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MENTAL HEALTH
a legislative framework to empower, protect and care

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The Commonwealth Nurses Federation (CNF), founded in 1973, is a federation of national nursing and midwifery associations in Commonwealth countries.

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from the PRESIDENT

Susie Kong
CNF President

The focus for this issue of the Commonwealth Nurse is mental health. Mental ill health is the third leading cause of disease burden in the world, predicted to be the leading disease burden by 2030.

Mental ill health affects one in four people worldwide at some time in their life.

In 2010, the global economic impact of mental ill health was approximately US$ 2.5 trillion and this cost is estimated to increase to US$ 6 trillion by 2030. While mental ill health is typically left off the list of top NCDs, it alone accounts for over US$ 16 trillion or one third of the overall US$ 47 trillion anticipated spend on NCDs over the next 20 years.

According to the World Health Organisation:

* About half of mental disorders begin before the age of 14. Around 20% of the world's children and adolescents, regardless of culture, are estimated to have mental disorders or problems. Regions of the world with the highest percentage of population under the age of 19 have the poorest level of mental health resources.

* On average about 800,000 people commit suicide every year, 86% of them in low and middle income countries. Mental disorders are one of the most prominent and treatable causes of suicide.

* War and other major disasters have a large impact on mental health and psychosocial wellbeing. Rates of mental disorder tend to double after emergencies.

* Mental health issues are commonly co-morbidities of NCDs, infectious diseases and extreme poverty. They are frequently hidden, ignored or stigmatised. Mental disorders are a major risk factor for communicable and non-communicable disease. They can also contribute to unintentional and intentional injury.

* Stigma about mental disorders and discrimination against patients and families prevent people from seeking mental health care.

* Few countries have a legal framework that adequately protects the rights of people with mental disorders.

* There is huge inequity in the distribution of skilled human resources for mental health across the world. Shortages of psychiatrists, psychiatric nurses, psychologists and social workers are one of the main barriers to providing treatment and care in low and middle income countries. Low income countries have 0.05 psychiatrists and 0.42 nurses per 100,000 people. The rate of psychiatrists in high income countries is 170 times greater and for nurses is 70 times greater.

* Human rights violations of psychiatric patients are routinely reported in most countries. These include physical restraint, seclusion and denial of basic needs and privacy.

The World Health Organisation's Comprehensive Mental Health Action Plan 2013-2020 was adopted on 27 May 2013 at the 66th World Health Assembly attended by Ministers of Health from 194 WHO Member States. The action plan has four major objectives:

* To strengthen effective leadership and governance for mental health,
* To provide comprehensive, integrated and responsive mental health and social care services in community-based settings,
* To implement strategies for promotion and prevention in mental health, and
* To strengthen information systems, evidence and research for mental health.

The plan sets important new directions for mental health including a central role for community based care and a greater emphasis on human rights. It moves away from a pure medical model, and addresses income generation and education opportunities, housing and social services and other social determinants of mental health. The action plan also emphasises the empowerment of people with mental disabilities; the need to develop a strong civil society and the importance of promotion and prevention activities. The document outlines specific actions for Member States, international, regional and national level partners, and includes several indicators and targets that can be used to evaluate implementation progress and impact.

Nurses need to be actively advocating for reform of mental health services. The research described on pages 4-6 clearly demonstrates how urgent the need is for reform in this area. I urge all CNF members to read the research and be actively involved in their countries response to the WHO Comprehensive Mental Health Action Plan 2013-2020.
http://www.who.int/mental_health/action_plan_2013/en/index.html.

MENTAL HEALTH
A legislative framework to empower, protect and care

The theme for the 2013 Commonwealth Health Ministers' meeting in Geneva in May 2013 was mental health. In preparation for the meeting, the Commonwealth Health Professions Alliance, of which the CNF is a founding member and secretary, commissioned research into mental health legislation across the Commonwealth from a human rights perspective.

Dr Soumitra Pathare from the Centre for Mental Health Law and Policy, Indian Law Society, was the principal researcher.

The results of the research are very disturbing. Health systems must no longer abrogate their responsibilities for the mental health of their populations and health professionals must be actively engaged in the reform process.

A review of mental health legislation in Commonwealth member states - *Mental Health: a legislative framework to empower, protect and care* (Pathare S and Sagade J 2013). Available from: http://www.chpa.co.

The research was funded by the Commonwealth Foundation.

Commonwealth Foundation

EXECUTIVE SUMMARY
MENTAL HEALTH: a legislative framework to empower, protect and care

Introduction
Mental health and human rights are linked in three important ways. First, mental health affects human rights; second, human rights violations affect mental health; and third, positive promotion of mental health and human rights is mutually reinforcing, as they are complementary approaches to advancing the wellbeing of persons worldwide (Gostin and Gable 2009).

One way to prevent human rights violations from occurring is by reforming mental health laws to be more in line with the promotion of the human rights of persons with psychosocial disabilities.

Internationally, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which came into force in 2008 serves as a comprehensive and legally binding framework for promoting and protecting the rights of persons with mental disorders (Drew et al 2011). Globally the CPRD has been celebrated as being the universal standard for the human rights of persons with disabilities (Drew et al 2011).

At the country level, law and policy reform has been identified as a key strategy to promote the human rights of persons with mental disorders. It is necessary to have a well formulated mental health law in place for the protection of the human rights of persons with mental disorders (Drew et al 2011). We reviewed mental health legislation in Commonwealth member states to obtain an insight as to how mental health legislation in the Commonwealth complies with the CRPD and adopts a rights based approach. We conclude by putting forward several recommendations resulting from the findings of this report.

Methodology

We used the provisions of the United Nations Convention on Rights of Persons with Disabilities (CRPD) to enable systematic comparison of legislation from different countries. We restricted analysis to dedicated mental health legislation. Most countries do not have 'consolidated' legislation covering all areas relevant to persons with mental disorders, but use a 'dispersed' style of legislation. Thus, provisions related to issues such as employment, housing, and social security, for example, are usually not covered in mental health legislation but may be covered in other relevant legislation on these topics. These 'dispersed' provisions are not analysed in this report as the focus of this research was an analysis of dedicated mental health legislation.

We searched for mental health legislation in 53 of the 54 countries of the commonwealth, leaving out Fiji which is currently suspended from the Commonwealth. We were unable to obtain mental health legislation from three countries (St Lucia; St Kitts and Nevis; and St Vincent's and the Grenadines) and an official English translation for the mental health laws of Cyprus. Therefore these four countries are not included in the analysis. An extensive online search and correspondence with the Commonwealth Health Professions Alliance (CHPA) partners suggests there is no dedicated mental health legislation in four countries namely Cameroon, Maldives, Mozambique and Rwanda. Thus we obtained mental health legislation from 45 countries and these are included in the analysis.

Summary of Findings

1. Mental health legislation in 20 per cent of Commonwealth member states was enacted prior to 1960 before modern medical treatments became available and before many of the international human rights instruments came into force.

2. Mental health legislation in only 11 per cent of Commonwealth member states specifically include provisions that state mental health care should be provided on an equal basis with physical health care.

3. Mental health legislation in only 9 per cent of Commonwealth member states promotes voluntary admission and treatment as the preferred alternative for treatment of mental disorders.

4. Mental health legislation in only 29 per cent of Commonwealth member states vies persons with mental disorders the right to be informed of their rights when receiving mental health care or treatment.

5. While laws in 24 per cent of member states have some provisions promoting community care; no legislation met all the criteria to be rated as promoting community care and deinstitutionalisation.

6. Mental health legislation in only four Commonwealth member states had provisions for supported decision making including the provision of Advance Directives in their mental health legislation.

7. Mental health laws in all Commonwealth member states allow involuntary admission to a mental health facility. Only half (51 per cent) of country mental health laws require the person to be discharged as soon as they do not meet the criteria for involuntary admission. Eighty per cent of mental health legislation in Commonwealth countries does not apply the principle of least restrictive alternative to involuntary admission.

8. More than two thirds of the mental health laws do not have a judicial/quasi-judicial body to review involuntary admissions and treatment.

9. Provisions for protection from cruel, inhuman and degrading treatment are included in the legislation in only 23 countries (51 per cent).

10. The informed consent of persons with mental disorders for participating in clinical and experimental research is specifically mandated in mental health legislation in only 5 countries (11 per cent).

11. Mental health laws in only 9 countries (20 per cent) include a provision on the protection of confidentiality and only 8 countries (18 per cent) include a provision on privacy for persons with mental disorders.

12. Legislation in only three countries (7 per cent) specifically outlaws forced or inadequately remunerated labour within mental health facilities.

13. Very few laws have specific provisions for the involvement of families and care givers. Legislation in 12 countries (27 per cent) provides for information to be given to families and care givers; in 10 countries (22 per cent) families and care givers are encouraged to participate in the formulation of treatment plans.

14. Mental health laws in most commonwealth countries provide very little protection to minors and children. Laws in only 2 countries (4 per cent) restrict involuntary admission of minors with mental health problems; and laws in only 3 countries (7 per cent) ban any irreversible treatments on children with mental health problems.

15. The word *'lunatic'* is used in the mental health laws of 12 countries; the term *'insane'* is used in the mental health laws in 11 countries; the term *'idiot'* is used in the mental health laws in 10 countries; 2 mental health laws use the term *'imbecile'*; and 2 mental health laws use the term *'mentally defective'*. Overall the laws in 21 countries (47 per cent) use one of the above terms.

16. The law in only one Commonwealth country mandates that users of mental health services are involved in mental health policy, legislation development and service planning.

Conclusions

1. Mental health legislation in many Commonwealth member states is out-dated and does not fulfil member states' international human rights obligations toward persons with mental disorders.

2. Mental health legislation in many Commonwealth member states is not compliant with the United Nations Convention on the Rights of Persons with Disabilities. Substantive and procedural provisions related to guardianship in mental health laws are particularly problematic in this regard.

3. Many mental health laws reviewed in this report treat persons with mental disorders as needing protection rather than as subjects with rights. As a result, mental health legislation, instead of protecting the rights of persons with mental disorders, is likely to lead to violation of rights.

4. Mental health legislation in many countries is based on an out-dated understanding of mental disorders; ignores advances in the care and treatment of mental disorders and denies the capacity of persons with mental disorders to manage their lives.

5. Provisions in and the language of mental health laws in many instances adds to negative perceptions and further stigmatisation of persons with mental disorders.

6. Most mental health laws pay little attention to protecting the rights of vulnerable groups with mental health problems such as minors, women, and minorities and the special needs of such vulnerable groups.

7. Many mental health laws in Commonwealth countries do not address the issue of (lack of) access to mental health care, in particular making care and treatment easily available; provided in a manner which enhances the capacities of individuals and protects and promotes their rights; and enables the to live and participate in their communities.

8. There is little participation of persons with mental disorders and their families and care givers in the development and implementation of legislation.

Recommendations

1. Commonwealth member states should urgently undertake reform of mental health legislation.

2. Member states should ensure that the legislation meets their obligations under international human rights treaties, in particular the United Nations Convention on the Rights of Persons with Disabilities.

3. The Commonwealth should consider providing financial and technical support to low and middle income member states to undertake mental health law reform.

4. Commonwealth member states need to thoroughly review all legislation to comprehensively address all civil, political, economic, social and cultural rights of persons with mental disorders.

5. Commonwealth member states should introduce provision to promote supported decision making in mental health legislation.

6. Commonwealth member states must involve persons with mental disorders and care givers apart from other stakeholders in the mental health law reform process.

References

Drew N, Funk M, Tang S, Lamichhane J, Chávez E, Katontoka S, Pathare S, Lewis O, Gostin L and Saraceno B. 2011. *Human rights violations of people with mental and psychosocial disabilities: an unresolved global crisis.* The Lancet 378 (9803): 1664-1675

Gostin L and Gable L. 2009. *The human rights of persons with mental disabilities: a global perspective on the application of human rights principles to mental health.* Georgetown Law Faculty Publications, January 2010:63 Md.L.Rev. 20-121

MOVING FORWARD

The CNF strongly urges all members to read the research. The WHO considers that mental health legislation is equally as important as mental health policy. Legislation, they say, provides the legal framework for protecting individuals against human rights violations and also for providing mental health services that promote access to care. Mental health legislation is essential because of the unique vulnerabilities of people with mental disorders who face stigma, discrimination, and marginalization in most societies with a heightened probability of human rights violations.

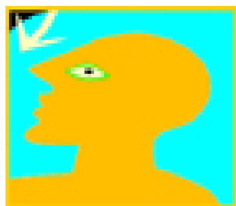
The researcher, Dr Soumitra Pathare, has agreed to work with the CNF to individually examine mental health legislation in selected countries against the provisions of the United Nations Convention on the Rights of Persons with Disabilities and to make recommendations for reform. Countries who are interested in participating should contact the CNF (cnf@commonwealthnurses.org).

WHO MIND: Mental Health in Development

http://www.who.int

Dr Michelle Funk, Coordinator, Mental Health Policy, Department of Mental Health and Substance Abuse, World Health Organisation (WHO), was a keynote speaker at the Commonwealth Partners' Forum held in conjunction with the 2013 Commonwealth Health Ministers' meeting in Geneva in May. The theme of the Commonwealth Health Ministers' meeting was mental health.

Dr Funk shared with participants the excellent resources developed by WHO to support countries in the provision of appropriate mental healthcare.



Mental health policy, planning and service development
Mental health policy and action plans are essential because they coordinate all programmes and services related to mental health

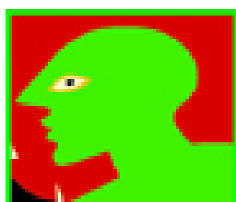
http://www.who.int/mental_health/policy/services/en/index.html

Mental health human rights and legislation
Too many people with mental disability are exposed to a wide range of human rights violations both within psychiatric institutions and in the community

http://www.who.int/mental_health/policy/legislation/en/index.html

Mental health poverty and development
People with mental and psychosocial disabilities can be actively excluded from development programmes

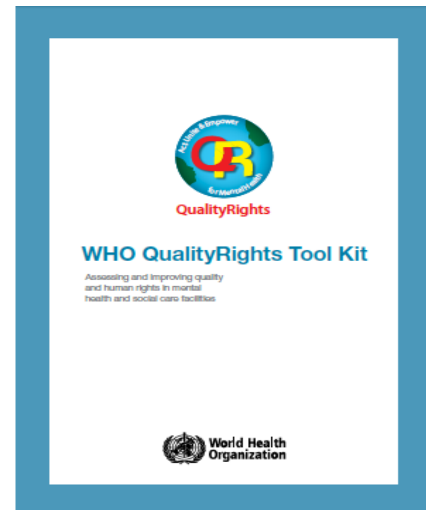
http://www.who.int/mental_health/policy/development/en/index.html



Action in countries
Supporting countries to improve the lives of people with mental disorders

http://www.who.int/mental_health/policy/country/en/index.html

WHO *QUALITY RIGHTS TOOL KIT*



The WHO *Quality Rights Tool Kit* provides countries with practical information, tools and guidance for assessing and improving the provision of mental health care from a quality and human rights perspective. WHO *Quality Rights* aims to improve the quality and human conditions in mental health and social care facilities and support countries and empower organisations to advocate for the rights of people with mental and psychosocial disabilities.

WHO point out that the care available in mental health facilities around the world is not only of poor quality but in many instances, actually hinders recovery. WHO state that it is common for people to be locked away in small prison-like cells with no human contact, or to be chained to their beds unable to move.

The objectives of *Quality Rights* are to:

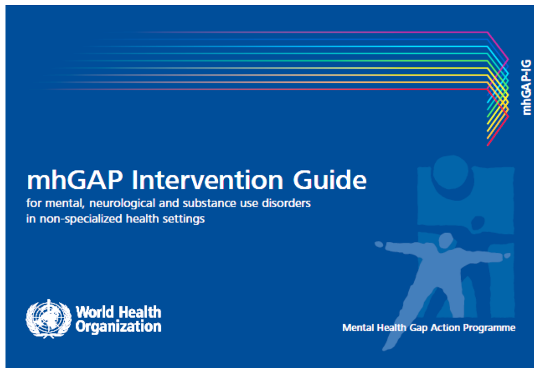
- Improve service quality and human rights conditions in facilties.
- Promote human rights and recovery from mental disabilities.
- Develop a movement of people with mental disabilities to provide mutual support, conduct advocacy and influence the policy making process.
- Reform national policies and legislation.

The WHO *Quality Rights Tool Kit* is suitable for use in low, middle and high income countries. Can be used by Governments and NGOs; supports improvements on the ground and at policy level; and promotes participation of people with suitable mental health conditions.

A copy of the WHO *Quality Rights Tool Kit* can be downloaded from:

http://apps.who.int/iris/bitstream/10665/70927/3/9789241548410_eng.pdf

THE WHO *MENTAL HEALTH GAP ACTION PROGRAM (mhGAP)*



Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income levels. While 14% of the global burden of disease is attributed to these disorders, most of the people affected do not have access to the treatment they need. The WHO Mental Health Gap Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use disorders. With proper care, psychosocial assistance and medication, tens of millions could be treated for depression, schizophrenia, and epilepsy, prevented from suicide and begin to lead normal lives even where resources are scarce.

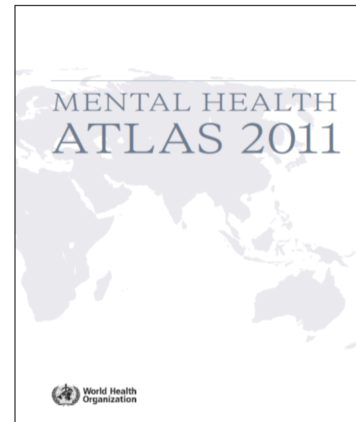
The mhGAP Intervention Guide (mhGAP-IG) is a technical tool providing integrated management guidelines for priority conditions using protocols for clinical decision-making. The priority conditions included are: depression, psychosis, bipolar disorders, epilepsy, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm/suicide and other significant emotional or medically unexplained complaints.

A copy of the mhGAP Intervention Guide can be downloaded from:
http://whqlibdoc.who.int/publications/2010/9789241548069_eng.pdf

OTHER WHO RESOURCES

- *WHO Guidelines on mental health and substance abuse*
  http://www.who.int/publications/guidelines/mental_health/en/index.html
- *Mental health and psychosocial support in emergencies*
  http://www.who.int/mental_health/emergencies/en/index.html
- *Public health action for the prevention of suicide*
  http://www.who.int/mental_health/publications/prevention_suicide_2012/en/index.html

THE WHO *Mental Health Atlas Project*



The WHO *Mental Health Atlas Project* maps mental health resources around the world. The 2011 version represents the latest global picture of resources available for mental health. See page 9 for information on the mental health workforce. Download the *Mental Health Atlas Project* from:
http://www.who.int/mental_health/evidence/atlas/en/

The WHO *MiNDbank* is a new online platform for sharing international and national level resources in mental health, health, human rights, disability and development. It will provide easy access to a range of national and international resources for mental health, disability, development and general health from across the world.

MiNDbank features extensive resources for every country (policies, plans, strategies, and legislation), in the areas of mental health, disability, general health, and human rights, along with international and regional treaties. The database will allow the sharing of key policy, strategy and technical documents, and best practices within and across countries thereby facilitating policy development, advocacy and research in each of the key areas. The database is a timely resource which will support Member States to implement the Comprehensive Global Mental Health Action Plan 2013-2020.

The MiNDbank is a collaboration between **the World Health Organization and:** the International Disability Alliance; CBM; Athena Institute, Faculty of Earth and Life Sciences, University of Amsterdam; World Network of Users and Survivors of Psychiatry; The Chester M. Pierce, M.D. Division of Global Psychiatry, Massachusetts General Hospital, Harvard Medical School; Centre for Addiction and Mental Health, Toronto; Centre for Mental Health Law and Policy, Indian Law Society (ILS), and; the European Union Agency for Fundamental Rights. MiNDbank has also been supported by the Governments of Spain and Brazil.

The WHO *MiNDbank will be launched 10 December 2013*

World Health Organisation: *Mental Health Atlas 2011*

Mental health workforce across the Commonwealth: psychiatrists, doctors, nurses, psychologists (per 100,000 population)

Country profiles. Available from: http://www.who.int/mental_health/evidence/atlas/profiles/en/index.html

Country	Psychiatrists	Doctors (not specialised)	Nurses	Psychologists	% Health burden
Antigua and Barbuda	1.13	3.39	13.55	1.13	21.5
Australia	12.76	1.56	69.54	62.48	29.4
Bahamas					
Bangladesh	0.07	0.19	0.20	0.01	11.2
Barbados	4.29	3.12	41.71	9.35	22.8
Belize	0.96	0.0	7.67	0.0	17.3
Bermuda					
Botswana	0.25	0.51	4.05	1.52	4.6
Brunei Darussalam	0.98	1.23	13.27	0.0	18.9
Cameroon	0.03	0.0	0.15	0.0	6.1
Canada	12.61	0.0	65.0	46.56	33.9
Cook Islands	15.02	0.0	10.03	0.0	15.9
Cyprus	6.82	0.0	42.17	28.99	24.2
Dominica	3.01	3.01	12.03	0.0	25.3
Fiji	0.23	0.47	4.1	0.0	13.7
Gambia	0.17	0.0	0.57	0.0	7.7
Ghana	0.07	0.01	2.47	0.04	8.8
Grenada	1.92	1.92	15.33	0.0	17.4
Guyana	0.53	0.26	0.39	0.0	12.8
India	0.30	0.0	0.17	0.05	11.6
Jamaica	1.1	0.55	5.71	0.33	20.3
Kenya	0.19	?	?	?	5.7
Kiribati	1.0	0.0	6.03	0.0	10.9
Lesotho	0.05	0.05	1.92	0.14	4.8
Malawi	0.01	0.02	0.22	0.02	4.3
Malaysia	0.83	?	3.31	0.29	16.8
Maldives	1.59	1.59	40.46	0.0	18.7
Malta	3.17	3.17	66.83	4.39	27.0
Mauritius	1.62	1.0	9.33	0.08	14.8
Montserrat					
Mozambique	0.04	0.01	0.19	0.24	5.5
Namibia	0.23	0.14	5.88	1.36	6.9
Nauru	0.0	9.75	9.75	0.0	9.6
New Zealand	9.76	?	89.32	13.78	24.8
Nigeria	0.06	0.09	0.19	0.02	6.2
Niue					
Pakistan	0.19	13.96	7.38	0.26	11.9
Papua New Guinea	0.09	0.32	2.90	0.02	9.4
Rwanda	0.05	0.06	1.30	0.07	4.8
St Kitts and Nevis	1.91	0.0	13.37	5.73	20.4
St. Lucia	1.72	1.15	17.25	3.45	22.1
St Vincent and the Grenadines	1.83	0.92	10.07	0.0	18.1
Samoa	0.56	?	1.08	0.0	12.5
Seychelles	2.36	0.0	20.09	2.36	14.4
Sierra Leone	0.02	0.02	0.09	0.0	4.1
Singapore	2.81	?	?	?	24.4
Solomon Islands	0.19	0.0	1.12	0.0	12.6
South Africa	0.27	0.43	9.72	0.31	5.9
Sri Lanka	0.29	0.75	2.92	0.09	11.5
Tanzania	0.04	0.01	?	0.01	5.3
Tonga	1.92	0.96	6.71	0.96	15.1
Trinidad and Tobago	0.67	1.86	33.34	0.67	17.1
Tuvalu					
Uganda	0.09	0.02	0.76	0.02	5.3
United Kingdom					
Vanuatu	0.0	0.81	4.88	0.81	12.8
Zambia	0.03	0.02	1.36	0.02	4.1
Zimbabwe	0.06	0.22	2.86	0.04	3.1

MENTAL HEALTH NURSING FORUM

Wednesday 15 May 2013 Melbourne Australia

INTRODUCTION

The Commonwealth Nurses Federation, in partnership with the Australian Nursing Federation and the Australian College of Mental Health Nurses, facilitated a Mental Health Nursing Forum in Melbourne Australia on Wednesday 15 May. Ontario Shores Foundation for Mental Health in Canada and the Commonwealth Foundation sponsored a number of participants from developing countries to attend the Forum. The Australian Nursing Federation sponsored the venue and sustenance for participants.

The purpose of the forum was for nurses to prepare and submit recommendations to go to the Commonwealth Health Ministers prior to the Ministers' consideration of the Global Mental Health Action Plan 2013-2020 at the 66th World Health Assembly 20-25 May.

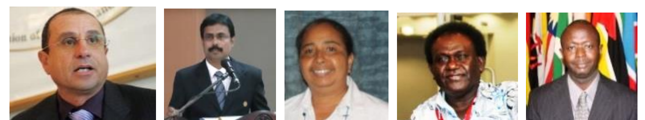
The Forum was held just prior to the International Council of Nurses 25th Quadrennial Congress when representatives of National Nursing Associations across the world met to deliberate on issues of concern. This provided a unique opportunity to discuss the provision of mental health care, the role of nurses in mental health, mental health nurse education and training requirements, and to provide the outcome of those deliberations directly to Commonwealth Health Ministers to inform their consideration of the WHA Mental Health Action Plan 2013-2020.

Fifty five nurses from across the Commonwealth attended the Forum: Barbados, Canada, Ghana, Jamaica, Malaysia, Malta, Mauritius, New Zealand, Seychelles, Sierra Leone, Solomon Islands, and South Africa, as well as nurses from the host country, Australia.

An additional forty nurses sent their apologies and asked to be forwarded the outcomes of the Forum: Australia, Bahamas, Cameroon, Fiji, Ghana, India, Kenya, Lesotho, Malawi, Mauritius, New Zealand, Nigeria, Samoa, Seychelles, Singapore, South Africa, Swaziland, Tanzania, Trinidad and Tobago, Uganda, United Kingdom and Zimbabwe.

Keynote speakers at the Forum were Ms Jill Iliffe, Executive Secretary of the Commonwealth Nurses Federation; Ms Lee Thomas, National Secretary of the Australian Nursing Federation; Ms Kim Ryan, Executive Director of the Australian College of Mental Health Nurses; and Dr Frances Hughes, Chief Nursing and Midwifery Officer, Queensland Health Australia.

Five countries shared the state of mental health care and mental health nursing education and practice in their country. These countries were: Malta, Mauritius, Seychelles, Solomon Islands, and Sierra Leone. Mr Paul Pace (President of the Malta Union of Midwives and Nurses) presented on behalf of Malta. Mr Bagooaduth Kallooa (President of the Mauritius Nursing Association) presented on behalf of Mauritius. Ms Bella Henderson (chief Nursing Officer of the Seychelles) presented on behalf of the Seychelles. Mr William Same (President of the Solomon Islands Nurses Association) presented on behalf of the Solomon Islands and Mr Senesie Margoa (President of the Sierra Leone Nurses Association) presented on behalf of Sierra Leone.



The Forum made a number of recommendations for submission to Commonwealth Health Ministers.

RECOMMENDATIONS

1. Policy

1.1 That all Commonwealth Governments commit to developing and implementing a National Mental Health Action Plan in consultation with doctors, nurses, psychologists, social workers, people with mental health problems, families and carers of people with mental health problems, and mental health advocacy groups.

1.2 That all Commonwealth Governments establish a National Mental Health Committee to assess mental health care provision in their country against the World Health Organisation *Quality Rights Toolkit* and the WHO *Mental Health Gap Action Plan* and that the outcome of this assessment is made publicly available.

1.3 That all Commonwealth Governments commit to a National Mental Health Policy which makes mental health a public health priority with a focus on prevention, early diagnosis and effective interventions including access to psychotropic medication; which commits to de-institutionalisation and a wide range of community care options; which upholds respect for and the rights of individuals with mental illness; which integrates mental health care with other health care services and includes participation from people with mental illness, their carers and the mental health workforce; and which provides special care, interventions and facilities for children and adolescents separate to those for adults.

2. Legislation

2.1 That all Commonwealth countries whose mental health legislation has not been reviewed in the past five years conduct an urgent review of their mental health legislation so that it conforms with the United Nations *Convention on the Rights of People with Disabilities.*

2.2 That all Commonwealth countries appoint an independent Mental Health Commissioner with power to oversee implementation of the mental health act and mental health service provision and report to Government.

2.3 That legislation and policy includes a requirement that all people with mental health problems who have been institutionalised for more than two years are automatically independently reviewed with a view to less restrictive care.

3. Standards

3.1 That national standards for mental health service provision, mental health facilities, and mental health education and training are developed and endorsed in each Commonwealth country based on global standards already developed and endorsed.

4. Funding

4.1 That funding for mental health care is significantly increased to ensure that mental health receives its fair share of public health resources and that funding for mental health is based on need and the known and anticipated burden of disease.

5. Education and training

5.1 That all nursing students (registered and enrolled) receive a mandatory component of mental health education in their pre-registration courses including access to clinical placements in mental health and that this component is regularly monitored.

5.2 That specialist mental health nursing courses are available in every Commonwealth country at Certificate, Diploma and Maters level, which provide a career path into mental health nursing.

5.3 That cultural awareness and competence training is included in the mental health component of all nursing curricula.

6. Workforce and career paths

6.1 That Commonwealth Governments work with nursing professional associations and unions to improve working conditions and working arrangements for nurses working in the area of mental health, and to promote mental health nursing as a desirable career path.

6.2 That Commonwealth Governments work with nursing professional associations and unions to ensure that nurses working in the area of mental health are adequately remunerated, that they have access to continuing professional development, and that career paths include opportunities for advanced level practice in mental health, such as nurse practitioners, with access to prescribing rights for appropriate mental health medication.

7. Reducing stigma and discrimination

7.1 That all Commonwealth Governments, as part of their National Mental Health Action Plan, develop and fund a public campaign to reduce the stigma and discrimination associated with mental health, and to educate the community and raise public awareness and support for people with mental health problems and the mental health workforce.

THE WAY FORWARD

Nurses constitute the largest component of a country's health workforce. Nurses can and do have an integral and critical role in the provision of mental health care. Nurses need to be educated in mental health at both a basic and specialist level. Governments have a responsibility to facilitate that education. Nurses need career paths in mental health care and satisfying roles which include advanced practice roles such as nurse practitioner. Governments can develop and promote those roles and those career paths. Governments need nurses to provide mental health care. People with mental health problems and their families and carers need nurses to provide that care and be their advocates.

A full copy of the report can be downloaded from: http://www.commonwealthnurses.org.

ARC YEAR 3 SUMMATIVE CONGRESS

Nairobi, Kenya 29 July to 1 August

The African Regulatory Collaborative is a partnership between the United States Centers for Disease Control and Prevention (CDC); Emory University's Lillian Carter Center for Global Health and Social Responsibility; the East, Central and Southern Africa Health Community (ECSA-HC), the Commonwealth Secretariat, and the Commonwealth Nurses Federation. The ARC initiative creates an innovative south-to-south partnership within the east, central and southern Africa region to engage and build on the capacity of Africa's health professional regulatory leadership for nursing and midwifery in order to improve health professional standards and practice in the region using local solutions and peer-based learning.

The ARC conceptual framework is adapted from the Institute for Healthcare Improvement (IHI) model for breakthrough organisational change. The Institute for Healthcare Improvement Breakthrough Series© model is a short-term (6 to 15 month) learning system in which organisations learn from each other, as well as from recognised experts, about an area needing improvement. The structure of the IHI model is a series of alternating Learning Sessions and Action Period (http://www.ihi.org/knowledge/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx).

The ARC model consolidates nursing and midwifery leadership in countries by forming a Quad of the Chief Nursing Officer, the Nursing Registrar, the President of the National Nursing Association, and a senior representative from nursing academia. The Quad works together to develop funding proposals and, if successful, to implement the project.

The first ARC Summative Congress was held in Nairobi Kenya in February 2011. Five countries were awarded small grants in ARC Year 1 to work on regulatory improvements in their country. Seychelles and Mauritius made changes to their nursing and midwifery Act while Lesotho and Swaziland developed national CPD frameworks for nurses and midwives and Malawi enhanced the implementation of their existing national CPD framework.

ARC Year 1 Summative Congress Nairobi Kenya February 2011

The second ARC Summative Congress was held in Johannesburg South Africa in June 2012. In ARC Year 2, six countries were awarded small grants. Botswana and Tanzania developed national CPD frameworks; Uganda commenced work on scopes of practice for nurses and midwives; Kenya commenced deregulation of their nursing and midwifery regulatory Council functions; Swaziland implemented the CPD framework they developed in Year 1; and Zimbabwe enhanced the implementation of their national CPD framework.

ARC Year 2 Summative Congress Johannesburg South Africa June 2012

The third ARC Summative Congress was held in Nairobi Kenya in July 2013. The success of the ARC initiative attracted further funding for Year 3 enabling ten countries to be awarded small grants. In line with the priority of the USA Government, which provides the funding for ARC, to work toward an AIDS free generation, the Year 3 grants needed to demonstrate how the area of regulation they wanted to target would improve HIV and AIDS services in their country. The awarding of the grants is a competitive process.

The successful countries were announced in September. Subject to technical review the successful countries are: Botswana (implementation of CPD); Lesotho (implementation of CPD); Namibia (CPD compliance); Rwanda (scopes of practice); Seychelles (scopes of practice); South Africa (CPD); South Sudan (scopes of practice); Swaziland (development of an entry to practice examination); Uganda (scopes of practice); and Zambia (implementation of CPD).

ARC Year 3 Summative Congress Nairobi Kenya July 2013

For more information about the ARC initiative, visit the ARC website:

http://www.africanregulatorycollaborative.com.

LEADERSHIP AND SAFETY IN THE BAHAMAS

The Nurses Association of the Commonwealth of the Bahamas (NACB) had a lot to celebrate on International Nurses Day May 2013. Amongst the activities for the week was the handing over of their CNF developed website and a workshop for Executive Committee members to learn how to manage the website themselves. The NACB is a very proactive nurses association with a strong commitment to providing relevant and responsive services to their members.

Nurses from NACB attending the website workshop

One of the Nurses' Week activities was a very rewarding two-day leadership workshop held on Grand Bahama Island for 35 senior Bahamian nurses, including the Chief Nurse and the Principal Nursing Officer. The workshop covered the areas of: leadership models and theories; advocacy and lobbying; working in teams; and working with the media; and was a mix of formal presentations, group work, role plays, problem solving and self-reflection.

Participants considered that a sound knowledge base, excellent communication skills, absolute integrity, and a vision for the future were essential leadership characteristics.

The workshop was evaluated highly with nurses commenting that: *The workshop dared to be different. Sessions were very informative, lively and provocative; extremely well put together and coordinated. The workshop was the most impressive ever.*

Nurses attending the leadership workshop on Grand Bahama Island

A patient safety workshop was also held on the island of Eleuthera for 15 nurses working on the island. Holding the workshops on the 'family' islands is a commitment of the NACB to take education and training to where their members work and live. The workshop covered a safe patient; a safe workplace; a safe profession; and a safe nurse.

The most important elements for patient safety were determined to be safe staff (competent, healthy, not stressed); a safe environment (building, lighting, surfaces, resources etc); and safe systems (policies, procedures, a safety culture etc).

Workshop participants on Eleuthera Island

BAHAMAS NURSES LAUNCH ONLINE CPD

The Nurses Association of the Commonwealth of the Bahamas (NACB) has launched online CPD for their members. For a small organisation, this is a wonderful initiative and a great example for other national nursing organisations in the region. President of NACB, Kateca Graham, gave credit to the hard work of Donnel Rolle (Chairperson) of the Education and Research Committee of the NACB. The NACB intend to develop a new e-CNE every six weeks using local expertise. The first in the e-CNE series covered the nervous system with the second covering wound care. To view the NACB e-CNE, visit their website:

http://www.bahamasnursesassociation.org.

Nurses at the launch of the NACB e-CNE

2013 CNF COMMONWEALTH FELLOWS

Alice Mvuu Mashizha

Chido Ivrine Katsambe

Mrs Alice Mvuu and Mr Chido Katsambe from Zimbabwe are the 2013 CNF Commonwealth Fellows having been successful in being awarded a 2013 Commonwealth Fellowship from the Commonwealth Scholarship Commission UK. Both Alice and Chido are based in Chitungwiza Central Hospital, Alice in maternity and Chido in paediatrics. Alice and Chido have strong support from their hospital administration for their Fellowship which will provide them with the opportunity to further develop their leadership skills and update their knowledge in relation to midwifery and paediatric care.

Chitungwiza Central Hospital is run by two dedicated and dynamic people: Chief Executive Officer, Dr Obadiah Moyo and Director of Nursing Ms Miriam Mangeyam who both work tirelessly to ensure the hospital is a centre of excellence with state of the art equipment to support both the community and their staff. The Hospital is situated about 30 kilometres south east of Harare and has a bed occupancy of 400 and growing. It is also a training school for nurses and midwives. The hospital was ISO Certified in 2008, the first facility in Zimbabwe to achieve this distinction.

The CSC Professional Fellowship scheme began in 2002 as a professional development programme which aims to have catalytic effects on international development by enhancing the skills of mid-career professionals. The Professional Fellowship scheme provides funding for professionals to undertake placements at various UK-based organisations, normally for three months. Candidates are nominated and hosted by various organisations based in the UK.

Alice and Chido commenced their three month Fellowship on 23 September 2013 and will be spending three months in London developing their leadership skills and updating their knowledge in relation to midwifery and paediatric care. The CNF is delighted to have the opportunity to sponsor two more Fellows and know that Alice and Chido will be wonderful ambassadors for nursing and midwifery and for their country.

MATERNAL HEALTH UPDATES FOR ZIMBABWE

Maternal Health Update Harare

Maternal Health Update Bulawayo

In conjunction with the Zimbabwe Nurses Association, the CNF conducted maternal health updates in Harare and Bulawayo in Zimbabwe. The three day programme covered antenatal, intrapartum and postpartum care as well as obstetric emergencies. Fifty nurses and midwives benefitted from the program which was conducted by Jessica Iliffe and Angela Neuhaus. The maternal health programme was initially developed with funding from the Burdett Trust for Nursing when five maternal health updates were conducted in urban and rural areas of Sierra Leone.

Zimbabwe is struggling to meet the maternal and infant Millennium Development Goals. In 2010 the under 5 infant mortality rate was 67 per 1,000 live births. The 2015 target is 26 per 1,000 live births. In 2008, the maternal mortality rate per 100,000 births was 790 with the 2015 target being 98 per 100,000 births.

The maternal health programme is structured as a mix of presentations, practical exercises, pre- and post- knowledge tests, group work, and self-reflection. Participants are provided with a CD of all resources used in the programme for future reference and for use in their respective workplaces.

NIGHTINGALE INITIATIVE FOR GLOBAL HEALTH

The Nightingale Initiative for Global Health (NIGH) is an initiative designed to inform and empower nurses and other health care workers and educators to become '21st Century Nightingales' - working in the local, national and global community to build a healthy world. The current NIGH campaign is titled: *Daring, caring and sharing* and has a focus on maternal health and saving mother's lives. NIGH points out that each day, 750 women die in childbirth, and that most of those deaths are preventable.

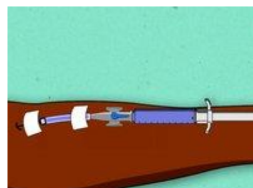
To learn more about NIGH's work, to sign the Nightingale Declaration, or to partner with NIGH, go to:
http://www.nightingaledeclaration.net/

http://www.medicalaidfilms.org

Medical Aid Films (MAF) produces innovative training and education films on maternal, infant and child health. The short animated films are very clear, easy to download, accurate, and informative, and can be downloaded **free** from the internet to computers, mobile phones and other digital media. Medical Aid Films has just completed some new films and revised two films:

- Administration of Parenteral Antibiotics (new)
- How to use the Partograph (new)
- Manual Removal of the Placenta (new)
- Focused Antenatal Care (new)
- Neonatal Resuscitation (revised)
- Prevention and Management of PPH (revised)

How to use the Partograph


Administration of Parenteral Antibiotics

Manual Removal of the Placenta

Focused Antenatal Care

GLOBAL HEALTH MEDIA PROJECT

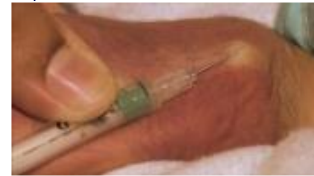
The Global Health Media Project aims to put practical, life-saving knowledge into the hands of health workers at the point of care.

Global Health Media produces short, engaging videos which provide simple and clear messages to help health workers gain the knowledge and basic skills known to save lives. Health workers in poorer countries often lack access to basic information essential to providing effective health care.

The high quality videos have been effectively compressed so they can be downloaded free on a variety of mobile devices to meet the learning needs of frontline health workers in an accessible and cost effective way.

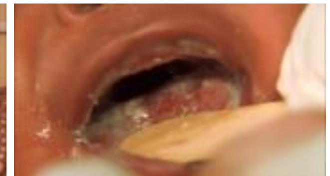
Sepsis

The Home Visit

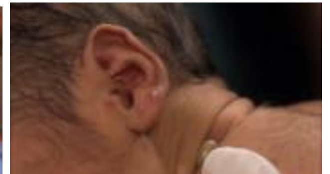

Giving an intradermal injection

Jaundice

The cold baby


Thrush

The hot baby


Skin infection

Breast engorgement

Preparing the birth room

The videos can be downloaded free to computers, mobile phones and other electronic devices. For more information and to download go to:
http://www.globalhealthmedia.org/newborn/videos/

The CNF can thoroughly recommend these films and uses them constantly in their maternal health update programme.

LAST DAYS!

CALL FOR ABSTRACTS CLOSES 31 OCTOBER 2013

Conference 2014

Commonwealth Nurses Federation

NURSES AND MIDWIVES: Agents of Change

2nd Commonwealth Nurses Conference

Saturday 8 and Sunday 9 March 2014
London United Kingdom

CALL FOR ABSTRACTS

The abstracts should demonstrate a contribution to improving the health and wellbeing of citizens of the Commonwealth in the following areas:

- maternal and child health care
- mental health care
- acute and chronic health care
- public health and primary health care

Abstract submission

Email your abstracts (of no more than 300 words) to the Commonwealth Nurses Federation at cnf@commonwealthnurses.org by 31 October 2013.