento de um plano de melhorias desse serviço.

Método

Uma avaliação foi realizada entre Janeiro e Julho de 2017 por uma equipe multidisciplinar, utilizando o kit de ferramentas Direito é Qualidade da OMS. Antes da avaliação, foi obtida aprovação do Comitê de Ética e foi solicitado e obtido consentimento informado dos entrevistados. Foram realizadas entrevistas com 40 usuários do serviço, 10 pessoas da equipe do serviço e 20 familiares. Ainda, foi realizada revisão de documentos e observação do serviço e das interações interpessoais entre funcionários e usuários de serviços. Após a avaliação, todos os membros do comitê reuniram-se e organizaram os resultados em um relatório final.

Resultados

Os resultados da pesquisa indicam que as medidas tomadas pelo serviço no sentido de abarcar diferentes temas estabelecidos pela CDPD necessitam de melhoria, ou ainda necessitam ser, de fato, iniciadas para que seja possível cumprir plenamente os temas da CDPD, tendo em vista que há algumas lacunas no nível de oferta do serviço considerando o respeito aos direitos humanos dos usuários do serviço e dos familiares. Um conjunto de políticas, diretrizes e procedimentos relacionados aos direitos humanos dos usuários do serviço estavam ausentes. A exposição à negligência e ao abuso verbal, além da falta de conhecimento e conscientização acerca dos direitos humanos dos usuários do serviço e da CDPD entre os próprios usuários do serviço, familiares e equipe do serviço, são violações dos direitos humanos que as crianças e adolescentes dessa clínica ambulatorial vivenciaram.

Conclusão

Os serviços disponíveis são razoáveis, no entanto, as diretrizes e os procedimentos que cumprem os temas da CDPD não estão disponíveis, e há falta de conscientização sobre os direitos das pessoas com habilidades psicossociais. Essas são questões que precisam de mudanças positivas.

Palavras-chaves: OMS Direito é Qualidade, Abbassia Mental Health Hospital, Clínica ambulatorial para crianças e adolescentes, CDPD, Direitos humanos.

Abstract

Propósito

Investigar el centro ambulatorio para niños y adolescentes del Hospital de Salud Mental Abbassia del Cairo. El objetivo es conocer el grado de cumplimiento de los estándares de derechos humanos establecidos por las Naciones Unidas en la Convención de derechos de personas con discapacidad (CRPD) y entregar recomendaciones para el mejoramiento.

Método

La investigación se realizó entre enero y julio del 2017 usando WHO Quality Rights Tool Kit. Previo a la evaluación, se obtuvo la aprobación del Comité ético científico de la Secretaría General de Salud Mental. Las entrevistas se realizaron a 40 usuarios, 10 personas del equipo clínico y 20 familiares. Se realizó una revisión de documentos y observación de usuarios del centro, así como interacciones entre los profesionales y los usuarios. Al finalizar todos los miembros del comité se reunieron y organizaron la información recogida en un informe final.

Resultados

El estudio mostró que las acciones tomadas por el centro para abordar diferentes temáticas presentados en el CRPD requieren mejorar para completar lo expuesto en el CRPD. Una serie de políticas, guías y procedimientos relacionados a los derechos humanos de los pacientes están ausentes.

Los niños y adolescentes han estado expuestos a negligencia, abuso verbal y falta de conciencia sobre los derechos humanos entre los mismos usuarios de los servicios de salud mental, sus familias y equipos clínicos, lo que constituyen violaciones de los derechos humanos que no deberían ocurrir en dispositivos sanitarios.

Conclusión

Los servicios disponibles son razonables, sin embargo guías y procedimientos en línea con lo expresado en el CRPD no están disponibles y existe una falta de conciencia sobre los derechos humanos de las personas con trastornos mentales que requieren ser mejorados.

Key words: Quality Rights Tool Kit, Abbassia Mental Health Hospital, niños y adolescentes en centros ambulatorios, CRPD, derechos humanos.

Abstract

Purpose

The purpose of this paper is to investigate child and adolescent outpatient clinics, Abbassia Mental Health Hospital in Cairo. To know to which degree they are fulfilling human rights standards as stated in The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and provide recommendations for developing an improvement plan for that facility.

Method

Assessment was conducted from January to July ٢٠١٧ by a multidisciplinary team using WHO Quality Rights Tool Kit. Before the assessment, an approval from Scientific Research Ethics Committee in General Secretariat of Mental Health and an informed consent from interviewees were obtained. Interviews were conducted with ٤٠ service users, ١٠ facility staff and ٢٠ family members, documents review and observation of child and adolescent outpatient clinics plus interpersonal interactions between staff and service users. After assessment, all committee members gathered and synchronized all findings into a final report.

Results

Study reported that how the steps taken by the facility addressing several of themes drawn from CRPD require either improvement or initiation to comply fully with convention's themes as there were some gaps on service provision level and respecting human rights of service users and family members. A series of policies, guidelines and procedures related to patients' human rights were absent.

Being exposed to **neglect, verbal abuse** and lack of awareness of patient's human rights and CRPD among service users, family members and facility staff, were all human rights violation that had been experiencing in child and adolescent outpatient clinics.

Conclusion

Available services are reasonable, yet guidelines and procedures complying with CRPD themes are unavailable and there is lack of awareness about rights of mentally disable people that need to be positively changed.

Key words: Quality Rights Tool Kit, Abbassia Mental Health Hospital, Child and adolescent outpatient clinic, CRPD, Human rights.

Executive Summary

Purpose

The purpose of this work was to assess the quality of service provision and human rights condition in Child and Adolescent outpatient Clinics, Abbassia Mental Health Hospital. Based on findings and results of this assessment, we will provide recommendations for the improvement of Child and Adolescent outpatient Clinics, Abbassia Mental Health Hospital. Also recommendations will be proposed to Child and Adolescent department, General Secretariat of Mental Health and Addiction Treatment, Ministry of Health, to support implementation of these recommendations not only in Abbassia but also in other child clinics all over the other mental health hospitals under its authority.

Methods

This was the report of Quality Rights Toolkit assessment conducted in Child and Adolescent outpatient Clinics, Abbassia Mental Health Hospital, through ٧٠ interviews with hospital staff, service users and family members, in addition to observation and reviewing of clinic documents and physical structure. The assessment was conducted from May to June, ٢٠١٧ by a multidisciplinary team of five people composed of the author, one clinical psychologist, two nurses and one family member. Before the assessment, approval from ethical scientific research committee, general secretariat of mental health and addiction treatment and an official letter from general director of child and adolescent department, GSMHAT to the directors of child and adolescent outpatient clinics, to facilitate the conduction of assessment, were obtained.

Also, before the interviews informed consent were received from each interviewee. Through this assessment ٧٠ interviews were completed, with ٤٠ service users, ١٠ hospital staff and ٢٠ family members using WHO Quality Rights Toolkit interview tool, Arabic version. The assessment team also conducted the documents review and observation of Child and Adolescent outpatient Clinics, Abbassia Mental Health Hospital in addition to interpersonal interactions between operational staff and service users using WHO Quality Rights Toolkit documentation and observation tool, Arabic version.

After the assessment, all committee members gathered and synchronized all findings into a final report using WHO Quality Rights Facility-Based Assessment Report, Arabic version.

Results

The following table represents the results of total scoring of each theme (based on interviews, review of documents, and observation) which was conducted in Child and Adolescent Outpatient Clinics ,Abbassia Mental Health Hospital. These results came out after consensus between the assessment team members.

Brief overview of the findings for each theme:

Theme	Rating score
Theme ١: The right to enjoyment of the highest attainable standard of physical and mental health (Article ٢٥ of the CRPD)	A/I
Theme ٢: The right to exercise legal capacity and the right to personal liberty and security of person (Articles ١٢ and ١٤ of the CRPD)	A/I
Theme ٣: Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation,	A/I

violence and abuse (Articles ١٥ and ١٦ of the CRPD)	
Theme ٥: The right to live independently and be included in the community (Article ١٩ of the CRPD)	N/I

Discussion

The assessment conducted at Child and Adolescent outpatient Clinics, Abbassia Mental Health Hospital offered insights into how the steps taken by the clinics to address several of the themes drawn from the CRPD require either improvement or initiation to fully comply with the convention's themes. As there were huge gaps both on service provision level as well as respecting human rights of service users and their family members.

In this facility, the practices that may violate the patients' rights according to The CRPD, were mainly out of lack of knowledge of human rights related to people with mental disabilities.

A series of policies, guidelines and procedures related to patients' human rights are absent but there are some practices that went in line with the themes included within the WHO Quality Rights Toolkit, but these practices were not supported by any policies or guidelines , they were like a Custom agreed upon implicitly.

Some sort of verbal abuse and neglect, were the only forms of human rights violations that service users were experiencing in Child and Adolescent outpatient Clinics, Abbassia Mental Health Hospital, but overall service users were satisfied ,to reasonable degree, with the level of provided services.

To overcome existing challenges, there is a serious need for both Child and Adolescent outpatient Clinics ,Abbassia Mental Health Hospital

and Child and Adolescent Department, GSMHAT to start taking fundamental steps toward improving quality of care which incorporates human rights principles, protecting people's inherent dignity and changing classic behavior of healthcare providers.

Conclusions and Recommendations

Egypt is among those countries that ratified the Convention on the Rights of Persons with Disabilities (CRPD) on ١٤ April ٢٠٠٨ and is committed to its implementation. It means that all national laws related to disabilities will be revised in accordance to CRPD and assure patients' rights based on international conventions and treaties.

Egypt passed the new mental health law in ٢٠٠٩; it is a comprehensive mental health legislation that went in line with the CRPD to enforce the rights of persons with mental disorders; but this law did not cover all the CRPD articles and did not declare a clear-cut articles to standardize the work within outpatients facilities except a particular form within the law executive regulations used for auditing the work within outpatient clinics. And emphasizes mainly on inpatient facilities and involuntary admission.

Current assessment revealed that available services for mental health service users were reasonable, yet guidelines and procedures that comply with the CRPD themes were unavailable and there was lack of awareness about rights of people with disabilities that need to be positively changed.

the assessment in Child and Adolescent clinics, Abbassia Mental Health Hospital, had unmasked the nearly total lack of awareness among

the service users and their family members, about the concept of human rights in general and specifically patient's human rights, so they did not ask for their rights out of deficient knowledge. Also the greater part of the facility staff also lack the awareness too ,especially the young ones , and that reflected on their practice, especially as regard the issue of the informed consent that has to be taken from the service user before delivering any kind of therapeutic interventions to them, which practiced partially but this practice not supported by any laws , policies or even guidelines that enforce the implementation of this practice .Also offering information and facilitating the access to any educational , social , skills enhancing opportunities to the service user were not practiced as there was scarcity of sufficient authorized networking between the diverse facilities that could offer such kind of support to service users and the lack of a well established referral system.

As regard the quality of delivered services, it is fair and there is a potential to be much better in case of availability of well structured training protocol based mainly on formal assessment of facility's needs, and to be delivered as pre service training and continues on job training of the staff.

Series of suggestions and recommendations are given to Child and Adolescent clinics , Abbassia Mental health Hospital in order to get fundamental changes at management and administration level and processes. Also, based on findings of this assessment, they have to develop a practical operational plan and activities in order to improve quality of service and promote human rights in the facility.

The general recommendations are, mental health facility should focus more on management procedures, developing guidelines and procedures that conform to CRPD , staff capacity building as all staff should be trained in human rights, patients' rights, CRPD and legislations that guarantee patients' rights. And to ensure changes in practice and behavior, the facility should do regular post training follow-up and provide feedbacks in order to get positive and effective changes.

Some suggestions and recommendations are addressed to Child and Adolescent Department, GSMHAT as the policy-maker in order to get changes and modifications to laws, policies and strategies in light of CRPD. Certainly, a series of necessary actions such as changes and revisions in the laws, policies and strategies are needed in order to assure higher quality of health services and promotion of human rights of people with mental disabilities but revision of policies and legislations alone cannot bring changes to the issue of the real life; therefore, it should be practically implemented.

Introduction

The United Nations (UN) Convention on the Rights of Persons with Disabilities (UN-CRPD) [1] was adopted by the United Nations General Assembly in 2006 and came into force in 2008. It was ratified by the European Union in 2010 and, in total, by 106 states in 2015. The UN-CRPD is the most recent in a row of UN human rights declarations, beginning from the Universal Declaration of Human Rights in 1948 [2]. The ratifying states acknowledge that the principles of the UN-CRPD should be transposed into their national legislations. Guiding principles are respect for inherent dignity, individual autonomy including the freedom to make one's own choices, non-discrimination, full and effective participation and inclusion in society, equality of opportunity, and accessibility. The general idea of the UN-CRPD is inclusion of disabled people into the society and communities instead of establishing special rules and institutions [3].

Abuse of the human rights of persons with mental disabilities is widespread and well documented.[4] Maltreatment and neglect are particularly rampant in low-income and middle-income countries where violations often occur in the absence of protective legislation.[5] Stigma and dehumanization of persons with mental illness and mental disability often make the form and extent of abuse particularly heinous.[6] In this context, the adoption of the UN Convention on the Rights of Persons with Disabilities (CRPD) with its stated purpose “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity [7] is strongly welcomed, as it is a major milestone in safeguarding the rights of persons with disabilities [8].

Convention on the Rights of Persons with Disabilities (CRPD)[⁹]

In August 2006 the General Assembly adopted the first UN convention enshrining the rights of persons with disabilities through the Convention on the Rights of Persons with Disabilities (CRPD). The CRPD is the first human rights convention of the 21st century and the first legally binding instrument with comprehensive rights and protections for individuals with disabilities including those with mental and intellectual disabilities.

The CRPD opened for signature on March 30, 2007 with a record number of 112 member states signing on that day. After receiving the 20th ratification on April 3, 2008, the CRPD entered into force. Thirty days later, the Optional Protocol to the CRPD, the international treaty establishing the implementation and monitoring bodies for the CRPD, also came into force.

Described by United Nations Secretary-General Kofi Annan as the “dawn of a new era” for around 600 million people worldwide living with disabilities, it was developed as a response to the unequal conditions experienced by people with disabilities. It can be used as a guide to interpretation of other treaties and obligations under international law, all of which must be applied without discrimination based on disability. States which have signed the CRPD have an obligation to respect, protect and fulfill the internationally agreed upon set of standards guaranteed to all people included in the convention. However, even in signatory states, violations often occur behind “closed or open doors” and go unreported and consequently un-prevented. [10 - 11]

WHO Quality Rights Tool Kit [١٢]

Based on the CRPD the World Health Organization has developed Quality Rights Tool Kit- a tool to assess quality and human rights in mental health and social care facilities and to unite and empower people to improve the quality of care and promote human rights in mental health facilities and social care homes.

This new tool is based on the social model of disability that recognizes the limitations created by a disability not as a problem of the person but rather a problem of barriers in society.[١٣]

This tool kit covers five specific human rights themes including: the rights to adequate standards of living and social protection, the rights to the enjoyment of the highest attainable standard of physical and mental health, the right to exercise legal capacity and personal liberty, freedom from torture, cruel, inhuman or degrading treatment, punishment and exploitation, violence and abuse and finally the rights to live independently and be included in the community. [١٤]

All thematic areas except theme ١ and Criterion ٣,١,٤ in standard ٣,١ ,theme ٣ of the tool kit have been covered during this assessment. The Arabic versions of questionnaires that were used throughout this assessment are developed by the WHO. The aim of this implementation was to assess and rate the quality of delivered services and extent of regarding service users' human rights in Child and Adolescent Clinics, Abbassia Mental Health Hospital. Meanwhile we also have documented the assessment findings, provided recommendations and finally encouraged Child and Adolescent Clinics, Abbassia Mental Health Hospital to develop

and utilize an upgrading plan for quality enhancement and promoting human rights.

The World Health Organization (WHO) Quality Rights 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: ١- the human rights and quality standards that should be respected, protected and fulfilled in both inpatient and outpatient mental health and social care facilities; ٢- preparing for and conducting a comprehensive assessment of facilities; and ٣- reporting findings and making appropriate recommendations on the basis of the assessment [١٥].

The main interest of the present study is collecting information through WHO Quality Rights Tool Kit on how we fulfill the standards of human rights in child and Adolescent Mental Health Outpatient Clinics, Abbassia Mental Health Hospital, Egypt and find out the perceptions of service users, family members and staff on the impact of quality health services and respect of human rights on service users' outcomes.

The knowledge of all of these three perceptions a) constitutes the base line from which intervention will start, b) casts light on evident or latent situations that are not obviously apparent to external observers, and c) dynamically introduces service users, family members and staff into actions in a way different from everyday practice or facility routine, as their experience contributes to a more complete understanding of the situation and to provide a baseline for monitoring the change. This will enable us to develop information-based mental health plans with clear base-line

information and performance indicators aiming at improving the mental health services.

Child and Adolescent outpatient Clinics ,Abbassia Mental Health Hospital was selected to initiate and implement the WHO Quality Rights Tool Kit and all thematic areas of the tool kit except theme 1 and Criterion 3.1.4 in standard 3.1, theme 3 have been covered during this assessment.

Abbassia Mental Health Hospital is the largest and oldest mental health hospital; it consists of inpatients units and specialized outpatient clinics (adult – addiction – child and adolescent - geriatric). Abbassia Mental Health Hospital was established in Cairo in 1882 and its current area is about 6 acres. It was a palace for one of the princes. A large fire broke out in the palace. Only two-storey building was painted in yellow that become later on a mental hospital in Cairo in 1883 AD.

Child outpatient clinic has been running services since 2002, adolescent outpatient clinic since 2004, trauma survivor's clinic since 2010, and the annual patient flow rate is about 6000 visits per year.

General Objective

This study aims to evaluate the quality of care in the outpatient services of Child and Adolescent Clinics, Abbassia Mental Health Hospital, including the degree to which human rights, social inclusion and autonomy are promoted, using the CRPD-based Quality Rights Tool Kit. The overall objective is to improve quality and human rights circumstances at the facility and empower people with mental and intellectual disabilities.

Specific Objectives

١. Identifications of :
 - Different quality and human rights standards in facilities that are being met.
 - Different quality and human rights standards in facilities that are not being met.
٢. Finding out if there any sort of human rights violation.
٣. Identifications of factors affecting the level of conformity with CRPD.

Methodology

Themes, Standards and Criteria

The assessment committee have decided to cover all themes (except the first and Criterion ٣,١,٤ in standard ٣,١ of theme ٣ as they are not relevant for outpatient facilities) of the United Nation's International Convention on the Rights of Persons with Disabilities (CRPD). The thematic areas which have been covered during this assessment are as follows:

١. The right to the enjoyment of the highest attainable standard of physical and mental health (Article ٢٥ of the CRPD).
٢. The right to exercise legal capacity and to personal liberty and the security of person (Article ١٢ and ١٤ of the CRPD).
٣. Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Article ١٥ and Article ١٦ of the CRPD).
٤. The right to live independently and be included in the community (Art. ١٩ CRPD).

Each theme in the toolkit includes a series of standards and criteria, against which the situation in facilities can be assessed. This enables those undertaking the assessment to determine whether the different quality and human rights standards in facilities are being met.

Design

It is a descriptive cross-sectional design through which information is collected at a specific point of time by performing interview with service

users; family members staff member, review of health facility documentation and observation of the facility.

Data collection

After approval of the research by Scientific Research Ethics Committee in the General Secretariat of Mental Health and Addiction Treatment, January ٢٠١٧, several visits were made to the facility at different times of the day as well as unannounced visits to make certain that assessment members see conditions as they are experienced by people in all parts of the facility every day.

Target Group:

The total number of participants were $n = ٧٠$, ٤٠ service users, ٢٠ family members, who were selected randomly by the assessment committee and not the facility from service users and their relatives , who came to the clinics at different days within the week and at different times within the day working hours (٩ am to ٣ pm) , some of them came for the first time , others who received services long time ago , and ١٠ staff members (including two psychiatry residents, two specialists, ١ consultant, two psychologists and one social workers , two nurses) they were randomly selected too.

Participants represented the population from both genders. All participants were interviewed by a member of assessment team who was trained in using WHO Quality Rights Toolkit, Arabic versions.

The assessment was carried out in Child and Adolescent outpatient clinics, Abbassia Mental Health Hospital, from May, ٢٠١٧ to July, ٢٠١٧

(field work). Determining the number of participants had been guided by the criteria mentioned in annex 9 in WHO Quality Rights tool kit.

Sample Size:

Based on the information obtained from Child and Adolescent Department, GSMHAT, the flow rate is about 900 visits , on monthly basis.

According to the Quality Rights Tool Kit, the formula for determining sample size for interviews is as follows:

- If only six service users are receiving services from a facility, all of them should be interviewed (100%).
- If there are 16 service users, eight should be interviewed (50%) at a minimum.
- If there are 40 service users or more, at least 16 should be interviewed (approximately 40%).
- The number of interviews to be conducted with family members can be determined by halving the number of interviews planned with service users.
- The numbers of staff can be selected on the basis of the same proportions used for service users.

Eligibility Criteria:

The inclusion criteria for service users were the followings:

- Informed consent to participate in the study.
- Age up to 18 years old (if less than 16 years old, interview had been conducted with the presence of one of his/her parents).
- Using service for at least one month.

- Both genders
- Absence of intellectual disability, acute psychoses or substance abuse.

The inclusion criteria for family members or caregivers were the followings:

- Consent to participate in the study.
- Service user's parent or one of his siblings (more than 18 years old).
- Both genders.

The inclusion criteria for staff were the followings:

- Staff of child and adolescent outpatient clinics, Abbassia Mental Health Hospital.
- Consent to participate in the study.
- Both genders.
- Working at the facility for at least six months.

Reporting:

The WHO Quality Rights reporting form for individual facilities was used as a framework for systematic documentation.

Project Management:

Assessment Committee/Team

A multi-disciplinary assessment committee/team was selected by the Author. In this team we had one family member who actively participated during training of assessment committee and joined the team during assessment process.

The list of assessment committee members:

- Dr.Safaa Eraky Azab , author, psychiatry consultant ,deputy director of child and adolescent department , General Secretariat of Mental health and Addiction Treatment, MOH .
- Dr. Walaa Mohamed , clinical psychologist , working at Shams center for psychological support.
- Ms . Mona Salah , nurse , working at training department , Abbassia Mental Health Hospital.
- Mr . Ahmad Elshaaer , nurse , working at addiction department, Abbassia Mental Health Hospital.
- Mr. Abd Elsallam , Accountant in Al-Khabra Company , mental health service user's parent.

Training Of the Assessment Committee

The researcher received training on the Quality Rights Assessment Tool during the Second part of year one of master of mental health policy and services ٢٠١٦, the assessment team was then established which composed of one psychologist , two nurses, one family member and the researcher (the whole team was independent of the facility being assessed to ensure unprejudiced assessment).After this the assessment team received training on the Quality Rights Assessment Tool by the researcher from January ٢٠١٧ to April ٢٠١٧.

Training of the assessment team had been held from January ٢٠١٧ to April ٢٠١٧, at training department, General Secretariat of mental Health and Addiction Treatment, by the researcher who already get acquainted by the tool during her study in master of mental health policy and services at Nova medical School , Lisbon April ,٢٠١٦ By Michelle Funk and Natalie Drew, Mental Health Policy and Service Development, Department of

Mental Health and Substance Abuse, World Health Organization (WHO), Geneva, Switzerland.

Theoretical part of training:

The training was in the form of weekly , two hours meeting for two months, Which involved brief overview of the Convention on the Rights of Persons with Disabilities (for three consequential meetings) and then training on the Arabic versions of the WHO quality rights toolkit (interviewing and observation and documentation tools) for five consequential meetings.

Practical part of training:

Every member of the assessment team was asked to conduct one pilot interview with one of the service users or a staff member to practice utilization of the WHO Quality Rights tool kit , interview tool and return back two weeks later with a feed back as regard (these patients were not included in the main study):

- In order to detect whether or not questions were comprehensible for interviewee.
- Number of sessions needed to accomplish each interview.
- Time per session that is tolerable for both the interviewer and interviewee.
- Reporting any difficulties while performing the interview.

According to the feedback from interviewers and interviewees, most parts of the interview tool questions were comprehensible except questions related to psychosurgery, Advocacy, advanced directives of patients preferences for treatment options , legal representatives independent bodies for offering support in case of presence of complaints,

and it was better to be delivered through two, one hour, sessions with maximum one week apart to guard against drop out of them , as regard difficulties while performing it , were managing the time for interviewer and they recommended to devote two days every week to research field work.

The assessment team has decided that coordination of all parts of the assessment (interviews, observing conditions in the facility and reviewing documentation) should be leaded by the author also she had written the first draft of the assessment report based on the findings and the recommendations of all members of the team then the team members finalized the report and prepared it for dissemination.

After the training, all members of the committee were gathered again to allocate roles and responsibilities of assessment committee members, to make schedule of the assessment, to determine the eligible interviewees among service users, family members and hospital staff and to discuss the scoring method.

Pre-visit Meeting

At pre-assessment meeting with hospital staff, service users and family members at the facility, the assessment team explained the purpose of the assessment and outlined the steps involved. Also the team described what they are going to achieve by conducting this assessment. Another objective of this meeting was to establish a sense of partnership and cooperation with service users, family members and hospital staff. Through this meeting the committee succeeded to create a positive environment among assessment team, hospital staff and service users that facilitated the conduction of the assessment.

Ethical Considerations

Prior to starting the assessment process, an assessment approval was obtained from the Scientific Research Ethics Committee in the General Secretariat of Mental Health and Addiction Treatment and from the Board of Directors of the Abbassia Mental Health Hospital. Also for interviews, verbal and written informed consent was obtained from each interviewee before the interview.

The participants received an explanation on voluntary participation and the right to withdraw from the study at any time and all signed the consent forms prior to interviews being conducted. Signed consent forms will be kept securely and could only be accessed by the team members.

There were no immediate direct personal benefits to the interviewees although they have been informed that their contribution to a clearer understanding of quality of services and human rights would ultimately benefit themselves and the other service users and the society in general.

Documentation Review

Reviewing documentation was an important part of the assessment. The WHO Quality Rights documentation and observation tool was a guide to assessment committee on the types of documentation to be reviewed during the assessment.

As recommended, documentations 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 and treatment, incidents of theft, abuse, deaths).
- Service users' personal records or files. Facility policies, guidelines, standards and other official directives are an important source of information on issues related to the quality of service, conditions in facilities and the human rights of service users.

Before conducting the visit, a list of above mentioned four categories of documentations was shared with authorities of Child and Adolescent Outpatient Clinics in order to give them time to prepare for the review process.

The assessment team reviewed all available policies, guidelines, protocols, and procedures standards. Also administrative records regarding the number of staff by profession; the number, gender and age range of users receiving services from the facility.

The files of service users who were selected for interview plus equal number of service users' files, selected at random, were examined in depth to ascertain whether they were up to date, whether service users were receiving proper medication for their condition, when medication was last reviewed, if informed consent for treatment was being obtained, if treatment plans and advance directives were being developed in collaboration with service users and if service users themselves can add information to their files.

The Visits

The assessment of the facility took place during the months of May and June ٢٠١٧. The assessment team started their work in two the clinics simultaneously. They have been divided into two groups; group A and

group B, group A was dedicated to perform the interviews and group B to do the observation and review of documents.

For the visit of the facility, the team undertook unannounced visits to the facility at different times of the day, at different working days. Unannounced visits ensured that team members saw conditions as service users experience them in the facility every day. Several visits were made to the facility at different times so that members of the team could observe conditions in the morning and afternoon (working hours from 9 am to 5 pm).

Interviews

For the interview process, the team decided to interview 40 service users, 10 clinic staff and 10 family members. And these were the numbers that actually had been interviewed.

The interviews were based on WHO Quality Rights interview tool Arabic version which outlines the themes, standards and criteria against which conditions in facilities should be assessed. It also contains questions associated with each criterion to assist the interviewees.

Before the interview process, the assessment team selected eligible interviewees from clinic staff. For that purpose the list of clinic staff was reviewed and selection was done based on that list. The selection of clinic staff was based on random sampling through which we selected 10 staff members from child and adolescent clinics. If any of selected interviewee refused to do the interview, the team did accidental random sampling from available staff on the day of interview. Each team obtained informed consent from interviewees before interview process.

For service users, it was agreed that the team would do interview with ٢٠ interviewees from child clinic and with another ٢٠ interviewees from adolescent clinic. The selection of interviewees was done on a random basis by each team on the day of interview.

Staff members, service users and family members had the right to decline to be interviewed, and the assessment committee respected their decisions.

For each interview, there was one interviewer to ask questions and fill up the questionnaire. All interview processes was conducted in a private area. The interviews were conversational in nature. Completion of the interview was done some times at just one session with average time ٩٠ minutes with break for about ١٠ minutes when needed, and other times through two sessions, every session with average ٤٥ minutes and one week apart between the two sessions.

Interviewees were assured that they were not under any obligation to participate and that there was no consequence if they declined, and that they could withdraw their participation at any point without explanation.

Participants were made aware:

- a. About the privacy and confidentiality as regard their responses, as most of them had concerns about the privacy of what they will say and if these will had any cost as regard the services they get from the clinic.
- b. That the goal of the interviews is to capture their individual perspectives.
- c. About the next steps in the assessment process, and that they would be notified of the assessment results and the report.

Post Visit Meeting:

Almost all members of the assessment team gathered to discuss, integrate and compile their results from interviews, observation and review of documentation into a final report.

The assessment team, after discussion, assented upon scoring for each of the criteria, standards and themes of the WHO Quality Rights tool kit as follows: ‘achieved in full’, ‘achieved partially’, and ‘achievement initiated’, ‘not initiated or not applicable’. The author had the responsibility for drafting the final report.

Afterward, the drafted report was shared with all assessment committee for their final review and comments. The final version of the report was derived after integrating comments of assessment team.

Results

This assessment was based on the combination of interviews findings, observation and the documentation review.

The score used for the assessment of the criterion, standards and themes was the following:

- Achieved in full **(A/F)**: There is evidence that the criterion has been fully realized.
- Achieved partially **(A/P)**: There is evidence that the criterion has been realized, but some improvement is necessary.
- Achievement initiated **(A/I)**: There is evidence that steps have been taken to fulfill the criterion, but significant improvement is necessary.
- Not initiated **(N/I)**: There is no evidence of attempts or steps towards fulfilling the criterion.
- And when the criterion, standard or theme did not apply to the facility in question, it was rated as not applicable **(N/A)**.

Theme ٢: The right to enjoyment of the highest attainable standard of physical and mental health (Article ٢٥ of CRPD)

Overall score on theme ٢	A/I	There is evidence that steps have been taken to fulfill the criterion, but significant improvement is necessary.
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Table 1: Assessment of the theme 1 according to the different standards and criteria

	Score	Additional information
Standard 1.1. Facilities are available to everyone who requires treatment and support.	A/P	
1.1.1 No person is denied access to facilities or treatment on the basis of economic factors or of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.	A/F	The only regulatory restriction for accessing the service is the age, as child clinic receives up to 12 years old and adolescent clinic receives above 12 to 18 years old.
1.1.2 Everyone who requests mental health treatment receives care in this facility or is referred to another facility where care can be provided.	A/I	Everyone receives the required , available mental health treatment , but there is no referral system
1.1.3 No service user is admitted, treated or kept in the facility on the basis of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.	A/F	
Standard 1.2. The facility has skilled staff and provides good-quality mental health services.	A/P	
1.2.1 The facility has staff with sufficiently diverse skills to provide counseling, psychosocial rehabilitation, information, education and support to service users and their families, friends or caregivers, in order to promote independent living and inclusion in the community.	A/P	

	Score	Additional information
ॡ,ॡ,ॡ Staff is knowledgeable about the availability and role of community services and resources to promote independent living and inclusion in the community.	A/I	They to some extent have some knowledge but this is a personal effort not authoritatively done.
ॡ,ॡ,ॢ Service users can consult with a psychiatrist or other specialized mental health staff when they wish to do so.	A/P	
ॡ,ॡ,ॣ Staff in the facility are trained and licensed to prescribe and review psychotropic medication.	A/P	Only psychiatrists are licensed to prescribe and review psychotropic medication.
ॡ,ॡ,Ⓚ Staff is given training and written information on the rights of persons with mental disabilities and is familiar with international human rights standards, including the CRPD.	N/I	
ॡ,ॡ,ⓖ Service users are informed of and have access to mechanisms for expressing their opinions on service provision and improvement.	A/I	
Standard ॡ,ॢ Treatment, psychosocial rehabilitation and links to support networks and other services are elements of a service user driven recovery plan and contribute to a service user's ability to live independently in the community.	A/I	
ॡ,ॢ,१ Each service user has a comprehensive, individualized recovery plan that includes his or her social, medical, employment and education goals and objectives for recovery.	A/P	
ॡ,ॢ,ॡ Recovery plans are driven by the service user, reflect his or her choices and preferences for care, are put into effect and are reviewed and updated regularly by the service user and a staff member.	A/P	This is a accustomed practice but not documented in patient files.

	Score	Additional information
٢,٣,٣ As part of their recovery plans, service users are encouraged to develop advance directives which specify the treatment and recovery options they wish to have as well as those that they don't, to be used if they are unable to communicate their choices at some point in the future.	N/I	
٢,٣,٤ Each service user has access to psychosocial programs for fulfilling the social roles of his or her choice by developing the skills necessary for employment, education or other areas. Skill development is tailored to the person's recovery preferences and may include enhancement of life and self-care skills.	A/I	This to some extent achieved through working on these skills within therapeutic sessions within the clinic.
٢,٣,٥ 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.	N/A	
٢,٣,٦ 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 centers and assisted residential care.	N/I	Not officially, the staff just shares any information if personally available to him/her.
Standard ٢,٤. Psychotropic medication is available, affordable and used appropriately.	A/I	
٢,٤,١ The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed.	A/I	

	Score	Additional information
୨,୫,୨ A constant supply of essential psychotropic medication is available, in sufficient quantities to meet the needs of service users.	A/I	
୨,୫,୩ Medication type and dosage are always appropriate for the clinical diagnoses of service users and are reviewed regularly.	A/I	
୨,୫,୫ Service users are informed about the purpose of the medications being offered and any potential side effects.	A/P	
୨,୫,୬ Service users are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy.	A/P	
Standard ୨,୬. Adequate services are available for general and reproductive health.	N/I	
୨,୬,୧ Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter.	N/I	
୨,୬,୨ Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral.	N/I	
୨,୬,୩ 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.	N/I	
୨,୬,୫ Regular health education and promotion are conducted at the facility.	A/I	
୨,୬,୬ Service users are informed of and advised about reproductive health and family planning matters.	N/A	
୨,୬,୭ General and reproductive health services are provided to service users with	N/A	

	Score	Additional information
free and informed consent.		

Theme ٢:

Child and adolescent clinics, Abbassia Mental Health Hospital, are the biggest tertiary mental health care facility in Cairo governorate, providing free services for a catchment area of about the third of Greater Cairo (Qaliubia, Cairo and Giza). Also, patients from other parts of the country may come for medical service; therefore this facility serves both rural and urban areas.

During the observation we could conclude that the facility didn't have any written document for required criteria to deliver the mental health service for service users, the facility was open to anyone who needed mental health care and support.

During interviews with service users and family members, all of them stated that there are **no restrictions for receiving mental health services** from the facility because of race, color, sex, language, religion, political opinion, nation, ethnic, indigenous or social origin, property, disability, birth or other status except for age, as the child clinic receives children up to ١٢ years old and adolescent clinic receives children starting from ١٢ to ١٨ years old.

Although the facility didn't **have referral policy**, the referral services are unofficially partly in the place, as when service users have a physical problem, staff members recommended and may offer a list of appropriate facilities and sometimes also write a short note about the case for the one who will manage the case. There is a specialized clinic for traumatized children (waha clinic), within the facility, that had its own referral form.

The staff of the child and adolescent clinic consists of senior psychiatrists who are trainers, trainee psychiatrists, clinical psychologists,

psychiatric nursing, and social workers. All these personnel had received series of technical long-term and short-term training courses in collaboration with training and continuous education department, Abbassia Mental Health Hospital. They had not been trained in human rights issues, and when we interviewed hospital staff, none of them was familiar with CRPD and the facility didn't have any policy to make it obligatory for the personnel to be familiar or receive training in CRPD.

In the facility, just psychiatrists who are trainers and psychiatric trainees are licensed to prescribe medication; however, the trainees should consult with their supervisors before prescribing any medication.

The most important task of social workers is to promote service users' capacity to live independently in the community but they are not capable of doing so. When we asked service users about these, only a minority knew about the meaning of that. During observation, we found that the task of social workers was to interview the service user at the initial visit to fill up the sector of patient file related to the social background and some of them could share in therapeutic sessions delivered within the clinic (psycho education – parenting sessions – ect..)

The facility had scheduled weekly multidisciplinary meeting for presenting a clinical case and have discussions about new cases within the last week in case there are any difficulties as regard the diagnosis or suggested management plan.

Recently a series of guidelines had been developed by national patient rights committee, one of them being dedicated to “patients’ rights in Abbassia Mental Health Hospital”. In this guideline, it is clearly mentioned that “Patients, in Abbassia Mental Health Hospital have the right to express

their opinions or complaints regarding care and quality of health services without any fear”.

However, when we interviewed service users, most of them were not aware of their rights in this facility as no one told them about this issue. In fact, there were big posters posted almost inside each ward of the Abbassia Mental Health Hospital which notified the rights of patient but, but they were not posted inside the child and adolescent clinics and when we interviewed the staff members, they mentioned that these posters never posted in the clinic and their rational for these that the supervisors committee who come from the patients’ rights committee from the National Mental Health Council (independent committee from the hospital) just interested in inpatients wards and never visited the child and adolescent outpatient clinics so no one care to post these helpful posters in the clinic , and the majority of service users if they wanted to discuss or share their concerns about services, they were not familiar with the mechanism to do so.

Some of them said that if they wanted to share their complaints with facility authorities, they were going to meet the facility director, or they could write their complain either to the facility director or to the Abbassia Hospital general director who could then returned it back to the facility director to process it, whereas others said that they didn’t even know who is the director and with whom they should share their concerns.

According to international standards, treatment for service users in psychiatric facilities should be directed towards protecting the dignity, rights, and freedoms of the patient. The assessment team observed that, in child and adolescent clinics, there was, for each individual service user, a psychiatric comprehensive file, Each department (psychiatry – psychology

– social worker) records information in its part but this psychiatric comprehensive file are limited to recording dosage of medications, risk assessments sometimes , and progress of psychological interventions, and did not include advanced directives outlining the service user's preferences concerning how they would and would not like to be treated.

Based on international standards, the treatment plans should not be limited to pharmacotherapy but should also contain a broader range of therapies, including occupational therapies, individual and group psychotherapy, social inclusion and rehabilitation exercises, among other, to enhance independent living in community.

Fortunately, these already what was done for the service users except the occupational therapy which was not available there. These plans didn't include 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. Service users did not be offered any information on psychosocial rehabilitation programs (including social, medical, and education programs) that would allow service users to develop the skills necessary to fulfill the social roles of their choice. Except that a social worker from the clinic goes every 6 months to ministry of solidarity to get a revised edition from a instructive book which contain all the available contact data about centers or places that offer services especially for children suffering from intellectual disabilities and autistic spectrum disorders and also contact data for two kind of school one for mentally retarded children and the other are inclusion schools. In addition, there was no psychosocial rehabilitation program inside the facility. The facility didn't offer any support for service users to establish and/or maintain social support networks outside the facility or link them with

other mental health services in community; this is, according to the interviewed hospital staff, because there is not such kind of mental health services available at community level.

Child and adolescent clinics, Abbassia Mental Health Hospital provides free psychotropic medications for service users and these medications are provided according to National Essential Drug List.

During interviews it was mentioned that sometimes the psychiatrists prescribed medications that were not available in facility and the service users and their families should obtain them from outside the hospital. As there was no authorized link between the clinic and the hospital pharmacy, suddenly the clinic staff discovered that there was some shortage of available drugs, this typically occurred every two months, and they had to wait at least one month until it become available.

To assess psychotropic medications prescription, we selected some files of service users randomly. After reviewing these files, with the support of psychiatrist (author), we found that most of prescribed medications (not all) were appropriate to the diagnosis. The dosage of prescribed medications was also correct. During interviews, one of facility staff stated *“sometimes it happens that alternative medication is being given to service users and it is because of unavailability of the original one as case of “Methylphenidate “ instead we prescribe “atomoxetine “, it is a common practice as we have used that twice per year especially at time of school exams, methylphenidate become unavailable ,may be out of shortage of importing it and some parents sometimes try to get it from our hospital and also from the private sector to ensure a stock of it”*. This point of view was common among almost all of clinic staff and also service users’ caregivers.

As mentioned earlier, only psychiatrists are authorized to prescribe medications and they monitor the dosage of administered medication. Service users and family members had been told about medications they had been prescribed, their mechanism of action, possible effects and possible side effects.

In Child and Adolescent clinics , Abbassia Mental Health Hospital, medication was not the only form of management and, besides pharmacotherapy, the facility provided psychotherapy, cognitive behavioral therapy and other psychological interventions, and most of service users were aware of these services.

The review of service users' files revealed that there was no regular screening for specific physical conditions but the doctors performed sometimes general physical examination in the form of measuring the height , weight and blood pressure at the initial visit and sometimes at monthly interval and sometimes not , sometimes at time of changing the prescribed drug dosage, and some laboratory tests just to check or on reported drug related side effects and the most asked laboratory tests were drug serum level (for antiepileptic) and hepatic functions especially if the service user is on antiepileptic or atomoxetine and document the findings in their files.

It should also be mentioned that there was no policy on provision of services for reproductive health, and the facility didn't provide such kind of services. On other hand, the facility didn't provide health education and other health promotion interventions for service users.

Theme ٣: The right to exercise legal capacity and the right to personal liberty and the security of person

Overall score on theme ٣	A/I	There is evidence that steps have been taken to fulfill the criterion, but significant improvement is necessary.
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Theme ٣:

Article ١٢ and ١٤ of CRPD (٢٠٠٦) focus on the ‘right to exercise legal capacity and to personal liberty and the security of persons on an equal basis with others in all aspects of life’

There was no policy at the facility that acknowledges and accommodates service users’ preferences in all matters regarding treatment and recovery options or choosing where to receive the treatment. As almost all service users had been brought to hospital by their families and it was the caregiver who plays the leading role rather than service users, no one gives priority to service users’ preferences.

As we interviewed service users, none of them were aware of their rights to select or refuse the facility treatment and/or seek support in the community. As we searched around in the community, unfortunately we could not reach a social organization to provide social support for patients. The only action that the facility staff took regarding facilitating re-integration of patients was discussion with their families about this matter.

The interviews revealed that treatment at Child and Adolescent clinics were not based on service users’ free and written informed consent. The caregiver was responsible for making any decisions related to their

patients; therefore, no one in the facility gives information to the patients about the treatment options except in adolescent clinic where information sometimes, was shared with the patients.

There were few cases in which the users accept or reject the receiving treatment in the facility (at the adolescent clinic).

When we checked facility policies, procedures and guidelines we couldn't find any policy explicitly indicating that service users can have advance directives and that they should be respected by staff and family members, even if they do not agree with them. So, as mentioned earlier, there was a comprehensive patient file, but it didn't have advance directive for each patient to be respected by their families or facility staff.

When we asked facility staff about service users' rights to accept or refuse the treatment, most of them stated that, this true and already they did effort to explain the available treatment options for their cases and in some cases they asked their caregivers to choose between available treatment options and this practice was unofficially agreed upon among most of staff members. The doctors and caregiver of service users, who were making decision about treatment.

The facility didn't have any policy or procedure or written information (pamphlets) in place to document and report treatment of service users against their will as well as giving them the option to appeal to a legal authority, therefore, none of service users were informed about their rights. Also the facility did not have guideline for patients' rights whereas it clearly mentioned that service users have the rights of decision making and selecting health services plans for his/her mental health issues.

During observation we did not see any posters or flyers which reflect patients' rights in the facility and almost all of service users and their family members were not aware of patients' rights. On the other hand, the facility staff also didn't offer any information regarding patients' rights to service users when they firstly arrived at the facility.

When we asked service users and family members about information delivered by facility staff to them regarding assessment, diagnosis, recovery and treatment, some of them stated that the facility staff discussed with them the diagnosis and possible prognosis and available options, and few of them stated that nothing was shared with them.

Overall, service users and family members were satisfied with the way that all staff members (psychiatrists, psychologists, social workers and nurses) interact with them, but very few times support staff (cleaners, guards) and nurses were not good".

As a common practice, family members were the main decision makers rather than the clients so the facility did communicate with families regarding treatment decisions. However, the interviewed family members stated that, sometimes, psychiatrists didn't share patients' treatment plan with them and they were not aware of patients' rights. In general, it was the families, as substitute decision makers, who decided about treatment of patients, not the actual service users.

During observation all service users had the right to have their personal information kept strictly confidential by facility, therefore, the facility opens a medical file for each service user at the initial visit to the facility on condition that all required documents are available with the patient which include (caregiver ID - patient birth certificate - personal

photo for the patient) and the facility kept his/her file in medical record room where no one could access the files.

Interviews with service users and family members revealed that almost all service users can not directly access their medical files but they can ask for report clarifying their own case through writing a request to the director which guarantees an immediate access to the report. Based on facility procedures, those health staff members who are engaged with treatment of service user could access their medical files.

Also, whenever it is requested by court, the facility gives allows the authorized persons to access required patient's files. During observation we found that all medical files of service users were kept in nursing station in an open cabinet, which could not perfectly guarantee its privacy and confidentiality. For those service users, who wanted to comment on anything in their confidential file, they were allowed to do so with existence of staff and if staff member found that, this information was related to his medical status.

Table ٢: Assessment of the theme ٣ according to the different standards and criteria

	Score	Additional information
Standard ٣,١ Service users 'preferences regarding the place and form of treatment are always a priority.	A/I	
٣,١,١ Service users 'preferences are the priority in all decisions on where they will access services.	A/I	

	Score	Additional information
3.1.2 All efforts are made to facilitate discharge so that service users can live in their communities.	N/A	
3.1.3 Service users' preferences are the priority for all decisions on their treatment and recovery plan.	A/I	
Standard 3.2. Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	N/I	
3.2.1 Admission and treatment are based on the free and informed consent of service users.	A/I	
3.2.2 Staff respects the advance directives of service users when providing treatment.	N/I	
3.2.3 Service users have the right to refuse treatment.	A/I	
3.2.4 Any case of treatment or detention in a facility without free and informed consent is documented and reported rapidly to a legal authority.	N/I	
3.2.5 People being treated or detained by a facility without their informed consent are informed about procedures for appealing their treatment or detention.	N/I	
3.2.6 Facilities support people being treated or detained without their informed consent in accessing appeals procedures and legal representation.	N/I	
Standard 3.3. Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.	N/I	

	Score	Additional information
३,३,१ At all times, staff interacts with service users in a respectful way, recognizing their capacity to understand information and make decisions and choices.	A/I	
३,३,२ Clear, comprehensive information about the rights of service users is provided in both written and verbal form.	N/I	
३,३,३ Clear, comprehensive information about assessment, diagnosis, treatment and recovery options is given to service users in a form that they understand and which allows them to make free and informed decisions.	A/I	
३,३,४ 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.	N/I	
३,३,५ Staff respects the authority of a nominated support person or network of people to communicate the decisions of the service user being supported.	N/I	
३,३,६ Supported decision-making is the predominant model, and substitute decision-making is avoided.	N/I	
३,३,७ When a service user has no support person or network of people and wishes to appoint one, the facility will help the user to access appropriate support.	N/I	
Standard ३,४. Service users have the right to confidentiality and access to their personal health information.	A/P	
३,४,१ A personal, confidential medical file is created for each service user.	A/P	

	Score	Additional information
ሃ,፩,ሂ Service users have access to the information contained in their medical files.		
ሃ,፩,ሄ Information about service users is kept confidential.	A/P	
ሃ,፩,፭ Service users can add written information, opinions and comments to their medical files without censorship.	A/I	

Theme ፭: Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 1፬ and 1፭ of the CRPD)

Overall score on theme ፭	A/I	There is evidence that steps have been taken to fulfill the criterion, but significant improvement is necessary.
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Theme ፭:

Child and Adolescent clinics, Abbassia Mental Health Hospital, in order to respond to any kind of abuse (verbal, mental, physical or sexual) or neglect (physically or emotionally), has one “patient right” committee. This committee is responsible to deal with such cases in accordance to their policies which were not available or even acknowledged by clinics’ staff, service users and their families.

When we reviewed documentations to determine availability of any guidelines or policies for reporting and dealing with incidents of verbal,

mental, physical or sexual abuse and physical or emotional neglect, there was nothing specific at clinics.

While interviewing staff members, service users, and family members, few of them had mentioned that, issues related to patient's rights were partly mentioned in the "Patients' Rights" guideline which was adopted "Patients' Rights" committee, according to which all service users have the right to express their opinions and complaints on care and quality of health services without any fear but as we had mentioned before there was no posted posters or available booklets to inform the service users and their members about their rights.

But, whenever there was any complaint this committee would investigate and take actions afterwards in case the complaints reached the committee. For instance, there was a complaint from one family member against one member of the facility staff and the "Patients' right committee" decided to issue a notice letter to the accused staff member. Notwithstanding such actions, there were no official records of incidents of physical, sexual or emotional abuse or neglect. Even, when there were incidents of abuse for a service user, they were not reported in the respective personnel files.

While conducting the interviews, facility observation and checking the available documentations, the only form of abuses that could service user exposed to were, **neglect** in the form of (long waiting list for psychotherapeutic sessions with delay in getting the service with average two months - attending a predetermined appointment for receiving a service while the staff member had canceled the appointment without informing the service user in advance - when service user came initially to the clinic without the required documents for opening the file so, they did

not receive the service that time keeping in consideration that the majority of them are poor and sometimes come from far places). And the other form of abuse is **verbal abuse** in the form speaking harshly with the service users but this form of practice not so common.

We checked the medical file of an interviewee who was verbally abused by one of the clinic nurses and nothing was mentioned in her file about that incident. The interviews revealed that the overall impression of service users and family members regarding behavior of hospital staff was fair. The interviewed service users and family members stated that mostly they were regarded with humanity, dignity and respect by doctors, but the behavior of nurses and support staff (cleaners, guards) was sometimes harsh and they shout at them, and did not respect dignity and humanity of service users and family members.

Seclusion and restraint are not being practiced, and instead there were other de-escalation tools and techniques like speaking softly with the service user in a trial to calm him down, there were also quiet and nice rooms with lovely toys and also a large well equipped open air garden for the children.

Child and Adolescent clinics, Abbassia Mental Health Hospital didn't provide electroconvulsive therapy to service users; however, the respective machine was available in Abbassia Mental Health Hospital and there was a well equipped unit allocated for ECT. There was a written policy and a specific procedure for conducting electroconvulsive therapy.

Similarly, psychosurgery and other medical procedures that may have permanent or irreversible effects were not provided in this facility or even in Abbassia Mental Health Hospital and there was no document for that.

As regard a written policy for conducting a research within the facility, there was a policy which was adopted by ethical scientific research committee at the General Secretariat of Mental Health and Addiction Treatment.

The facility did not have any written procedure whereby service users could file complaints about violations occurring at the facility such as neglect, abuse, seclusion, restraint and treatment without informed consent.

During the interview, most of service users did not know what to do if they want to share their concerns or complaints. Some of them were not sure about confidentiality of complaints filed as they experienced such incidents in the past. “Patients’ complaints were not kept confidential, if it happened, all staffs be aware of that.” a family member narrated.

If a service user or a family member needed to access legal organizations as part of the complaint process the hospital didn’t support them in this regard as they had no information about these issues to share with service users. At the same time, the hospital didn’t provide any details about any organizations such as organizations for persons with disabilities, advocacy or human rights organizations for the same preceding reason.

The only independent organization which monitors human right issues is Independent national mental health Commission, however, they never monitor child and adolescent outpatient clinics as reported during the interviews and when we checked for any report for any monitoring, nothing was available.

Table 3: Assessment of the theme 4 according to the different standards and criteria

	Score	Additional information
Standard 4.1. Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect.	A/I	
4.1.1 Staff members treat service users with humanity, dignity and respect.	A/P	
4.1.2 No service user is subjected to verbal, physical, sexual or mental abuse.	A/P	
4.1.3 No service user is subjected to physical or emotional neglect.	A/I	
4.1.4 Appropriate steps are taken to prevent all instances of abuse.	N/I	
4.1.5 Staff supports service users who have been subjected to abuse in accessing the support they may want.	A/I	
Standard 4.2. Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	N/A	
4.2.1 Service users are not subjected to seclusion or restraint.	N/A	
4.2.2 Alternatives to seclusion and restraint are in place at the facility, and staff is trained in de-escalation techniques for intervening in crises and preventing harm to service users or staff.	A/I	
4.2.3 A de-escalation assessment is conducted in consultation with the service user concerned in order to identify the triggers and factors he or she finds helpful in diffusing crises and to determine the preferred methods of intervention in crises.	N/I	
4.2.4 The preferred methods of intervention identified by the service user concerned are readily available in a crisis and are integrated into the user's individual recovery plan.	N/I	

	Score	Additional information
٤,٢,٥ 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.	N/A	
Standard ٤,٣. 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.	N/A	
٤,٣,١ No electroconvulsive therapy is given without the free and informed consent of service users.	N/A	
٤,٣,٢ Clear evidence-based clinical guidelines on when and how electroconvulsive therapy can or cannot be administered are available and adhered to.	N/A	
٤,٣,٣ Electroconvulsive therapy is never used in its unmodified form (i.e. without an anesthetic and a muscle relaxant).	N/A	
٤,٣,٤ No minor is given electroconvulsive therapy.	A/F	
٤,٣,٥ Psychosurgery and other irreversible treatments are not conducted without both the service user's free and informed consent and the independent approval of a board.	N/A	
٤,٣,٦ Abortions and sterilizations are not carried out on service users without their free and informed consent.	N/A`	
Standard ٤,٤. No service user is subjected to medical or scientific experimentation without his or her informed consent.	A/F	
٤,٤,١ Medical or scientific experimentation is conducted only with the free and informed consent of service users.	A/F	

	Score	Additional information
٤,٤,٢ Staff does not receive any privileges, compensation or remuneration in exchange for encouraging or recruiting service users to participate in medical or scientific experimentation.	A/F	
٤,٤,٣ Medical or scientific experimentation is not undertaken if it is potentially harmful or dangerous to the service user.	A/F	
٤,٤,٤ Any medical or scientific experimentation is approved by an independent ethics committee.	A/F	
Standard ٤,٥. Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse.	N/I	
٤,٥,١ Service users are informed of and have access to procedures to file appeals and complaints, on a confidential basis, to an outside, independent legal body on issues related to neglect, abuse, seclusion or restraint, admission or treatment without informed consent and other relevant matters.	N/I	
٤,٥,٢ Service users are safe from negative repercussions resulting from complaints they may file.	N/I	
٤,٥,٣ Service users have access to legal representatives and can meet with them confidentially.	N/I	
٤,٥,٤ Service users have access to advocates to inform them of their rights, discuss problems and support them in exercising their human rights and filing appeals and complaints.	N/I	
٤,٥,٥ Disciplinary and/or legal action is taken against any person found to be abusing or neglecting service users.	A/I	Just disciplinary action within

	Score	Additional information
		the clinic
٤,٥,٦ The facility is monitored by an independent authority to prevent the occurrence of ill-treatment.	N/I	Already there is an independent authority for monitoring in place but not activated

Theme ٥: The right to live independently and be included in the community (Article ١٩ of the CPRD)

Overall score on theme ٥	N/I	There is no evidence of attempts or steps towards fulfilling the criterion.
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Theme ٥:

Child and Adolescent clinics, Abbassia Mental Health Hospital didn't accept children without a family member or a guardian. Almost all guardians and substitute decision makers were parents of the service users and in case of unavailability of their parents (divorce – death - ect) the guardians mostly were one of the family members but not assigned by the court for this.

There were few places that under the management of the Ministry of Social Solidarity, that were usually fully occupied and there were also Some NGOs offering housing for mentally disabled children, but they were

few, so still there was a huge gap between what was needed what was available.

Also, there was not organization of people with disabilities, nor family organization to advocate for mentally disabled people. Furthermore, the facility didn't have any policy to encourage staff to share information with service users.

Most of the times families were the only possible source of housing and financial support to service users. Therefore, during treatment in the facility, psychologists and social workers work with families to facilitate reintegration of patients in the community. They provided the available information to families and service users on different aspects of life such as education, socio-cultural activities.

There was a governmental program offering financial support (Takafol we karama) in case of, total family income not exceeding about ١٥٠٠ Egyptian pounds per month. There was also a package of services in the form of free public transportation, free tickets for museums and for other public entertainment places, they had also a priority in all governmental opportunities (housing – jobs) that were also offered by the ministry of social solidarity.

There was one national guidelines pamphlet dedicated for patient with mental disorders which was edited by ministry of social solidarity and as mentioned later , the facility staff got its updated version every six months to make it available for the service users, offering information about available places that provide support or therapeutic services, information about schools for mentally disabled and autistic children , and main stream schools that allow for inclusion for mentally disabled and autistic children.

Informational pamphlets about disability organizations also were not available in the office of the social worker, and service users and family members mentioned they were rarely told about those opportunities in education, vocational training, and financial assistance.

Family members said they need more information, facilitating their access to education and financial opportunities which were the main problems they face.

Table 4: Assessment of theme 6 according to the corresponding standards and criteria

	Score	Additional information
Standard 6.1. Service users are supported in gaining access to a place to live and have the financial resources necessary to live in the community.	N/I	
6.1.1 Staff informs service users about options for housing and financial resources.	N/I	Except for if any of staff member have any information for any opportunity for financial support (personal effort)
6.1.2 Staff supports service users in accessing and maintaining safe, affordable, decent housing.	N/A	
6.2.1 Staff gives service users information about education and employment opportunities in the community.	N/I	
6.2.2 Staff supports service users in accessing education opportunities, including primary, secondary and post-secondary education.	A/I	In the form of giving the available information for the service user to get access to available schools
6.2.3 Staff support service users in career development and in accessing paid employment opportunities	N/A	

	Score	Additional information
Standard ๑,๓. The right of service users to participate in political and public life and to exercise freedom of association is supported.	N/A	
๑,๓,๑ Staff gives service users the information necessary for them to participate fully in political and public life and to enjoy the benefits of freedom of association.	N/A	
๑,๓,๒ Staff supports service users in exercising their right to vote.	N/A	
๑,๓,๓ Staff supports service users in joining and participating in the activities of political, religious, social, disability and mental disability organizations and other groups.	N/A	
Standard ๑,๔. Service users are supported in taking part in social, cultural, religious and leisure activities.	N/I	
๑,๔,๑ Staff gives service users information on the social, cultural, religious and leisure activity options available.	N/I	
๑,๔,๒ Staff supports service users in participating in the social and leisure activities of their choice.	N/I	
๑,๔,๓ Staff supports service users in participating in the cultural and religious activities of their choice.	N/I	

Discussion

Qualitative interviews findings of the ٧٠ respondents including ٤٠ service users, ٢٠ family members and ١٠ staff members and also information obtained from revising facilities documentations and observation of the overall facility and style of interaction among the staff and service users and their family members using the CRPD-based Quality Rights Tool Kit, at Child and Adolescent outpatient Clinics, Abbassia Mental Health Hospital, revealed the following:

- ١- **As regard the right to the enjoyment of the highest attainable standard of physical and mental health (Article ٢٥ of the CRPD),** the assessment team's rating for 'Theme ٢' was **achieved initially** which means that there was evidence that steps had been taken to fulfill the criterion as there was **no restrictions for receiving mental health services** from the facility except for age, as the child clinic received children up to ١٢ years old and adolescent clinic received children starting from ١٢ to ١٨ years old , there were series of guidelines had been developed by patient rights committee, belonging to National Mental Health commission as one of them being dedicated to patients' rights in Mental Health facility, clearly mentioned that "Patients, in Abbassia Mental Health Hospital had the right to express their opinions or complaints regarding care and quality of health services without any fear , and also there was a direct accesses to the facility manger in case there were any complaints , there was psychiatric comprehensive file for each individual service user, availability of free psychotropic medications for service users and these medications were provided according to National Essential Drug List, medication was not the only form of therapeutic interventions and besides pharmacotherapy the

facility provided psychotherapy, cognitive behavioral therapy and other psychological interventions, and most of service users were aware of these services.

But significant improvement is still necessary as follow:

- For behavior change, monitoring and follow up of services by supervisors in accordance to standard guidelines and procedures should be developed.
- Actions to promote users and families' education and awareness about treatment benefits and possible side effects should be strengthened.
- Measures should be taken to strength social support and create social networks contributing to empowering service users for achieving better mental health outcomes to ensure independent life in the community.
- All staff should be trained on CRPD and other available national patients' rights materials.
- The facility's authority should formally allow provision of information about available social services and resources outside the facility is a routine practice within the facility.
- The facility should develop well structured procedures and mechanisms in order to encourage service users to freely express their opinions about quality of services and, at the same time, to raise awareness of service users about those mechanisms and procedures.
- A referral system to other related sectors (education – general health – ministry of social solidarity – legal system – NGOs) should be established and become actively in place.

- Cooperation between professional staff (psychiatrists, clinical psychologists and social workers- trained nurses) of the facility for implementing the greatest diversity of psychosocial treatment with due skill and quality should be promoted more.
- The use of standardized treatment guidelines and protocols to guide the procedures, ensuring consistency of treatment should be developed.
- The facility should provide written and verbal information on general health.

٢- As regard **‘right to exercise legal capacity and to personal liberty and the security of persons on an equal basis with others in all aspects of life’** Article ١٢ and ١٤ of CRPD the assessment team’s rating for ‘Theme ٣’ was **achieved initially** which means that there was evidence that steps had been taken to fulfill the criterion as , the facility staff did effort to explain the available treatment options for their cases and in some cases they asked their caregivers to choose between available treatment options and this practice was informally agreed upon among most of staff members , most of service users and their family members mentioned that facility staff discussed with them issues related to assessment, diagnosis, recovery and treatment, and possible prognosis, overall, service users and family members were satisfied with the way that all staff members (psychiatrists, psychologists, social workers and nurses) interact with them, all service users had the right to have their personal information kept confidential by facility, therefore, the facility opened a medical file for each service user.

But still significant improvement is necessary as follow:

- Priority should be given to service users' preferences regarding development of treatment plan and form of treatment.
- Development of specific social integration plan for service users by social worker and its follow up in community.
- The facility should support social workers by providing specific capacity building program to ensure regular efficient community integration and follow up of service users.
- The proposed treatment and procedures guidelines of facility that will be developed should have statements that promote patient free and informed consent with more focusing on ensuring confidentiality of service users' personal files, after this, all staff should be trained on it.
- Patients' rights guideline should be revised and the issue of treatment with free and informed consent in accordance to CRPD should be highlighted.
- Provide clear and comprehensive information about the rights of service users in both written and verbal form and ensure its availability in all accessible places.
- Provide clear and comprehensive information about assessment, diagnosis, treatment and recovery options to service users in a form that they understand and allow them to take free and informed decisions.
- Service users' personal files should be kept in more secure area to assure confidentiality.
- Facility should support access of service users to their personal treatment files themselves not just a report.

٣- As regard Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles ١٥ and ١٦ of the CRPD), the assessment team's rating for 'Theme ٤' was **achieved initially** which means that there was evidence that steps have been taken to fulfill the criterion as there was a patient rights committee even if not active, there were no sexual, physical abuses experienced in the facility , service users and family members mostly treated with humanity , dignity and respect, availability of some de-escalation measures rather than seclusion or restraint, no medical or scientific experiments could be done at the facility against patients will or could carry for them any kind of risk.

But still significant improvement is necessary as follow:

- Facility should provide more information to service users, their families and facility staff about the rights of service users, and about the procedures for care that should be adopted in order to prevent violation of those rights.
- Activate the role of Patients' Rights Committee of the National Council for Mental Health especially in the outpatient facilities.
- The facility staff should document and strictly follow up any abuse or violence that occurs in facility and should share their findings and actions with an independence external body.
- Develop Patients' Safety Guideline for service users and provide training for all facility staff.
- Training program for all health professionals on human rights, legal norms and values and emphasize the importance of dealing with "humanity, dignity and respect" in the quality of treatment.

- All developed policies and procedures must be improved and seriously implemented, all facility professionals should receive competency-based training on these procedures.
- ξ- **As regard the right to live independently and be included in the community (Article ١٩ of the CPRD)** the assessment team's rating for 'Theme ٥' was **Not Initiated** as there was no evidence of attempts or steps towards fulfilling that criterion.

So we should start to:

- Provide information about available financial resources, educational opportunities in the community and any other community-based opportunities that ensure social integration for service users.
- The facility authorities should work with educational sector to facilitate educational opportunities for service users and keep ongoing link with them to take full advantage of the service user's benefits.
- Regular raising awareness sessions for families at the facility and at community level should be promoted in order to lessen stigma and discrimination against mental health service users and ensure the early access to mental health services when needed.
- The facility should develop policies to promote the sharing of information by facility staff with service users. The facility should also develop guidelines to support users' access to housing and financial resources, educational opportunities, as well as participation in religious, social, cultural and leisure activities.
- Social workers should provide support for service users and family members not only inside the facility but also at community level.

Conclusions and Recommendations

The Egyptian government is among those countries that have ratified CRPD on April ٢٠٠٨ and is committed to its implementation. This means that all national laws related to disabilities should be revised and adapted in accordance to CRPD, and should assure rights of people with disabilities based on international conventions and treaties.

Current assessment revealed that available services for mental health service users, due to lack of awareness about rights of people with disabilities, need to be positively changed. Additionally, In Egypt, there is comprehensive Mental Health Act that is developed at May ٢٠٠٩ to enforce the rights of persons with mental disorders and mostly go in line with what stated by CRPD.

But it emphasizes mainly the inpatient model of treatment and does not specifically mention the outpatient facilities. That resulted in, not mentioning any specific procedures in its executive regulations to manage the work in outpatient clinics according to CRPD and not taking on specific procedures to audit the commitment to of these procedures, except a specific model for monitoring in outpatient clinics attached to mental health hospitals so ,the Egyptian Mental Health Act requires some adaptations as regard this issue.

This assessment in child and adolescent clinics , Abbassia Mental Health Hospital also has unmasked some forms of human rights violations against mental health service users , in the form of neglect and verbal abuse, lack of standardized treatment protocols, lack of well articulated guidelines and procedures for managing the work within the clinics, total lack of awareness of issues related to human rights.

The assessment team expressed their suggestions and recommendations at two levels in order to improve the conditions. **Firstly**, a series of suggestions and recommendations are made for Child and Adolescent Outpatient Clinics managing authorities, aiming at the development of a practical operational plan with specific actions to improve the quality of services and promote human rights in the facility. **Secondly**, some suggestions and recommendations are addressed to Child and Adolescent Department, GSMHAT, as the policy-maker in order to bring changes and modifications to laws, policies and strategies in light of CRPD.

Recommendations to child and adolescent clinics managing authorities:

١. Measures should be taken to improve management and administration of the facility, which will solve many of current challenges toward human rights and quality of services.
٢. All facility staff should be trained in human rights, patients' rights and other laws and legislations that ensure patients' rights and for changes in practice and behavior, the facility should do regular post training follow-up and provide feedbacks in order to bring positive and effective changes.
٣. Working on developing formal coordination and networking with other related sectors such as human rights, social and legal, educational, and other related sectors.
٤. For an adequate utilization of available resources, a practical comprehensive operational plan is obligatory for the facility based on findings of this assessment is vital.

- . Each practical operational plan needs close monitoring and supervision therefore; it is recommended that the facility should regularly monitor activities and services.
- ٦. Facility should regularly report any human rights violations occurring within this facility to independent human rights organizations such as patient Rights Commission, National Commission of Mental Health.
- ٧. Implement clear, accessible and easy to use procedures for complaint, and to consolidate the effective presence and role of the patient's rights committee, National Mental Health commission.
- ٨. Build strong links and partnerships with the persons with mental disorders, their caregivers and the community and civil society leaders, to work in collaboration and act for community understanding and advancement of mental health, through educational activities, awareness campaigns and advocacy, as urgent actions are also needed from.

Recommendations for Child and Adolescent Department, GSMHAT

Certainly, a series of necessary actions such as changes and revisions in the laws, policies and strategies are needed in order to assure higher quality of health services and promotion of human rights of people with mental disabilities but revision of policies and legislations alone cannot get changes to the issue of the real life; therefore, it should be practically implemented.

The general secretariat of mental health and addiction treatment, ministry of health , as the responsible association for the provision of mental health services to all Egyptians , is obligated to consider human rights of people with mental health disabilities, as well as provision of high quality mental health services.

The assessment team provides the following specific suggestions and recommendations:

١. There is an urgent need for development of a national child mental health specific policy. Wherein its content is in accordance to CRPD and other international conventions and treaties .With more focus on promotion of human rights of people with mental disabilities. Developed and implemented in close coordination and collaboration with other related sectors such as Ministry social solidarity , Ministry of education, Ministry of justice, ministry of interior , religious organizations, National Council for Disability , the National council for Childhood and Motherhood, Ministry of Youth and Sports, human rights commissions, non-governmental social organizations working in the field of disability, etc.

٢. The existing mental health act is not responding to current needs for provision of quality services and promotion of human rights in outpatient facilities. This act was developed in ٢٠٠٩ and it should be revised and adapted in light of CRPD and other national and international laws and mention clearly articulated articles specific to regulate the work within outpatient facilities.
٣. Enhance the mental public health leadership among health professionals, so that they embrace their role to act beyond their role as physicians, influencing policy makers, overseeing training, and providing support, supervision, and expertise as needed.
٤. Current national mental health strategy didn't consider specific necessary clearly articulated actions for mentally disabled children toward integration into the community, providing education opportunities, participation in social, cultural, religious activities and establishment of specific mechanisms to guarantee provision of quality mental health services. It is recommended that the aforementioned issues have to be considered on upcoming revision of national mental health strategy.
٥. Including persons with mental disorders and their family members in the conception, design, reform and implementation of policies and programmes.
٦. To assure quality of services and promotion of human rights of people with disability, it is vital to establish a Steering Committee at the national level with representatives from the aforementioned concerned ministries (education – social solidarity – justice), human rights

advocates and organizations and non-governmental social associations who are working for the rights of people with disabilities.

- ٧. To increase public awareness towards human rights violation, discrimination and social stigma, planning and conducting national campaigns is required so, it is recommended to launch national awareness raising campaigns in collaboration with mass media and social networking means.
- ٨. Support establishment of mental health service users and families associations and organizations where they could actively advocate for their rights as well as participating in decision making processes.

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