BILLS
SUPPLEMENT No. 12 19th December, 2014.

BILLS SUPPLEMENT

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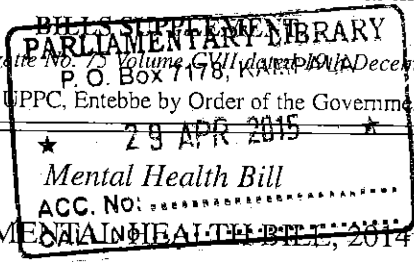

Bill No. 15 *Mental Health Bill* **2014**

THE MENTAL HEALTH BILL, 2014

MEMORANDUM

1. Object of the Bill

The object of this Bill is to provide for care and treatment for persons with mental illness, at primary health centres; to provide for the admission in, for the treatment and for the discharge from, health units and mental health units, of persons with mental illness; to ensure that persons with mental illness are enabled to seek treatment voluntarily; to ensure the safety and protection of persons with mental illness and the protection of their rights and the safety of the people who come into contact with them; and to establish the Mental Health Advisory Board.

2. The Bill operationalises the National Health Policy which identifies mental health services as an essential aspect of health care. The policy advocates for mental health services at all levels to be integrated into general health care and prescribes for the update and enforcement of appropriate laws to promote mental health.

The current Mental Treatment Act (of 1964) is outdated and does not take into account the discovery of medicines and other treatment interventions that have revolutionised the care of persons with mental disorders. The overall objective of the Mental Treatment Act is to remove persons with mental disorders from society and keep them in confinement without serious consideration for clinical care. The current law has no provision for voluntary admission to hospital or

other health facilities. The procedure of admitting discharging or adjudging persons with mental disorders is not feasible in the present context where the numbers are quite big.

The purpose of the proposed Mental Health Bill is to bring the care and management of the people with mental health problems in line with the principles of the National Health Policy. The proposed Bill takes into account the currently available evidence based approaches of managing mental health problems. The Bill seeks to safeguard the human rights of those who are affected and will be in line with International Human Rights Conventions and Standards.

3. Provisions of the Bill

The Bill consists of seven parts and two schedules.

4. PART I- PRELIMINARY

Part I of the Bill deals with preliminary matters namely commencement of the Act, interpretation and the object of Act.

5. PART II- ADMISSION AND TREATMENT OF PERSONS WITH MENTAL ILLNESS

Part II of the Bill deals with treatment and admission of persons with mental illness.

Clauses 4-34 of the Bill provide for the treatment and admission of persons with mental illness, mental health treatment at primary health care centres, emergency admissions and treatment, involuntary admissions, treatment for involuntary patients, absence from mental health units, voluntary and assisted admission and treatment, referral for examination, examination in mental health unit, admission and treatment for persons with mental illness, not ordinarily resident in Uganda and consent to treatment.

6. PART III – PROTECTION OF THE RIGHTS OF PERSONS WITH MENTAL ILLNESS

PART III of the Bill provides for protection of the rights of persons with mental illness.

Clause 35-43 of the Bill provide for application of the part, respect, human dignity and privacy of a person with mental illness, non-discrimination of a person with mental illness, prohibition of exploitation and abuse of a person with mental illness by his or her employer, determination of mental status for purposes of proceedings before a court of law or for any other official purpose, and other matters with regard to the protection of the rights of persons with mental illness.

7. PART IV – CAPACITY, COMPETENCE AND GUARDIANSHIP

PART IV of the Bill provides for capacity, competence and guardianship. Clauses 44-48 provide for the capacity and competence of a person with mental illness, the right of a person with mental illness to appoint personal representative for the purposes of managing his or her affairs, the power of court to appoint a suitable relative to be a representative of a person with mental illness, the responsibilities of a personal representative appointed by court and the responsibility of the court appointed representative to periodically furnish inventory and final accounts.

8. PART V - MENTAL HEALTH TREATMENT FOR PRISONERS

Part V of the Bill provides for the mental health treatment for prisoners. Clauses 49-52 provide for the powers of the police when effecting an arrest involving a person with mental illness, assessment of mental health status of prisoners and children in remand, the necessary steps to be taken in the treatment of prisoners with mental illness and for periodic reviews of mental health status of prisoners with mental illness.

Clauses 53-56 of the Bill provide for recovery of a prisoner with mental illness, the procedure to be followed by an officer in charge of a mental health unit where a prisoner with mental illness absconds from the mental health unit, the procedure to be followed upon the expiration of term of imprisonment of a prisoner with mental illness and the duties of local authorities.

9. PART VI – THE UGANDA MENTAL HEALTH ADVISORY BOARD

Part VI of the Bill establishes the Uganda Mental Health Advisory Board. Clauses 57-70 of the Bill provide for the establishment of the Uganda Mental Health Advisory Board, the composition of Board, the tenure of Board, committees of the Board, powers of the Board including the power to establish a mental health tribunal, proceedings of the Board and other related matters with regard to the Board.

10. PART VII – MISCELLANEOUS

Part VII of the Bill provides for miscellaneous provisions. Clause 71-75 of the Bill provides for protection from liability, investigation of deaths related to mental illness, the powers of the Minister to make regulations, repeal of the Mental Treatment Act and saving provisions

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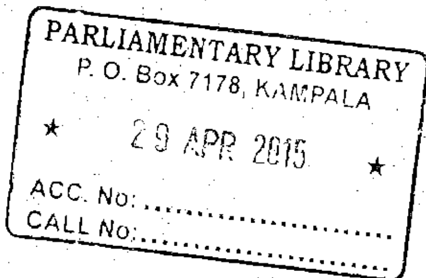
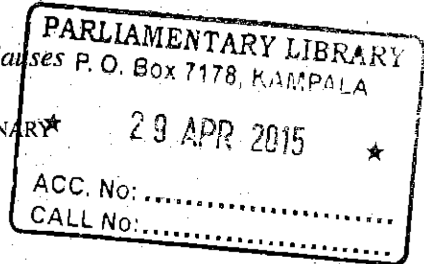
SCHEDULE 2- COMMUNITY TREATMENT ORDER. Schedule 2 provides for the format of a community treatment order

DR. RUHAKANA RUGUNDA,
Minister of Health.



THE MENTAL HEALTH BILL, 2014.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Arrangement of clauses

Clause

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SCHEDULE 1 -CURRENCY POINT
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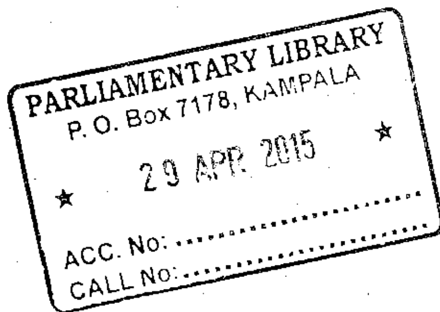
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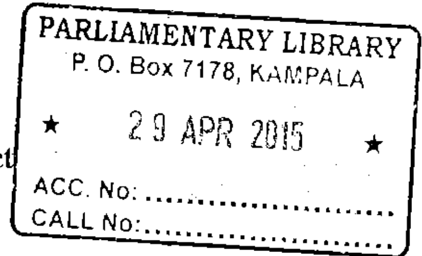
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A BILL for an Act

ENTITLED

THE MENTAL HEALTH ACT, 2014.

An Act to provide for mental health treatment at primary health centres; to provide for emergency admission and treatment, involuntary admission and treatment and for voluntary and assisted admission and treatment; to provide for referral for examination and for examination in mental health units; to provide for the admission and treatment of persons with mental illness who are not ordinarily resident in Uganda; to provide for the requirement to consent to treatment; to provide for the protection of the rights of patients; to provide for the right to appoint personal representatives and for orders for custody, management and guardianship; to provide for mental health treatment for prisoners and other offenders; to establish the Uganda Mental Health Advisory Board and to provide for its composition, tenure and functions; to repeal the Mental Treatment Act and other related purposes.

Be it enacted by Parliament as follows:

PART I—PRELIMINARY

1. Commencement.

This Act shall come into force on a date to be appointed by the Minister by statutory instrument, and different days may be appointed for the commencement of different provisions.

2. Interpretation.

In this Act, unless the context otherwise requires—

"Board" means the Uganda Mental Health Advisory Board established under section 57;

"bodily restraint" means restraint where the free movement of the body or part of the body of a patient is restricted using a device for example clothing, a belt, a harness, a sheet or a strap, which is tied or fastened to the body or part of the body of the patient;

"community treatment order" means an order issued by a senior mental health practitioner, giving instructions regarding the involuntary treatment of a person with mental illness at a primary health centre;

"concerned person" means a person who, not being a relative of a person with mental illness, has reasonable and justifiable concern for the wellbeing of the person with mental illness;

"currency point" has the value assigned to it in Schedule 1;

"emergency treatment" means psychiatric treatment that is necessary to give to a person to—

(a) save the life of that person; or

(b) prevent the person from behaving in a way that is likely to result into serious physical harm to that person or any other person;

"health unit" means a Government hospital and includes a primary health centre and a similar non governmental hospital;

"mechanical bodily restraint" means restraint which prevents the free movement of the body or a limb of a patient by mechanical means as a form of treatment of physical disease or injury, but does not include restraint by the use of a medical or surgical appliance;

"medical practitioner" means a person registered as a medical practitioner under the Medical and Dental Practitioners Act and includes a psychiatry nurse registered as such under the Nurses and Midwives Act;

"mental disorder" is a constellation of signs and symptoms which constitutes a syndrome of a classifiable mental health problem and which is diagnosed according to the classification system of the Diagnostic and Statistical Manual of Mental Disorders or the International Classification of Disease;

"mental health practitioner" means a psychiatrist, a registered psychiatry nurse, psychiatry clinical officer, a mental health social worker and a clinical psychologist;

"mental health unit" means any building or part of a building appointed by the Minister under this Act or by a statutory instrument, for the admission, treatment and care of persons with mental illness;

"mental illness" means a recognisable and persistent disturbance in the behaviour, thoughts, feelings, perceptions, mood, volition, orientation, awareness and memory of a person, which impairs the ability of that person to cope with daily tasks and which impairs the judgment or behaviour of that person to a significant extent, and includes mental retardation associated with uncontrollable aggression or presence of a mental disorder or any other bizarre behaviour, but does not include a situation where a person—

(a) holds, or refuses to hold, a particular religious, philosophical, or political belief or opinion;

(b) is sexually promiscuous, or has a particular sexual preference;

(c) engages in immoral or indecent conduct;

(d) has an intellectual disability without uncontrolled violence or bizarre behaviour;

(e) takes drugs or alcohol; or

(f) demonstrates anti-social behaviour;

"patient" means a person who receives treatment and care for mental illness, under this Act;

"person with mental illness" means a person who is proven, at a particular time, by a mental health practitioner to have mental illness, at that particular time, and includes a patient;

"personal representative" is a person appointed in writing by a person with mental illness to act on his or her behalf, or a person appointed by court to act on behalf of a person with mental illness, where the person with mental illness loses capacity to execute a particular task;

"primary health centre" means a Government primary health centre II, III or IV;

"psychiatric treatment" means treatment for mental illness that does not involve—

(a) treatment that involves the deep sleep therapy or insulin coma or sub coma therapy;

(b) psychosurgery; or

(c) electroconvulsive therapy;

"Public Trustee" means a person appointed as such under the Public Trustees Act;

"relative" means a spouse, parent, grandparent, child, sibling, uncle or aunt, of a person with mental illness, whether by blood, marriage or a relationship established by law;

"seclusion" means the sole confinement of a patient in a room, where it is not within the control of that patient who is confined, to leave that room;

"senior mental health practitioner" means a psychiatrist, senior psychiatry clinical officer, senior psychiatry nursing officer, senior mental health social worker and senior clinical psychologist.

3. Object of Act.

The object of this Act is to—

(a) provide for care and treatment for persons with mental illness, at primary health centres;

(b) provide for the admission in, for the treatment and for the discharge from, health units and mental health units, of persons with mental illness;

(c) ensure that persons with mental illness are enabled to seek treatment voluntarily;

(d) ensure the safety and protection of persons with mental illness and the protection of their rights and the safety of the people who come into contact with them; and

(e) establish the Mental Health Advisory Board.

PART II—TREATMENT AND ADMISSION OF PERSONS WITH MENTAL ILLNESS

4. Treatment and admission of persons with mental illness.

A person shall not be provided with care and treatment or be admitted at a health unit or a mental health unit except in accordance with this Part.

Mental health treatment at primary health centres

5. Treatment of out patients at primary health centres.

(1) A primary health centre shall provide treatment for mental illness to the residents of area where the primary health centre is situated.

(2) Treatment for mental illness at a primary health centre shall only be administered on a person with mental illness after that person gives consent to the treatment.

(3) Notwithstanding subsection (2), involuntary treatment may be administered at a primary health centre where a person with mental illness was discharged from a mental health unit or a prison, with a condition that he or she receives involuntary treatment at a primary health centre.

(4) Where a person with mental illness is discharged from a mental health unit or a prison with a condition that he or she receives involuntary treatment at a primary health centre, a senior mental health practitioner shall issue a community treatment order to that effect.

(5) The community treatment order issued under subsection (4) shall be sent to the primary health centre where the person with mental illness who is discharged is to receive treatment.

(6) A copy of the community treatment order shall be given to the person in respect of whom it is made and where possible, the contents of the community treatment order shall be explained to that person.

(7) The treatment administered under this section shall be appropriate to the socio-cultural beliefs and practices of the person with mental illness and shall have scientific evidence of safety and effectiveness.

(8) A person who is not satisfied with a condition of a community treatment order may appeal to the Board against the order.

(9) A community treatment order shall be in the format specified in Schedule 2.

(10) A person who ill-treats a person with mental illness—

(a) in respect of whom a community treatment order is issued; or

(b) who is a resident of the area, knowing that person to be a person with mental illness,

commits an offence and is liable on conviction to a fine not exceeding thirty currency points or to a term of imprisonment not exceeding fifteen months, or both.

6. Admission and treatment at primary health centres.

(1) Subject to subsection (2), a person with mental illness shall be admitted at the primary health centre situated in the area where that person is resident.

(2) Admission at a primary health centre shall be voluntary except for emergency admission.

(3) A person who does not consent to voluntary admission or who due to incapacity to consent, cannot consent to voluntary admission, and who does not qualify for emergency treatment under this Act, shall not be admitted in a primary health centre but shall be referred to the nearest mental health unit.

(4) Section 5 shall apply to the treatment of patients who are admitted under this section.

Emergency admission and treatment

7. Emergency admission and treatment.

(1) A person qualifies for emergency admission and treatment where that person has mental illness and as a result of which he or she—

(a) is likely to inflict serious harm on himself or herself or on another person; or

(b) has behaviour which may lead to—

(i) a serious financial loss to himself or herself;

(ii) a lasting or irreparable harm to an important personal relationship held with another person as a result of damage to the reputation of the person;

(iii) serious damage to the reputation of the person; or

(iv) damage to property.

(2) A person who qualifies for emergency admission and treatment shall be given immediate care and treatment at a health unit or a mental health unit.

(3) A relative, concerned person or a police officer who has reasonable grounds to believe that a person has mental illness and requires immediate medical attention shall cause the person to be taken to a health unit or a mental health unit for emergency treatment.

(4) A person who qualifies for emergency admission under subsection (1) shall be received by the medical practitioner or mental health practitioner, on duty at the health unit or mental health unit where the person is taken.

(5) Where no medical practitioner or mental health practitioner is available at a health unit or mental health unit where a person is taken for emergency admission, the person shall be received for admission by a health worker on duty at the health unit or mental health unit.

(6) A person who is admitted under subsection (4) or (5) shall receive emergency treatment for a period of not more than seventy two hours.

(7) After the expiry of the period in subsection (6), the medical practitioner or mental health practitioner who administers the emergency treatment shall make the necessary arrangements for the care and treatment of the person as, a voluntary, assisted or involuntary patient.

(8) Where a patient needs emergency treatment beyond the period in subsection (6) or where the patient cannot after the stipulated period be treated as a voluntary, assisted or involuntary patient, the emergency treatment shall be continued for a period of not more than five days.

(9) A patient shall not be continuously managed for emergency treatment for a period exceeding five days.

(10) In this section "health worker" means a health professional, administrative, scientific and support staff employed in the health unit or mental health unit.

8. Duties of a person who gives emergency treatment.

A medical practitioner or mental health practitioner who administers emergency treatment under section 7, shall prepare a report of the treatment, indicating the name of the person given the treatment and the person who gives the treatment, the particulars of the treatment and the time, place and circumstances in which the treatment is given.

Involuntary admissions.

9. Involuntary admission.

(1) A person qualifies for involuntary examination, admission and treatment where—

(a) a request is made by a relative or a concerned person, where—

(i) the person to be admitted does not qualify to be admitted using the criteria for emergency admission or voluntary admission; and

(ii) it is not possible to get an examination from a senior mental health practitioner before admission; or

(b) the health unit where the person is examined or treated determines that—

(i) the person should be transferred to a mental health unit for treatment as an involuntary patient; or

(ii) the treatment administered on that person should be changed from voluntary or emergency treatment to involuntary treatment within the same health unit.

(2) Involuntary examination, admission and treatment shall only be carried out at a mental health unit.

(3) The request under subsection (1) (a) shall be in writing, and shall be addressed to the officer in charge of the mental health unit where the admission and treatment is sought.

(4) The officer in charge of the mental health unit to whom the request made under subsection (3) is addressed, shall within three days make a written reply, specifying the procedures to be followed for the examination, admission and treatment.

(5) An examination under this section shall be carried out by a psychiatrist or where a psychiatrist is not available, by another senior mental health practitioner, within forty eight hours of admission into the mental health unit.

(6) The psychiatrist or senior mental health practitioner who examines a person under subsection (5) shall on the basis of the examination—

(a) hand the person to the care of the relative or concerned person who made the request under subsection (1); or

(b) admit the person into the mental health unit as an involuntary patient.

(7) Where a person examined under this section can be treated at a primary health centre unit, a senior mental health practitioner shall issue a community treatment order, in respect of that person.

(8) A person shall only be admitted as an involuntary patient where involuntary admission is the only means to by which that person may be provided with care, treatment and rehabilitation that will benefit him or her.

(9) Involuntary admission shall be for a period of not more than six months which period may be extended for a further period of not more than one year, using the procedure in this section.

(10) An involuntary patient may be discharged at any time as may be determined appropriate by the mental health practitioner who attends to the patient.

(11) A person who willfully assists a person with mental illness—

(a) who is being conveyed to or from a mental health unit for involuntary examination, admission and treatment, to escape; or

(b) who is under treatment in a mental health unit as an involuntary patient to escape,

commits an offence and is liable on conviction to a fine not exceeding six currency points or to imprisonment for a term not exceeding three months, or both.

10. Power of the police

(1) For the purposes of effecting an involuntary or an emergency admission, a police officer may enter any premises, without a warrant, where the health and safety of a person who is suspected to have mental illness and of a person who has contact with a person suspected to have mental illness, may be in danger if admission is not effected immediately.

(2) Where a police officer who arrests a person for a criminal act or for causing public disorder has reasonable grounds to suspect that the person who is arrested has mental illness, the police officer shall within twenty four hours of the arrest, take the person who is arrested to a health unit, for assessment.

Treatment for involuntary patients.

11. Electroconvulsive therapy.

(1) A mental health practitioner, where the mental health practitioner is not the psychiatrist who treats an involuntary patient, shall not perform electroconvulsive therapy on an involuntary patient except where the electroconvulsive therapy—

(a) is recommended by the psychiatrist who treats the patient; or

(b) is approved by a psychiatrist.

(2) A psychiatrist who approves electroconvulsive therapy under subsection (1) (b) shall—

(a) be satisfied that the electroconvulsive therapy has clinical merit and is appropriate in the circumstances; and

(b) determine whether or not the patient has capacity to give consent to the electroconvulsive therapy and where the patient has capacity, determine that consent is given.

(3) Notwithstanding anything in this section, electroconvulsive therapy may be given as emergency treatment where the requirement for emergency treatment in section 7 are fulfilled.

(4) A mental health practitioner shall not perform electroconvulsive therapy on a voluntary patient except where the voluntary patient gives consent to the treatment.

(5) A person who performs electroconvulsive therapy contrary to this section commits an offence and is liable on conviction to a fine not exceeding thirty currency points or to a term of imprisonment not exceeding fifteen months, or both.

12. Seclusion of patients.

(1) A person shall not cause a patient to be held in seclusion at a health unit which is not a mental health unit.

(2) A patient in a mental health unit, may where necessary be kept in seclusion.

(3) A patient at a mental health unit shall only be kept in seclusion where—

(a) a psychiatrist authorises; or

(b) for the purposes of emergency treatment, a senior mental health practitioner authorises.

(4) The authorisation to keep a patient in seclusion shall be in writing and shall indicate the period for which it is given and any other information as may be prescribed by regulations made under this Act.

(5) A patient shall be kept in seclusion for only the period for which the authorisation is given.

(6) Where the authorisation for seclusion is given by a senior mental health practitioner other than a psychiatrist, the senior mental health practitioner shall notify a psychiatrist of the authorisation for seclusion and the psychiatrist may vary or revoke the authorisation.

(7) The authorisation to keep a patient in seclusion shall be given where it is necessary for the protection, safety, or well-being of the patient or any other person with whom the patient may come in contact, if not kept in seclusion.

(8) A person who keeps a patient in seclusion contrary to this section commits an offence and is liable on conviction to a fine not exceeding thirty currency points or to a term of imprisonment not exceeding fifteen months, or both.

13. Special duties where patient is kept in seclusion.

(1) Where a patient is kept in seclusion, the officer in charge of the mental health unit shall provide the basic needs of the patient, including bedding, clothing, food, drink, and toilet facilities.

(2) The conditions of a patient kept in seclusion shall be monitored and reviewed by a psychiatrist at regular intervals.

(3) A patient kept in seclusion shall be observed by a mental health practitioner at regular intervals.

(4) The officer in charge of the mental health unit or the mental health practitioner who observes the patient shall inform the relative or the concerned person, of the condition of the patient.

14. Mechanical bodily restraint and bodily restraint.

(1) Mechanical bodily restraint or bodily restraint shall only be used for the treatment of a patient where—

(a) a psychiatrist authorises; or

(b) for the purposes of emergency treatment, a senior mental health practitioner authorises.

(2) A psychiatrist or a senior mental health practitioner shall give authorisation to use mechanical bodily restraint or bodily restraint on a patient where it is necessary—

(a) for the medical treatment of the patient;

(b) for the protection, safety, or well-being of the patient or of any other person with whom the patient may come in contact; or

(c) to prevent the patient from persistently destroying property.

(3) The authorisation to use mechanical bodily restraint or bodily restraint on a patient shall be in writing and shall indicate the period for which it is given and any other information as may be prescribed by regulations made under this Act.

(4) Mechanical bodily restraint and bodily restraint shall be used for the treatment of a patient for only the period for which authorisation is given.

(5) Where the authorisation for mechanical body restraint or bodily restraint is given by a senior mental health practitioner other than a psychiatrist, the senior mental health practitioner shall notify a psychiatrist of the authorisation and the psychiatrist may vary or revoke the authorization.

(6) A person who administers mechanical bodily restraint or bodily restraint contrary to this section commits an offence and is liable on conviction to a fine not exceeding thirty currency points or to a term of imprisonment not exceeding fifteen months, or both.

Absence from mental health units

15. Leave of absence.

(1) A psychiatrist may grant leave of absence to an involuntary patient who is admitted in a mental health hospital, for a period, and subject to conditions the psychiatrist thinks appropriate, where the psychiatrist is satisfied that the leave is likely to benefit the health of the patient.

(2) The psychiatrist may in addition to granting leave or while the involuntary patient is on leave, determine whether it is appropriate to order that he or she should no longer be an involuntary patient.

(3) An involuntary patient who is granted leave of absence under this section shall be considered to be admitted in the mental health unit for the duration of the leave but shall not be limited in his or her movements while on leave.

(4) The psychiatrist who grants leave under this section, may, where he or she believes that it is not appropriate for the involuntary patient to continue being on leave, cancel the leave by giving a written notice to that effect to the involuntary patient concerned.

16. Absence without leave.

(1) A patient is deemed to be absent from a mental health unit without leave where that patient is an involuntary patient and he or she -

(a) is away from the mental health unit without having been granted leave of absence; or

(b) is away from the mental health unit on leave of absence, but fails to return to the mental health unit when the leave expires or is cancelled.

(2) An involuntary patient, who is absent from a mental health unit without leave may be apprehended by—

(a) a person employed by the mental health unit, who is qualified to do so as may be prescribed by regulations made under this Act; or

(b) a police officer.

(3) Where the person who apprehends an involuntary patient under subsection (2) is not a police officer, the person shall take the patient to—

(a) the mental health unit from which the involuntary patient is absent; or

(b) a police officer, who shall, within twenty four hours, take the involuntary patient to the mental health unit from which the involuntary patient is absent.

(4) A person who has power to apprehend an involuntary patient under subsection (2) (a) may—

(a) for the purposes of enforcing the apprehension, enter any premises where the involuntary patient to be apprehended is suspected to be; and

(b) when apprehending the involuntary patient, seize anything that is likely to be used by that patient in a way that would prejudice the health or safety of that patient or of any other person or which would cause damage to any property.

(5) A person who—

(a) willfully assists a patient to escape from a mental health unit; or

(b) hides a person with mental illness, who escapes from a mental health unit,

commits an offence and is liable on conviction to a fine not exceeding six currency points or to imprisonment for a term not exceeding three months, or both.

17. Staff of mental health unit permitting escape of patient.

A member of the staff of a mental health unit who through willful neglect or connivance permits a patient to leave the mental health unit other than upon discharge, removal or release on trial in a manner prescribed by this Act, commits an offence and is liable on conviction to a fine not exceeding thirty currency points or to imprisonment for a term not exceeding eighteen months, or both.

Voluntary and assisted admission and treatment

18. Voluntary admission and treatment.

(1) A person who submits voluntarily, to a health unit or a mental health unit shall be received or admitted as a voluntary patient by that health unit or mental health unit, and is entitled to voluntary treatment.

(2) A voluntary patient shall only receive treatment after giving consent to the treatment.

(3) A voluntary patient has the right to receive treatment and to be voluntarily discharged.

(4) Notwithstanding subsection (3), a voluntary patient who meets the criteria for involuntary admission and treatment, shall be notified by the medical practitioner or the mental health practitioner who attends to him or her, that the medical practitioner or a mental health practitioner may exercise authority to prevent his or her discharge.

19. Assisted admission and treatment.

(1) A person shall be received at a health unit or a mental health unit for assisted admission and treatment, where that person is taken to the health unit or mental health unit by a relative or a concerned person and where due to mental illness, any delay in admitting the person and providing treatment may result in—

(a) death or irreversible harm to that person;

(b) serious harm inflicted by the person on himself or herself or on another person; or

(c) serious damage or loss of property belonging to that person or to another person.

(2) A person shall not be provided with assisted treatment under this section except where a relative or a concerned person who takes him or her to the health unit or mental health unit, gives written consent to the treatment, in the prescribed form.

(3) Before consent is given under subsection (2), a mental health practitioner shall confirm that the person received at a health unit or a mental health unit for assisted admission and treatment—

(a) is suffering from mental illness and requires treatment for his or her health or safety and for the health and safety of others; and

(b) is incapable of making an informed decision on the need for the treatment.

(4) Where at any stage the psychiatrist who attends to a patient receiving assisted treatment has reason to believe from personal observation or from information or representations by the patient, that the patient has recovered the capacity to make informed decisions, the psychiatrist shall request the patient to state whether he or she is willing to voluntarily continue with the treatment.

(5) Where a patient receiving assisted treatment voluntarily consents to continue with treatment, the patient shall be treated as a voluntary patient.

(6) Where a psychiatrist determines that a patient receiving assisted treatment, who recovers the capacity to make informed decisions, still needs treatment, but the patient refuses to continue with the treatment, the psychiatrist shall treat the patient as an involuntary patient and inform the patient of his or her right to appeal to the Board against that decision.

20. Discharge of patient under assisted admission.

(1) A patient who is admitted under assisted admission, may on the request of a relative or a concerned person, be discharged from the mental health unit, where the relative or concerned person is willing and able to take care of the patient.

(2) The relative or concerned person who makes a request to have a patient discharged under subsection (1), shall be the person who authorised the admission.

(3) The request under this section shall be in writing to the officer in charge of the mental health unit where the patient is admitted and shall give an undertaking to take care of the patient.

Referral for examination

21. Referral by medical practitioner.

Where a medical practitioner suspects on reasonable grounds that a person should be made an involuntary patient for the purposes of this Act, the medical practitioner shall, using the prescribed form, refer the person for examination, at a mental health unit or at any other place where the examination may be carried out by a psychiatrist, or where a psychiatrist is not readily available, by another senior mental health practitioner.

22. Referral of patients admitted in health units and voluntary patients in certain circumstances.

(1) A medical practitioner or a mental health practitioner shall, using the prescribed form, refer a patient admitted in a health unit or a voluntary patient, for examination by a psychiatrist or where a psychiatrist is not available, another senior mental health practitioner, in a mental health unit or at any other place where an examination may be carried out.

(2) A referral shall be made under this section, where a patient admitted in the health unit or where a voluntary patient, seeks to be discharged, but where the medical practitioner or the mental health practitioner determines that he or she should be made an involuntary patient for the purposes of this Act.

(3) The medical practitioner or mental health practitioner who makes a referral under this section, shall, in writing, order that the patient admitted in the health unit or the voluntary patient, be admitted at a mental health unit for up to twenty four hours from the time when he or she seeks to be discharged.

23. No referral without personal examination

(1) Where a referral for examination is made under section 22, the medical practitioner or a mental health practitioner, in charge of the patient admitted in the health unit or the voluntary patient shall personally examine him or her, before making the referral.

(2) The medical practitioner or a mental health practitioner shall refer the patient admitted in a health unit or voluntary patient, for examination within forty eight hours after the examination required under subsection (1).

24. Police assistance.

Where necessary, the medical practitioner or mental health practitioner who makes a referral under section 22 or 23, shall request a police officer to apprehend the patient admitted in a health unit or the voluntary patient and to take him or her for the examination.

Examination in mental health unit

25. Examination by psychiatrist or senior mental health practitioner.

(1) A psychiatrist or senior mental health practitioner who examines a person in respect of whom a referral is made under sections 21 or 22, may order that the person be received and admitted in a mental health unit for assessment of whether the person should be treated as an involuntary patient.

(2) A person to be examined under section 21 or 22 may be admitted at the mental health unit where the examination is to be held, for up to twenty four hours from the time the person is received into the mental health unit.

(3) Notwithstanding anything in this section, receiving a person into a mental health unit is not admission, for the purposes of this Act.

(4) Where a person referred for examination under section 22 or 23 is not examined within the period specified in subsection (2), he or she shall be discharged from the mental health unit.

26. Order giving involuntary status.

(1) Where a psychiatrist or senior mental health practitioner who carries out an examination under section 25 confirms that the person examined should be admitted as an involuntary patient in accordance with section 9, the psychiatrist or senior mental health practitioner shall make an order, in writing, authorising that the person be received and admitted at a mental health unit as an involuntary patient.

(2) An order made under subsection (1) shall be made before the expiry of seven days after the referral is made.

Admission and treatment for persons with mental illness, not ordinarily resident in Uganda

27. Admission of patients not ordinarily resident in Uganda.

(1) A person who is not ordinarily resident in Uganda, who requires admission and treatment for mental illness while in Uganda, shall before being admitted or receiving treatment, produce medical reports concerning the treatment issued by the medical authorities of the country of origin of that person.

(2) Subsection (1) shall not apply to a person who qualifies for emergency admission and treatment in accordance with sections 7 and 8.

(3) The mental health unit that receives the person who requires treatment under this section shall only admit the person after determining that he or she requires further treatment and that the mental health unit is able to provide the treatment.

(4) A person admitted under this section shall receive treatment from the mental health unit in accordance with this Act and shall be discharged in accordance with section 43.

28. Charges for admission and treatment

The Minister may, in consultation with the Board, prescribe the charges to be paid for admission and treatment of persons who are not ordinarily resident in Uganda, who require treatment for mental illness while in Uganda.

29. Transfer of person with mental illness to another country.

(1) Where a psychiatrist determines that, for a person with mental illness who is not ordinarily resident in Uganda, a transfer of that person to another country or to his or her country of origin is in his or her best interest, the officer in charge of the mental health unit where the person is admitted, shall, after ascertaining that the person is fit to travel, request a relative or a concerned person to inform the relevant authorities of the country where the person is to be transferred.

(2) The information under subsection (1) shall include a summary of the medical records of the person to be transferred.

(3) The mental health unit of the country where the person is to be transferred shall indicate readiness to receive him or her, before he or she is transferred.

(4) The medical records of the person is to be transferred to another country shall be treated as confidential.

30. Cost of transfer and maintenance of patient.

The cost of transferring a person who is not ordinarily resident in Uganda to another country shall be borne, as may be agreed, between the Government and the mental health unit of the country where the person is to be sent.

Consent to treatment

31. Consent to treatment by voluntary patients.

(1) A voluntary patient shall before receiving treatment, give consent to the treatment.

(2) A voluntary patient shall also give consent where he or she is to—

(a) undergo a surgical or medical intervention that may lead to irreversible structural or physiological change; or

(b) participate in a clinical, experimental or research based intervention.

(3) A voluntary patient shall not be given treatment for mental illness without his or her consent.

(4) A voluntary patient shall, before being asked to give consent, be given a clear explanation of the proposed treatment, by the mental health practitioner who attends to him or her, of the proposed treatment he or she is to receive and the duration of the treatment.

(5) The explanation under subsection (4) shall—

(a) contain sufficient information to enable the patient make a balanced judgment about the treatment;

(b) identify and explain any medication or technique about which there is insufficient knowledge, to justify its being recommended or to enable its effect to be reliably predicted; and

(c) warn the patient of any risks which may be inherent in the care or the treatment.

(6) The explanation shall be communicated to the patient -

(a) in a language and form that is readily understood by the patient and where necessary, by a competent interpreter; and

(b) in a manner that facilitates the understanding of the patient of what is communicated.

(7) For the purposes of this section, a voluntary patient is deemed to have given consent to care or treatment only where—

(a) the requirements of this section are complied with; and

(b) the consent is freely and voluntarily given.

(8) A voluntary patient shall only be deemed to give consent where he or she is allowed sufficient time to consider the matters involved in the decision to be made and to obtain the advice and assistance that may be necessary before giving the consent.

(9) A voluntary patient is deemed to be incapable of giving consent except where he or she is capable of understanding—

(a) the requirements of this section as shall be communicated to him or her;

(b) the matters involved in the decision to be made; and

(c) the effect of giving the consent.

(10) Where a voluntary patient lacks the capacity to consent, the consent shall be obtained from the personal representative of the patient and, where the patient does not have a personal representative, an opinion on the treatment to be administered shall be sought from a mental health practitioner.

(11) The consent given by a voluntary patient shall specify that he or she consents to the treatment to be administered and to the duration of the treatment.

(12) Failure by a voluntary patient to offer resistance to treatment does not in itself constitute consent to treatment.

32. Withdrawal of consent to treatment by voluntary patients.

(1) A voluntary patient may in writing to the mental health practitioner who attends to him or her, withdraw the consent given under section 31.

(2) The mental health practitioner, shall on receipt of a withdrawal of consent to treatment, immediately cease providing the treatment.

(3) Notwithstanding subsection (2), where the mental health practitioner is of the opinion that the treatment should be continued, the mental health practitioner, shall, within forty eight hours of receipt of the request to withdraw consent to treatment, review the request and seek the opinion of another mental health practitioner.

(4) Where the mental health practitioner who reviews the request to withdraw treatment under subsection (3) and the mental health practitioner who gives an opinion under subsection (3) are both of the opinion that treatment should continue, the patient shall be treated as an involuntary patient.

33. Right to appeal decision to continue treatment without consent.
A voluntary patient who is not satisfied with the decision of a mental health practitioner made under section 32 may appeal to the Board.

34. Consent to treatment by involuntary patients.

(1) An involuntary patient who is capable of giving consent, shall be requested to give consent to treatment before receiving the treatment.

(2) Where a mental health practitioner who attends to an involuntary patient determines that the involuntary patient needs the treatment to be administered, but the involuntary patient refuses to consent to the treatment, the mental health practitioner shall before giving the treatment, seek the opinion of another mental practitioner on the treatment to be given.

(3) Where treatment is administered without consent, the mental health practitioner shall indicate this in the medical records of the involuntary patient.

(4) Notwithstanding the fact that treatment is given without consent, the mental health practitioner treating the patient shall in all cases, inform the involuntary patient of the treatment to be administered on him or her.

(5) Where an involuntary patient is to participate in clinical or experimental research for psychiatric treatment, consent shall be obtained from the involuntary patient before the research is carried out.

(6) Where an involuntary patient does not consent or is not capable of consenting to participation in clinical or experimental research under subsection (5), the involuntary patient shall not participate in the research.

PART III—PROTECTION OF THE RIGHTS OF PERSONS WITH MENTAL ILLNESS.

35. Application of Part.

(1) The rights of patients and the duties of the mental health practitioners in this Part are in addition to the rights and duties in Part IV, and any other law.

(2) In upholding the rights and performing the duties under this Part, regard shall be had to the best interests of the patient.

36. Respect, human dignity and privacy.

(1) The person, human dignity and privacy of a patient, shall be respected.

(2) A patient shall be provided with care and treatment that improve his or her mental capacity to develop to full potential and which facilitate his or her integration into ordinary life.

(3) The care and treatment administered to a patient shall be proportionate to his or her mental health status.

37. Non discrimination of persons with mental illness prohibited.

(1) A patient shall not be discriminated against, by any person, on grounds of his or her mental health illness.

(2) All the patients shall receive similar treatment from the health units and mental health units.

(3) An employer shall not discriminate against an employee who is a person with mental illness, on the basis of the mental illness of that employee.

(4) Notwithstanding subsection (3), an employer may, on the advice of a senior mental health practitioner, take appropriate action where the senior mental health practitioner establishes that the mental illness directly affects the ability of an employee to carry out his or her duties.

38. Exploitation and abuse

(1) An employee of a mental health unit who provides treatment to a patient shall not—

(a) subject the patient to exploitation, abuse or degrading treatment;

(b) subject the patient to forced labour; or

(c) use the treatment as a form of punishment to the patient or for the convenience of any person other than the patient.

(2) An employee of a mental health unit who contravenes this commits an offence and is liable on conviction to a fine not exceeding six currency points or to imprisonment for a term not exceeding three months, or both.

39. Determination of mental health status.

(1) A determination of the mental health status of a person shall be carried out, where it is required for proceedings before a court of law or for any other official purpose.

(2) A determination under subsection (1) shall only be carried out by a psychiatrist or where a psychiatrist is not available, by another a senior mental health practitioner.

(3) The determination under this section shall be based on only factors which are exclusively relevant to the mental health status of the patient and not on any social, political, economic, cultural, religious or other factors.

(4) The determination shall only be used for the purposes for which it was required.

(5) A person who carries out a determination of the mental health status of a person contrary to this section, commits an offence and is liable on conviction to a fine not exceeding six currency points or to imprisonment for a term not exceeding three months, or both.

40. Right to information.

(1) A mental health practitioner who attends to a patient shall provide the patient with information about—

(a) his or her admission, the treatment to be administered and the right to consent to the treatment, in the language the patient understands;

(b) support groups and any other resources that may be necessary for the care and treatment of the patient; and

(c) the right to appeal to the Board against any decision made regarding the care and treatment of the patient.

(2) A relative or a concerned person shall also be provided with the information prescribed in subsection (1).

41. Disclosure of information.

(1) Any information which is otherwise confidential under any law may be disclosed where the disclosure is necessary for the protection of a person with mental illness to whom the information relates or for the protection of another person.

(2) A mental health practitioner may deny a patient access to information concerning his or her health, where the disclosure is likely to—

(a) seriously prejudice the patient; or

(b) cause the patient to conduct himself or herself in a manner that may seriously prejudice him or her or the health of another person.

42. Knowledge of rights.

(1) A mental health practitioner shall before administering treatment to a voluntary patient, inform the patient of his or her rights.

(2) Notwithstanding subsection (1), a psychiatrist may order that a right of a voluntary patient be restricted or denied, where the psychiatrist considers it to be in the interest of the patient to do so.

43. Discharge of patient.

(1) Where a patient is to be discharged from a mental health unit, the mental health practitioner who attends to the patient or a mental health practitioner authorised by the mental health practitioner who attends to the patient, shall, in the prescribed form, issue a discharge report to the patient and the patient shall be permitted to leave the mental health unit.

(2) A person who knowingly and willfully issues a discharge report contrary to subsection (1), commits an offence and is liable on conviction to a fine not exceeding twelve currency points or to imprisonment for a term not exceeding six months, or both.

PART IV—CAPACITY, COMPETENCE AND GUARDIANSHIP

44. Capacity and competence.

(1) A person with mental illness has the right to manage his or her affairs.

(2) Notwithstanding subsection (1), a person with mental illness may be stopped from managing his or her affairs where—

(a) the Board orders, after it is established by two mental health practitioners, appointed by the Board, that the person with mental illness is not able to manage his or her affairs; or

(b) court, on an application by a relative or a concerned person, determines that the person is not able to manage his or her affairs.

(3) Where the mental health practitioners referred to in subsection (2) (a) do not agree, the Board shall appoint another mental health practitioner to carry out another assessment.

(4) The assessment carried out under subsection (2) (a) or by the third mental health practitioner, as the case may be, shall be deemed to be the decision of the Board on the matter.

(5) The assessment made under this section shall be restricted to the issue to be assessed.

(6) Where an order is made that a person with mental illness is not capable of managing his or her affairs, the order shall, respectively, be reviewed—

(a) by the Board at the next meeting of the Board and at every subsequent meeting until the order is revoked; or

(b) by the court that gives the order, every two months.

(7) An order made under this section may be extended under the authority of the Board or on application of the person who applied to court for the order.

(8) Where the Board or court, as the case may be, does not make an extension of the order, the order shall lapse and the person with mental illness in respect of whom the order was made, shall resume management of his or her affairs.

(9) Where a person with mental illness in respect of who an order is made or a relative or a concerned person is aggrieved by the order, the person, a relative or concerned person may apply to the Board or to court for a review of the order.

(10) There shall be no transaction of the affairs of a person with mental illness in respect of who an order is made under this section—

(a) before an application for review of the order is heard by the Board or by court;

(b) during the hearing of a review of the order by the Board or by court; or

(c) before a decision in respect of the review is made by the Board or by court.

45. Right to appoint personal representative.

(1) For the purposes of managing his or her affairs, a person with mental illness has the right to appoint a personal representative to make decisions, on his or her behalf.

(2) A person appointed as a personal representative under subsection (1) shall make a decision taking into account the best interest of the person with the mental illness.

46. Appointment of personal representative by court.

(1) Where an order is made under section 44 that a person with mental illness is not capable of managing his or her affairs, or where a person with mental illness does not appoint a personal representative, court shall appoint a suitable relative to be his or her personal representative.

(2) A personal representative shall—

(a) manage the estate of the person with mental illness; or

(b) be the guardian of the person with mental illness and of the dependants of that person.

(3) Where court determines that a person with mental illness is capable of managing himself or herself, and that that person is not dangerous to himself or herself or to others and is not likely to act in a manner that is offensive to public decency, the court may make an order only for the management of the estate of that person and not for guardianship.

(4) Where court cannot identify a relative, suitable to manage the affairs of the person with mental illness, the court shall appoint as a personal representative, the Public Trustee, to manage the affairs of the person with mental illness.

(5) The personal representative shall act in the best interest of the person with mental illness, to the extent determined by court to—

(a) manage the estate of the person with mental illness; and

(b) ensure proper care of the person with mental illness and the dependants of that person.

(6) Where, upon review, a person with mental illness is found capable of managing his or her affairs, the court to shall revoke the order made to the personal representative.

47. Responsibilities of personal representative appointed by court.

(1) Court shall grant a personal representative general or specific powers, to manage the estate of the person with mental illness.

(2) Notwithstanding subsection (1), a personal representative shall not, without the special permission of the court—

(a) mortgage, charge or transfer, by sale, gift, surrender, exchange, or by any other means, mortgage, charge or transfer any immovable property of the person with mental illness;

(b) lease any property of the person with mental illness for a term exceeding five years; or

(c) invest funds of the person with mental illness in any security except a security authorised by law.

(3) A personal representative shall not—

(a) invest any funds belonging to the person with mental illness in any company or undertaking in which the personal representative has an interest; or

(b) purchase immovable property for the person with mental illness without the authority of court.

(4) Where necessary, the court shall determine an allowance to be paid out of the estate of the person with mental illness, to a personal representative, for the services rendered.

48. Personal representative to furnish inventory and final accounts.

A personal representative appointed by court, shall within six months of the appointment, file in court an inventory of the property of the person with mental illness, including the money, goods and effects the personal representative receives on account of the estate and a statement of the debts owed by, or due to the person with mental illness.

PART V—MENTAL HEALTH TREATMENT FOR PRISONERS

49. Powers of the police.

(1) Where it appears to a police officer arresting a person, that the person is suffering from mental illness, the police officer shall not arrest or detain the person but shall take the person for an assessment of his or her mental health.

(2) The police officer shall deal with the person based on the results of the assessment carried out under subsection (1).

(3) Where the police officer determines that the person requires treatment for mental illness, the person shall be taken to a health unit, by the police officer.

50. Assessment of mental health status of prisoners and children in remand.

(1) Where it appears to the officer in charge of a prison, through personal observation or from information provided, that a prisoner or a child in prison may have mental illness, the officer in charge of the prison shall cause an examination of the mental health status of the prisoner or child, to be carried out.

(2) Where a psychiatrist is not readily available the examination shall be carried out by a medical practitioner or a mental health care practitioner.

(3) The psychiatrist, medical practitioner or mental health care practitioner who carries out an examination under this section, shall make a report to the officer in charge of the prison.

(4) The report made under subsection (3) shall specify the mental health status of the prisoner and where necessary, indicate the plan for the treatment of the prisoner.

51. Treatment of prisoners with mental illness.

(1) Where as a result of the examination carried out under section 50, it is determined that the prisoner can be treated in the prison, the officer in charge of the prison shall take the necessary steps to ensure that the required care and treatment is provided to that prisoner.

(2) Where as a result of the examination carried out under section 50, it is determined that the mental illness of the prisoner is of such nature that the prisoner can only to be treated in a mental health unit, the officer in charge of the prison shall request a magistrate to cause the prisoner to be transferred to a mental health unit.

(3) The magistrate to whom a request is made, shall request a psychiatrist, or where a psychiatrist is not available, another senior mental health practitioner, to determine whether the prisoner should be transferred to the mental health unit.

(4) Where the psychiatrist, or other senior mental health practitioner recommends that the prisoner should be cared for and treated at a mental health unit, the magistrate shall issue a written order to the officer in charge of the prison, to transfer the prisoner to a mental health unit.

(5) Where the psychiatrist, or other senior mental health practitioner recommends that the prisoner does not need to be cared for and treated in a mental health unit, but in the prison where he or she is detained, the magistrate shall issue a written order to the officer in charge of the prison to take the necessary steps to ensure that the required levels of treatment are provided to the prisoner, in the prison.

52. Periodic reviews of mental health status of prisoners with mental illness.

(1) The officer in charge of a prison in which a prisoner with mental illness is detained shall cause the mental health status of that prisoner to be reviewed at least once every year, by a psychiatrist.

(2) The review under subsection (1) shall—

(a) specify the mental health status of the prisoner; and

(b) set out recommendations regarding a plan for the care and treatment of the prisoner.

(3) The psychiatrist who carries out the review under subsection (1) shall submit a summary of the report of the review to the Board, the court and the officer in charge of the prison.

(4) Within thirty days of receipt of the report, the Board shall—

(a) make a recommendation on the plan for the care and treatment for the prisoner; and

(b) send a written notice of its recommendations and the reasons for the recommendations—

(i) where necessary, to the prisoner;

(ii) to the officer in charge of the mental health unit where the prisoner is to be transferred; and

(iii) to court.

53. Recovery of prisoner with mentally illness.

The officer in charge of a mental health unit, who believes, from personal observations or from information obtained, that a prisoner with mental illness who is admitted in the mental health unit, has recovered to such an extent that he or she does not require treatment or that the treatment can be appropriately given at the prison, shall—

(a) compile the discharge report;

(b) request the prison to collect the prisoner; and

(c) make a report of the discharge to the magistrate.

54. Prisoner who absconds from mental health unit.

(1) Where a prisoner with mental illness who is admitted in a mental health unit absconds from the mental health unit, the officer in charge of the mental health unit shall—

(a) immediately notify the police and request the police to locate, apprehend and return the prisoner to the mental health unit; and

(b) notify the magistrate and the officer in charge of the prison where the prisoner with mental illness was detained, within seven days after notifying the police.

(2) The police may use such restraining measures as may be necessary and appropriate in the circumstances, to apprehend a prisoner under this section.

55. Expiry of term of imprisonment of prisoner with mental illness.

(1) Subject to this section, on the expiry of the term of imprisonment of a prisoner with mental illness, the prisoner shall, as the case may be, be released from the prison where the prisoner is detained or from the mental health unit where the prisoner is admitted.

(2) Where a prisoner with mental illness who is treated in prison, is due to be released from prison, the officer in charge of the prison shall before the release, refer the prisoner a mental health unit, for examination.

(3) The mental health practitioner who carries out the examination under subsection (2), shall determine whether the prisoner should continue with treatment after release for prison and shall in this case, refer him or her to a primary health centre situated in the area where the person is to reside, to be treated as a voluntary or an involuntary patient, as the case may be.

(4) Where the person to be released from prison is to be an involuntary patient, a senior mental health practitioner shall issue a community treatment order for that person.

(5) The senior mental health practitioner who issues a community treatment order to a person who is released from prison and the officer in charge of the prison that releases a prisoner with mental illness shall inform the probation officer of the area where the person released from prison is to reside, of the release.

56. Duties of local authorities

(1) The local council executive of the area where a person with mental illness who is released from prison resides, shall monitor the person to ensure that he or she do not present a risk to the residents of the area.

(2) Where local council executive establishes that the person is a risk to the residents of the area where he or she resides, the local council executive shall cause the person to be admitted in a mental health unit as an involuntary patient.

PART VI—THE UGANDA MENTAL HEALTH ADVISORY BOARD

57. Establishment of the Uganda Mental Health Advisory Board.

(1) For the purposes of monitoring the implementation of this Act, there is established a Board to be known as the Uganda Mental Health Advisory Board.

(2) The Board shall be under the general supervision of the Minister.

58. Composition of Board.

(1) The Board shall be composed of a chairperson and ten members.

(2) The chairperson shall be an eminent person with experience in the field of medicine, social work or human rights.

(3) The members shall include—

(a) a senior psychiatrist;

(b) a senior clinical psychologist;

(c) a senior social medical worker;

(d) a principal psychiatric nurse;

(e) an advocate, nominated by the Uganda Law Society;

(f) a person representing the mental health service users, nominated by the mental health service users' organisations;

(g) a person representing the mental health carers, nominated by the mental health carers' organisations;

(h) a representative of the non-governmental organisations working in the field of mental health, nominated by those organisations;

(i) a representative from the Ministry of Gender, Labour and Social Development; and

(j) the national mental health coordinator, who shall be an *ex-official* member of the Board.

(4) The members referred to in subsection (3) (a), (b), (c) and (d) shall be nominated by the Director General of medical services.

(5) The members referred to in subsection (3) (e), (f), (g) and (h) shall be nominated from amongst persons who are qualified for the appointment by virtue of their experience in mental health treatment.

(6) The chairperson and the members of the board shall be appointed by the Minister who shall, in making the appointments, take into consideration the principle of equal opportunities.

59. Tenure of Board.

(1) The chairperson and a member of the Board shall hold office for three years and is eligible for re-appointment for one further term.

(2) The chairperson and a member shall vacate office—

(a) by tendering his or her resignation in writing to the Minister;

(b) on revocation of the nomination of the member by the responsible person or organisation; or

(c) by removal from office by the Minister on resolution of the Board supported by not less than two thirds of the members of the Board, present and voting.

60. Functions of the Board.

The Board shall—

(a) monitor mental health services in Uganda and the mental health units and advise Government on these;

(b) monitor the implementation of this Act;

(c) accredit private mental health units to treat mental illness;

(d) set standards for mental health units and inspect and monitor the performance of mental health units to ensure that they meet the prescribed standards;

(e) review any matter referred to it by a patient, a relative or a concerned person, concerning the treatment of the patient in a mental health unit and in particular of a patient on involuntary admission and treatment or a prisoner with mental illness and where necessary, take, or advise the mental health unit to take, the necessary remedial action;

(f) provide guidelines for the requisite competencies required for the review of cases of involuntary treatment, forensic and capacity assessment by the mental health practitioners and periodically review the guidelines;

(g) promote and protect the rights of persons with mental illness;

(h) commission research into emerging issues on mental health;

(i) promote public awareness on mental health and mental illness; and

(j) carry out any other function necessary for the implementation of this Act.

61. Review by the Board.

(1) A patient, or a personal representative, a relative or a concerned person, on behalf of a patient, may, for the purposes of section 60 (e), make an application to the Board, requesting the Board to -

(a) determine whether the patient needs continued treatment or extended psychiatric emergency care against his or her consent;

(b) determine whether the patient should continue to be admitted in a mental health unit for extended emergency treatment against his or her consent;

(c) determine whether the patient who is admitted in a mental health unit against his or her consent for extended emergency treatment should have been or should be transferred to another mental health unit; or

(d) make a decision on any other matter concerning the patient who is receiving treatment against his or her consent.

(2) In addition to subsection (1), the Board may inquire into any complaint made to it concerning -

(a) the failure to uphold the rights of a person with mental illness; or

(b) any other matter related to the administration of this Act.

(3) The Board shall for the purposes of a review, consider the psychiatric condition of the patient and the medical and psychiatric history and the social circumstances of the patient.

(4) An officer in charge of a mental health unit or a mental health practitioner who attends to a patient in a mental unit shall, on receipt of a letter of complaint or of appeal written by the patient or on behalf of the patient to the Board, forward the letter to the Board, as soon as practicable, after the letter come to his or her notice.

(5) The Board may delegate any function under this section to a member of the Board.

62. Review by board of its own motion.

The Board may, at any time, carry out a review of a case of an involuntary patient, which is considered under section 61, where the Board considers it appropriate to do so, based on a report or complaint it receives, or for any other reason.

63. Meetings of the Board.

(1) The Board shall meet at least once every three months.

(2) The Chairperson may summon a special meeting of the Board upon request made in writing by not less than five members of the Board.

(3) The Minister may request for a special meeting of the Board.

(4) The Chairperson shall preside at all meetings of the Board at which he or she is present and in the absence of the Chairperson, the members present shall elect from amongst themselves, a person to preside.

(5) Seven members of the Board shall form a quorum at any meeting of the Board.

(6) A decision of the Board shall be by consensus.

(7) The Board may coopt any person who is not a member to attend any of its meetings as an adviser and that person may speak at the meeting on any matter in relation to which his or her advice is sought but shall not make a decision on any matter before the meeting.

(8) A member of the public may make a request in writing to the Board, for permission to attend a meeting of the Board.

(9) The Board may regulate its own procedure during meetings, subject to the provisions of this Act and regulations made under this Act.

64. Committees of the Board.

(1) The Board may appoint a committee to assist in the carrying out of its functions under this Act and may delegate to a committee such functions as it may consider necessary, subject to conditions that it may determine.

(2) A committee appointed under this section shall comprise members of the Board.

(3) A committee may coopt a resource person to its meeting; except that the coopted person shall not make a decision on any matter before the committee.

(4) A committee may regulate its own procedure during meetings, as may be prescribed by the Board.

65. The secretariat.

(1) The office of the national mental health coordinator shall be the secretariat for the board.

(2) The secretariat shall—

(a) implement the policies and decisions of the Board; and

(b) do such other things as may be necessary or expedient for the carrying out of the functions of the Board.

66. Mental health tribunals.

(1) The Board may, where it considers it necessary, establish a mental health tribunal, on such terms and conditions as the Board shall determine.

(2) A mental health tribunal shall have not less than three and not more than five members, one of whom shall be a mental health service user.

(3) For the purposes of this section, a mental health tribunal shall, investigate and arbitrate or advise on a complaint referred to the Board, by a patient, a personal representative, a relative or a concerned person, concerning the treatment of the patient and where necessary take, or recommend to the Board any remedial action.

67. Appeals.

A person who is aggrieved by the decision of the Board or of a mental health tribunal, may appeal to the High Court.

68. Funds of the Board.

(1) The funds of the Board shall consist of—

(a) monies appropriated by Parliament for the functions of the Board;

(b) grants received by the Board, with the approval of the Minister and the Minister responsible for finance; and

(c) any other money as may with the approval of the Minister and the Minister responsible for finance, be received by or made available to the Board for the purpose of performing its functions.

(2) The funds of the Board shall be administered and controlled by the accounting officer of the Ministry.

69. Annual and other reports

(1) The Board shall within three months after the end of each financial year, submit to the Minister, a report on the activities of the Board in respect of the financial year, containing such information as the Minister may require.

(2) The Board shall also submit to the Minister such other reports on its activities or any other matter as the Minister may require.

70. Inquiries directed by Minister

(1) The Minister may direct the Board to inquire into any matter related to the administration of this Act.

(2) Where the Minister directs the Board to inquire into a matter under subsection (1), the Board shall make a report of its findings to the Minister.

PART VII—MISCELLANEOUS

71. Protection from liability.

A person who performs a function in accordance with the requirements of this Act, shall not be personally liable for any act or omission done in good faith in the performance of the function.

72. Investigation of deaths related to mental illness

The officer in charge of a mental health unit shall conduct an investigation into the deaths that occur in the mental health unit and file a report to the Board, as may be prescribed by regulations.

73. Powers of the Minister to make regulations

(1) The Minister may, by statutory instrument, in consultation with the Board, make regulations—

(a) for the care, treatment and rehabilitation of persons with mental illness;

(b) for the control and management of mental health units;

(c) prescribing the standards to be maintained by the mental health units in Uganda;

(d) prescribing anything which may be prescribed under this Act; and

(e) generally for the purpose of carrying into effect the provisions of this Act.

(2) Regulations made under this section may prescribe, in respect of a contravention of the regulations, that the offender is liable, on conviction, to a fine not exceeding one hundred and twenty currency points or to imprisonment for a term not exceeding five years.

74. Repeal

The Mental Treatment Act is repealed.

75. Saving provisions

(1) A building appointed by the Minister as a mental hospital under the Mental Treatment Act, Cap 279 shall be deemed to be mental health unit under this Act.

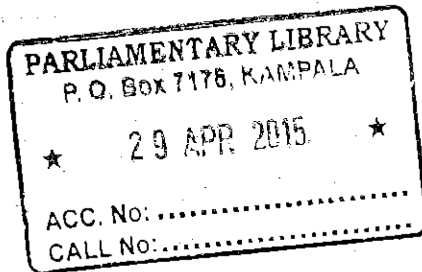
(2) Any action taken under the Mental Treatment Act, Cap 279 and which is subsisting at the date of commencement of this Act is deemed to be an action taken under this Act.

SCHEDULES

SCHEDULE 1

Section 2

A currency point is equivalent to twenty thousand shillings.



SCHEDULE 2

Sections 2, 5, 9 and 55

COMMUNITY TREATMENT ORDER

Details of senior mental health practitioner:

Names of senior mental health practitioner..

Job title/rank of senior mental health practitioner................................

Address and telephone number of senior mental health practitioner............

....

Signature and stamp..

Details of patient:

Names..
Inpatient number....................
Date of birth.....................Age.................Sex.............................
Residential address..
Telephone...
Nationality...
Marital status...
Number of children of the patient (if any) ....
number...
Diagnosis...

Conditions of the community treatment order

Reasons for issuing the community treatment order
....
....
....
....
....
....

Care, treatment and rehabilitation to be given at a primary health centre

....

....

....

....

....

Duration of the treatment at a primary health centre (in months)............

When the treatment is to start...

When the treatment is to end...

Names of person to implement the community treatment order ....

....

Address of person to implement the community treatment order ....

....

Names and address of relative or concerned person to take care of the patient

....

....

Cross references:

Medical and Dental Practitioners Act, Cap. 272

Nurses and Midwives Act, Cap. 274

Public Trustees Act, Cap. 161

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