

THE MENTAL HEALTH ACT, 2012 (ACT 846)

**AND
HEALTH WORKERS**

The Mental Health Authority
Mental Health, Total Health

MANUAL FOR HEALTH WORKERS

GHANA
JANUARY 2015



TECHNICAL CONTENT TEAM

Professor J.B. Asare	Chairman, Mental Health Authority
Dr. Akwasi Osei	Ag. C.E.O. Mental Health Authority
Dr. Sammy Ohene	Head, Department of Psychiatry, University of Ghana Medical School
Dr. Anna Puklo-Dzadey	Medical Director, Pantang Hospital
Dr. Angela Ofori-Atta	Department of Psychiatry, University of Ghana Medical School
Mr. Nsiah Anyetei	DDNS, Accra Psychiatric Hospital
Mr. Elvis Akuamoah Pantang	In-service Training Coordinator, Hospital

Address : c/o ACCRA PSYCHIATRIC HOSPITAL
BOX 1305, ACCRA
Telephone: 0302228688 / 0302227609/ 0509914046
Website: www.accrapsychiatrighospital.org

Table of Contents

FOREWORD	vi
ACKNOWLEDGEMENT	vii
INTRODUCTION	viii
What is Mental Health Authority?	1
What is the Mental Health Board?	1
What is the Mental Health Act?	1
What changes does the Act seek to bring?	1
What are the Objectives of the Mental Health Act?	2
To whom does the Act apply? (Section 54-69 & 95)	3
Categories of Patients	3
What are the Pathways to care?	3
How will Mental Health Services be monitored?	4
Non-mental Health Workers & Advocacy	
Groups and the Mental Health Act 846, 2012	4
Integration of mental health into general practice	4
Payment for services	5
Role of Non-Mental Health Workers	6
Admissions under the Act	6
Voluntary treatment (section 39-41)	6
Involuntary treatment (section 42-53)	6
Certificate of urgency (section 48 & 49)	7
Consent for Irreversible and Invasive or	
Intrusive Treatment	7
Informed Consent (section 29)	7
Special Treatments (section 71)	7
Regulations on Patients' Rights Must be Respected	
(section 57-58)	8

Patients' Rights (section 29 and 57, 62, 64-66 & 67)	8
What are the Punishments for Violations?	10
Useful Contacts	11

FOREWORD

The Mental Health Act, 2012 (Act 846) has been enacted to raise the level of Mental Health Care, de-emphasize institutional care and protect the rights of persons with mental disorder.

The Act now needs to be disseminated for everybody's knowledge and compliance.

This manual has therefore been produced by the Mental Health Authority to enable training of all stakeholders. This very important document brings the Act to the doorsteps of everybody. It highlights areas relevant to specific interest groups involved in its implementation.

If used properly, this manual should help the Judiciary know and understand the Act as it applies to them.

Dr. Akwasi Osei
Ag. C.E.O.
Mental Health Authority

ACKNOWLEDGEMENT

The Board is greatly indebted to DFID for supporting mental health activities and providing funds for the preparation and printing of this document.

The Board also appreciates the efforts of the Technical and Operations sub-committee of the Board for the preparation of the document.

Gratitude also goes to the Health Promotion Department of the Ghana Health Service for their advice in the production of this document.

INTRODUCTION

The Mental Health Act 846 enacted in 2012 has been regarded in Ghana and international circles as one of the good things that Ghana has acquired. However, in order to give meaning to the contents of the Act to the understanding of Ghanaians in general and specifically to our stakeholders, it is very important that they are sensitized.

The success of the implementation of the Act will depend largely on the co-operation of stakeholders and Corporate Ghana. It has always been understood that once the population accepts and understands the usefulness of an activity which involves them, their cooperation is enhanced. It is for this reason that the Act has been reproduced in parts that can be shared and used for easy reference by specific categories of stakeholders.

Purpose of the manual

This Manual is to provide guidance to Health Workers on the Mental Health Act, 2012

How the Manual is organized

The Manual is intended to offer guidance on the content of the Act. References in the manual are references to various sections of the Act.

Disclaimer

While every care has been taken in the preparation of the information in this document, it does not purport to be a comprehensive list of applicable legislation or policies, and does not purport to render legal

advice. The Mental Health Authority cannot accept any legal liability for any errors or omissions or damages resulting from reliance on the information contained solely in this document. Any concerns individuals may have should be discussed with appropriate legal advisors.

What is Mental Health Authority?

The Mental Health Authority is an agency established by an act of Parliament, Mental Health Act 846 of 2012, to propose, promote and implement mental health policies and provide culturally appropriate, humane and integrated mental health care throughout Ghana. (Section 1 & 2)

What is the Mental Health Board?

The Mental Health Board is the Governing Body of the Authority appointed by the President of the Republic of Ghana, composed of a Chairman, Chief Executive and nine other members.

What is the Mental Health Act?

It is an Act or a Law that has been enacted to improve Mental Health Care in Ghana. The Act sets out to re-focus the way mental health services are provided. That is a shift from inpatient, or institutional care to a more community-based approach. The Act also aims to combat stigma and discrimination against mentally ill people.

What changes does the Act seek to bring?

- i. Decentralization of mental health care (Section 3b)
- ii. Deemphasizing institutional care (Section 3b)
- iii. Strengthening community care and providing care close to where people live (Section 3b)
- iv. Protection of the rights of people with mental disorders and vulnerable people in society (Section 3f, 3g & 54-56 & 64-67)
- v. Establishing Visiting committees and tribunals to expose, correct and sanction people and facilities who abuse the rights of the mentally ill (section 34-38)

- vi. Recognition and regulation of traditional and faith-based healers (section 3m)
- vii. Establishment of Mental Health Fund (Section 80)

What are the Objectives of the Mental Health Act?

- i. Provide Integrated mental health service that creates and utilizes existing health facilities at all levels of care including communities, schools, prisons and other areas of care
- ii. Promote mental health
- iii. Improve prevention and early detection of mental illness
- iv. Rehabilitate and counsel people with mental disorders
- v. Improve access to care for those seeking mental health services and treatment through decentralization and deinstitutionalization
- vi. Improve quality of care for mental health patients
- vii. Increase advocacy and awareness of mental health
- viii. Reduce stigmatization and discrimination
- ix. Build capacity for mental health care
- x. Foster closer collaboration and increase involvement of communities, agencies, and stakeholders
- xi. Protect the rights of those with mental disorders and mental health practitioners (Sections 2 & 3)

To whom does the Act apply? (Section 54-69 & 95)

The Act applies to everybody in general but specifically to people suffering from mental disorders including persons with mental retardation, substance abuse disorders and their families as well as all those responsible for the care and who decide on the welfare and management including treatment of the mentally ill.

The strength of the Act, among others, is the protection of the rights

of persons with mental disorders with respect to non-discrimination and basic human rights. These rights include the right to humane and dignified treatment, employment, leisure and inclusion in socio-cultural and economic activities.

The Act protects vulnerable groups such as females, children and the aged in terms of their accommodation, treatment, guardianship, confidentiality and care.

Admissions under the Act

i. Voluntary Admission

A voluntary admission is when a person agrees to be admitted into a mental health facility for treatment, care or observation

ii. Involuntary Admission

An involuntary admission is when a person is admitted to a mental facility without his/her consent by a court order or the police or under a certificate of urgency. Where a person is placed under the care, observation or treatment in a psychiatric hospital, that person is lawfully in the custody of that hospital and shall not leave the hospital without the consent of the psychiatrist or head of a facility.

What are the Pathways to care?

The mentally ill are managed through:-

- i. Voluntary presentation to orthodox or non-orthodox mental health facilities including faith-based and traditional facilities. (section 39 -40)
- ii. Referrals from other health institutions, general practitioners and the police
- iii. Involuntary admissions through the courts, police and referrals

- from the prisons (section 42)
- iv. Involuntary admission through certificate of urgency. (section 48)
 - v. Voluntary or involuntary presentations by Families, Police and District Assemblies (section 73)

How will Mental Health Care Delivery be monitored?

- a. Visiting Committees (section 34-38)
Visiting committees will visit all facilities managing the mentally ill in the community including both orthodox and non- orthodox facilities concerning the Rights of the mentally ill
- b. Mental Health Tribunals will review and monitor abuses of admission procedures (Section 24-33)

THE MENTAL HEALTH ACT AND HEALTH WORKERS

Health Workers & Advocacy Groups and the Mental Health Act 846, 2012

The New Mental Health Act (Act 846, 2012) seeks to integrate Mental Health into general practice. This manual is developed with the aim of helping general health workers to understand relevant portions of the Mental Health Act 846, 2012 and its implications on their practice as Non-Mental Health Workers.

Integration of mental health into general practice

Mental health care will be fully integrated into general health care at the regional level and below. Health professionals will be expected

to be knowledgeable about mental health issues, and to administer primary mental health treatment. Health professionals should be able to recognize and manage cases of mental illness, and when necessary refer the patient to specialty services. (Section 2-3, 11, 17)



A mentally ill person together with her family going toward the OPD

Payment for services

Mental health care is free at the point of use in public healthcare facilities, and mental health patients are entitled to insurance for treatment of physical health problems under the National Health Insurance Scheme (section 88)



A mental health nurse refusing to accept payment for mental health care

Role of Health Workers

Non-mental health workers should be able to recognize, diagnose and offer basic treatment as well as refer when appropriate.

Non-mental health workers should accept responsibility (in principle) for the care and treatment of persons with mental illness

Voluntary treatment (section 39-41)

- A psychiatrist or head of the facility may admit a person seeking voluntary treatment.
- Consent of a voluntary patient must be obtained before treatment is given, and the patient reserves the right to refuse treatment.
- A voluntary patient may request to be discharged from the facility, and the request must be granted within 24 hours unless at that time the patient meets the requirements for involuntary admission.
- The head of facility should inform the mental health tribunal of any voluntary patients requiring long-term inpatient care

Involuntary treatment (section 42-53)

- Involuntary admission and treatment can only be authorized by a court order, where the application must be supported by recommendations from a medical practitioner and from a mental health practitioner.
- The court may order involuntary treatment for no longer than one month.
- Prolonged treatment requires the recommendation of the psychiatrist or head of the facility, and must be approved by the Mental Health Review Tribunal.
- In emergency cases, a medical practitioner may approve treatment without a court order, but the person may not be detained for more than 72 hours.

- On the expiry of the period specified by the court, the involuntary patient shall be discharged.
- Only accredited facilities are permitted to admit involuntary patients

Certificate of urgency (section 48 & 49)

In an emergency situation where it becomes necessary either for the welfare of a person suspected to be suffering from mental illness or for public safety,

- a police officer or any other person may take the person to a health facility for a certificate of urgency to be issued
- a registered medical practitioner shall examine the person and if the person meets the criteria for treatment as an emergency case, the medical practitioner shall issue a certificate of urgency and place the person under care, observation and treatment
- where immediate admission to a facility or mental health facility is not possible, the person shall be received and detained in any other place of safe custody for a period not exceeding 48 hrs pending transfer to a facility or mental health facility

Special Treatments (section 71)

A person with mental disorder shall not undergo sterilization, a major medical or surgical procedure without informed consent or informed consent of a personal representative if that person is incapable of giving the consent.

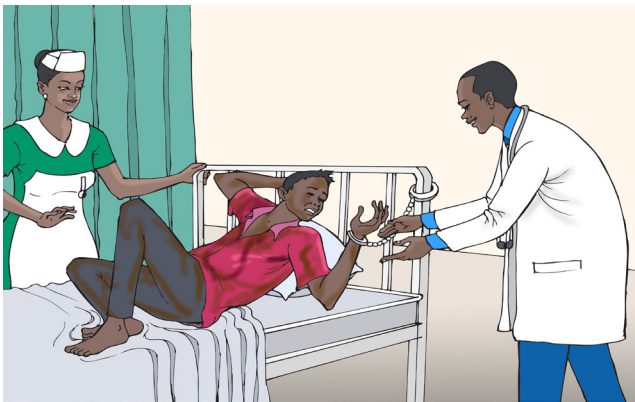
- Where a delay in obtaining the informed consent may be dangerous to the life of that person, the procedure may be carried out and the Tribunal shall be informed at the earliest

possible time after the procedure

- In cases where inability to consent is likely to be long term, the head of facility shall refer the matter to the Mental Health Tribunal

Regulations on Patients' Rights must be respected (section 57-58)

1. Seclusion or restraint must be practiced under strict institutional guidelines:
 - A person may be placed in involuntary seclusion or minimal mechanical restraints only when there is imminent danger to the patient or others and other measures are not applicable.
 - Inhumane practices - such as the use of chains, ropes, shackles, and handcuffs - are prohibited
 - The seclusion or restraint must be authorized by the head of the facility or the senior nurse in charge of the ward
 - The documentation of the seclusion or restraint shall be placed immediately in the clinical notes of the patient



A mentally ill person handcuffed to a hospital bed by medical officers.
This is wrong and should not be practiced

2. Informed consent must be obtained for any intrusive or irreversible procedure. The presence of mental disorder should not be reason for irreversible medical and surgical procedures to be carried out on persons with mental disorder (for example, abortion, sterilization) without informed consent of a relative or significant others, if patient is incapable of giving consent.
3. A person with mental disorder is entitled to humane and dignified treatment, and shall not be subjected to torture, cruelty, forced labour, or any other inhuman treatment
4. A person with mental disorder is entitled to the same standard of care as a person with physical health problems, and shall be treated on an equitable basis including quality of in-patient food, bedding, sanitation, buildings, levels and qualifications of staff, medical and related services, and access to essential medicines
5. A patient shall have free and full access to information about the mental disorder and the treatment plan for the patient
6. Women, children, and the aged shall not be discriminated against with respect to admission, treatment, or community care, and will be given separate accommodations upon admission
7. A person shall not be admitted to a mental health facility on the cause of mental retardation, unless there is evidence of gross misbehavior or perceptual disturbances
8. An employee may not be sacked for present or past mental illness or while the employee is receiving treatment for mental disorder
9. A person with mental disorder has the right to an education
10. A student may not be removed from school merely on account of mental disorder
11. People with mental disorder have the right to confidentiality about their condition

12. A person with mental disorder is entitled to the same fundamental rights as a fellow citizen, and shall not be subjected to discrimination (section 54)

What are the Punishments for Violations?

Violations of the law will be prosecuted . Anyone who violates the law or breaches the rights of a person with mental disorder commits an offence and is liable on summary conviction to a fine of not more than five thousand penalty units (now equivalent to GH¢ 6,000), or to a term of imprisonment of not more than ten years, or to both the fine and imprisonment (section 96)



A person behind bars for violating the law

Useful Contacts

To report abuse, complaints and enquiries call 0302228688/
0302227609/ 0509914046

Address : c/o ACCRA PSYCHIATRIC HOSPITAL
BOX 1305, ACCRA

Website : www.accrapsychiatrichospital.org