

Operational Protocol and Guidelines for Managing inmates with Mental Illness within the Criminal Justice System

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The following persons drawn from PRAWA, the academia, neuropsychiatric hospitals, Nigerian Correctional Service Directorate of Health and Welfare, Non-custodial Directorate, Planning, Research and Statistics Unit, ICT unit and Legal unit, made significant contributions to the development of the Protocol; Dr. Uju Agomoh, Prof. Michael Ezenwa, Dr. Michael Osika, Dr. Amadi Kennedy, Dr. Ifeoma Onwuchekwa, Alhaji Alhassan Bichi, Dr. Paul Nwakanma, Ogechi Ogu, Honest Offor, Justina Laman, Michael Iseyare, Edomwonyi Omorodion, Velu Achineku, ACG. Akpanamah Helen, Paul Akubo I., Hadiza Inna Aminu, Ogwude Vera O., Dr. Mohammed Audu, E.B. Azorbo, Godwin Okosua Esq., Sholola G.

The following persons participated in the review and validation workshop that finalized the development of this Protocol – Moukwugwo V.E., Edomwiy O., Daniel O., Okpogor Maxwell, Egalese Emilia Sarah, Prof. Michael Ezenwa, Dr. Michael Osika, Justina Laman, Ogechi Ogu Esq., Dr. Uju Agomoh, ACG ML.H.E. Melkezedek, Bassey A. Effiong, Velu Achineke, Akanni Idayat, Azorbo E.B., Adebisi A. Francis, Okosun Kingsley, O. Vera. E., Akpanamah Helen, Hezekiah S.N., Manu D. Gimba, Amoran C., Ajibogun O. Dele, Egozi Emmanuel, Sholola Gbenga, Godwin Okosun, Oditah A. O, Ogbodo B.N., A.A. Mohammed, Michael Iseyare, Offor Honest, Dr. Paul Wakama, Magaji A. Abdullahi, L.A. Showumi, T.J. Akinrujomu, Ahmadu Adamu, D.O. Odharo, S.S. Otal, Adeleke A. Adeye

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Introduction

This protocol is developed with the background knowledge that the promotion of mental health in detention should be a key element of correctional service management and health care policies. Sections 23 and 24 of the Nigerian Correctional Service Act, 2019, provides comprehensive safeguard for inmates with mental illness and states clearly how they can be managed while in custody. This protocol is developed to serve as a guideline in the implementation of these sections. It will promote early identification of cases of mental illness in custody as well as suitable and timely interventions for the management and treatment of such cases. The Protocol amongst other things, is aimed at protecting the mental well-being of all inmates and to ensure that those with mental challenges have timely access to quality and individualized treatment, provided on the basis of informed consent, equivalent to that in the community, and profession(s)

1. Legal Framework for Managing Inmates with Mental Illness

International Framework – Standard Minimum Rules for Persons in Detention (Mandela Rules)

The Standard Minimum Rules for the Treatment of Prisoners include the following;

Rule 24

1. The provision of health care for prisoners is a state responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.
2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.

Rule 25

1. Every prison shall have in place a health-care service tasked with evaluating, promoting, protecting and improving the physical and mental health of prisoners, paying particular attention to prisoners with special health-care needs or with health issues that hamper their rehabilitation.
2. The health-care service shall consist of an interdisciplinary team with sufficient qualified personnel acting in full clinical independence and shall encompass sufficient expertise in psychology and psychiatry. The services of a qualified dentist shall be available to every prisoner.

Rule 26

1. The health-care service shall prepare and maintain accurate, up-to-date and confidential individual medical files on all prisoners, and all prisoners should be granted access to their files upon request. A prisoner may appoint a third party to access his or her medical file.
2. Medical files shall be transferred to the health-care service of the receiving institution upon transfer of a prisoner and shall be subject to medical confidentiality.

Rule 27

1. All prisons shall ensure prompt access to medical attention in urgent cases. Prisoners who require specialized treatment or surgery shall be transferred to specialized institutions or to civil hospitals. Where a prison service has its own hospital facilities, they shall be adequately staffed and equipped to provide prisoners referred to them with appropriate treatment and care.
2. Clinical decisions may only be taken by the responsible health-care professionals and may not be overruled or ignored by non-medical prison staff.

National Framework

Sections 23 and 24 of the Nigerian Correctional Service Act 2019, makes provision for effective and efficient physical and mental health management of inmates.

Section 23:

- (1) The Correctional Service shall put in place healthcare services for the promotion and protection of physical and mental health, prevention and treatment of diseases.

- (2) The health practitioner shall inspect the Custodial Centre daily and advise the Superintendent, State Controller of Correctional Service or Controller-General as appropriate, on the —
 - (a) quantity, quality, preparation and services of food;
 - (b) hygiene and cleanliness of the inmates and Custodial Centres;
 - (c) sanitation, lighting and ventilation of the Custodial Centre; and
 - (d) suitability and cleanliness of the inmates' clothing and beddings.
- (3) The Superintendent shall—
 - (a) take immediate steps to give effect to the recommendations; and
 - (b) if they are not within his competence immediately submit a report to the State Controller.
- (4) The Correctional Service shall establish a health centre and deploy at least one medical doctor in all main Custodial Centres.
- (5) Where there is no medical officer appointed for a Custodial Centre, the functions of the medical officer shall be performed by the medical officers in the Civil Service of the Federation or a State as may be directed by the Minister of Health or the Commissioner of Health, as the case may be.
- (6) The Minister of Health, with the concurrence of the State Commissioner of Health, may authorize a health personnel in the Civil Service of a State to attend to matters pertaining to general sanitation in a Custodial Centre and assist the medical officer.

Section 24

- (1) Where it appears to the Superintendent that an inmate undergoing imprisonment or under sentence of death is of unsound mind, he shall report the matter to the State Controller of Correctional Service who—
 - (a) shall appoint two or more qualified health practitioners with requisite mental health qualifications, one of whom shall be a Correctional Centre health practitioner to inquire into the inmate's state of mental health;
 - (b) may, if deemed necessary, order the removal of the inmate from the Custodial Centre to another Custodial Centre within the State or to the closest mental health centre, where practicable, or any other hospital for appropriate treatment and care; and outside the jurisdiction of the State Controller of Correctional Service, shall report to the Zonal Coordinator or Controller-General, as appropriate.
- (2) The health practitioners appointed under subsection (1) shall examine the inmate's mental health status and give their opinion in a written report to the State Controller of Correctional Service not later than two weeks from the receipt of the initial report for submission to the Mental Health Review Board for review and issuance of appropriate certification which shall be forwarded to the Controller-General, the Chief Judge and other relevant authorities.
- (3) The Mental Health Review Board referred to under subsection (2) shall be constituted by the Controller-General on the recommendation of the State Controller of Correctional Service and other appropriate State authorities in all the States of the Federation and the Federal Capital Territory with membership of, at least one—
 - (a) psychiatrist who shall be the head of the Board;
 - (b) representative of Federal or State Psychiatric Hospitals within the State or geo-political zone;

- (c) clinical psychologist;
- (d) social worker; and
- (e) medical personnel from the Custodial Centre.

(4) Where an inmate into whose soundness of mind an inquiry has been made under subsection (1) (a) is under sentence of death, the following provisions shall apply—

- (a) the Superintendent shall, as soon as possible, report the circumstances to the relevant authority who, on receipt of the report, shall order the execution of the sentence to be suspended until the report of the Mental Health Review Board has been received; and
- (b) if the inmate is certified to be of unsound mind, the relevant authority shall order the execution of the sentence of death to be stayed and may, by order in writing, direct the Superintendent to send the inmate to a suitable mental health hospital.

(5) Where an inmate not under a sentence of death is certified to be of unsound mind under subsection (2), the following provisions shall apply—

- (a) the Controller-General shall, in writing, direct the State Controller of Correctional Service to remove the inmate to a suitable mental health
 - (a) hospital;
 - (b) the inmate shall, pursuant to a directive made under paragraph (a) and subject to the mental health laws, be detained until he is certified by the Mental Health Review Board to be of sound mind or until the expiration of the sentence, whichever occurs first;
 - (c) if the inmate is certified to be of sound mind, the Controller-General shall, in writing, direct that the inmate be moved to the Custodial Centre to serve the remaining part of the sentence; and
 - (d) if the inmate is still detained in a mental health hospital when the sentence of imprisonment is about to be determined, the officer in charge of the mental health hospital shall give such information as may be necessary Under the mental health laws to consider the question of whether the inmate shall be detained under those laws as a person of unsound mind till the date of the determination of the sentence.

Guidelines for Implementation of Legal Safeguards for Managing Inmates Diagnosed with Mental Challenges

1. The legal framework for managing mental challenges covers the fact that mental health is the responsibility of the state and that inmates are entitled to standard care as obtainable in the general community.
2. As a general rule, the custodial centre shall not be used as a holding or treatment centre for inmates with mental challenges.
3. The correctional service has a professional duty to report to the court within two weeks of admitting an inmate that is of unsound mind.
4. The National Assembly shall through the correctional service provide funding for the assessment and treatment of inmates with mental challenges.
5. The Mental Health Review Board shall be duly constituted for proper mental health assessment.
6. The MHB shall sit minimum of once in a month.
7. The decision of the Mental Health Review Board shall be by simple majority.

2. Mental Health Assessment of suspects, detainees/inmates

Guideline 1

Authorities of detention facilities shall ensure that proper mental health assessment by trained personnel for that purpose is conducted on a person as vital part of protocols for admission of persons with valid warrants into custodial centres.

- 1.1 Internationally accepted psychological instruments with local validation shall be utilized for the purpose of the mental assessment in 1.0 above.
- 1.2 For the purpose of implementation of Guidelines 1.0 and 1.1 above, ensure that the following basic screening instruments are made available at detention facilities across the country
 - i. General Health Questionnaire (GHQ12)
 - ii. Patient Health Questionnaire (PHQ 9)
 - iii. Where indicated, other more specific psychological instruments may be used for the purposes of diagnosis and treatment planning
- 1.3 The psychological instruments listed in 1.2 are to be used for the purpose of establishing a possible condition of mental/psychological illness/disorder.
- 1.4 Inmates' assessment shall include possibility of drug use through eliciting the following: Evidence of substance use, history; previous hospitalizations; use of psychotropic medications and inmates' past possible attempt at suicide.
- 1.5 Where practicable the psychological instruments are translated to some local languages or make available interpreters for the inmates in deserving cases.

Guideline 2

Upon establishment of possible mental/psychological illness/disorder of an inmate, such inmate shall be referred to a Mental Health Professional for further assessment and management.

Guideline 3

Ensure that details of inmates that may require further assessment (those within borderline of results of the cut-off points of the psychological instruments) are properly recorded for further review.

- 3.1 Further review of inmates qualified in guideline 3 shall happen within 2-4 weeks of admission.
- 3.2. Where the review in guideline 3.1 above reveals that an inmate has any form of mental illness, such inmate is referred to a mental health professional as in guideline 2 above.

Guideline 4

Ensure regular mental health assessment of Inmates of detention facilities in Nigeria.

Guideline 5

Keep medical records of All inmates inclusive of mental health records.

- (a) Ensure that medical records of inmates with mental health illness move with them upon transfers from one custodial center to another.
- (b) Ensure that treatment and medication are not discontinued until a new assessment is undertaken at the new facility to avoid deterioration of their mental conditions.

Guideline 6

Reports of assessment of inmates are to be shared with the courts where inmates are undergoing trials to the extent necessary for the court to take decisions in relation to the inmates and with due regard to the confidentiality right of the inmates.

- 6.1 For those in custody without any clear intention for trial, the superintendent should activate action for their review by the Mental Review Board for possible diversion/transfer for appropriate management.

Guideline 7

With the consent of the inmate, ensure that family members / the significant others of the inmate are aware of the result of their mental health assessment and that they are made part of the treatment plan of such inmate.

Guideline 8

Endeavour to focus the screening on eliciting the following:

- substance use history, previous hospitalizations, use of psychotropic medications);
- Inmate past possible attempt at suicide and medical history.

Guideline 9

Ensure that the results of assessment, typically administered by qualified and trained personnel, assists in the development of treatment plans for affected inmates.

3. Treatment of inmates with mental illness

Treatment of Mental illness in custodial facilities need to be carried out in line with principles of treatment in the community and national and international legislation relating to mental health care treatment. In custodial centers, treatment strategies will also need to take into cognizance the particular challenges relating to treatment in a custodial setting, usually as it relates with paucity of resources.

Guideline 1: Protection and promotion of mental health

The Correctional service shall take measures to ensure that custodial conditions and services are designed to protect and promote the mental well-being of all inmates. To promote mental health, the correctional service should;

- (a) Ensure that every inmate undergoes a mental health assessment on entry.
- (b) The screening should include assessment to determine mental illness, risk of self-harm and suicide, and should be undertaken by qualified and trained mental health professionals.
- (c) The screening should search for the presence of possible co-morbid substance use disorders in all mental health assessments.

Guideline 2: Mental health promotion, prevention, early detection and intervention

Screening, counselling and therapy should be offered as early as possible, from the period of pre-trial detention and throughout the justice process continuum, to those in need.

Guideline 3: Equivalence of care

The health care provided to inmates should be of an equivalent level to that in the community. There should be no discrimination based on the patient's legal status, his or her mental health status, sex, ethnicity, race, language, religion, nationality or other status.

Guideline 4: Confidentiality

As with all health care providers in the community and in custodial centres, mental health care professionals should respect principles of confidentiality with regard to medical information.

Guideline 5: Access to consultations with mental health care staff

Inmates with mental illness should have easy access to suitably qualified mental health care staff in line with the principles valid for all health care in custodial centres.

Guideline 6: Consent

Inmates should be provided with full information about treatment options, risks and expected outcomes and they should participate in their treatment planning and decision making where possible.

Guideline 7: Individualized, interdisciplinary treatment

Treatment should be individualized, including a balanced combination of psycho social, medical (where necessary) and other support programmes as appropriate for the individual case.

Guideline 8: Cooperation with community health care providers and NGOs

Collaboration between Correctional Service and community health services should be an integral component of medical care provided in the custodial centres.

Guideline 9: Supervision

Inmates with mental illness have special protection needs both from themselves and from others. Therefore, careful allocation to cells and supervision is essential to ensure the safety of inmates with mental illness from violence, abuse, self-harm and suicide.

Guideline 10: Discipline

Inmates with mental illness should not be placed in segregation or isolation units as punishment for breaking custodial centre rules, as this can exacerbate their conditions rather than serve as deterrence. Inmates with mental health care needs are likely to break rules more often than others, usually due to reasons stemming from their mental illness, rather than any intention to disrupt custodial centre rules.

Guideline 11: Isolation

Isolation should be used as a last resort, if at all, and for the shortest possible period of time, and should only be for the purposes of safety of the inmate, others and property.

Guideline 12: After care

The Correctional Service should ensure that inmates with mental illness on discharge from custody should have arrangements in place to provide them with access to medication, if necessary, and mental health services.

Guideline 13: Monitoring

Monitoring mechanisms should be in place by the Mental Health Board to monitor mental health services provided in custodial centres.

4. Referrals

Referral is an act of sending someone for consultation, review, or further action, by directing a patient to a medical specialist by a primary care physician. Section 24 of the Nigerian Correctional Service Act, 2019 makes provision for the management of cases of inmates with mental illness. Section 24 (1) provides that where it appears to the Superintendent that an inmate undergoing imprisonment or sentence of death is of unsound mind, he shall report the matter to the State Controller of Correctional Service and the State Controller shall:

- a. Appoint two or more qualified health practitioners with requisite mental health qualifications, one of whom shall be a correctional centre health practitioner to inquire into the inmate's state of mental health;
- b. May, if deemed necessary, order the removal of the inmate from the Custodial Centre to another Custodial Centre;
- c. If an order is required to move the inmate to a custodial center outside the jurisdiction of the state, the state controller shall report to the Zonal Coordinator or Controller – General as appropriate.

By subsection (2) the health practitioners appointed under subsection (1) shall examine the inmate's mental health status and give their opinion in a written report to the state controller not later than two weeks from the receipt of the initial report for submission to the Mental Health Review Board for review and issuance of appropriate certification which shall be forwarded to the Controller-General, the Chief Judge and other relevant authorities.

From the foregoing, Section 24(1) provides for an initial assessment of inmates who appear to be of unsound mind. The provisions of the section expressly cover persons undergoing imprisonment or a sentence of death who appear to be of unsound mind. The following guidelines shall regulate the referral of inmates of mental illness in custodial centres.

Guideline 1: Initial Assessment of Mental Health

Referral to a mental health facility outside the custodial center can only be after initial assessment by correctional health officers or health officers nominated by the state controller in line with section 24(1) of the NCSA 2019.

Guideline 2: Decision Making

- (a) The decision to remove an inmate from a correctional facility to another correction facility or hospital, must be with the permission of the state controller when such transfer is within the state, and zonal coordinator if the transfer is from one state to another within the zone.
- (b) A certificate must be issued by the Mental Health Review Board after initial assessment by medical officers appointed by the controller, before removal of an inmate of unsound mind.
- (c) The decision to refer an inmate to a facility outside the custodial center, must be evidence based and in the best interest of the inmate's mental health, personal safety and the safety of fellow inmates and staff.

Guideline 3: Initial Assessment Report

The result of the initial assessment and diagnosis must be sent to the institution where the inmate is to be transferred to for continued treatment.

Guideline 4: Safety and Security

In line with section 25 of the NCSA 2019, the following guidelines shall be observed while transferring a mentally ill patient to a facility outside the custodial center.

1. All reasonable precautions shall be taken by the Custodial Centre and management of the hospital to prevent the escape of the inmates transferred there for treatment.
2. The Custodial Centres may take such measures for preventing the escape of inmates as may be necessary, including insisting on having the inmate within sight at all times.
3. Where, in view of the gravity of the offence for which an inmate is in custody or for any other reason, the Superintendent considers it desirable to take special measures for the security of the inmate under treatment in a hospital the Superintendent shall assign at least two fit and proper persons to be in charge of the inmate, one of whom shall always be with the inmate day and night.

Guideline 5: Consent

Removal of inmates and transfer for treatment should be in the best interest of the inmate and with the informed consent of the MHB, inmates, or their family members, support group or legal representatives.

Guideline 6: Integrated Health Services

- 6.1 The Correctional Service should partner with public neuropsychiatric hospitals closest to them that run treatment centres for referral purposes.
- 6.2 Each custodial center should keep a list of mental institutions closest to them.

Guideline 7: Monitoring of Progress

- a. Medical practitioners in the Correctional Service shall monitor the progress of inmates receiving treatment outside the custodial centre and shall send regular returns to the controller of corrections.
- b. In collaboration with the attending psychiatrist/physician the correctional service psychiatrist shall make decision to discharge the patients that have reasonably recovered and returned back to the custodial centre.

5. Guidelines for Managing Substance Abuse in Detention and Correctional Centres

Guideline 1: Screening of inmates

Conduct screening as early in the reception process as feasible and throughout the criminal justice continuum to detect substance use disorders, mental disorders, co-occurring substance use and criminogenic risk. Identification of substance use problems should be carried out through the following methods;

- Questionnaires.
- Behavioural observation.
- Drug screening.
- Medical assessment for co-morbidity.

Guideline 2: Risks and Needs Assessment

For inmates/detainees with positive screens, follow up with comprehensive assessments to guide appropriate program placement and service delivery. The assessment process should involve obtaining information on

- Basic demographics;
- Clinical needs (e.g., identification of probable or identified diagnoses, severity of associated impairments, and motivation for change);
- Strengths and protective factors (e.g., family and community support);
- Social and community support needs (e.g., housing, education, employment, and transportation); and
- Safety needs and risks;
- Plan for the treatment and services required to address the inmate's needs, both in custody and upon re-entry.

Guideline 3: Treatment Plan

Develop individualized treatment and service plans using information obtained from the risk and needs assessment process.

- Determine the appropriate level of treatment and intensity of supervision, when applicable, for inmates with behavioural health needs.
- Identify and target inmates' multiple criminogenic needs in order to have the most impact on recidivism
- Develop strategies for integrating appropriate recovery support services into service delivery models.
- Refer inmates to specialized services if custodial centre lacks the resources for treatment.

Guideline 4: Collaboration and Partnership

Build synergy between the Correctional Service, relevant government agencies and mental health service providers

Guideline 5: Preparing for Transition

Anticipate that the periods following release of inmates who suffer from substance abuse, are critical and identify appropriate interventions as part of transition planning activities for inmates with co-occurring mental and substance use disorders leaving custodial centres.

- a. Find out the Earliest Date of Release (EDR) for the inmate with substance abuse challenge.
- b. Decide if the inmate has need for further treatment.
- c. Identify mental health service providers that can provide further support on discharge.

Guideline 6: Aftercare

Develop programme and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages for post-release treatment and support

- a. All inmates should have pre-discharge counselling on coping strategies, healthy life style practices and support systems they can access
- b. For persons with mental illness, they shall be referred to the closest neuropsychiatric hospital for follow up.

Guideline 7: Support adherence to treatment plans and supervision conditions through coordinated strategies. Provide a system of incentives and graduated sanctions to promote participation in treatment; maintain a “firm but fair” relationship style; and employ problem-solving strategies to encourage compliance, promote public safety, and improve treatment outcomes.

Guideline 8: Training on Substance Abuse

The Controller General shall encourage and support training to facilitate collaboration between staff and agencies working with people with co-occurring mental and substance use disorders who are involved in the criminal justice system. The Correctional Service should conduct training on the following areas;

- a. Assessment
- b. Psychological intervention/Counselling
- c. Crisis intervention (family crisis, bail rejection, verdict pronouncement, interpersonal difficulties, life events etc.)
- d. Legal counselling, pre-discharge counselling
- e. Rehabilitation counselling
- f. Substance use counselling
- g. Peer counselling for inmates
- h. Any other relevant knowledge area or skills that will build the capacity of officers for improved service delivery.

Guideline 10: Documentation, Monitoring and Evaluation

Collect and analyse data to evaluate program performance, identify gaps in performance and plan for long-term sustainability. The following information should be recorded for all custodial centres;

- a. Computerised data base and tracking system for all inmates.
- b. Surveillance of health conditions on a regular basis with adequate emphasis on confidentiality and proper information documentation.

- c. Health records for inmates with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice on release
- d. This information can be given to the inmate to facilitate continuing health care after release and reduce recidivism
- e. It is also important to identify and control sources of drug supply to inmates as a deliberate measure to reduce drug use within the custodial centre

6. Functions of the Mental Health Review Board and Coordination with Stakeholders

The Mental Health Review Board (MHB) is a body constituted by the Controller-General of Corrections in line with section 24(3) of the Nigerian Correctional Service 2019. The MHB is responsible for mental health administration in custodial centres and provide oversight and monitoring of the local mental health system in custodial centres. A primary responsibility of the Mental Health Advisory Board (MHB) is to review and evaluate the correctional service mental health needs, services, facilities, and challenges.

The MHB is composed of the following professionals;

- a) psychiatrist who shall be the head of the Board;
- b) representative of Federal or State Psychiatric Hospitals within the State or geo-political zone;
- c) clinical psychologist;
- d) social worker; and
- e) medical personnel from the Custodial Centre.

Functions of the MHB

1. Make policies and guidelines for effective provision of mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such inmates.
2. To review and evaluate cases of mental illness that are brought before the board.
3. Issue certificate of mental health status which shall be forwarded to the Controller General, the Chief Judge of the state or the FCT, the Attorney General and other relevant agencies.
4. Issue certificate of mental health fitness to inmates after successful completion of treatment.
5. The Board shall have a duty to plan, design and implement programmes for the promotion of mental health and prevention of mental illness in the custodial centres within the state.
6. Promote programmes to reduce stigma associated with mental illness within the custodial centre.
7. The Board will send returns to the state controller of corrections regarding the state of mental health facilities within the custodial centres.
8. The Board will issue certificate of mental health illness to courts in the event that an inmate is not mentally fit to stand trial due to prevailing serious mental health condition.
9. Coordinate with relevant neuropsychiatric hospitals within the state or geopolitical zones to offer referral treatment for inmates.
10. In the course of performing the above functions, the MHB should ensure best practices in its operations in line with the overall goals of the Nigerian Correctional Service.

Guidelines for determination of mental illness by the Board

1. Mental illness shall be determined in accordance with nationally and internationally accepted health standards guiding mental health.
2. No person or authority shall classify a person as a person with mental illness, except for purposes directly relating to the treatment of the mental illness.

3. Mental illness of an inmate shall not be determined on the basis of, —
 - (i) political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person;
 - (ii) non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person's community except where such has become clinically relevant and socially significant.
4. Past treatment or hospitalization in a mental health establishment though relevant, shall not by itself justify any present or future determination of the person's mental illness.
5. The determination of a person's mental illness shall alone not imply or be taken to mean that the person is of unsound mind unless he has been so declared by the MHB.
6. In determining the mental health status of an inmate recommended to the MHB, the following conditions shall be assessed and others that may be deemed relevant by the Board;

These include but are not limited to:

- (i) depressive disorders
 - (ii) anxiety disorders
 - (iii) schizophrenia
 - (iv) bipolar disorder
 - (v) personality disorders
 - (vi) post-traumatic stress disorder
 - (vii) attention deficit hyperactivity disorder (ADHD) manifesting with predominantly behavioural problems.
 - (viii) Other debilitating mental health conditions
7. Every inmate, including a person with mental illness shall be deemed to have capacity to make decisions regarding his mental healthcare or treatment, and when it has been determined that they cannot make this decision, their next of kin, family member, support group or legal representative shall be consulted in making decisions relating to their treatment.
- 7.1 Where consent cannot be obtained by any of the foregoing, it would be deemed that consent has been given to the MHB by reason of incarceration
8. Every person, who is not a minor, shall have a right to make an advance directive in writing, specifying any or all of the following, namely: —
 - (i) the way the person wishes to be cared for and treated for a mental illness where applicable;
 - (ii) the way the person wishes not to be cared for and treated for a mental illness where applicable
 - (iii) Provided the inmate is subjected to an examination by a mental health professional to determine his capacity to make a valid advance directive shall be waived by MHB where it infringes on the right of other inmates in custody.
 - (iv) They should be guided by their ethics

9. MHB shall take the confidential, private, and sensitive nature of mental health information very seriously. MHB shall not release any information regarding an individual's diagnosis or medical condition without his or her informed written consent or under compulsion of legal process.
10. Diagnoses of psychiatric disorders by a family member will not be accepted due to professional and ethical considerations, even when the family members are otherwise qualified by virtue of their training and licensure/certification. A member of the MHB whose family member is the inmate under review, shall be recused from sitting on the Board for the evaluation of the inmate.

7. Data Management and Mental Health in Correctional Centres, Justice and Health Sectors

Documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. It is recommended that the diagnostic report include the following components:

- specific diagnosis or diagnoses;
- description of current symptoms in the testing environment;
- relevant information regarding psychotropic medications expected to be in use during test administration and the anticipated impact (“side effects”) on the test taker in this setting (see Section IV);
- relevant information regarding current treatment.

Historical Information, Diagnostic Interview, and/or Psychological Assessment

Behavioral observations, combined with the clinician’s professional judgment and expertise, are often critical in helping to formulate a diagnostic impression. The evaluator should specifically indicate, in detail, the relevant test-taking behaviors that impact upon the examinee’s performance. The evaluator should indicate if the behaviors noted during testing are consistent with the diagnosis, and if not, why not.

The information collected for the diagnostic interview should include, but not be limited to, the following:

- history of presenting symptoms of the mental illness when active (e.g., palpitation, sweaty palms, disoriented thinking, mental fatigue);
- onset of the disorder and duration and severity of the symptoms (including discussion that separates common test-taking anxiety from a diagnosed condition);
- relevant developmental, historical and familial data (including any hospitalization, outpatient treatment, and visits to counselling and mental health services);
- relevant medical and medication history, including the individual’s current medication regimen compliance, side effects (if relevant), and positive and negative response(s) to medication;
- if relevant to test-taking performance, a description of the expected progression or stability of the impact of the condition over time;
- if relevant to test-taking performance, information regarding type of treatment received, its effectiveness, and the duration and frequency of the therapeutic relationship; and

Documentation through Technology

1. Take steps to develop an application for the purpose of the digitization of medical data management
2. The App in 1.0 above should also be a mobile app that is web based, and user friendly and one that maintains patient confidentiality.
3. The developed App shall be accompanied with a statistical module.
4. Such statistical module shall capture the mental health status of all inmates.
5. Captured statistics of diagnosis and medication of individual inmates under mental health management in custody.
6. The App should be encrypted with security to ensure that the data of users are secure and confidential.

7. Tele-health is advised to enhance efficiency.

8. Rights of Persons with Mental illness in Custody

The rights of inmates must be promoted and protected, and steps should be taken to ensure that rights of inmates with mental illness, is protected and promoted given their vulnerability. To this end, the Mental Health Review Board, shall in the discharge of their assignment, ensure that rights of mentally ill patients are protected.

The rights of mentally ill patients include and not limited to;

- Right to access mental health care
- Right to community living
- Right to protection from cruel, inhuman and degrading treatment
- Right to equality and non- discrimination
- Right to information
- Right to confidentiality
- Restriction on release of information in respect of mental illness
- Right to access medical records
- Right to legal aid
- Right to make complaints about deficiencies in provision of services

Right to access mental health care

1. Every person shall have a right to access mental healthcare and treatment from mental health services run or funded by the Government.
2. The right to access mental healthcare and treatment shall mean mental health services of good quality, available in sufficient quantity, accessible geographically, without discrimination on the basis of gender, religion, culture, caste, social or political beliefs, class, disability or any other basis and provided in a manner that is acceptable to persons with mental illness and their families and care-givers.
3. Provide equivalent treatment in a manner which supports persons with mental illness to live in the community and with their families;
4. Ensure that the long-term care in a mental health establishment for treatment of mental illness shall be used only in exceptional circumstances, for as short a duration as possible, and only as a last resort when appropriate custodial based treatment has been tried and shown to have failed.

Right to protection from cruel, inhuman and degrading treatment

1. Every person with mental illness shall have a right to live with dignity.
2. Every person with mental illness shall be protected from cruel, inhuman or degrading treatment in any mental health establishment and shall have the following rights, namely:
 - (a) to live in safe and hygienic environment;
 - (b) to have adequate sanitary conditions;
 - (c) to have reasonable facilities for leisure, recreation, education and religious practices;
 - (d) to privacy;
 - (e) for proper clothing so as to protect such person from exposure of his body to maintain his dignity;
 - (f) to not be forced to undertake work in a mental health establishment and to receive appropriate remuneration for work when undertaken;
 - (k) to be protected from all forms of physical, verbal, emotional and sexual abuse.

Right to equality and non- discrimination

1. Every person with mental illness shall be treated as equal to persons with physical illness in the provision of all healthcare which shall include the following, namely: –
 - a) there shall be no discrimination on any basis including gender, religion, culture, caste, social or political beliefs, class or disability;
 - b) living conditions in health establishments shall be of the same manner, extent and quality as provided to persons with physical illness; and
 - c) any other health services provided to persons with physical illness shall be provided in same manner, extent and quality to persons with mental illness.
2. A child under the age of 18 months of a woman receiving care, treatment or rehabilitation at the custodial centre shall not be separated from her except the safety of the child cannot be guaranteed.
 - (i) The child can be temporarily separated from the mother if the decision is in the interest and safety of the child and on the advice of the doctor in charge of the MHB, provided further that the woman shall continue to have access to the child under such supervision of the staff of the establishment or her family, as may be appropriate, during the period of separation. (Remove)

Right to information

1. A person with mental illness and his nominated representative shall have the rights to the following information, namely: —
 - (a) Right to access information regarding treatment plan, method and procedures;
 - (b) right to make an application to the MHB for a review of board decision;
 - (c) the nature of the person's mental illness and the proposed treatment plan which includes information about treatment proposed and the known side effects of the proposed treatment;
 - (d) receive the information in a language and form that such person receiving the information can understand.

Right to confidentiality

1. A person with mental illness shall have the right to confidentiality in respect of his mental health, mental healthcare, treatment and physical healthcare.
2. All health professionals providing care or treatment to a person with mental illness shall have a duty to keep all such information confidential which has been obtained during care or treatment with the following exceptions, namely: —
 - (a) release of information to the nominated representative
 - (b) release of information to other mental health professionals and other health professionals to enable them provide further care and treatment to the person with mental illness;
 - (c) release of information if it is necessary to protect any other person from harm or violence;
 - (d) only such information that is necessary to protect against the harm identified shall be released;
 - (e) release only such information as is necessary to prevent threat to life;
 - (f) release of information upon an order by MHB or a court of law, and;

(g) release of information in the interests of public safety and security.

Right to access medical records

1. All persons with mental illness shall have the right to access their basic medical records.
2. The mental health professional in charge of such records may withhold specific information in the medical records if disclosure would result in, —
 - (a) serious mental harm to the person with mental illness; or
 - (b) likelihood of harm to other persons.
3. When any information in the medical records is withheld from the person, the mental health professional shall inform the person with mental illness of his right to apply to the MHB for an order to release such information.

Right to legal aid

1. A person with mental illness shall be entitled to receive free legal services to exercise any of his/her rights under the law.
2. The correctional service shall liaise with the Legal Aid Council of Nigeria (LACON) and other relevant criminal justice institutions to ensure that inmates with mental health illness receive free legal services.

Right to make complaints about deficiencies in provision of services

1. Any person with mental illness or his nominated representative, shall have the right to complain regarding deficiencies in provision of care, treatment and services in the custodial centre or mental health establishment to, —
 - (a) The medical officer or mental health professional in charge of the custodial centre and if not satisfied with the response;
 - (b) the Mental Health Board;
 - (c) the Controller of Corrections;
 - (d) the Controller General of Corrections.

9. Non-custodial Measures and Transfer of Inmates with Mental Illness

Guideline 1

Non-custodial sanctions and community corrections should be the first consideration for offenders with mental illness so long as they do not pose any danger to themselves and others

Guideline 2

The focus of corrections for offenders with mental illness should be treatment of their mental illness before sanctions.

Guidelines 3

Where possible, individuals with mental illness should be transferred from the criminal justice system at the first point of contact with law enforcement officers and those with severe mental health conditions/illness should never be held in custodial centres.

Guideline 4

Transfer should be possible throughout the criminal justice process—during prosecution, trial and on imprisonment. Courts should have access to information regarding mental health issues in general and the mental health care needs of the offenders in question, in particular, in order to take the appropriate decision at the earliest possible stage.

Ensure that family or significant others are put in the treatment plan

Guideline 5

There must be adequate supervision plan for inmates with mental illness transferred to serve non-custodial sanctions. The supervision level should be determined through a risk and need assessment.

Guideline 6

The lack of public mental health services alone should never be used to justify the imprisonment of people with mental illness, and should be strictly prohibited by law.

10. Management of Women and Children with Mental illness

In addition to the general stressors within the custodial centers, women and children are exposed to stress associated with pregnancy, delivery, weaning, child upbringing and menstrual hygiene, which demand special attention.

Guideline 1

The management of women and children with mental health challenge shall include psycho-social and medical approaches.

Guideline 2

There shall be screening of the mental health of women and children at the point of reception into the custodial center for early detection and treatment.

Guideline 3

There shall be need based assessment of the mental health of women and children in custody.

Guideline 4

Lactating women at the risk of harming their children shall have their babies separated and handed over to a family member or the welfare center as the case may be.

Guideline 4b

Lactating mothers shall be specially considered in provision of special diets to prevent malnutrition and related health risks.

Guideline 5

The custodial centre shall consider the mental health benefits of breastfeeding and the need for mothers to bond with their children if it is for a limited period of time.

Guideline 6

Pregnant women with mental health challenges, shall in addition to receiving ante-natal care, receive mental health assessment to evaluate their readiness for delivery and childcare.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<div>FOR OFFICE CODING <u>0</u> + _____ + _____ + _____</div> <div style="text-align: right;">=Total Score: _____</div>				

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 3s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 3s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 3s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up 3s by column. For every 3: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every 3 Not at all = 0; Several days = 1;

More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Short General Health Questionnaire (GHQ 12)

Have you recently?

1. Been able to concentrate on what you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2. Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3. Felt you were playing a useful part in things? than	More so than usual	Same as usual	Less useful usual	Much less useful
4. Felt capable of making decisions about things? capable	More so than usual	Same as usual	Less so than usual	Much less
5. Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6. Felt you couldn't overcome your difficulties? than	Not at all	No more usual	Rather more than usual	Much more than usual
7. Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8. Been able to face up to your problems?	More so than usual	Same as usual	Less so than usual	Much less able
9. Been feeling unhappy and depressed? than	Not at all	No more usual	12. Been feeling reasonabl y happy, all things considere d More than usual Same	as usual
10. Been losing confidence in yourself?	Not at all	No more than usual		
11. Been thinking of yourself as a worthless person? than	Not at all	No more Usual		

Rather more than usual
Rather more than usual
Rather more than usual

Much more than
usual
Much more than
usual
Much more tha

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