

The project identified a large need, with around 50% of prisoners experiencing psychiatric distress over the study period. The project was implemented without additional cost, but with increasing use of nursing input over time. Prison officers, with training, were able to identify psychiatric morbidity, a finding previously recognised in other countries (Birmingham, 1999).

We were surprised by the large number of people admitted to prison at the request of relatives. We hope this number will fall, following the opening of the first in-patient unit in Borama during the study period. Treatment of prisoners, in addition to the prohibition of khat at the prison, led to a noticeable reduction in violence and allowed prisoners to spend additional time out of their cells. The use of chaining and physical coercion reduced. Once engaged, prisoners were offered out-patient follow-up on release.

The project also had some unintended positive consequences. Medical conditions among prisoners were identified and treated and prison staff were supported in their own mental health needs, leading to improvements in management and economic benefits. There appeared to be improvements in attitudes to mental disorder among staff and families, although this was not measured. The project seemed to lead to improvements in the legal assessment and disposal of prisoners with mental health problems and led to the release of six inmates who were arrested while acutely mentally ill.

We hope this model can be used as a template to introduce similar services in other low-income countries. Cooperation with prison and government agencies is essential.

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## MENTAL HEALTH LAW PROFILES

# Mental health law profiles

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While in a general sense both Canada and Malta belong to the Anglo-Saxon tradition of case law, with respect to Canada this is only partially so, because the country's federal structure necessitates 13 different mental health laws and Quebec, one of the federal provinces, follows the French tradition of basing law in statute. This diversity notwithstanding and despite the fact that there are differences between the federal provinces' laws, the authors have performed impressively in summarising these various laws and demonstrating the fundamental unity that underlies them, namely giving primacy to universally agreed human rights. Canadian law, as summarised here, appears to reflect a historically conservative

but politically/philosophically liberal approach to human rights, the emphasis of which is on protection of the citizen from undue intrusion from the state.

The new Mental Health Act in Malta, while maintaining this focus, also aims to move a step further forwards by addressing issues of social inclusion and well-being as well. This is one of the remits of the newly created post of Commissioner in that country. Such a widening of perspective seems wise in view of the repeated reports in previous papers in this series, that often law protective of human rights is enacted but services – both to provide safe and secure care and to support social inclusion – are lacking.