CHECKLIST FOR EVALUATING A MENTAL HEALTH POLICY.

Introduction

Once a policy/draft policy has been drawn up in a country, it is important to conduct an assessment of whether certain processes have been followed that are likely to lead to the success of the policy; and whether various content issues have been addressed and appropriate actions included in the policy. This checklist is intended to assist with this evaluation.

While the checklist is limited in that it does not enable assessment of the *quality* of the processes or contents of the policy, evaluators are encouraged, when completing the checklist, to consider the *adequacy* of both the process and content. Particularly where a response is "no" or "to some extent", it is suggested that they provide either an action plan to remedy the situation or a comment (in some instances the comment may, for example, merely be that a particular action is covered in a different policy, or that it is not possible to implement given the current resources available). The different modules in the WHO *Mental Health Policy and Service Guidance Package* can be consulted for more guidance on how to address relevant sections and for a better understanding of the policy issues mentioned in the checklist.

This checklist may usefully be completed by those who drafted the policy and/or by employees in the government itself. However, it is also important to have *independent reviewers*. Those involved in drawing up the policy may have personal or political interests or may be "too close" to the policy to see anomalies or provide critical input. Ideally, therefore, an independent multidisciplinary team should be convened to conduct an evaluation. A team is also advantageous as no single person is likely to have all the relevant information required, and debate is crucial for arriving at an optimal policy for the country. Furthermore, when relevant interest groups have been involved in the process of the development of the policy and/or in their evaluation, which leads to changes being made to the policy, it is likely that they will be more effectively implemented. It would be useful to include consumer organizations, family organizations, service providers, professional organizations and NGOs, as well as representatives of other government departments affected by the policy.

Finally, although the checklist should be "scored" in terms of the mental health policy document, it is important to have, or be familiar with, other relevant and related documentation. Often items are not covered in the mental health policy because they are comprehensively covered elsewhere. For example, policies on health information systems or human resources may include mental health and are therefore deliberately not repeated in the mental health policy. This explanation should then be noted in the relevant section.

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CHECKLIST FOR EVALUATING A MENTAL HEALTH POLICY				
Please use the following rating 1 = yes/ to great degree 2 = to some extent	g scale to rate each item: 3 = no/not at all 4 = unknown	Rating	If "yes" or "to some extent" please state how. If not, please state reason(s).	Action required (if any)
PROCESS ISSUES				
1a. Was there a high-level mandate to develop the policy (e.g. from the Minister of Health)?				
1b. At what level has the policy been officially approved and adopted? (e.g., the department of mental health, Ministry of Health, Cabinet, Minister of Health).				
2. Is the policy based on relevant data:				
From a situation assessment?				
From a needs assessment?				
3. Have policies relating to mental health that have been utilized within the country and in other countries with similar cultural and demographic patterns been examined and integrated where relevant?				
4. Has a thorough consultation process taken place with the following groups:				
Representatives from the Health Sector, including planning, pharmaceutical, human resource development, child health, HIV/AIDS, epidemiology and surveillance, epidemic and disaster preparedness divisions.				
Representatives from the Finance Ministry?				
Representatives from Social Welfare and Housing Ministries?		[
Representatives from the criminal justice system?				
Consumers, or representatives of consumer groups?				
Family members or their representatives?				
Other NGOs?				

Private sector?		
Any other key stakeholder groups? If so, please list them		
5. Has an exchange taken place with other countries concerning their mental health policies and experiences?		
6. Has relevant research been undertaken to inform policy development, (e.g. pilot studies)?		
CONTENT ISSUES		
1. Is there a realistic vision statement?		
2. Are values and associated principles which inform the policy included?		
3. Do these values and associated principles emphasize and/or promote:		
Human rights?		
Social inclusion?		
Community care?		
Integration?		
Evidence-based practice?		
Intersectoral collaboration?		
Equity with physical health care?		
4. Have clear objectives been defined?		
5. Are objectives consistent:		
With the vision?		
With the values and principles?		
6. Are the areas for action clearly described to indicate the main policy directions and what will be achieved?		
7. Are the areas for action written in a way that commits the Government (e.g. do they state "will" instead of "should")?		

8. To what extent do the areas for action comprehensively address coordination & management?
(a) Does the policy specify a dedicated mental health position/post within the Ministry of Health to coordinate mental health functions and services?
(b) Does the policy establish or refer to a multisectoral coordinating body to oversee major decisions in mental health?
9) To what extent do the areas for action comprehensively address financing?
(a) Does the policy indicate how funding will be utilized to promote equitable mental health services?
(b) Does the policy state that equitable funding between mental health and physical health will be provided?
(c) If health insurance is utilized in the country, does the policy indicate whether/how mental health would be part of it?
10. To what degree do the areas for action comprehensively address legislation and/or human rights?
(a) Does the policy promote human rights?
(b) Does the policy promote the development and implementation of human-rights-oriented legislation?
(c) Is the setting up of a review body envisaged to monitor different aspects of human rights?
11. To what extent do the areas for action comprehensively address organization of services?
(a) Does the policy promote the integration of mental health services into general health services?
(b) Does the policy promote a community-oriented mental health approach?
(c) Does the policy promote deinstitutionalization?
12. To what extent do the areas for action comprehensively address promotion , prevention and rehabilitation? Does the policy make provision for:
(a) The prevention of mental disorders?

(b) Interventions that promote mental health?	
(c) Interventions for the rehabilitation of people with mental disorders?	
13. To what extent do the areas for action comprehensively address advocacy?	
(a) Is the policy supportive of consumers and family organizations?	
(b) Is there emphasis on raising awareness of mental disorders and their effective treatment?	
(c) Does the policy promote advocacy on behalf of people with mental disorders?	
14. To what extent do the areas for action comprehensively address quality improvement? Does the policy	
(a) Make a commitment to providing high quality, evidence- based interventions?	
(b) Include a process to measure and improve the quality of services?	
15. To what extent do the areas for action comprehensively address information systems?	
(a) Will mental health information systems be set up to guide decision-making for future policy, planning and service development?	
16. To what extent do the areas for action comprehensively address human resources and training?	
(a) Does the policy commit to putting in place suitable working conditions for mental health providers?	
(b) Have appropriate management strategies been discussed to improve recruitment and retention of mental health providers?	
(c) Are training in core competencies and skills seen as central to human resources development?	
17. To what extent do the areas for action comprehensively address research and evaluation?	
(a) Does the policy emphasize the need for research and evaluation of services and of the policy and strategic plan?	

18. To what extent do the areas for action comprehensively address intrasectoral collaboration within the health sector? Does the policy::			
(a) Emphasize collaboration with planning, pharmaceutical, human resource development, child health, HIV/AIDS, epidemiology and surveillance, epidemic and disaster preparedness divisions, within the health sector?			
(b) Contain clear statements of what role each department will play in each area for action?			
19. To what extent do the areas for action comprehensively address intersectoral collaboration? Does the policy:			
(a) Emphasize collaboration with all other relevant government departments?			
(b) Emphasize collaboration with all relevant NGOs, including consumer and family groups?			
(c) Contain clear statements of what role each sector will play in each area for action?			
20. Have all of the following groups been considered:			
People with severe mental disorders?			
Children and adolescents?			
Older persons?			
People with intellectual disability?			
People with substance dependence?	<u> </u>		
People with common mental disorders?			
People affected by trauma?			
21. Given resources available in the country, has a reasonable balance been achieved between the above groups?			
22. To what degree have the key mental health policy issues been integrated with/or are consistent with the country's:		 	
Mental health law?		 	

General health law?	
Patients rights charter?	
Disability law?	
Health policy?	
Social welfare policy?	
Poverty reduction policy?	
Development policy?	
Taking into account the financial and human resources available in the count	ry, comment on the general feasibility for implementation of the policy.