



WORLD HEALTH ORGANIZATION

## WHO Checklist on Mental Health Legislation

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## Introduction and how to use this checklist

This checklist is a companion to the WHO *Resource Book on Mental Health, Human Rights and Legislation*. Its objectives are to: a) assist countries in reviewing the comprehensiveness and adequacy of existing mental health legislation; and b) help them in the process of drafting new law. This checklist can help countries assess whether key components are included in legislation, and ensure that the broad recommendations contained in the Resource Book are carefully examined and considered.

A *committee* to work through the checklist is recommended. While an individual in, for example, the ministry of health, may be able to complete the checklist, this has certain limitations. First, no single person is likely to have all the relevant information that a well selected team would have. Secondly, different individuals or representatives of different groups are likely to have differing views on various issues. An evaluation committee that allows critical debate and the development of a consensus is invaluable. Although countries should decide for themselves on the composition of the committee, it is advisable to include a legal practitioner familiar with the various national laws, the governmental mental health focal point, representatives of service user and family groups, and representatives of mental health professionals, NGOs and different government departments. It is recommended that the process be led and mediated by an independent human rights and/or legal expert.

This checklist should generally *not be utilized without thoroughly studying the Resource Book itself*. A number of important items included in the checklist are explained in the Resource Book, and the rationale and different options for legislation are discussed. The Resource Book emphasizes that countries should make their own decisions about various alternatives and ways of drafting legislation as well as about a number of content issues. The format of this checklist allows for such flexibility, and aims to encourage internal debate; it thus permits countries to make decisions based on their own unique situations.

The checklist covers issues from a broad perspective, and many of the provisions will need to be fleshed out or elaborated upon with respect to details and country specifications. Moreover, not all provisions will be equally relevant to all countries due to different social, economic, cultural and political factors. For example, not all countries will choose to have community treatment orders; not all countries have provision for “non-protesting patients”; and in most countries, sterilization of people with mental disorders will not be relevant. However, while each country in its evaluative process may determine that a particular provision is not relevant, this determination should be made part of the checklist exercise. All provisions in the checklist should be considered and discussed carefully before it is decided that one (or more) of the provisions is not relevant to a country’s particular context.

The Resource Book points out that countries may have laws that affect mental health in a single statute or in numerous different statutory laws relating to areas such as general health, employment, housing, discrimination and criminal justice. Moreover, some countries utilize regulations, orders and other mechanisms to complement a statutory act. It is therefore essential, when conducting this audit, to collect and collate all legal provisions pertaining to mental health, and to make decisions based on comprehensive information.

The Resource Book makes it clear that drawing up or changing mental health legislation is a “process”. Establishing what needs to be included in the legislation is an important element of that process, and this checklist can be a useful aid to achieving this goal. Nonetheless, the objective of drafting a law that can be implemented in a country must never be separated from the “content”, and must always be a central consideration.

## WHO Checklist on Mental Health Legislation

For each component included in the checklist, three questions need to be addressed: a) Has the issue been adequately covered in the legislation? b) Has it been covered, but not fully and comprehensively? c) Has it not been covered at all? If the response is either (b) or (c), the committee conducting the assessment must decide on the feasibility and local relevance of including the issue, leading to the drafting of locally appropriate legislation.

This checklist does not cover each and every issue that could or should be included in legislation. This does not mean that other items are unimportant and that countries should not pursue them; however, for the sake of simplicity and ease of use, the scope of this checklist has been limited.

Legislative issue	Extent to which covered in legislation (tick one)	If (b), explain: • Why it is not adequately covered • What is missing or problematic about the existing provision  If (c), explain why it is not covered in current legislation (Additional information may be added to new pages if required)	If (b) or (c), explain how/whether it is to be included in new legislation (Additional information may be added to new pages if required)
<b>A. Preamble and objectives</b>  1) Does the legislation have a preamble which emphasizes: a) the human rights of people with mental disorders?  b) the importance of accessible mental health services for all?	a) Adequately covered b) Covered to some extent c) Not covered at all   a) b) c)   a) b) c)		

<p>2) Does the legislation specify that the purpose and objectives to be achieved include:</p> <ul style="list-style-type: none"> <li>a) non-discrimination against people with mental disorders?</li> <li>b) promotion and protection of the rights of people with mental disorders?</li> <li>c) improved access to mental health services?</li> <li>d) a community-based approach?</li> </ul>	<ul style="list-style-type: none"> <li>a)</li> <li>b)</li> <li>c)</li> </ul> <ul style="list-style-type: none"> <li>a)</li> <li>b)</li> <li>c)</li> </ul> <ul style="list-style-type: none"> <li>a)</li> <li>b)</li> <li>c)</li> </ul> <ul style="list-style-type: none"> <li>a)</li> <li>b)</li> <li>c)</li> </ul>		
<p><b>B. Definitions</b></p> <p>1) Is there a clear definition of mental disorder/mental illness/mental disability/mental incapacity?</p>	<ul style="list-style-type: none"> <li>a)</li> <li>b)</li> <li>c)</li> </ul>		

<p>2) Is it evident from the legislation why the particular term (above) has been chosen?</p>	<p>a) b) c)</p>		
<p>3) Is the legislation clear on whether or not mental retardation/intellectual disability, personality disorders and substance abuse are being covered in the legislation?</p>	<p>a) b) c)</p>		
<p>4) Are all key terms in the legislation clearly defined?</p>	<p>a) b) c)</p>		
<p>5) Are all the key terms used consistently throughout the legislation (i.e. not interchanged with other terms with similar meanings)?</p>	<p>a) b) c)</p>		
<p>6) Are all "interpretable" terms (i.e. terms that may have several possible interpretations or meanings or may be ambiguous in terms of their meaning) in the legislation defined?</p>	<p>a) b) c)</p>		

<p><b>C. Access to mental health care</b></p> <p>1) Does the legislation make provision for the financing of mental health services?</p> <p>2) Does the legislation state that mental health services should be provided on an equal basis with physical health care?</p> <p>3) Does the legislation ensure allocation of resources to underserved populations and specify that these services should be culturally appropriate?</p> <p>4) Does the legislation promote mental health within primary health care?</p> <p>5) Does the legislation promote access to psychotropic drugs?</p> <p>6) Does the legislation promote a psychosocial, rehabilitative approach?</p> <p>7) Does the legislation promote access to health insurance in the private and public health sector for people with mental disorders?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
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<p>8) Does the legislation promote community care and deinstitutionalization?</p>	<p>a) b) c)</p>		
<p><b>D. Rights of users of mental health services</b></p> <p>1) Does the legislation include the rights to respect, dignity and to be treated in a humane way?</p> <p>2) Is the right to patients' confidentiality regarding information about themselves, their illness and treatment included?</p> <p>a) Are there sanctions and penalties for people who contravene patients' confidentiality?</p> <p>b) Does the legislation lay down exceptional circumstances when confidentiality may be legally breached?</p> <p>c) Does the legislation allow patients and their personal representatives the right to ask for judicial review of, or appeal against, decisions to release information?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		

<p>3) Does the legislation provide patients free and full access to information about themselves (including access to their clinical records)?</p>	<p>a) b) c)</p>		
<p>a) Are circumstances in which such access can be denied outlined? b) Does the legislation allow patients and their personal representatives the right to ask for judicial review of, or appeal against, decisions to withhold information?</p>	<p>a) b) c) a) b) c)</p>		
<p>4) Does the law specify the right to be protected from cruel, inhuman and degrading treatment?</p>	<p>a) b) c)</p>		
<p>5) Does the legislation set out the minimal conditions to be maintained in mental health facilities for a safe, therapeutic and hygienic environment?</p>	<p>a) b) c)</p>		
<p>6) Does the law insist on the privacy of people with mental disorders?</p>	<p>a) b) c)</p>		
<p>a) Is the law clear on minimal levels of privacy to be respected?</p>	<p>a) b) c)</p>		



<p>7) Does the legislation outlaw forced or inadequately remunerated labour within mental health institutions?</p> <p>8) Does the law make provision for:</p> <ul style="list-style-type: none"> <li>• educational activities,</li> <li>• vocational training,</li> <li>• leisure and recreational activities, and</li> <li>• religious or cultural needs of people with mental disorders?</li> </ul> <p>9) Are the health authorities compelled by the law to inform patients of their rights?</p> <p>10) Does legislation ensure that users of mental health services are involved in mental health policy, legislation development and service planning?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
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<p><b>E. Rights of families or other carers</b></p> <p>1) Does the law entitle families or other primary carers to information about the person with a mental disorder (unless the patient refuses the divulging of such information)?</p> <p>a) b) c)</p> <p>2) Are family members or other primary carers encouraged to become involved in the formulation and implementation of the patient's individualized treatment plan?</p> <p>a) b) c)</p> <p>3) Do families or other primary carers have the right to appeal involuntary admission and treatment decisions?</p> <p>a) b) c)</p> <p>4) Do families or other primary carers have the right to apply for the discharge of mentally ill offenders?</p> <p>a) b) c)</p> <p>5) Does legislation ensure that family members or other carers are involved in the development of mental health policy, legislation and service planning?</p> <p>a) b) c)</p>		
<p><b>F. Competence, capacity and guardianship</b></p> <p>1) Does legislation make provision for the management of the affairs of people with mental disorders if they are unable to do so?</p> <p>a) b) c)</p>		

<p>2) Does the law define “competence” and “capacity”?</p> <p>3) Does the law lay down a procedure and criteria for determining a person’s incapacity/incapacity with respect to issues such as treatment decisions, selection of a substitute decision-maker, making financial decisions?</p> <p>4) Are procedures laid down for appeals against decisions of incapacity/incapacity, and for periodic reviews of decisions?</p> <p>5) Does the law lay down procedures for the appointment, duration, duties and responsibilities of a guardian to act on behalf of a patient?</p> <p>6) Does the law determine a process for establishing in which areas a guardian may take decisions on behalf of a patient?</p> <p>7) Does the law make provision for a systematic review of the need for a guardian?</p> <p>8) Does the law make provision for a patient to appeal against the appointment of a guardian?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
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<p><b>G. Voluntary admission and treatment</b></p>	<p>1) Does the law promote voluntary admission and treatment as a preferred alternative to involuntary admission and treatment?</p>	<p>a) b) c)</p>		
<p>2) Does the law state that all voluntary patients can only be treated after obtaining informed consent?</p>	<p>a) b) c)</p>			
<p>3) Does the law state that people admitted as voluntary mental health users should be cared for in a way that is equitable with patients with physical health problems?</p>	<p>a) b) c)</p>			
<p>4) Does the law state that voluntary admission and treatment also implies the right to voluntary discharge/refusal of treatment?</p>	<p>a) b) c)</p>			
<p>5) Does the law state that voluntary patients should be informed at the time of admission that they may only be denied the right to leave if they meet the conditions for involuntary care?</p>	<p>a) b) c)</p>			

<p><b>H. Non-protesting patients</b></p> <p>1) Does the law make provision for patients who are incapable of making informed decisions about admission or treatment, but who do not refuse admission or treatment?</p> <p>a) b) c)</p> <p>2) Are the conditions under which a non-protesting patient may be admitted and treated specified?</p> <p>a) b) c)</p> <p>3) Does the law state that if users admitted or treated under this provision object to their admission or treatment they must be discharged or treatment stopped unless the criteria for involuntary admission are met?</p> <p>a) b) c)</p>			
<p><b>I. Involuntary admission (when separate from treatment) and involuntary treatment (where admission and treatment are combined)</b></p> <p>1) Does the law state that involuntary admission may only be allowed if:</p> <p>a) there is evidence of mental disorder of specified severity? and;</p> <p>b) c)</p>			

<p>b) there is serious likelihood of harm to self or others and/or substantial likelihood of serious deterioration in the patient's condition if treatment is not given? and;</p> <p>c) admission is for a therapeutic purpose?</p>	<p>a) b) c)</p>		
<p>2) Does the law state that two accredited mental health care practitioners must certify that the criteria for involuntary admission have been met?</p>	<p>a) b) c)</p>		
<p>3) Does the law insist on accreditation of a facility before it can admit involuntary patients?</p>	<p>a) b) c)</p>		
<p>4) Is the principle of the least restrictive environment applied to involuntary admissions?</p>	<p>a) b) c)</p>		
<p>5) Does the law make provision for an independent authority (e.g. review body or tribunal) to authorize all involuntary admissions?</p>	<p>a) b) c)</p>		
<p>6) Are speedy time frames laid down within which the independent authority must make a decision?</p>	<p>a) b) c)</p>		

<p>7) Does the law insist that patients, families and legal representatives be informed of the reasons for admission and of their rights of appeal?</p> <p>8) Does the law provide for a right to appeal an involuntary admission?</p> <p>9) Does the law include a provision for time-bound periodic reviews of involuntary (and long-term "voluntary") admission by an independent authority?</p> <p>10) Does the law specify that patients must be discharged from involuntary admission as soon as they no longer fulfill the criteria for involuntary admission?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
<p><b>J. Involuntary treatment (when separate from involuntary admission)</b></p> <p>1) Does the law set out the criteria that must be met for involuntary treatment, including:</p> <ul style="list-style-type: none"> <li>• Patient suffers from a mental disorder?</li> </ul>	<p>a) b) c)</p>		

<ul style="list-style-type: none"> <li>• Patient lacks the capacity to make informed treatment decisions?</li> <li>• Treatment is necessary to bring about an improvement in the patient's condition, and/or restore the capacity to make treatment decisions, and/or prevent serious deterioration, and/or prevent injury or harm to self or others?</li> </ul>	<p>a) b) c)</p> <p>a) b) c)</p>		
<p>2) Does the law ensure that a treatment plan is proposed by an accredited practitioner with expertise and knowledge to provide the treatment?</p>	<p>a) b) c)</p>		
<p>3) Does the law make provision for a second practitioner to agree on the treatment plan?</p>	<p>a) b) c)</p>		
<p>4) Has an independent body been set up to authorize involuntary treatment?</p>	<p>a) b) c)</p>		
<p>5) Does the law ensure that treatment is for a limited time period only?</p>	<p>a) b) c)</p>		



<p>6) Does the law provide for a right to appeal involuntary treatment?</p> <p>7) Are there speedy, time-bound, periodic reviews of involuntary treatment in the legislation?</p>	<p>a) b) c)</p> <p>a) b) c)</p>		
<p><b>K. Proxy consent for treatment</b></p> <p>1) Does the law provide for a person to consent to treatment on a patient's behalf if that patient has been found incapable of consenting?</p> <p>2) Is the patient given the right to appeal a treatment decision to which a proxy consent has been given ?</p> <p>3) Does the law provide for use of "advance directives" and, if so, is the term clearly defined?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
<p><b>L. Involuntary treatment in community settings</b></p> <p>1) Does the law provide for involuntary treatment in the community as a "less restrictive" alternative to an inpatient mental health facility?</p>	<p>a) b) c)</p>		

<p>2) Are all the criteria and safeguards required for involuntary inpatient treatment also included for involuntary community-based treatment?</p>	<p>a) b) c)</p>		
<p><b>M. Emergency situations</b></p> <p>1) Are the criteria for emergency admission/treatment limited to situations where there is a high probability of immediate and imminent danger or harm to self and/or others?</p> <p>2) Is there a clear procedure in the law for admission and treatment in emergency situations?</p> <p>3) Does the law allow any qualified and accredited medical or mental health practitioner to admit and treat emergency cases?</p> <p>4) Does the law specify a time limit for emergency admission (usually no longer than 72 hours)?</p> <p>5) Does the law specify the need to initiate procedures for involuntary admission and treatment, if needed, as soon as possible after the emergency situation has ended?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		

<p>6) Are treatments such as ECT, psychosurgery and sterilization, as well as participation in clinical or experimental trials outlawed for people held as emergency cases?</p> <p>7) Do patients, family members and personal representatives have the right to appeal against emergency admission/treatment?</p>	<p>a) b) c)</p> <p>a) b) c)</p>		
<p><b>N. Determinations of mental disorder</b></p> <p>1) Does the legislation:</p> <p>a) Define the level of skills required to determine mental disorder?</p> <p>b) Specify the categories of professionals who may assess a person to determine the existence of a mental disorder?</p> <p>2) Is the accreditation of practitioners codified in law and does this ensure that accreditation is operated by an independent body?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		

<p><b>O. Special treatments</b></p> <p>1) Does the law prohibit sterilization as a treatment for mental disorder?</p> <p>a) Does the law specify that the mere fact of having a mental disorder should not be a reason for sterilization or abortion without informed consent?</p> <p>2) Does the law require informed consent for major medical and surgical procedures on persons with a mental disorder?</p> <p>a) Does the law allow medical and surgical procedures without informed consent, if waiting for informed consent would put the patient's life at risk?</p> <p>b) In cases where inability to consent is likely to be long term, does the law allow authorization for medical and surgical procedures from an independent review body or by proxy consent of a guardian?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
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<p>3) Are psychosurgery and other irreversible treatments outlawed on involuntary patients?</p> <p>a) Is there an independent body that makes sure there is indeed informed consent for psychosurgery or other irreversible treatments on involuntary patients?</p> <p>4) Does the law specify the need for informed consent when using ECT?</p> <p>5) Does the law prohibit the use of unmodified ECT?</p> <p>6) Does the law prohibit the use of ECT in minors?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
<p><b>P. Seclusion and restraint</b></p> <p>1) Does the law state that seclusion and restraint should only be utilized in exceptional cases to prevent immediate or imminent harm to self or others?</p> <p>2) Does the law state that seclusion and restraint should never be used as a means of punishment or for the convenience of staff?</p>	<p>a) b) c)</p> <p>a) b) c)</p>		

<p>3) Does the law specify a restricted maximum time period for which seclusion and restraints can be used?</p> <p>4) Does the law ensure that one period of seclusion and restraint is not followed immediately by another?</p> <p>5) Does the law encourage the development of appropriate structural and human resource requirements that minimize the need to use seclusion and restraints in mental health facilities?</p> <p>6) Does the law lay down adequate procedures for the use of seclusion and restraints, including:</p> <ul style="list-style-type: none"> <li>• who should authorize it,</li> <li>• that the facility should be accredited,</li> <li>• that the reasons and duration of each incident be recorded in a database and made available to a review board, and</li> <li>• that family members/carers and personal representatives be immediately informed when the patient is subject to seclusion and/or restraint?</li> </ul>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
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<p><b>Q. Clinical and experimental research</b></p> <p>1) Does the law state that informed consent must be obtained for participation in clinical or experimental research from both voluntary and involuntary patients who have the ability to consent?</p> <p>2) Where a person is unable to give informed consent (and where a decision has been made that research can be conducted):</p> <p>a) Does the law ensure that proxy consent is obtained from either the legally appointed guardian or family member, or from an independent authority constituted for this purpose?</p> <p>b) Does the law state that the research cannot be conducted if the same research could be conducted on people capable of consenting, and that the research is necessary to promote the health of the individual and that of the population represented?</p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>a)</p> <p>b)</p> <p>c)</p>		
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<b>R. Oversight and review mechanisms</b>			
1) Does the law set up a judicial or quasi-judicial body to review processes related to involuntary admission or treatment and other restrictions of rights?	a) b) c)		
a) Does the above body:	a) b) c)		
(i) Assess each involuntary admission/ treatment?	a) b) c)		
(ii) Entertain appeals against involuntary admission and/or involuntary treatment?	a) b) c)		
(iii) Review the cases of patients admitted on an involuntary basis (and long-term voluntary patients)?	a) b) c)		
(iv) Regularly monitor patients receiving treatment against their will?	a) b) c)		
(v) Authorize or prohibit intrusive and irreversible treatments (such as psychosurgery and ECT)?	a) b) c)		



<p>b) Does the composition of this body include an experienced legal practitioner and an experienced health care practitioner, and a “wise person” reflecting the “community” perspective?</p>	<p>a) b) c)</p>	
<p>c) Does the law allow for appeal of this body’s decisions to a higher court?</p>	<p>a) b) c)</p>	
<p>2) Does the law set up a regulatory and oversight body to protect the rights of people with mental disorders within and outside mental health facilities?</p>	<p>a) b) c)</p>	
<p>a) Does the above body:</p>		
<p>(i) Conduct regular inspections of mental health facilities?</p>	<p>a) b) c)</p>	
<p>(ii) Provide guidance on minimizing intrusive treatments?</p>	<p>a) b) c)</p>	
<p>(iii) Maintain statistics; on, for example, the use of intrusive and irreversible treatments, seclusion and restraints?</p>	<p>a) b) c)</p>	

<p>(iv) Maintain registers of accredited facilities and professionals?</p> <p>(v) Report and make recommendations directly to the appropriate government minister?</p> <p>(vi) Publish findings on a regular basis?</p> <p>b) Does the composition of the body include professionals (in mental health, legal, social work), representatives of users of mental health facilities, members representing families of people with mental disorders, advocates and lay persons?</p> <p>c) Is this body's authority clearly stated in the legislation?</p> <p>a) Does the legislation outline procedures for submissions, investigations and resolutions of complaints?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
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<p>b) Does the law stipulate:</p> <ul style="list-style-type: none"> <li>• the time period from the occurrence of the incident within which the complaint should be made?</li> <li>• a maximum time period within which the complaint should be responded to, by whom and how?</li> <li>• the right of patients to choose and appoint a personal representative and/or legal counsel to represent them in any appeals or complaints procedures?</li> <li>• the right of patients to an interpreter during the proceedings, if necessary?</li> <li>• The right of patients and their counsel to access copies of their medical records and any other relevant reports and documents during the complaints or appeals procedures?</li> </ul>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
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<ul style="list-style-type: none"> <li>the right of patients and their counsel to attend and participate in complaints and appeals procedures?</li> </ul>	<p>a) b) c)</p>		
<p><b>S. Police responsibilities</b></p> <p>1) Does the law place restrictions on the activities of the police to ensure that persons with mental disorders are protected against unlawful arrest and detention, and are directed towards the appropriate health care services?</p> <p>2) Does the legislation allow family members, carers or health professionals to obtain police assistance in situations where a patient is highly aggressive or is showing out-of-control behaviour?</p> <p>3) Does the law allow for persons arrested for criminal acts, and in police custody, to be promptly assessed for mental disorder if there is suspicion of mental disorder?</p> <p>4) Does the law make provision for the police to assist in taking a person to a mental health facility who has been involuntarily admitted to the facility?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		

<p>5) Does the legislation make provision for the police to find an involuntarily committed person who has absconded and return him/her to the mental health facility?</p>	<p>a) b) c)</p>		
<p><b>T. Mentally ill offenders</b></p> <p>1) Does the legislation allow for diverting an alleged offender with a mental disorder to the mental health system in lieu of prosecuting him/her, taking into account the gravity of the offence, the person's psychiatric history, mental health state at the time of the offence, the likelihood of detriment to the person's health and the community's interest in prosecution?</p>	<p>a) b) c)</p>		
<p>2) Does the law make adequate provision for people who are not fit to stand trial to be assessed, and for charges to be dropped or stayed while they undergo treatment?</p>	<p>a) b) c)</p>		
<p>a) Are people undergoing such treatment given the same rights in the law as other involuntarily admitted persons, including the right to judicial review by an independent body?</p>	<p>a) b) c)</p>		

<p>3) Does the law allow for people who are found by the courts to be "not responsible due to mental disability" to be treated in a mental health facility and to be discharged once their mental disorder sufficiently improves?</p>	<p>a) b) c)</p>		
<p>4) Does the law allow, at the sentencing stage, for persons with mental disorders to be given probation or hospital orders, rather than being sentenced to prison?</p>	<p>a) b) c)</p>		
<p>5) Does the law allow for the transfer of a convicted prisoner to a mental health facility if he/she becomes mentally ill while serving a sentence?</p>	<p>a) b) c)</p>		
<p>a) Does the law prohibit keeping a prisoner in the mental health facility for longer than the sentence, unless involuntary admission procedures are followed?</p>	<p>a) b) c)</p>		
<p>6) Does the legislation provide for secure mental health facilities for mentally ill offenders?</p>	<p>a) b) c)</p>		

<p><b>U. Discrimination</b></p> <p>1) Does the law include provisions aimed at stopping discrimination against people with mental disorders?</p>	<p>a) b) c)</p>		
<p><b>V. Housing</b></p> <p>1) Does the law ensure non-discrimination of people with mental disorders in the allocation of housing?</p> <p>2) Does the law make provision for housing of people with mental disorders in state housing schemes or through subsidized housing?</p> <p>3) Does the legislation make provision for housing in halfway homes and long-stay, supported homes for people with mental disorders?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
<p><b>W. Employment</b></p> <p>1) Does the law make provision for the protection of persons with mental disorders from discrimination and exploitation in the work place?</p>	<p>a) b) c)</p>		

<p>2) Does the law provide for “reasonable accommodation” for employees with mental disorders, for example by providing for a degree of flexibility in working hours to enable those employees to seek mental health treatment?</p> <p>3) Does the law provide for equal employment opportunities for people with mental disorders?</p> <p>4) Does the law make provision for the establishment of vocational rehabilitation programmes and other programmes that provide jobs and employment in the community for people with mental disorders?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
<p><b>X. Social security</b></p> <p>1) Does legislation provide for disability grants and pensions for people with mental disabilities?</p> <p>2) Does the law provide for disability grants and pensions for people with mental disorders at similar rates as those for people with physical disabilities?</p>	<p>a) b) c)</p> <p>a) b) c)</p>		



<p><b>Y. Civil issues</b></p> <p>1) Does the law uphold the rights of people with mental disorders to the full range of civil, political, economic, social and cultural rights to which all people are entitled?</p>	<p>a) b) c)</p>		
<p><b>Z. Protection of vulnerable groups</b></p> <p><i>Protection of minors</i></p> <p>1) Does the law limit the involuntary placement of minors in mental health facilities to instances where all feasible community alternatives have been tried?</p> <p>2) If minors are placed in mental health facilities, does the legislation stipulate that</p> <p>a) they should have a separate living area from adults?</p> <p>b) that the environment is age-appropriate and takes into consideration the developmental needs of minors?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		

<p>3) Does the law ensure that all minors have an adult to represent them in all matters affecting them, including consenting to treatment?</p> <p>4) Does the law stipulate the need to take the opinions of minors into consideration on all issues affecting them (including consent to treatment), depending on their age and maturity?</p> <p>5) Does legislation ban all irreversible treatments for children?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		
<p><b>Protection of women</b></p> <p>1) Does legislation allow women with mental disorders equal rights with men in all matters relating to civil, political, economic, social and cultural rights?</p> <p>2) Does the law ensure that women in mental health facilities:</p> <p>a) have adequate privacy?</p> <p>b) are provided with separate sleeping facilities from men?</p>	<p>a) b) c)</p> <p>a) b) c)</p>		

<p>3) Does legislation state that women with mental disorders should receive equal mental health treatment and care as men, including access to mental health services and care in the community, and in relation to voluntary and involuntary admission and treatment?</p>	<p>a) b) c)</p>		
<p><b>Protection of minorities</b></p> <p>1) Does legislation specifically state that persons with mental disorders should not be discriminated against on the grounds of race, colour, language, religion, political or other opinions, national, ethnic or social origin, legal or social status?</p> <p>2) Does the legislation provide for a review body to monitor involuntary admission and treatment of minorities and ensure non-discrimination on all matters?</p> <p>3) Does the law stipulate that refugees and asylum seekers are entitled to the same mental health treatment as other citizens of the host country?</p>	<p>a) b) c)</p> <p>a) b) c)</p> <p>a) b) c)</p>		

<p><b>AZ. Offences and penalties</b></p> <p>1) Does the law have a section dealing with offences and appropriate penalties?</p> <p>2) Does the law provide appropriate sanctions against individuals who violate any of the rights of patients as established in the law?</p>	<p>a) b) c)</p> <p>a) b) c)</p>		
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