EVALUATION OF MENTAL HEALTH SERVICES
THE PRINCIPALITY OF ASTURIAS

Second Phase:
Human Rights and quality assessment in detention facilities
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EXECUTIVE SUMMARY

The assessment of the conditions of human rights and quality installations of mental health with the Principality of Asturias, internment is performed for the purpose of identifying improvement proposals that affect the quality of life of people with mental health problems living in Asturias.

METHODOLOGY

To develop assessment project was, throughout the process, with the advice of person responsible for Mental Health in the WHO Headquarters Geneva Office. According to the WHO guidelines in its "tool of WHO for the control of quality and the conditions of human rights in mental health facilities, formed an evaluator group and participation, independent of the Administration in which associations of people with mental health and family problems had a decisive role. The role of the administration simply encourage and facilitate the process, without intervening either in design or in its execution.

The evaluator group who tool adapted to the circumstances and needs of mental health of the Principality of Asturias and designed the work carried out by the group work field (person voluntary, primarily of family associations and associations of users / you of services of mental health and professionals in any case had no link to installations). This group in February 2010, held a series of visits to health men - such with internment facilities, for interviews according to the questionnaire previously designed according to the tools - you lie who. Respondents were the / ACE users present at that time in installing, their families and professionals working in them. Work notes of installations and the review of existing documentation was also performed.

The various types of installation were grouped in the following blocks: general; hospitals acute hospitalization units Intermediate structures (therapeutic communities, comprehensive treatment, and residential units); Therapeutic communities for drug addictions and supervised accommodation.

The results were valued by reading the interviews, observation made during the visit and audit and review of the relevant documentation, grouping responses and comments that define the criteria for the degree of compliance with each of the standards. This degree of compliance was classified according to the following scale: "completely fulfilled (CT)", "partially fulfilled (COP)", "achievement (LI) initiated" and "not achieved (NC)". When the standard was not the installation application indicated as "not applicable (NA)".

According to the standards compliance in each of the rights, was considered the degree of fulfillment of them, as set out in the following way:

- First right: Absence of inhuman or degrading treatment
- Second law: Adequate standard of living
- Third right: Enjoy the highest attainable in physical and mental health
- Right: Exercise legal capacity, freedom and security
- Fifth law: Enjoy civil, cultural, economic, political and social rights
**RESULTS**

The table can observe different rights compliance

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<th>DERECHO 1</th>
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</table>

*CT: conseguido totalmente*
*CP: conseguido parcialmente*
*LI: logro iniciado*
*NC: no conseguido*
*No aplicable: //*

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**Spanish to English translation of key words in table above:**

Instalación = Installations
Derecho = Law
Estandares = Standards

CT (Conseguido totalmente) = Totally managed
CP (Conseguido parcialmente) = Partially managed
LI (Logro iniciado) = Initiated achievement
NC (No conseguido) = Not managed
No applicable = Not applicable

---

**IMPROVEMENT PROPOSALS**

Taking as reference the deficiencies and previous inadequacies, can be the following improvement proposals to gradually improve the quality of the services of mental health and treatment must be persons with mental health problems:

1. Develop and disseminate a bill of rights for users of the mental health services, which include clear explanations of provisions of services, their portfolio performance and procedures used for treatments and admissions carried out involuntarily.

2. Offer users and their families information about network resources to ensure continued of care.

3. Facilitate those affected and their families basic training on many aspects of the disorder can be convenient, and provide information before any doubt that may arise in the process of treatment.

4. Deploy or implement improvements in the care of persons with mental illness in rural areas.

5. Develop appropriate characteristics of various centers users host protocol.

6. Improving procedures for complaints and claims through measures to facilitate their expression and preserve confidentiality, as well as collect, treat and respond such complaints and claims to identify areas of improvement.
7. Improve the information on the legal situation of persons whose capacity to act have is-
stablecido limitations.

8. Improving the information and training of health professionals on the rules and legal basis
governing the rights of users and on the values and skills activity international to ensure
that the deal "with humanity, dignity and respect".

9. Improve the physical facilities of the units of mental health in hospitals and to ensure re-
spect for the dignity of persons with mental health problems.

10. Establish improvements in spaces and furniture installations in order to preserve the priva-
cy and confidentiality and are compatible with the control required, occasionally for ensure
security.

11. Remove barriers in facilities and improve its accessibility for people with motor and sensory
limitations.

12. Improving spaces and programs enabling activities sociorecreativas and promote vocational
training and psychosocial structures on-site rehabilitation programmes in-termed as.

13. Ensuring that all services have performance and cooperation of the professionals who inte-
grate the multidisciplinary team of mental health, to ensure the efficiency of the psycho-
social treatments needed in each case.

14. Increase the availability and use of guides and protocols to guide procedures therapeutics
and avoid not justified variability.

15. Increase application to the admissions and treatments will be with informed consent.

16. Improve coordination and cooperation between the various resources network of mental
health services, primary care and the various institutional and support social to facilitate
the appropriate transit to community care and participation in society and establish guide-
lines and responsible to do so effective.

17. Dissemination of information on measures and procedures to perform treatments author-
ised to least restrictively.

18. Improve training and skills of professionals to intervene in situations of crisis and face situ-
ations of violence, as well as measures to ensure its security and users.

19. Cover necessary squares of specialized personnel to move users from home to hospital or
health care centres, and create specialized units in police support workforce for shipments.

20. Perform periodic and systematic campaigns to raise public awareness on disability and
mental illness, and actions specific to groups most directly involved, which allow the inte-
gration of people with problems of mental health (PPSM).
1. METHODOLOGY

General Description

Evaluation of human rights and work quality in facilities of Mental Health (SM) with internment was carried out in the months of February and March 2010. In its development followed the following steps:

1º) Constitution of the evaluator group or supervisor, composed of users of different people belonging to various estates and civic responsibilities and family mental health services. In this group were carried out the following actions:

- WHO tool questionnaires adapted to the Asturian context.
- Definition of the composition of the working groups of field, activity scheduling and essential training for persons who formed.
- Determination of facilities to visit, interviews carried out and selection of interviewees.
- Final validation of the results.
- Development of recommendations.
- Validation of the final document report.

2º) Constitution of the field work team composed by persons belonging to family members and persons associations users of mental health, professionals in primary care (AP) and professionals at stage of training services from SM (where any work related to the assessed installation), for visits to facilities and interviews people users, families and professionals. In this group were carried out the following actions:

- Basic training on: services and benefits of SM, law, right to the SM and criteria and skills for interviews.
- Knowledge of the tool to apply.
- Organization and scheduling of work.
- Reading and assessment of results.

3º) Implementation of field work, with visits to 28 facilities and 186 interviews.

4º) Analysis and evaluation of the results obtained in charge of a small group of people team work field and the evaluator group representatives.

Facilities to evaluate and who tool questionnaires adapted to the Asturian context

First of all analysed the different facilities of SM which in Asturias internment, grouping them in four blocks:

1. **Units of hospitalization (UH) at general hospital include**: acute adult, adolescent unit or units of adolescents, conduct food and detoxification units disorders unit.
2. **Intermediate structures (EI)**: Integral treatment centers, therapeutic communities of SM and residential units.
3. **Therapeutic communities for drug addictions (CTD)**: includes the concerted with the health service of the Principality of Asturias.
4. **Supervised accommodation (AT)**: flats.

Then revised the list of rights, standards and criteria, whereas the common characteristics that define each block, and agreed to their application for each group of facilities.

Finally he proceeded to review and adapt the questionnaire of questions for each type of installation and group of interviewees.
Essential training for persons who carried out field work

Basic training on the following topics are considered as essential:

1. Services and benefits of Mental health into the health system in Asturias, Spain
2. Mental health legislation
3. The right to Mental Health in international human rights law (human rights)
4. The right to Mental Health in practice
5. Criteria and abilities to perform personal interviews

Training was conducted between December 15 and January 19 by experts in the field, people from some to the evaluator group.

Conduct interviews and selection of interviewees

The decision to visit all installations to a sample from each group, for two fundamental reasons:

- Inside facilities groups established not always were uniformity.
- Need to value the differences between Central and peripheral areas.

Regarding the number of interviews carried out in each installation and for each group of respondents, calculation was based on the maximum number of places of internment for people users of the service and total of pro-skill working in installation. On this basis were established the following criteria:

1. **People users:** For facilities with a number of people interned users of 6 or less met ≥50%.  
   
   
   \[ \text{Interviews were conducted between 6 and 16 persons interned users. With a number of people interned users exceeding 16, ≥20\%} \]

2. **Family:** Scheduled between 33-50% of scheduled interviews for people interned users.

3. **Professionals:** Followed a similar to the persons scheme users but taking into account that part of practitioners work a shift, what the number was slightly ICEX-rior.

For the selection of interviewees were established and applied the following criteria:

1. Participation voluntary on an anonymous basis and with the possibility of abandonment if the person interviewed so wishes.

2. Persons interned users will be in a clinical situation of his disease to enable interviewer in and in a time of stay in the installation giving them knowledge about it. If possible, close to the high.

3. The same applies to family members.

4. Practitioners interviewed preferably correspond to different categories and with different responsibilities.

5. The selection of interviewees was not always random, is supported in some cases of professionals for the selection of persons user and location of family members.

6. Interviews were conducted in all cases in strict reserve, still present exclusively the persons conducting the interview and the interviewee, was this user/a, family or professional.

Field work

Task force formed belonging to various associations of people volunteer users and PPSM family and a professional PA later in order to strengthen the Group facilitate access to workplaces and persons boarding users, joined SM professionals in training (MIR and PIR). The team was finally composed by 17 people, divided into five groups. All the people who made the field work was duly accredited and signed a commitment-SW of confidentiality.
To carry out the field work took into account the following aspects:

1. Components of the team shall have no link to installations to visit.
2. Need to work in a time limited, agreed between two and three weeks.
3. Number of centres to visit, location and interviews in each of them, looking for a balance between the five groups.
4. All groups, to the extent possible, will visit all kinds of facilities.

**Assessment of results**

Analysis and assessment of the results by team work field and the evaluator group representatives. The results were valued by reading the interviews, observation made during the visit and checking and revision of the relevant documentation. Always sought to read one or two persons belonging to the group that conducted field work. A third person was responsible for transcribing the results in a few templates designed for this purpose.

Systematics that followed was as follows for each facility:

1. Reading of the questions that form an approach and responses for each block of people between visitadas.
2. Evaluation of the degree of compliance with each criterion for each respondent group.
3. Evaluation of each standard taking into account the prior assessment of the criteria. In this case is considered a single for all fulfillment degree (people users, families and professional-end).
4. Evaluation of each right according to standards compliance.

Difficulties was particularly laborious to transform the results of the interviews in degrees of compliance. They took into account not only the answers of the questionnaire, comments on the visit and review the documentation but occasionally, the importance and significance of the revised question. For the overall rating of a standard or a right always prevailed the lesser degree of compliance.

**Final validation of the results and preparation of the Executive summary**

The Evaluator Group conducted the final validation of the results grouping them according to the type of installation and performing the following steps:

- Valuation according to the four levels of success, i.e., totally managed (CT), managed partially (CP) accomplishment initiated (LI), non managed (NC), not applied (NA).
- Characteristics of the survey.
- Analysis of the results for each right and suggestions for improvement.

Finally, the analysis and assessment of the results obtained allow us conclusions concerning problems, shortcomings and inadequacies and the development of subsequent proposals for improvement.

**2. EVALUATED FACILITIES: VISITS AND INTERVIEWS**

It was reported Mental health coordinators and centres responsible for the purpose of the visit and the date in order to facilitate the task and do not alter the normal operation of the facilities. In-application took place in the period between 9 and 26 February, according to the availability of the components of the groups. All facilities and services provided with some modifications to the initial schedule were visited. There were no objections to show installations but in any case to review the documentation.
<table>
<thead>
<tr>
<th>VISITS FACILITIES</th>
<th>Planned</th>
<th>Carried out</th>
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<tbody>
<tr>
<td>Acute hospitalization</td>
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<tr>
<td>Intermediate structures</td>
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<tr>
<td>C. T. addiction</td>
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<tr>
<td>Supervised accommodation</td>
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<td>7</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>28</strong></td>
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</table>

**Acute hospital units: 9/9**
- Hospital Alvarez Buylla - Mieres
- Hospital San Agustín - Avilés
- Hospital Valley of Nalón - Langreo
- Hospitalization acute Hospital Jove - Gijón
- Adult unit HUCA - Oviedo
- Adolescent Unit HUCA - Oviedo
- Unit disorders food behavior HUCA - Oviedo
- Unit Detox HUCA - Oviedo
- Detoxification unit Hospital Jove - Gijón

**Intermediate structures: 9/9**
- Treatment Integral - Luarca Center
- Centre for treatment Integral Montevil - Gijón
- Therapeutic community San Lázaro - Oviedo
- Therapeutic community - Avilés
- Therapeutic community Castañera - Arriondas
- Therapeutic community Somió - Gijón
- Unit rehabilitation TMS - sanatorium Adaro - Langreo
- Therapeutic community - Avilés
- Therapeutic community - Avilés
- Hearth protected Casita - Siero

**Drug therapeutic communities: 3/3**
- Therapeutic community addiction SPIRAL - Oviedo
- Therapeutic community addiction ARAIS - Pravia
- Community therapeutic drug El Valle - Tuñón

**Supervised accommodation: 7/7**
- Luarca: 1 accommodation mentored FASAD
- Avilés 3 supervised accommodation (1 SESPA, 2 FASAD) *
- Gijón: Apartments Tutelados**
- Oviedo: 2 supervised accommodation FASAD

* For purposes of expression results and recommendations arising from them, the Tutelados accommodation in Avilés have been simplified in a loft
** The Tutelados apartments of the social services of the Gijón Town Council are accounted for as a single accommodation, having been evaluated three floors, located in the same building.

There was collaboration, to carry out the interviews for the three groups interviewed. All practitioners were interviewed. Some users left the interview by tiredness and lack of interest. The largest number of failures is family, difficulties to arrange appointments, especially in supervised accommodation, units of hospital detox and intermediate structures.
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</table>

**Acute hospitalization: 63 / 69**
1 person the HVN user left the interview by tiredness and lack of interest.
1 person user of u. adolescent, it could not made by parents in the interview could not be present.
4 family members were not interviewed: 1 the HSA, the u. of treble of Jove 1, the HUCA UD 1 and Jove UD 1.

**Intermediate structures: 77/85**
2 users, 1 of UR Meres and HP La Casita, 1 not finished the interview by tiredness and lack of interest.
6 families were not interviewed: Montevil 2, 2 TC Somió, S. Lazarus TC 1 and UR Meres.

**Drug therapeutic communities: 18/19**
1 family of CTD Tuñón was not interviewed.

**Supervised accommodation: 26/35.**
3 people, users: 1 Gijón and Avilés, 2 would not conduct the interview.
6 families: 3 of Gijón, Avilés 2 and Luarca 1 were not interviewed.
3 RESULTS: ANALYSIS AND ASSESSMENT

3.1 UNITS OF ACUTE HOSPITALIZATION


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<th>Number of posts</th>
<th>Number of professionals</th>
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<th>Interviews family members</th>
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<td>21/23</td>
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3.1. B) RESULTS DISAGGREGATED BY STANDARDS

The standard is a statement of the desired and achievable level of operation compared to the actual operation that can be quantified. It is the overall objective, which must be assessed. The standard is achieved when all their associated criteria are met.

Valuation standards is done through the study of each criterion, carried out according to four levels of success, i.e., totally Conseguido (CT), Conseguido partially (CP) accomplishment initiated (LI), non Conseguido (NC), not applied (NA).

See the complete assessment of the results in annex II.

Law 1: absence of torture or cruel, inhuman or degrading punishment or treatment is valued according to the following standards:

- Standard 1.1: Service users have the right to not suffer physical, sexual or mental abuse or negligence.
- Standard 1.2: You must not abuse isolation or subjection or used only because the person has a disability.
- Standard 1.3: Should not be abused therapy electroconvulsive (TEC) and other invasive treatments and they can only be used with the free and informed consent of the person.
- Standard 1.4: Mental health facility users are entitled to privacy, to the formation and refuse treatment.
- Standard 1.5: Any user of the service shall be subject to medical or scientific experimentation without his consent.
- Standard 1.6: There are safeguards against abuse.
Law 1: absence of torture or cruel, inhuman or degrading punishment or treatment. Table of results.

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Law 2: Right to an adequate standard of living. He is rate according to the following standards:

- Standard 2.1: The physical condition of the building are suitable.
- Standard 2.2: Service users overnight conditions are suitable.
- Standard 2.3: Installation meets the hygienic and sanitary requirements.
- Standard 2.4: Service users have adequate food, water and clothing.

Law 2: right to an adequate standard of living. Results table

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Law 3: Right to enjoy the highest possible standard in physical and mental health. He is rate according to the following standards:

- Standard 3.1: No one is private admission, treatment or high depending on their origin, and there is no discrimination on grounds of race, colour, sex, religion, political affinities, (national or social) origin, property, birth, disability or other status.
- Standard 3.2: Medical services are able to offer a service of mental health in cali - dad on the installation type.
- Standard 3.3: Treatment and rehabilitation allow the development of the ability of the person, their maximum potential and integration into the community.
- Standard 3.4: Available psychotropic medication where and when needed and used appropriately.
- Standard 3.5: He has adequate facilities for the general health and health play-tiva conditions.

Law 3: right to enjoy the highest possible standard in physical and mental health. Tab-la results.

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<td>H-7</td>
<td>CP CP CP CP CP</td>
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</table>
4 Law: Right to exercise legal capacity, personal liberty and security of the person. He is rated according to the following standards:

- Standard 4.1: All users of the service are at all times in the least restrictive setting possible.
- Standard 4.2: The existence of a disability not justified any deprivation of liberty. The admission and treatment are based on the free and informed consent. Users of the service have any help they need to exercise its legal capacity.
- Standard 4.3: A Committee or review court has the authority to review the admission and treatment.
- Standard 4.4: Installation personnel are provides you a secure and stable environment for their work.

**Law 4: right to exercise legal capacity, personal liberty and security of the person.**

**Table of results.**

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5 Law: Enjoy civil, cultural, economic, political and social rights. He is rated according to the following standards:

- Standard 5.1: Mental health facility people have freedom of expression and right to privacy.
- Standard 5.2: Mental health facility persons have the right to work, and are not obliged to forced labour.
- Standard 5.3: Mental health facilities persons have the right to education.
- Standard 5.4: Persons entitled to participate in social life and access to cultural, religious activities and leisure with respect for their cultural values and their language.
- Standard 5.5: Persons entitled to vote, to associate freely and to exercise civil responsibilities.

**Law 5: enjoy civil, cultural, economic, political and social rights. Table of results.**

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3.1.C) CHARACTERISTICS OF THE SURVEY

These facilities were interviewed 21 users of a maximum occupancy of 94 beds, 20 professionals from a total workforce of 107, and 11 relatives. You carried out the inspection and observations of the facilities provided and verified the availability of documents.

The right greater total compliance (CT) is the number 2 (right to an adequate standard of living), with 46% and the least it is the right CT 4 (right to exercise legal capacity, personal freedom and security of person) with 10%.
3.1.c) ANALYSIS OF RESULTS AND SUGGESTIONS FOR IMPROVEMENT (H-1, H-2, H-3, H-4 and H-5)

**Law 1: No treatment or punishment, torture or cruel, inhuman or degrading**

**Results: CT (6) CP (23) LI (2) NA (10)**

1. In the scope of this right is observed that there is insufficient knowledge about the rights of the users, information concerning their medical history and treatment. Nor is noce enough co-regulatory standards of confidentiality.

2. Not enough information on how the users voice complaints, the materials provided do not report the procedure.

3. There are no protocols for the TEC, or written documentation of their informed consent. In general, informed consent is only used for the internment.

4. The provision of counsel or outside counsel is very rare and health professionals do not know the procedures for doing so.

5. Problems and deficiencies are reported on the treatment and professional relationship with the users.

**Suggestions for improvement**

1. Prepare a bill of rights for individuals using mental health services. Provide more information to both the users and their families and professionals about the rights of users and the ways and procedures for care without violating those rights, above all to be clarified and improved aspects of the right to information patient about their medical records, confidentiality and informed consent for the embodiment of the treatments.

2. Improve the training of 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.

3. Procedures must be improved restrictive measures, using protocols and re-cords, not just containment measures but also for isolation.

4. All units apply or indicate that ECT treatment should have a protocol of indications and do informed consent. Also desirable that such treatment cough when they are shown to apply in the center.

5. It must have information on how to access to counsel or outside counsel.

**Law 2: The right to an adequate standard of living**

**Results: CT (13) CP (14) LI (1)**

1. This is the law in which there are more results of CT.

2. Failure was observed with respect to preventive measures against fire. The cabinets where the property kept can not close and do not guarantee privacy. The same goes for the showers and services.

3. The amenities and services are not adapted for people with disabilities and mobility limitations.

4. It is also noted a deficiency in toilet facilities and the provision of diets.
Suggestions for improvement

1. Improve measures against the risk of fire.

2. Establish measures that are compatible with the necessary control of health staff and guaranteed privacy czar for both tenure and property useful to the use of the showers and toilets.

3. Spaces have to have visits with appropriate privacy.

4. Toilets have been adapted for people with mobility limitations.

5. Repair facilities and improve the availability of space for activities.

Right 3: Right to enjoy the highest possible standard in terms of physical and mental health

Results: CT (9) CP (26)

1. The percentage of CT in their standards exceed 25%.

2. Observed shortcomings in the provision and presence of the multidisciplinary team of professionals, which may adversely affect the breadth and quality of psychosocial treatments used-two.

3. There are gaps in the availability and use of protocols and guidelines on application treatments two, which prevents verification of the consistency between diagnosis and therapeutic procedures.

4. The users and family do not have enough information about the treatment being applied, or on the services network, whose coordination needs improvement to ensure continued therapeutic.

5. Not offered enough information on reproductive health and family planning.

6. The allocations for emergency care are not complete.

Suggestions for improvement

1. The professional staff of these units must have the cooperation of clinical psychologists and occupational therapists to help implement the greatest diversity of psychosocial treatments with due skill and quality.

2. Should increase information to the users and their families about treatments, benefits and possible side effects.

3. We must increase the use of treatment guidelines and protocols to guide the procedures, ensuring consistency of treatment and decrease the variability arbitrary.

4. Should be improved verbal and written information on reproductive health and family planning.

5. Improve provisions for emergency actions vital.
Law 4: The right to exercise legal capacity, personal liberty and security of person

**Results:** CT (3) CP (18) NA (7)

1. In the scope of this law there is no standard with CT results.
2. Deficiencies are recorded on the information available to consumers and family members on the governing standard forced internment.
3. The information that exists about the possibility of involuntary outpatient treatment is very poor, both between users and for family and professionals.
4. The legal advice that are available to users when they want to appeal against the measures taken are insufficient.
5. Informed consent procedures in the case of voluntary admissions are not used generally and users are not sufficiently informed about the possibility that their attendants of change in approach and refuse treatment.
6. Professionals consider that the legal regulation of involuntary entitles them to the application of involuntary treatment.
7. Measures to protect professionals violent behavior and training for management are considered insufficient.

**Suggestions for improvement**

1. Disseminate information on procedures for involuntary outpatient treatment.
2. Apply systematically informed consent in voluntary placement, together with explanations about the possibility of modifying the criteria and to refuse treatment.
3. Clarifying the differences between compulsory detention and involuntary treatment and to standardize the legal underpinnings functions that protect him.
4. Providing access to counsel or outside counsel when requested and to inform staff about the procedures to follow.
5. Improve security measures and training staff to deal with situations of violence.

Law 5: Enjoying the civil, cultural, economic, political and social

**Results:** CT (10) CP (17) NA (8)

1. Restrictions are indiscriminate in the use of media.
2. It is noted that there is no space to ensure privacy during the visits.
3. There are clear deficiencies in recreational activities and exercise of physical activities.
4. Need to improve information on legal issues of the limitations of the capacity to act and its impact on the exercise of individual rights.

**Suggestions for improvement**

1. Establish procedures to adjust and regulate the restriction of communications and the use of tele-phone as the personal situation of each user.
2. Ensuring privacy in visits by relatives and friends.
3. Improving the spaces and facilities for leisure activities.
4. Promoting physical activity outlets for those users where indicated.
5. Improve information on the legal situation in cases where it is established limitations on the ability to act.

3.1.c) ANALYSIS AND PROPOSALS FOR IMPROVEMENT (H-6 and H-7)

H-6
Due to its specificity and the deficiencies noted, recommendations for improvement that are proposed are summarized in the following proposals:

1. Improve information on complaints and development of a protocol with the procedure to be followed by the users.

2. Take measures to ensure confidentiality of medical records.

3. Develop a specific guide to SM to deliver the users, containing information on rights and where and how to file claims.

4. Since the treatment requires isolation measures and restrictions on mobility and contact with other people using, and given that revenues are voluntary, it is very important to apply informed consent protocol that includes an explanation of those matters and compliance.

5. Have protocols and treatment guidelines.

6. Improving the emotional support and include this item as a quality factor.

7. Ensure the users information on reproductive health and family planning.

8. The team that works in the unit should have the assistance of a professional clinical psychologist.

H-7
The rights greater total compliance (CT) are in the standards are the number 1 (absence of torture or cruel, inhuman or degrading treatment) and 2 (right to an adequate standard of living) with a 50%. Rights compliance was partial in all cases. Proposals:

1. Provide more information to both users, families and professionals about children’s rights and on ways and procedures for care without violating those rights, so above all to be clarified and improved aspects of the right to patient information on the clinical data, confidentiality and informed consent for the embodiment of the treatments.

2. Improve the training of all health professionals on human rights and legal norms and values, and emphasize the importance of dealing with “humanity, dignity and respect” in the quality of treatment.

3. Provide information on how to voice complaints and provide users the ability to perform them confidential.

4. Optimize the coordination of services on a network to improve the use of installing and ensure integration into the community.

5. Specific training professionals to become more involved in treatment plans.


7. Improving the spaces and facilities for physical exercise. Promoting physical activity outlets for those users where indicated.
3.2. UNITS OF HOSPITAL DETOX

3.2.A) FACILITIES

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3.2.B) Results broken down by STANDARD

Law 1: No treatment or punishment, torture or cruel, inhuman or degrading

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Law 2: The right to an adequate standard of living

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Right 3: Right to enjoy the highest possible standard in terms of physical and mental health

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Law 4: The right to exercise legal capacity, personal liberty and security of person

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Law 5: Enjoying the civil, cultural, economic, political and social

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3.2.c) CHARACTERISTICS OF THE SURVEY

These facilities were interviewed 5 people, a maximum of seats may be occupied 12; to 5 professionals from a total staff of 17, and 1 family of 3 under. You carried out the inspection and observations of the facilities provided and verified the availability of documents.
The rights greater total compliance (CT) are in the standards are the number 4 (right-cho to exercise the legal, personal liberty and security of person) and 2 (right to an adequate standard of living), in compliance with the rest dominated partial compliance. The fulfillment of the rights was partial in all cases.

3.2.d) ANALYSIS OF RESULTS AND SUGGESTIONS FOR IMPROVEMENT

Law 1: No treatment or punishment, torture or cruel, inhuman or degrading

Results: CT (1) CP (5) NA (6)

1. This right is given the lowest total standards compliance.

2. In the scope of this right is observed that not enough is known about the regulatory standards of confidentiality.

3. Not enough information about how particular users voice complaints confidentially, provided the materials do not report the procedure.

4. Lack of information on the possibility of accessing external expertise.

5. Problems and deficiencies are reported on the treatment and professional relationship with users.

Suggestions for improvement:

1. Provide information on how to voice complaints and provide users the ability to perform them confidential.

2. Take measures to ensure confidentiality of medical records.

3. Develop a specific guide to SM, to deliver to users, containing information on rights and where and how to file claims.

4. Since the treatment requires restrictions on communications and contacts with relatives, and that revenues are voluntary, it is very important to apply informed consent protocol that includes an explanation of those matters and compliance.

5. Improve the training of all health professionals on human rights and legal norms and values, and emphasize the importance of dealing with “humanity, dignity and respect” in the quality of treatment.

6. It must have information on how to access the social worker or counselor former suit.

Law 2: The right to an adequate standard of living

Results: CT (6) CP (2)

1. This is the second CT right in full compliance with standards.

2. Failure was observed with respect to preventive measures against fire.

3. The cabinets where they keep the property can not be closed and do not guarantee privacy. The same goes for showers and services.

4. The amenities and services are not adapted for people with disabilities and mobility limitations.

5. It is also noted some deficiencies in facilities and maintenance.
Suggestions for improvement

1. Improve measures against the risk of fire.

2. Establish measures that are compatible with the necessary control of health staff and guaranteed privacy czar for both tenure and property useful to the use of the showers and toilets.

3. Toilets have been adapted for people with mobility limitations.

4. Repair facilities and improve the availability of space for activities.

Right 3: Right to enjoy the highest possible standard in terms of physical and mental health

Results: CT (4) CP (6)

1. Difficulties high to other facilities, especially therapeutic communities. This is physical detoxification facilities for general practitioners to be controlled by users derivatives from SM and being sent back to SM. In some cases go directly to therapeutic communities for drug addicts.

2. There are gaps in the availability and use of protocols and guidelines on application processing two, making it impossible to verify the consistency between diagnosis and therapeutic procedures.

3. Users and family do not have enough information about the treatment being applied, or on the services network, whose coordination needs improvement to ensure continued treatment.

4. Not offered enough information on reproductive health and family planning.

Suggestions for improvement

1. Optimize the coordination of services on a network to improve the use of installing and ensure integration into the community.

2. Specific training professionals to become more involved in treatment plans.

3. Should increase information to users and family about treatments, their benefits and possible side effects.

4. We must increase the use of treatment guidelines and protocols to guide the procedures, ensuring consistency of treatment and decrease the variability arbitrary.

5. Should be improved verbal and written information on reproductive health.

Law 4: The right to exercise legal capacity, personal liberty and security of person

Results: CT (4) CP (1) LI (1) NA (2)

1. Measures to protect professionals violent behavior and training for management are considered insufficient.

2. Users do not have access to the Social Worker.

Suggestions for improvement

1. Improve security measures and training staff to deal with situations of violence.
Law 5: Enjoying the civil, cultural, economic, political and social

Results: CT (3) CP (5) NA (2)

1. Restrictions are for the use of media.
2. Restrictions are in visitation.
3. Observed deficiencies in recreational activities and physical exercise and outdoor facilities.

Suggestions for improvement

1. Establish procedures to adjust and regulate the restriction of communications and the use of tele-phone as the personal situation of each user.
2. Expand visitation restrictions apply strictly necessary.
3. Improving the spaces and facilities for physical exercise. Encourage outlets for physical financial year in which those users indicated.

3.3. INTERMEDIATE STRUCTURES

3.3.A) FACILITIES

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3.3.B) Results broken down by STANDARD

Law 1: No treatment or punishment, torture or cruel, inhuman or degrading

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Law 2: The right to an adequate standard of living

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Right 3: Right to enjoy the highest possible standard in terms of physical and mental health

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Law 4: The right to exercise legal capacity, personal liberty and security of person

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Law 5: Enjoying the civil, cultural, economic, political and social

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3.3.c) CHARACTERISTICS OF THE SURVEY

These installations have interviewed 34 users, the maximum that can be occupied seats is 145 seats, to 30 professionals from a total workforce of 175, and 13 families. You carried out the inspection and observations of the facilities provided and verified the availability of documents.

The right greater total compliance (CT) is in the standards is the number 5 (right to enjoy civil, cultural, economic, political and social), with 55% in the rest, undermined the predominant partial compliance. Rights compliance was partial in all cases.

3.3.D) ANALYSIS OF RESULTS AND SUGGESTIONS FOR IMPROVEMENT

Law 1: No treatment or punishment, torture or cruel, inhuman or degrading

Results: CT (0) CP (27) LI (1) NA (26)

1. No standard was fully satisfied.

2. In the scope of this right is observed that there is insufficient knowledge about users' rights to information concerning their medical history and treatment. Neither sufficiently known regulatory standards of confidentiality.

3. Not enough information on how users voice complaints, the materials do not report facilitate the procedure.

4. Problems and deficiencies are reported on the treatment and professional relationship with users.

Suggestions for improvement

1. Prepare a bill of rights of users of mental health services.

2. Provide more information to both users, families and professionals about the rights of users and the ways and procedures for care without violating those rights, so-above all to be clarified and improved aspects of the right to information patient about their medical records, confidentiality and informed consent for the embodiment of the treatments.

3. Improve the training of all health professionals on human rights and legal norms and values, and emphasize the importance of dealing with "humanity, dignity and respect” in the quality of treatment.

4. Provide information on how to voice complaints and provide users the ability to perform them confidential.

Law 2: The right to an adequate standard of living

Results: CT (16) CP (20)

1. In this right, full compliance with the standards is 44%.

2. Failure was observed with respect to preventive measures against fire.

3. The cabinets where they keep the property can not be closed and do not guarantee privacy. The same goes for showers and services.

4. The amenities and services are not adapted for people with disabilities and mobility limitations.

5. There were some deficiencies in facilities and in maintaining them.

6. Lack quality and variety in the diet.
Suggestions for improvement

1. Improve measures against the risk of fire.
2. Establish measures that are compatible with the necessary control of health staff and guaranteed privacy czar for both tenure and property useful to the use of the showers and toilets.
3. Toilets have been adapted for people with mobility limitations.
4. Effectiveness in the maintenance of facilities. Reforms to improve the availability of space for activities.
5. Improve the quality of food and distribution conditions. Have special diets.

Right 3: Right to enjoy the highest possible standard in terms of physical and mental health

Results: CT (14) CP (31)

1. The percentage of CT in their standards is 31%.
2. Observed shortcomings in the provision and presence of the multidisciplinary team of professionals, which may adversely affect the breadth and quality of rehabilitation treatments used zados.
3. There are gaps in the availability and use of protocols and guidelines on application processing two, making it impossible to verify the consistency between diagnosis and therapeutic procedures.
4. Users and family do not have enough information about the treatment being applied, or on the services network, whose coordination needs improvement to ensure continued treatment.
5. Deficiencies are detected in the visiting, which may adversely affect maintenance contact with family and friends.
6. There are insufficient resources and their use so that users are not always located in the proper installation.
7. Not offered enough information on reproductive health and family planning.
8. The allocations for emergency care are incomplete and lack training to address the vital urgency.

Suggestions for improvement

1. The professional staff of these units must have the cooperation of clinical psychologists and occupational therapists sufficient to help the implementation of greater diversity of programs of rehabilitation themselves of such facilities with appropriate expertise and quality.
2. Should increase information to users and family about treatments, their benefits and possible side effects.
3. We must increase the use of treatment guidelines and protocols to guide the procedures, ensuring consistency of treatment and decrease the variability arbitrary.
4. Larger and more flexible visitation.
5. Optimize the coordination of services on a network to improve the use of installing and ensure integration into the community.
6. Should be improved verbal and written information on reproductive health and family planning.

7. Improve staffing and training for emergency actions vital.

**Law 4: The right to exercise legal capacity, personal liberty and security of person**

**Results: CT (2) CP (24) LI (1) NA (9)**

1. The percentage of CT in their standards is 7.5%.

2. In rural areas the geographic dispersion makes it difficult to outpatient treatment. A professional states that would be interesting to work with patients in their environment leading to less restrictive options.

3. Informed consent procedures in the case of voluntary admissions are not used generally and users are not sufficiently informed about the possibility that their assiste of change in approach and refuse treatment.

4. Deficiencies are recorded on the information available to users and their families on the standard-tion that regulates the flow of volunteers to forced internment.

5. The information that exists about the possibility of involuntary outpatient treatment is very poor, both between users and for family and professionals.

6. Recorded shortcomings in the information available to users, families and professionals about the situations that modify the capacity to act and the constraints posed on the rights of users.

7. Measures to protect professionals violent behavior and training for management are considered insufficient.

**Suggestions for improvement**

1. Consider rural areas to bring the work of teams at half-Dria which is less restrictive alternatives.

2. Apply systematically informed consent in voluntary placement, together with explanations about the possibility of modifying the discretion to refuse and request the al-ta.


5. Provide information on limitations on the rights of users with the ability to act as amended.

6. Improve security measures and training staff to deal with situations of violence.

**Law 5: Enjoying the civil, cultural, economic, political and social**

**Results: CT (24) CP (21)**

1. Full compliance with standards of 55%.

2. Restrictions are indiscriminate in the use of media.

3. It is noted that there is no space to ensure privacy during the visits. Restrictions are seen in the visitation.

4. There are clear deficiencies in recreational activities and exercise of physical activities.
5. Missing options and grants for training and employment.

6. Need to improve information on legal issues of the limitations of the capacity to act and its impact on the exercise of individual rights.

**Suggestions for improvement**

1. It is the right to the highest standards compliance total 55% CT.

2. Establish procedures to adjust and regulate the restriction of communications and the use of tele-phone as the personal situation of each user.

3. Ensuring privacy in visits by relatives and friends. Expand visitation restrictions by applying strictly necessary.

4. Improving the spaces and facilities for leisure activities and physical exercise. Promoting physical activity outlets for those users where indicated.

5. Provide information on training and employment options. Promote and encourage participation.

6. Improve information on the legal situation in cases where it is established limitations on the ability to act.

### 3.4. THERAPEUTIC COMMUNITIES FOR ADDICTIONS

#### 3.4.a) INSTALLATIONS

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#### 3.4.B) Results broken down by STANDARD

**Law 1: No treatment or punishment, torture or cruel, inhuman or degrading**

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**Law 2: The right to an adequate standard of living**

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Right 3: Right to enjoy the highest possible standard in terms of physical and mental health

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Law 4: The right to exercise legal capacity, personal liberty and security of person

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Law 5: Enjoying the civil, cultural, economic, political and social

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3.4.c) CHARACTERISTICS OF THE SURVEY

These facilities were interviewed to 9 users, with 36 being the highest of places that may be occupied pads, 5 professionals, and 4 family. You carried out the inspection and observations of the facilities provided and verified the availability of documents.

The right greater total compliance (CT) is in the standards is the number 5 (right to enjoy civil, cultural, economic, political and social), with 93%, followed by 2 with 83%, 4 with 77% and 2 to 41%.

3.4.d) ANALYSIS OF RESULTS AND SUGGESTIONS FOR IMPROVEMENT

Law 1: No treatment or punishment, torture or cruel, inhuman or degrading

Results: CT (5) CP (4) NA (9)

1. Criteria 1.2, 1.3 and 1.5 does not come in this type of installation. In one of the communities are fully compliant with the law.

2. In the scope of this right is observed a deficiency on the rights of users to the information concerning their medical history and treatment.

3. Not enough information on how users express complaints confidentially, provided the materials do not report the procedure.

4. Insufficient information on the possibility of accessing external expertise.

5. Problems are reported on the treatment of users reaching in some cases critical situations.
Suggestions for improvement

1. Prepare a bill of rights of users of mental health services.

2. Provide more information to both users, families and professionals about the rights of users and the ways and procedures for care without violating those rights, so above all to be clarified and improved aspects of the right to information patient about their medical records.

3. Provide information on how to voice complaints and provide users the ability to perform them confidential.

4. Facilitate access to outside consultants and / or social worker.

Law 2: The right to an adequate standard of living

Results: CT (5) CP (6) LI (1)

1. This is the right with the CT of the lowest standards of all 42%.

2. Failure was observed with respect to preventive measures against fire.

3. The cabinets where they keep the property can not be closed and do not guarantee privacy. The same goes for showers and services.

4. The amenities and services are not adapted for people with disabilities and mobility limitations.

5. There are significant deficiencies in some facilities and in maintaining them.

6. Excessive number of persons sharing the rest room privacy.

Suggestions for improvement

1. Improve measures against the risk of fire.

2. Establish measures that are compatible with the necessary control staff to ensure the privacy for both tenure and property useful to the use of showers and services.

3. Toilets have been adapted for people with mobility limitations.

4. Effectiveness in the maintenance of facilities. Reforms to improve the status of installing and access to them.

5. Rooms have lower number.

Right 3: Right to enjoy the highest possible standard in terms of physical and mental health

Results: CT (10) CP (2) NA (3)

1. The percentage of CT in their standards is 83%.

2. Users and family do not have enough information about the treatment being applied, or on the services network, whose coordination needs improvement to ensure continued treatment.

3. Not offered enough information on reproductive health and family planning.

Suggestions for improvement

1. Should increase information to users and family about treatments, their benefits and possible side effects.
2. Optimize the coordination of services on a network to improve the use of installing and ensure integration into the community.

3. Should be improved verbal and written information on reproductive health and family planning.

**Law 4: The right to exercise legal capacity, personal liberty and security of person**

**Results: CT (7) CP (2) NA (3)**

1. The percentage of CT in their standard is 77.7%.
2. Lack of intermediate resources that could prevent drug abuse admissions.
3. Measures to protect professionals violent behavior and training for management are considered insufficient.

**Suggestions for improvement**

1. Intermediate resource optimization to avoid internment units.
2. Improve security measures and training staff to deal with situations of violence.

**Law 5: Enjoying the civil, cultural, economic, political and social**

**Results: CT (12) CP (3)**

1. Full compliance with standards of 93%.
2. Restrictions are for the use of media, and visits justified by the plan of treatment.
3. Users are demanding more options and grants for training and employment.

**Suggestions for improvement**

1. It is the right to the highest standards full compliance.
2. Provide information on training and employment options.
3. Promote and encourage participation.

**3.5. SUPERVISED ACCOMMODATION**

**3.5.A) FACILITIES**

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* The housing professionals serving SESPA are the Therapeutic Community
3.5.B) Results broken down by STANDARD

Law 1: No treatment or punishment, torture or cruel, inhuman or degrading

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Law 2: The right to an adequate standard of living

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Right 3: Right to enjoy the highest possible standard in terms of physical and mental health

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Law 4: The right to exercise legal capacity, personal liberty and security of person

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Law 5: Enjoying the civil, cultural, economic, political and social

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* Only applicable to persons having legal capacity

3.5.c) CHARACTERISTICS OF THE SURVEY.

In this type of accommodation / residences were interviewed 7 of the 8 planned professionals, 12 of the 14 planned users and 3 family of 8 that were planned. It has also provided for inspection and observations and verified the availability of documents.

It has also made visits to all Lodging: 3 in Avilés, 3 in Gijon, 2 and 1 in Oviedo Luar-ca.

The right greater total compliance (CT) is the number 5 (enjoy civil, cultural, economic, political and social), with 93%, while CT is right under the 2 (right to an adequate standard of living) with 50%. Should be noted that only 2 levels are not achieved (NC), and the overall assessment is remarkably high.
3.5.D) ANALYSIS OF RESULTS AND SUGGESTIONS FOR IMPROVEMENT

Law 1: No treatment or punishment, torture or cruel, inhuman or degrading

Results: CT (9) CP (3)

1. Poor treatment to the users.
2. Insufficient information to file claims and complaints.
3. Absence and / or insufficient information on complaints and claims.
4. Insufficient information to the user and family income.

Suggestions for improvement

1. Professional training and skills and attitudes and personal communication with users.
2. Implementation of a uniform system of complaints and grievances.
3. Place mail complaints and implement procedures for their processing.
4. Information on the possibility of filing complaints confidentially.
5. Welcome to Develop Guidelines income.

Law 2: The right to an adequate standard of living

Results: CT (8) CP 8)

1. Poor condition of the building where the accommodation.
2. Inappropriate location of the office of teachers.
3. Deteriorating conditions of the furniture from the floor.
5. Limited number of single rooms.
6. Insufficient space to store belongings and closing cupboards.
7. Unhygienic toilets and adapt to people with disabilities.
8. Lack of adaptation of toilets for people with physical disabilities.
9. Shortage of budget for food.

Suggestions for improvement

1. Improve conditions and / or seek new accommodation.
2. Office to enable educators off the floor.
3. Purchase of furniture for housing.
4. Acting in floor maintenance, heating and furniture.
5. Having more single rooms.
6. Space available to save belongings and locking cabinets.
7. Change baths and showers.
8. Place water temperature regulators.
9. Condition toilets for people with disabilities.
10. Adapting bathrooms for people with physical disabilities
11. Review and update the budget devoted to food.

**Law 3: The right to enjoy the highest possible standard in terms of physical and mental health**

**Results: CT (8) CP (5) LI (1) NC (2)**

1. Insufficient knowledge of rights by the users.
2. Insufficient supply and support for rehabilitation and community integration.
3. Insufficient information on reproductive health and family planning.

**Suggestions for improvement**

1. Information to ensure that users know their rights.
2. Information, supply and support for rehabilitation and community integration.
3. Promote activities outside the SM environment to promote community integration.
4. Provide information on reproductive health and family planning.
5. Personalized information about it.
6. Talks and / or workshops on reproductive health and family planning.

**Law 4: The right to exercise legal capacity, personal liberty and security of person**

**Results: CT (2) CP (2)**

1. Lack of legal advice for cases where it is modified the capacity to act.
2. Insufficient information and support for decision-making by users.

**Suggestions for improvement**

1. Provide legal advice for situations where the capacity is modified to act.
2. Ensure information and support to users for decision making.

**Law 5: Enjoying the civil, cultural, economic, political and social**

**Results: CT (13), CP (5) LI (1)**

1. Imperfect information on employment and social integration.
2. Insufficient information on job training and / or education.

**Suggestions for improvement**

1. Provide information about jobs and social integration.
2. Encourage and facilitate training options and / or educational.
4. GENERAL ASSESSMENT OF THE RESULTS

The analysis and evaluation of the results obtained by the Countryside Working Group, allow the Group evaluators draw the following conclusions about problems, deficiencies and shortcomings have been identified:

1. Lack of or insufficient information

1. About discrimination and stigma experienced by people with mental health problems in order to combat it by specific social groups (politicians, governments, educators, lawyers, two businessmen ...) as well as professionals involved and society in general.

2. On the rights of people with mental health problems, particularly in the awareness-ne access to clinical information, treatment and restrictive measures applied to the in-intimacy and confidentiality, to exercise fully their capacity legal capacity to act and ...

3. About the legal basis and procedures for involuntary admissions and treatments, and the possibility of doing on an outpatient basis, in order to apply the procedures restrictive me-us.

4. On network resources, both in performance and in the services offered, to ensure continuity of care and care for people with mental health problems such as family members.

5. About the proper procedures for users and their relatives to lodge complaints or grievances and exercise their rights.

2. Deficiencies in facilities, resources and coordination levels

1. In many cases do not meet the conditions to be used by persons with disabilities or sensory motor-abilities and in some cases, as in the Therapeutic Communities of drug addiction, need general improvements.

2. Hospital units are generally poorly equipped and are small, lacking sufficient space for psychosocial activities, recreational, occupational and physical, which adversely re-strikes it therapeutic processes.

3. Not all facilities have full multidisciplinary teams necessary to implement the full range of appropriate psychosocial treatments.

4. Lack sufficient personnel with the skills necessary to carry out the transfer of mental patients from home to hospital or care.

5. Not enough options or training aid for the right job for each person and every group of people with mental health problems, which seriously hampers social reintegration colaboral.

6. It also notes a marked lack of coordination among different levels of acceptance and treatment for people with mental health problems affecting especially in rural areas: Department of Health and Health Services, Primary Care and Specialty (SESPA) Coordination Unit of Mental Health, Mental Health Centers, Social Services, Department of Social Welfare, Disability Asturian Agency, Courts, Prosecution ...

3. Inadequate protocols, treatment guidelines and other processes

1. Deficiencies were detected in psychoeducation, mental illness about how to deal with it and learn to handle everyday life, both for users and their families.

2. Not used or available treatment protocols and guidelines sufficiently to avoid unnecessary variability in treatment.

3. There is a perceived lack of informed consent used for admissions and treatments.

4. Procedures are insufficient measures to ensure protection of medical personnel in emergency situations.

5. It is currently unknown purpose should have the judicial process to amend the capacity to act
(ex disability process) and the functions it must perform for judges, prosecutors, medical examiners and psychosocial teams.

6. It is also known an opportunity to call and agree to support measure-dents Treatment Authority on the basis that there is a prior full and adequate treatment program to the circumstances and the reality of each individual patient.

4. **Deficiencies in the treatment and the relationship with users**

1. There is sufficient evidence that the treatment and maintain professional relationship with users often suffer from humanity, closeness and sensitivity to address mental health problems and the trajectory of these people.

2. Privacy and confidentiality of users do not have space or resources to be treated with dignity and respect they deserve.

3. Deficiency is individualized plans for each user home, based on the needs of ca-da person, and with programs and / or routes defined by objectives and evaluated through a proper control and monitoring that go beyond the mere treatment drug.

5. **GENERAL RECOMMENDATIONS: AREAS OF IMPROVEMENT**

Drawing on previous deficiencies and shortcomings, can make the following proposals for improvement in order to gradually improve the quality of mental health services and treatment they should get people with mental health problems:

1. Develop and disseminate a Bill of Rights for users of mental health services, including clear explanations about the provisions of services, portfolio performance and the procedures used for treatments and hospitalizations that are performed involuntary.

2. Provide users and their families information about network resources that ensure continuity of care.

3. Provide the affected individuals and their families basic training on how many aspects of their disorder may be appropriate, and provide information to any questions that may arise in their treatment process.

4. Establish or implement improvements in the care of people with mental illness in rural areas.

5. Develop a protocol for the reception of appropriate users to the characteristics of the various centers.

6. Improving the procedures for filing complaints and claims, including measures to facilitate their expression and preserve the confidentiality and collect, process and respond to such complaints and re-liability claim to identify areas for improvement.

7. Improve information on the legal status of persons whose capacity to act have been es-tablished limitations.

8. Improve information and training of health professionals about the rules and legal bases regulating their activity on the rights of users, and the values and relational skills to ensure the deal "with humanity, dignity and respect" .

9. Improving physical facilities of the mental health units in hospitals so as to ensure respect for the dignity of people with mental health problems.

10. Establish improvements in space and the furnishings of facilities in order to preserve the intimacy and privacy-tion and are consistent with the control that is required, sometimes for the assurance of safety.

11. Removing barriers in facilities and improve accessibility for people with motor and sensory limitations.
12. Improving spaces and programs that allow and encourage activities sociorecreativas occupational training, and psychosocial rehabilitation programs in the facility in the intermediate structures.

13. Ensure that all services have the performance and cooperation of professionals in-integrates the mental health multidisciplinary team to ensure the efficiency of psychosocial treatments needed in each case.

14. Increase availability and use of guidelines and protocols to guide therapeutic procedures and to avoid unjustified variability.

15. Enhancing the application of informed consent for the internment and treatment volunteers.

16. Improve coordination and cooperation among the various resources within the network of mental health services with primary care and the various institutional and social support to facilitate the proper transition to community care and participation in society, and establish guidelines and responsible to make it effective.

17. Disseminate information on measures and procedures that allow authorized treatments two less restrictive form.

18. Improving training and skills of professionals to intervene in situations of crisis and coping avoid situations of violence, and measures to ensure their safety and user

19. Fill the positions necessary expertise to move users from home to hospital or nursing centers, and create specialized units to support police and medical personnel for shipments

20. Conduct regular and systematic campaigns to raise awareness sober disability and mental illness, and specific actions to groups more directly involved, allowing the integration of the PPSM
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