

*Mental Health (General)*

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*G.N. No. 122 (contd.)*

GOVERNMENT NOTICE NO. 122 published on 22/4/2016.

MENTAL HEALTH ACT  
(CAP.98)

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**REGULATIONS**

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*(Made under section 38)*

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THE MENTAL HEALTH (GENERAL) REGULATIONS, 2016

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THE MENTAL HEALTH (GENERAL) REGULATIONS, 2016

**PART I  
PRELIMINARY PROVISIONS**

- Citation                    1. These Regulations may be cited as the Mental Health (General) Regulations, 2016.
- Interpretation            2. In these Regulations, unless the context otherwise requires-
- Cap.98                    "Act" means the Mental Health Act;  
"Advisory Board" means the Advisory Board on Special Category mental patients;  
"designated mental hospital" means the mental hospital which is established by the Minister in pursuance of section 27 of the Mental Health Act and which is primarily used for the custody and treatment of criminal offenders;  
"health establishment" means institutions, facilities, buildings or places where persons receive care, treatment, rehabilitative assistance, diagnostic or therapeutic interventions or other health services and includes facilities such as community health and rehabilitation centers, clinics, hospitals and psychiatric hospitals;  
"mental health care provider" means a person who provides mental health care services to mental health care users and includes mental health care practitioners;

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“mental health care facility” means a health facility and includes a forensic, psychiatric hospital, rehabilitation centre, boarding houses or community houses or community houses providing care for person with mental disorders;

“mental health practitioner” means a person who has undergone mental health training in recognized training institution;

“private hospital” means a hospital other than public hospital; and

"Special Category mental patient" means-

- (a) a person who has become of unsound mind while on remand or a prisoner; and
- (b) a person who upon his trial has been found guilty of the act or omission charged but insane when he did the act or made the omission.

"prohibited article" means any article which, by order of the officer in charge may not be brought into the designated mental hospital;

“total quality improvement team” means a team which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient .

PART II  
CARE AND TREATMENT

Provision of  
mental health  
service to  
patient

3.-(1) Where a patient is admitted in a health care facility in accordance with the Act, a mental health care provider shall assess the-

- (a) patient and document the full particulars of the patient and the parent or guardian; and
- (b) collateral information that relates to the patient.

(3) Upon satisfaction that the patient is in need of mental health service, the mental health care provider shall-

- (a) provide the patient with suitable treatment and care at that health care facility; or
- (b) where the patient cannot be handled at the health care facility refer the patient to an appropriate level of mental health care according to the required identified needs and treatment guidelines.

(4) A health care provider shall involve the community and the guardian of the patient during medication and after care

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treatment.

(5) Upon recovery of the patient who was referred to a specialized level of care under this regulation, a mental health care supervisor of that health care facility shall refer back the patient to the originating health care facility.

PART III

APPLICATION FOR MENTAL HEALTH CARE AND ASSESSMENT

Emergency admission or treatment without consent

4. Any person or hospital that provides care, treatment and rehabilitation services to a patient or admits a patient in circumstances referred to in section 11 of the Act shall report in writing.

Reception order

5. An application form for a reception order prescribed in the Schedule to the Act shall be available at all health facilities, social welfare office, police stations and police posts, ward executive offices and village executive offices.

Patient taking over bond

6. A copy of forms no. 4 and 5 prescribed in the schedule to the Act that relates to bond on the taking over of a person with mental disorder to the care of a relative or a friend shall be available to the health facilities, primary courts, district courts and resident magistrate courts.

Temporary admission

7.-(1) Form no 6 prescribed in the Schedule to the Act shall be filled by social worker, relative, police officer, religious leader, ward or village executive officer applying for temporary admission of a patient.

(2) Upon receipt of signed copy of form no 6, a health care practitioner shall fill in form no. 7 prescribed in the Schedule to the Act recommending temporary admission for a period not exceeding twelve months.

(3) Forms no. 6 and 7 prescribed in the Schedule to the Act shall be available in all health establishment providing mental health services.

Management and control of mental health care facility

8. The management and control of mental health care facility shall comprise of appropriate infrastructure that ensures patient and the health care provider are safe, rights of the patient are

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observed and total quality management is provided.

Admission  
care and  
discharge of  
offenders

- 9.-(1) Mental health expert shall-
- (a) asses an offender who is admitted to a health centre;  
and
  - (b) recommend to court on mental status of the patient on the time of commission of the offence.
- (2) The panel under regulation (1) shall comprise of:
- (a) forensic psychiatrists or psychiatrist;
  - (b) forensic psychologists or psychologist;
  - (c) forensic psychiatric nurses or psychiatric nurse;
  - (d) community psychiatric nurse;
  - (e) occupational therapist; and
  - (f) social welfare officer.

Release of  
person  
detained  
during  
President's  
pleasure

10.-(1) A person appointed by the Minister for legal affairs under the Criminal Procedure Act to recommend to him for the release of a person sentenced to be detained during the President's pleasure shall, before he recommends to the Minister, prepare a progress report of that patient who has recovered from mental illness and submit it to the Patient Welfare Board for recommendations and approval.

(2) Upon receipt of the report under sub regulation (1), the Patient Welfare Board shall asses the report and, if satisfied that the patient has recovered from mental illness, submit it to the Mental Health Board for further recommendations.

(3) The Mental Health Board shall, upon receipt of the report from the Patient Welfare Board, asses that report and shall, if satisfied that the patient has recovered from mental illness, submit it to the Minister for approval in accordance with the Criminal Procedure Act.

Cap.20

Discharge of  
patients

11. The medical officer in charge shall be responsible for the discharge of patients who are released from hospital:  
provided that-

- (a) where a patient intends to be escorted to his home by a friend or relative, the patient shall not be released until the escort is available;
- (b) the medical officer in charge is satisfied that the discharge may be effected without danger to the health

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of the patient or to others in the community.

72-Hour  
assessment

12.-(1) Subject to section 4 of the Act, two mental health care practitioners who are medical practitioner by profession, shall assess the mental health care user for continuous period of 72-hour.

(2) The medical practitioner conducting an assessment shall determine the treatment programme and the place within the hospital where the mental health care user shall be kept during the 72-hour assessment period to ensure the safety of such user and others.

(3) Where facilities at the mental hospital are unsuitable or where personnel within such hospital are unable to cope with a mental health care user due to the potential harm which such user may inflict on himself, others or to property, such hospital may transfer such user to another hospital with suitable personnel or facilities to conduct the assessment.

(4) The medical practitioner conducting an assessment shall determine the treatment programme and the place within the hospital where the mental health care user shall be kept during the 72-hour assessment period to ensure the safety of such user, others and property.

(5) The medical practitioner referred to in sub regulation (2) shall monitor the condition of the mental health care user and give a written report to the head of the health establishment concerned on such user's mental status at least every 24 hours during the 72-hour assessment period.

(6) The Medical practitioner referred to in sub regulation (2) shall, within 12 hours after the expiry of the 72-hour assessment period, submit a written report to the head of the health establishment concerned, stating his recommendations on the physical and mental health status of the mental health care user.

(7) The head of a health establishment concerned may discharge or transfer mental health care user to voluntary status during the 72-hour assessment if such user's mental health status warrants it.

(8) If the head of the health establishment concerned, following the 72-hour assessment, is of the opinion that the mental health status of the mental health care user warrants further involuntary care, treatment and rehabilitation on an outpatient basis, he shall notify the Board without delay.

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(9) Where the head of the health establishment, following 72 -hour assessment is of the opinion that the mental health status of the mental health care user warrants further involuntary care, treatment and rehabilitation services on inpatient basis, he shall request for the approval for further care, treatment and rehabilitation from the Patient welfare Board.

Police assistance  
Cap.20

13. The Police shall assist in the guarding patients admitted under these Regulations in accordance with the Criminal Procedures Act.

Deployment of persons with security training

14. The head of a psychiatric hospital shall ensure that personnel with security training are deployed to ensure that mental health care users do not abscond.

Arrangement for transfer

15. Arrangements for the transfer of a mental health care user to another hospital shall be made between the heads of the two hospitals concerned.

PART IV  
RECORD KEEPING

Records of mentally disordered patients

16-(1) The following records shall be kept in a health facility offering mental health services:

- (a) a medical record of all information concerning the physical and mental health of a mental health care user and records of treatment, which shall be available in ward round books, and patients' files that are kept in the wards when patients are admitted and at the central medical records upon discharge;
- (b) registers recording the admission, discharge, deaths, transfer and shift of legal status of every mental health care user in such facility and leaves or absence or absconders, which shall be available at the office of the in-charge of the respective wards;
- (c) administrative records of legal documents and copies of correspondences, which shall be kept in a locked cabinet in a manager's office;



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(d) record of any physical or psychosocial incidents sustained by a mental health care user or provider in health facility providing mental health services and actions taken, which shall be kept at the managers' office;

(e) total quality improvement records which shall be kept with the secretary of quality improvement team of the respective health facility, and the record shall be submitted on quarterly and annual basis to relevant authorities of the health care system.

(2) The records under sub regulation (1) (a) shall indicate the date and time on which an entry into such records has been made and the full name and signature of the person who made such entry.

(3) The head of a facility providing mental health services shall, on a quarterly and annual basis, submit to relevant authorities of health care facility a return of patients, financial and staff information by using a mental health reporting format.

Identification of patient

17. For the purpose of identification, the medical officer incharge may cause to be taken photo-pass port size and or a finger print of any patient.

PART V

DESIGNATED MENTAL HOSPITAL

Admission into designated mental hospital

18.-(1) A person shall not be admitted into the designated mental hospital unless that person is accompanied by a properly authenticated warrant or reception order or order by the Minister referring to that person.

(2) For purposes of identification, the officer in charge shall cause to be taken the fingerprints and a passport size photo of any patient.

(3) Every patient, shall be searched on admission, and at such times subsequently as the officer in charge may direct, by a member of the staff at the designated mental hospital of his or her own sex but not in the presence of any other patient, and all prohibited articles shall be taken from the patient.

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(4) On admission every patient shall be clothed in a manner approved by the officer in charge.

Care and treatment of patients

19. Subject to the control of the chief medical officer, the officer in charge shall be responsible for the general care of the health and treatment of patients.

Death of patient

20. On the death of a patient, the officer in charge shall cause immediate notice of the death to be served to the chief medical officer, the police and the nearest magistrate empowered to hold inquests in accordance with the Inquest Act.

Cap.24

Performance of occupational therapy

21. The officer in charge may direct a patient to perform any occupational therapy within or without the precincts of the designated mental hospital.

Admission of religious minister

22. The Officer in charge may admit ministers of religion, at proper and reasonable times to visit patients who may be desirous of their services, and to hold religious services at the hours and in the places which the officer in charge may permit.

Discharge of patient

23.-(1) The officer in charge shall be responsible for the due discharge of all patients immediately upon their becoming entitled to release:

Provided that-

- (a) where it is in the interest of a patient to be escorted to his home by a friend or relative the patient shall be released upon availability of escort; and
- (b) the officer in charge is satisfied that the discharge may be effected without danger to the health of the patient and the community at large.

(2) A patient discharged from the designated mental hospital shall be returned at Government expense to the district in which he will reside or shall be supplied with a sum of money sufficient to enable him to reach his village of domicile.

(3) The patient shall be handed over to his relatives by the escorting staff or a social worker in the presence of village government leader.

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(4) Handing over forms shall be filled by both parties and each shall keep a copy of the form.

(5) Where any patient on discharge is found to be without means of subsistence, the officer in charge may in his discretion pay him a gratuity as the chief medical officer may in writing approve.

Standing order

24. The chief medical officer may, with the approval of the Minister, issue-

- (a) standing orders for the good governance of the designated mental hospital which may be considered necessary and consistent with these Regulations; and
- (b) standing orders for the discipline and control of the staff of the designated mental hospital.

### PART VI GENERAL PROVISIONS

Identification of patient

25. For the purpose of identification, the medical officer in charge may cause finger prints of any patient to be taken.

Search of patient

26. Every patient shall be searched on admission and at such times subsequently as the Medical Officer In charge may direct, by member of the staff at the mental health care facility of his or her own sex but not in the presence of any other patient and all prohibited articles shall be taken from the patient.

General care of patient

27. Subject to the control of the Director of Curative Services the Medical Officer In charge shall be responsible for the general care of the health and treatment of patients.

Death and escape of patient

28.-(1) On death of a patient the medical officer In charge shall cause immediate notice of the death to the Ministry, police and the nearest magistrate empowered to hold inquests.

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(2) In case a patient escapes from a health care facility, the medical officer in charge shall immediately report that incidence to the nearest police station.

Visitors

29-(1) Patient shall be allowed to receive visitors at time prescribed by medical officer in charge and at any other time which may be approved by health facility.

(2) Visitors to any particular patient may be denied admission if the medical officer in charge believes that it is in the interest of such patient's health.

(3) The medical officer in charge shall enter or cause to be entered the name and address of any visitor to a patient in a book provided for that purpose.

(4) The visitors may be searched by member of the staff at the mental health care facility of that visitor sex but the search shall not be made in the presence of any patient or any other visitor and if the visitor refuses to be searched that visitor shall be denied admission.

Offence and  
penalty

30. Any person who contravenes these Regulations commits an offence and on conviction is liable to a fine of not less than five hundred thousand shillings or to one year imprisonment or to both.

Revocation

31. The Mental Diseases (Designated Mental Hospital Rules) and the Mental Diseases (Isanga Institution) Rules are revoked.

Dar es Salaam,  
21<sup>st</sup> March, 2016

UMMY A. MWALIMU,  
*Minister for Health, Community Development,  
Gender, the Elderly and Children*