References

Andersson, N., Ho-Foster, A., Matthis, J., *et al* (2004) National cross-sectional study of views on sexual violence and risk of HIV infection and AIDS among South African school pupils. *BMJ*, **329**, 952.

Andersson, N., Paredes, S., Milne, D., *et al* (2012) Prevalence and risk factors of forced and coerced sex among school-going youth: national cross-sectional studies in 10 southern African countries in 2003 and 2007. *BMJ Open*, **2**, e000754.

Cohen, M., Deamant, C., Barkan, S., *et al* (2000) Domestic violence and childhood sexual abuse in HIV-infected women and women at risk for HIV. *American Journal of Public Health*, **90**, 560–565.

Kendall-Tackett, K. A., Williams, L. M. & Finkelhor, D. (1993) Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin*, **113**, 164–180.

Koenig, M. A., Zablotska, I., Lutalo, T., *et al* (2004) Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *International Family Planning Perspectives*, **30**, 156–164.

Lindegren, M. L., Hanson, I. C., Hammett, T. A., *et al* (1998) Sexual abuse of children: intersection with the HIV epidemic. *Pediatrics*, **102**, E46.

Maman, S., Campbell, J., Sweat, M. D., *et al* (2000) The intersections of HIV and violence: directions for future research and interventions. *Social Science and Medicine*, **50**, 459–478.

Sikkema, K. J., Hansen, N. B., Kochman, A., *et al* (2007) Outcomes from a group intervention for coping with HIV/AIDS and childhood sexual abuse: reductions in traumatic stress. *AIDS and Behavior*, **11**, 49–60.

Todd, J., Changalucha, J., Ross, D. A., *et al* (2004) The sexual health of pupils in years 4 to 6 of primary schools in rural Tanzania. *Sexually Transmitted Infections*, **80**, 35–42.

MENTAL HEALTH LAW PROFILES

Mental health law profiles

George Ikkos

Consultant Psychiatrist in Liaison Psychiatry, Royal National Orthopaedic Hospital, London, UK, email ikkos@doctors.org.uk

The series on mental health law returns to the Middle East with the two papers on Qatar and Jordan. In both these countries, compulsory psychiatric care and treatment have not been supported to date adequately by specific legislation. In both countries, families appear to be the fulcrum of and the primary support for the treatment of patients with mental illness. A main concern arising out of this, in the light of this issue's editorial on gender differences and mental health in the Middle East, may therefore be the implications for the burden placed on women who have to look after relatives at home with a mental illness. Another concern is the appropriateness, nature and quality of compulsory treatment of those women in Qatar and Jordan alleged to be suffering from mental disorders. Have they been getting a fair and equitable deal compared with men?

MENTAL HEALTH LAW PROFILE

Mental health law in Qatar

Mohammed T. Abou-Saleh[1] MPhil PhD FRCPsych and Mohamed Abdelalaim Ibrahim[2] FRCPsych

[1]Chief Executive Officer, Naufar (Qatar Addiction Treatment and Rehabilitation Centre), Doha, Qatar; and Professor of Psychiatry, St George's, University of London, UK, email mabousal@sgul.ac.uk

[2]Senior Consultant Psychiatrist, Hamad Medical Corporation, Doha, Qatar

This article provides a brief outline of mental health services in Qatar, historical notes on the use of informal traditional conventions under common law for the care under compulsory conditions of people who are mentally ill and information on the ongoing development of the Mental Health Law and its key provisions in the context of the new National Mental Health Strategy.

In Qatar, a national mental health programme was introduced in 1990 with the aim of setting up a community-based mental healthcare model. A planning committee for mental health was established in 2008 within the Supreme Council of Health (SCH) and is responsible for providing policy direction as well as developing mental health services across the spectrum of promotion, prevention, treatment and rehabilitation. The vision is to protect, promote and enhance the mental health

https://doi.org/10.1192/S1749367600004045 Published online by Cambridge University Press

The authors acknowledge the input of Professor M. F. el-Islam on the early history of mental health law in Qatar and the permission of the Supreme Council to make reference to the draft Qatar Mental Health Law.

of all the people of Qatar. Importantly, among the guiding principles is the protection through legislation of the rights of people who are mentally ill.

Mental health services

The organisation of healthcare is divided between the Ministry of Health and the Hamad Medical Corporation (HMC), with the understanding that the Ministry of Health's role is mainly regulatory, and in policy-setting and coordination. Mental health services in the public sector are provided by the HMC through the Department of Psychiatry attached to the Ramaillah Hospital. The Department of Psychiatry, besides providing mental healthcare to the whole country, also works with three other services that provide mental healthcare: school health, the armed forces and the police force.

Present arrangements

There has been no Mental Health Law in Qatar to safeguard the human rights of people who are mentally ill, although one is presently in draft. Instead, common law has governed their treatment and management.

In the old days, by necessity people with serious mental illness at high risk to themselves or to others were restrained by their families in their own homes, and received care from faith healers. With the introduction and availability of treatment for these conditions, families started to approach the Department of Psychiatry for help. These days, usually a community psychiatric nurse will see the patient at home and if the patient is willing to come forward voluntarily he or she will be brought to the Department; otherwise, the family are advised to call the police for help in bringing the patient to the psychiatric in-patient unit for compulsory treatment.

There are no specific provisions within the law to address the issue of voluntary and involuntary hospital admissions. Working provisions for compulsory treatment take the form of a joint decision made by a consultant and the next of kin or relative escorting the individual involved. In a joint interview, which includes the individual to be admitted, the consultant explains the imminent risk(s) to the life, safety and health of the patient and others in order to justify the recommendation of hospital admission. If the patient refuses voluntary admission, then compulsory admission is generally arranged after the agreement of the escorting relative(s) is obtained. Patients are informed that they can appeal against compulsory admission to the hospital director or to a law court. Escorting relatives can dissent against the consultant's advice if they feel able to ensure the fulfilment of treatment at the psychiatric out-patient clinic.

There has in fact been no legal appeal against compulsory admission. The procedure is completely without formalities and there is no specific paperwork to complete.

Once the patient has been admitted (voluntarily or compulsorily) treatments are decided by the consultant or specialist in charge. Up until 1983, verbal consent for electroconvulsive therapy (ECT) was sufficient; since 1983, written consent, with a signature, has been required.

The admitting consultant decides on the patient's discharge to the care of the family, which is the main welfare agent in Qatar for sick and healthy family members alike (El-Islam, 1978).

In 1992, the Attorney General's Office was empowered to order the admission of a disturbed patient for a maximum period of 2 weeks, which can be extended on the recommendation of the treating psychiatrist. The Attorney General's Office established links with local police stations and empowered them to take appropriate action. Psychiatrists arranged for compulsory admission for the said period. Within this assessment period the psychiatrist is expected to provide a medical report to the Attorney General on the patient's condition and to advise whether compulsory detention is required for a further period for assessment and treatment.

Nurses have the power to initiate restraint of a severely disturbed patient but should immediately inform the on-call doctor, who should see the patient within 6 hours.

The new Mental Health Strategy

Qatar, in its National Vision, has made a commitment to having a healthy population both physically and mentally through the provision of a comprehensive world-class healthcare system; Qatar aims to be an advanced society capable of sustaining its development and providing a high standard of living for all its people by 2030. Qatar's National Mental Health Strategy, 'Changing Minds, Changing Lives', is aligned with the Qatar National Strategy 2011–16. The plan aims to develop comprehensive mental health services that provide care across the life span, from prevention, early detection, treatment and rehabilitation, to raising public awareness.

Mental health legislation

Qatar recognises the United Nations' Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (adopted by General Assembly Resolution 46/119 of 17 December 1991) as providing important guidelines to ensure the human rights of persons with mental disorders. Moreover, Qatar is guided by all the recommendations from the World Health Organization's Eastern Mediterranean Region on the development of comprehensive mental health services, including the issues of human rights (Abou-Saleh, 2012).

The new Mental Health Law in Qatar (the first such legislation) has been drafted and is awaiting approval by the Council of Ministers. The aim of the legislation is to organise mental and medical care for patients who are mentally ill, to protect their rights and to designate methods of caring for and treating them in mental health institutions, as well as to protect the community.

https://doi.org/10.1192/S1749367600004045 Published online by Cambridge University Press

In line with regulations adopted internationally, this law establishes basic rules for the treatment of individuals. Importantly, it sets out a series of definitions, of the following terms: mental health; mental disorders; mental illness; mental capacity; consultant psychiatrist; treating physician; the guardian; voluntary admission; compulsory admission; home leave; and mandatory community treatment order. It also sets out the role of the 'Competent Entity': the Competent Entity will supervise and monitor the implementation of the Mental Health Law, inspect approved healthcare services, consider appeals from patients and their families, discharge patients from compulsory admission and assign guardians.

The articles of the law cover: the rights of people who are mentally ill; compulsory admission for treatment; temporary compulsory admission for treatment; compulsory admission for the purpose of assessment; termination of compulsory admission; home leave; mandatory community treatment orders; compulsory readmission; admission by judicial order or court sentence; termination of admission by judicial sentence; transfer of patients to other institutions; and penalties for physicians who violate the human rights of people who are mentally ill.

Conclusions

While there has not been a mental health act in Qatar, the provisions of common law have enabled mental health professionals to provide appropriate treatment and care for people who are mentally ill under compulsory conditions with the support of the courts and the police and, importantly, the patients' families. The long-awaited Mental Health Law has been drafted in the context of the National Mental Health Strategy. The vision of the Strategy is to protect, promote and enhance the mental health of all the people of Qatar. The legislation will incorporate provisions on the rights of persons with mental disorders and disabilities. The Mental Health Law is soon due to receive assent. It draws upon international mental health laws and best practice, including the Mental Health Act 2007 in England and Wales and the new Egyptian legislation (Loza & El Nawawi, 2012). Its provisions are complimented by executive by-laws (codes of practice).

No doubt the new Law will be tried and tested in practice and may need amendment and reform (as has the Egyptian Mental Health Act). The introduction of the Law will encourage other countries in the Eastern Mediterranean Region to follow suit and develop mental health legislation, as recommended in the Regional Mental Health Strategy (World Health Organization, 2011) and the World Health Organization Global Comprehensive Mental Health Strategy.

References

Abou-Saleh, M. T. (2012) The World Federation for Mental Health: building its constituency in the East Mediterranean Region for improving care and the lives of the mentally ill and their families. *Arab Journal of Psychiatry*, **23**, 178–184.

El-Islam, M. F. (1978) Transcultural aspects of psychiatric patients in Qatar. *Comparative Medicine East and West*, **6**, 33–36.

Loza, N. & El Nawawi, M. (2012) Mental health legislation in Egypt. *International Psychiatry*, **9**, 64–66.

World Health Organization (2011) *Strategy for Mental Health and Substance Abuse in the Eastern Mediterranean Region 2012–2016*. See http://applications.emro.who.int/docs/RC_technical_papers_2011_5_14223.pdf (accessed September 2013).

Mental health law in Jordan

Walid Sarhan[1] FRCPsych and Ali Alqam[2] MRCPsych

[1]Consultant Psychiatrist, Amman, Jordan, and Editor of the *Arab Journal of Psychiatry*, email sarhan34@orange.jo

[2]Consultant Psychiatrist, Amman, Jordan, and Assistant Editor of the *Arab Journal of Psychiatry*, email alialqam7777@gmail.com

The history of the psychiatric scene in Jordan is briefly described, and the Jordanian Public Health Law is highlighted, as its chapter on mental health regulates compulsory admission. Some notes are included on the criminal law and civil law, and Jordan's forensic psychiatric services are briefly described.

Jordan was served until 1967 by Bethlehem Hospital in the West Bank, Palestine, a hospital that was established in the 1930s, during the British colonial period. In 1967 the East Bank of the Kingdom was left without a psychiatric hospital. Soon after that, a psychiatric hospital dealing with severe mental illness was established in Amman and the Royal Military Medical Services started a comprehensive in-patient and out-patient department at King Hussein Medical Centre. At the same time, the Ministry of Health expanded out-patient services. Soon after that, a few private psychiatric clinics were opened, and in 1996 the first private teaching psychiatric hospital was established.

There is only one forensic unit in Jordan, the National Centre for Mental Health; there are no units in prisons, but psychiatrists visit prisons

https://doi.org/10.1192/S1749367600004045 Published online by Cambridge University Press