

January 2020.

## **RESPONSE TO THE SENATE ON THE PUBLIC HEARING OF THE MENTAL HEALTH (MH) BILL FOR CONSIDERATION.**

### **General review:**

- A lot of attention was given to the establishment of board and councils that govern the application of the Act and little attention was paid to the quality of service delivery for the provision of mental health support in the country.
- There is a need to protect patients from exposure to MH services from external sources. A mandate should be placed on psychology and psychiatrist bodies to ensure the licensing of practitioners in the country. This allows for management on the quality of MH services of MH practitioners.

### **Other areas of concern**

PART IV: Rights of persons with mental and substance use-related disorders and responsibilities of government regarding the provision of effective mental health and substance abuse services.

26: Establishment of mental health facilities.

- The Act proposes the establishment of one (1) standard hospital per state but fails to explain what constitutes a standard MH hospital.
- One (1) standard hospital per state is not sufficient to cater to the needs of the people that need this service. The support of already existing centre and the establishment of MH centres in community clinics and primary health care centres should be considered. This smaller centres should have designated MH practitioners and standards that guide them.
- It also does to take into consideration the limited number of mental health practitioners and the need for skill development of different MH professionals.

PART V: Treatment, admission and discharge of patient.

- The language around the treatment of patient focuses more on inpatient care and little is said on outpatient care.
- Psychiatric care seems to have a more established presence in the language around treatment and psychotherapy does not. This is evident in the general lack of mention of the role of the psychologist in the treatment of patients and as practitioners with the ability to admit patients in psychiatric centres.

28. Consent to treatment and treatment of children (minors) & 29. Voluntary admission

- In situations where minor voluntarily request for treatment, what should be the protocol?