



Human rights and mental health in Zambia: Recommendations for action

The report “Human rights and mental health in Zambia” is the outcome of a three-year investigation conducted by the Mental Disability Advocacy Center (MDAC) and the Mental Health Users Network of Zambia (MHUNZA). It is the first such investigation based on international human rights standards in the country, and the report can be downloaded at www.mdac.org/zambia.

The report documents the testimonies of over 100 people with mental health issues and their family members around the country and lays out findings from human rights monitoring in five psychiatric facilities, including the only national tertiary care psychiatric facility, Chainama Hills Hospital.

Key findings

Zambia ratified the UN Convention on the Rights of Persons with Disabilities in 2010, thereby committing to upholding the rights of all people with disabilities, including people with mental health issues. However MDAC and MHUNZA found that abuse and ill-treatment against people with mental health issues are widespread and based on stigma and discrimination. The Mental Disorders Act 1951 entrenches state discrimination against people with mental health issues and is in urgent need of repeal. The report documents serious human rights violations in the community, in traditional healing settings, in conventional psychiatric facilities, and in respect of the justice system.

- Families bear the brunt of caring for their relatives with mental health issues with very little support, but this can also result in abuse in the home without any investigation.
- Community-based mental health services were found to be virtually non-existent, particularly in rural communities.
- Traditional healers operated across the country. While some people said traditional healers could be helpful, reports were uncovered of abusive practices including financial exploitation. The President of the Traditional Health Practitioners’ Association of Zambia raised concerns that almost half of registered traditional healers were ‘quacks’.



- Serious overcrowding was evident on psychiatric wards visited, where people were warehoused in dilapidated and unhygienic conditions.
- There was no access to therapy neither on psychiatric wards nor in the 'mental health settlement' visited. Only Chainama Hills Hospital offered minimal and insufficient occupational therapy to a minority of people there.
- Seclusion rooms and high doses of strong psychiatric drugs were found to be default options of mental health practitioners. These practices are harmful and do not help with a person's recovery.
- The Mental Disorders Act 1951 allows for prolonged and unlawful detention.

Developing recommendations

On 6 August 2014, the Mental Disability Advocacy Center (MDAC), Mental Health Users Network of Zambia (MHUNZA) and the Zambia Federation of Disability Organisations (ZAFOD) presented the findings from the "Human rights and mental health in Zambia" report in Lusaka. A wide range of people who are influenced by and can influence mental health law in Zambia discussed the findings.¹

Participants jointly developed a set of recommendations to tackle abuses. Recognising that systemic action is required, the event brought together key stakeholders from across civil society and government.

Recommendations

Participants at the roundtable developed recommendations which they agreed to contribute to implementing, within the competences of their organisations. The Zambian government should:

1. Repeal the Mental Disorders Act 1951, and enact new legislation which harmonises Zambian law with the standards set out of the UN Convention on the

¹ Participants included people with mental health issues, representatives from the Ministries of Justice, Chiefs and Traditional Affairs, Home Affairs, Health and Community Development, Mother and Child Health. Representatives also attended from the Zambian Medicine Regulation Authority, the Human Rights Commission, the Traditional Health Practitioners' Association of Zambia, the Ward Development Committee, the Zambian Agency for Persons with Disabilities, the University of Zambia School of Law and the Chainama Hills Hospital. Representatives of several NGOs also took part.



- Rights of Persons with Disabilities (CRPD), particularly in relation to the provision of community-based services, and providing access to health services on the basis of informed consent on an equal basis with others.
2. Ratify the Optional Protocol to the United Nations Convention against Torture, and take action to establish systemic independent monitoring of all places where people may be deprived of their liberty, including psychiatric hospitals.
 3. Designate the Zambia Human Rights Commission as the independent monitoring body required by Article 33 of the CRPD, and establish systemic monitoring of all services and facilities for people with mental health issues.
 4. Closely involve civil society, and specifically people with mental health issues and their representative organisations in ongoing law and policy reform, as set out in Article 4(3) of the CRPD.
 5. Collect and publicise disaggregated data on the rights of people with mental health issues and use this to develop human rights compliant services, as set out in Article 31 of the CRPD.

In addition to these recommendations, participants at the consultation event also called on the government to take measurable steps to advance the rights of people with mental health issues.

The right to independent living in the community

1. Develop a plan for the roll-out of community-based support services with the purpose of ensuring the inclusion of people with mental health issues into their communities, ensuring their right to live independently in line with Article 19 of the CRPD. This should be based on a multidisciplinary approach across government and service providers.
2. Adapt social welfare and protection programmes to be inclusive of people with mental health issues.
3. Introduce psychosocial counselling and support for families and other care-givers of people with mental health issues.
4. Increase income-generating and community empowerment programmes for people with mental health issues to break the cycle of poverty and discrimination.
5. Ensure availability and access to mental healthcare services at the primary healthcare level which specifically address the rights and needs of people with mental health issues.



Justice

1. Ensure that all allegations of abuse and ill-treatment against people with mental health issues are promptly and effectively investigated, whether the abuse is alleged to have taken place in the community, traditional health settings, psychiatric facilities or within the justice system.
2. Strengthen the referral system to investigate human rights violations in the community with the participation of community members. This should include developing awareness of third party referrals to the Human Rights Commission.
3. Develop and roll out a training programme for police and other professionals in the criminal justice system on the human rights of people with mental health issues. This should include neighborhood or village watch committees who can minimise abuse.
4. Ensure that the Traditional Healers Bill is enacted into law promptly, and thereafter take enforcement action against abusive traditional healers who practice without certification.
5. With the participation of people with mental health issues, develop professional guidelines for medical and nursing personnel on minimising seclusion and restraint in psychiatric facilities. Where seclusion or restraints are used, ensure there are accessible and effective accountability, appeals and redress mechanisms. This should be conducted in a reasonable timeframe with the ultimate aim of ending the use of seclusion and restraints.
6. Abolish "detention at His Excellency's Pleasure (HEPs)" in the criminal justice system for people with mental health issues.
7. Harmonise all criminal legislation with the requirements of the Persons with Disabilities Act and the UN Convention on the Rights of Persons with Disabilities.
8. Promote alternatives to retributive justice through strengthening informal/restorative justice systems. Encourage the judiciary to use restorative justice wherever possible.
9. Ensure that disaggregated statistics about the rights of people with disabilities in the criminal justice system are collected and made available.



Capacity building and awareness-raising

1. Ensure that people with mental health issues are provided with information in accessible languages to increase their understanding of their human rights.
2. Roll out education, advocacy and sensitisation programmes in communities across Zambia based on human rights standards to challenge myths about mental illness, lead by people with mental health issues themselves. This should include training for community leaders, traditional healers, families and carers.
3. Introduce and support the development of peer-support groups for people with mental health issues in their communities.
4. Facilitate collaboration and dialogue between traditional practitioners, conventional medicine practitioners and people with mental health issues.
5. Roll out a compulsory training programme for all medical, nursing and social work staff on mental health issues and human rights standards.
6. Put in place education and awareness raising programmes for policy makers across government on human rights and mental health.
7. Roll out training for professionals who work in the criminal justice system on human rights.

Legislative reform

1. Establish a legal framework for the regulation of traditional health practitioners which incorporates human rights standards, including the right to freedom from torture, exploitation, abuse and violence.
2. Carry out research into mental health detention orders, their use and misuse, and develop a policy of reform based on evidence collected.
3. Coordinate and monitor human rights standards across government for people with mental health issues across the justice system (as per Article 33(1) of the CRPD).



Health services

1. Ensure all treatment provided to people with mental health issues is based on the principle of free and informed consent, whether this takes place in psychiatric facilities or traditional healing settings.
2. Establish mental health services within primary healthcare and community support programmes, and provide training to all general healthcare professionals on mental health and human rights.
3. Develop a national referral process between traditional and conventional medicine practitioners.
4. Ensure that each district hospital provides mental health services to the community and ensure that services are not solely pharmacological-based.
5. Ensure that a patients' rights charter, developed with people with mental health issues, is displayed in all mental health facilities, and translated into local languages.
6. Prosecute medical and nursing professionals who neglect to provide general healthcare to people with mental health issues.
7. Introduce supported decision-making for people with mental health issues to ensure that their will and preferences are respected in healthcare decisions, including mental health treatments.
8. Develop advance directives to ensure that the will and preferences of people with mental health issues are respected in relation to the care they receive at times of crisis.
9. Ensure that each health facility provides information about rights to patients and family members, and establishes an effective complaints mechanism.