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NATIONAL MENTAL HEALTH ACT, 2021



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NATIONAL MENTAL HEALTH ACT, 2021

ACT No. 46

AN ACT TO ESTABLISH THE MENTAL HEALTH SERVICES DEPARTMENT TO PROMOTE AND PROTECT THE RIGHTS OF PERSONS WITH INTELLECTUAL, PSYCHOSOCIAL OR COGNITIVE DISABILITIES, PROVIDE FOR ENHANCEMENT AND REGULATION OF MENTAL HEALTH SERVICES IN NIGERIA ; AND FOR RELATED MATTERS.

[28th Day of December, 2022]

Commence-
ment.

ENACTED by the National Assembly of the Federal Republic of Nigeria—

PART I—OBJECTIVES, COORDINATION AND ADMINISTRATION

1. The objectives of this Act are to —

Objectives.

(a) provide direction for a coherent, rational and unified response to the delivery of mental health services in Nigeria ;

(b) promote and protect the fundamental human rights and freedom of all persons with mental health conditions and ensure that the rights are guaranteed ;

(c) ensure a better quality of life through access to an integrated, well-planned, effectively organised and efficiently delivered mental health care services in Nigeria ;

(d) promote the implementation of approved national minimum standards for mental health services in Nigeria ;

(e) promote recovery from mental health conditions and enhance rehabilitation and integration of persons with mental health conditions into the community ;

(f) facilitate the adoption of a community-based approach to the provision of mental health care services ; and

(g) facilitate the coordination of mental health services delivery in Nigeria.

2. There is established a Department of Mental Health Services in the Federal Ministry responsible for Health (in this Act referred to as “the Department”) which shall have the power to administer the provisions of this Act.

Establishment
of the
Mental
Health
Services
Department

3. The objectives of the Department are to —

Objectives
of the
Department.

(a) propose national mental health policies and facilitate their approval and implementation ;

(b) promote mental wellbeing, healthcare services and facilitate the provision of humane care including treatment and rehabilitation in a least restrictive environment ; and

	<p>(c) promote a culturally appropriate, affordable, accessible and equitably distributed, integrated and specialised mental health care that will involve both the public and the private sectors.</p>
Powers of the Department.	<p>4. The Department shall —</p> <p>(a) propose policies for mental health conditions and facilitate their approval and implementation ;</p> <p>(b) promote the rehabilitation and integration of persons with mental health conditions into the community and the adoption of community and family-based care and support systems for persons with mental health conditions as appropriate ;</p> <p>(c) collect data and facilitate the conduct of research on mental health issues in Nigeria ;</p> <p>(d) formulate and review guidelines related to mental health conditions in consultation with relevant stakeholders ;</p> <p>(e) develop a comprehensive and integrated national plan and program on mental health including measures that —</p> <p>(i) focus on prevention, early intervention, treatment, continuing care and prevention from relapse,</p> <p>(ii) target persons at risk of developing mental health conditions,</p> <p>(iii) target persons affected by catastrophic incidences and emergencies,</p> <p>(iv) facilitate a national suicide prevention strategy,</p> <p>(v) educate, train and increase awareness on mental health promotion and interventions, and</p> <p>(vi) relate to other matters that are necessary for the promotion of mental wellbeing of every person in Nigeria; and</p> <p>(f) conduct regular monitoring and evaluation of the implementation of the provisions of this Act.</p>
Functions of the Department.	<p>5. The Department shall —</p> <p>(a) promote and facilitate collaboration among agencies and disciplines and support the strengthening of the community and facility linkages of mental health services ;</p> <p>(b) conduct regular monitoring and evaluation in support of policy formulation and planning on mental health related issues ;</p> <p>(c) provide for, and collaborate with relevant regulatory bodies to ensure the licensing, accrediting, development and implementation of minimum standards for the delivery of mental health services in Nigeria ;</p>

(d) ensure and guarantee the fundamental rights and safety of persons with mental health conditions, and protect them from discrimination and stigmatisation ;

(e) facilitate access to educational, vocational and leisure opportunities within mental health care facilities ;

(f) ensure integrated multidisciplinary services ;

(g) maintain a national directory of mental health care facilities accredited for the admission and treatment of persons with mental health conditions ;

(h) conduct regular inspection of mental health care facilities to ensure compliance with the guidelines for the treatment and care of persons with mental health conditions and prescribed standards ;

(i) support the development of community based programmes for the care and rehabilitation of persons with mental disabilities where appropriate ;

(j) promote research, data collection, analysis and the sharing and dissemination of information on mental health conditions in Nigeria ;

(k) carry out sensitisation programs and promote access to information on the rights, care and management of persons with mental health conditions ; and

(l) do such other things that are necessary for or incidental to the effective implementation of this Act.

6. There is established a Mental Health Fund (in this Act referred to as “the Fund”) with the objective of providing financial resources for the funding of the provision of this Act. Establishment of Mental Health Fund.

7. The sources of the Fund established under section 6 of this Act include — Sources of the Fund.

(a) voluntary contributions to the Fund from individuals, organisations and the private sector ;

(b) money approved by National Assembly for payment into the Fund ;

(c) grants from bilateral and multilateral sources ; and

(d) money from any other source approved by the Ministry responsible for Finance.

8. The Fund shall be managed according to extant financial regulations of the Federation. Management of the Fund.

9. There is established the Mental Health Assessment Committee (in this Act referred to as “the Committee”) whose main object is to protect persons with mental health conditions as provided under this Act. Mental Health Assessment Committee.

Composition
of the
Committee.

10.—(1) The Committee shall be constituted by the Minister and shall consist of a —

(a) Chairman who shall —

(i) be a legal practitioner with at least 10 years post call experience, and

(ii) have considerable knowledge and experience in medical law ;

(b) consultant psychiatrist ;

(c) medical social worker with at least 10 years of experience ;

(d) representative of a civil society organisation which focuses on mental health ; and

(e) community gatekeeper who may either be a religious or a traditional leader.

(2) The composition of the Committee shall reflect gender balance.

(3) Members of the Committee shall be paid such remuneration and allowances as approved by the Revenue Mobilisation Allocation and Fiscal Commission.

Functions of
the
Committee.

11.—(1) The Committee shall —

(a) hear and determine appeals against decisions made by mental health care facilities in respect of the treatment of persons with mental health conditions under this Act ;

(b) receive and investigate complaints of persons admitted under the provision of this Act ;

(c) review periodically or when necessary cases of individuals who are admitted in a psychiatric hospital or similar institution or subjected to involuntary or long term treatment ; and

(d) hear and dispose of applications to extend the period of physical restraint or seclusion of a person with mental health conditions subject to the provisions of this Act.

(2) The Committee shall in the performance of its function have the power to direct the discharge of persons where it ascertains that —

(a) the person no longer meets the conditions for involuntary admission under this Act ;

(b) in the case of long-term stay voluntary admissions, where it is of the opinion that the admission of the person is no longer necessary ; or

(c) the person can receive adequate follow-up care or treatment as an out-patient.

(3) Matters before the Committee shall be decided by a majority of votes of the members of the Committee.

(4) Subject to the provision of this section, the Committee shall in the performance of its functions determine its own procedures in line with fundamental rights provisions in relevant laws, including the Constitution of the Federal Republic of Nigeria 1999.

Cap. C23,
LFN, 2004

(5) The Committee shall ensure that all its proceedings are properly recorded and documented.

(6) Where a person is not satisfied with the decision of the Committee, that person may seek redress in the High Court.

PART II — RIGHTS OF PERSONS WITH MENTAL HEALTH CONDITIONS

12.—(1) Without prejudice to the provisions of this Act, persons in need of mental and substance abuse services, irrespective of the cause, nature or degree of past or present mental health conditions, shall —

Rights of
persons in
need of
mental
health
conditions
services.

- (a) have the same fundamental rights as a fellow citizen ; and
- (b) not be subjected to any form of discrimination.

(2) A person with a mental health condition shall have the right to —

- (a) access medical, social and legal services ;
- (b) protection from physical and mental abuse and any form of exploitation, forced labour, violence, torture, cruel, inhuman or degrading treatment or punishment, including chaining ;
- (c) engage in educational activities or vocational training ;
- (d) partake in leisure and recreational activities ;
- (e) take part in activities that promote the person’s social, physical, mental and emotional well-being ;
- (f) humane and dignified treatment at any time with respect to personal dignity and privacy ;
- (g) freedom of expression and opinion and access to information ; and
- (h) receive reasonable care, assistance and protection from their family, legal representatives, carers and the government.

(3) Any person who witnesses any form of abuse against a person with mental health condition shall report the incident immediately to the police.

13.—(1) A person with a mental health condition shall enjoy equal access to work and employment opportunities and shall have the right to receive remuneration for any work done, similar to that payable to a person without mental health condition.

Employment
rights.

(2) An employer shall not terminate the employment of a worker or otherwise deprive him of any benefit to which he is entitled merely on grounds

of present or past mental health condition or while the worker is receiving treatment for the mental health condition.

(3) Where an employer has reasonable cause to believe that a worker is suffering from a mental health condition severe enough to affect the work output of the worker, the employer shall assist the worker to seek medical advice or treatment.

Housing.

14. A tenant who develops a mental health condition shall not be evicted from his place of residence solely on grounds of his mental health condition.

Right to mental health services.

15.—(1) A person with a mental health condition has the right to appropriate, affordable and accessible —

- (a) physical and mental health care and services,
- (b) counseling,
- (c) rehabilitation, and
- (d) after-care support,

to facilitate reintegration into the community.

(2) In determining the type of mental health care and treatment suitable for a person with mental health condition, an attending healthcare worker shall take into account the mental health condition of the person.

(3) Every facility shall ensure that mental health services are provided in a manner that —

- (a) upholds the dignity of the person with a mental health condition ;
- (b) takes into account and allows for treatment options which help a person with a mental health condition to manage the condition and participate in political, social and economic aspects of the person's life ;
- (c) aims at reducing the impact of the mental health condition and improving the quality of life of the person with mental health condition through the provision of the relevant clinical and nonclinical care ; and
- (d) provides all reasonable accommodation to persons with mental health conditions.

Right to quality and standard treatment.

16.—(1) A person with a mental health condition is —

- (a) 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 ;
- (b) entitled to receive treatment in the least restrictive environment and manner ;

(c) not to be subjected to torture, cruelty, forced labour and any other inhuman treatment ;

(d) entitled to receive aftercare programs, counselling and rehabilitation, where possible, in the community in order to facilitate their social inclusion ;

(e) entitled to access psychotropic drugs, essential medicines, and any other biopsychosocial interventions at different levels of care as appropriate ; and

(f) entitled to actively participate in the formulation of the multidisciplinary treatment plan.

(2) Where a person with a mental health condition is in a facility, he shall have the right to have access to and spend personal money for personal purchases, unless the mental capacity of the person does not allow that.

17.—(1) A person with a mental health condition may, where possible, exercise the capacity to make decisions for the appointment of a person as his legal representative.

Right to
appoint legal
representatives.

(2) The legal representative appointed under subsection (1) shall have the power to make decisions in respect of the care and treatment of the person with a mental health condition where the person lacks the capacity to make decisions.

18.—(1) A person with a mental health condition has a right to, where possible, participate in the formulation of his treatment plan.

Right to
participate
in treatment
planning.

(2) Where a person with mental health condition is incapable of exercising the right under subsection (1) due to the nature of his condition, his legal representative shall be entitled to participate in the formulation of the treatment plan.

19.—(1) A person with a mental health condition shall have the right to visit from relatives, a legal practitioner and other persons in private.

Right to
privacy and
dignity.

(2) Notwithstanding the provisions of subsection (1), where there are reasonable grounds to believe that a person will be violent or may otherwise pose a danger to others, he may be required to receive visitors under the supervision of an officer of the facility.

(3) A person with a mental health condition shall have the right to be examined in private, in the presence of his representative or the attending health care worker specifically required for the consultation or examination.

20. A person with a mental health condition or his legal representative is entitled to information regarding the person's mental and other health status as provided in the National Health Act.

Right of
access to
information.
Act No. 8,
2014.

Right to confidentiality.
Act No. 8, 2014

21.—(1) All information concerning a person with mental health condition, including information relating to his or her health status, treatment and stay in a health facility is confidential as provided for in the National Health Act.

(2) Notwithstanding the provisions of this section, nothing shall preclude health professionals from taking reasonable steps to prevent the likelihood of serious harm to the person with mental health conditions or to others.

Right to legal representation.

22.—(1) A person with a mental health condition is entitled to choose and appoint a legal practitioner to represent him in any manner, including in any complaint procedure or appeal.

(2) Where the person with mental health condition is unable to exercise the right under subsection (1), his legal representative may appoint a legal practitioner to represent the person with the mental health condition in any manner, including in any complaint procedure or appeal.

(3) Where the person with the mental health condition or his legal representative cannot afford the services of a legal practitioner, the State shall provide legal assistance to the patient.

Protection of persons with mental health conditions.

23. Any health professional or person in the employment of a facility who strikes, ill-treats or neglects any person with a mental health condition or violates or neglects any rule or regulation made under this Act in relation to the treatment or care of persons with mental health conditions commits an offence.

PART III — FACILITY-BASED TREATMENT OR CARE

Establishment of mental health services facility.

24.—(1) Every public healthcare facility shall make provision for integrated mental health treatment at all levels in line with the guidelines established by the Department for the purposes of effective implementation of the provisions of this Act.

(2) The Federal Ministry responsible for Health shall —

(a) provide a supportive framework for community based mental health services, including outreach services home care and support, emergency care, supported decision-making, community-based rehabilitation and supported housing, wherever possible ;

(b) require the establishment of interdisciplinary community mental health teams to support persons with mental health conditions and their families or caregivers in the community;

(c) integrate mental health into the disease-specific programs including HIV, maternal, sexual and reproductive health programs, and adolescent health programmes ;

(d) engage persons with mental health conditions with practical experiences, as peer support workers ;

(e) establish, support and collaborate with licensed community mental health services run by non-governmental organisations, faith-based organisations and other community groups, including self-help and family support groups ;

(f) develop and implement tools for self-help care including the use of mobile technologies ; and

(g) cultivate recovery-oriented care and support through awareness-building opportunities and training for health and social service providers.

(3) A public healthcare facility shall meet the minimum standard specified in the national mental and substance abuse guideline and policy.

(4) Notwithstanding subsection (1), the Minister may designate any hospital with requisite facilities as mental health facilities.

(5) Notwithstanding subsection (1), the Minister shall ensure that the existing facilities at the primary, secondary and tertiary levels of health care are effectively utilised for the purpose of the implementation of this Act.

25. The Federal Ministry responsible for Health shall —

(a) set minimum standards for programmes for the treatment of mental health conditions ; and

(b) maintain and periodically publish a list of licensed mental health treatment centres and facilities in Nigeria.

Programmes
for
treatment.

26.—(1) No treatment shall be administered without the prior written consent of the person with the mental health condition voluntarily given after the attending healthcare worker has provided the person with relevant information pertaining to his state of health and necessary treatment relating to the —

Informed
consent.

(a) range of diagnostic procedures and treatment options available to the patient ;

(b) benefits, possible pain or discomfort, risks, costs and consequences associated with each of the treatment options ; and

(c) patient's right to refuse treatment and the implications and risks of such refusal.

(2) The health professional shall ensure that the information provided to the person under subsection (1) is given in the language the person understands and in a manner which takes into account the literacy level of the person:

Provided that where the person with mental health condition is unable to understand the information relevant to the decision where provided using simple language, visual aids or any other means or unable to retain, use or weigh the information or to communicate his decision by talking, using sign language or any other means, provisions shall be made by the medical officer for supported decision making at no cost to the person with mental health condition.

Voluntary admission.

27.—(1) A person who presents himself voluntarily to a hospital or other health facility for treatment for a mental health condition shall be entitled to —

(a) receive appropriate care and treatment of the same standard 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 qualification of staff, medical and related services and access to essential medicines ; and

(b) be referred to an appropriate facility.

(2) No treatment shall be given to a person for voluntary care or admission unless consent is obtained in accordance with section 26 of this Act.

(3) At the time of admission, a person for voluntary care or admission shall be informed that he has the right to be discharged at any time and that the person shall not be denied of such right, unless he meets the requirements of involuntary care at the time the request is made.

(4) Where the person for voluntary care or admission requests a discharge from a facility against medical advice, the facility shall grant the request within 24 hours unless the person meets the conditions for involuntary admission at the time of making the request.

(5) The head of the facility shall report cases of long term stay to the Committee.

Involuntary treatment.

28.—(1) Subject to the provisions of this section, a medical officer or head of the facility may, upon application, admit a person with mental health condition involuntarily, or involuntarily admit a person who had been admitted voluntarily, where he determines that the person has a mental health condition and —

(a) because of the mental health condition, there is a serious likelihood of imminent harm to that person or to other persons ; or

(b) where there is evidence that the mental health condition is so severe that failure to admit the person is likely to —

- (i) lead to a serious deterioration in the condition of that person, or
- (ii) hinder the provision of appropriate treatment that can only be given by admission to a facility in accordance with the principle of the least restrictive alternative :

Provided that the involuntary admission of a child with mental health condition or involuntary detention of such child who had been admitted voluntarily shall be a matter of last resort and shall only be applicable where community based alternatives are unavailable, unlikely to be effective or have been tried and failed.

(2) Without prejudice to subsection (1), an application for the involuntary admission of a person with mental health condition may be made by the following persons, in the following order —

- (a) by the parent or guardian of the person and if not available or unwilling ;
- (b) by the spouse of the person, and if not available or unwilling ;
- (c) by any other legal representative of the person; or
- (d) where persons under paragraphs (a), (b) and (c) are not available or willing to make the application, by any other person, including a medical officer, law enforcement officer, appropriate government agent or any other person who has reasonable cause to believe that there is a deterioration in the mental health condition of the person in respect of whom the application is made.

(3) An application for involuntary admission of a person with mental health condition shall clearly set out grounds on which the applicant believes that the involuntary admission of the person is necessary and in the best interest of the person with a mental health condition.

(4) Any application made by a person under subsection (2)(d) shall contain information regarding —

- (a) the reason why he is making the application ;
- (b) the relationship of the applicant to the person in respect of whom the application is made ; and
- (c) steps that were taken to locate the relatives or legal representative of the person with mental health condition to determine their capability or availability to make the application.

(5) Notwithstanding the provision of subsection (1), no person with a mental health condition shall be admitted involuntarily and no person who had been admitted voluntarily shall be admitted involuntarily unless two independent qualified medical practitioners have examined the person, and completed Form A as

required under this Act wherein each of them shall set out their findings from the examination and certify that the person has a mental health condition and because of the mental health condition, there is —

(a) a serious likelihood of imminent harm to that person or to other persons ; or

(b) evidence that the mental health condition is so severe that failure to admit the person is likely to —

(i) lead to a serious deterioration in his condition, or

(ii) hinder the provision of appropriate treatment that can only be given by admission to a facility in accordance with the principle of the least restrictive alternative.

(6) The qualified medical practitioner or head of the facility may make a written recommendation for the involuntary treatment of the person and shall forward the recommendation to the Committee.

(7) The qualified medical practitioner or head of the facility shall admit the patient, provided that he forwards the application made under subsection (2), the completed Form A, the two independent qualified medical practitioners and the written recommendation for the involuntary admission of the person to the Committee for review and approval of the involuntary admission of the patient as soon as practicable.

(8) The Committee shall review the documents in subsection (7) and inform the facility of its decision to approve or deny the application for the continued involuntary admission of the person within 24 hours of receipt of the documents.

(9) No facility shall continue to admit a person with a mental health condition involuntarily or admit involuntarily a person who had been admitted voluntarily where the Committee has reviewed and rejected such admission.

(10) Where the Committee authorises the involuntary admission of a person with a mental health condition or the detention of a person who had been admitted voluntarily, the medical practitioner or head of the facility shall inform the person and his legal representatives of the reasons for admission and their right to appeal.

(11) The medical practitioner or head of the facility shall ensure that the information provided to the person with a mental health condition and his legal representatives under subsection (10) is provided in a language that the person and his legal representatives understand and in a manner which takes into account the literacy level of the person and his legal representatives.

(12) The medical officer or head of the facility shall ensure that the manner in which the information was provided to the person or his legal representative is stated in the patient's medical records.

(13) An appeal by a person in respect of whom a decision of involuntary admission has been made under this section or by his legal representatives shall lie directly to the Court of Appeal.

(14) Upon admission of a person under this section, the facility shall evaluate and provide appropriate medical treatment to the person for a period not more than 28 days beginning from the day of admission.

(15) It shall be the responsibility of the facility to ensure that the treatment plan for the person is formulated by a medical officer with at least five years of experience in the treatment and management of patients with similar mental health conditions.

(16) The treatment plan formulated by the medical officer in subsection (15) shall not be implemented unless it is agreed to by another medical officer with at least five years of experience in the treatment and management of persons with similar mental health conditions.

29.—(1) A person admitted involuntarily shall be entitled to change his own status to that of a voluntary patient if a qualified medical practitioner certifies that —

Involuntary patient entitled to change status.

(a) the person under involuntary care is reasonably capable of understanding the nature of the decision to change status ; and

(b) such a change is in the patient's best interest.

(2) Notwithstanding the provision of subsection (1), the next of kin or legal representative of the person shall be entitled to challenge the change of status at the Committee within two days :

Provided that such period may be extended by the Committee where the next of kin or legal representative shows good cause.

30.—(1) Where it is determined that a person no longer fulfills the criteria for involuntary care or admission, he shall immediately be discharged.

A person who no longer meets criteria for involuntary care.

(2) The provision of subsection (1) shall apply irrespective of whether the person has been in involuntary care for a period less than 28 days.

(3) Any person who contravenes any provision of this section commits an offence and in the case of —

(a) a natural person, is liable on conviction to a fine of at least ₦1,000,000 or imprisonment for a term not more than five years or both ; or

(b) a corporate person, is liable on conviction to a fine of at least ₦5,000,000.

Extension of the period of involuntary admission.

31.—(1) Where in the opinion of the medical officer or head of the facility, it may be necessary to further admit a person under this section after the expiration of 28 days from the day of admission in order to stabilise and adequately treat the patient, an application shall be made to the Committee for the extension of the period of admission.

(2) The application for extension of the period of admission under subsection (1) shall be made before the expiration of the period of 28 days from the day of admission.

(3) No application for extension of the period of admission shall be granted by the Committee except it is supported by the written reports of two independent medical officers who have examined the person and who shall set out their findings as required under Form A wherein they shall certify that the person is still suffering from a mental health condition and —

(a) because of the mental health condition, there is still a serious likelihood of imminent harm to that person or to other persons ; or

(b) there is new evidence that the mental health condition is still so severe that failure to extend the period of admission is likely to —

(i) lead to a serious deterioration in the condition of that person, or

(ii) hinder the provision of appropriate treatment that can only be given by admission to a facility in accordance with the principle of the least restrictive alternative, and that the treatment requires admission and cannot be administered to the person as an out-patient.

(4) For the purpose of this section, a medical officer shall not be considered “independent” where he is —

(a) an officer or staff of the facility ; or

(b) a partner of or in the employment of an officer or staff of the facility.

(5) Where the Committee is satisfied that an extension of the period of admission is in the best interest of the person with mental health condition and that treatment cannot be administered to the person as an out-patient, it shall extend the period of admission for a period not more than 14 days and may grant further extensions:

Provided that a person under involuntary care or admission under this section shall not be admitted in a facility for a continuous period of more than six weeks without review by the Committee.

Right to appeal against involuntary admission.

32.—(1) The person with a mental health condition or his legal representative may appeal to the Committee against a decision for involuntary admission or a decision to extend the period of involuntary admission.

(2) Appeals against a decision for involuntary admission or a decision to extend the period of involuntary admission shall receive an expedited hearing and the Committee shall give its decision on the appeal within three days of the filing of the appeal.

33.—(1) No facility shall admit a person with a mental health condition involuntarily or admit involuntarily a person who had been admitted voluntarily unless it is accredited by the Ministry as a facility capable of providing involuntary care to patients.

Accreditation required for involuntary care.

(2) The certificate of accreditation by the Ministry or state agency as a facility capable of providing involuntary care to patients must be displayed in a conspicuous place in the facility.

(3) Any attending healthcare worker or head of the facility who admits a person with mental health condition involuntarily or involuntarily admits a person who had been admitted voluntarily in a facility, which has not been accredited by the Ministry to provide involuntary care to patients, commits an offence and is liable on conviction, to a fine of at least ₦2,000,000 or imprisonment for a term not more than five years or both.

(4) Where a facility which has not been licensed by the Ministry or the relevant state agency to provide involuntary care to patients admits a person under this section, the facility is liable on conviction to a fine of at least ₦10,000,000.

34.—(1) Persons with mental health conditions shall be protected from the use of forced treatment, seclusion and any other method of restraint in facilities, including physical, chemical and mechanical restraints, except in accordance with the provisions of this Act.

Conditions for restraint or seclusion of a person with mental health condition

(2) All facilities shall implement guidelines developed by the Ministry for de-escalating potential crises and managing sensitivities and triggers in persons with mental health condition which shall respect the dignity and the human rights of persons with mental health condition.

(3) Subject to the provisions of this section, no person with mental health condition shall be subjected to any form of restraint or seclusion unless he has first received adequate care by a medical officer for at least 48 hours and upon the expiration of that time —

(a) two medical officers examine the person with mental health condition and certify in writing that it is the only means available to prevent immediate or imminent harm to the person ;

(b) the head of the facility has authorised the adoption of this measure in writing ; and

(c) the facility has been accredited by the Ministry or the State Ministry where appropriate as having adequate facilities for undertaking such a measure safely:

Provided that where there is no trained psychiatrist within the facility to examine, assess or proffer options for treatment to the person with mental health

condition, such a person shall be transferred to another facility with a trained psychiatrist within 48 hours of restriction.

(4) In a facility with a trained psychiatrist, restraint or seclusion shall only be done in accordance with established protocol on restraint and seclusion developed by the Federal Ministry responsible for Health.

(5) No person with mental health condition shall be subjected to any form of restraint or seclusion as a means of punishment or for the convenience of staff of the facility.

(6) A person with mental health condition who is subjected to any form of restraint or seclusion shall, at all times, be kept under humane and hygienic conditions, in the least restrictive environment, and shall be under the care and regular supervision of a mental health practitioner within the facility.

(7) The head of the facility shall ensure that at least one medical officer within the facility maintains continuous, active and personal contact with the person during the period of seclusion or restraint.

(8) Where any person with mental health condition is restrained or secluded, the head of the facility shall within 72 hours provide the Committee with the reasons and the duration of the incident.

(9) The head of the facility shall ensure that all instances of restraint or seclusion, their reasons, nature and extent are clearly, fully and correctly recorded in the medical records of the person with the mental health condition.

(10) The period of restraint or seclusion under subsection (9) shall not be prolonged beyond the period which is strictly necessary to —

(a) administer treatment to the person with mental health condition; or

(b) allow the person with mental health condition to co-habit peacefully with other users within the facility or the person's relatives or with members of the community:

Provided that in any case, the period of restraint or seclusion shall only last for as long as medically necessary or 72 hours, whichever is earlier.

(11) Notwithstanding anything to the contrary in this Act, a person, group of persons or faith-based institution shall not employ the use of restraints such as chains, handcuffs, shackles, ropes or other instruments on any person with a mental health condition, whether in a public or private place.

(10) Any person who contravenes any provision of this section commits an offence and is liable on conviction to a fine of at least ₦2,000,000 or imprisonment for a term not more than five years or both.

35.—(1) Where the medical officer has examined the person and is of the opinion that the extension of the period of restraint or seclusion under this section is necessary to prevent immediate or imminent harm to the person with mental health condition or other people, the medical officer shall before the expiration of the period of 72 hours from the beginning of the patient's restraint or seclusion make an application to the Committee for an extension.

Extension of period of seclusion or restraint of person with mental health condition.

(2) No application for an extension of the period of restraint or seclusion shall be granted by the Committee except it is accompanied by a statement by another medical officer certifying that he has examined the person and in his opinion, an extension of the period of restraint or seclusion is necessary to prevent immediate or imminent harm to the person with mental health condition or other people.

(3) The application for extension of the period of restraint or seclusion must be accompanied by the findings from the examination of the two medical officers.

(4) Where an application for an extension of the period of restraint or seclusion is granted by the Committee, it shall not be for a period exceeding 48 hours.

(5) The head of the facility shall ensure that no person is subjected to continuous periods of restraint or seclusion.

(6) Where a person with mental health condition is subject to restraint or seclusion under this section, the medical officer or head of the facility shall ensure that his relatives or legal representatives are notified of the restraint or seclusion immediately in a language that they understand taking into account their level of literacy.

(7) The relatives or legal representatives of a person with a mental health condition shall have a right of appeal to —

(a) the Committee against the decision of a facility to subject such a person to restraint or seclusion ; and

(b) the Court of Appeal against the decision of the Committee to grant an extension of the period of restraint or seclusion under subsection (3).

(8) Every facility shall maintain and keep a register where records of all seclusion and restraint of any person within the facility shall be entered.

(9) Any person who contravenes any provision of this section commits an offence and is liable on conviction to a fine of at least ₦2,000,000 or imprisonment for a term not more than five years or both.

Use of
sterilisation
prohibited.

36.—(1) The use of sterilisation as treatment for mental health condition is prohibited.

(2) Any person who contravenes the provision of this section commits an offence and is liable on conviction to imprisonment for a term of at least seven years, without an option of fine.

Electro-
convulsive
therapy,
psychosurgery
and other
irreversible
treatment.

37. A person or institution shall not perform electroconvulsive therapy, psychosurgery and other irreversible treatments where it is not in the best interest of the person with a mental health condition except —

(a) with a valid license ;

(b) with the informed consent of the person with mental health condition ; and

(c) in accordance with the prescribed clinical guidelines.

Clinical
research and
experimenta-
tion.

Act No. 8,
2014.

38. A person with a mental health condition shall not be used for teaching, experimentation or research purposes except in accordance with the National Health Act and the National Code on Health Research Ethics.

Protection
of a child.

39.—(1) Notwithstanding anything to the contrary in this Act, a facility shall only authorise the admission of a child with mental health condition where —

(a) the living area is separate from that of adult patients ; and

(b) the Federal Ministry responsible for Health or a state agency, as appropriate, has inspected the facility and certified in writing that the treatment shall be conducted in the least restrictive environment and that the facility is duly equipped with facilities which cater to the developmental needs of a child, and such other things which the Ministry shall determine to be necessary for the care of a child with mental disabilities.

(2) Notwithstanding anything to the contrary in this Act, the parent or guardian of a person with a mental health condition shall represent the person in respect of any matter under this Act where the person is a child and shall act in his or her best interest :

Provided that where an attending healthcare worker is of the opinion that the decisions which are being made by the parent or guardian of the child with a mental health condition are not in the best interest of the child, the attending healthcare worker may apply to the Court for the appointment of an independent legal representative who shall be required to make decisions in the best interest of the child.

(3) For the purpose of determining whether a decision made by a parent or guardian is in the best interest of the child, the attending healthcare worker shall be guided by —

(a) his knowledge and experience as an attending healthcare worker ; and

(b) the opinions of the child on issues pertaining to his care, provided the child is above the age of 13 and has the capacity to understand the nature and implication of such issues.

(4) The rights of the child receiving mental health care shall be in line with their rights in the Child Rights Act. Act No. 26, 2003.

(5) Notwithstanding anything to the contrary in this section, the best interests of the child shall be the primary consideration in all actions relating to a child.

40.—(1) The Federal Ministry responsible for Health shall establish a National Carers Guideline. Support for Carers.

(2) States may establish guidelines in line with laws passed by the State House of Assembly.

(3) The National Carers Guidelines shall —

(a) recognise the role of carers in providing support to persons living with mental health conditions ; and

(b) provide strategy and support programmes for carers.

(4) The Federal Ministry responsible for Health shall undertake the collection of information and data on caregiving for persons living with mental health conditions.

41.—(1) Where a police officer above the rank of an Inspector or a staff of the Social Welfare Department of Government has reasonable cause to believe that a person — Removal of patient to a place of safety.

(a) has a mental health condition and is not under proper care or is being cruelly treated or neglected by any relative or other person having charge of the person with mental health condition, or

(b) is dangerous to himself or to others,

he may if he thinks it necessary to do so in the interest of that person or for the protection of other persons, remove that person to a place of safety with a view to making an application for his treatment and care under this Act.

(2) A person removed to a place of safety under this section may be detained there for period not more than 48 hours for the purpose of enabling him to be examined by a medical practitioner and of making any necessary arrangements for his treatment or care.

(3) A police officer above the rank of an Inspector or any other person required or authorised by this Act to take any person to a place of safety or to convey or detain any person shall for the purposes of taking him to a place of safety or conveying or detaining him, have all the powers, authority, protection and privilege of a police officer in the ordinary course of his duties as such.

(4) If any person being in lawful custody by virtue of this section escapes, he may be retaken and returned to the hospital or place of safety —

(a) by the person who had his custody immediately before the escape ; or

(b) by any officer or the staff of the hospital, his nearest relative or his guardian, or by a police officer if at the time of his escape he was liable to be detained in a hospital.

Grant of
leave from
hospital.

42.—(1) The responsible medical officer may grant to any person who is for the time being liable to be admitted in a hospital under this Act, leave to be absent from the hospital subject to such considerations necessary in the interest of the person or for the protection of other persons.

(2) Leave of absence may be granted under this section either indefinitely or for a specified period, and where leave is granted for a specified period, that period may be further extended as the responsible medical officer may think fit.

(3) The responsible medical officer may by notice in writing to the person or to the person for the meantime in charge of the patient, revoke the leave of absence for the recall of the person to the hospital if it appears to him that it is necessary to do so in the interest of the patient's health and safety and the protection of others.

(4) A patient to whom a leave of absence is granted, under this section shall not be recalled under subsection (3) after he has ceased to be liable to be detained under this Act.

(5) In all cases of removal of patient to hospital for the first time or removal of a patient who breaches the condition of leave of absence, the police shall be available to render assistance.

Order of
discharge of
a patient.

43. An order for discharge in respect of a patient detained under any section of this Part may be made —

(a) by the responsible medical officer or by the medical director of the hospital, where the patient is detained pursuant to an application for admission of observation ; or

(b) by the responsible medical officer, the medical director, or by the nearest relation, where the patient is detained pursuant to an application for admission for treatment :

Provided that in other cases, the order shall be made pursuant to the responsible medical officer's report that the circumstances leading to his detention in the first place no longer exist.

44.—(1) Subject to the provisions of this section, the patient's nearest relative may at any time apply for the discharge of a person admitted in the facility.

Order of discharge to nearest relative.

(2) The nearest relative of the person in making such an application shall give a notice in writing in that regard not less than 72 hours to the head of the facility in the event that the responsible medical officer furnishes the head of the facility a report within 72 hours that in his opinion the patient, if discharged, would be likely to act in a manner dangerous to himself and to other persons: in which case —

(a) the application by the relative will not be granted ;

(b) no further application for discharge of that person shall be entertained from that relative until the attending healthcare worker or licensed psychiatrist deems such discharge necessary after assessment every two weeks ;

(c) the head of the treatment facility shall cause the nearest relative of the person to be informed of his right to apply to the Committee in respect of the person.

45. A facility which is not accredited by the Ministry to provide care for involuntary persons shall not provide such treatment to a person for involuntary care or admit a person for voluntary care or admission.

Non-accredited facilities and involuntary patients.

PART IV — PERSONS WITH MENTAL HEALTH CONDITIONS AND CRIMINAL PROCEEDINGS

46.—(1) Where a person is brought before a Court for a criminal offence, or an offence punishable on summary conviction with imprisonment, the Court may by a hospital order authorise his admission for observation in a hospital if it has cause to suspect that the person may be suffering from mental disorder.

Admission of a criminal patient.

(2) Where the court is satisfied, on written evidence made within seven days of admission of two medical practitioners, one of whom is recognised to have special experience in the diagnosis and treatment of mental disorders, that—

(a) the offender is suffering from mental disorder, severe mental impairment or dissocial disorder,

(b) the mental disorder is of a severe nature or degree which warrants the detention of the patient in a hospital for medical treatment, and

(c) the offender is likely to benefit from such treatment with respect to future criminal tendency and behaviour,

the court may decide that the most suitable method of disposing of the case is by means of an order under this section.

(3) Where an order is made under this section, the court shall cause the further detention of the offender in the hospital where the initial assessment of his mental state was made for further treatment until he is assessed as having made sufficient improvement to be discharged, and a report in that respect from the medical practitioners who made the initial assessment placed before the court.

(4) On receiving the report, the court shall order the discharge of the patient from hospital within three days of receiving the report and where the patient has not made satisfactory progress with treatment under subsection (2) within six months of the initial order, and a report in that respect from the medical practitioners referred to under subsection (2) of this Act is placed before the court, the court shall, in the interest of public safety issue a compulsory order for the detention and treatment of the patient for another period of six months and for multiple periods of six months thereafter provided that —

(a) the patient shall be advised on his right to appeal to the Mental Health Review Tribunal ; and

(b) a medical report on the desirability of subsequent detention and treatment of the patient in the interest of public safety is made on each occasion.

Compulsory order with restriction.

47.—(1) Where a person is brought before the Court for a criminal offence, or an offence punishable on summary conviction with imprisonment, the Court may by an order authorise his admission for observation in a treatment facility if it has cause to suspect that the person may be suffering from mental health condition.

(2) A compulsory order with restriction shall not be issued by a Court unless the Court in its wisdom and having regard to all the circumstances including the nature, character and antecedents of the offender and to the other available options (including terms of imprisonment) of dealing with him that the most suitable method of disposing of the case taking into cognisance the issue of public safety is by means of an order under this section.

Removal to hospital of an inmate.

48.—(1) Where in the case of a person serving a sentence of imprisonment, the Minister or Governor, as the case may be is satisfied by the report of a medical practitioner who has special experience in the diagnosis and treatment of mental health conditions that the —

(a) person is suffering from a mental health condition, severe mental impairment or dissocial disorder ; and

(b) mental health condition is of a nature or degree which warrants the detention of the patient in a hospital for medical treatment, the Minister or Governor may, if he is of the opinion having regard to the public interest and all the circumstances that it is expedient to do so, direct by warrant, that the person be so removed and detained in such hospital as may be specified in the directive.

(2) The transfer directive in the context of subsection (1) shall have the like force as a hospital order made in accordance with the provisions of section 48 of this Act.

(3) The foregoing provisions of this section shall apply for the purpose of the transfer of any person in custody pending trial as they apply for the purpose of any person serving a sentence of imprisonment.

(4) For the purposes of this section —

(a) the Minister shall exercise the power to give a transfer directive in the case of a person convicted of an offence committed under any enactment made by the Government of the Federation ; and

(b) the Governor shall exercise the power to issue a directive in respect of a person convicted for an offence committed under an enactment made by the Government of a state.

PART V — PROPERTY AND AFFAIRS OF PERSONS WITH MENTAL HEALTH CONDITIONS

49.—(1) The provisions of this part shall apply in respect of a person, who in the considered opinion of a High Court judge based on competent medical evidence is incapable by reason of mental disorder of managing and administering his property and affairs, and a person whom the judge is satisfied to refer to as a person with the mental health condition for purpose of this Part for —

Application
of property
of persons
with mental
health
conditions.

(a) the maintenance or other benefit of the person with the mental health condition ;

(b) the maintenance or other benefit of members of the family of the person with the mental health condition ;

(c) making provision for other persons or purposes for whom or which the person with the mental health condition might be expected to provide if he were not mentally incapacitated ;

(d) making provision for other persons or purposes for whom or which the patient might be expected to provide if he were not mentally incapacitated ; or

(e) administering the affairs of the person with the mental health condition.

(2) In the exercise of the powers conferred by this section, regard shall be had first of all to the requirements of a person with the mental health condition, and the rules of law which restrict the enforcement by a creditor of rights against property under the control of the judge.

(3) Subject to the provisions of subsection(2), the judge shall, in administering the affairs of a person with the mental health condition, have regard to the interests of creditors and also the desirability of making provisions for obligations of the person with the mental health condition notwithstanding that they may not be legally enforceable.

(3) Without prejudice to the provisions of subsection (2) the judge shall have power to make such orders and give such directions and authorities as he thinks fit, for the purposes of that subsection and in particular may make orders or give directives or authorities for —

(a) the control (with or without the transfer or vesting of property or the payment into Court of money or securities) and management of any property of the person with the mental health condition;

(b) the settlement of any property of the person with mental health condition or the gift of any property belonging to the person with mental health condition to any person ;

(c) the carrying on by any suitable person of any profession, trade or business of the person with mental health condition ;

(d) the sale, exchange, charging or other disposition of any property of the person with mental health condition ;

(e) the acquisition of any property in the name of the person with mental health condition ;

(f) the dissolution of any property of which the person with mental health condition is a member ;

(g) the carrying out of any property of which the person with mental health condition is a member ;

(h) the conduct of any legal proceedings in the name of the person with mental health condition or on his behalf ;

(i) the reimbursement out of the property of the person with mental health condition, with or without interest, of money applied by any person for or for the benefit of the person with mental health condition ; or

(j) the exercise of any power vested in the person with mental health condition (including a power of consent) whether beneficially or as a guardian, trustee or otherwise however.

<p>50. Where it is represented to the judge and he has reason to believe that a person may be incapable by reason of mental disorder of managing or administering his property and affairs, and the judge is of opinion that it is necessary to make immediately provision for any of the matters referred to in section 49 of this Act, the judge may exercise any of the powers conferred on him under section 49 so far as is requisite for enabling that provision to be made, pending the question whether the said person is incapable as aforesaid.</p>	Power of the judge in emergency.
<p>51.—(1) No person shall violate the right of persons as specified under this Act.</p>	Violation of the right of persons under this Act.
<p>(2) Without prejudice to the provisions of any other law, any person who contravenes the provisions of subsection (1), commits an offence and is liable on conviction to fine of at least than ₦500,000 or imprisonment for a term of at least one year.</p>	
<p>(3) Any person who willingly causes, conspires with or assists another to cause —</p>	
<p>(a) the unwarranted involuntary confinement of any person in a treatment facility under this Act, or</p>	
<p>(b) the denial to any person of any of the rights accorded to the person under this Act,</p>	
<p>commits an offence and is liable on conviction to a fine of at least ₦200,000 or imprisonment for a term of at least six months, and the facility management shall also be held liable.</p>	
<p>52. A person who fails or refuses to supply any information required by the Department in the exercise of its powers under this Act commits an offence and is liable on conviction —</p>	Refusal to supply information.
<p>(a) in the case of a body corporate, to a fine of ₦100,000 ; and</p>	
<p>(b) in the case of an individual, to fine of ₦50,000 or imprisonment for a term of at least six months or to both.</p>	
<p>53. A person who forges or makes false entry or statement —</p>	Forgery or false entry of statements.
<p>(a) on an application for admission under this Act,</p>	
<p>(b) in any medical report or recommendation under this Act, or</p>	
<p>(c) in any other document required or authorised to be made under this Act,</p>	
<p>commits an offence and is liable on conviction to a fine of ₦2,000,000 or imprisonment for a term of at least two years or both</p>	

Assisting patient to unlawful leave of absence.

54.—(1) A person who induces or knowingly assist any person —
(a) being liable to be detained in a hospital to absent himself without leave, or
(b) being in legal custody by virtue of this Act to escape from such custody,
commits an offence.

(2) Any person who knowingly harbours a patient who is absent without leave of absence or is otherwise at large and liable to be retaken into full custody or gives him assistance with intent to prevent, hinder or interfere with his being taken into custody or returned to the hospital or other place or where he ought to be detained, commits an offence.

(3) Any person who commits an offence under this section is liable on conviction to a fine of ₦100,000 or imprisonment for a term of six months or both.

Sexual relationship with a patient

55.—(1) An officer, staff or employee or a health worker attending to a person receiving care for a mental health condition or a mental health practitioner at a facility shall not have sexual relationship with any person who is —

(a) for the time being receiving treatment for mental health condition in the treatment facility ;

(b) subject to his or her guardianship or otherwise in his or her custody or care under this Act in a psychiatric hospital or in a non-specialised setting or other facility for the treatment of mental health conditions ;

(c) for the time being receiving treatment as an out-patient.

(2) Any person who commits an offence under this section is liable on conviction to life imprisonment with no option of fine and this shall not be prejudicial to any other sanctions and such a person may be liable to penalties from professional bodies to which he may belong as a member.

Limitation of suits against the Ministry.

56.—(1) Subject to the provisions of any other law, no suit shall be commenced against the Ministry or its authorised officers before the expiration of a period of 30 days after written notice of intention to commence the suit shall have been served on the Ministry by intending plaintiff or his agent, and the notice shall clearly state the —

(a) cause of action ;

(b) particulars of the claim ;

(c) name and place of abode of the intending plaintiff ; and

(d) relief sought.

(2) The notice referred to in subsection (1) and any summons, or other documents required or authorised to be served on the Ministry under this Act or any other enactment or law, may be served by —

- (a) delivering it to the Minister ; or
- (b) sending it by registered mail to the postal address of the Ministry.

57. In this Act —

Interpretation.

“*certification*” means the process of qualifying medical specialists through requirements and examinations set by the Board of the particular medical specialty so appointed or elected for that specific purpose by the registered members of the medical specialty association ;

“*carer*” means a person who maintains a close personal relationship with the patient and manifests concern for his welfare ;

“*child*” means a person under the age of 18 years as defined under section 277 of the Child’s Right Act, No. 26, 2003 ;

“*Court*” means a competent Court ;

“*facility*” means a public or private establishment, institution, building or place where persons receive mental health care, treatment, rehabilitative assistance, diagnostic or therapeutic interventions or other health services including but not limited to clinics, hospitals, psychiatric hospitals, community health and rehabilitation centres and faith-based establishments or traditional healing centres which provide mental health care services or treatments for persons with mental health conditions ;

“*least restrictive alternative*” or “*least restrictive environment*” or “*less restrictive option*” means offering an option for treatment or a setting for treatment which —

- (a) meets the person’s treatment needs ; and
- (b) imposes the least restriction on the person’s rights;

“*long term stay*” means admission to the ward of a facility for a period exceeding six weeks ;

“*legal representative*” means a person charged by law with the duty of representing a person in any specified undertaking or of exercising specified rights on the behalf of a person with a mental health condition or a person appointed in writing by the person with a mental health condition to act on his or her behalf, provided that where the person is unable to exercise capacity, or otherwise fails to appoint a legal representative in writing, the legal representative shall be taken to be in the following order —

- (a) the spouse, if any, unless permanently separated from the patient or has deserted or has been deserted by the patient ;
- (b) sons and daughters over the age of 18 years ;

(c) either parent by mutual consent ; and

(d) a person appointed by a Court to represent the patient ;

“*mental health*” means a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community ;

“*mental health conditions*” means impairments, activity limitations and individual and participatory restrictions arising from diagnosable mental disorders which involve significant changes in thinking, emotion or behaviour and cause distress or problems in the interaction between the individual and his environment and include intellectual, psychosocial or cognitive disabilities ;

“*mental health professionals*” means a person trained and certified to practice psychiatry ;

“*mental health workers*” means trained volunteers and advocates engaged in mental health promotion and services under the supervision of the mental health professionals ;

“*mental or psychological incapacity*” means the inability to —

(a) understand the information given concerning the nature of the disorder ;

(b) understand the consequences that his or her decisions and actions have for his or her own life or health and for the life and health of others, which may be serious and irreversible ;

(c) understand that treatment might mitigate or remedy the condition and that lack of treatment might aggravate it ;

(d) understand the information about the nature of treatment proposed, including the means of treatment, its direct effects and its possible side effects ; and

(e) effectively communicate with others regarding his or her condition and his or her consent to treatment or hospitalisation ;

“*Minister*” means the Minister responsible for matters relating to health ;

“*patient*” refers to a person receiving or utilising mental health care and treatment from a mental health care facility or clinic ;

“*physical restraint*” includes immobilisation of a person using chains, shackles, handcuffs, ropes and other instruments ;

“*place of safety*” means a shelter run by the government or an accredited organisation for persons requiring support and accommodation and does not include a prison, police cell or related facility ;

“*psychiatric emergencies*” means conditions which may present a serious threat to a person’s wellbeing or that of others requiring immediate psychiatric interventions such as in cases of attempted suicide, acute intoxication, severe depression, acute psychosis, or violent behavior ; and

“*psychosocial problem*” means a condition that indicates the existence of disturbances in the individual’s behavior, thoughts and feelings brought about by sudden, extreme or prolonged stressors in the physical or social environment ;

“*restraint*” means the immobilisation of a person with a mental health condition using physical, mechanical or chemical means for the purpose of preventing harm to the person or others, administration of medication, or transfer to a place of seclusion or another facility ;

“*supported decision-making*” means decision-making with support, arrangements and relationships which allow persons with mental health conditions to retain and exercise their decision-making capacity by choosing supporters to assist them make and communicate treatment and according decisions, and may include support by family members, accredited organisations, or professionals ; and

“*voluntary admission*” means a person who goes to a facility for treatment and admission on his or her own accord, with or without referral.

58. This Act may be cited as the National Mental Health Act, 2021. Citation.

SCHEDULE

28(5), (7) and 31(3)

FORM A

CERTIFICATE OF ADMISSION

I certify that I (name of practitioner) of
 (address of practitioner) have examined
 (name of patient) of
 (address of patient) and have determined that
 he/she has a mental health condition and because of this mental health condition
 there is a serious likelihood of imminent harm to himself/herself or to other
 persons/that the mental health condition is so severe that it is expedient for
 his/her welfare that he/she should be forthwith placed under observation and
 treatment for a period not exceeding days.

The findings upon which I have based this conclusion are set out as follows —

.....
Signature of Practitioner

I, certify, in accordance with Section 2 (1) of the Acts Authentication Act,
 Cap. A2, Laws of the Federation of Nigeria 2004, that this is a true copy of
 the Bill passed by both Houses of the National Assembly.

OJO O. A., fnia, fcia
Clerk to the National Assembly
 28th Day of November, 2022.

EXPLANATORY MEMORANDUM

This Act establishes the Mental Health Services Department to promote and
 protect the rights of persons with intellectual, psychosocial or cognitive
 disabilities and provide for the enhancement and regulation of mental health
 services in Nigeria.

SCHEDULE TO THE NATIONAL MENTAL HEALTH BILL, 2021

(1) <i>Short Title of the Bill</i>	(2) <i>Long Title of the Bill</i>	(3) <i>Summary of the Contents of the Bill</i>	(4) <i>Date Passed by the Senate</i>	(5) <i>Date Passed by the House of Representatives</i>
National Mental Health Bill, 2021.	An Act to establish the Mental Health Services Department to promote and protect the rights of persons with intellectual, psychosocial or cognitive disabilities, provide for enhancement and regulation of Mental Health Services in Nigeria ; and for related matters.	This Bill establishes the Mental Health Services Department to promote and protect the rights of persons with intellectual, psychosocial or cognitive disabilities, and provides for enhancement and regulation of Mental Health Services in Nigeria.	3rd December, 2020.	6th July, 2021.

I certify that this Bill has been carefully compared by me with the decision reached by the National Assembly and found by me to be true and correct decision of the Houses and is in accordance with the provisions of the Acts Authentication Act Cap. A2, Laws of the Federation of Nigeria, 2004.

I ASSENT



OJO O. A., fma, fcia
Clerk to the National Assembly
28th Day of November, 2022.

MUHAMMADU BUHARI, GCFR
President of the Federal Republic of Nigeria
28th Day of December, 2022.