


Traffic Light System Assessment Framework

Living Mandala for Planetary Mental Health

"Clear accountability with community authority - transparency that serves healing rather than bureaucracy."

Overview

The Traffic Light System Assessment Framework provides standardized yet culturally-responsive tools for evaluating mental health rights compliance worldwide. Using the intuitive  system, this framework enables communities, advocates, and international bodies to assess progress toward rights-based mental health care while honoring cultural sovereignty and traditional healing wisdom.

Core Purpose: Transform complex mental health policy evaluation into accessible, community-controlled accountability that drives real improvement in mental health rights and services.

Part I: Detailed Assessment Criteria



GREEN STATUS - Full Compliance

Budget & Resource Allocation

Criterion 1.1: Mental Health Budget Allocation

- **Standard:** $\geq 5\%$ of national health budget allocated to mental health services
- **Measurement:** Annual budget analysis with transparent public reporting

- **Community Oversight:** Community representatives involved in budget planning and oversight
- **Documentation:** Public budget documents showing allocation percentages and spending priorities

Criterion 1.2: Resource Distribution Equity

- **Standard:** Equitable resource distribution across urban/rural and demographic groups
- **Measurement:** Geographic and demographic analysis of service availability and funding
- **Community Input:** Community assessment of resource accessibility and adequacy
- **Documentation:** Service availability maps and utilization data by population group

Criterion 1.3: Traditional Healing Integration Funding

- **Standard:** Traditional healers compensated equally with clinical staff for comparable services
- **Measurement:** Compensation analysis and traditional healer integration assessment
- **Community Validation:** Traditional healing communities confirming appropriate compensation and integration
- **Documentation:** Employment records and compensation structures for traditional healers

Legal Framework & Rights Protection

Criterion 2.1: Comprehensive Anti-Discrimination Laws

- **Standard:** Legal protections covering employment, housing, education, healthcare with enforcement mechanisms
- **Measurement:** Legal framework analysis and enforcement effectiveness review
- **Community Experience:** Community surveys on discrimination experiences and legal remedy accessibility
- **Documentation:** Legal codes, enforcement statistics, and community complaint resolution data

Criterion 2.2: Rights-Based Mental Health Legislation

- **Standard:** Mental health laws prioritizing autonomy, informed consent, and community support over coercive intervention
- **Measurement:** Legal framework analysis against international human rights standards

- **Implementation Assessment:** Review of how laws are implemented in practice with community input
- **Documentation:** Mental health legislation, implementation protocols, and outcome data

Criterion 2.3: Coercive Practice Elimination

- **Standard:** ≥95% reduction in involuntary psychiatric interventions with supported decision-making alternatives
- **Measurement:** Statistical analysis of involuntary interventions with trend analysis
- **Community Monitoring:** Community oversight of crisis response and intervention practices
- **Documentation:** Intervention statistics, crisis response protocols, and community satisfaction data

Service Delivery & Access

Criterion 3.1: Universal Access to Culturally-Appropriate Services

- **Standard:** 80% of population able to access culturally-appropriate mental health services within 30 days
- **Measurement:** Service availability mapping and utilization analysis by demographic group
- **Cultural Competency:** Community assessment of service cultural responsiveness and appropriateness
- **Documentation:** Service availability data, waiting time statistics, and community satisfaction surveys

Criterion 3.2: Community-Led Service Governance

- **Standard:** Mental health services governed by community-controlled bodies with decision-making authority
- **Measurement:** Governance structure analysis and community representation assessment
- **Community Authority:** Assessment of meaningful community control over service priorities and approaches
- **Documentation:** Governance structures, decision-making processes, and community authority documentation

Criterion 3.3: Traditional Healing Integration

- **Standard:** Traditional healing practices integrated with equal authority and cultural protocol adherence
- **Measurement:** Traditional healing availability, integration protocols, and cultural competency assessment
- **Community Validation:** Traditional healing communities confirming authentic integration and cultural respect
- **Documentation:** Traditional healing service availability, integration protocols, and community validation

Community Empowerment & Participation

Criterion 4.1: Marginalized Community Representation

- **Standard:** ≥30% representation of marginalized communities in mental health governance with decision-making authority
- **Measurement:** Governance composition analysis and decision-making authority assessment
- **Community Validation:** Community confirmation of meaningful representation and authority
- **Documentation:** Governance composition data, decision-making records, and community feedback

Criterion 4.2: Lived Experience Leadership

- **Standard:** People with mental health lived experience in leadership roles throughout mental health system
- **Measurement:** Leadership composition analysis and authority assessment
- **Peer Validation:** Peer review of lived experience leadership authenticity and effectiveness
- **Documentation:** Leadership composition, role descriptions, and peer feedback

Criterion 4.3: Youth Mental Health Authority

- **Standard:** Young people with meaningful decision-making authority in mental health governance and services
- **Measurement:** Youth representation and authority analysis in governance structures
- **Youth Validation:** Youth community confirmation of meaningful participation and authority
- **Documentation:** Youth representation data, decision-making authority, and youth satisfaction assessment

YELLOW STATUS - Partial Compliance

Minimum Improvement Standards

Budget Allocation: 3-5% mental health budget allocation with documented improvement plan and timeline **Community Participation:** Community consultation established but limited decision-making authority **Service Access:** Basic mental health services available but significant cultural, geographic, or economic barriers **Legal Protections:** Some anti-discrimination protections but gaps in coverage or enforcement

Required Improvement Plan Elements

12-Month Timeline: Specific milestones for achieving Green Status within maximum 24 months **Community Oversight:** Community involvement in improvement plan development and monitoring **Resource Allocation:** Increased funding and resource allocation to address identified gaps **Cultural Competency:** Enhanced cultural competency training and traditional healing integration

Monitoring Requirements

Quarterly Progress Reports: Regular progress reporting with community input and validation **Independent Monitoring:** Third-party monitoring of improvement plan implementation **Community Feedback Integration:** Systematic integration of community feedback in improvement efforts **Adjustment Protocols:** Process for adjusting improvement plans based on implementation experience

RED STATUS - Non-Compliance

Critical Violation Indicators

Budget Neglect: <3% mental health budget allocation with no improvement plan or timeline **Criminalized Mental Health:** Criminal penalties for suicide attempts or mental health status **Widespread Coercion:** Systematic coercive psychiatric practices without community oversight or legal protections **Legal Discrimination:** No mental health anti-discrimination laws or systematic failure to enforce existing protections **Cultural Suppression:** Traditional healing practices criminalized, suppressed, or appropriated without community consent

Immediate Consequences

Public Documentation: International documentation of violations with accountability reporting

Aid Suspension: Suspension of mental health development aid and technical assistance until violations addressed

Diplomatic Pressure: Coordinated diplomatic pressure through

international channels

Community Protection: Direct support for communities organizing against mental health rights violations

International Referral: Referral to international human rights bodies for investigation and potential sanctions

Part II: Assessment Methodology

Community-Led Assessment Process

Community Survey Protocols

Population-Representative Sampling:

- **Demographic Representation:** Surveys representing all major demographic groups including marginalized communities
- **Geographic Coverage:** Urban, rural, and remote area representation in survey sampling
- **Cultural Diversity:** Surveys conducted in community languages with cultural competency
- **Accessibility Accommodation:** Survey formats accessible to people with diverse disabilities and communication preferences
- **Traditional Community Integration:** Survey methods appropriate to traditional decision-making and communication styles

Survey Administration Training:

- **Community Monitor Training:** Training community members to administer surveys with cultural competency
- **Trauma-Informed Approaches:** Survey administration designed to prevent re-traumatization of respondents
- **Cultural Protocol Adherence:** Survey administration respecting cultural protocols and consent processes

- **Data Protection:** Training in protecting respondent privacy and community data sovereignty
- **Quality Assurance:** Training in survey quality assurance and data validation

Stakeholder Interview Framework

Stakeholder Categories:

- **People with Lived Experience:** Individuals with personal mental health experience across diverse demographics
- **Traditional Healers:** Traditional healing practitioners representing diverse cultural and spiritual traditions
- **Family Members & Advocates:** Family members, chosen family, and community advocates
- **Service Providers:** Mental health professionals, peer support specialists, and community health workers
- **Community Leaders:** Community leaders, religious leaders, and cultural authorities

Interview Protocol Standards:

- **Cultural Competency:** Interview protocols adapted to cultural contexts and communication styles
- **Trauma-Informed Approach:** Interview techniques designed to prevent re-traumatization and support healing
- **Power Dynamics Awareness:** Interview approaches that address power dynamics and promote authentic sharing
- **Traditional Knowledge Protection:** Interview protocols protecting traditional healing knowledge and cultural sovereignty
- **Community Consent:** Interview processes requiring community consent and cultural protocol adherence

Mixed-Methods Evaluation Approach

Quantitative Indicators

Budget & Resource Metrics:

- Mental health budget allocation as percentage of total health budget
- Per capita mental health spending with purchasing power parity adjustment
- Mental health workforce density per population with cultural competency certification
- Service availability ratios by geographic region and demographic group

Access & Utilization Metrics:

- Population coverage of mental health services by demographic group
- Average waiting time for mental health services by service type and region
- Service utilization rates by demographic group and cultural community
- Traditional healing service availability and utilization by cultural community

Outcome & Rights Metrics:

- Involuntary psychiatric intervention rates with trend analysis
- Mental health discrimination complaint rates and resolution outcomes
- Community satisfaction scores with mental health services and governance
- Traditional healing integration success rates with community validation

Qualitative Assessment

Community Narrative Analysis:

- **Healing Story Documentation:** Community stories of mental health healing and recovery with consent and cultural protocols
- **Rights Violation Testimonies:** Documented experiences of mental health rights violations with trauma-informed collection
- **Cultural Competency Assessment:** Community evaluation of service cultural responsiveness and traditional healing integration
- **Community Empowerment Stories:** Documentation of community organizing and self-determination in mental health
- **Traditional Knowledge Impact:** Assessment of traditional healing knowledge preservation and transmission

Institutional Culture Analysis:

- **Service Provider Interviews:** In-depth interviews with mental health service providers about culture, training, and community relationships

- **Policy Implementation Review:** Analysis of how mental health policies are implemented in practice with community input
- **Governance Process Evaluation:** Assessment of mental health governance processes including community participation and authority
- **Traditional Healing Integration Assessment:** Evaluation of traditional healing integration authenticity and cultural protocol adherence
- **Community-Professional Relationship Analysis:** Assessment of relationships between community members and mental health professionals

Part III: Assessment Tools & Templates

Comprehensive Assessment Checklist

GREEN STATUS Verification Checklist

Budget & Resources ✓

- ☐ Mental health budget ≥5% of total health budget with transparent documentation
- ☐ Community oversight body involved in budget planning and monitoring
- ☐ Traditional healers compensated equally with clinical staff for comparable services
- ☐ Equitable resource distribution across geographic and demographic groups
- ☐ Public budget transparency with community-accessible reporting

Legal Framework ✓

- ☐ Comprehensive mental health anti-discrimination laws covering employment, housing, education, healthcare
- ☐ Effective enforcement mechanisms with accessible complaint processes
- ☐ Rights-based mental health legislation prioritizing autonomy and community support
- ☐ ≥95% reduction in involuntary psychiatric interventions with alternatives
- ☐ Legal recognition and protection of traditional healing practices

Service Delivery ✓

- ☐ 80% population access to culturally-appropriate mental health services within 30 days
- ☐ Community-controlled governance of mental health services with decision-making authority
- ☐ Traditional healing integrated with equal authority and cultural protocol adherence
- ☐ Peer support specialists integrated throughout mental health service delivery
- ☐ Crisis response prioritizing community support over institutional intervention

Community Empowerment ✓

- ☐ ≥30% marginalized community representation in mental health governance
- ☐ People with lived experience in leadership roles with decision-making authority
- ☐ Traditional healing communities maintaining authority over cultural practices
- ☐ Youth with meaningful decision-making authority in mental health governance
- ☐ Community co-creation of mental health policies rather than consultation only



YELLOW STATUS Assessment Template

Current Status Assessment:

Mental Health Budget Allocation: ____% (Target: 3-5% minimum)
 Community Participation Level: Consultation/Limited Authority/None
 Service Access Barriers: Geographic/Cultural/Economic/Multiple
 Legal Protection Gaps: Coverage/Enforcement/Both
 Traditional Healing Status: Integrated/Tolerated/Restricted/Criminalized

Required Improvement Plan:

12-Month Milestones:

- Month 3: _____
- Month 6: _____
- Month 9: _____
- Month 12: _____

24-Month Target Status: Green/Yellow Improvement

Community Oversight Role: _____

Resource Allocation Increases: _____

Cultural Competency Enhancements: _____

RED STATUS Documentation Template

Critical Violations Checklist:

- ☐ Mental health budget <3% with no improvement plan
- ☐ Criminalized suicide or mental health status
- ☐ Systematic coercive psychiatric practices
- ☐ No anti-discrimination laws or enforcement
- ☐ Traditional healing criminalized or suppressed
- ☐ No community participation in mental health governance

Violation Impact Documentation:

Affected Population Size: _____
Geographic Scope: _____
Violation Duration: _____
Community Harm Assessment: _____
Traditional Healing Impact: _____

Response & Accountability Plan:

Immediate Community Protection: _____
International Reporting: _____
Diplomatic Engagement: _____
Advocacy & Solidarity: _____
Long-term Accountability: _____

Community Validation Protocols

Validation Circle Process

Preparation Phase:

- **Community Notification:** Advance notice to community about assessment findings review
- **Cultural Protocol Preparation:** Ensuring validation process follows appropriate cultural protocols

- **Accessibility Planning:** Accommodations for people with diverse disabilities and communication preferences
- **Traditional Authority Inclusion:** Ensuring traditional healers and cultural authorities can participate
- **Safety Considerations:** Ensuring safe space for honest feedback and cultural correction

Validation Circle Format:

1. **Opening:** Cultural opening appropriate to community traditions
2. **Assessment Presentation:** Clear presentation of findings in accessible format
3. **Community Discussion:** Open discussion about assessment accuracy and cultural appropriateness
4. **Traditional Authority Input:** Specific input from traditional healers and cultural authorities
5. **Consensus Building:** Building community consensus on assessment findings
6. **Action Planning:** Community input on needed improvements or corrections
7. **Closing:** Cultural closing with commitment to ongoing engagement

Documentation & Follow-up:

- **Community Feedback Integration:** Incorporating community feedback into final assessment
- **Cultural Correction:** Making needed corrections based on traditional authority input
- **Community Approval:** Ensuring final assessment receives community blessing
- **Ongoing Engagement:** Maintaining community relationship for ongoing assessment and validation
- **Transparency:** Sharing final assessment with community before public release

Traditional Authority Validation

Traditional Healer Consultation:

- **Cultural Protocol Adherence:** Ensuring assessment process followed appropriate cultural protocols
- **Traditional Healing Accuracy:** Validating accuracy of traditional healing integration assessment
- **Cultural Competency Evaluation:** Traditional healer assessment of service provider cultural competency

- **Sacred Knowledge Protection:** Ensuring assessment protected sacred traditional knowledge
- **Community Representation:** Validating that assessment represented traditional healing community accurately

Cultural Sovereignty Assessment:

- **Community Authority Recognition:** Assessment of whether evaluation recognized appropriate community authority
- **Traditional Knowledge Respect:** Evaluation of assessment respect for traditional knowledge and practices
- **Cultural Appropriation Prevention:** Assessment of whether evaluation identified and addressed cultural appropriation
- **Community Self-Determination:** Evaluation of assessment support for community self-determination in mental health
- **Intergenerational Impact:** Assessment of evaluation attention to intergenerational healing and knowledge transmission

Part IV: Implementation Guidance

Assessment Planning & Preparation

Pre-Assessment Community Engagement

Community Consultation Process:

- **Initial Community Meetings:** Explaining assessment purpose and seeking community input on process
- **Cultural Protocol Establishment:** Working with community to establish appropriate cultural protocols
- **Stakeholder Identification:** Community input on appropriate stakeholders and interview subjects
- **Timeline Development:** Community input on appropriate timeline and schedule for assessment activities

- **Safety Planning:** Community input on safety considerations and protection needs

Traditional Healer Engagement:

- **Respectful Approach:** Following appropriate protocols for approaching traditional healers
- **Purpose Explanation:** Clear explanation of assessment purpose and traditional healing integration focus
- **Cultural Authority Recognition:** Recognizing traditional healer authority in cultural and healing matters
- **Consent Process:** Ensuring traditional healer consent for participation and cultural competency assessment
- **Ongoing Relationship:** Building ongoing relationship rather than one-time consultation

Assessment Team Preparation

Team Composition Requirements:

- **Community Representation:** Assessment team including community members with local knowledge
- **Lived Experience Leadership:** People with mental health lived experience leading assessment activities
- **Traditional Healing Expertise:** Traditional healers or cultural advocates as assessment team members
- **Cultural Competency:** Assessment team trained in cultural competency and traditional knowledge protection
- **Language Capacity:** Assessment team including native speakers of community languages

Training Requirements:

- **Cultural Competency Training:** Comprehensive training in cultural competency and traditional knowledge protection
- **Trauma-Informed Assessment:** Training in trauma-informed assessment and documentation techniques
- **Community Engagement Skills:** Training in respectful community engagement and consent processes
- **Traditional Knowledge Protection:** Training in protecting traditional knowledge while documenting cultural competency

- **Safety & Security:** Training in personal safety and community protection during assessment activities

Data Collection & Analysis

Community-Controlled Data Collection

Community Monitor Training:

- **Survey Administration:** Training community members to administer assessment surveys with cultural competency
- **Interview Techniques:** Training in trauma-informed and culturally-responsive interview techniques
- **Documentation Standards:** Training in documentation standards that protect privacy and cultural sovereignty
- **Data Protection:** Training in protecting community data and individual privacy during collection
- **Quality Assurance:** Training in data quality assurance and validation techniques

Cultural Adaptation Protocols:

- **Language Translation:** Translating assessment tools into community languages with cultural concept accuracy
- **Communication Style Adaptation:** Adapting assessment communication styles to cultural preferences
- **Traditional Knowledge Integration:** Incorporating traditional knowledge and concepts into assessment frameworks
- **Community Consent Integration:** Ensuring assessment processes follow traditional consent and decision-making approaches
- **Sacred Knowledge Protection:** Protecting traditional sacred knowledge while documenting cultural competency

Analysis & Interpretation

Community-Centered Analysis:

- **Community Priority Integration:** Analysis prioritizing community-identified concerns and priorities
- **Traditional Knowledge Perspective:** Analysis incorporating traditional healing perspectives on mental health and community well-being
- **Cultural Context Integration:** Analysis considering cultural context and traditional approaches to mental health
- **Community Voice Amplification:** Analysis amplifying community voices rather than external expert interpretation
- **Intersectional Analysis:** Analysis considering intersection of mental health with other forms of oppression and marginalization

Validation & Quality Assurance:

- **Community Review:** Community review of analysis and interpretation before finalization
- **Traditional Authority Validation:** Traditional healer and cultural authority validation of cultural aspects of analysis
- **Peer Review:** Review by people with lived experience of analysis accuracy and representation
- **Academic Quality Review:** Review by academic experts for methodological rigor while maintaining community authority
- **International Standards Comparison:** Comparison with international human rights standards and best practices

Part V: Continuous Improvement & Adaptation

Assessment Evolution & Learning

Community Feedback Integration

Ongoing Community Input:

- **Quarterly Community Check-ins:** Regular community meetings to gather feedback on assessment usefulness and accuracy

- **Traditional Healer Consultation:** Regular consultation with traditional healers on cultural competency and traditional knowledge protection
- **Youth Feedback Integration:** Regular input from young people on assessment relevance and youth mental health focus
- **Family & Advocate Input:** Regular feedback from family members and advocates on assessment comprehensiveness and accuracy
- **Service User Experience:** Regular input from mental health service users on assessment accuracy and community representation

Assessment Methodology Improvement:

- **Community-Led Innovation:** Supporting community development of improved assessment approaches and tools
- **Traditional Knowledge Integration:** Ongoing integration of traditional knowledge and concepts into assessment frameworks
- **Cultural Adaptation Enhancement:** Continuous improvement of cultural adaptation protocols and approaches
- **Accessibility Improvement:** Ongoing enhancement of assessment accessibility for people with diverse disabilities and communication preferences
- **Technology Integration:** Thoughtful integration of technology to enhance assessment while maintaining community control

Global Learning Network

Cross-Community Learning:

- **Best Practice Sharing:** Sharing successful assessment approaches across communities while respecting cultural sovereignty
- **Innovation Documentation:** Documenting assessment innovations and adaptations for potential adaptation by other communities
- **Challenge Problem-Solving:** Collaborative problem-solving for assessment challenges faced by multiple communities
- **Traditional Knowledge Exchange:** Respectful exchange of traditional knowledge about mental health assessment and community well-being
- **Youth Leadership Development:** Supporting youth leadership development in assessment and mental health advocacy across communities

International Standards Evolution:

- **Standards Development:** Contributing to evolution of international mental health rights standards based on assessment experience
 - **Best Practice Documentation:** Documenting best practices in rights-based mental health assessment for international sharing
 - **Advocacy Coordination:** Coordinating international advocacy for improved mental health rights based on assessment findings
 - **Technical Assistance:** Providing technical assistance to other communities developing assessment capacity
 - **Research Integration:** Contributing to academic research on community-led mental health assessment and rights monitoring
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Contact & Implementation Support

Implementation Guidance

- **Primary Contact:** globalgovernanceframework@gmail.com
- **Subject Line:** "Traffic Light Assessment Framework"
- **Website:** globalgovernanceframework.org

Resource Integration

This framework integrates:

- International human rights monitoring methodologies adapted for mental health and community control
- Community-led evaluation approaches from global social justice and disability rights movements
- Traditional healing assessment protocols respecting cultural sovereignty and sacred knowledge
- Participatory research methodologies ensuring community authority and authentic representation

Local Adaptation Note

While grounded in research and international best practices, assessment implementation should involve consultation with mental health advocates, traditional healers, and community leaders familiar with specific cultural, legal, and political contexts. Each community's assessment approach will be unique and should honor local wisdom and advocacy priorities.

Remember: Assessment exists to serve community empowerment and healing transformation, not external accountability or institutional compliance. The Traffic Light System succeeds when it strengthens community advocacy, protects cultural sovereignty, and drives real improvement in mental health rights and services.

Start with community priorities, build with community wisdom, and measure success through community-defined flourishing and liberation.