Mental Health Ethics and Law in Southwest Nigeria: a special focus on the Lunacy Law

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1: Aim

To explore the ethical and legal issues facing mental health in Southwest Nigeria, with a focus on the Lunacy Law.

2: Objectives

- ☐ To provide a brief history of the Lunacy Law.
- ☐ To evaluate the Lunacy Law using the World Health Organisation (WHO) Mental Health Legislation Checklist.
- ☐ To explore the reasons why mental health needs legislation.
- ☐ To highlight the Lunacy Law within the wider socio-economic determinants of health (SDH).
- ☐ To offer recommendations for change.

3: Methodology

Purposive convenience sampling was used to chose 26 mental health workers, semi-structure interviews were conducted, and thematic content analysis was used. Ethical approval was provided by King's College London and the National Health Research Ethics Committee of Nigeria.

4: History of the Lunacy Law ☑

A LAW TO PROVIDE FOR THE CUSTODY AND REMOVAL OF LUNATICS (1948), the Lunacy Law is the official mental health law for Southwest Nigeria. Created in 1890 by the British and inherited by Nigeria in 1912; the Lunacy Law has many flaws, which makes it unsuitable for modern use.

5: Evaluation of the Lunacy Law in comparison to the WHO Mental Health Legislation Checklist ☑

A Preamble + objectives	J Involuntary Tx	S Police responsibilities
B Definitions	K Proxy consent for Tx	T Mentally ill offenders
C Access to mental healthcare	L Involuntary Tx in the community	U Discrimination
D Rights of health service users	M Emergency situations	V Housing
E Rights of carers	N Determination of mental disorder	W Employment
F Competence, capacity, and guardianship	O Special Tx	X Social security
G Voluntary admission and treatment (Tx)	P Seclusion and restraint	Y Civil issues
H Non-protesting patients	Q Clinical and experimental research	Z Protection of vulnerable groups
I Involuntary admission	R Oversight and review mechanism	AZ Offences and penalties
Not covered at all	Covered to some extent	Adequately covered

6: Why does mental health needs legislation? ☑

Mental health raises many ethical dilemmas. When patients are determined to lack **capacity**. Health providers act in patients' **best interests**; they perform actions that infringe on patients' rights to **autonomy** and **informed consent**.

Restrictions are placed on patients **freedom of movement**. Patients may perceive health workers' actions as **maleficent** and causing the loss of **personal dignity**. While weighing all of these considerations, patients must also be treated in a just manner; this principal ethic: **justice** demands a functional legislation for mental health.

The power to infringe on personal freedoms provides numerous opportunities for the abuse of psychiatric patients. The moral questions that arise from attempts to manage such a vulnerable group may lead to differing answers, which without legal guidelines can leave health workers in compromising situations.

Contextualised & defined mental health legislation is needed to:

- Prevent abuse of a vulnerable population.
- Aid healthcare providers with decision-making .
- Help health workers' and patients' to realise and apply their rights.
- Provide scope and boundaries in which health workers may or may not act.

> The mental health law and policy are not implemented, we follow the guidelines of our professional body.

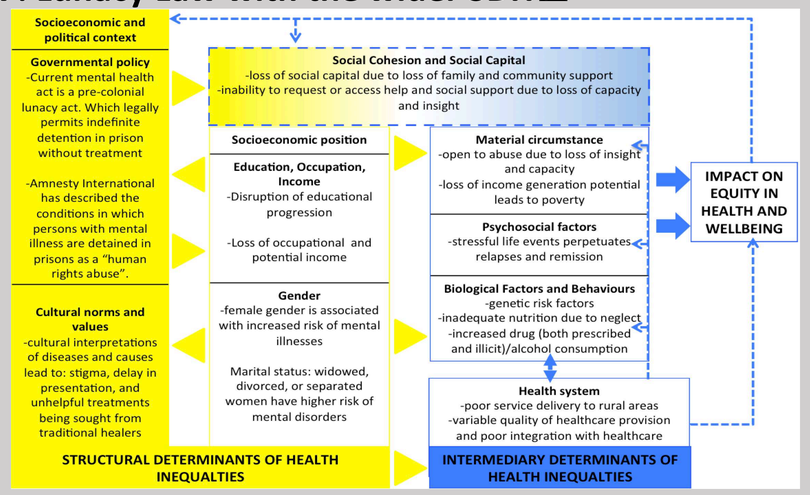
> There are some quack hospitals [and healthcare workers] out there, there needs to be a law to guide this.

> Sometimes patients have drugs free of charge if they sign up with pharmaceutical companies' studies. These are free for a while, and then they stop.

> A lot of the time you don't know what you are and aren't supposed to do. You have to work within the confines of your conscience.

> The law should play a part in protecting people with mental illness, people think they are witches, in this country they can be stoned.

7: Lunacy Law with the wider SDH ☑



8: Recommendations for change ☑

Attempts have been made to change the law, a new Mental Health Bill was passed by the Senate in 2004, but did not make it pass the House of Representatives, and was withdrawn in 2009. The reasons for the withdrawal of the legislation are unclear; the bill is being rewritten in hope of an opportunity to resubmit.

The mental health legislation in Nigeria needs to be changed; doing so will provide support and clarity for patients and health workers. Lessons can be learnt from the examples of Ghana and South Africa in the development and implementation mental health policy in sub-Saharan African countries.

The new law should:

- **Recognise healthcare workers**
- **Provide for those who cannot afford treatment**
- **Set clear guidelines for admission**
- **Support rehabilitation**

> The people who make the new law should be those in the know, not just those 'who sit up there' and we assume they know everything. Politicians a lot of the times don't know where the shoes pinch. Any law making process should include mental health workers: doctors, nurses, psychologist, occupational therapists, social workers. Rather than just making a law which makes no sense [is not implementable].

> If the political will is not there, the new bill will just be change on paper.

9: References