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**Implementation of WHO Quality Rights assessment  
In  
Kabul Mental Health Hospital**

**Master's Dissertation in Mental Health Policy and Services**

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## ABSTRACT

### Objective

To assess the quality of mental health services and human rights condition in the Kabul Mental Health Hospital (KMHH) and provide recommendations for development of an improvement plan and to update and revise the National Mental Health Policy, Strategy and Plan.

### Methods

The assessment was conducted in January 2015 in the KMHH and the Burn Ward of Isteqlal Tertiary Hospital by a multidisciplinary team using *WHO Quality Rights Tool Kit*. Before the assessment, Institutional Review Board approval and informed consent from each interviewee were obtained. Interviews were conducted with 16 service users, 17 hospital staffs and 7 family members in addition to documents review and observation of inpatient units of KMHH plus interpersonal interactions between hospital staff and service users. The assessment committee reviewed the documentation and observed the Burn Ward of Isteqlal Tertiary hospital in order to measure and compare parity between the two facilities. After the assessment, all committee members gathered and synchronized all findings into a final report.

### Results

There were some serious gaps on service provision level and respecting human rights of service users and their family members. A series of policies, guidelines and procedures related to patients' human rights were absent. Inadequate treatment environment and standard of living, poor quality of care and services, violations of the right to exercise legal capacity and personal liberty, being chemically and physically (e.g. chain) restrained, being exposed to verbal, physical and emotional abuse, and emphasis on institutional treatment were all extensive human rights violation that service users were experiencing in KMHH.

### Conclusion

The available services for mental health service users are questionable due to mistrust and lack of awareness about rights of people with disabilities and need to be positively changed. Existing Mental Health Act has a large number of disparities with the CRPD and requires revision and adaptation in accordance to CRPD.

**Key words:** Quality Rights Tool Kit, Kabul Mental Health Hospital, CRPD, Human rights, Mental Health Act

## RESUMO (PORTUGUESE)

### Objetivo

Avaliar a qualidade dos serviços de saúde mental e a situação dos direitos humanos no Hospital de Saúde Mental de Kabul (KMHH) e fornecer recomendações para o desenvolvimento de um plano de melhoria, actualização e revisão da Política, Estratégia e Plano Nacionais de Saúde Mental.

### Métodos

A avaliação foi realizada em Janeiro de 2015 no KMHH e na Burn Ward do Hospital Terciário de Isteqlal por uma equipa multidisciplinar usando Qualidade Direitos Tool Kit da OMS. Antes da avaliação, o protocolo foi aprovado pelo Institutional Review Board e obtido o consentimento informado de cada entrevistado. Realizaram-se entrevistas com 16 utentes do serviço, 17 funcionários do hospital e 7 familiares, além da revisão de documentos e da observação das unidades de internamento do KMHH e das interações interpessoais entre funcionários do hospital e utentes do serviço. A comissão de avaliação reviu também a documentação e observou a Unidade de Queimados do Hospital Terciário de Isteqlal, a fim de avaliar e comparar a paridade entre as duas instalações. Após a avaliação, todos os membros da comissão se reuniram e puseram em conjunto todas as conclusões num relatório final.

### Resultados

Encontrámos algumas lacunas graves no nível de prestação de serviços e no respeito pelos direitos humanos dos utentes dos serviços e dos seus familiares. Uma série de políticas, diretrizes e procedimentos relacionados com os direitos humanos dos pacientes estavam ausentes. O ambiente terapêutico e o padrão de vida eram inadequados, existia má qualidade do atendimento e dos serviços prestados, os utilizadores enfrentavam violações do direito ao exercício da capacidade legal e da liberdade pessoal, eram química e fisicamente (uso de correntes) contidos e expostos a abusos verbais, físicos e emocionais, e havia grande ênfase no tratamento institucional. Todos estes aspectos foram considerados como extensa violação dos direitos humanos dos utentes de serviço do KMHH.

### Conclusão

Os serviços disponíveis para utentes dos serviços de saúde mental apresentam alguns problemas devido à desconfiança e falta de consciencialização sobre os direitos das pessoas com doença mental e precisam ser alterados de forma positiva. A Lei de Saúde Mental existente difere muito das recomendações da Convenção sobre os Direitos das Pessoas com Incapacidades (CRPD) e requer revisão e adaptação de acordo com esta Convenção.

**Palavras-chave:** Instrumento da OMS sobre a Qualidade de Direitos, Hospital de Saúde Mental de Cabul, CRPD, Direitos Humanos, Lei de Saúde Mental

## ABSTRACTO (SPANISH)

### Objetivo

Evaluar la calidad de los servicios de salud mental, y la situación de los derechos humanos en el Hospital de Salud Mental de Kabul (KMHH) y proporcionar recomendaciones para el desarrollo de un plan de mejora y para actualizar y revisar la Política, Estrategia y Plan Nacionales de Salud Mental.

### Métodos

La evaluación se llevó a cabo en enero de 2015, en lo KMHH y en la Unidad de Quemados del Hospital Terciario de Isteqlal por un equipo multidisciplinario utilizando el Tool Kit de la Calidad de Derechos de la OMS. Antes de la evaluación, se obtuvo la aprobación de la Junta de Revisión Institucional y el consentimiento informado de cada entrevistado. Las entrevistas se llevaron a cabo con 16 usuarios del servicio, 17 miembros del personal de los hospitales y 7 miembros de la familia, además de la revisión de documentos y de la observación de las unidades de lo KMHH y de las interacciones interpersonales entre el personal del hospital y de los usuarios del servicio. El comité de evaluación revisó la documentación y observó la Unidad de Quemados de un hospital terciario en Isteqlal con el fin de medir y comparar la paridad entre las dos instituciones. Después de la evaluación, todos los miembros del comité se reunieron y pusieron en conjunto todas las conclusiones en un informe final.

### Resultados

Hubo algunas deficiencias graves en el nivel de prestación de servicios y en el respeto de los derechos humanos de los usuarios de los servicios y sus familiares. Una serie de políticas, directrices y procedimientos relacionados con los derechos humanos de los pacientes estaban ausentes. Lo tratamiento inadecuado y el deficiente nivel de vida, la mala calidad de la atención y de los servicios, las violaciones del derecho a ejercer la capacidad jurídica y la libertad personal, al ser química y físicamente (por ejemplo, la cadena) restringido, exposición a abuso verbal, físico y emocional, y el énfasis el tratamiento institucional son todos extensa violación de los derechos humanos que los usuarios del servicio están experimentando en KMHH.

### Conclusión

La prestación de cuidados disponibles para los usuarios de servicios de salud mental son cuestionables debido a la desconfianza y a la falta de conciencia sobre los derechos de las personas con discapacidad y necesitan ser cambiados positivamente. La Ley de Salud Mental existente tiene mucha disparidad con la Convención sobre los Derechos de las Personas con Discapacidad (CRPD) y requiere revisión y adaptación de acuerdo con la CRPD.

**Palabras clave:** Instrumento de la Calidad de Derechos de la OMS, hospital de salud mental de Kabul, CRPD, Derechos Humanos, Ley de Salud Mental



## EXECUTIVE SUMMARY

### Purpose

The purpose of this initiative is to assess the quality of service provision and human rights condition in Kabul Mental Health Hospital. Based on findings and results of this program, we will provide recommendations for development of an improvement plan for Kabul Mental Health Hospital. Also recommendations will be proposed to MoPH to update and revise its National Mental Health policy, strategy and plan.

### Methods

This is the report of Quality Rights Toolkit assessment conducted in Kabul Mental Health Hospital through 40 interviews with hospital staff, service users and family members, in addition to observation and reviewing of hospital documents and physical structure. Also, it includes findings from observation and document review of compared health facility (Burn Ward of Isteqlal Tertiary Hospital). The assessment was conducted in January 2015 in both facilities by a multidisciplinary team of 10 people composed of the author, two psychiatrists, two lawyers, two clinical psychologists, one psychologist, a sociologist, a public mental health practitioner and one recovered previous service user of Kabul Mental Health Hospital. At the beginning, we had one family member in the training of assessment committee but unfortunately, he didn't join us during the assessment process. Before the assessment, we obtained IRB (Institutional Review Board) approval and through an official letter from MoPH authorities to the directors of both hospitals, we got the permission to conduct the assessment in both facilities. Also, before the interviews we received informed consent from each interviewee. Through this assessment we completed 40 interviews with 16 service users, 17 hospital staffs and 7 family members using *WHO Quality Rights Toolkit interview tool*. The assessment team also conducted the documents review and observation of in-patient units of Kabul Mental Health Hospital plus interpersonal interactions between hospital staff and service users using *WHO Quality Rights Toolkit documentation and observation tool*. The assessment committee reviewed the documentation and observed Burn ward of Isteqlal Tertiary hospital in order to measure and compare parity between the two facilities. After the assessment, all committee members gathered and synchronized all findings into a final report using *WHO Quality Rights Facility-Based Assessment Report*.

### Results

The following table represents the results of scoring of each theme (based on interviews, review of documents, and observation) which was conducted in Kabul Mental Health Hospital and Burn Ward of Isteqlal Tertiary Hospital. These results came out after tough discussions and consensus between the assessment team members:

## Brief overview of the findings for each theme

Themes	Rating	
	Kabul Mental Health Hospital	Burn Ward of Isteqlal Hospital
<b>Theme 1:</b> The right to an adequate standard of living (Article 28 of the CRPD)	Achievement initiated (A/I)	Achievement initiated (A/I)
<b>Theme 2:</b> The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)	Achievement initiated (A/I)	Achievement initiated (A/I)
<b>Theme 3:</b> The right to exercise legal capacity and the right to personal liberty and security of person (Articles 12 and 14 of the CRPD)	Not initiated (N/I)	Achievement initiated (A/I)
<b>Theme 4:</b> Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD)	Achievement initiated (A/I)	Not initiated (N/I)
<b>Theme 5:</b> The right to live independently and be included in the community (Article 19 of the CRPD)	Not initiated (N/I)	Not initiated (N/I)

## Discussion

The assessment conducted at Kabul Mental Health Hospital showed that there were some serious gaps both on service provision level as well as respecting human rights of service users and their family members. In this facility, mostly human rights violation and discrimination against mental health service users are accepted as a common practice, which could be due to mistrust and lack of awareness about rights of people with disabilities. A series of policies, guidelines and procedures related to patients' human rights are absent. On the other hand, inadequate treatment environment and standard of living for mentally disabled people, poor quality of care and services for mental health service users, experiencing violations of the right to exercise legal capacity and personal liberty, being chemically (by medications) and physically (Chain, leather belts and even wristbands) restrained, being exposed to verbal, physical and emotional abuse, and increased emphasis on institutional treatment rather than assisting users to develop their abilities in order to recover and re-integrate into the community are all extensive human rights violation that service users are experiencing in Kabul Mental Health Hospital.

Assessment also revealed that hospitalized individuals in Kabul Mental Health Hospital did not receive the same standards of health care and respect for their rights as compared to individuals being hospitalized in Burn Ward of Isteqlal Tertiary Hospital. To overcome existing challenges, there is a serious need for both Kabul Mental Health Hospital and MoPH 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**

Afghanistan is among those countries that ratified the Convention on the Rights of Persons with Disabilities (CRPD) on September 2013 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. Current assessment revealed that available services for mental health service users are questionable due to mistrust and lack of awareness about rights of people with disabilities and need to be positively changed. Additionally, existing mental health act which was developed on 1987 has significant disparities with CRPD on the rights of mental health service users and quality of services and requires revision and adaptation in accordance to CRPD. Also through this assessment in Kabul Mental Health Hospital, it has unmasked human rights violation and discrimination against mental health service users as an accepted practice. Lack of an adequate treatment environment and standard of living for mentally ill people, not standardized and poor quality of services for mental health service users, experiencing violations of the right to exercise legal capacity and personnel liberty, being chemically (by medications) and physically (Chaining) restrained, being exposed to verbal, physical and mental abuse and more emphasized on institutional services rather than helping them to develop their abilities in order to recover and re-integrate into the community, all of them are extensive human rights violation and discriminations that mental health service users have been experiencing in Kabul Mental Health Hospital.

The suggestions and recommendations were made separately for Kabul Mental Health Hospital and MoPH in order to improve the condition. Firstly a series of suggestions and recommendations are given to Kabul Mental Health Hospital in order to bring 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. Although specific suggestions based on each theme, standards and criteria are proposed to Kabul Mental Health Hospital, the general recommendation is that mental health hospital should pay more attention and be more focused on management procedures, staff capacity building, coordination with relevant and related sectors, efficient service provision and effective monitoring in order to ensure quality improvement and promotion in human rights. Secondly, some suggestions and recommendations are addressed to MoPH as the policy-maker in order to bring changes and modifications to their 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

Mental well-being makes up an integral part of an individual's capacity to lead a fulfilling life, including the ability to form relationships, study and work or pursue leisure interests, as well as to make day-to-day decisions and choices. Disturbances to an individual's mental well-being, which can come about as a result of complex interaction between biological, social and psychological factors, lead not only to diminished functioning for affected persons but also broader losses at the household and societal level<sup>1</sup>.

People with mental disabilities and substance abuse problems are exposed to poor-quality of care and violations of their human rights throughout the world<sup>2</sup>. The stigma associated with these conditions means that people experience exclusion from society and the issue of mental disabilities remain low on the political agenda of governments which consequences inappropriate and inadequate mental health care services<sup>3</sup>. Misconceptions about people with mental disabilities – that they are incapable of making decisions or taking care of themselves, that they are dangerous to society – mean they face discrimination in all aspects of life. The growing number of people with mental disabilities in the world has further contributed to a level of attention paid to quality and human rights conditions in both outpatient and inpatient facilities, which has never been greater. Persons with disabilities need both de jure human rights protection and de facto human rights practices.

Unfortunately most of the worst human rights violations and discriminations are experienced by persons with mental and/or intellectual disabilities in health care facilities especially in mental health in-patient care facilities. They are receiving treatment without informed consent and in many cases receiving treatment against their wishes. Therefore, assessment of mental health facilities can help us to identify problems existing in routine care practices and to develop effective plan for ensuring that the services are of good quality, respectful of human rights, responsive to the users' requirements and promote users' autonomy and dignity. In another hand, the results of an assessment of quality and human rights can ensure future policies, planning and legislative reform to respect and promote human rights.

There is an international human rights system, comprising of the UN system as well as several regional systems, as a critical tool in addressing the broad spectrum of human rights violations experienced by people with mental disabilities around the world. These international and regional human rights frameworks impose obligations on governments to respect and protect human rights, including the rights of people with mental disabilities. These human rights frameworks are a critical means of promoting the rights of people with mental disabilities and guiding the development of national mental health laws, policies, services and strategies.

Human rights are afforded to all people on the basis of their humanity and consequently people with mental disabilities too, are entitled to the enjoyment of the same human rights, in equal measure, as all other people.

The key UN and regional human rights instruments relevant to the rights of people with mental disabilities, as well as the different UN and regional treaty monitoring bodies, are responsible for overseeing the implementation of the different legally binding human rights instruments.

The major international human rights instruments within the UN system, known collectively as the International Bill of Rights, are: the Universal Declaration of Human Rights (UDHR)<sup>4</sup> adopted in 1948; the International Covenant on Economic, Social and Cultural Rights (ICESCR)<sup>5</sup> and the International Covenant on Civil and Political Rights (ICCPR)<sup>6</sup> both adopted in 1966. Since then, numerous treaties, declarations and other legal instruments have been adopted (for instance, the Convention on the Rights of Persons with Disabilities). Although most of these do not make specific reference to disabilities or mental health, they apply to all people. Many of these provisions are especially relevant to people with mental disabilities.

In addition to these, there are a number of international instruments dealing specifically with disability and mental illness, which though not legally binding nevertheless represent a consensus of international opinion and can serve to guide the interpretation of treaties. The UN Principles for the Protection of Persons with Mental Illness (MI Principles)<sup>7</sup> are a detailed international statement of the rights of persons with mental illness. The MI Principles include a wide range of commitments relating to standards of care and treatment, including the right to medication, the right to consent to treatment, the treatment of minors and criminal offenders, the review of involuntary admissions, access to medical information, complaints, monitoring and remedies for abuses. The Principles also recognize the inherent problems of protecting human rights in an institutional setting and therefore state that care for persons with mental disabilities should, as far as possible, be in community-based and primary care settings. Many countries have used the MI principles as a basis for developing their national mental health strategies, including Mexico, Hungary, Costa Rica, Portugal and Australia<sup>8</sup>.

In addition to these UN human rights standards, UN agencies, world conferences, and professional groups meeting under UN auspices have adopted a broad array of technical guidelines and policy statements. These can be a valuable source of interpretation of international human rights conventions. It is important to note that these pre-date the CRPD and may not always be in agreement with the provisions of the CRPD. Again, where there is conflict, the CRPD will supersede these standards.

The Declaration of Caracas (1990)<sup>9</sup>, adopted as a resolution by legislators, mental health professionals, human rights leaders and disability activists convened by the Pan American Health Organization (PAHO/WHO), has major implications for the structure of mental health services. It states that exclusive reliance on inpatient treatment in a psychiatric hospital isolates patients from their natural environment, thereby generating greater disability.

International associations of mental health professionals have also attempted to protect the human rights of persons with mental disabilities by issuing their own sets of guidelines for standards of professional behavior and practice. An example of such guidelines is the Declaration of Madrid<sup>10</sup> adopted by the General Assembly of the World Psychiatric Association (WPA) in 1996. In 2005, WHO developed the WHO Resource Book on Mental Health, Human Rights and Legislation,

which provides information to countries on key international human rights standards related to mental health. It also provides practical guidance on what needs to go into a mental health law, and strategies for developing and adopting mental health law as well as ensuring its effective implementation.

Another important WHO technical standard is the Mental Health Care Law: Ten Basic Principles (1996). This publication sets out a number of clear principles that should guide the development of mental health laws. In addition, World Health Organization also developed Guidelines for the Promotion of Human Rights of Persons with Mental Disabilities, which is a tool to help understand and interpret the MI Principles.

The major UN human rights covenants and conventions which are legally binding have treaty-based supervisory bodies. The body responsible for overseeing the ICESCR is the Committee on Economic, Social and Cultural Rights and the body responsible for the ICCPR is the Human Rights Committee. The CRPD will be monitored by the Committee on the Rights of Persons with Disabilities. Governments that ratify the covenants and conventions agree to submit progress reports on a regular basis to the treaty bodies on the steps that they have taken to implement the convention –through changes in legislation, policy, or practice. Non-governmental organizations can also submit information for review by supervisory bodies. Supervisory bodies review both the official and non-governmental reports and publish their findings, which may include a determination that governments have not met their international obligations under the convention. The international supervisory and reporting process thus provides an opportunity to educate the public about a specialized area of rights. This process can also be a powerful way to pressure governments to realize convention-based rights.

Another mechanism for monitoring human rights in the United Nations system is the newly established UN Human Rights Council, created in 2006 as part of the overall UN reform. This Council replaces the UN Human Rights Commission, which was the UN's principal mechanism for examining, monitoring and publicly reporting on human rights conditions in specific countries and on major phenomena of human rights violations worldwide. It has greater regional and local representation to facilitate stronger monitoring and more systematic ongoing reporting by countries. One of the positive features of the Commission retained by the Human Rights Council is the appointment of Special Rapporteurs and other independent experts and working groups to monitor and report on thematic human rights issues (including health, disability and torture).

### **Convention on the Rights of Persons with Disabilities (CRPD)<sup>11</sup>**

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 82 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 650 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<sup>12 13</sup>.

### **WHO Quality Rights Tool Kit<sup>14</sup>**

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<sup>15</sup>. 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<sup>16</sup>.

The main interest focus of the present study is to discover the perceptions of service users, family members and staff on the impact of quality health services and respect of human rights on service users' treatment and recovery. 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 hospital routine, as their experience contributes to a more complete understanding of the situation.

The Mental Health Department of Afghanistan MoPH wanted to initiate and implement the WHO Quality Rights Tool Kit and Kabul Mental Health Hospital was selected as the first place for implementation. All thematic areas of the tool kit have been covered during this assessment. The questionnaires that were used throughout this assessment are developed by the WHO and have been translated into Dari. The aim of this implementation was to assess and rate the quality of service and human rights condition of the service users in Kabul Mental Health Hospital. Meanwhile we also have documented the assessment findings, provided recommendations and finally encouraged Kabul Mental Health Hospital to develop and utilize an improvement plan for quality improvement and promote human rights.

## General Objective

Currently there is no documented evidence on service users, family members and staff members' perceptions of quality and human rights in mental health patient care in Afghanistan mental health facilities in the light of the CRPD. This study aims to assess the quality of care in the in-patient services of Kabul 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 conditions in mental health and social care facilities and empower people with mental and intellectual disabilities.

## Specific Objectives

1. To improve quality and human rights conditions in in-patient mental health facility (Kabul Mental Health Hospital)
2. To build capacity among service users, families and staff to understand and promote human rights
3. To develop a civil society movement of people with mental disabilities able to provide mutual support, conduct advocacy and campaigning activities and influence policy-making processes in line with international human rights standards

## METHODOLOGY

It was decided by the Managerial Committee of Quality Rights Toolkit to conduct the assessment of 60 beds in-patient unit of Kabul Mental Health Hospital located in Kabul. The in-patient population includes those people who are suffering from a wide range of mental disorders. The majority of the cases were admitted involuntarily (most of them were brought to hospital by their families) when they exhibit disturbed behavior which relatives at home deem as being uncontrollable.

Also for comparison, the assessment committee selected Burn Ward of Isteqlal Tertiary hospital, a 40 beds tertiary level health care service, to measure equivalence between both Mental Health Hospital and another health service hospital. The committee only had undertaken the observation and review of documentations in Burn Ward of Isteqlal Tertiary hospital.

## Themes, Standards and Criteria

The assessment committee covered all 5 themes 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:

1. The right to adequate standard of living and social protection (Article 28 of the CRPD);
2. The right to the enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD);
3. The right to exercise legal capacity and to personal liberty and the security of person (Article 12 and 14 of the CRPD);
4. Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Article 15 and Article 16 of the CRPD);
5. The right to live independently and be included in the community (Art. 19 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 clients, review of health facility documentation and observation of the facility.

In order to conduct an effective assessment of conditions in Kabul Mental Health Hospital, it was important to have a comparison. A useful comparison is with general health care facilities; therefore, Burn Ward of Isteqlal Multispecialty Tertiary Hospital was selected where we conducted the review of documentation and observation. Such comparison allowed the assessment committee to determine whether people using Kabul Mental Health Hospital services receive the same standards of health care and respect for their rights as people using general health care services.

## Target Group

The target group in this study was composed of three categories: service users, family members and hospital staff (male and female) of Kabul Mental Health Hospital. Forty-four individuals were planned to be interviewed (16 services users (patients), 8 family members of patients and 20 hospital staff).

## Sampling, Sample Size

All interviewees were selected randomly by the assessment committee and not the facility. Based on the information obtained from Kabul Mental Health Hospital, in average 45-50 beds were occupied by service users 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 12 should be interviewed (approximately 30%).
- 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* of interviewees were as below:

- In-bed mental health service users of Kabul Mental Health hospital including voluntarily and involuntarily admitted and stable adult males and females with different diagnoses, age and length of stay.

- Staff of Kabul Mental Health Hospital: To keep a balance between front-line staff and other staff, we have included different categories of health care workers and support staffs.
- Relatives/family members: Those who visited service users admitted in the course of the month that the study was conducted.

The *exclusion criteria* were;

- Service users with acute episodes of mental disorders whom do not have decision making capacity or insight,
- Patients from OPD unit of the KMHH were also excluded.
- Age group below 14 years old: because the hospital is not admitting service users below 14 years of age.
- Kabul Mental Health Hospital is composed of 100 beds; 60 for mental health services and 40 for substance abuse service. The 40 bed substance abuse facility is located about 5 kilometers outside of mental health hospital (it is completely separate health facility from KMHH); therefore, we have not covered substance abuse department of the hospital.
- Hospital staffs who are permanently working with substance abuse unit of the hospital
- Family members of mental health OPD service users and substance abuse in-bed patients.

## Reporting

The *WHO Quality Rights reporting form for individual facilities* is used as a framework for systematic documentation of the extent to which each of the five themes of the *WHO Quality Rights toolkit* has been realized in Kabul Mental Health Hospital. It also includes space to score the general health facility (Burn Ward of Isteqlal Hospital) which is assessed, so that the two facilities can be compared.

## PROJECT MANAGEMENT

### Assessment Committee/Team

A multi-disciplinary assessment committee/team was selected from different organizations mostly those who are somehow engaged with mental health and human rights activities. The team is comprised of one public mental health expert; two psychiatrists who are working outside the Kabul Mental Health Hospital, one lawyer (from an NGO working for human rights), one human rights expert (from Afghanistan Independent Human Rights Commission), one independent psychologist, two independent clinical psychologists, one psychosocial counselor, one mental health general practitioner who is familiar with current mental health system in the country and one recovered mental health service user (previously service user of Kabul Mental Health Hospital). Beside this group, in this team we had one family member and one service user who actively participated during training of assessment committee but unfortunately they couldn't join the team during assessment process.

The list of assessment committee members:

- Dr. Khesraw Parwiz, author, public mental health practitioner, working with IPSO (International Psycho-Social Organization)

- Dr. Zalmai Shinwari, psychiatrist, working with IPSO
- Dr. Qawi Alemi, psychiatrist, private practitioner
- Dr. Mohammad Zahid Sharifi, public mental health practitioner, working with EPOS Health Management
- Mr. Mohammad Zaman Rajabi, clinical psychologist, working with IMC (International Medical Corps)
- Mr. Ali Muhabati, lawyer, working with Afghanistan Independent Human Rights Commission (AIHRC)
- Ms. Masiha Fayez, lawyer, working with Medica Afghanistan
- Mr. Abdul Hadi Eqbalzada, clinical psychologist, working with Fekr Organization
- Mr. Mohammad Ali Fateh, sociologist and psychosocial counselor, working with IPSO
- Miss. Malika Usmani, psychologist
- Ms. Maryam Azfar, recovered mental health service user and ex-service user of Kabul Mental Health Hospital

### **Training Of the Assessment Committee**

The members of the committee, all whom are independent of government and of the target facilities for the assessment, have signed a non-disclosure agreement to conduct the assessment voluntarily. The committee has decided that coordination of all parts of the assessment (interviews, observing conditions in the facility and reviewing documentation) should be led by the public mental health expert. Also the public mental health expert has written the first draft of the assessment report based on the findings and the recommendations of all members of the committee. Then the committee members finalized the report and prepared it for dissemination.

All assessment committee members have received three days training with the objective of familiarizing with the toolkit, relevant international human rights instruments and Afghanistan national mental health strategy and legislation. Beside the theoretical part, the training had practical work which enabled the assessment committee to practice utilization of the WHO Quality Rights tool kit.

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 from among service users, family members and hospital staff and to discuss scoring mechanism.

### **Pre-visit Meeting**

At pre-assessment meeting with hospital staff, service users and family members at the facility, the assessment committee members met with all hospital staff before the assessment. During this meeting, the committee explained the purpose of the assessment and outlined the steps involved. Also the committee 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 in order to conduct a quality assessment.

### **Ethical Consideration**

Prior to starting the assessment process, an assessment clearance was obtained from the Institutional Review Board committee (IRB) of Afghanistan's MoPH and the Board of Directors of the Hospital. Also for interviews, verbal and written informed consent was obtained from each interviewee before the interview. They 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 committee 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* is a guide to assessment committee members on the types of documentation to be reviewed in the assessment. As recommended, documentation can be divided into four broad categories:

- Facility policies, guidelines, standards and other official directives
- Administrative records (e.g. number and categories of staff, number, age and gender of service users, admission and discharge records)
- Records of specific events (e.g. complaints, appeals against involuntary admission 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 Kabul Mental Health Hospital in order to give them time to prepare for the review process. The assessment team reviewed all available hospital 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 total numbers of beds in use, average length of stay, the number of service users under voluntary or involuntary status were reviewed for the assessment.

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 are up to date, whether service users are receiving proper medication for their condition, when medication was last reviewed, if informed consent for treatment is being obtained, if treatment plans and advance directives are being developed in collaboration with service users and if service users themselves can add information to their files.

## The Visits

The assessment of Kabul Mental Health Hospital took place during the month of January 2015. The assessment committee started their work in two areas. They have been divided into two groups; one group to perform the interviews and another group to do the observation and review of documents. For the visit of the facility, the committee undertook only unannounced visits to the facility at different times of the day. Unannounced visits ensured that committee members saw conditions as service users experience them in the facility every day. Several visits were made to the hospital at different times so that members of the committee could observe conditions in the morning, afternoon and night.

## Interviews

For the interview process, the committee decided to interview 16 out of 48 service users, 20 out of 78 hospital staff and 8 family members. In total, the assessment committee members interviewed with 17 out of 20 service users, 7 out of 8 family members and 16 out of 16 service users.

The interviews were based on *WHO Quality Rights interview tool* 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, all members of assessment committee/team selected eligible interviewees from hospital staff. For that purpose the list of hospital staff was reviewed and selection was done based on that list. As the total number of hospital staff was 78, therefore, the allocated number of hospital staff for interview was 20 interviewees. The selection of hospital staff was based on two methods. First through a stratified cluster sampling as there are different departments inside the hospital. The second method was random sampling through which we selected 20 hospital staff from different departments. If any of selected interviewee refused from interview, the team would do accidental random sampling from available staff on the day of interview. Each team should obtain informed consent from interviewees before interview process.

For service users, it was agreed that the committee would do interview with 8 interviewees in male ward and with another 8 interviewees in female ward. 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 were two interviewers; one to ask questions and another to fill up the questionnaire. All interview processes was conducted in a private area. The interviews were conversational in nature. Although not time limited, on average, each interview tend to last around two hours per participant. When needed, during interview process, the interviewers provided breaks. 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 that the goal of the interviews is to capture their individual perspectives. Also Interviewees have been informed about the next steps in the assessment process, and that they would be notified of the assessment results and the report. For

some service users who asked to have a person they trust (but not a staff member) with them during the interview, the assessment teams facilitated their wishes.

### Interviews dates, places and type of interviewees

Name and location of facility	Number of staff	Number of service users	Type and date of visit	Staff interview		Service users interview		Family members interview	
				Planned	Conducted	Planned	Conducted	Planned	conducted
Kabul Mental Health Hospital	75	48	unplanned from 13 - 31 Jan 2015	20	17	16	16	8	7
			planned	0	0	0	0	0	0

### Post Visit Meeting

The meeting was conducted for two days on 9<sup>th</sup> and 10<sup>th</sup> of February 2015 inside the MoPH. Almost all members of the assessment committee gathered to discuss, integrate and compile their results from interviews, observation and review of documentation into a final report. The committee members, 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 members for their final review and comments. The final version of the report was derived after integrating comments of assessment committee members.

The final report and results of this assessment was presented and shared though one day workshop on 16<sup>th</sup> of March 2015, with authorities of Quality Rights Managerial Committee and Kabul Mental Health Hospital. In this workshop it was decided that a comprehensive action plan will be developed in accordance to the findings and will be implemented.

## RESULTS

### Theme 1

#### The right to an adequate standard of living and social protection (article 28 of the CRPD)

##### Overall score on Theme 1

<b>Kabul Mental Health Hospital</b>	<b>A/I</b>	<i>Achievement initiated:</i> There is evidence of steps taken towards fulfilling the criterion, standard or theme, but significant improvement is necessary
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	<b>A/I</b>	<i>Achievement initiated:</i> There is evidence of steps taken towards fulfilling the criterion, standard or theme, but significant improvement is necessary.

### Results 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 of standards is through the assessment of each criterion carried out according to five levels of achievement, i.e. achieved in full (A/F), achieved partially (A/P), achievement initiated (A/I), not initiated (N/I) and not applicable (N/A).

Standard 1.1: The building is in good physical condition.

Standard 1.2: The sleeping conditions of service users are comfortable and allow sufficient privacy.

Standard 1.3: The facility meets hygiene and sanitary requirements.

Standard 1.4: Service users are given food, safe drinking-water and clothing that meet their needs and preferences.

Standard 1.5: Service users can communicate freely, and their right to privacy is respected.

Standard 1.6: The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.

Standard 1.7: Service users can enjoy fulfilling social and personal lives and remain engaged in community life and activities.

Facility	Standards						
	1.1	1.2	1.3	1.4	1.5	1.6	1.7
<b>Kabul Mental Health Hospital</b>	A/I	A/P	A/I	A/I	A/P	N/I	A/I
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	A/P	A/I	A/P	A/I	A/I	N/I	N/I

### Findings

Kabul Mental Health Hospital, the only Tertiary mental health care level in country is located in Kabul city. The hospital is running under direct fund of ministry of public health since its establishment. In addition, there is a project “Support to Mental Health Hospital” funded by EU and implemented by International Medical Corps (IMC) since 2011. The mandate of this hospital is to provide high quality of specialized tertiary mental health services to all population of the country

and specifically for people living in Kabul city. It also provides postgraduate training for doctors to become future psychiatrists in the country. The types of services are both OPD and IPD for individuals with mental disorders and substance abuse disorders. The hospital has a capacity of 100 beds, divided into two separate locations. The first, called Kabul mental health hospital, has the psychiatric department, which consists of 62 beds (30 beds for male, 28 beds for female and 4 beds for newly established forensic psychiatry unit). The second section, called de-addiction center, has 40 beds and mostly provides services for addicted clients and this department is located separately from the Kabul Mental Health Hospital (around 5 kilometers away).

Kabul Mental Health Hospital is located in non-standard buildings which previously belonged to the stocks of SIEMENS Company (a German trade company). There are two separate one-story buildings (one for male ward and another for female ward) which were recently renovated by International Medical Corps (IMC). The building for female ward has interior stairs and a 45-degree permanent ramp with a gradual slope whereas the male ward doesn't have ramp. Both buildings are inaccessible for people with sight disabilities. Inside the hospital, there are also other four buildings for different purposes. The first one-story building is where psychiatry and nursing departments are settled. The second one-story building is for a newly established forensic psychiatric unit. The third one story-building is for library and training center plus room for occupational therapy and the fourth building which is a three-story building with outpatient department (OPD), admin section, kitchen, pharmacy, lab, stock and day hospital.

The male ward of the hospital consists of 5 rooms for patients with different sizes and number of beds (three rooms with four beds, one room with eight beds and one room with ten beds). Inside the building there is one nursing station room, one seclusion room, one room for laundry and six water flush toilets plus two inactive bathrooms.

In the female ward, there is also five rooms for patients (3 rooms with four beds, one room with six beds and one room with ten beds), one nursing station, one female psychologists' room, one seclusion room and two separate water flush toilets (one for staff and another for patients). Also inside the ward, there is tailor room and two vacant un-used rooms which they said it will be turned into a standard laundry.

The overall painting of the buildings is not in good condition and in some places the paint is falling off the wall. However, the hospital was painted by International Medical Corps (IMC) more than three years ago. Those rooms which are close to toilets have bad smells and the painting of attached wall is completely peeled. Hospital has a very small yard where half of it utilized for vehicle parking and another half which is called garden, is surrounded by metal fence; therefore, the service user can just walk on pathways and sit on chairs placed on the pathways. The pathways inside hospital are newly constructed. The windows are in good condition and not broken and it is easy to open for fresh air. All windows are renovated with PVC windows through International Medical Corps (IMC). In male ward, there are no curtains in windows whereas in female ward there are white curtains in the windows which can be seen from outside, or in some rooms the window glasses are painted which blocks the natural lighting. The doors of patients' rooms do not have locks and



almost all door handles are broken. Overall maintenance procedure is very weak. The doorways to the buildings and rooms are wide enough to accommodate standard-size wheelchairs. The toilets and bathrooms don't have facilities for people with physical disabilities, including hand-bars, no-step showers, accessible bathtubs and wide stalls. Also toilet doors do not have internal locks and most of water tap sinks are broken and need mending. Lightings of the rooms are sufficiently bright with both natural and artificial light sources. Each room has air conditioner but it cannot be used due to electricity problem. Also each room has one ceiling fan which is used for cooling during summer. Since the time of assessment occurred during winter, for heating purposes each room was equipped with a diesel heater as a heater which made the room sufficiently warm. There are three to four fire extinguishers (not expired) in each building and only some staff has received training on how to utilize them. There are no smoke alarms, fire exits and fire escapes. On review of documents of hospital we found that there are not any policies and/or procedures related to fire and health and safety regulations.

The number of people in each room differs according to the size of the room, but in both wards, the numbers of people in each room do not exceed the numbers of beds. There are enough beds for every service user; however, there is no place for relatives who have to be with their patients even during night. In each bed, there is one mattress, one sheet, one sheeted blanket and one pillow covered with sheet. The spaces between beds are too narrow and there is no separation between beds to provide privacy. Inside each room you can find one family member with one patient and they are staying with their patient. During the night, the family members are also sleeping in same room with patients, but as there are no beds for them, they are sleeping on the floor. Rooms for males and females are separate but you can find teenagers and elders in one room. The quality of beds is good and acceptable for service users, but less attention is paid on cleanliness, as in some beds the sheets are dirty even with bad smells; however the hospital support staff claim that each bed sheet is washed and changed twice per week. Some patients use their own bed sheets and blankets and the reason they stated is because of uncleanness of hospital bed sheets and blankets. For each bed, there is only one cupboard with no locker and the users are putting their personal belongings inside. One service user stated that *"it is not safe to keep your personal belongings in these cupboards especially when you become aware of some stealing case of pervious patients"*. The service users are not required to get up or go to bed at a specific time. They are free to decide for themselves when to get up and when to go to bed, however the hospital doesn't have any policy or protocol for that. As mentioned earlier, all doors of patients' rooms do not have locks from inside; therefore, it is open all the time.

In compared health facility (Burn Ward of Isteqal Tertiary Hospital), the building was in very good condition. It consisted of separate rooms for service users according to gender and severity of the cases. Each room was equipped with big PVC windows which made it more bright and easy to have fresh air. In the same time, lighting of rooms was both provided by natural and artificial lighting system. The buildings were easily accessible for service users with mobility limitations. However, there were no toilets and bathroom. Each room was equipped with air conditioner; meanwhile the hospital has active hydro heating system as well, which is safe and clean.

The hospital has separate toilets for male and female. During the assessment we found toilets in both wards were not clean; nonetheless, the support staff of the hospital stated that they are cleaning the toilets in the morning and in afternoon. In some toilets, both in male and female ward, the flush tanks were broken and people used to carry water in separate pots. There were no toilet paper and the hospital didn't provide any personal hygiene materials like soap, shampoo, toothpaste etc. to service users. All service users shower outside the hospital as there is no bathroom and hot water inside the hospital. The hospital staff stated that to prevent any kind of self-harm, the toilets do not have lock from inside. There are no cleaning rosters for bathrooms and toilets cleaning for regular monitoring purpose.

The hospital provides three meals a day for patients. The food is cooked inside the hospital kitchen but there is no flexible menu to accommodate individual dietary needs because the hospital provides the same menu all the time. The menu is culturally appropriate but not well balanced with nutritious food; interestingly there is no meat at all in the menu. During interview with hospital staff, it was revealed that for food, the hospital has very less amount of money and they cannot afford good food and flexible menu for service users. All service users are obliged to eat their food on their beds as the hospital doesn't have eating area. Concurrently, the hospital provides potable water to all service users.

The hospital has regulation that all service users have to wear hospital uniform. This uniform is suitable for summer climate (a shirt and trousers) not cold weather and it is the only hospital cloth during the whole year. During the assessment we found some service users dressed their own cloths, not hospital uniform, and, when we asked hospital authorities, they mentioned that, for those service users who don't want to dress up with hospital uniform, they are not forcing them. We saw some service users with very dirty cloths and some with washed ones. The hospital washes their cloths twice a month but it is just a policy which is not implemented appropriately.

The hospital doesn't have any specific communication system for service users like telephone, post and internet. All service users can use their own mobile phones anytime they want and the hospital doesn't have any specific restriction or monitoring upon it. For meeting visitors in a private area, unfortunately, the hospital doesn't have such place and all service users meet with their visitors either in their rooms or outside the room in hospital yard. For visiting family members or friends, service users can choose to meet them or not. The only restriction is timing of the visit, which is scheduled by hospital. Service users can have their visitor one hour in the morning before 08:00 a.m. and two hours in afternoon after 04:00 p.m.

Moving around inside the building and hospital yard is allowed to all service users and they can walk or sit inside the hospital without any restriction. Only they cannot go outside the hospital. There is no leisure area in the facility; the hospital only provided some chairs inside the corridors (not inside rooms) and hospital yard for service users where they can sit. The overall environment pretends more like a therapeutic center rather than a living environment.

The hospital staffs utilize their own resources to communicate with service users in their preferred language. If a user only speaks a language that the hospital staffs do not understand, the hospital

doesn't have any solution for that, but it doesn't happen much since the majority of population are familiar with Dari and/or Pashto languages.

During observation we found that service users can communicate freely between themselves, but it was gender sensitive due to cultural sensitivity. Male service users cannot communicate or interact with female ones and vice versa. For personal occasions, service users are not allowed to go out unless the in-charged psychiatrist approve it whether to let him/her to go out or not. If it is so, the family member is fully in charge to bring back the service user to hospital. Also the hospital doesn't have any social activities for service users inside the hospital and does not facilitate such activities in the community.

Some procedures are generally accepted and currently implemented in the hospital whereas we couldn't find any written document for that such as separate sleeping quarters for men and women, cleaning the toilets regularly (morning and afternoon) and hospital uniform. The hospital has a written protocol for the content and amount of the food given to service users; however this menu is not a well-balanced, sufficiently nutritious with variety of food.

## Discussion

According to article 28 of the CRPD, "it is the right of persons with disabilities to have an adequate standard of living for themselves and their families, including adequate food, water, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability".

Based on qualitative findings, this right was not adequately assured by Kabul Mental Health Hospital, especially in the area of food, clothing, housing and social support, and actions should be taken to fulfill and assure the right to adequate standard of living and social protection. Some action should also be taken by MoPH and other institutions in order to support social protection.

In opposition to CRPD, the living condition in Kabul Mental Health Hospital is not up to good standard suitable to treat and house for service users specifically, nothing is in place to respect privacy. In a room with four beds, which is not standard in its size, there are eight persons: four service users and another four family members who are sleeping with them every night. However, the building was renovated recently, but the maintenance procedures are weak. For warming, the hospital used diesel heaters that were really dangerous and its safety is not assured, and some service user complaint of fire due to diesel heaters during night. The same concern was shared by one of the interviewed doctors of the hospital, who said "*They lookout regularly the stoves but I am seriously concerned because of these diesel heaters and as a doctor I am not agree with it*". Necessary policies, procedures and measures related to fire, as well as health and safety regulations, are seriously lacking.

The sleeping areas for male and female service users are separated and each service user has his/her bed with sheeted mattress, pillow and blanket but its cleanliness is not good, although it was better in female ward than in the male side. As observed during the assessment, the hygiene and sanitary requirements were not much focused; the toilets, in particular, were only cleaned once or twice a day even during winter when all people walk into toilets with their muddy shoes. The food and dining

are provided by the hospital; however, it just provides a fixed menu which is not nutritionally well balanced. At the same time, clothes (hospital uniform which is composed of one shirt and trouser) were provided by hospital but to those service users who don't wear it, it is not compulsory. The hospital does wash these cloths but sometime service users wear their clothes for more than a month. Nowhere in this facility was specified and allocated as private space for the service user to communicate freely and/or have her/his right to privacy respected.

### Suggestions for Improvement

- Pay attention to maintenance of hospital buildings specifically for male and female wards' rooms, toilets and bathrooms.
- During winter, using diesel heater is dangerous and not secure. Instead the hospital should utilize available installed ACs in each room.
- Improve measures against the risk of fire and provide information about possible reactions to hospital staff as well as in-bed service users and family members.
- Toilets have to be adapted for use of people with physical disabilities.
- Special actions are needed for people with physical disabilities, for instance, access to rooms, using of toilets and bathrooms.
- Improve the quality of food and distribution conditions, have special dietary menu and create space for serving food.
- Provide adequate separate area for sleeping of families who are companying service users.
- Having separate room for geriatric and adolescent service users.
- According to the size of rooms, the number of beds is too many. Provide enough number of beds per room in accordance to standard hospital beds criteria.
- Insure availability of space and locking cabinets to save belongings of each service user.
- Provide schedule for washing sheets and service users' clothes.
- Provide toilets, bathrooms and personal hygiene supplements for service users and family members and people with physical disabilities.
- Regularly clean the toilets and bathrooms.
- Insure personal privacy in toilets and bathrooms.
- Provide good quality clothes for service users in accordance to gender sensitivity and weather seasons.
- Provide spaces to have visits with appropriate privacy.
- Insure facilitation for service users to speak on their choice language.
- Provide specific procedures to insure participation of service users' participation in social and personal occasions.

## Theme 2

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

#### Overall score on Theme 2

<b>Kabul Mental Health Hospital</b>	<b>A/I</b>	<i>Achievement initiated:</i> There is evidence of steps taken towards fulfilling the criterion, standard or theme, but significant improvement is necessary
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	<b>A/I</b>	<i>Achievement initiated:</i> There is evidence of steps taken towards fulfilling the criterion, standard or theme, but significant improvement is necessary

#### Results by Standards

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

Standard 2.2: The facility has skilled staff and provides good-quality mental health services.

Standard 2.3: Treatment, psychosocial rehabilitation and links to support networks and other services are elements of a service user-driven recovery plan and contribute to a service user's ability to live independently in the community.

Standard 2.4: A psychotropic medication is available, affordable and used appropriately.

Standard 2.5: Adequate services are available for general and reproductive health.

Facility	Standards				
	2.1	2.2	2.3	2.4	2.5
<b>Kabul Mental Health Hospital</b>	A/P	A/I	N/I	A/I	N/I
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	A/P	A/I	N/I	A/P	N/I

#### Findings

Kabul Mental Health Hospital, as the only tertiary mental health care facility in the country, provides free services. During the observation we could conclude that the hospital doesn't have any written document as admission criteria for service users, but the interviewed psychiatrists declared that the admission is based on the decision of psychiatrists and the condition of service users if they need hospitalization. The hospital 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 not any restrictions for being admitted to hospital because of race, color, sex, language, religion, political opinion, nation, ethnic, indigenous or social origin, property, disability, birth or other status. Only people below 14 years of age are not being admitted to this hospital and they get referred to Children Hospital (another tertiary care facility). The same situation goes with Burn Ward of Isteqlal Tertiary hospital as they are also providing free services to needed service users without any restrictions.

Although the hospital doesn't have referral policy, the referral services are in the place. These referral services are used for those service users who have a physical problem. They refer the patients, accompanied by a nurse, to a nearby hospitals, but regarding service users who have severe

mental disorders, whenever the hospital is unable to provide treatment, they are not referred anywhere. The hospital doctors state that, as this hospital is the only highest specialized hospital for mental health care, therefore, they cannot refer those cases. But for follow up of treatment and referral to lower levels of health care, unfortunately, the hospital doesn't have active referral services. During observation of Burn Ward of Isteqlal Tertiary Hospital, the observation team found out that they also don't refer those cases to which the hospital cannot provide treatment, because they are the highest level of service providers for Burn patients in the country. For any comorbid problem, they are doing on-bed liaison consultation.

The Kabul Mental Health Hospital receives more than hundreds of clients in its OPD department on daily basis and because of low number of beds they are trying not to keep inpatient users longer than a maximum of three weeks. As we reviewed the hospital indicators, especially service users length of stay, we found that the average was 13 days for the last quarter. This means that despite being a psychiatric Tertiary level hospital, they don't have long stay service users. If the hospital receives patients who need very long stay, they refer him/her to Kabul asylum which is run by Afghan Red Crescent Society. In comparison, the Burn Ward of Isteqlal Tertiary Hospital had the average length of stay of up to 9 days in last quarter.

The staff of the Kabul Mental Health Hospital consists of senior psychiatrists who are trainers, trainee psychiatrists, clinical psychologists (they are general psychologists with a two year long trainings in clinical psychology), general nurses with two year long training in psychiatric nursing, social workers and occupational therapists (newly established department). All these personnel have received series of technical long-term and short-term training courses through current International Medical Corps (IMC). They also have been trained in human rights issues but not CRPD, because when we interviewed hospital staff, none of them was familiar with CRPD as the hospital doesn't have any policy to make it mandatory for the personnel to be familiar or receive training in CRPD.

Some of interviewed doctors have mentioned about low skills capacity of other categories (psychologists, social workers and occupational therapists). The reasons they stated are: currently there is no clinical psychologist in Kabul Mental Health Hospital. All psychologists who are working in Kabul Mental Health Hospital have just studied general educational psychology and they don't have any clinical background. . Only during the IMC project, these psychologists have received some short term trainings on clinical psychology. The same occurs with social workers and occupational therapists as they didn't receive standard pre-service education. In the hospital, 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 and occupational therapists are 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 occupational therapy, only a minority knew about the meaning of that. During observation, we found that the occupational therapy department was newly established and there are only three therapists with few short-term training plus one consultant from International Medical Corps (IMC) who mostly provides basics of occupational therapy.

The hospital has scheduled weekly multidisciplinary meeting for all service users. In these meetings experts from all departments are present to review the progress of treatment. Psychologists, social workers and occupational therapists are consulting with those service users who are nominated by psychiatrists. All hospital staff visit service users according to their schedule, but it is very difficult for most of service users to consult with a psychiatrist or other mental health specialists when they wish to do so.

Recently a series of guidelines have been developed by International Medical Corps (IMC), one of them being dedicated to “patients’ rights in Kabul Mental Health Hospital”. In this guideline, it is clearly mentioned that “Patients, in Kabul 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 notice that they are not aware of their rights in this hospital as no one told them about this subject. In fact, there were big posters posted inside each ward of the hospital which notified the rights of patient but, as the majority of service users and their family member are illiterate, they cannot read them. Also if they want to discuss or share their concerns about services, they are not familiar with the mechanism to do so. Some of them said that if they want to share their complaints with hospital authorities, they are going to meet the hospital director, whereas the majority said that they don’t even know who is the director and with whom they should share their concerns.

In comparison, the Burn Ward of Isteqlal Tertiary Hospital has burn specialists who are trainers, trainees, nurses and physiotherapists. All of these personnel have received specific trainings for burn management related to their field of work. They were not familiar with international human rights conventions especially with CRPD. There is no policy regarding expression of opinions or concerns of users on services provided or any specific mechanism for sharing their concerns. The good point was that the service users could meet a doctor or a nurse whenever they wanted to do so. The ward didn’t have any posters reflecting patients’ rights.

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 Kabul Mental Health Hospital, there is, for each individual service user, a Care Program comprehensive file, composed of five separate parts for psychiatry department, psychology department, nursing department, risk assessment forms and other (legal, etc.). Each department records information in its part but this Care Program files are limited to recording dosage of medications, risk assessments, nursing follow up and progress of psychological interventions, and do 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. Unluckily, the current Care Program, which is substituting to treatment plan, is just a patient’s file and even its usage is not appropriately organized. Particularly

the service users are not consulted in the preparation and administration of their treatment plans. These plans don'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. In the meantime, they don't cover any information on psychosocial rehabilitation programs (including social, medical, employment and education programs) that would allow service users to develop the skills necessary to fulfill the social roles of their choice. In addition, there is no psychosocial rehabilitation program inside the hospital or outside the hospital. The hospital doesn't have any support for service users to establish and/or maintain social support networks outside the hospital or link them with other levels of mental health services in community. This happens, according to the interviewed hospital staff, because there is not such kind of mental health services available in the community level. Similarly, in Burn Ward of Isteqlal Tertiary Hospital, service users don't have any treatment plan, and they are not even involved in the development of their treatment program. The hospital just provides curative services for Burn patients and they don't have any social rehabilitation program.

The Kabul Mental Health Hospital provides free psychotropic medications for service users and these medications are provided according to National Essential Drug List. When we observed drug stock of the mental health hospital, we found that there was no stock out in the last quarter, but during interviews it was mentioned that sometimes the psychiatrists prescribe medications that are not available in hospital and the service users and their families should procure them from outside the hospital.

To assess psychotropic medications prescription, we selected some files of service users randomly. After reviewing these files, with the support of our psychiatrists (assessment team members), we found that most of prescribed medications (not all) were appropriate to the diagnosis. The dosage of prescribed medications was also correct but time of administration was not appropriate. During interviews, one of hospital staff stated *"sometimes it happens that wrong medication is being given to service users and it is because of reluctance of nurses who are not paying attention to their duty"*.

As mentioned earlier, psychiatrists are authorized to prescribe medications and they monitor the dosage of administered medication. None of service users had been told about medications they had been prescribed but some psychiatrists do explain the possible side effects of medications to service users and their family members. In Kabul Mental Health Hospital, medication is not the only form of treatment and, besides pharmacotherapy, the Hospital provides psychotherapy, cognitive behavioral therapy and other psychological interventions, and all hospitalized service users are aware of these services.

The review of service users' files revealed that there is no regular screening for specific physical conditions but the doctors perform general physical examination (not laboratory tests) of each service user and document the findings in their files. According to the hospital guidelines for hospitalization of mental disorder patients, the hospital doctors should perform general physical examination of patients to find out other comorbidities, but the indications on this subject are very brief. As mentioned before, whenever treatment of general health problems is needed for service



users, they are referred to other health facilities. It should also be mentioned that there is no policy on provision of services for reproductive health, and the hospital doesn't provide such kind of services. On other hand, the hospital doesn't provide health education and other health promotion interventions for service users.

## Discussion

Article 25 CRPD (2006) indicates that 'persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability'. It also indicates that services should be gender-sensitive and include health-related rehabilitation. Our findings revealed that somehow treatment is provided for all who required it, although in some areas treatment is not adequate.

According to Afghanistan constitution, article 52, health services provision is free for all people: *"The state is obliged to provide the means of preventive health care and medical treatment, and proper health facilities to all citizens of Afghanistan in accordance with the provisions of law"*. Also according to article 53 of Afghanistan constitution *"The state shall take necessary measures for regulating medical services and financial support to descendants of martyred, lost or disabled and handicapped individuals in accordance with provisions of law"*. This means that the government is obligated to provide medical and financial support to disabled people. In accordance to the "Law of Rights and Privileges of Disabled People" article 21, the ministry of public health is obligated to provide access to health services for people with physical and intellectual disabilities. Also according to article 26 of Mental Health Act, *"Person with mental disorder has the right to utilize curative, preventive and rehabilitative services and facilities free of cost as other patients voluntarily and can stop the treatment upon his/her wish except for the cases as stated in 15, 16, 17, and 18 articles (these articles focused on emergency cases and involuntary treatment)"*.

Based on all these articles, Kabul Mental health hospital, which is a government-funded facility, should provide mental health services to all without any discrimination. According to our findings, the quality of health services was not much desirable. All staff of the facility, who has been working for a number of years, has received numerous training in the last four years through the support of International Medical Corps (IMC). These training activities were offered to every mental health disciplines but unfortunately they didn't bring much change to professional attitudes of the staff and the level of care observed in MHH still needs further improvement. Actually this phenomenon could be due to several reasons, including, among others, insufficient follow up and monitoring from higher levels, lack of staff with basic under-graduate background such as social workers, psychiatric nurses, clinical psychologists and occupational therapists, and lack of knowledge about CRPD and other laws and regulations which highlight the right of service users. The facility provides 24 hours OPD and IPD services but it is really difficult to find most of the staff in the afternoon. The facility is also lacking some of the necessary guidelines and policies. A positive point was the availability of psychotropic medication in accordance to the national essential drug list, which was provided both by International Medical Corps (IMC) and by the hospital governmental fund. Still, some patients have to buy medications from outside. Each service user has his/her own personal file which shows that nurses are dispensing the medications according to the prescriptions of psychiatrists. Unfortunately, services of this hospital are limited to giving medications and to some sessions with psychologists. The reality is that there is no recovery plan and nothing is provided to

promote psychosocial rehabilitation, create links, support networks, and empower and strengthen service users' ability to live independently in the community. Likewise, it is really difficult to find any institution providing social support for mentally disabled people in the community. The patients' files reveal that the psychotropic medications and dosages prescribed for service users were correctly written in orders, but the problem was with its dispensing on the right time and the right person as some nurses were giving medications in advance to service users. Albeit, in the Burn ward of Isteqlal tertiary hospital nothing was observed proving that the practices are better than the practices at the mental health hospital. Fortunately this tertiary level mental health care facility doesn't keep service users for long periods, but sadly, as a routine practice, chronic cases are referred to Kabul Asylum, which it is a one-way retention center without any social rehabilitation program. Even some families insist on sending their patient to this asylum and the reason is lack of awareness and education on how to deal with their patients at home. Moreover, for other medical purposes, this facility doesn't provide services and they refer the service users to other hospitals. For referring service users to other hospitals the facility has an ambulance, and they provide liaison consultation whenever requested by the other hospitals.

### Suggestions for Improvement

- The professional staff should be trained on standard treatment and recovery protocols and procedures, and training on counseling, psychosocial rehabilitation and support should be offered to the staff.
- For behavior change, monitoring and follow up of services by supervisors in accordance to standard guidelines and procedures should be strengthened.
- Actions to promote users and families education and awareness about treatment benefits and possible side effects should be developed.
- Measures should be taken to strengthen social support and create social networks contributing to empower service users for independent life in the community.
- All staff should be trained on CRPD and patients' rights.
- The hospital authorities should provide information to hospital staff about available social services and resources outside the hospital.
- The hospital should develop procedures and mechanisms in order to encourage service users to 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 community by social worker should be established.
- Besides current personal care program, the hospital should develop a recovery plan for each service user, and all related departments of the facility (i.e. psychology, occupational therapy, social work) should work with service users to develop their recovery plan.
- Dispensing medication by nurses should be performed in accordance to prescribed dosage and periods. Also information about the purpose and possible side effects of medication should be provided for service users.
- Cooperation between professional staff (psychiatrists, clinical psychologists and occupational therapists) of the hospital for implementing the greatest diversity of psychosocial treatment with due skill and quality should be promoted.

- The use of standard treatment guidelines and protocols to guide the procedures, ensuring consistency of treatment should be increased.
- The hospital should provide written and verbal information on general health and reproductive health.

### Theme 3

#### The right to exercise legal capacity and the right to personal liberty and the security of person (Articles 12 and 14 of the CPD)

##### Overall score on Theme 3

<b>Kabul Mental Health Hospital</b>	<b>N/I</b>	<i>Not initiated:</i> There is no evidence of attempts or steps to fulfill the criterion, standard or theme.
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	<b>A/I</b>	<i>Achievement initiated:</i> There is evidence that steps have been taken to fulfill the criterion, standard or theme, but significant improvement is necessary.

### Results by Standards

Standard 3.1: Service users' preferences regarding the place and form of treatment are always a priority.

Standard 3.2: Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.

Standard 3.3: Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.

Standard 3.4: Service users have the right to confidentiality and access to their personal health information.

Facility	Standards			
	3.1	3.2	3.3	3.4
<b>Kabul Mental Health Hospital</b>	N/I	N/I	A/I	A/I
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	N/I	N/I	A/I	A/P

### Findings

Service users who are hospitalized in Kabul Mental Health Hospital cannot fully exercise their legal capacity. It is a common practice in Afghanistan that the family takes the leading role in care plans. There is 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 have been brought to hospital by their families and it is the relatives who play 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 hospital treatment and/or seek support in the community. As we searched around in the community, unfortunately there is no social organization to provide social support for patients. The only action that the hospital staffs take regarding facilitating re-integration of patients is discussion with their families. There are some families who do not agree to re-accept or to take back their beloved one's

home. Therefore, they are trying to find a way for putting the mentally disabled person into Kabul asylum (the one which is not part of Kabul Mental Health Hospital and is run by Afghan Red Crescent Society).

The interviews revealed that admission and treatment at Kabul Mental Health Hospital are not based on service users' free and informed consent. It is their families who agree for making admission of their patients; therefore, no one in the hospital gives information to the patients about the treatment options. There are very few cases in which the users accept or reject the admission in the hospital. In the admission guideline of the hospital, it is clearly mentioned that doctors should provide information about treatment options but nothing is mentioned about informed consent of service users. When we checked hospital 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 hospital staff and family members, even if they do not agree with them. So, as mentioned earlier, there is a care program which is substituting to treatment plan, but it doesn't have advance directive for each patient to be respected by their families or hospital staff and no one asks their opinion. When we asked hospital staff about service users' rights to accept or refuse the treatment, most of them stated that most of patients don't have insight or do not accept their illness and they are refusing voluntary admission. In all such cases, admission is involuntary and nobody listens to service users' decision. It is the doctors and family of service users, who are making decision about admission and treatment. Likewise, the hospital doesn't have any policy or procedure or written information (pamphlets) in place to document and report admission or 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 are informed about their rights. However, the hospital has guideline for patients' rights whereas it clearly mentioned that service users have the rights of decision making and selecting care and health services plans for his/her health issues.

During observation we saw posters which reflected patients' rights in the hospital but, as mentioned earlier, the majority of service users and their family members cannot read, therefore, they are not aware of patients' rights. On the other hand, the hospital staffs also don't provide any information regarding patients' rights to service users when they first arrive at the facility. When we asked service users about information delivered by hospital staff to them regarding assessment, diagnosis, recovery and treatment, all answers were negative and they stated that nothing is shared with them. However, overall, service users were satisfied with the way that psychiatrists interact with them. Most of them mentioned *"doctors have good behavior, but support staff (cleaners, guards) and nurses are not good"*.

As a common practice, family members are the main decision makers rather than service users and the hospital do communicate with families regarding admission and treatment decisions. However, the interviewed family members stated that, most of the time, psychiatrists don't share patients' treatment plan with them and they are not aware of patients' rights. In general, it is the families, as substitute decision makers, who decide about treatment of patients, not service users.

As it is clearly mentioned in patients' rights guideline of the hospitals, all service users have the right to have their personal information kept strictly confidential by Kabul Mental Health Hospital; therefore, the hospital opens a medical file for each service user on admission and when the service

user is discharged from facility they keep his/her file in medical record unit where no one can access the files. What was revealed during interviews with service users and family members was that almost all service users cannot have access to their medical files. When this issue was discussed with the hospital staff, their logic was *“as most of service users don’t have good mentally condition and they destroy the file as it happened with some patients, therefore, we are not giving them their medical file. But this is not a general rule and some patients can read their files.”* In this context, most of service users (not all) are not allowed to access the information contained in their personal files. Based on hospital procedures, those health staffs who are engaged with treatment of service user can access their medical files. Also, whenever it is requested by court, the hospital gives permission for authorized persons to access specific patient’s files. During observation we found that all medical files of service users are kept in nursing station in an open cabinet, which cannot ensure its privacy and confidentiality. For those service users, who want to comment on anything in their confidential file, they are not allowed to do so. In the compared health facility, all service users have a medical file, which the hospital keeps confidential in the hospital medical record office (when the patient is discharged). Service users and their families can access to information of their medical files.

## Discussions

Article 12 and 14 of CRPD (2006) 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’

According to the current Afghanistan Mental Health Act, article 29, *“A proxy can be assigned for a person with mental disability based on direction from mental health administration or court in accordance with decree of law in this act”*, and service users cannot select or introduce a trusted person or a network of people with whom they can consult and discuss issues affecting them. Instead, it is the court of mental health administration that assigns a proxy for service users.

Unfortunately, in Afghanistan, people with mental disabilities are routinely denied the right to exercise their legal capacity. Families, carers, proxies, or health professionals, as substitute decision-makers, are those who substitute persons with mental disability from making decisions and choices about their lives including on issues related to their living arrangements, their medical care, their personal and financial affairs and other similar matters.

Article 15 of Afghanistan Mental Health Act, *“In emergency cases based on request of closest relative or interested person of the patient and a written certification of a psychiatrist, the patient is being treated involuntarily up to 3 days in a suitable place”* clearly says that it is necessary a certificate of a psychiatrist in emergency cases *(a situation wherein a person with mental disorders creates a critical condition in living, working environment and all places whereby he/she put himself/herself and others in danger)* to decide for involuntary treatment of the patients. Again in next articles (16, 17, 18, 19 & 20) it emphasizes that a written certificate is needed to extend the continuation of involuntary treatment up to more than one year. *“After expiration of this duration (six months) and renewal of examination, based on written certification of two medical doctors and agreement of head of relevant health organization this duration can be extended for next 6 months.(article 19)”*.

Although, based on Afghanistan Mental Health Act, a certification by psychiatrist is required to initiate and continue involuntary treatment; the truth is that in real life the patients' rights are not well respected in relation to involuntary treatment, therefore, it is needed to improve the law in order to better protect the rights of the patients and ensure the possibility of appealing to a Court in situations of involuntary treatment as established by article 12 of CRPD, *“Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests”*.

Almost all patients of Kabul Mental Health Hospital are brought to hospital by their families or/and relatives and it is the families who have the leading role in decision making instead of service users. No one is asking service users' preferences regarding the place and form of treatment. The team observed during the assessment stated that most of service users were admitted involuntarily and treated without any free and informed consent and even the treatment regime were never discussed with them. Interviews with service users revealed that neither service users are aware of their rights nor they received information from hospital staff. Similarly, service users cannot refuse the provided treatment and during interviews with some of them they requested the assessment team to mediate with hospital staff to discharge them from hospital. It happened during our assessment that one service user, who refused to stay in the facility, escaped from the facility during the night and after a few days the family brought him again back to hospital. It is heartbreaking to say, but, to prevent service users to escape some members of the hospital staff, in coordination with family members, chain the patients during the night and release them in the morning.

The escape rate of service users in Kabul Mental Health Hospital is high. Conversely the hospital don't document patients escape in their personal files and, in order to hide the cases, they write “the patient was discharged after relative improvement”.

### **Suggestions for Improvement**

- Priority should be given to service users' preferences regarding development of recovery plan, place and form of treatment.
- Development of specific social re-integration plan for service users by social worker and its follow up in community.
- The hospital should support social workers by providing specific capacity building program to ensure regular efficient community follow up of service users.
- The admission guideline of hospital should be revised as it doesn't have anything about free and informed consent. After revision, all staff should be trained on it.
- Patients' rights guideline should be revised and the issue of admission and treatment with free and informed consent in accordance to CRPD should be highlighted.
- The hospital should take into consideration service users' preferences in the development of their treatment plan.

- Promote dissemination of information to service users on procedures for involuntary treatment
- Advocate supported decision-making as the predominant model rather than substitute decision-making.
- Provide clear and comprehensive information about the rights of service users in both written and verbal form.
- 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.
- Ask and support service users in nominating a support person or network of people of their own free choice who support service users in making decisions about admission, treatment and personal, legal, financial or other affairs. The hospital should recognize and respect the authority of nominated support person or network.
- Improve security measures and train staff to deal with situations of violence.
- Service users' personal files should be kept in a secure area to assure confidentiality.
- Hospital should provide training for staff on how to secure confidentiality of cases, in addition to a specific monitoring program to promote staff behavioral change.
- Revision of hospital guidelines with more focus on ensuring confidentiality of service users personal files should be promoted.
- Hospital should support access of service users to their personal treatment files.

#### Theme 4

#### Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD)

##### Overall score on Theme 4

<b>Kabul Mental Health Hospital</b>	<b>A/I</b>	<i>Achievement initiated:</i> There is evidence that steps have been taken to fulfill the criterion, standard or theme, but significant improvement is necessary.
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	<b>N/I</b>	<i>Not initiated:</i> There is no evidence of attempts or steps towards fulfilling the criterion, standard or theme.

#### Results by Standards

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

Standard 4.2: Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.

Standard 4.3: Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the facility or referred to another facility, must not be abused and can be administered only with the free and informed consent of the service user.

Standard 4.4: No service user is subjected to medical or scientific experimentation without his or her informed consent.

Standard 4.5: Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse.

Facility	Standards				
	4.1	4.2	4.3	4.4	4.5
Kabul Mental Health Hospital	A/I	N/I	A/I	N/I	A/I
Burn Ward of Isteqlal Tertiary Hospital	A/I	N/I	N/I	N/I	N/I

## Findings

The Kabul 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 safety” committee. This committee is responsible to deal with such cases in accordance to hospital policies. When we reviewed documentation to determine availability of any guideline or policy on reporting and dealing with incidents of verbal, mental, physical or sexual abuse and physical or emotional neglect, there was nothing specific. The only partial mention to this issue is found in the “Patients’ Rights” guideline and the terms of reference of “Patients Safety” 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. So, it means that whenever there is any complaint this committee will investigate and take actions afterwards. For instance, there was a complaint from one family member against one member of the hospital staff and the “Patients’ Safety” committee decided to issue a notice letter to the accused staff member. Notwithstanding such actions, there are no official records of incidents of physical, sexual or emotional abuse or neglect. Even, when there were incidents of abuse for specific service users, they were not reported in the respective personnel files. We checked the medical file of an interviewee who was physically abused and nothing was mentioned in her file about the incident. The interviews revealed that the overall impression of service users and family members regarding behavior of hospital staff is fair. The interviewed service users and family members stated that sometimes they are regarded with humanity, dignity and respect by doctors, but the behavior of nurses and support staff (cleaners, guards) is harsh most of the time and they shout at them, behave impolitely and do not respect dignity and humanity of service users and family members. Conversely, hospital staff communicated their experience of being physically tortured by service users; one of support staff had a broken leg as he was beaten by a service user, a psychologist was beaten severely by a male service user, a nurse was beaten and had a hand, a collar bone and a rib broken. The common abuse toward service users and family members is verbal abuse and emotional neglect. But it doesn’t mean that there is no other kind of abuses. One of family members stated that; *“they are giving injection to disturbed patients as a form of punishment”*, but hospital staff have a different interpretation, explaining that injections have been administered to disturbed patients, not to punish them, but rather to make them calmer and easier to manage by staff (rapid tranquilization). Nonetheless, this shows common practice of chemical restraint in this facility.

In Kabul Mental Health Hospital, service users with severe conditions are prone to be chained, restrained or secluded. The assessment committee members observed some service users who were



chained by the legs. When these service users were asked, the reply was *“there are also some other patients in our room who are chained during night by hospital staff”*.

Providentially, there is an established direction to discontinue seclusion and restraint practices and replace these practices with de-escalation tools and techniques; however, this has not yet been achieved. According to seclusion policy of Kabul Mental Health Hospital, before a patient is secluded, there should be documented evidence showing that all the other interventions, for instance, firstly de-escalation techniques, secondly pharmacological interventions and thirdly the patient being given the option to go in the seclusion voluntarily (to act as therapeutic isolation), have been tried and failed. In this policy, the tasks of responsible and decision-taking units, as well as all necessary steps that need to be taken whenever a person is secluded, have been explicitly specified. There is no any official document for reporting secluded or restrained service users to the head of the facility or to a relevant external body. In the seclusion policy of Kabul Mental Health hospital, nothing is mentioned about establishing a firm direction to discontinue use of seclusion and restraint. However, the alternative method of de-escalation techniques is one of the chapters of “aggressive management guideline” of Kabul Mental Health Hospital whereas all professional staff received the training, but its implementation is doubtful as we witnessed a case during our assessment in this facility who directly received chemical restraint.

For seclusion purpose, there are two separate seclusion rooms (one in the male ward and another in the female ward) which are newly built by International Medical Corps (IMC). These rooms are relatively comfortable as it has sufficient lighting and ventilation. During interviews with hospital staff, it came to be known that, during the last nine months, there hasn't been any record of secluded patients in these rooms; however, there is no specific document or register to confirm this assertion.

Chemical and mechanical restraints are considered by the majority of hospital staff as necessary to cope with involuntarily admitted service users contesting their admission, refusing treatment, and/or labeled "dangerous". We observed the restraint apparatus (ladder belts) of the hospital and it was not standard. Even in one of the male rooms we saw that a service user was restrained with a waistband. When we reviewed the personal file of restrained service users, nothing was documented about restraining and we can guess the same apply for those service users who are going to be secluded.

The Kabul Mental Health Hospital doesn't provide electroconvulsive therapy to service users; however, the respective machine is available in the facility and there is one room allocated for ECT. There is no written policy or procedure for electroconvulsive therapy. At the same time, during interviews with hospital staff, it was specified that they are not referring service users for ECT to another facilities. Similarly, psychosurgery and other medical procedures that may have permanent or irreversible effects are not provided in this hospital and there is no document for that.

Also the hospital doesn't have any written policy, procedure or guideline for any form of medical or scientific experimentation since there hasn't been any experimentation conducted in this facility. For those psychiatrist trainees who are going to finish their residential period, it is mandatory to conduct a research project at the hospital. Unfortunately in most of these descriptive studies, which are very

basic and not in accordance to research methodology, service users and family members, who are part of these studies, are not aware of this and also the researcher is not sharing it with them. When one of these trainees, who had a project, was asked about informed consent of service users involved in his project, he was not aware of basic methodology of research and didn't know about these steps and rights of study participants. Generally, trainees' projects are case series and descriptive rather than medical or scientific experimental studies.

The facility does not have any written procedure whereby service users could file complaints about violations occurring at the facility such as neglect, abuse, seclusion, restraint and admission or treatment without informed consent. Nevertheless, there is one complaint box in the hospital reachable to everyone. The complaint papers from this box are directly reviewed by the hospital director. During the interview, most of service users were not aware of the complaint box and did not know what to do if they want to share their concerns or complaints. Some of them are not sure about confidentiality of complaints filed as they experienced such incidents in the past. *"Patients' complaints are not kept confidential, if it happens, all staffs are aware of that."* a family member narrated.

If a service user or a family member needs to access legal organizations as part of the complaint process the hospital doesn't support them in this regard. At the same time, the hospital doesn't provide any details about any organizations such as organizations for persons with disabilities, advocacy or human rights organizations. The only independent organization which monitors human right issues is Afghanistan Independent Human Rights Commission (AIHRC); however, their monitoring is not regular (minimum interval of visits is one year). When we checked for any report of these monitoring, nothing was available.

## Discussions

Article 15 and article 16 CRPD (2006) stated the rights of people with disabilities include 'freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse'.

During assessment of Kabul Mental health Hospital, it was discovered that there are no safeguards in place such as policy to prevent torture or cruel, inhuman or degrading treatment or other forms of ill-treatment and abuse. Unfortunately, most of the time, service users and family members are facing verbal, emotional, physical abuses from hospital staff and more specifically from support staff. Even some of hospital staff agreed to the presence of harsh behavior of nurses and support staff (cleaners, guards), such as shouting to service users and family members, behaving impolitely and not respecting dignity and humanity of service users and family members. One of interviewed service users explained how she was physically abused and punished, when, during the night, she wanted to walk in corridor inside the female ward: *"once the lady (cleaner) forced me to clean-up the toilets as I didn't listened to her to stay in my bed"*. The most common abuse toward service users and family members is verbal abuse and emotional neglect, but this doesn't mean that there are not any other kinds of abuse. It should also be noted that some hospital staff reported that there were some cases of sexual abuse during past years in this facility but nothing was documented. Conversely,

sometimes the hospital staffs are also exposed to verbal and physical abuse by service users and family members.

Sadly, in Kabul Mental Health Hospital some of service users are chained, restrained or secluded. Regrettably, it was revealed that the staff and families regard the use of 'Chaining' as a way of containing and controlling the person. This action does not concur with Article 15 & 16 of the CRPD which states about freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse. Even though 'WHO Chain Free Initiative' was conducted in Kabul Mental Health Hospital in 2008 and 2009, current practice shows that it was not maintained.

The hospital has specific policies and guidelines on how to use alternative methods to restraining and seclusion, and it clearly directs the hospital staff toward replacing these practices with de-escalation tools and techniques. But, in real practice, such action is not visible and much more efforts for its implementation are needed. Although the hospital staff received training on this topic, further action for behavioral change of the staff needs to be taken.

In Kabul Mental Health Hospital, no one received Electro-Convulsive Therapy (ECT), whereas its instrument is available in the hospital. Also psychosurgery or other medical procedures that have permanent and irreversible effects are not used.

An overall impression of the committee members was that the service users are not treated well in accordance to article 15 and article 16 of CRPD (2006) and human rights of any person who is mentally ill are not respected even when they recover.

### **Suggestions for Improvement**

- Hospital should provide more information to service users, their families and hospital 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.
- Inclusion of one member for Afghanistan Independent Human Rights Commission (AIHRC) in Patients' Safety committee of hospital
- The 'Patients' Safety' committee of the hospital should document and strictly follow up any abuse or violence that occurs in hospital and should share their findings and actions with an independence external body who follows up human rights violations, such as AIHRC.
- Develop Patients' Safety Guideline for service users and provide training for all hospital staff.
- 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.
- Hospital should maintain 'chain free initiative' and earnestly take legal action for those health professionals who continue this inhuman practice.
- All developed policies and procedures must be improved and seriously implemented.

- Hospital should take specific action on using alternative methods (de-escalation techniques) to replace restraint and seclusion by developing clear and comprehensive guideline and procedure. All health professionals should receive competency-based training on these procedures.

## Theme 5

### The right to live independently and be included in the community (Article 19 of the CPRD)

#### Overall score on Theme 5

<b>Kabul Mental Health Hospital</b>	<b>N/I</b>	<i>Not initiated:</i> There is no evidence of attempts or steps towards fulfilling the criterion, standard or theme.
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	<b>N/I</b>	<i>Not initiated:</i> There is no evidence of attempts or steps towards fulfilling the criterion, standard or theme.

## Results by Standards

Standard 5.1: Service users are supported in gaining access to a place to live and have the financial resources necessary to live in the community.

Standard 5.2: Service users can access education and employment opportunities.

Standard 5.3: The right of service users to participate in political and public life and to exercise freedom of association is supported.

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

Facility	Standards			
	5.1	5.2	5.3	5.4
<b>Kabul Mental Health Hospital</b>	N/I	N/I	N/I	N/I
<b>Burn Ward of Isteqlal Tertiary Hospital</b>	N/I	N/I	N/I	N/I

## Findings

As I mentioned before, Kabul Mental Health Hospital doesn't accept patients without a family member or a guardian. Almost all guardians and substitute decision makers are not assigned by court and somehow they have family relations with service users. Culturally, families see themselves responsible for taking care of the patient who is one of their beloved family members. In very rare cases, whenever there is a patient without any family or guardian, the hospital, after provision of treatment, officially refers him or her to Kabul Asylum. On the other hand, there aren't any social, governmental or nongovernmental organizations that provide housing for mentally disabled patients in the country. Also, there is not any organization of people with disabilities, nor family organization to advocate for mentally disabled people. Furthermore, the hospital doesn't have any policy to encourage staff to share information with service users. Families are the only possible source of housing and financial support to these service users. Therefore, during treatment in the hospital, psychologists and social workers work with families to facilitate reintegration of patients in the community. They provide information to families and service users on different aspects of life such

as education, socio-cultural and religious activities. In the end it is the family who decides whether to take the stabilized service user back home or trying to send them to Kabul Asylum. Patients, who don't have families, will not be accepted to Kabul Asylum, as they only accept homeless people (although illegal channels are active to accept such patients).

During the assessment, almost all interviewed service users stated that they have not received any support and assistance to participate in activities of daily life such as living with their families, going to school or work and participating in community activities. However, the hospital has social workers and occupational therapists who work with service users to empower them for independent life in the community. Besides, there are separate guidelines for social work and occupational therapy departments but social workers and occupational therapists are not professionally trained personnel, having just received some short term trainings.

In general, the facility doesn't provide any support in education, employment opportunities, political activities (including the right to vote), and participation in religious or social activities. When we asked about last presidential election and participation of service users for voting, the hospital authorities mentioned that they allowed service users to use their votes but the hospital didn't provided any support such as transportation to/from polling station. Since this happened last year, we couldn't find a service user who could confirm this.

Similarly, the Burn Ward of Isteqlal Tertiary Hospital didn't provide any support for their service users for living independently and being included in the community.

## Discussions

Article 19 of CRPD (2006) focuses on the right to *“living independently and being included in the community”*. It means that all persons with disabilities have the equal rights to others to live in the community. Living independently means that persons with disabilities have the same voice, choice and control in their everyday lives as non-disabled people. In Afghanistan Mental Health Act, nothing is mentioned about social inclusion of people with mental disabilities. The only point which is cited is about employment *“Persons with mental illness who, after treatment, have the ability to work, according to discretion of commission, should be introduced to the committee on placement in work and social affairs”*. On the other hand, article 20 of the “Law of Rights and Privileges of Disabled People” states that: *“Ministry of Labor and Social Affairs with assistance of other related organizations will provide opportunities for technical and educational education based on ability and capability”*. The same law clearly says that the state through different ministries is obligated to provide educational opportunities inside the country and also will allocate 5% of scholarships to disabled people. However, all these privileges are allocated to physically disabled people as most of the articles put the emphasis on rights for people with physical disabilities.

Unfortunately all service users in Kabul Mental Health Hospital are deprived of this right as the hospital doesn't provide necessary assistance and support for them to take part in social, cultural, religious and leisure activities. During the assessment, it was observed that the hospital doesn't respect this right and they are just focused on institutionalized treatment. On the other hand, even the families of those people who were admitted for treatment view them as 'mad' and they are not

supporting them in the community due to social stigma. The families lock them up at home. Culturally, people with mental disability in Afghanistan are socially isolated and this isolation can be very disorientating and make the process of healing very difficult. In fact, social isolation can worsen mental illness.

When we discussed with families about the service users having access to employment and education, all of them expressed that there is no chance for people with mental disability to work or study because of social stigmatization and discrimination against them. Due to this social stigma and discrimination, mental health service users cannot take part in social and/or political activities.

### **Suggestions for Improvement**

- Provide information about education and employment opportunities in the community and social integration for service users.
- The hospital staff should support and assist service users in accessing and maintaining safe, affordable and decent housing.
- Encourage families for assisting service users in finding relevant employment and financial resources.
- The hospital authorities should work with educational institutions to facilitate educational opportunities for service users
- Raising awareness sessions for families and at community level should be promoted in order to reduce stigma and discrimination against mental health service users.
- The hospital should develop policies to promote the sharing of information by hospital staff with service users. The hospital should also develop guidelines to support users' access to housing and financial resources, education and employment opportunities, as well as participation in political, religious, social, cultural and leisure activities.
- Support service users in taking part in social, cultural, religious and leisure activities.
- Social workers should provide support for service users and family members both inside the facility and at community level.

## **CONCLUSIONS AND RECOMMENDATIONS**

The government of Afghanistan is among those countries that have ratified CRPD on September 2013 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 services users, due to mistrust and lack of awareness about rights of people with disabilities, need to be positively changed. Additionally, the existing mental health act, developed in 1987, has lots of disparities with CRPD on the rights of mental health service users and quality of services and requires adaptation in accordance to CRPD. This assessment in Kabul Mental Health Hospital also has unmasked human rights violations and discriminations against mental health service users as an accepted practice. Lack of an adequate treatment environment and standard of living for mentally disabled people, non-standardized and poor quality of services for mental health service users, experiencing violations of the right to exercise legal capacity and personal liberty, being chemically (by medications) and physically (sometimes Chaining) restrained , and being exposed to verbal, physical and emotional abuse are extensive human rights violations and discriminations that mental health service users experience in Kabul Mental Health Hospital. The same can be said of the increased emphasis on institutional services, rather than helping the users to develop their abilities in order to recover and re-integrate into the community

The assessment team expressed their suggestions and recommendations in two levels in order to improve the conditions. Firstly, a series of suggestions and recommendations are made for Kabul Mental Health Hospital 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 MoPH as a policy-maker organization in order to bring changes and adaptation to their laws, policies and strategies in light of CRPD.

### **Recommendations to Kabul Mental Health Hospital**

Although specific suggestions based on each theme, standard and criteria were proposed to Kabul Mental Health Hospital, the following general recommendations are more focused on the management level, capacity building, coordination, implementation and monitoring to ensure quality improvement and promoting human rights.

1. The assessment team found that one of the most important challenges on quality improvement and promotion of human rights is to promote an efficient management of hospital affairs. Kabul Mental Health Hospital has enough human and financial resources and the MoPH granted the hospital the autonomy that is required for their planning and implementation. So, the assessment committee recommends that 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.
2. Although almost all hospital staff received series of training related to their tasks since 2011, through International Medical Corps (IMC), the assessment revealed that none of them were familiar with national and/or international human rights legislations and conventions, and

more specifically with CPRD. Similarly most of them didn't apply the gained knowledge into practice. It is recommended by the assessment team that all hospital staff should be trained in human rights, patients' rights and other laws and legislations that ensure patients' rights. 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.

3. In order to improve quality of services and promote human rights, it is important to have better coordination with other related sectors such as human rights, social and legal sectors. So, to prevent human rights violation and discrimination, reintegrate service users into the community, empowering them to have an independent life, exercise legal capacity and access to legal and judiciary organizations, and participate in socio-cultural, religious and political activities, education and employment opportunities, it is mandatory for Kabul Mental Health Hospital to have close coordination with related organizations and institutions.
4. For an adequate utilization of available resources, a practical operational plan is obligatory for the facility. Also to ensure provision of high quality services, respecting people dignity and considering the rights of service users, developing a comprehensive operational plan based on findings of this assessment is vital. The assessment team recommends that the hospital authorities should develop such plan and put it into implementation immediately.
5. Each practical operational plan needs close monitoring and supervision. Therefore, it is recommended that the facility should regularly monitor activities and services. Also the hospital should regularly report any human rights violations occurring within this facility to independent human rights organizations such as Afghanistan Independent Human Rights Commission.

### **Recommendations for the Ministry of Public Health**

The Ministry of Public Health, as the responsible organization for the provision of health services to all Afghans, is obligated to consider human rights of people with mental health disabilities, as well as provision of high quality mental health services. Certainly, a series of necessary actions, such as changes and revisions in laws, policies and strategies, are needed in order to assure high quality mental health services and promotion of human rights of people with mental disabilities. Therefore, the assessment team provides the following specific suggestions and recommendations to the MoPH.

1. There is an urgent need for development of a national 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. Such policy should be developed and implemented in close coordination and collaboration with other related sectors such as Ministry of labor, social affairs, martyrs and disabled, Ministry of education, Ministry of justice, police force, religious organizations, Ministry of culture and information, Ministry of women affairs, human rights commissions, non-governmental social organizations working in the field of disability, etc.
2. The existing mental health act is not responding to current needs for provision of quality services and promotion of human rights. This act was developed in 1987 and it should be



revised and adapted in light of CRPD and other national and international laws granting high quality services and human rights promotion. Revision of policies and legislations alone cannot bring changes to the real life condition of people; it should also be practically implemented.

3. Current national mental health strategy didn't consider necessary actions for mentally disabled people toward (re)integration into the community, providing education and employment opportunities, participation in social, cultural, religious and political 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.
4. 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 sectorial ministries, human rights advocates and organizations and non-governmental social associations who are working for the rights of people with disabilities.
5. To increase public awareness towards human rights violation, discrimination and social stigma, planning and conducting national campaigns is required. It is recommended that the Ministry of public health should launch national awareness raising campaigns in collaboration with mass media and social networking means.
6. Ministry of public health should 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.
7. The Ministry of public health, in coordination with Afghan Red Crescent Society, which runs asylums in Afghanistan, should take serious actions for people living in asylums. These actions should be particularly focused on rehabilitation programs and social reintegration aspects.
8. The management committee/team of WHO Quality Rights implementation, led by MoPH, should at first take necessary actions, based on findings of this assessment, to ensure positive changes in Kabul Mental Health Hospital. Secondly, the program, after evaluation, should be expanded at national level to those hospitals and social facilities where people with mental disability are being treated.

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