Qatar Mental Health Law

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Speaker:

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• Has no relevant financial relationships to disclose
• Will not be discussing any unlabeled/unapproved use of drugs or products
Outline

• Qatar Mental Health Law
  – Background
  – Details
• Preparations for implementation
• Strengths
• Challenges

• No COI
• Work started
• Working group from NHA, HMC, MOI, PHC
• QU input
• First draft in
• Several drafts, amendments, bylaws added then taken out
• Final law announced November 2016
• Law number 16/2016
• Effective starting 60 days from date of publishing
• 35 articles
  – Definitions
  – Patient rights
  – Types of admission
  – punishments
Definitions

• Administrative definitions e.g. institution, ministry

• Mental Health: A state of psychological and social stability through which an individual can fulfill achievements according to individual ability to be able to manage normal life stressors and work, be productive and contribute to society
• **Mental Disorder**: *disturbance in any psychological or mental functioning to an extent that limits an individual’s ability to adapt with his social environment, and does not include those with only behavioural disturbance*

• **Mental Capacity**: *the patient’s ability to understand and comprehend procedures and information presented to him and take the right decision based on this comprehension*
- **Voluntary admission**: *the psychiatric patient’s admission to hospital with his informed consent based on free will or his legal guardian’s consent in case he lacks the capacity to consent*
Patient’s Rights

• to information
  – Addressed to patient or guardian
  – Medical report *

• To therapeutic environment
  – Safe, dignified, meets medical and personal needs
  – Limit restraint and seclusion
• To treatment
  – Engaged in own treatment plan
  – Consent
  – Research involvement *
• To independence and privacy
  – Protection from abuse/harm
  – confidentiality
Admission to Hospital

• Voluntary

• Involuntary
  – Article 5, prevention of discharge after voluntary admission for up to 72 hours if
    • Serious immediate risk to safety, health or life of self or others
    • Unable to support self because of type or severity of mental illness
  – Report to authority
  – Independent medical evaluation
  – May extend up to 7 days
Article 6

• Involuntary admission for treatment by Consultant Psychiatrist if
  – Severe mental illness necessitating admission for treatment, deterioration is likely and inevitable
  – Symptoms represent serious risk to health, safety, or life of patient or others

• Must inform guardian, hospital manager, and authority within 24 hours with detailed report

• Duration 3 months, renewable for similar period/s
Article 8

• Medical practitioner to admit involuntarily for assessment for 48 hours, if conditions as per article 6 are met

• Based on written request from
  – Guardian or relative up to 2\textsuperscript{nd} degree
  – The competent authority if above not available

• Inform guardian, manager and competent authority within 24 hours
• RMO may extend max 7 days, independent evaluation
• RMO may extend for 30 days to complete evaluation
• RMO may extend to 90 days after informing authority with detailed report justifying reasons
• If further extension is needed it should be through competent authority decision
• If patient needs longer than 7 days,
  – 2 independent assessments by 2 Consultants
  – One from the institute, one external
  – Both reports sent to authority
  – Compulsory admission ends if above not done within the time frame of 7 days or evaluations insufficient
Article 12

- Patient or guardian can appeal at any time
- Authority assigns an independent Consultant Psychiatrist from outside the institution to evaluate
- Authority must decide within maximum 7 days from date of appeal of appeal
- If appeal declined, reasons should be explained, and decision is final
Forensic admissions

• Forensic patient has full rights of any other patient with mental illness
• Detention period is as per order of court or general persecution
• If needed physical care in different facility, hospital manager can authorise transfer accompanied by police
• Police provide protection throughout until transfer back to institution
• Manager must inform legal authority within 24 hours
Treatment and care of patient

• For voluntary competent patient, no treatment may be given without consent except for emergency intervention.
• RMO must prove patient’s competence.
• Emergency intervention is to prevent physical or mental relapse or address serious threat to life, health of patient or others for max 72 hours.
• Clear documentation must be kept always.
• Involuntary patient:
  – May be forced to take medication if he refuses them
  – Treatment program must be reviewed once every 30 days max
  – If treatment lasts more than 90 days, must obtain independent evaluation
ECT

Article 21

• Cannot be administered without general anaesthesia and muscle relaxant
• Written consent from patient or guardian if lacking competence
• Full informed consent
• If involuntary patient and guardian refuse and it was deemed necessary, may be performed after independent medical evaluation
Community Treatment Orders

Article 24, if:

1. mental state allows for continuing treatment without need for hospitalisation
2. Stopping treatment will result in deterioration
3. No serious risk to safety or life of patient or others
4. Known history of noncompliance with relapses and involuntary admissions
5. Independent medical evaluation
6. Inform competent authority of such

• Includes commitment by patient and family to attend at designated clinic times
• Allowing treatment team to visit at home as per treatment plan
• Patient or guardian may appeal, response within 7 days
• Duration of Community Treatment is 6 months
• Non renewable without permission of authority
• May end CTO if
  – Decided by Consultant Psychiatrist with detailed report and justification to competent authority
  – Authority approves
Negligence/Malpractice

Articles 27-32

• Imprisonment up to 3 years, and/or
• Fine up to QR200,000

1. Doctor falsifying report to admit or discharge patient
2. Anyone who detained or caused detention of patient in breach of this law
• Imprisonment not more than one year, and/or
• Fine up to QR 60,000

• If mistreated or neglected a mentally ill patient in a way that results in pain or damage
• Imprisonment does not exceed 3 years if mistreatment or negligence results in disability or illness or injury
• Imprisonment not more than one year and/or
• Fine not exceeding QR50,000

• Did not follow patient’s rights
• Disclosed information
• Gave medication without or against RMO orders
• Aided detained patient to abscond
• Obstructed monitoring
• Refused to provide information to authority
• Court may in addition withdraw license to practice permanently or temporarily
• The manager or supervisor will also be punished if proven to be aware of violations or negligent of his responsibilities/duties
• Employees of MOPH who are assigned legal authority by Gen. Persecution are authorised to arrest and prove crimes of violation of this law
Procedures

Article 33

• Institutions involved in this law must organise their circumstances as per the provisions of this law within a period not exceeding 6 months from its date of implementation.

• May be extended for another 6 months by order of Minister of Public Health.
WHO

6 factors for successful implementation:

– rules and procedures for implementation;
– standardized documentation;
– training;
– address human and financial issues;
– guidance documents; flow charts, patient and family information
– monitoring
• Establishing the competent authority
  – Provides oversight and monitoring
  – Represents the incompetent patient
  – Received notifications of compulsory admissions, changes in status, discharge recommendations
  – Received appeals
Challenges

• Achieving previous procedures
• Training
• Role of families
• Independent psychiatrist
• Lack of resources
• Criminal consequences
• Monitoring
Thank You ☺️