

MINISTRY PAPER  
MENTAL HEALTH ACT

NO. 57 - 1976

Honourable Members of this House will recall that when the MENTAL HOSPITAL ACT was amended in the recent past an undertaking was given that ultimately the Act would be repealed in order to reflect more fully the changing attitudes and views of the society towards mentally ill persons. Some time had to elapse to allow the Amendments to take effect and to give an opportunity to assess their effectiveness.

2. Those assessments have been concluded. They have confirmed that attitudes towards the insane have been undergoing a slow but fundamental change. One definite change in society's outlook towards persons who are mentally ill and who are of an unsound mind can be measured by the instinctive reaction to the description of such persons as "lunatics". That description usually carries with it a stigma so powerful that it acts as a major deterrent to the treatment of mental illness in its early stages. It is in these early stages that treatment has its maximum effect not only in arresting further development of the illness but quite often in curing it.

3. But now the fear of the stigma is changing and must be changed as rapidly as possible. Consequently, it is proposed that one of the first principles on which the new Mental Health Act should be based is that such emotive and pejorative terms as "lunatic", "idiot", "imbecile" etc. should not have any place in the proposed Act. They must be replaced by appropriately defined terms that are less emotive and that have no pejorative significance. Such a change should induce affected persons or their relatives to make early use of available psychiatric services.

4. Another notable change is society's perception of the custodial care of mentally ill persons. It is legally right and socially desirable that such persons should be detained against their will if necessary for treatment and in the interest of their own protection and the protection of society. But it is not socially desirable that they should be herded together with persons of varying degrees of mental illness in a single institution.

5. All the Psychiatrists in Jamaica are agreed that when such persons are thrown together in an Institution for a long period of time they lose completely whatever mental stability they may have had upon entering the Institution; that they gradually become dehumanized; and that soon they are lost forever from the mainstream of society. The Psychiatrists assure me that they

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have had ample evidence of this here in Jamaica.

6. Consequently, another principle of the new legislation must be that persons who are mentally ill and are found to be of unsound mind must be treated in an environment not totally unfamiliar to them. The treatment should take place at the hospital designated by the Minister for such purpose and which is nearest to their home, presumably so that relatives and friends will be able to visit them as often as possible. Only those persons whose condition is incurable and who, being of unsound mind, have committed criminal acts or are predisposed to commit criminal acts should be detained in a hospital created exclusively for the detention and treatment of the mentally ill.

7. Wherever persons are hospitalized for mental treatment a cardinal principle of treatment will be to provide facilities for rehabilitation so that in the event they are cured they can re-enter the mainstream of society as useful citizens.

8. Another detectable change in attitudes centres upon the management of a Custodial Institution for housing and treating persons such as those who are incurable and those who are predisposed to commit acts of violence. Since there will have to be such an Institution steps are being taken to ensure that the use of available psychiatric expertise will be fully maximised. In other words, they will devote themselves fully to their professional duties and will not be saddled with managerial responsibilities of the Central Institution. Those duties must be performed by a person whose competence lies in management. Consequently, the fourth major principle in the new Act will be that the Central Custodial Institution must be managed by a Board whose members will be appointed by the Minister. The Board will delegate the day-to-day management functions of the Institution to a Hospital Administrator.

9. The change proposed here represents a departure from the present position where the Senior Medical Officer in charge of the Central Institution, that is, Bellevue Hospital, is invested with wide powers for the overall management responsibility of the hospital. That arrangement has now become unworkable.

10. It is perhaps necessary to point out here that one consequence of divesting the Senior Medical Officer of his managerial functions is going to be that he would no longer be able to hold the property of detained persons in trust and use income from the property to assist in the maintenance of the patient. In the new

Act that function will be performed by the Board of Management.

11. It is worthwhile noting also that the creation of a Board of Management will make it unnecessary to retain a Board of Visitors for the Central Institution. The duties and powers of such a Board would now be performed by a Board of Management that, among other things, is structured to give full and effective expression to the principle of worker participation in managerial decision-making.

12. The fifth major change is concerned with policies and procedures for admission. The new legislation will retain the principle of voluntary admission of mentally ill patients to hospitals. It is hoped that this, coupled with the new public awareness that mental illness and unsoundness of mind are diseases, would reduce the incidence of compulsory detention. This reduction would come about because affected persons will more willingly seek early treatment and this would arrest the spread of the disease.

13. When considering this matter of admission, it should be noted that one of the situations in which a person may be detained involuntarily and deprived of his liberty is, according to Section 15(1)(i) of the Constitution, when he is or "is reasonably suspected to be of unsound mind..." Too often, however, an initial detention turns out, for one reason or another, to be detention for life. The new legislation should have provisions to regulate this.

14. Every case of detention will be for a limited and prescribed period in the first instance. That period will be extended from time to time by the Board on the advice of two or more experienced Medical Practitioners who certify that the patient's condition is such as to warrant further detention. Where, however, the person has been detained continuously for a long time and an application for his discharge has been refused, the Board of Management would be empowered to constitute a panel of three Medical Practitioners, two of whom should be Psychiatrists, to review the case.

15. Finally, the detailed procedures for admission, detention and discharge of mentally ill patients both at hospitals in general and at the Central Institution, in particular, will be spelled out in regulations.

16. It should now be self-evident that the policy underlying the legislation in the making is not merely to recreate a Mental Hospital Act, but rather to change the whole basis for dealing

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with the problem of sick and mentally disoriented persons. The approach is to create a Mental Health Act based on principles that take account of the accumulated experiences of operating a specialised institution for over 100 years; principles that are enriched by the development of new professional techniques and above all by the growth of socially enlightened attitudes towards mentally disturbed persons who are of an unsound mind.

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