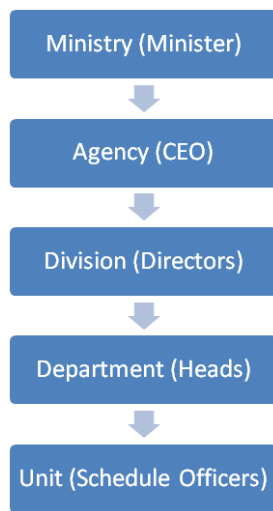
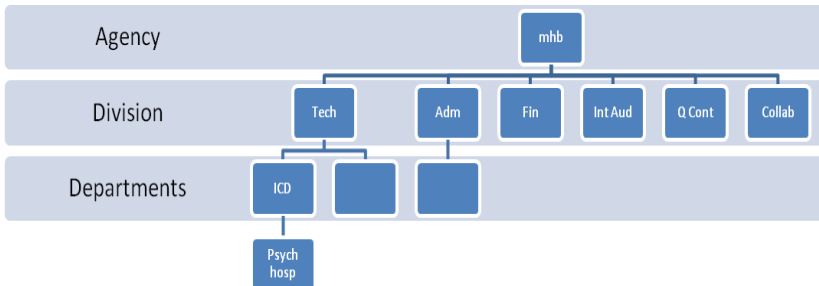
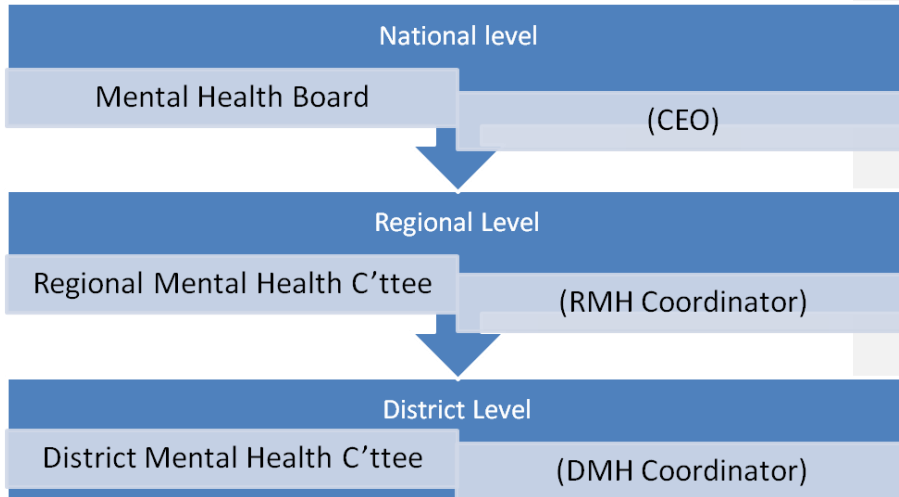


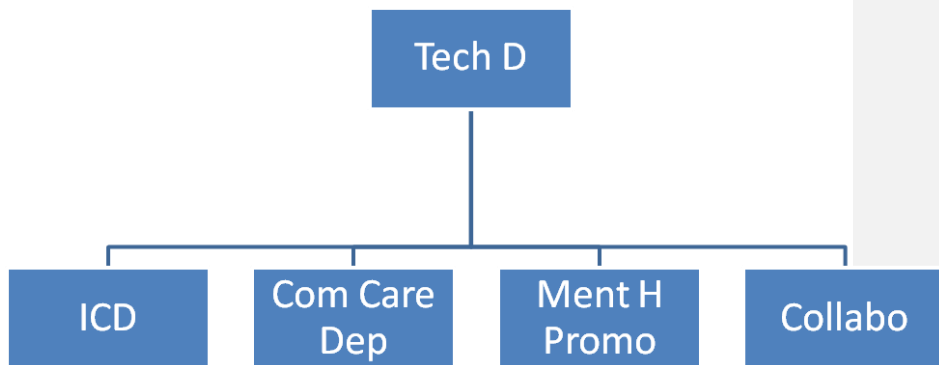
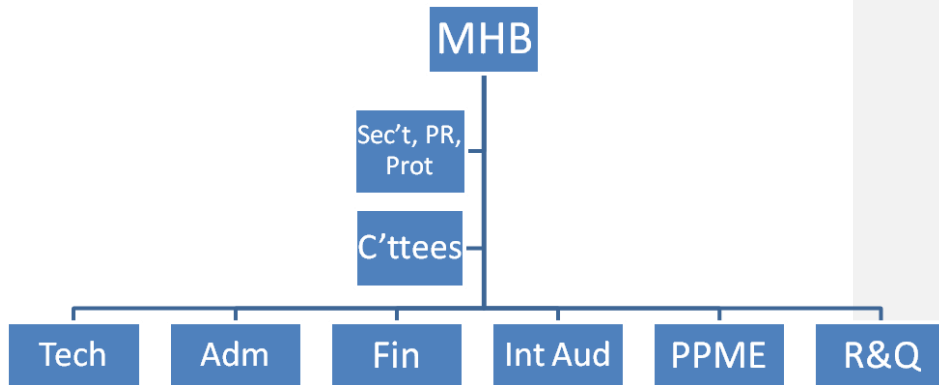
LEGISLATIVE INSTRUMENT (LI) FOR MENTAL HEALTH ACT 846 OF 2012

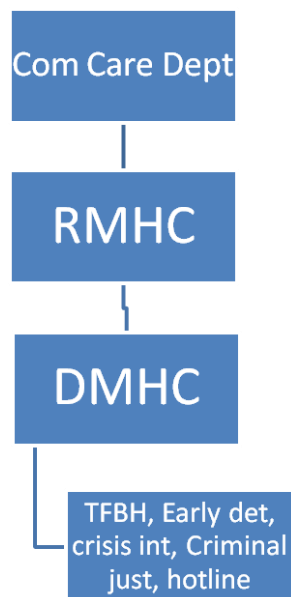
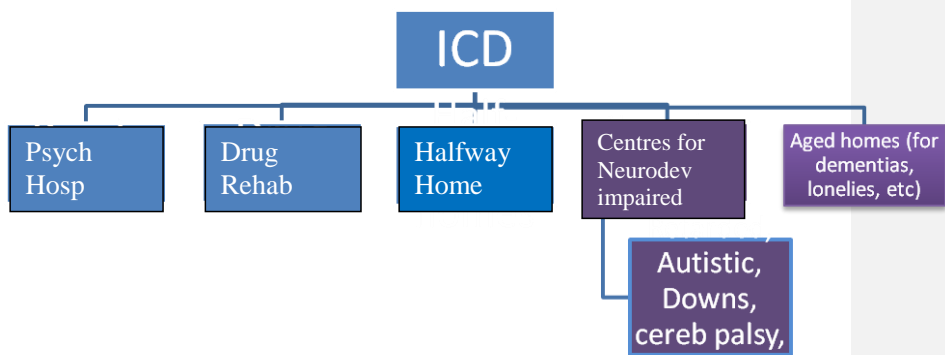
A. PROVIDE FOR THE ORGANISATION OF THE STRUCTURES OF THE MENTAL HEALTH AUTHORITY

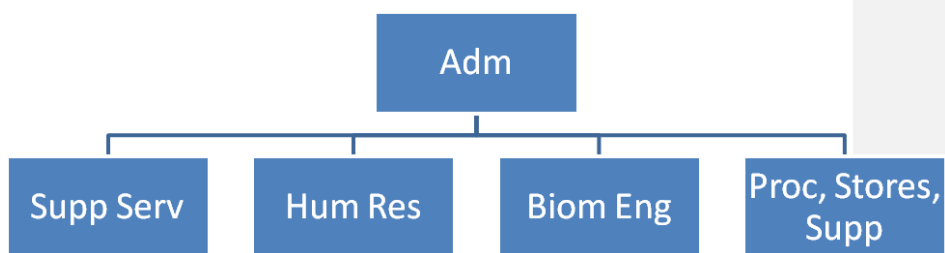
Governance structures, functions and organogram of the mental health authority

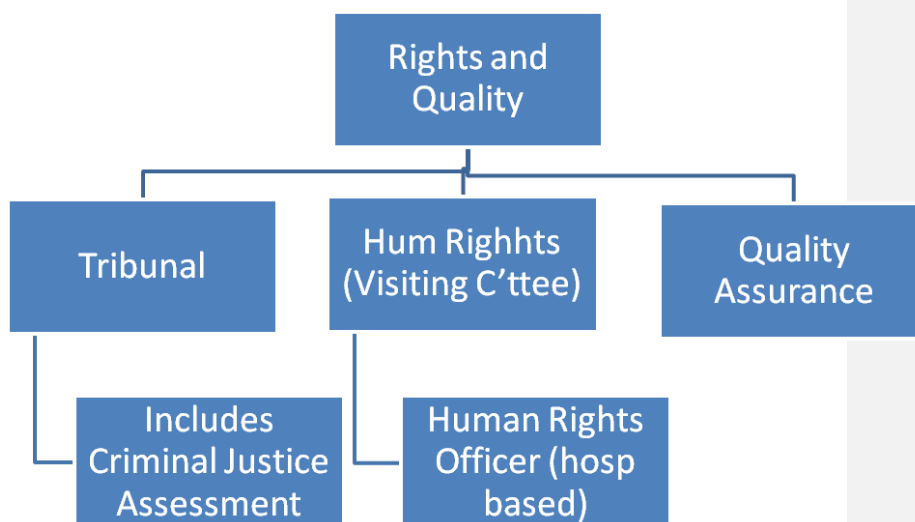
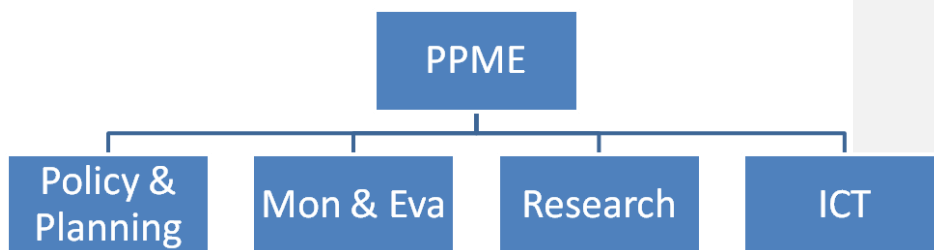




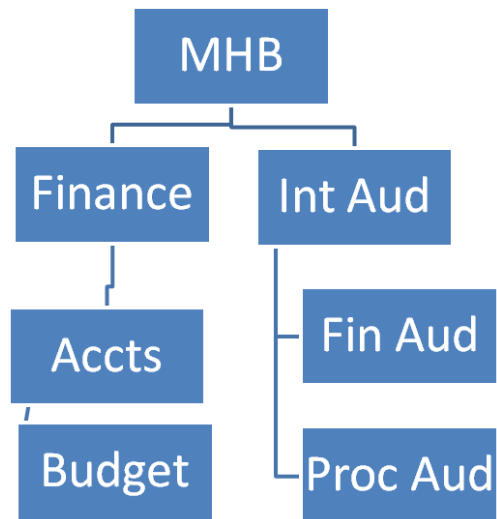








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1. The CEO of the Mental Health Authority

- a. Appointment of the CEO
 - The Board shall make a proposal to the President through the Minister for the appointment of the CEO
- b. Qualifications of the CEO
 - The person appointed as CEO shall be a mental health person with considerable experience in mental health practice and preferably with administrative or managerial experience and or training.
 - The CEO shall have a postgraduate level training in a mental health related discipline
- c. Functions of the CEO
 - Shall be responsible for the effective and efficient functioning of the Authority
 - Shall call for regular meetings of the Divisional Directors

- Shall ensure that the Mental Health Secretariat functions with all efficiency and shall monitor the effective functioning of the personnel of the secretariat.
- Shall receive, evaluate and collate reports from the Divisional Directors of the Authority
- Shall seek audience with the Minister as often as needed to update the Minister on issues of the authority
- Shall attend various meetings organised by, or on behalf of the Minister for the smooth running of the Ministry and various agencies within the Ministry of Health
- Shall send quarterly, semi-annual and annual reports of the Authority to the Minister
- Shall undertake the following responsibilities through the Divisional Directors:
 1. Liaise with the mental health training institutions and departments for the training and retraining of students and trainers.
 2. Organise Continuous Professional Development (CPD) for training of mental health practitioners
 3. Establish drug rehab centres both within and outside psychiatric hospitals
 4. Develop inventory/directory of service providers
 5. Hold regular joint review meetings with stakeholders
 6. Ensure the registration and licensing of traditional and faith-based healers involved in mental health care through appropriate regulatory and licensing bodies
 7. Ensure collaboration with traditional and faith-based healers through training and visits
 8. Attract mental health professionals by establishing incentive packages.
- The CEO shall function with a Deputy CEO appointed by the Board who will assist him and act on his behalf in his absence

2. Deputy CEO

- a. Appointment:
 - There shall be a Deputy CEO appointed by the Board, who shall not come from the Board, shall sit at all meetings of the Board but shall not have voting rights
- b. Qualifications:
 - The Deputy CEO shall be a mental health personnel with considerable experience or a health personnel with experience in mental health care
- c. Functions:
 - The Deputy CEO shall assist the CEO in the running of the Authority and in the execution of the CEO's functions
 - Shall execute assignments and responsibilities given by the CEO
 - In the absence of the CEO the Deputy CEO shall run the affairs of the Board

3. Committees of the Board: The Board shall appoint the following committees and any other committee as and when relevant:
 - a. Welfare committee
 - i. Membership: five member committee including the head of Human Resource
 - ii. Functions
 1. Shall ensure the welfare of the staff of the Authority and advise the CEO on welfare matters
 2. Shall organise national award ceremonies to award deserving staff of the Authority
 3. Shall send monthly, quarterly and annual reports on welfare of staff to the CEO
 - b. Mental Health Fund Management Committee
 - i. Membership: five member committee
 1. Head of Finance
 2. Representative of the Accountant-General
 3. Three others appointed by the Board.
 - ii. Functions
 1. Advise the Board on disbursement of Funds.
 2. Identify areas and services to be supported by the Fund.
 3. Mobilize funds for the Authority.
 4. Send quarterly, semi-annual and annual reports to the CEO on the state of the Fund
4. Public Relations Officer:
 - a. Qualification: Shall be a public relations practitioner with considerable experience of at least five years as practitioner. Previous experience with mental health practice would be an advantage.
 - b. Functions:
 - i. Shall liaise with the public and the Authority.
 - ii. Shall be responsible for producing official newsletter and journals of the Authority
 - iii. Shall liaise with the ICT department and provide update to the public
 - iv. Shall advise the CEO on PR issues
 - v. Shall design a public information strategic plan
 - vi. Shall attend meetings convened by the CEO
5. Divisions of the Board:
 - a. The Board shall, through the following Divisions, execute its functions:
 - o Technical Division
 - o Administrative Division
 - o Finance Division
 - o Internal Audit Division
 - o Policy, Planning, Monitoring and Evaluation
 - o Rights and Quality
6. Technical Division: Headed by a Director
 - a. Qualifications of the Director:

- Shall be an experienced mental health professional with managerial experience and skills.
 - b. Functions of the Director:
 - Shall have responsibility for the running of the Division
 - Shall call for monthly meetings of the heads of departments
 - Shall receive and review quarterly, semi-annual and annual reports from the heads of departments.
 - Shall send quarterly, semi-annual and annual reports to the CEO
 - Shall advise the CEO and Board on technical issues of the Authority
 - Shall take part in meetings of the Divisional Directors with the CEO
7. Institutional Care Department: Headed by a Deputy Director
- a. Qualification: Shall be a mental health personnel with managerial experience and skills
 - b. Functions:
 - shall ensure efficient running of institutions under the Authority
 - Shall call for annual performance reviews of the hospitals and other facilities under the Authority
 - Shall call for semi-annual meetings of the hospital directors and clinical coordinators of the hospitals under the Authority
 - Shall receive, review, analyse and collate reports into quarterly reports to the Director.
 - Shall advise the Director of Technical Division of institutional matters
 - Shall take part in meetings of the Technical Division
8. Drug Rehab Services Unit: Headed by Unit Head
- a. Qualification: Shall be a mental health personnel with considerable experience in addiction rehabilitation activities
 - b. Functions
 - Shall be responsible for Drug Rehabilitation
 - Shall coordinate activities of the various drug rehabilitation centres.
 - Shall ensure that the various drug rehab centres have the relevant resources and are duly registered and licensed and function without human rights abuse
 - Shall maintain a directory of drug rehab centres in the country, both public and private.
 - Shall advise the Deputy Director of Institutional Care on drug abuse rehab
 - Shall receive monthly, quarterly, semi-annual and annual reports from drug rehab centres
 - Shall send monthly, quarterly, semi-annual and annual reports to the Deputy Director of Institutional Care
 - He shall organise annual review programmes on drug rehab and drug abuse situation in the country

- Shall maintain data on drug abuse situation in the country
 - Shall be responsible for prevention activities
 - Shall be responsible for harm reduction activities
9. Half Way homes: Headed by a Unit Head
- a. Qualifications: a mental health personnel with considerable experience in community based rehabilitation and halfway home care
 - b. Functions:
 - Shall coordinate and be responsible for activities of halfway homes and community based rehabilitation programs under the Authority
 - Shall ensure that the various half way homes and community based rehabilitations, both public and private, have the requisite resources and are duly registered and licensed and function without human rights abuse
 - Shall maintain a directory of halfway homes and community based rehab centres in the country, both public and private.
 - Shall advise the Deputy Director of Institutional Care on halfway homes and community based rehab centres
 - Shall receive monthly, quarterly, semi-annual and annual reports from half way homes and community based rehab centres
 - Shall send monthly, quarterly, semi-annual and annual reports to the Deputy Director Institutional Community Care
10. Community Care Department: with a Deputy Director
- a. Qualification of Deputy Director: Shall be a mental health personnel with community background and managerial experience and skills
 - b. Functions:
 - Shall coordinate the activities of the regional and district coordinators under the Department.
 - Shall hold meetings of the Coordinators in the Department
 - Shall tour the facilities and services under the Department
 - Shall receive monthly reports from the unit heads in the Department
 - Shall provide quarterly, semi-annual and annual reports to the Director.
 - Shall organise annual review meetings
 - Shall advise the Director on matters in the Department
11. Regional Mental Health Coordinator: Shall be the Head of the Regional Mental Health Coordinating Committee.
- a. Qualification: Shall be a mental health personnel with extensive background in community care with management skills and experience
 - b. Functions:
 - Shall coordinate activities of the Regional Mental Health Coordinating Committee

- Shall coordinate the activities of the District Mental Health Coordinators in the region
- Shall tour the region quarterly to support and monitor the District Mental Health Coordinators (DMHC)
- Shall call for quarterly forum of the DMHC
- Shall receive monthly, quarterly, semi-annual and annual reports from the DMHC's
- Shall submit quarterly report to the Deputy Director for Community Care
- Shall take part in meetings of the Community Care Department
- Shall advise the Deputy Director of Community Care Department on community mental health issues
- Shall liaise between the Regional Health Management Team and the Regional Mental Health Coordinating Committee

12. Regional Mental Health Committee: Headed by a Coordinator

- a. Qualifications of a Coordinator: Shall be a mental health personnel with considerable experience in community services
- b. Functions of a Coordinator:
 - Shall coordinate mental health activities in the region
 - Shall collate reports from the district mental health coordinating Committees in the region
 - Organise the Tribunals and visiting committees activities
 - Receive reports from tribunals and visiting committees

13. District Mental Health Committee: Headed by a Coordinator

- a. Qualifications of a Coordinator: Shall be a mental health personnel with considerable experience in community services
- b. Functions of a Coordinator:
 - Shall conduct visits of the district mental health facilities and services.
 - Shall collate reports from the community psychiatric nurses in the district
 - Shall convene quarterly and annual mental health fora of all CPNs.
 - Shall send monthly, quarterly, semi-annual and annual reports to the Regional Mental Health Coordinator (RMHC)
 - Shall advise the RMHC on mental health issues in the district
 - Shall advise the District Director of Health Services on mental health issues in the district
 - Shall ensure that adequate care is provided in the communities.
 - Shall organise logistics for visits of Visiting Committees and Mental Health Tribunals in the district

14. Mental Health Promotion Department: Headed by Deputy Director

- a. Qualification: Shall be a mental health personnel. Health promotion background or experience shall be an advantage
- b. Functions:
 - Shall organise and coordinate mental health promotion activities.

- Shall plan a systematic programme of public education throughout the country and
- Shall develop educational materials
- Shall design and implement programs for reduction of stigma and discrimination

15. Collaboration and External Linkages: headed by a Deputy Director

- a. Qualification: preferably mental health professional with considerable experience in mental health care management
- b. Functions:
 - Shall ensure effective coordination and collaboration with statutory agencies like MDAs, CHAG, NGOs, private health providers, unorthodox healers and external bodies.
 - Shall liaise with alternative medicine council and faith based healers
 - Shall keep a directory and organise training for traditional, faith based and alternative healers in mental health care.
 - Shall attend meetings convened by the Director
 - Shall send monthly, quarterly, semi-annual and annual reports to the Director
 - Shall advise the Director on collaboration and linkages issues

16. Administrative Division: headed by a Director

- a. Qualifications of Director: Shall be an administrator with considerable experience in health care management
- b. Functions:
 - Shall have responsibility for the running of the Division
 - Shall call for monthly meetings of the Deputy Directors of the Division
 - Shall receive and review quarterly reports from the Deputy Directors.
 - Shall send quarterly, semi-annual and annual reports to the CEO
 - Shall advise the CEO on issues in the Division
 - Shall take part in meetings of called by the CEO

17. Administrative and support services Department: Headed by Deputy Director of ASD

- a. Qualification: Shall be an experienced administrator, preferably with background or experience in mental health
- b. Functions:
 - Shall be responsible for the running of the Department
 - Shall be responsible for planning logistics of the Authority
 - Shall be responsible for hospitality issues of the inpatient care
 - He shall be responsible for environmental sanitation, gardening, transport, estates, security and other support services of the Authority

- Shall attend meetings of the Division called by the Director
 - Shall provide monthly, quarterly, semi-annual and annual reports to the Director
18. Human resource and Training Department: Headed by a Deputy Director
- a. Qualifications: Shall be a human resource practitioner with considerable experience
 - b. Functions:
 - Shall be responsible for recruitment and retention of personnel.
 - Shall be responsible for training and development
 - Shall attend meetings called by the Director.
 - Shall advise the Director of the Technical Division on human resource issues
 - Shall give quarterly, semi-annual and annual reports.
19. Biomedical Engineering Department. Headed by Deputy Director
- a. Qualification: Shall be a biomedical engineer with considerable experience
 - b. Functions:
 - He shall be responsible for advising on the procurement of medical equipment.
 - Shall ensure the repairs and maintenance of medical equipment.
 - Shall attend meetings called by the Director.
 - Shall advise the Director on biomedical issues
 - Shall give quarterly, semi-annual and annual reports.
20. Procurement, Stores and Supplies Department: headed by Deputy Director
- a. Qualifications: Shall be a qualified procurement personnel with considerable experience
 - b. Functions:
 - Shall be responsible for procurement, stores and supplies.
 - Shall draw an annual procurement plan.
 - Shall coordinate the activities of procurement officers.
 - Shall advise the Director of Administration on matters of procurement, stores and supplies.
 - Shall send monthly, quarterly, semi-annual and annual report to the Director.
 - Shall send meetings of the Division.
21. Policy, Planning, Monitoring and Evaluation Division: Headed by Director
- a. Qualifications: Shall be a person with background in policy and planning and considerable experience in monitoring and evaluation, preferably with interest or experience in mental health. Research capabilities shall be an advantage
 - b. Functions:
 - Shall be responsible for implementing policies.
 - Shall be responsible for drafting strategic plans.
 - Shall ensure appropriate research activities are undertaken.

- Shall advise the CEO on policy, planning, monitoring and evaluation issues
- Shall receive monthly, quarterly, semi-annual and annual reports of the facilities.
- Shall send monthly, quarterly and annual reports to the CEO
- Shall be responsible for monitoring and evaluation of programmes.
- Shall periodically tour the country to monitor and evaluate activities

22. Policy and Planning: Headed by a Deputy Director

- a. Qualifications of the Deputy Director: Background in policy and planning
- b. Functions:
 - Shall be responsible for the running of the Department
 - Shall be responsible for planning and policy
 - Shall draw plans and policy and advise the Director on policy issues
 - Shall send monthly, quarterly, semi-annual and annual reports
 - Shall attend Divisional meetings

23. Monitoring and Evaluation

Headed by Deputy Director

- a. Qualifications: Background in research with considerable experience in monitoring and evaluation
- b. Functions:
 - Shall be responsible for monitoring and evaluation
 - Shall draw annual monitoring and evaluation plans
 - Shall embark on periodic tour of country for monitoring and evaluation
 - Shall attend Divisional meetings
 - Shall send monthly, quarterly, semi-annual and annual reports to the Director.

24. Research Department: headed by a Deputy Director

- a. Qualification: Shall be a person with proven research background and experience, and proven ability to write proposals for research grant and funding
- b. Functions:
 - Shall initiate, oversee and coordinate research activities on mental health
 - Shall write proposals for grants for the authority
 - Shall seek funding and grants for research
 - Shall advise the Director on relevant issues for research
 - He shall send monthly, quarterly, semi-annual and annual reports to the Director on research activities.
 - Shall attend meetings of the Division
 - Shall convene scientific meetings.

25. ICT Department: to be headed by a Deputy Director
- a. Qualification: Shall be an ICT manager with knowledge and skills in mental health information systems
 - b. Functions:
 - Shall collate data on mental health from public and private mental health facilities, and regional and district mental health coordinators.
 - Shall set up and ensure effective functioning of Mental Health Information System.
 - Shall attend meetings of the Division
 - Shall provide monthly, quarterly, semi-annual and annual reports on mental health data to the Director
 - Shall ensure continuous training of staff
 - Shall ensure the dissemination of data
 - Shall advise the Director on mental health information
 - Shall set up ICT system and ensure effective running
26. Rights and Quality Division: to be headed by a Director
- a. Qualifications: Shall be a person with legal background and experience in human rights. Interest in quality issues shall be an advantage.
 - b. Functions:
 - Shall be responsible for effective running of the Division
 - Shall send monthly, quarterly, semi-annual and annual reports to the CEO
 - Shall convene monthly meetings of the Deputy Directors
 - Shall receive monthly, quarterly, semi-annual and annual reports from the Deputy Directors.
 - Shall advise the CEO on rights and quality issues.
27. Tribunals Department: headed by a Deputy Director
- a. Qualifications: Shall be a person with legal qualification and considerable experience in legal practice
 - b. Functions:
 - Shall be responsible for the activities of the tribunals in the Authority
 - He shall send monthly, quarterly, semi-annual and annual reports to the Director on tribunal issues
 - Shall receive reports of the tribunal as and when they are convened
 - Shall receive monthly, quarterly, semi-annual and annual reports from Regional Coordinators on tribunal issues.
 - Shall advise the Director on tribunal issues
28. Human Rights Department: headed by a Deputy Director
- a. Qualifications: Shall be an experienced health care professional with interest in human rights issues
 - b. Functions:

- Shall ensure that in both private and public institutions human rights of the mentally ill are respected
- Shall be responsible for arranging for the activities of the Visiting Committees in the Authority
- Shall send monthly, quarterly, semi-annual and annual reports to the Director on visiting committee issues
- Shall receive monthly, quarterly, semi-annual and annual reports of the visiting committees
- Shall attend Divisional meetings convened by the Director.
- Shall advise the Director on visiting committee issues
- He shall ensure the appointment of hospital based human rights officer.
- Shall periodically tour the regions and districts.

29. Quality Assurance Department: headed by Deputy Director

- a. Qualification: Shall be a mental health care professional with knowledge and experience in quality assurance in health delivery
- b. Functions:
 - Shall ensure that mental health care is of the highest standard attainable
 - Shall ensure that quality assurance surveys are conducted in all facilities.
 - Shall ensure formation and maintenance of quality assurance committees in all mental health facilities
 - Shall call for annual quality assurance reviews of all the facilities.
 - Shall receive monthly, quarterly, semi-annual and annual reports of quality assurance committees of health facilities.
 - Shall send monthly quarterly, semi-annual and annual reports on quality assurance to the Director
 - Shall advise the Director on quality assurance activities.
 - Shall attend meetings of the Division.

30. Finance Division: to be headed by a Director

- a. Qualification: Shall be a duly qualified chartered accountant with a masters in business administration and a minimum of five years experience
- b. Functions:
 - Shall be responsible for the finances of the Authority
 - Shall be responsible for preparing the budget of the Authority
 - Shall ensure reporting of financial issues of the Division
 - Shall advise the CEO on financial issues
 - Shall send monthly, quarterly, semi-annual and annual reports on financial situation of the Board to the CEO
 - He shall attend meetings of the Division as convened by the CEO
 - Shall be a member of the Mental Health Fund Management Committee

31. Accounts Department: headed by Deputy Director
 - a. Qualification: Shall be a chartered accountant with a minimum of three years experience
 - b. Functions:
 - Shall be responsible for preparing the budget of the Authority
 - Shall submit financial reports to the Director.
 - Shall advise the Director on financial issues
 - Shall send monthly, quarterly, semi-annual and annual reports on financial situation. Shall attend meetings of the Division convened by the Director

32. Internal Audit Division: Headed by a Director
 - a. Qualification: Shall be a chartered accountant with a minimum of five years practice and an experience in auditing
 - b. Functions:
 - Shall ensure that all financial transactions and procurement practices of the Authority conform to approved procedures
 - Shall advise the CEO on audit issues
 - Shall receive monthly, quarterly, semi-annual and annual reports from the internal auditors.
 - Shall send monthly, quarterly, semi-annual and annual reports to the CEO

33. Financial Audit: Headed by Deputy Director
 - a. Qualifications: Chartered accountant with five years experience in auditing
 - b. Functions:
 - Shall be responsible for auditing all financial transactions.
 - Shall advise the Director on financial audit issues
 - Shall attend meetings by the Director
 - Shall send monthly, quarterly, semi-annual and annual reports to the Director

34. Procurement Audit: Headed by Deputy Director
 - a. Qualifications: Chartered accountant with five years experience in auditing
 - b. Functions:
 - Shall be responsible for auditing all procurement transactions.
 - Shall advise the Director on procurement audit issues
 - Shall attend meetings by the Director
 - Shall send monthly, quarterly, semi-annual and annual reports to the Director

B. PROVIDE FOR THE MANAGEMENT AND ADMINISTRATION OF PRIVATE AND PUBLIC MENTAL HEALTH SERVICES AND FACILITIES

Public mental health facilities:

1. Administration of public mental health facilities
 - a. The hospital director

- i. Appointment:
 - 1. The hospital director shall be appointed by the Board for a four year term renewable for not more than two terms at a time.
- ii. Qualification:
 - 1. The hospital director shall be a senior mental health or senior health management personnel with at least five years experience
- iii. Functions
 - 1. shall be the head of a psychiatric hospital
 - 2. He shall be responsible for the day to day running of the hospital
 - 3. He shall be assisted by a Hospital Management Committee
- b. The Clinical Coordinator:
 - i. Appointment:
 - 1. He shall be appointed by the Board for a term of four years renewable once
 - ii. Qualification:
 - 1. The Clinical Co-ordinator of a psychiatric hospital shall be an experienced psychiatrist, or in the absence, a senior clinical mental health practitioner in acting position (e.g a qualified MAP, senior psychiatric nurse, or medical officer with experience in psychiatry)
 - iii. Functions:
 - 1. He shall be responsible for clinical care at the hospital
 - 2. He shall directly be responsible for the doctors, medical assistants, pharmacists, dispensary technologists and technicians, laboratory technologists and technicians, x-ray technologists and technicians, social welfare officers, clinical psychologists, occupational therapists and other technical personnel directly responsible for the care of the patients.
- c. Health Services Administrator
 - i. Appointment:
 - 1. He shall be appointed by the Board
 - ii. Qualifications:
 - 1. He shall have requisite training and qualifications as health services administrator with considerable experience
 - iii. Functions:
 - 1. He shall be responsible for the general administration, accounts staff, estate and equipment, transport, stores and supplies, laundry, maintenance, procurement, catering, mortuary, human resource management and personnel. Health aides and ward assistants shall administratively be responsible to the administrator but functionally to the unit where they serve.
- d. The nurse manager
 - i. Appointment:
 - 1. He shall be appointed by the Board for a period of two years renewable for not more than three times (??)
 - ii. Qualifications:
 - 1. He shall be not lower than a Principal Nursing Officer (??)
 - iii. Functions:

1. He shall be responsible for all categories of nurses and nursing services.
 2. He shall be responsible for the schedules of the nurses at the hospital
- e. Hospital Committees
- c. Hospital Management Committee
- o Membership:
 1. Hospital Director
 2. Clinical Coordinator
 3. DDNS in charge
 4. Hospital Administrator
 5. Pharmacist in charge
 6. Accountant in charge
 7. Any other senior staff the Hospital Director considers crucial on Management Committee
 - o Functions:
 1. Advise Hospital Director on day to day running of the hospital and to execute policies and decisions of the MH Board
 2. The Committee shall meet regularly
- d. Welfare committee
- o Membership: five member committee representative of various segments of the staff, to be chaired by the head of HR
 - o Functions
 1. Shall ensure the welfare of the staff of the hospital
 2. Shall advise the hospital director and management on welfare matters
 3. Shall send minutes of meetings to the Hospital Director
- e. Disciplinary committee
- o Membership:
 1. five member committee including the head of HR who shall not be the chairman
 2. a member from the department of the staff on whom a meeting is to be held shall be co-opted onto the Committee for purposes of representing the interest of the staff in question
 3. Committee shall be constituted by the Hospital Director
 - o Functions
 1. Shall investigate disciplinary issues of staff at the request of management and advise management.
 2. Shall recommend appropriate sanctions for staff who breaches the code of conduct of the Authority in his role as staff of the hospital
 3. Shall send immediate reports to the hospital director after any sitting on disciplinary matters
- f. Hospital based Human Rights Officer
- o Qualifications:
 1. He shall be a senior staff of the hospital with human rights understanding and independence of mind capable of ensuring human rights of patients. He shall be appointed by the hospital director

2. Where the psychiatric wing is only a part of a general hospital and not a dedicated psychiatric hospital, the human rights officer shall be a staff of the facility with the added responsibility to act as a human rights officer
- Functions
 1. The officer shall receive from patients, relatives and staff, complaints of human rights abuses of patients in the hospital including unwarranted involuntary admissions, investigate and report to the Hospital Director
 2. It shall receive complaints from staff about assaults of staff by patients, investigate and recommend appropriate compensatory measures to the hospital director
 3. The officer shall report to the hospital director prolonged involuntary or voluntary admission of any patient
- g. Quality assurance committee
- Membership: five member committee constituted by the hospital director
 - Functions:
 1. Shall conduct staff and patient satisfaction surveys and report findings to the hospital director
 2. Shall make recommendations on measures to improve staff and patient satisfaction based on the surveys
 3. Shall liaise with management to put in place necessary measures to improve upon staff and patient satisfaction and improve quality of service
- h. Sanitation committee
- Membership: five member committee constituted by the hospital director
 1. Includes environmental officer who shall not be chairman
 - Functions:
 1. Ensure environmental cleanliness at all times
 2. Advise management on environmental sanitation issues
 3. Liaise with management to implement sanitation measures
- i. Hospital Advisory Committee
- Membership:
 1. Five or seven members constituted by the Hospital Management Committee for a renewable term of four years
 2. The hospital director shall be a member but shall not chair
 3. Other members shall not be staff of the hospital but shall include
 - a. a traditional ruler
 - b. eminent members of the society
 - Functions:
 - a. Advise the hospital management on management issues
 - b. Play advocacy role for the hospital
 - c. Assist with mobilisation of funds for the hospital
 - d. Liaise between the hospital and the community and provide feedback to the hospital on public perception of the hospital

- j. Any other committee, as and when relevant, shall be constituted by the Hospital Director
2. Protocols and procedures of orthodox mental health facility
 - a. Mental health facilities shall have clear, written criteria and assessment procedures for
 - b. both inpatients and outpatients to mental health facilities
 - c. The facilities shall have a written treatment plan for each patient based on the assessment of that patient, and shall include provision for discharge, continuing care and review
 - d. The facilities shall have the full complement of staff and core team members
 3. Administration and management of private orthodox mental health facilities
 - a) The Director of a private orthodox mental health facility shall be a mental health practitioner with a recognized postgraduate Mental Health training with a minimum of five years practice
 - b) The Director shall have a current registration as a registered practitioner with the Medical and Dental Council or appropriate regulatory body.
 - c) The private orthodox facility shall be licensed in accordance with procedures for licensing of private health facilities by the appropriate regulatory board and the license shall be renewed according to procedures
 - d) The license shall at all times be displayed in a prominent place in the entrance foyer of the private health facility
 - e) Facilities owned or operated by religious organizations shall, in addition, have a certificate of incorporation for the religious organization and as specified by the appropriate Act
 - f) Private facilities shall have their own managements but the visiting committees shall have the right to visit and ensure safety of their clients and patients.
 - g) The Mental health tribunal shall also have oversight responsibilities for their human rights issues of their patients
 - h) The Regional Mental Health Team and its Coordinator shall have oversight responsibility for the quality of care and human rights of patients in the facility
 - i) These facilities shall not admit cases referred from the court;
 - j. In the case of emergency care, where there is no psychiatrist, such facilities shall keep patients for a period not more than forty-eight hours only to administer emergency treatment and thereafter refer the patient to the nearest psychiatric hospital if the patient still qualifies for involuntary care;
 - k. The proprietor or head of facility shall ensure that patients are housed, clothed and fed in a manner that ensures safety and dignity of human life;
 - l. All deaths at facilities without a medical practitioner must be reported to the nearest public health facility and the appropriate authorities for certification and registration before burial;

- m. The Practitioner or facility head shall ensure participation of staff in continuing professional education programmes organized by any public health institution specifically for improving mental health care;
 - n. The facility shall keep records of cases managed and these records shall be made available for inspection by the visiting committee;
 - o. The treatment plan and the estimated length of treatment as well as the estimated cost must be made known to the patient or patient's representative within one week of admission;
4. Clinical records and patient information
- a. A private health facility shall have clinical records created and maintained, in respect of each patient treated at the facility, by the appropriate staff of the facility.
 - b. If the licence of a private health facility is to be transferred, the existing licensee of the private health facility must ensure that all clinical records are made available to the new licensee for the facility.
 - c. Prior to a private health facility ceasing to operate, the licensee of the facility must make arrangements for the safe keeping of clinical records
 - d. If a patient is transferred from a private health facility to another health facility for care, a copy of any relevant clinical records or notes of the patient's clinical information shall be made available to the receiving facility
5. Incident and adverse event management
- a. A mental health facility must have a written incident management
 - b. system outlining the procedures to be followed in the case of an incident
 - c. or adverse event.
 - d. An incident management system provides for the identification of incidents and adverse events, notification of the head of facility about adverse events, investigation of incidents and adverse events and management of the outcomes of any such investigation.
 - e. A mental health facility must ensure that the incident management system is complied with.
 - f. In this clause:
 - i. **adverse event** means an unintended injury to a patient, or a complication caused by the health care management of a patient, that results in disability, death of the patient, worsening of condition or a prolonged hospital stay by the patient.
 - ii. **incident** means any unplanned event resulting in, or that is likely to cause injury or damage to a patient or worsening of the condition of the patient at a private health facility
6. Complaints management
- a. A mental health facility shall have a written complaints policy outlining the procedure to be followed in managing and responding to complaints.
 - b. The head of facility shall ensure that patients, relatives of patients and other carers are provided with information about the procedure for making complaints, and the process for managing and responding to any complaints.

- c. The head of facility shall ensure that the complaints policy is complied with.
7. Compliance audits
 - a. A private health facility shall submit itself to regular audits to ensure that the facility is complying with statutory requirements as well as the facility's policies and procedures.
 8. Rehabilitation facility
 - a. Drug rehabilitation facilities or halfway homes shall have clear, written criteria and assessment procedures for taking patients on inpatient and outpatient basis for rehabilitation
 - b. Within one week of admission, every client shall be assessed by a medical practitioner and thereafter every month at the least
 - c. The facility shall have a written rehabilitation plan for each patient that:
 - i. is based on an assessment of the patient, and
 - ii. states the needs and limitations of the patient and the goals of the rehabilitation plan, and
 - iii. is prepared by a multi-disciplinary team with the active participation of the family of the patient, and
 - iv. includes provision for discharge, continuing care and review, and
 - v. details of the liaison to be established with community based services to ensure continuity and co-ordination of care.
 - d. The facility shall have procedures for regularly evaluating the progress of each patient based on the written rehabilitation plan
 - e. The facility shall have a formal and planned discharge procedure
 - f. The facility shall provide for regular case management meetings, involving the treating medical practitioner and appropriate therapists, to review individual rehabilitation plans
 - g. The facility shall have specialists for consultation and sufficient appropriate therapists for the services provided
 - h. The facility shall have sufficient registered nurses with appropriate rehabilitation qualifications or experience on duty at all times,
 - i. The facility shall have details of the liaison to be established with community based services to ensure continuity and co-ordination of care.
 - j. The facility shall have access to a psychiatrist, and other mental health personnel
 - k. The facility shall have access to a general practitioner and relevant specialists for consultation
 9. Clinical records of Rehabilitation Facility

The clinical records of a patient in a rehabilitation facility shall include:

 - a. a clear statement by the rehabilitation officer, giving details of the reason for the administration of, and the perceived need for, rehabilitation that is consistent with the admission policy, and
 - b. a rehabilitation plan based on the assessment of the patient, and
 - c. a record of each evaluation of the patient's progress, and
 - d. a discharge plan
 10. Unorthodox private mental health facilities:

- a. Private traditional, alternative and spiritual mental health facilities, prayer camps, traditional healing centres and any unorthodox or alternative mental health facility shall be duly registered with the appropriate registration body and District Assembly and shall display the license of registration at a readily accessible place.
- b. These centres must comply with the minimum standard of hygiene and living conditions as stated in the Mental Health Act 846 of 2012 and this LI
- c. The facility shall comply with seclusion and restraint procedures in the Act and this LI
- d. The facility shall keep records of patients in their care and must be ready to share the records with the Visiting Committee or Regional and District Mental Health Coordinator.
- e. These community facilities shall not admit cases referred from the court;
- f. These community facilities shall be staffed by registered practitioners who have the requisite accreditation in accordance with Act 575 section 9;
- g. In the case of emergency care, for facilities without adequate CPN or equivalent coverage (at least weekly visits), such facilities shall keep patients for a period not more than forty-eight hours only to administer emergency treatment and thereafter refer the patient to the nearest psychiatric hospital;
- h. Visiting Committees shall inspect at frequent intervals at the discretion of the Visiting Committee, all such facilities in the district, announced and unannounced;
- i. The proprietor or head of facility shall ensure at least the minimum standard of living conditions as spelt out in the Mental Health Act 846 and elsewhere in this LI.
- j. All deaths must be reported to the nearest public health facility and the appropriate authorities for certification and registration before burial;
- k. Mechanical restraint where unavoidable, shall be done in a soft material like cloth, bed sheet or blanket, but never in ropes, chains, shackles and logs ;
- l. For facilities without adequate CPN or equivalent coverage (at least weekly visits) where mechanical restraint is unavoidable the patient shall be transferred to the nearest psychiatric hospital within forty-eight hours with the possible assistance of the police if available;
- m. Safety precautionary measures shall be observed;
- n. The Practitioner or facility head shall ensure participation in continuing professional education programmes organized by any public health institution specifically for improving community mental health practices;
- o. The facility shall submit monthly returns of cases seen and referrals made to the District Mental Health Coordinator

Commented [BE1]: What really is this?

Commented [BE2]: This could be the gold standard but then have a grandfather clause to allow the minimum of a CPN or equivalent visits at least weekly – to be realistic.

Commented [BE3]: Not realistic given current psych hospitals. How about add my edit.

- p. Any patient or representative of the patient is at liberty to seek a medical or second opinion. Such a patient must be released within twenty-four hours after submission of such verbal or written request;
- q. The treatment plan and the estimated length of treatment as well as the estimated cost must be made known to the patient or patient's representative within one week of admission;
- r. The facility must respect the fundamental human rights as detailed in the Mental Health Act 846 and elsewhere in this LI, with the patient being free from torture, beating, flogging, starvation, forced fast and other human rights violations.
- s. A patient shall not be forced to adopt the religious belief of the healer by virtue of his being a client there. The patient's fundamental right to belief must be respected.
- t. The facility shall keep records of incidents and adverse effects, restraints and seclusions and these records shall be available for assessment by the Visiting Committee and the District and Regional Coordinator of Mental Health Services.
- u. A facility shall meet the basic accreditation guidelines and good maintenance conditions

11. Alternative mental health facilities

- a. These shall be licensed in accordance with procedures prescribed by alternative medicine practice Act
- b. These facilities shall also be licensed and registered under the appropriate bodies and district assembly, and the license shall be renewed according to procedures
- c. The license shall at all times be displayed in a prominent place in the entrance foyer of the private health facility

C.. PROCEDURES FOR ADMISSIONS, CUSTODY AND DISCHARGE OF PATIENTS

A. Voluntary Admission procedure

- a. A patient reporting for voluntary admission in an orthodox mental health facility on outpatient basis may walk in to the reception/records where documentation will be done in a folder or appropriate document. There shall be a security person or designated staff for support and direction.
- b. History shall be taken and requisite physical and mental state examination shall be conducted and duly recorded.
- c. Particulars required to be entered in the register of patients collected by a trained member of staff of the health facility and kept include but not limited to:
 - i. Demographic data of gender, age, occupation, religion and address,
 - ii. Time of admission of the patient, and eventually the date and time the patient ceases to be an in-patient of the facility (time and date of discharge of a patient, absconding or death as the case may be)
- d. The patient to be admitted shall sign a consent form for admission.

- e. At the time of admission all relevant information and education shall be given to the patient including the nature of medication, available alternatives, consent for medication and right of refusal of medication and implications
 - f. The patient shall be informed that at the time of request for discharge, if he meets the criteria for involuntary admission, his request for discharge shall not be granted, but he shall have the right to appeal to the Mental Health Tribunal against the decision.
 - g. Admissions shall be made, if possible, through a community psychiatric nurse or social welfare officer who shall take adequate information about the patient's background to be used for community follow up on discharge.
 - h. In all communications, should it be necessary and possible there shall be an interpreter for the needy and signage for the hearing impaired.
 - i. At the reception at the outpatient department, there shall be diagnostic tools and resuscitation equipment.
- B. Ward procedure:
- a. Nursing history shall be taken from the patient
 - b. Physical examination including vital signs and psychological examination shall be conducted on the patient and recorded.
 - c. Bed allocation shall be made without undue delay.
 - d. Inventory of client's belongings shall be taken and entered into properties book.
 - e. The patient shall then appropriately be well oriented to the ward, sanitary areas and relevant environment
 - f. Care plan shall be made for the patient.
 - g. Treatment shall then commence as prescribed by the admitting prescriber.
- C. Procedure for admission to an unorthodox mental health facility.
- a. The client shall be received at a reception.
 - b. There shall be registration and documentation, reasons for reporting and admission.
 - c. Particulars required to be entered in the register of patients include but not limited to:
 - i. Demographic data of gender, age, occupation, religion and address,
 - ii. Time of admission of the patient, and eventually the date and time the patient ceases to be an in-patient of the facility (time and date of discharge of a patient, absconding or death as the case may be)
 - iii. reasons for reporting and admission
 - d. Inventory of client's belongings shall be taken and recorded
- D. Involuntary Admission
- a. An involuntary admission is when admission is to be made for a person who does not consent to admission and may have been sent there by a relative, a personal representative or the police as an emergency case or the court on a court order.
 - b. Such an involuntary case shall be taken to the reception/records where documentation shall be done in a folder or appropriate document.
 - c. Mechanical restraint on the patient shall be released as soon as practicable.
 - d. The facility shall ensure that the lives of the attending staff, the patient and other patients and visitors or informants are secure from an aggressive patient.
 - e. The facility shall have security personnel to assist in security and these shall be trained in handling acutely disturbed mentally ill patients.

- f. History shall be taken by the appropriate staff and requisite physical and mental state examination shall be conducted on same to the extent that the situation shall allow and laboratory tests shall be conducted to the extent possible and relevant.
- g. Provisional diagnosis shall be made
- h. When the examiner agrees that the patient will benefit from admission and there are sufficient resources for admission, it shall be so explained to the accompanying persons.
- i. In an emergency case, the examiner shall go through the due process of Certificate of Urgency
- j. The informants shall sign a consent form for admission.
- k. At the time of admission all relevant information and education shall be given to the patient or accompanying person(s).
- l. The patient or informants shall be informed at the time of admission that they object to the admission they can appeal to the Tribunal against the admission.
- m. The patient can also appeal against continued admission any time they want, provided it is not a court order.
- n. Admissions shall be made, if possible, through a community psychiatric nurse or social welfare officer who shall take adequate information about the patient's background to be used for community follow up on discharge.
- o. After admission procedures at the outpatient department the patient shall be received on the appropriate ward of admission with the appropriate procedures as defined by facility procedures.
- p. In all communications, should it be necessary and possible there shall be an interpreter for the needy and signage for the hearing impaired.
- q. Ward procedures as detailed earlier shall be followed.

E. Procedures for custody

- a. At the ward, the ward officer in charge shall take the patient through ward admission procedures which shall include but not limited to:
 - i. taking history of the patient
 - ii. examining the patient
 - iii. ensuring that the patient is not harbouring any dangerous implement or unapproved medication.
 - iv. documenting in admission records book
 - v. providing the patient with bed
 - vi. orienting the patient to the ward and its utility areas
- b. Visitors to a patient on admission must first report to the ward officer in charge
- c. Visitors bringing food to the patient must first taste the food in the presence of the ward officer in charge.
- d. Ward officer in charge shall ensure that the patient is visited by his care team regularly and frequently
 - i. The care team includes: doctors, nurses, clinical psychologists, social workers, occupational therapists and Community psychiatric nurses.
- e. Ward officer shall document any untoward developments in the patient's condition and call for the appropriate help.
- f. Ward officer shall write reports on patients regularly
- g. Visiting committees shall be given access to the patients

F. Discharge of voluntary patients

- a. A voluntary patient shall be discharged by his doctor when the doctor, in consultation with the review team, decides that the patient no longer requires continued admission
- b. Before a doctor discharges a patient the voluntary patient can request for discharge if the patient does not meet the criteria for involuntary admission
- c. The decision to discharge a voluntary patient may be prompted by the review team
- d. When a decision to discharge is made the family or carer shall be informed through the social welfare officers and community psychiatric nurses
- e. CPN or social welfare shall be informed for follow up review purposes
- f. The patient shall be provided with a discharge slip
- g. Referral /transfer form may also be given for continuity sake
- h. Social welfare may send a patient home who is well enough, cannot go on his or her own yet has been abandoned by the relatives
- i. Appointments for the review visit must be made before the patient leaves
- j. Each patient being discharged shall have summary and discharge notes recorded in their folder
- k. Such a patient shall be provided with a clear explanation of any recommendations and arrangements that have been made for follow-up care.

G. Procedure for converting from voluntary to involuntary admission,

- a. A voluntary patient wishing to be discharged may be denied if the patient meets the criteria for involuntary admission at the time of request for discharge.
- b. Voluntary admission may be converted to involuntary through certificate of urgency
- c. The patient must meet the requirements for certificate of urgency.

H. Procedure for Certificate of Urgency

- a. Certificates of Urgency shall be widely available at all health facilities
- b. A police officer suspecting a case to be a mentally ill person in emergency requiring urgent attention may send the patient to a health facility for a Certificate of Urgency to be filled
- c. An attending medical practitioner, prescriber, mental health personnel, convinced after examination that the patient requires admission as an emergency case, shall fill a Certificate of Urgency and admit or refer to the appropriate facility for admission
- d. If after the stated period the patient is not well enough for discharge, the facility or prescriber shall go through a similar procedure for prolonged admission.

D. PROCEDURES FOR PROMOTION OF MENTAL HEALTH

1. The Board shall

- a) engage in a range of actions and activities to create enabling environment that supports people maintaining good mental health, experiencing less stress in their daily lives, being able to handle and cope with daily stresses through

understanding and developing appropriate coping skills and mechanisms to prevent the onset of mental illness, and in the event of onset of mental health problems, through education to help them to recognise them early and empower them to seek early treatment.

- b) contribute to ensure a climate that respects and protects basic civil, political, socio-economic and cultural rights as fundamental to mental health promotion and a pre-requisite for maintaining a high level of mental health.
- c) engage and dialogue with appropriate bodies to mainstream mental health promotion into policies and programmes in government and private/corporate sectors including education, labour, justice, transport, environment, housing and welfare, as well as the health sector.

2. Specific actions for mental health promotion shall include:

a) Prevention:

- i. employ the arts and media for public education on mental health
- ii. engage the services of counsellors for promotion of mental health.
- iii. ensure the training of community based volunteers and focal persons to be involved in early detection of mental illness in the communities and follow-up care.
- iv. involve non-governmental organisations and civil society organisations, parents, family members, carers, religious bodies, corporate bodies, teachers and other persons in mental health promotion programmes.
- v. incorporate healthy lifestyle education in mental health promotion programmes, including exercises, health walk, coping mechanisms, life planning programmes and education on dangers of tobacco, alcohol and drug abuse.
- vi. support mental health service users, carers and self-help support groups with appropriate information for community education and sensitisation
- vii. collaborate with NGOs, organisations for the aged and other appropriate agencies to promote and implement social support for elderly populations, including friendly initiatives, community and day centres for the aged;
- viii. provide psychosocial support to vulnerable people and communities, especially those affected by conflict or natural disasters;
- ix. socio-economic empowerment of women, including improving access to health services, education and other opportunities;
- x. actively support mental health interventions at work place (e.g. stress prevention programs);
- xi. Promote work based counselling for mental health promotion and education
- xii. provide hotline services like radio anti-suicide programs

b. School programs

- i. The Board shall liaise with the Ministry of Education and the Ghana Education Service to incorporate mental health promotion topics in the school health education programs and in the educational curriculum

- ii. Community mental health professionals - Community Psychiatric Nurses (CPNs) and Community Mental Health Officers, Community Clinical Officers, etc - undertake school visits to promote mental health
- iii. Promote mental health in schools and increase interest in mental health issues and encourage the formation of mental health clubs and drug-free clubs in schools, colleges and communities.
- iv. encourage tours among students to psychiatric hospitals to acquaint themselves of the consequences of substance abuse
- c. Public education:
 - i. utilise publications, the print and electronic media, promotional materials including films, leaflets, pamphlets, posters and placards, for public education.
 - ii. develop appropriate Information, Education and Communication (IEC) materials on healthy life-styles for quality mental health, signs and symptoms and treatment services available to people;
 - iii. embark on Adult education and functional literacy for public education
- d. Stigmatisation/Discrimination
 - i. embark on public education targeted at employers, school heads and other target groups to remove stigmatisation and discrimination against the mentally ill.
 - ii. liaise with the law enforcement agencies and other statutory bodies like National Commission on Civic Education and the Commission on Human Rights and Administrative Justice to ensure that stigmatisation and discrimination against the mentally ill is reduced.
- e. Early detection:
 - i. ensure that mental disorders are detected very early through the training of providers, primary care workers general health care staff and training of traditional and faith based healers to be used as informal frontline community workers.
 - ii. liaise with GHS and other service providers to ensure that mental health care services are provided at antenatal clinics, maternity clinics and postnatal clinics to prevent or detect postpartum mental disorders
- f. Early childhood interventions
 - i. ensure that Community Health Nurses (CHNs) and Traditional Birth Attendants (TBAs) effectively support ante-natal and post-natal health care. This includes but not limited to home visits for pregnant women, pre-school psycho-social activities, combined nutritional and psycho-social help;
- g. Youth and adolescent programs:
 - i. Provide skills-building programs and child and youth development programs in schools, communities, religious facilities and other identifiable groups
- h. Advocacy programs:
 - i. embark on advocacy for appropriate psychosocial and welfare policies, eg. housing policies towards housing improvement, and other measures that reduce stress levels in the society;
- i. Community-centred programs
 - i. Violence prevention programs,
 - ii. Community development programs (e.g. integrated rural development).

E. PROVIDE THE PROCEDURE TO DEAL WITH THE MENTAL DISORDER OF A WORKER

- a. An employer who realises that an employee has a mental disorder shall use organisational procedures to advise the employee to seek voluntary treatment
- b. The employer shall give a letter requesting for medical assessment of the employee to a health facility.
- c. The employer shall clearly state the observations upon which he/she bases his/her advice in the letter
- d. The employer may advise the employee to be accompanied by a co-worker who may have observed the condition, and also a close relation of the employee.
- e. If the employee refuses voluntary treatment and the employer finds that though the condition does not pose a danger to the patient or to other people or property, it affects his work output, the employer in collaboration with the family where available shall per letter, seek for involuntary treatment through the courts or mental health tribunal and request for medical /psychological fitness before he continues his job.
- f. If an employee's condition is an emergency posing a danger to himself or to others or property, the employer shall follow procedures for certificate of urgency and seek attention for the employee.
- g. In an emergency situation or certificate of urgency the employer shall involve relatives and friends if available
- h. An employee on treatment for a psychiatric condition shall be treated on equal basis as employee on treatment for physical health condition – in terms of salary, allowances and other benefits.
- i. If an employee's condition after treatment is such that the employee cannot pursue his or her job yet cannot be given a less demanding role, the employee may call for medical review board to decide on the fate of the employee in the job.
- j. An employee shall not be sacked from his or her job merely for mental illness without recourse to due process.

F.. PROCEDURES FOR COMMUNITY MENTAL HEALTH SERVICE

Community care shall be preferred as a least restrictive alternative to hospital care.

- a. Community mental health care shall be ensured through improved geographical access, promotion of community care and integration, private-public partnership and gradual deinstitutionalization in the delivery of mental health services and public education
- b. Community mental health care shall be facilitated through the provision of logistics, equipment and transportation, like vehicles and motor-bikes
- c. Community mental health services shall be provided through registered and regulated services including
 - i. Community psychiatric nursing service
 - ii. Private orthodox mental health facilities, private rehabilitation centres and homes, counselling centres, by individuals, NGOs, CBOs, religious organisations, etc.

- iii. Traditional, alternative and spiritual mental health services which respect human rights of patients.
 - iv. Liaising with regulatory authorities to ensure that quality community health services are provided at all times
- d. Job description is provided and publicly available for the understanding of each category of community mental health workers
- e. Deployment of personnel for community mental health services
- f. Community mental health services include domiciliary care, surveillance and mental health promotion, crisis intervention teams, mobile mental health services and tele-psychiatry
- g. Facilities for these services shall not take cases referred from the court
- h. Public community facilities to be staffed by trained and registered mental health professionals who may be assisted by trained volunteers
- i. District visiting committees to inspect these facilities at least twice a year
- j. The head of facility ensures that patients are housed, clothed and fed in a manner that ensures safety and dignity of human life
- k. All deaths must be reported to the appropriate authorities for certification and registration before burial
- l. Where minimal possible restraint is needed the restraint shall not be in chains or shackles or logs, but in soft cloth like bed sheets, cloth or blanket so as not to cause injury to the patient's body
- m. Where mechanical restraint is unavoidable the patient shall be transported within forty-eight hours with the possible assistance of the police or carers, to the nearest mental health facility capable of handling the case
- n. Safety precautionary measures shall be observed when handling mentally ill patients
- o. The practitioner or facility head shall ensure participation of staff in continuing professional education programmes organized by any public health institution specifically for improving community mental health care
- p. A community mental health facility shall submit monthly returns of cases seen and referrals made, to the District Coordinator of Mental Health Coordinating Committee
- q. The fundamental human rights and dignity of the patient shall be upheld and the patient shall be free from slavery, servitude and forced labour. The patient shall be free from discrimination on the basis of gender and from sexual exploitation including forced marriage.
- r. Ensure collaboration with traditional healers
- s. Every district should have a team with adequate transport and logistics in place ready for crises intervention

G.. PROVIDE FOR THE WELFARE OF PATIENTS AND MINIMAL CONDITIONS OF ENVIRONMENTAL HYGIENE IN MENTAL HEALTH FACILITIES INCLUDING SPIRITUAL MENTAL HEALTH FACILITIES

- a. Housing: Mental health facilities with housing services shall have places of accommodation which are:
 - i. Hygienic
 - ii. Reasonably free from congestion

- iii. adequately aerated and illuminated
 - iv. protected from rains, rodents and reptiles
 - v. clean with storage and laundry facilities
 - vi. such that every patient is entitled to a bed/mattress with clean linen, and particularly during cold weather, should have warm blankets and sheets, especially the elderly patients
- b. Utility: Mental health facilities shall have:
- i. Potable water for their patients
 - ii. Bore-holes, if necessary, not too close to refuse and sewerage disposal sites
 - iii. Hand washing by staff should be under running water, and in the absence of running pipe-borne water, should be via Veronica Buckets
 - iv. Clean toilets adequate in numbers for the number of patients using them and other sanitary facilities with adequate privacy
 - v. adequate illumination, either by electric lighting or natural illumination
- c. Clothing: mentally ill patients shall be made comfortable with well fitting clothing
- d. Feeding:
- i. Patients shall be fed with three times meals which are adequately nourished with adequate variety for nutritional balance and choice.
 - ii. There shall be no forced fasting
 - iii. Patients shall have individualised feeding utensils
 - iv. Patients shall have freedom for supplementary feeding from other sources provided it does not interfere with treatment
 - v. There shall be provision for special diet as necessary
- e. Safety:
- i. Mental health facilities shall provide environment safe from elements, rodents, reptiles, insects, mosquitoes and other dangerous preys
 - ii. These facilities shall be of adequate distance from refuse and sewerage disposal sites as prescribed by District Assembly “by-laws” (engineered land fields)
 - iii. The facilities shall be free from offensive smell/odour
- f. Dignity: Mentally ill patients shall have their dignity preserved through:
- b) Personal Hygiene
 - c) Hygienic accommodation and environment
 - d) Freedom from slavery
 - e) Freedom from forced, unremunerated or inadequately remunerated labor
 - f) Freedom from torture like flogging, restraint in chains and shackles
 - g) Freedom from unauthorised seclusion
 - h) Freedom from forced marriages
 - i) Freedom from sexual harassment and rape
 - j) Freedom from discrimination and exploitation

H.PROCEDURE FOR STANDARDS FOR QUALITY OF CARE AND MULTI-DISCIPLINARY TREATMENT FOR MENTAL HEALTH CARE

- a. Standard of treatment

- i. All mental health facilities shall adhere to strict standards of treatment as prescribed by the Health Facilities Regulatory Act and the practitioner's professional standards.
 - ii. Medication and other technologies used are evidence-based and reflect clinically accepted psychiatric and medical standards
 - iii. Agreed clinical and management protocols are available for common presenting conditions
 - b. Standards for quality assurance
 - i. All mental health facilities shall establish Quality Assurance teams
 - ii. Mental health facilities shall make budgetary allocations for Quality Assurance activities
 - iii. Facility management shall implement agreed recommendations of the quality assurance teams.
 - c. Standard of care
 - i. Mental health facility shall have well trained and adequate personnel
 - ii. Mental health facility with in-patient care shall have accommodation services in acceptable standards
 - iii. The facility shall have hygienic environment
 - iv. It shall be free from congestion and shall have adequate number of beds
 - v. A facility with in-patient services and which provide meals shall ensure that its food is nutritious and well-balanced
 - vi. It shall have facilities for rehabilitation of the patients
 - vii. The facility shall have auxiliary services necessary for the rapid improvement of the patients eg. Well equipped laboratory as necessary
 - viii. It shall organize recreational activities for the patients
 - ix. The facility shall have ready availability of medication as necessary
 - d. Multidisciplinary Team
 - i. A mental health facility shall ensure that it has the complement of personnel to embark on the multi-pronged treatment of its patients, eg. Nurses, Doctors, Social welfare officers, Clinical Psychologists, Occupational therapists, Community Psychiatric Nurses, Pharmacists, Medical assistants and other relevant mental health practitioners. These personnel shall be full time staff or readily available for consultation as and when necessary.

I.. PROVIDE MENTAL HEALTH CARE FORMS UNDER THIS ACT

These forms shall be developed and attached as Scheduled Appendix to the LI

- 1. Admission Consent form**
 - a. Voluntary admission consent form
 - b. Certificate of urgency
 - c. Court Order Admission Form
 - d. Conversion from Voluntary to Involuntary
- 2. Court order for temporary involuntary treatment/admission supported by 2 medical recommendations:**
 - a. Medical recommendation for Involuntary Admission/Treatment Form A
 - b. Medical recommendation for Involuntary Admission/Treatment Form B
- 3. Custody forms**

- a. Prolonged Treatment Order Form
- 4. Complaint Form
- 5. **Discharge forms**
 - a. Discharge form/note/slip for **Voluntary** patients
 - b. Discharge form for **Involuntary** patients (in duplicates; one to patient and the other to the Tribunal or Court)
 - c. Discharge Against Admission Form
- 6. **Referrals forms** From:
 - a. From Mental health facilities to higher levels
 - b. From Mental health facilities to General health facilities
 - c. From General hospitals to mental health facilities
- 7. **Transfer**
 - a. From Hospital to security/psychiatric /unit
 - b. From district court (Transfer Warrant)
 - c. From country to another (Foreign Patient Repatriation Form)
- 8. **ECT Consent Form**
- 9. **Seclusion Authorisation Form**
- 10. **Restraint Authorisation Form**
- 11. **Guardianship form**
 - a. Guardianship Application Form
- 12. **Tribunal Appeal Forms**
 - a. Against Admission
 - b. Against guardianship
 - c. For Discontinuation of Guardianship
 - d. For Discharges
- 13. **Information disclosure form**

J.. PROVIDE FOR THE TRIBUNAL

- 1. Mental health review Tribunal
 - a. Procedure for selection of Tribunal members:
 - i. There shall be a pool of experts to constitute a panel in each region.
 - ii. The Board receives nominations from regional Mental Health Coordinators.
 - iii. Tribunal members appointed must accept in writing
 - iv. The board shall appoint a national chairman
 - b. Reporting
 - i. Reports for each sitting should be sent to national chairman and copy the regional mental health co-ordinator within ten (10) working days of each sitting
 - ii. The regional mental health co-ordinator shall send all reports to the director of community care quarterly
 - c. Procedure for Functions
 - i. Any patient going on admission shall be informed of the existence of the Tribunal and its role and functions.
 - ii. A patient who is unhappy about his admission, or who is on admission and is unhappy with handling or treatment or condition, can himself or through relative, carer or counsel, apply to the tribunal, or can lodge a complaint through the hospital human rights officer, or through complaining to the ward nurse manager, to the head of facility who

- shall be obliged to inform the hospital director and thence to the Regional Coordinator through the quickest means possible.
- iii. The Regional Coordinator shall, with dispatch, constitute a panel of the tribunal from the regional pool of tribunal members
 - iv. Any emergencies that require attention of the tribunal should be undertaken following prescribed procedures
- d. Payment of allowance
- i. Tribunal members shall be paid sitting allowance
 - ii. The Board, through the Regional Coordinating Committee, shall ensure logistics and payment of allowances

K..PROVIDE FOR VISITING COMMITTEES;

1. Visiting committee: roles and responsibilities
 - a. The visiting committees, which are regional and district, shall have oversight and regulatory responsibilities of ensuring that the rights of persons with mental disorders in the facilities in the communities in the region, both public and private, orthodox and unorthodox are protected
 - b. The visiting committee shall conduct inspection of all mental health facilities, public and private, within their jurisdiction including every corner of the facility, at least twice a year
 - c. The committee shall receive and enquire into any complaint of human rights abuse preferred by or against any officer,
 - d. Facility Human Rights Officer prepares for the Visiting Committee any complaints of human rights abuse on the ward or at the facility
 - e. The committee shall report and make recommendations directly to the Minister, through the CEO, Regional /District Director of Health Services, Regional or District Coordinator of Mental Health Coordinating Committee or the head of the facility as appropriate
 - f. The committee shall publish findings of its visits and work annually. The visiting committee writes an annual report and submits to the CEO of the mental health authority, through the facility head
 - g. The Regional and District Mental Health Coordinating Committees shall make logistic arrangements to facilitate the visits of the Visiting Committees

L..PROVIDE FOR THE TREATMENT AND REHABILITATION OF PERSONS WITH SUBSTANCE USE DISORDERS IN COLLABORATION WITH GENERAL HEALTH CARE SERVICES AND OTHER STAKEHOLDERS

1. The Board, in collaboration with appropriate Ministries and Agencies (NACOB, GHS, Social Welfare, GES, CHAG, NGOs, etc) shall establish facilities for treatment and rehabilitation of persons with substance use disorders.
2. Such centres may stand on their own as autonomous or independent institutions in the community or be part of other facilities including mental and other health facilities or correctional centres.

3. Private persons may also establish such centres to treat and rehabilitate persons with substance use disorders.
4. Centres for the treatment and rehabilitation of persons with substance use disorder shall be duly registered and licensed by the appropriate authority (Health facilities regulatory Act, NACOB), following due accreditation process.
5. Persons entering these centres for their services may walk in or be referred or be admitted on court order.
6. A person with substance use disorder who refuses to undergo treatment and commits a crime shall be deemed to have violated the law and will be dealt with according to the law
7. Co-morbid conditions associated with substance abuse
 - a. Treatment facilities shall not discriminate against, and shall make provision for, clients with co-morbid conditions such as HIV/AIDS, TB etc.
 - b. These facilities shall collaborate with other relevant institutions as and when necessary.
8. Treatment centres are responsible for collecting data, sending report on their statistics to the C.E.O. of the Mental Health Authority through the Regional Coordinator of Mental Health Committee and appropriate directorate. Copies of reports shall be sent to the District and Regional Director of Health Services.
9. The Mental Health Board may establish a National Centre for Drug Abuse to serve as one stop-shop for information and research into drug abuse in the country.
10. Treatment centres shall contribute to annual reviews of substance abuse to be coordinated by the CEO and the appropriate directorate.
11. Treatment centres shall have facilities either part of them or access to them for
 - a. laboratory investigations
 - b. decent accommodation as necessary
 - c. occupational therapy
 - d. recreational facilities
 - e. counselling and other forms of psychosocial interventions
12. Such centres shall be staffed, as necessary, with qualified personnel including
 - a. Clinical psychologists
 - b. Occupational therapists
 - c. Medical doctors
 - d. Psychiatrists
 - e. Nurses
 - f. Laboratory technologists/technicians
 - g. Psychiatric social workers
 - h. Other relevant personnel

M. PRESCRIBE THE PROCEDURES FOR SECLUSION AND RESTRAINT OF A PATIENT

- a. Seclusion at a health facility shall not be done without resorting to procedures and protocols
- b. Seclusion, if necessary at an orthodox mental health facility, shall be for not more than a total of four hours in any twenty-four hour period and the patient shall be reviewed every 15 minutes with personal contact by a member of staff.

- c. Seclusion shall be done in a room specially designed to ensure the safety of patients, eg. padded walls to prevent head bangs, with no opportunity to hang, no protruding object to serve as weapon against self, and the room shall be sufficiently lit
- d. No two persons shall be kept in the same seclusion room.
- e. Seclusion and restraint, if undertaken, shall be documented and, in orthodox mental health facilities, special forms filled.
- f. Where a patient has to be mechanically restrained for transportation purpose, the safety of the patient shall be assured.
- g. If a patient has to be mechanically restrained at a mental health facility, it shall be according to approved procedures and protocol, and such a patient shall be reviewed frequently at ten minutes intervals by the head of facility or his representative.
- h. Restraint for mental health reasons, if unavoidable, shall be done professionally.
- i. Restraint for mental health reasons shall not be done in handcuffs (except by the police), chains, shackles, ropes, or with anything and in any manner that may cause bruises or damage to the body of the patient.
- j. If a security officer leads a patient to a mental health facility in handcuffs, or an accompanying person leads a patient to the hospital in mechanical restraint, the patient shall be released from the handcuffs or restraint as soon as an alternative arrangement for security is made
- k. No patient shall be mechanically restrained and secluded at the same time in an orthodox facility
- l. No patient shall be mechanically restrained anywhere, be it at orthodox or unorthodox health facility, for more than 48 hours; arrangements must be made within that time to transport the patient to the nearest capable health facility.

(N) PROVIDE FOR PROCEDURES FOR INJURED STAFF

1. The injury of a staff on duty, whether by a patient, iatrogenically, accidentally by a colleague, or chance accident as for example a slip and fall, shall be reported to the immediate supervisor and medical attention sought as soon as possible.
2. Any incident of staff injury shall be reported to the ward officer in charge and recorded in the ward/unit's incident book, countersigned by a staff witness
3. The nurse manager shall be informed immediately and the nurse manager shall inform the head of facility, within twelve hours
4. All medical bills and expenditures incurred shall be borne by the facility
5. Based on the medical report, compensation shall be sought according to the provision of the workman's Compensation Act and insurance processed
6. All mental health workers shall be insured
7. All staff shall be taken through training for security awareness and defence, at least once every two years

(O) PROVIDE FOR THE TRAINING, RECRUITMENT AND RETENTION OF THE RIGHT MIX OF STAFF THROUGH APPROPRIATE REMUNERATION, CONDITIONS OF SERVICE AND ATTRACTIVE ALLOWANCES AND PACKAGES

1. The Board shall attract and retain the right complement of mental health professionals through establishing incentive packages. These packages shall include, but not limited to, attractive and competitive salaries and remuneration, risk allowance, reduced or subsidised house rent, early retirement, retirement on salary, double or early

promotion, inducement allowance, market premium, career development and progression programs, In-service training, opportunities for personal and professional development and training, access to reduced interest loans

2. The Board shall liaise with mental health training institutions, regulatory bodies, medical schools, universities and postgraduate institutions to expand their training.
3. The Board shall engage the educational and health institutions on their training programs
4. The board shall negotiate, collaborate and liaise with stakeholders, both public and private, to establish new training institutions.
5. The Board shall organise CPDs for professional development.
6. The Board shall identify and sponsor deserving personnel for further training.
7. The Board shall organise regular award functions at various levels.
8. Mental health personnel trained with public funds in the public institutions, unless specifically sponsored by an agency, shall be deemed to have been trained for the Mental Health Authority.

(P) PROVIDE FOR THE WELFARE AND PROTECTION OF STAFF

1. The Board shall provide or assist with accommodation for its staff or provide alternative arrangements.
2. The Board shall make arrangements for the security of its staff which shall include but not limited to:
 - a. Ensuring that psychiatric wards have emergency exit
 - b. Nurses station well secured against patient aggression and violence
 - c. Wards where aggressive patients and forensic cases are kept shall have professional security staff in addition to the regular mental health professional staff
 - d. Staff are regularly trained in security measures and awareness
3. Psychiatric hospitals shall have night accommodation facilities for prescribers on call, these facilities furnished and provided with the appropriate comfort features
4. Nurses stations shall be located strategically in the ward and have adequate protection and comfort for effective running

(Q) PROVIDE FOR AFTER-CARE SERVICES

1. **The Board shall liaise with Social Welfare and provide after care services like** Half way homes, hostels, Day care centres, Social clubs and Recreational centres, Vocational centres or occupational therapy centres
2. The Board shall liaise with the Department of Social Welfare and the Ministry responsible for labour and employment to ensure that persons with mental illness who have recovered from the illness have access to employment, to sheltered jobs (jobs with specialised work environment) and employers and work places shall have special incentive packages to reserve job opportunities to such persons.
3. The Board shall ensure that persons with chronic mental illness who have been rendered disabled by virtue of the mental illness and cannot engage in any productive work shall benefit from the LEAP or any other social intervention program of the government department responsible for social welfare or social protection.

4. The Board shall ensure that persons with mental illness have access to legal advice or legal counsel should they need it.

5. The Board shall update a list of registered or accredited facilities and available services:

- a. **Public** mental health facilities
- b. Private mental health facilities
- c. Drug rehabilitation centres
- d. Half way homes
- e. Day care centres
- f. Social clubs
- g. Recreational centres
- h. Employment
- i. Vocational homes
- j. Sheltered jobs (Specialised work environment)
- k. Registered prayer camps involved in mental health care
- l. Registered traditional healing centres involved in mental health care
- m. NGOs in mental health
- n. Other psychosocial services
- o. Legal Aides (FIDA, CHRAG)
(for appendix – list should be easily available with contact details in all facilities including training institutions, work places, traditional and faith-based institutions)

R) PROVIDE FOR FINANCING OF MENTAL HEALTH CARE.

1. Limits of free mental health care
 - a. Free mental health care basically means a person seeking mental health care at public health facilities shall not pay for the cost of mental health care provided there
 - b. Services to be provided free of charge at public mental health facilities shall include consultation, medication, cost of documentation, boarding and lodging if admission is indicated, cost of rehabilitation, occupational therapy and psychological services, laboratory services, electro-convulsive therapy, radiological and neuroimaging if available at the psychiatric hospitals.
 - c. Free mental health shall not include radiological and neuro-imaging services outside the psychiatric hospitals except for the mentally ill on admission. **(What about psychiatric wings of regional hospitals???)**
 - d. Free mental health care shall not include cost of medical reports, court reports and cost of attending court as witness. Charges for these services shall be determined and reviewed by the Board from time to time.
 - e. Free mental health care shall be made meaningful by widely available, equitably distributed services for easy access to avoid huge transportation costs, and readily available medication to avoid out-of-pocket purchase from open market.
2. NHIS and limits of free physical health care
 - a. Mentally ill patients, just as any other patients, are encouraged to register under the NHIS.

- b. A mentally ill patient on admission at a mental health facility who develops a physical health problem shall have his physical health taken care of free under the National Health Insurance Scheme.
 - c. Mentally ill patients who are virtually abandoned at the mental health facilities, shall be registered by the Board under the NHIS without having to pay any premium, and they shall use this registration to attend to their physical health needs free of charge.
 - d. Mentally ill patients who are virtually abandoned at the mental health facilities and who do not have insurance cards, shall be treated free of charge for their physical health needs without recourse to insurance card.
3. Financing of mental health facilities and services
- a. The psychiatric hospitals, the Regional and District Mental Health Coordinating Committees and Coordinators and other facilities under the Mental Health Authority shall submit their budget annually to the Board for budgetary releases.
 - b. The Board shall make composite budget to cover mental health facilities and units under the Board
 - c. The Board shall, through a Memorandum of Understanding, liaise with GHS and other service providers to ensure that mental health care in the GHS and other providers is not at a disadvantage, and if need be, shall financially support or supplement mental health care in those facilities
 - d. Various health providers like GHS, CHAG, shall include mental health care in their own budget to be taken care of by their own respective agencies.

(S) PROVIDE FOR THE ESTABLISHMENT OF THE MENTAL HEALTH FUND

Moneys to be fed into the Mental Health Fund shall include

- 1. Levy for mental health care
 - a. The Minister for Finance shall liaise with the Parliament to give 1% of the Value Added Tax (VAT) for the Mental Health Fund
 - b. The levy so charged and collected by the Ministry of Finance, shall immediately by the first week of succeeding month, be deposited into the Mental Health Fund accounts
 - c. The Mental Health Fund shall be used solely for mental health care as provided for in the Act.
 - d. The Minister for Finance and the parliament shall, as and when necessary, increase the value of the levy, apply any other levy or tax or abolish an old one.
- 2. Moneys approved by parliament
 - a. Notwithstanding Subsection 1 above, the parliament may approve of other funds as they deem fit for the provision of mental health care in the country
 - b. These funds include:
 - i. Government of Ghana (GoG) subvention

- ii. A quarter of the 2% District Assemblies Common Fund (DACF) for persons with disabilities to be allocated to the mental health fund for persons with mental disorders.
- 3. Moneys derived from fees which shall include
 - a. Consultancy
 - b. Patency on research findings
 - c. Mortuary services and Canteen services
 - d. Medical examinations for students and prospective workers, students on practical attachment from Private Training Institutions, Physical OPD
- 4. Donations, grants and gifts which shall include
 - a. Moneys provided by development partners, both local and foreign, grants including research grants, gifts from philanthropists, individuals, corporate organisations as their corporate social responsibility among others
- 5. Moneys derived from investments which shall include
 - a. Dividends from investments by the Board which shall be deposited into the Fund
- 6. Any other moneys that are approved by the Minister responsible for Finance.

(T) MISCELLANEOUS PROVISIONS

- 1. Special treatment
 - a. ECT without anaesthesia is banned
 - b. Mental illness or mental retardation, in itself, shall not constitute enough reason for sterilisation
- 2. Integrated mental health services
 - a. Mental health services in general health facilities like district, regional, teaching hospitals and CHAG institutions, shall remain under the care of the respective agencies (like GHS, Teaching Hospital Boards, CHAG) and the Board will closely collaborate with them for effective mental health care
 - b. The Board shall provide or advocate, to the extent relevant and possible, for any incentives and motivation to mental health workers in general health facilities for effective running of mental health care in those facilities and to ensure these workers are not at a disadvantage
 - c. Encourage the training of volunteers, traditional and faith based healers as informal community workers.
- 3. Persons with mental disorder found in public places
 - a. Persons with mental disorder found in public places or roaming about may be taken to the hospital for treatment in dignity and not en mass
 - b. Metropolitan, municipal and district assemblies shall make budgetary allocation for patients roaming the streets and liaise with the Board for their removal for treatment

(U) INTERPRETATION:

Community Care: Care provided by the Authority in the community, outside the psychiatric hospitals; includes community based rehab centres, halfway homes, group homes, day

centres, club houses, community-based vocational training and occupational therapy centres;
(check consistency of definition with usages elsewhere)

Mental health personnel trained include, but not limited to, Community Mental Health Officers, Psychiatric Nurses, Community Psychiatric Nurses, Clinical Psychiatric Officers (Physician Assistants in Psychiatry), Occupational Therapists, Psychiatric Social Welfare Officers, Drug Rehabilitation Counsellors and Officers, Mental Health Community Rehabilitation Officers, Clinical psychologists, Specialist Psychiatric Pharmacists and Psychiatrists