



SENATE OF THE FEDERAL REPUBLIC OF NIGERIA

VOTES AND PROCEEDINGS

Thursday, 3rd December, 2020

1. The Senate met at 10:50 a.m. The President of the Senate read prayers.
2. **Votes and Proceedings:**
The Senate examined the Votes and Proceedings of Wednesday, 2nd December, 2020.
Question was put and the Votes and Proceedings were approved.
3. **Message from Mr. President:**
The President of the Senate announced that he had received a letter from Mr. President, Commander-in-Chief of the Armed Forces of the Federation, which he read as follows:

Transmission of the Federal Capital Territory (FCT) Abuja 2021 Statutory Appropriation:



PRESIDENT
FEDERAL REPUBLIC OF NIGERIA

2nd December, 2020

*Distinguished Senator Ahmad Ibrahim Lawan
President of the Senate,
Senate Chambers,
National Assembly Complex,
Three Arms Zone,
Abuja.*

Dear Distinguished Senate President,

**TRANSMISSION OF THE FEDERAL CAPITAL TERRITORY (F.C.T)
ABUJA 2021 STATUTORY APPROPRIATION**

Pursuant to Sections 120 - 122 and 299 of the 1999 Constitution of the Federal Republic of Nigeria (as amended), I forward herewith the 2021 Statutory Appropriation of the Federal Capital Territory Administration, Abuja for the kind consideration and passage by the Senate.

The revenue estimates and expenditure are consistent with the Federal Government's 2021 "Budget of Economic Recovery and Resilience", which prioritises healthcare service provision, job creation, youth empowerment, social welfare services, education, agriculture investment and poverty alleviation.

While appreciating your expeditious consideration of this submission, please accept, Distinguished Senate President, the assurances of my highest consideration.

Yours sincerely,

Muhammadu Buhari



4. Announcements:

(a) Appreciation:

The President of the Senate read a letter from Senator Michael A. Nnachi (*Ebonyi South*) as follows:

SENATOR MICHAEL A. NNACHI
EBONYI SOUTH SENATORIAL DISTRICT



Ref: SEN/MAN/SP/VOL1/20/L175

December 1st, 2020

*His Excellency,
Senator Ahmad Lawan Ibrahim, Ph.D, CON
President of the Senate,
National Assembly Complex, Abuja*

Your Excellency,

LETTER OF APPRECIATION

I write to specially convey my appreciation to the President of the Senate, Your Excellency Distinguished Senator Ahmad Ibrahim Lawan Ph.D., CON and my Distinguished Colleagues for identifying with me and my family during the celebration of life of my late father, Pa Samuel U. Nnachi, at my home-town, Itim Edda, Afikpo South LGA of Ebonyi State, on the 28th November, 2020.

Many thanks to all my Distinguished Colleagues for caring enough to grace us with your presence. I know you all took the effort to travel that far to identify with me and support my family during this time.

The care and concern you all showed are reminders that there are still good people in the world today and my heart is filled with gratitude.

There are not enough words to properly express how thankful I am for this show of love and your kindness is well appreciated.

I most of all thank God for granting you all journey mercies back to Abuja.

May God bless, reward, and replenish you abundantly.

Thank you.

(Signed)

Senator Michael A. Nnachi, Ph.D

(b) The President of the Senate read a letter from Senator Yahaya A. Abdullahi (*Kebbi North*) as follows:

SENATOR YAHAYA A. ABDULLAHI
KEBBI NORTH SENATORIAL DISTRICT

I wish to formally announce the death of Mrs. Amaka Lauretta Ndoma-Egba, the wife of Senator Victor Ndoma-Egba (former Senate Leader), who died in a ghastly motor accident on the Ore-Okitipupa road on Thursday, 19th November, 2020.

Burial arrangements have been scheduled as follows:

*Date: Sunday, 6th December, 2020 - Nights of Songs/Tributes
Venue: Myra Event Centre, 135 Mustapha Bello Street, Asokoro, Abuja.
Time: 5:00pm*

*Date: Wednesday, 9th December, 2020 - Requiem Mass
Venue: Church of Assumption, Asokoro, Abuja
Time: 4:00pm*

Date: Friday, 11th December, 2020 - Body leaves for Ikom, Cross River State enroute Enugu.

*Date: Saturday, 12th December, 2020 - Interment after a funeral Mass at the Queen of Peace Catholic Church, Akparabong, Ikom.
Time: 11:00am*

Distinguished Senators are by this announcement invited to be part of the Funeral activities.

(Signed)
Senator Yahaya A. Abdullahi
Senate Leader

5. Matter of Urgent Public Importance:

Rising on Orders 42 and 52, Senator Yahaya I. Oloriegbe (*Kwara Central*) drew the attention of the Senate to the urgent need for Nigeria to obtain and administer COVID-19 vaccine to its citizens. He sought and obtained the leave of the Senate to present the matter forthwith:

The Senate:

aware, of the advent of an unknown disease in Wuhan-China in December 2019. The disease was later diagnosed and named by the World Health Organization (WHO) in January 2020 as Coronavirus Infectious Disease 2019 (COVID-19);

aware also, that Nigeria experienced its index case of COVID-19 on 28th February, 2020 with the diagnosis of an Italian citizen who was a consultant to Lafarge Company in Ewekoro-Ogun State;

notes, that between 28th February, 2020 and 2nd December, 2020, a total of 67,960 cases of COVID-19 was reported in Nigeria out of which 1,177 persons diagnosed with the infection sadly died, while 63,839 have been discharged;

notes, that to coordinate the National Response to the pandemic, the President of Nigeria set up a Presidential Task Force (PTF) in March 2020. The PTF has been coordinating the strategies and activities to address the challenges emanating from the COVID-19 pandemic;

concerned, that the devastating effects of COVID-19 on the social and economic lives of Nigerians have precipitated the economy to go into a recession;

notes, that the key measures being implemented now for the COVID-19 are the promotion of hand washing, wearing of face masks and social distancing;

worried, that the level of compliance with these measures have been diminishing;

further worried, that the level of testing, detection and isolation of confirmed cases have been reducing in the country;

aware, that some countries have approved vaccines for COVID-19 and are administering the vaccines to their citizens;

aware also, that many other countries have completed plans on the procurement, distribution and administration of the vaccines to their citizens;

extremely worried, that Nigeria has not produced a plan for the procurement, distribution and administration of the vaccine to Nigerians;

concerned, that the only plan on COVID-19 Vaccine for Nigeria is the pledge by Global Alliance for Vaccine Initiative (GAVI) to support 20% of the country's vaccine requirement. This support will cover only the cost of the vaccines without taking care of logistics requirement for distribution and administration;

concerned, that despite the change in the epidemiology trends of the disease, the financial plan developed by the country and World Bank in April 2020 to fund the response to the pandemic is still being implemented without taking due cognizance to the changes by re-allocating the funds to vaccine procurement;

worried, that failure to administer vaccines to Nigerians will result in the country not being able to control the COVID-19 infection and a possible ban on travelling Nigerians may be instituted by countries around the world; and

concerned, that the consequence of non-administration of the vaccines to Nigerians will include worsening social and economy situation.

Accordingly resolves to:

- (i) mandate Committees on Primary Healthcare and Communicable Diseases; and Health (Secondary and Tertiary) to invite the Federal Ministry of Health, the Presidential Task Force on COVID-19, the National Primary Healthcare Development Agency (NPHCDA); the National Agency for Food, Drugs Administration and Control (NAFDAC); National Centre for Disease Control (NCDC); Federal Ministry of Finance and any other relevant government agencies to present to it detailed plan, approved Protocol, Funding, Procurement, Administration and Monitoring of COVID-19 vaccine in Nigeria;
- (ii) urge the Federal Government to provide adequate funds for the procurement and administration of COVID-19 vaccines to Nigerians; and
- (iii) mandate the Committees on Primary Healthcare and Communicable Diseases; and Health (Secondary and Tertiary) to report within two (2) weeks.

Debate:

Proposed Resolution (i):

Question: That the Senate do mandate Committees on Primary Healthcare and Communicable Diseases; and Health (Secondary and Tertiary) to invite the Federal Ministry of Health, the Presidential Task Force on COVID-19, the National Primary Healthcare Development Agency (NPHCDA); the National Agency for Food Administration, Drugs and Control (NAFDAC); National Centre for Disease Control (NCDC); Federal Ministry of Finance and any other relevant government agencies to present to it detailed plan, approved Protocol, Funding, Procurement, Administration and Monitoring of COVID-19 vaccine in Nigeria — *Agreed to.*

Proposed Resolution (ii):

Question: That the Senate do urge the Federal Government to provide adequate funds for the procurement and administration of COVID-19 vaccines to Nigerians — *Agreed to.*

Proposed Resolution (iii):

Question: That the Senate do mandate the Committees on Primary Healthcare and Communicable

Diseases; and Health (Secondary and Tertiary) to report within two (2) weeks — *Agreed to.*

Resolved:

That the Senate do:

- (i) mandate Committees on Primary Healthcare and Communicable Diseases; and Health (Secondary and Tertiary) to invite the Federal Ministry of Health, the Presidential Task Force on COVID-19, the National Primary Healthcare Development Agency (NPHCDA); the National Agency for Food, Drugs Administration and Control (NAFDAC); National Centre for Disease Control (NCDC); Federal Ministry of Finance and any other relevant government agencies to present to it detailed plan, approved Protocol, Funding, Procurement, Administration and Monitoring of COVID-19 vaccine in Nigeria;
- (ii) urge the Federal Government to provide adequate funds for the procurement and administration of COVID-19 vaccines to Nigerians; and
- (iii) mandate the Committees on Primary Healthcare and Communicable Diseases; and Health (Secondary and Tertiary) to report within two (2) weeks (*S/Res/048/02/20*).

6. Presentation of Bills:

- (i) Child Rights Act 2003 (Amendment) Bill, 2020 (SB. 587) — *Read the First Time.*
- (ii) Constitution of the Federal Republic of Nigeria 1999 (Alteration) Bill, 2020 (SB. 566) — *Read the First Time.*
- (iii) National Maternal and Perinatal Death Surveillance Bill, 2020 (SB. 581) — *Read the First Time.*
- (iv) Maintenance Orders Act CAP M1 LFN 2004 (Repeal) Bill, 2020 (SB. 536) — *Read the First Time.*
- (v) National Food Safety and Quality Bill, 2020 (SB. 589) — *Read the First Time.*

7. Federal College of Education Monguno, Borno State (Establishment) Bill, 2020 (SB. 79):

Motion made: That a Bill for an Act to provide for the establishment of the Federal College of Education Monguno, Borno State to make Comprehensive Provisions for its due Management and Administration and for Other Matters Connected Therewith, 2020 be read the Second Time (*Senator Abubakar S. Kyari — Borno North*).

Debate:

Question put and agreed to.

Bill accordingly read the Second Time and referred to the Committee on Tertiary Institutions and TETFUND to report within Four (4) weeks.

8. Nigeria Steel University, Ajaokuta, Kogi State (Establishment) Bill, 2020 (SB. 393):

Motion made: That a Bill for an act to establish the Nigeria Steel University, Ajaokuta, Kogi State to make Comprehensive Provisions for its due Management and Administration and for Related Matters, 2020 be read the Second Time (*Senator Oseni Yakubu — Kogi Central*).

Debate:

Question put and agreed to.

Bill accordingly read the Second Time and referred to the Committee on Tertiary Institutions and TETFUND to report within Four (4) weeks.

9. Federal University of Education, Ankpa, Kogi State (Establishment) Bill, 2020 (SB.146):

Consideration of Bill deferred to another Legislative Day.

10. Federal University of Technology Ilaro (Establishment) Bill, 2020 (SB. 84):

Motion made: That a Bill for an Act to provide for the establishment of the Federal University of Technology Ilaro to Make Comprehensive Provisions for its due Management and Administration and for Other Matters Connected Therewith, 2020 be read the Second Time (*Senator Solomon O. Adeola — Lagos West*).

Debate:

Question put and agreed to.

Bill accordingly read the Second Time and referred to the Committee on Tertiary Institutions and TETFUND to report within Four (4) weeks.

11. Committee on Health:

Report on the Mental Health and Substance Abuse Bill, 2020 (SB. 66):

Motion made: That the Senate do receive and consider the Report of the Committee on Health on the Mental Health and Substance Abuse Bill, 2020 (*Senator Yahaya I. Oloriegbe — Kwara Central*).

Question put and agreed to.

Report Laid and presented.

Motion made: That the Senate do resolve into the Committee of the Whole to consider the Report (*Senate Leader*).

Question put and agreed to.

(SENATE IN COMMITTEE OF THE WHOLE)

CONSIDERATION OF A BILL FOR AN ACT TO REPEAL THE LUNACY ACT CAP 524 LAWS OF NIGERIA 1964, TO ESTABLISH A MENTAL HEALTH DEPARTMENT TO PROMOTE AND PROTECT THE RIGHTS OF PERSONS WITH MENTAL HEALTH CONDITIONS AND PERSONS WITH INTELLECTUAL, PSYCHOSOCIAL OR COGNITIVE DISABILITIES, AND TO PROVIDE FOR THE ENHANCEMENT AND REGULATION OF MENTAL HEALTH SERVICES IN NIGERIA, 2020.

PART I - OBJECTIVE, COORDINATION AND ADMINISTRATION

Clause 1: Objective.

The Objectives of this Bill are to -

- (a) provide direction for a coherent, rational and unified response to the delivery of mental health services in Nigeria;
- (b) promote and protect the fundamental human rights and freedom of all persons with mental health conditions and ensure that the rights are guaranteed;

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- (c) ensure a better quality of life through access to an integrated, well-planned, effectively organised and efficiently delivered mental health care services in Nigeria;
- (d) promote the implementation of approved National minimum standards for mental health services in Nigeria;
- (e) promote recovery from mental health conditions and enhance rehabilitation and integration of persons with mental health conditions into the community;

- (f) facilitate the adoption of a community-based approach to the provision of mental health care services; and
- (g) facilitate the coordination of mental health services delivery in Nigeria.

Committee's Recommendation:

That the provision in Clause 1 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 1 do stand part of the Bill, put and agreed to.

Clause 2: Establishment of the Mental Health Services Department

There is established a Department of Mental Health Services in the Federal Ministry of Health (herein after referred to as 'the Department') which shall have the power to administer the provisions of this Bill.

Committee's Recommendation:

That the provision in Clause 2 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 2 do stand part of the Bill, put and agreed to.

Clause 3: Objectives of the Department:

The objectives of the Department shall be to:

- (a) propose national mental health policies and facilitate their approval and implementation;
- (b) promote mental wellbeing, healthcare services and facilitate the provision of humane care including treatment and rehabilitation in a least restrictive environment; and
- (c) promote a culturally appropriate, affordable, and accessible and equitably distributed, integrated and specialised mental health care that will involve both the public and the private sectors.

Committee's Recommendation:

That the provision in Clause 3 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 3 do stand part of the Bill, put and agreed to.

Clause 4: Powers of the Department

The Department shall:

- (a) propose policies for mental health conditions and facilitate their approval and implementation;
- (b) promote the rehabilitation and integration of persons with mental health conditions into the community and the adoption of community and family-based care and support systems for persons with mental health conditions as appropriate;
- (c) collect data and facilitate the conduct of research on mental health issues in Nigeria;
- (d) formulate and review guidelines related to mental health conditions in consultation with relevant stakeholders;
- (e) develop a comprehensive and integrated national plan and program on

mental health including but not limited to measures that:

- (i) focus on prevention, early intervention, treatment, continuing care and prevention from relapse,
 - (ii) target persons at risk of developing mental health conditions;
 - (iii) target persons affected by catastrophic incidences and emergencies,
 - (iv) facilitate a national suicide prevention strategy,
 - (v) include education, awareness and training on mental health promotion and interventions, and
 - (vi) relates on other matters that are necessary for the promotion of the mental well being of every person in Nigeria; and
- (f) conduct regular monitoring and evaluation of the implementation of the provisions of this Bill.

Committee's Recommendation:

That the provision in Clause 4 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 4 do stand part of the Bill, put and agreed to.

Clause 5: Functions of the Department

The Department shall-

- (a) promote and facilitate collaboration among agencies and disciplines and support the strengthening of the community and facility linkages of mental health services;
- (b) conduct regular monitoring and evaluation in support of policy formulation and planning on mental health related issues;
- (c) provide for, and collaborate with relevant regulatory bodies to ensure the licensing, accrediting, development and implementation of minimum standards for the delivery of mental health services in Nigeria;
- (d) ensure and guarantee the fundamental rights and safety of persons with mental health conditions, and protect them from discrimination and stigmatization;

- (e) ensure and guarantee the fundamental rights and safety of persons with mental health conditions, and protect them from discrimination and stigmatization;
- (f) facilitate access to educational, vocational and leisure opportunities within mental health care facilities;
- (g) ensure integrated multidisciplinary services;
- (h) maintain a national directory of mental health care facilities accredited for the admission and treatment of persons with mental health conditions;
- (i) conduct regular inspection of mental health care facilities to ensure compliance with the guidelines for the treatment and care of persons with

mental health conditions and prescribed standards;

- (j) support the development of community based programmes for the care and rehabilitation of persons with mental disabilities where appropriate;
- (k) promote research, data collection, analysis and the sharing and dissemination of information on mental health conditions in Nigeria;
- (l) carry out sensitization programs on and promote access to information on the rights, care and management of persons with mental health conditions; and
- (m) do all such things as may be necessary for or incidental to the effective implementation of this Bill and the performance and discharge of its functions and duties under this Bill.

Committee's Recommendation:

That the provision in Clause 5 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 5 do stand part of the Bill, put and agreed to.

Clause 6: Establishment of Mental Health Fund.

There is established a Mental Health Fund, with the objective of providing financial resources for the funding of the provision of this Bill.

Committee's Recommendation:

That the provision in Clause 6 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 6 do stand part of the Bill, put and agreed to.

Clause 7: Sources of the Fund.

The sources of the Fund established under Clause 6 of this Bill include -

- (a) voluntary contributions to the fund from individuals, organisations and the private sector;
- (b) moneys approved by National Assembly for payment into the Fund;
- (c) grants from bilateral and multilateral sources; and

- (d) moneys from any other source approved by the Ministry responsible for Finance.

Committee's Recommendation:

That the provision in Clause 7 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 7 do stand part of the Bill, put and agreed to.

Clause 8: Management of the Fund.

The Fund shall be managed according to extant financial regulations of the Federation.

Committee's Recommendation:

That the provision in Clause 8 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 8 do stand part of the Bill, put and agreed to.

Clause 9: Mental Health Assessment Committee

There is established the Mental Health Assessment Committee (in this Bill referred to as "the Committee") whose main object shall be the protection of persons with mental health conditions as provided in this Bill.

Committee's Recommendation:

That the provision in Clause 9 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 9 do stand part of the Bill, put and agreed to.

Clause 10: Composition of the Committee.

- (1) The Committee shall be constituted by the Minister and shall consist of:
 - (a) A Chairman who shall be a legal practitioner who has been qualified to practice in Nigeria for at least 10 years and has considerable knowledge and experience in medical law;
 - (b) a consultant psychiatrist;
 - (c) a medical social worker with not less than 10 years of experience;
 - (d) a representative of a civil society organisation which focuses on mental health; and
 - (e) a community gatekeeper who may either be a religious or a traditional leader.
- (2) The composition of the Committee shall reflect gender balance.
- (3) Members of the Committee shall be paid such remuneration and allowances as approved by the Minister.

Committee's Recommendation:

That the provision in Clause 10 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 10 do stand part of the Bill, put and agreed to.

Clause 11: Functions of the Committee

- (1) The Committee shall -
 - (a) hear and determine appeals against decisions made by mental health care facilities in respect of the treatment of persons with mental health conditions under this Bill;
 - (b) receive and investigate complaints of persons admitted under the provision of this Bill;
 - (c) review periodically or when necessary cases of individuals who are admitted in a psychiatric hospital or similar institution and or subjected to involuntary or long term treatment; and
 - (d) hear and dispose of applications to extend the period of physical restraint or seclusion of a person with mental health conditions subject to the provisions of this Bill.

- (2) The Committee shall in the exercise of its function have the power to direct the discharge of persons where it ascertains that -
 - (a) the person no longer meets the conditions for involuntary admission under this Bill; or
 - (b) in the case of long-term stay voluntary admissions, where it is of the opinion that the admission of the person is no longer necessary or that the person can receive adequate follow-up care or treatment as an out-patient.
- (3) Matters before the Committee shall be decided by a majority of votes of the members of the Committee.
- (4) Subject to the provision of this Clause, the Committee shall in the performance of its function determine its own procedures in line with fundamental rights provisions in relevant law, including but not limited to the Constitution of the Federal Republic of Nigeria.
- (5) The Committee shall ensure that all its proceedings are properly recorded and documented.
- (6) Where a person is not satisfied with the decision of the Committee, that person may seek redress in the High Court.

Committee's Recommendation:

That the provision in Clause 1 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 11 do stand part of the Bill, put and agreed to.

PART II - RIGHTS OF PERSONS WITH MENTAL HEALTH CONDITIONS

Clause 12: Rights of Persons in with mental health conditions

- (1) Irrespective of the cause, nature or degree of past or present mental health conditions, persons with mental health conditions shall have the same fundamental rights as a fellow citizen.

- (2) Persons with a past or present mental health condition shall not be subjected to any form of discrimination.
- (3) Every person with a mental health condition shall have the right to -
 - (a) access medical, social and legal services;
 - (b) protection from physical and mental abuse and any form of exploitation, forced labour, violence, torture, cruel, inhuman or degrading treatment or punishment, including but not limited to chaining;
 - (c) engage in educational activities or vocational training;
 - (d) partake in leisure and recreational activities;
 - (e) take part in activities that promote the person's social, physical, mental and emotional well-being;
 - (f) humane and dignified treatment at any time with respect to personal dignity and privacy;

- (g) freedom of expression and opinion and access to information; and
 - (h) receive reasonable care, assistance and protection from their family, legal representatives, carers and the government.
- (4) A person who witnesses any form of abuse against a person with mental health condition shall report the incident immediately to the police.

Committee's Recommendation:

That the provision in Clause 12 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 12 do stand part of the Bill, put and agreed to.

Clause 13: Employment Rights

- (1) A person with a mental health condition shall enjoy equal access to work and employment opportunities and shall have the right to receive remuneration for any work done, similar to that payable to a person without mental health condition.
- (2) An employer shall not terminate the employment of a worker or otherwise deprive him of any benefit to which he is entitled merely on the grounds of present or past mental health condition or while the worker is receiving treatment for the mental health condition.
- (3) Where an employer has reasonable cause to believe that a worker is suffering from a mental health condition severe enough to affect the work output of the worker, the employer shall assist the worker to seek medical advice or treatment.

Committee's Recommendation:

That the provision in Clause 13 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 13 do stand part of the Bill, put and agreed to.

Clause 14: Housing

A tenant who develops a mental health condition shall not be evicted from his place of residence solely on the grounds of his mental health condition.

Committee's Recommendation:

That the provision in Clause 14 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 14 do stand part of the Bill, put and agreed to.

Clause 15: Right to Mental Health Services

- (1) A person with a mental health condition has the right to appropriate, affordable, accessible -
 - (a) physical and mental health care and services;
 - (b) counselling;
 - (c) rehabilitation; and
 - (d) after-care support to facilitate reintegration into the community.

- (2) In determining the type of mental health care and treatment suitable for a person with mental health condition, an attending healthcare worker shall take into account the mental health condition of the person
- (3) Every facility shall ensure that mental health services are provided in a manner that -
 - (a) upholds the dignity of the person with a mental health condition;
 - (b) takes into account and allows for treatment options which help a person with a mental health condition to manage the condition and participate in political, social and economic aspects of the person's life;
 - (c) aims at reducing the impact of the mental health condition and improving the quality of life of the person with mental health condition through the provision of the relevant clinical and nonclinical care; and
 - (d) provides all reasonable accommodation to persons with mental health conditions.

Committee's Recommendation:

That the provision in Clause 15 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 15 do stand part of the Bill, put and agreed to.

Clause 16: Right to Quality Standard of Treatment

- (1) A person with a mental health condition is entitled to:
 - (a) the same standard of care as a person with physical health problems and shall be treated on an equitable basis including

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- quality of in-patient food, bedding, sanitation, buildings, levels and qualifications of staff, medical and related services and access to essential medicines.;
- (b) receive treatment in the least restrictive environment and manner;
- (c) not to be subjected to torture, cruelty, forced labour and any other inhuman treatment;
- (d) receive aftercare programs, counselling and rehabilitation, where possible, in the community in order to facilitate their social inclusion;
- (e) access to psychotropic drugs, essential medicines, and any other biopsychosocial interventions at different levels of care as appropriate.
- (f) actively participate in the formulation of the multidisciplinary treatment plan;
- (2) Where a person with a mental health condition is in a facility, he shall have the right to have access to and spend personal money for personal purchases, unless the mental capacity of the person does not allow that.

Committee's Recommendation:

That the provision in Clause 16 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 16 do stand part of the Bill, put and agreed to.

Clause 17: Right to Appoint Legal Representatives

- (1) A person with a mental health condition may, where possible, exercise the capacity to make decisions by the appointment of a person as his/her legal representative.
- (2) The legal representative appointed under sub-clause (1) shall have the power to make decisions in respect of the care and treatment of the person with a mental health condition where the person lacks the capacity to make decisions.

Committee's Recommendation:

That the provision in Clause 17 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 17 do stand part of the Bill, put and agreed to.

Clause 18: Right to Participate in Treatment Planning

- (1) A person with a mental health condition has a right to participate in the formulation of his treatment plan, where possible.
- (2) Where a person with mental health condition is incapable of exercising the right under sub-clause (1) of this Clause due to the nature of his condition, his legal representative shall be entitled to participate in the formulation of the treatment plan.

Committee's Recommendation:

That the provision in Clause 18 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 18 do stand part of the Bill, put and agreed to.

Clause 19: Right to Privacy and Dignity

- (1) A person with a mental health condition shall have the right to receive visits from relatives, a legal practitioner and other persons in private.
- (2) Notwithstanding the provisions of sub-clause (1), where there are reasonable grounds to believe that a person will be violent or may otherwise pose a danger to others, he or she may be required to receive visitors under the supervision of an officer of the facility.
- (3) A person with a mental health condition shall have the right to be examined in private and in the presence of his or her representative and the attending health care worker specifically required for the consultation or examination.

Committee's Recommendation:

That the provision in Clause 19 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 19 do stand part of the Bill, put and agreed to.

Clause 20: Right to Access to Information

Every person with a mental health condition or the legal representative of such person is entitled to information regarding the person's mental and other health status as provided in the National Health Act No. 8 of 2014.

Committee's Recommendation:

That the provision in Clause 20 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 20 do stand part of the Bill, put and agreed to.

Clause 21: Right to Confidentiality

- (1) All information concerning a person with mental health condition, including information relating to his or her health status, treatment and stay in a health facility is confidential as provided for in the National Health Act No. 8 of 2014.
- (2) Notwithstanding the provisions of this Clause, nothing shall preclude health professionals for taking reasonable steps to prevent the likelihood of serious harm to the person with mental health conditions or to others.

Committee's Recommendation:

That the provision in Clause 21 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 21 do stand part of the Bill, put and agreed to.

Clause 22: Right to Legal Representation

- (1) A person with a mental health condition is entitled to choose and appoint a legal practitioner to represent him in any manner, including in any complaint procedure or appeal.
- (2) Where the person with mental health condition is unable to exercise the right under sub-clause (1), his legal representative may appoint a legal practitioner to represent the person with the mental health condition in any manner, including in any complaint procedure or appeal.
- (3) Where the person with the health condition or his legal representative cannot afford the services of a legal practitioner, the State shall provide legal assistance to the patient.

Committee's Recommendation:

That the provision in Clause 22 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 22 do stand part of the Bill, put and agreed to.

Clause 23: Protection of Persons with Mental Health Conditions

Any health professional or person in the employment of a facility who strikes, ill-treats or neglects any person with a mental health condition or violates or neglects any rule or regulation made under this Bill in relation to the treatment or care of persons with mental health conditions commits an offence.

Committee's Recommendation:

That the provision in Clause 23 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 23 do stand part of the Bill, put and agreed to.

PART III - FACILITY-BASED TREATMENT/CARE

Clause 24: Establishment of Mental Health Services.

(1) Every public healthcare facility shall make provision for integrated mental health treatment at all levels in line with the guidelines established by the Department for the purposes of effective implementation of the provisions of this Bill.

(2) The Federal Ministry of Health shall:

(a) provide a supportive framework for community based mental health services, including outreach services home care and support, emergency care, supported decision-making, community-based rehabilitation and supported housing, wherever possible;

(b) require the establishment of interdisciplinary community mental health teams to support persons with mental health conditions and their families/careers in the community;

(c) integrate mental health into the disease-specific programs including but not limited to HIV, maternal, sexual and reproductive health programs, adolescent health programs among others;

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(d) engage persons with mental health conditions with lived experiences as peer support workers;

(e) establish, support, collaborate with licensed community mental health services run by non-governmental organizations, faith-based organizations and other community groups, including self-help and family support groups;

(f) develop and implement tools for self-help care including the use of mobile technologies; and

(g) cultivate recovery-oriented care and support through awareness-building opportunities and training for health and social service providers.

(3) Notwithstanding sub-section (1) of this section, the Minister shall ensure that the existing facilities at the primary, secondary, and tertiary levels of health care are effectively utilized for the purpose of the implementation of this Bill.

(4) Such a facility should meet the minimum standard specified in the national mental and substance abuse guideline/policy

(5) Notwithstanding subsection (1) of this section, the Minister may designate any hospital with requisite facilities as mental health facilities.

(6) Notwithstanding sub-section (1) of this section, the Minister shall ensure that the existing facilities at the primary, secondary and tertiary levels of health care are effectively utilized for the purpose of the implementation of this Bill.

Committee's Recommendation:

That the provision in Clause 24 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 24 do stand part of the Bill, put and agreed to.

Clause 25: Programmes for Treatment.

The Federal Ministry of Health shall:

- (a) set minimum standards for programmes for the treatment of mental health conditions; and

- (b) maintain and periodically publish a list of licensed mental health treatment centres and facilities in Nigeria.

Committee's Recommendation:

That the provision in Clause 25 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 25 do stand part of the Bill, put and agreed to.

Clause 26: Informed Consent

- (1) No treatment shall be administered without the prior written consent of the person with the mental health condition voluntarily given after the attending healthcare worker has provided the person with relevant information pertaining to his state of health and necessary treatment relating to the-
 - (a) range of diagnostic procedures and treatment options available to the patient;
 - (b) benefits, possible pain or discomfort, risks, costs and consequences associated with each of the treatment options; and
 - (c) patient's right to refuse treatment and the implications and risks of such refusal.
- (2) The health professional shall ensure that the information provided to the person in sub-clause (1) of this clause is given in the language the person understands and in a manner which takes into account the literacy level of the person;

Provided that where the person with mental health condition is unable to understand the information relevant to the decision where provided using simple language, visual aids or any other means or unable to retain, use or weigh the information or to communicate his/her decision by talking, using sign language or any other means, provisions shall be made by the medical officer for supported decision making at no cost to the person with a mental health condition.

Committee's Recommendation:

That the provision in Clause 26 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 26 do stand part of the Bill, put and agreed to.

Clause 27: Voluntary Admission

- (1) A person who presents himself voluntarily to a hospital or other health facility for treatment for a mental health condition shall be entitled to -
 - (a) receive appropriate care and treatment of the same standard as a person with physical health problems and shall be treated on an equitable basis, including quality of in-patient food, bedding, sanitation, buildings, levels and qualification of staff, medical and related services and access to essential medicines; and
 - (b) to be referred to an appropriate facility.
- (2) No treatment shall be given to a person for voluntary care or admission unless consent is obtained in accordance with Clause 26 of this Bill.
- (3) At the time of admission, a person for voluntary care or admission shall be informed that he has the right to be discharged at any time and that the person shall not be denied of such right, unless he meets the requirements of involuntary care at the time the request is made.

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- (4) Where the person for voluntary care or admission requests a discharge from a facility against medical advice, the facility shall grant the request within twenty-four hours unless the person meets the conditions for involuntary admission at the time of making the request.
 - (5) The head of the facility shall report cases of long term stay to the Committee.

Committee's Recommendation:

That the provision in Clause 27 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 27 do stand part of the Bill, put and agreed to.

Clause 28: Involuntary Treatment

- (1) Subject to the provisions of this Clause, a Medical Officer or head of the facility may, upon application, admit a person with mental health condition involuntarily, or involuntarily admit a person who had been admitted voluntarily, where he determines that the person has a mental health condition and -
 - (a) because of the mental health condition, there is a serious likelihood of imminent harm to that person or to other persons;
or
 - (b) where there is evidence that the mental health condition is so severe that failure to admit the person is likely to -
 - (i) lead to a serious deterioration in the condition of that person, or
 - (ii) hinder the provision of appropriate treatment that can only be given by admission to a facility in accordance with the principle of the least restrictive alternative; Provided that the involuntary admission of a minor with mental health condition or involuntary detention of such minor who had been admitted voluntarily shall be a matter of last resort and shall only be applicable where community based alternatives are unavailable, are unlikely to be effective or have been tried and failed.
- (2) Without prejudice to sub-clause (1) of this clause, an application for the involuntary admission of a person with mental health condition may be made by the following persons, in the following order -
 - (a) by the parent or guardian of the person; and if not available or unwilling;
 - (b) by the spouse of the person; and if not available or unwilling
 - (c) by any other legal representative of the person; or
 - (d) where persons under paragraphs (a), (b) and (c) of this sub-clause are not available or willing to make the application, by any other person, including a Medical Officer, law enforcement officer, appropriate government agent or any other person who has reasonable cause to believe that there is a

deterioration in the mental health condition of the person in respect of whom the application is made.

- (3) An application for involuntary admission of a person with mental health condition shall clearly set out grounds on which the applicant believes that the involuntary admission of the person is necessary and in the best interest of the person with a mental health condition.
- (4) Any application made by a person under sub-clause (2)(d) shall contain information regarding -
 - (a) the reason why he or she is making the application;
 - (b) the relationship of the applicant to the person in respect of whom the application is made; and
 - (c) steps that were taken to locate the relatives or legal representative of the person with mental health condition to determine their capability or availability to make the application.
- (5) Notwithstanding the provision of sub-clause (1) of this Clause, no person with a mental health condition shall be admitted involuntarily and no person who had been admitted voluntarily shall be admitted involuntarily unless two independent qualified medical practitioners have examined the person, and completed Form A as required under this Bill wherein each of them shall set out their findings from the examination and certify that the person has a mental health condition and -
 - (a) because of the mental health condition, there is a serious likelihood of imminent harm to that person or to other persons; or
 - (b) there is evidence that the mental health condition is so severe that failure to admit the person is likely to -
 - (i) lead to a serious deterioration in the condition of that person; or
 - (ii) hinder the provision of appropriate treatment that can only be given by admission to a facility in accordance with the principle of the least restrictive alternative.
- (6) The qualified medical practitioner or head of the facility may make a written recommendation for the involuntary treatment of the person and shall forward the recommendation to the Committee.
- (7) The qualified medical practitioner or head of the facility shall admit the patient, provided that he forwards the application made under sub-clause (2) of this Clause, the completed Form A, the two independent qualified medical practitioners and the written recommendation for the involuntary admission of the person to the Committee for review and approval of the involuntary admission of the patient as soon as practicable.

- (8) The Committee shall review the documents in sub-clause (7) of this Clause and shall inform the facility of its decision to approve or deny the application for the continued involuntary admission of the person within twenty-four hours of receipt of the documents.

- (9) No facility shall continue to admit a person with a mental health condition involuntarily or admit involuntarily a person who had been admitted voluntarily where the Committee has reviewed and rejected such admission.
- (10) (a) where the Committee authorizes the involuntary admission of a person with a mental health condition or the detention of a person who had been admitted voluntarily, the medical practitioner or head of the facility shall inform the person and his or her legal representatives of the reasons for admission and their right to appeal;
- (b) the medical practitioner or head of the facility shall ensure that the information provided to the person with a mental health condition and his/her legal representatives under sub-clause (10) (a) is provided in a language that the person and his or her legal representatives understand and in a manner which takes into account the literacy level of the person and his or her legal representatives;
- (c) the Medical Officer or head of the facility shall ensure that the manner in which the information was provided to the person or his/her legal representative is stated in the patient's medical records;
- (d) an appeal by a person in respect of whom a decision of involuntary admission has been made under this section or by his or her legal representatives shall lie directly to the Court of Appeal;
- (e) upon admission of a person under this section, the facility shall evaluate and provide appropriate medical treatment to the person for a period not exceeding 28 days beginning from the day of admission;
- (f) it shall be the responsibility of the facility to ensure that the treatment plan for the person is formulated by a Medical Officer with at least five years of experience in the treatment and management of patients with similar mental health conditions; and
- (g) the treatment plan formulated by the Medical Officer in sub-clause (11) (b) shall not be implemented unless it is agreed to by another Medical Officer with at least five years of experience in the treatment and management of persons with similar mental health conditions.

Committee's Recommendation:

That the provision in Clause 28 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

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Question that Clause 28 do stand part of the Bill, put and agreed to.

Clause 29: Involuntary Patient Entitled to Change Status

- (1) A person admitted involuntarily shall be entitled to change his own status to that of a voluntary patient if a qualified medical practitioner certifies that:

- (a) the person under involuntary care is reasonably capable of understanding the nature of the decision to change status; and
 - (b) such a change is in the patient's best interest.
- (2) Notwithstanding the provision of sub-clause (1), the next of kin or legal representative of the person shall be entitled to challenge the change of status at the Committee within two days;

Provided that such period may be extended by the Committee where the next of kin or legal representative shows good cause.

Committee's Recommendation:

That the provision in Clause 29 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 29 do stand part of the Bill, put and agreed to.

Clause 30: Person No Longer Meets Criteria for Involuntary Care

- (1) Where:
- (a) it is determined that a person no longer fulfills the criteria for involuntary care or admission, he or she shall be discharged immediately.
 - (b) the provision of sub-clause (a) of this Clause shall apply irrespective of whether the person has been in involuntary care for a period of less than 28 days.
- (2) Any person who contravenes any provision of this Clause commits an offence and in the case of -
- (a) a natural person, shall be liable upon conviction to a term of imprisonment not exceeding five years or a fine of not less than ₦1,000,000 or both; or
 - (b) a corporate person, shall be liable upon conviction to a fine of not less than ₦5,000,000.

Committee's Recommendation:

That the provision in Clause 30 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 30 do stand part of the Bill, put and agreed to.

Clause 31: Extension of the Period of Involuntary Admission

- (1) Where in the opinion of the Medical Officer or head of the facility, it may be necessary to further admit a person under this section after the expiration of 28 days from the day of admission in order to stabilize and adequately treat the patient, an application shall be made to the Committee for the extension of the period of admission.

- (2) The application for extension of the period of admission under sub-clause (1) shall be made before the expiration of the period of 28 days from the day of admission.
- (3) No application for extension of the period of admission shall be granted by the Committee except it is supported by the written reports of two

independent Medical Officers who have examined the person and who shall set out their findings as required under Form A wherein they shall certify that the person is still suffering from a mental health condition and -

- (a) because of the mental health condition, there is still a serious likelihood of imminent harm to that person or to other persons; or
- (b) there is new evidence that the mental health condition is still so severe that failure to extend the period of admission is likely to -
 - (i) lead to a serious deterioration in the condition of that person, or
 - (ii) hinder the provision of appropriate treatment that can only be given by admission to a facility in accordance with the principle of the least restrictive alternative; and that the treatment requires admission and cannot be administered to the person as an out-patient.
- (4) For the purpose of this Clause, a Medical Officer shall not be considered "independent" where he is:
 - (a) an officer or staff of the facility; or
 - (b) a partner of or in the employment of an officer or staff of the facility.
- (5) Where the Committee is satisfied that an extension of the period of admission is in the best interest of the person with mental health condition and that treatment cannot be administered to the person as an out-patient, it shall extend the period of admission for a period not exceeding fourteen days and may grant further extensions, provided that a person under involuntary care or admission under this section shall not be admitted in a facility for a continuous period exceeding six weeks without review by the Committee.

Committee's Recommendation:

That the provision in Clause 31 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 31 do stand part of the Bill, put and agreed to.

Clause 32: Right to Appeal against Involuntary Admission

- (1) The person with a mental health condition or his/her legal representative may appeal to the Committee against a decision for involuntary admission or a decision to extend the period of involuntary admission.

- (2) Appeals against a decision for involuntary admission or a decision to extend the period of involuntary admission shall receive an expedited hearing and the Committee shall give its decision on the appeal within 3 days of the filing of the appeal.

Committee's Recommendation:

That the provision in Clause 32 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 32 do stand part of the Bill, put and agreed to.

Clause 33: Accreditation required for Involuntary Care

- (1) No facility shall admit a person with a mental health condition involuntarily or admit involuntarily a person who had been admitted voluntarily unless it is accredited by the Ministry as a facility capable of providing involuntary care to patients.
- (2) The certificate of accreditation by the Ministry or State agency as a facility capable of providing involuntary care to patients must be displayed in a conspicuous place in the facility.
- (3) Any attending healthcare worker or head of the facility who admits a person with mental health condition involuntarily or involuntarily admits a person who had been admitted voluntarily in a facility which has not been accredited by the Ministry to provide involuntary care to patients commits an offence and is liable upon conviction, to a term of imprisonment not exceeding five years or a fine of not less than ₦2,000,000 or both.
- (4) Where a facility which has not been licensed by the Federal Ministry of Health or the relevant State agency to provide involuntary care to patients admits a person under this section, the facility shall be liable to pay a fine of not less than ₦10,000,000.

Committee's Recommendation:

That the provision in Clause 33 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 33 do stand part of the Bill, put and agreed to.

Clause 34: Conditions for Restraint or Seclusion of a Person with Mental Health Condition

- (1) Persons with mental health conditions shall be protected from the use of forced treatment, seclusion and any other method of restraint in facilities, including physical, chemical and mechanical restraints, except in accordance with the provisions of this Bill.
- (2) All facilities shall implement guidelines developed by the Ministry for de-escalating potential crises and managing sensitivities and triggers in persons with mental health condition which shall respect the dignity and the human rights of persons with mental health condition.

- (3) Subject to the provisions of this Clause, no person with mental health condition shall be subjected to any form of restraint or seclusion unless he has first received adequate care by a Medical Officer for at least forty-eight hours and upon the expiration of that time -
 - (a) two Medical Officers examine the person with mental health condition and certify in writing that it is the only means available to prevent immediate or imminent harm to the person;
 - (b) the head of the facility has authorized the adoption of this measure in writing; and

- (c) the facility has been accredited by the Ministry or the State Ministry where appropriate as having adequate facilities for undertaking such a measure safely;

Provided that where there is no trained psychiatrist within the facility to examine, assess or proffer options for treatment to the person with mental health condition, such a person shall be transferred to another facility with a trained psychiatrist within 48 hours of restriction.

- (4) In a facility with a trained psychiatrist, restraint or seclusion shall only be done in accordance with established protocol on restraint and seclusion developed by the Federal Ministry of Health.
- (5) No person with mental health condition shall be subjected to any form of restraint or seclusion as a means of punishment or for the convenience of staff of the facility.
- (6)
 - (a) A person with mental health condition who is subjected to any form of restraint or seclusion shall, at all times, be kept under humane and hygienic conditions, in the least restrictive environment, and shall be under the care and regular supervision of a mental health practitioner within the facility; and
 - (b) It shall be the responsibility of the head of the facility to ensure that at least one Medical Officer within the facility maintains continuous, active and personal contact with the person during the period of seclusion or restraint.
- (7)
 - (a) Where any person with mental health condition is restrained or secluded, the head of the facility shall within seventy-two hours provide the Committee with the reasons and the duration of the incident; and
 - (b) It shall be the responsibility of the head of the facility to ensure that all instances of restraint or seclusion, their reasons, nature and extent are clearly, fully and correctly recorded in the medical records of the person with the mental health condition.
- (8) The period of restraint or seclusion under sub-clause (2) shall not be prolonged beyond the period which is strictly necessary to -
 - (a) administer treatment to the person with mental health condition;
 - or

- (b) allow the person with mental health condition to co-habit peacefully with other users within the facility or the person's relatives or with members of the community;

Provided that in any case, the period of restraint or seclusion shall only last for as long as medically necessary or seventy-two hours, whichever is earlier.

- (9) For the avoidance of doubt, notwithstanding anything to the contrary in this Bill, it shall be unlawful for any individual, group of persons or faith-based institution to employ the use of restraints such as chains, handcuffs, shackles, ropes or other instruments on any person with a mental health condition, whether in a public or private place.

- (10) Any person who contravenes any provision of this section shall be guilty of an offence and liable upon conviction to a term of imprisonment not exceeding five years or a fine of not less than N2,000,000 or both.

Committee's Recommendation:

That the provision in Clause 34 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 34 do stand part of the Bill, put and agreed to.

Clause 35: Extension of Period of Seclusion or Restraint of Person with Mental Health Condition

- (1) Where the Medical Officer has examined the person and is of the opinion that the extension of the period of restraint or seclusion under this section is necessary to prevent immediate or imminent harm to the person with mental health condition or other people, the Medical Officer shall before the expiration of the period of seventy-two hours from the beginning of the patient's restraint or seclusion make an application to the Committee for an extension.
- (2) (a) no application for an extension of the period of restraint or seclusion shall be granted by the Committee except it is accompanied by a statement by another Medical officer certifying that he has examined the person and in his/her opinion, an extension of the period of restraint or seclusion is necessary to prevent immediate or imminent harm to the person with mental health condition or other people; and
- (b) the application for extension of the period of restraint or seclusion must be accompanied by the findings from the examination of the two Medical Officers.
- (3) Where an application for an extension of the period of restraint or seclusion is granted by the Committee, it shall not be for a period exceeding forty-eight hours.
- (4) It shall be the responsibility of the head of the facility to ensure that no person is subjected to continuous periods of restraint or seclusion.

- (5) Where a person with mental health condition is subject to restraint or seclusion under this section, the Medical Officer or head of the facility shall ensure that his/her relatives or legal representatives are notified of the restraint or seclusion immediately in a language that they understand taking into account their level of literacy.
- (6) The relatives or legal representatives of a person with a mental health condition shall have a right of appeal to -
- (a) the Committee against the decision of a facility to subject such a person to restraint or seclusion; and
- (b) the Court of Appeal against the decision of the Committee to grant an extension of the period of restraint or seclusion under sub-clause (3).

- (7) It shall be the responsibility of every facility to maintain and keep a register where records of all seclusion and restraint of any person within the facility shall be entered.
- (8) Any person who contravenes any provision of this section shall be guilty of an offence and liable upon conviction to a term of imprisonment not exceeding five years or a fine of not less than ₦2,000,000 or both.

Committee's Recommendation:

That the provision in Clause 35 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 35 do stand part of the Bill, put and agreed to.

Clause 36: Use of Sterilization Prohibited.

- (1) The use of sterilization as treatment for mental health condition is hereby prohibited.
- (2) Any person who contravenes the provision of this section shall be guilty of a criminal offence and shall be liable upon conviction to a term of imprisonment of not less than 7 years, without an option of fine.

Committee's Recommendation:

That the provision in Clause 36 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 36 do stand part of the Bill, put and agreed to.

Clause 37: Electroconvulsive Therapy, Psychosurgery and Other Irreversible Treatment.

It shall be an offence for any person or institution to perform electroconvulsive therapy, psychosurgery and other irreversible treatments where it is not in the best interest of the person with a mental health condition and except -

- (a) with a valid license;
- (b) with the informed consent of the person with mental health condition;
and
- (c) in accordance with the prescribed clinical guidelines.

Committee's Recommendation:

That the provision in Clause 37 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 37 do stand part of the Bill, put and agreed to.

Clause 38: Clinical Research and Experimentation.

A person with a mental health condition shall not be used for teaching, experimentation or research purposes except in accordance with the National Health Act and the National Code on Health Research Ethics.

Committee's Recommendation:

That the provision in Clause 38 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 38 do stand part of the Bill, put and agreed to.

Clause 39: Protection of Minors.

- (1) Notwithstanding anything to the contrary in this Bill, a facility shall only authorize the admission of a minor with mental health condition where -
 - (a) the living area is separate from that of adult patients; and
 - (b) the Federal Ministry of Health or a State agency, as appropriate, has inspected the facility and certified in writing that the treatment shall be conducted in the least restrictive environment and that the facility is duly equipped with facilities which cater to the developmental needs of minors, and such other things which the Ministry shall determine to be necessary for the care of minors with mental disabilities.
- (2) Notwithstanding anything to the contrary in this Bill, the parent or guardian of a person with a mental health condition shall represent such person in respect of any matter under this Bill where such person is a minor and shall act in his or her best interest:

Provided that where an attending healthcare worker is of the opinion that the decisions which are being made by the parent or guardian of the minor with a mental health condition are not in the best interest of the minor, the attending healthcare worker may apply to the court for the appointment of an independent legal representative who shall be required to make decisions in the best interest of the minor.
- (3) For the purpose of determining whether a decision made by a parent or guardian is in the best interest of the minor, the attending healthcare worker shall be guided by -
 - (a) his knowledge and experience as a attending healthcare worker; and
 - (b) the opinions of the minor on issues pertaining to his or her care, provided the minor is above the age of thirteen and has the capacity to understand the nature and implication of such issues.
- (4) The rights of the minors receiving mental health care shall be in line with their rights in the Child Rights Act.

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- (5) Notwithstanding anything to the contrary in this section, the best interests of the child shall be the primary consideration in all actions relating to a child.

Committee's Recommendation:

That the provision in Clause 39 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 39 do stand part of the Bill, put and agreed to.

Clause 40: Support for Carers.

- (1) The Federal Ministry of Health shall establish a National Carers Guideline.
- (2) States may establish guidelines in line with laws passed by the State House of Assembly.
- (3) The National Carers Guidelines shall:
 - (a) recognize the role of carers in providing support to persons living with mental health conditions; and

- (b) the strategy shall provide support programs for carers.
- (4) The Federal Ministry of Health shall undertake the collection of information and data on caregiving for persons living with mental health conditions.

Committee's Recommendation:

That the provision in Clause 40 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 40 do stand part of the Bill, put and agreed to.

Clause 41: Non-Accredited Facilities and Involuntary Patients.

- (1) Where a Police Officer above the rank of an Inspector or a staff of the Social Welfare Department of Government has reasonable cause to believe that a person-
 - (a) has a mental health condition and is not under proper care or is being cruelly treated or neglected by any relative or other person having charge of the person with mental health condition; or
 - (b) is dangerous to himself or to others he may if he thinks it necessary to do in the interest of that person or for the protection of other persons, remove that person to a place of safety with a view to making an application for his treatment and care under this Bill.
- (2) A person removed to a place of safety under this section may be detained there for period not exceeding 48 hours for the purpose of enabling him to be examined by a medical practitioner and of making any necessary arrangements for his treatment or care.

- (3) A police officer above the rank of an Inspector or any other person required or authorised by this Bill to take any person to a place of safety or to convey or to detain any person shall for the purposes of taking him to a place of safety or conveying or detaining him, have all the powers, authority, protection and privilege of a police officer in the ordinary course of his duties as such.
- (4) If any person being in lawful custody by virtue of this section escapes, he may be retaken and returned to the hospital or place of safety:
 - (a) by the person who had his custody 'immediately before the escape; or
 - (b) by any officer or the staff of the hospital, his nearest relative or his guardian, or by a police officer if at the time of his escape he was liable to be detained in a hospital.

Committee's Recommendation:

That the provision in Clause 41 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 41 do stand part of the Bill, put and agreed to.

Clause 42: Grant of Leave from Hospital.

- (1) The responsible medical officer may grant to any person who is for the

time being liable to be admitted in a hospital under this Bill, leave to be absent from the hospital subject to such considerations necessary in the interest of the person or for the protection of other persons

- (2) Leave of absence may be granted under this Section either indefinitely or for a specified period; and where leave is granted for a specified period, that period may be further extended as the responsible medical officer may deem fit.
- (3) The responsible medical officer may by notice in writing to the person or to the person for the meantime in charge of the patient, revoke the Leave of absence for the recall of the person to the hospital if it appears to him that it is necessary so to do in the interest of the patient's health and safety and the protection of others.
- (4) A patient to whom a leave of absence is granted, under this section shall not be recalled under Subsection (3) of this Clause after he has ceased to be liable to be detained under this Bill.
- (5) In all cases of removal of patient to hospital for the first time or removal of a patient who breaches the condition of leave of absence, the police shall be available to render assistance.

Committee's Recommendation:

That the provision in Clause 42 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 42 do stand part of the Bill, put and agreed to.

Clause 43: Order of Discharge of a Patient.

- (1) An order for discharge in respect of a patient detained under any section of this part of this Act may be made:

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- (a) by the responsible medical officer or by the medical director of the hospital, where the patient is detained pursuant to an application for admission of observation; or
- (b) by the responsible medical officer, the medical director, or by the nearest relation, where the patient is detained pursuant to an application for admission for treatment. In other cases, the order shall be made pursuant to the responsible medical officer's report that the circumstances leading to his detention in the first place no longer exist.

Committee's Recommendation:

That the provision in Clause 43 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 43 do stand part of the Bill, put and agreed to.

Clause 44: Order of Discharge to Nearest Relative.

- (1) Subject to the provisions of this section, the patient's nearest relative may at any time apply for the discharge of a person admitted in the facility.
- (2) The nearest relative of the person in making such an application shall give a notice in writing in that regard not less than 72 hours to the head of the facility in the event that the responsible medical officer furnishes the head of the facility a report within 72 hours that in his opinion the patient, if discharged, would be likely to act in a manner dangerous to

himself and to other persons: in which case.

- (a) the application by the relative will not be granted;
- (b) no further application for discharge of that person shall be entertained from that relative until the attending healthcare worker or licensed Psychiatrist deems such discharge necessary after assessment every 2 weeks;
- (c) the head of the treatment facility shall cause the nearest relative of the person to be informed of his/her right to apply to the Committee in respect of the person.

Committee's Recommendation:

That the provision in Clause 44 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 44 do stand part of the Bill, put and agreed to.

Clause 45: Non-accredited facilities and involuntary patients.

A facility which is not accredited by the Ministry to provide care for involuntary persons shall not provide such treatment person for involuntary care or admission person for voluntary care or admission.

Committee's Recommendation:

That the provision in Clause 45 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 45 do stand part of the Bill, put and agreed to.

PART IV — PERSONS WITH MENTAL HEALTH CONDITIONS AND CRIMINAL PROCEEDINGS

Clause 46: Admission of a Criminal patient.

- (1) Where a person is convicted before a High Court of a criminal offence, or before a Magistrate's Court of an offence punishable on summary conviction with imprisonment, the court may by a hospital order authorize his admission for observation in a hospital if it has cause to suspect that the person may be suffering from mental disorder.
- (2) Where the court is satisfied, on written evidence made within seven days of admission of two medical practitioners, one of whom is recognized to have special experience in the diagnosis and treatment of mental disorders, that:
 - (a) the offender is suffering from mental disorder, severe mental impairment or dissociative disorder;
 - (b) the mental disorder is of a severe nature or degree which warrants the detention of the patient in a hospital for medical treatment; and
 - (c) the offender is likely to benefit from such treatment with respect to future criminal tendency and behaviour.

The court may decide that the most suitable method of disposing of the case is by means of an order under this section.

- (3) Where an order is made under this section, the Court shall cause the further detention of the criminal in the hospital where the initial assessment of his mental state was made for further treatment until the

patient (criminal) is assessed as having made sufficient improvement to be discharged there from, and a report in that respect from the medical practitioners who made the initial assessment placed before the court

- (4) On receiving such a report, the Court shall order the discharge of the patient from hospital within three days of receiving the report.

Where the patient has not made satisfactory progress with treatment pursuant to Subsection (3) of Section 20 within six months of the initial order, and a report in that respect from the medical practitioners referred to in Section 20 is placed before the court, the court shall, in the interest of public safety issue a compulsory order for the detention and treatment of the patient for another period of six months and for multiple periods of six months thereafter provided that:

- (a) the patient shall be advised on his right to appeal to the Mental Health Review Tribunal; and
- (b) a medical report on the desirability of subsequent detention and treatment of the patient in the interest of public safety is made on each occasion.

Committee's Recommendation:

That the provision in Clause 46 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 46 do stand part of the Bill, put and agreed to.

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Clause 47: Power of the Judge in Emergency:

- (1) Where a person is convicted before High Court of a Criminal offence, or before a Magistrate Court of an offence punishable on summary conviction with imprisonment, the Court may by an order authorize his/her admission for observation in a treatment facility if it has cause to suspect that the person may be suffering from mental health condition.
- (2) A compulsory order with restriction shall not be issued by a Court unless the Court in its wisdom and having regard to all the circumstances including the nature, character and antecedents of the offender and to the other available options (including terms of imprisonment) of dealing with him that the most suitable method of disposing of the case taking into cognizance the issue of public safety is by means of an order under this section.

Committee's Recommendation:

That the provision in Clause 47 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 47 do stand part of the Bill, put and agreed to.

Clause 48: Removal to Hospital of an Inmate.

- (1) If in the case of a person serving a sentence of imprisonment, the Minister or the Governor, as the case may be is satisfied by the report, of a medical practitioner who has special experience in the diagnosis and treatment of mental health conditions:
- (a) that the said person is suffering from a mental health condition, severe mental impairment or dissocial disorder; and
- (b) that the mental health condition is of a nature or degree which warrants the detention of the patient in a hospital for medical

treatment, the Minister or Governor may, if he is of opinion having regard to the public interest and all the circumstances that it is expedient to do so, direct by warrant, that the person be so removed and detained in such hospital as may be specified in the directive.

- (2) The transfer directive in the context of Subsection (1) of this section shall have the like force as a hospital order made in accordance with the provisions of Section 20 of this Act.
- (3) The foregoing provisions of this section shall apply for the purpose of the transfer of any person in custody pending trial as they apply for the purpose of any person serving a sentence of imprisonment.
- (4) For the purposes of this Section:
 - (a) the Minister shall exercise the power to give a transfer directive in the case of a person convicted of an offence committed under any enactment made by the Government of the Federation; and
 - (b) the Governor shall exercise the power to issue a directive in respect of a person convicted for an offence committed under an enactment made by the Government of a State.

Committee's Recommendation:

That the provision in Clause 48 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 48 do stand part of the Bill, put and agreed to.

PART V - PROPERTY AND AFFAIRS OF PERSONS WITH MENTAL HEALTH CONDITIONS

Clause 49: Application of Property of Persons with Mental Health Conditions.

- (1) The provisions of this part shall apply in respect of a person, who in the considered opinion of a High Court Judge based on competent medical evidence is incapable by reason of mental disorder of managing and administering his property and affairs; and a person whom the Judge is satisfied to refer to as a person with the mental health condition for purpose of this Part of this Bill.
 - (a) for the maintenance or other benefit of the person with the mental health condition;
 - (b) for the maintenance or other benefit of members of the family of the person with the mental health condition;
 - (c) for making provision for other persons or purposes for whom or which the person with the mental health condition might be expected to provide if he were not mentally incapacitated; or
 - (d) otherwise for administering the affairs of the person with the mental health condition.
- (2) (a) In the exercise of the powers conferred by this section, regard shall be had first of all to the requirements of the person with the mental health condition, and the rules of law which restrict the enforcement by a creditor of rights against property under the control of the Judge.

- (b) Subject to the provisions of paragraph (a) in this subsection, the Judge shall, in administering the affairs of a person with the mental health condition, have regard to the interests of creditors and also the desirability of making provisions for obligations of the person with the mental health condition notwithstanding that they may not be legally enforceable.
- (3) Without prejudice to the provisions of Subsection (2) of this section; the Judge shall have power to make such orders and give such directions and authorities as he thinks fit, for the purposes of that section and in particular may make orders or give directives or authorities for:
 - (a) the control (with or without the transfer or vesting of property or the payment into court of money or securities) and management of any property of the person with the mental health condition;
 - (b) the settlement of any property of the person with mental health condition or the gift of any property belonging to the person with mental health condition to any person;
 - (c) the carrying on by any suitable person of any profession, trade or business of the person with mental health condition;

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- (d) the sale, exchange, charging or other disposition of any property of the person with mental health condition;
- (e) the acquisition of any property in the name of the person with mental health condition;
- (f) the dissolution of any property of which the person with mental health condition is a member;
- (g) the carrying out of any property of which the person with mental health condition is a member;
- (h) the conduct of any legal proceedings in the name of the person with mental health condition or on his behalf;
- (i) the reimbursement out of the property of the person with mental health condition, with or without interest, of money applied by any person for or for the benefit of the person with mental health condition; or
- (j) the exercise of any power vested in the person with mental health condition (including a power of consent) whether beneficially or as a guardian, trustee or otherwise however.

Committee's Recommendation:

That the provision in Clause 49 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 49 do stand part of the Bill, put and agreed to.

Clause 50: Power of the Judge in Emergency.

Where it is represented to the Judge and he has reason to believe that a person may be incapable by reason of mental disorder of managing or administering his property and affairs, and the Judge is of opinion that it is necessary to make immediately provision for any of the matters referred to in Section 49 of this Act, the Judge may exercise any of the powers conferred on him by the said Section 49 so far as is requisite for enabling that provision to be made, pending the question whether the said person is incapable as aforesaid.

Committee's Recommendation:

That the provision in Clause 50 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 50 do stand part of the Bill, put and agreed to.

Clause 51: Violation of the Rights of Persons Under the Bill.

- (1) No persons shall violate the rights of persons as specified under this Bill.
- (2) Without prejudice to the provisions of any other law, any person who contravenes the provisions of sub-clause (1) of this clause, commits an offence and is liable on conviction to fine of not less than N500,000 or imprisonment of not less than one year.
- (3) Any person that willingly causes or conspires with or assists another to cause-
 - (a) the unwarranted involuntary confinement of any person in a treatment facility under this Law; or

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- (b) the denial to any person of any of the rights accorded to said person under this Law; shall be liable for punishment to a fine not less than ₦200,000 or imprisonment not less than six months.

The Facility Management should also be held liable.

Committee's Recommendation:

That the provision in Clause 51 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 51 do stand part of the Bill, put and agreed to.

Clause 52: Refusal to Supply Information.

A person who fails or refuses to supply any information required by the Department in exercise of its powers under this Act commits an offence and is liable on conviction, in the case of a body corporate to a fine of N100,000 and in the case of an individual to fine of ₦50,000 or imprisonment of not less than six months or to both.

Committee's Recommendation:

That the provision in Clause 52 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 52 do stand part of the Bill, put and agreed to.

Clause 53: Forgery and False Entry of Statement.

A person commits an offence under this Act is liable on conviction to a fine of ₦2,000,000 or to imprisonment for not less than two years or to both, where the person forges or makes false entry or statement. -

- (a) on an application for admission under this Bill;
- (b) any medical report or recommendation under this Bill; or
- (c) any other document required or authorized to be made under this Act.

Committee's Recommendation:

That the provision in Clause 53 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 53 do stand part of the Bill, put and agreed to.

Clause 54: Assisting Patient to Unlawful Leave of Absence.

- (1) Any person who induces or knowingly assist any other person:
 - (a) being liable to be detained in a hospital to absent himself without leave; or
 - (b) being in legal custody by virtue of this Bill to escape from such custody, shall be guilty of an offence.
- (2) Any person who knowingly harbours a patient who is absent without leave of absence or is otherwise at large and liable to be retaken into full custody; or gives him assistance with intent to prevent, hinder or interfere with his being taken into custody or returned to the hospital or

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other place or where he ought to be detained shall be guilty of an offence.

- (3) Any person guilty of an offence under this section shall be liable on conviction to 6 months imprisonment or to a fine of N100,000, or both of them.

Committee's Recommendation:

That the provision in Clause 54 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 54 do stand part of the Bill, put and agreed to.

Clause 55: Sexual Relationship with a Patient.

- (1) It shall be an offence under this section for a man or a woman who is an officer or staff or is otherwise employed in or is a health worker attending to a person receiving care for a mental health condition or a mental health practitioner at a facility to have sexual relationship (intercourse) with a woman or a man as the case may be who is:
 - (a) for the time being receiving treatment for mental health condition in the treatment facility;
 - (b) subject to his or her guardianship or otherwise in his or her custody or care under this Bill in a psychiatric hospital or in a non-specialised setting or other facility for the treatment of mental health conditions;
 - (c) for the time being receiving treatment as an out-patient.
- (2) Any person guilty of an offence under this section shall be liable to prosecution, and on conviction, to life imprisonment with no option of fine. This shall not be prejudicial to any other sanctions and such a person may be liable to from bodies to which he may belong as a member.

Committee's Recommendation:

That the provision in Clause 55 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 55 do stand part of the Bill, put and agreed to.

Clause 56: Limitation of suit against the Ministry.

- (1) Subject to the provisions of any other law, no suit shall be commenced

against the Ministry or its authorised officers before the expiration of a period of 30 days after written notice of intention to commence the suit shall have been served on the Ministry by intending plaintiff or his/her agent, and the notice shall clearly state the-

- (a) cause of action;
- (b) particulars of the claim;
- (c) name and place of abode of the intending plaintiff; and
- (d) relief sought.

- (2) The notice referred to in sub-clause (1) of this clause and any summons, or other documents required or authorised to be served on the Ministry under this Act or any other enactment or law, may be served by -
 - (a) delivering it to the Minister; or
 - (b) sending it by registered mail to the postal address of the Ministry.

Committee's Recommendation:

That the provision in Clause 56 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — *Agreed to.*

Question that Clause 56 do stand part of the Bill, put and agreed to.

PART VIII — INTERPRETATION

Clause 57: Interpretation.

In this Act, unless the context otherwise requires —

"Accountant-General" means Accountant-General for the Federation;

"Allied Mental Health Professionals" means any formally educated and trained non-medical health professionals such as (but not limited to) Clinical Psychologists, social workers, Psychiatric Nurses, occupational therapists, recreational therapists Mental Health and Addiction Counsellors.

"certification" means the process of qualifying medical specialists through requirements and examinations set by the Board of the particular medical specialty so appointed or elected for that specific purpose by the registered members of the medical specialty association;

"Carer" means a person who maintains a close personal relationship with the patient and manifests concern for his welfare;

"Child" means below the age as defined in the Child's Right Act

"Court" means the Federal High Court;

"Facility" means a public or private establishment, institution, building or place where persons receive mental health care, treatment, rehabilitative assistance, diagnostic or therapeutic interventions or other health services including but not limited to clinics, hospitals, psychiatric hospitals, community health and rehabilitation centres and faith-based establishments or traditional healing centres which provide mental health care services or treatments for persons with mental health conditions.

"Least restrictive alternative" or "least restrictive environment" or "less restrictive option" means offering an option for treatment or a setting for treatment which-

- (i) meets the person's treatment needs; and
- (ii) imposes the least restriction on the person's rights

"Long term stay" means admission to the ward of a facility for a period exceeding six weeks.

"Legal representative" means a person charged by law with the duty of representing a person in any specified undertaking or of exercising specified rights on the behalf of a person with a mental health condition or a person appointed in writing by the person with a mental health condition to act on his or her behalf, provided that where the person is unable to exercise capacity, or otherwise fails to appoint a legal representative in writing, the legal representative shall be taken to be in the following order -

- (a) the spouse, if any, unless permanently separated from the patient or has deserted or has been deserted by the patient;
- (b) sons and daughters over the age of eighteen years;
- (c) either parent by mutual consent; and
- (d) a person appointed by an of a Court to represent the patient;

"Mental health conditions" means impairments, activity limitations and individual and participatory restrictions arising from diagnosable mental disorders which involve significant changes in thinking, emotion or behaviour and cause distress or problems in the interaction between the individual and his environment and include intellectual, psychosocial or cognitive disabilities;

"Mental health professionals" means a person trained and certified to practice psychiatry;

"Mental health" means a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community;

"Mental health professionals" means persons trained and Board certified to practice psychiatry;

"Mental health workers" means trained volunteers and advocates engaged in mental health promotion and services under the supervision of the mental health professionals;

"Mental ill-health" means mental or psychiatric disorder characterized by the existence of recognizable changes in the thoughts, feelings and general behavior of an individual brought about by neurobiological or psychosocial factors causing psychological, intellectual or social dysfunction;

"Mental or psychological incapacity" means the inability to -

- (a) understand the information given concerning the nature of the disorder;
- (b) understand the consequences that his or her decisions and actions have for his or her own life or health and for the life and health of others, which may be serious and irreversible;

- (c) understand that treatment might mitigate or remedy the condition and that lack of treatment might aggravate it;
- (d) understand the information about the nature of treatment proposed, including the means of treatment, its direct effects and its possible side effects; and

- (e) effectively communicate with others regarding his or her condition and his or her consent to treatment or hospitalization;

"Minister" means the Minister responsible for matter relating health.

"Minor" means a person below the age of eighteen (18) years.

"Patient" refers to a person receiving or utilizing mental health care and treatment from a mental health care facility or clinic;

"Psychiatric emergencies" means conditions which may present a serious threat to a person's wellbeing or that of others requiring immediate psychiatric interventions such as in cases of attempted suicide, acute intoxication, severe depression, acute psychosis, or violent behavior;

"Psychosocial problem" means a condition that indicates the existence of disturbances in the individual's behavior; thoughts and feelings brought about by sudden, extreme or prolonged stressors in the physical or social environment;

"Physical restraint" includes immobilization of a person using chains, shackles, handcuffs, ropes and other instruments;

"Place of safety" means a shelter run by the government or an accredited organisation for persons requiring support and accommodation. It does not include a prison, police cell or related facility;

"Restraint" means the immobilisation of a person with a mental health condition using physical, mechanical or chemical means for the purpose of preventing harm to the person or others, administration of medication, or transfer to a place of seclusion or another facility;

"Supported Decision-Making" means decision-making with support, arrangements and relationships which allow persons with mental health conditions to retain and exercise their decision-making capacity by choosing supporters to assist them make and communicate treatment and according decisions, and may include support by family members, accredited organisations, or professionals;

"Voluntary admission" means a person who goes to a facility for treatment and admission on his or her own accord, with or without referral.

Committee's Recommendation:

That the provision in Clause 57 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) —
Agreed to.

Question that Clause 57 do stand part of the Bill, put and agreed to.

Clause 58: Repeals.

The Lunacy Act is hereby repealed.

Committee's Recommendation:

That the provision in Clause 58 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — Agreed to.

Question that Clause 58 do stand part of the Bill, put and agreed to.

Clause 59: Short Title.

This Act may be cited as the National Mental Health Bill, 2020.

Committee's Recommendation:

That the provision in Clause 59 be retained (*Senator Yahaya I. Oloriegbe— Kwara Central*) — Agreed to.

Question that Clause 59 do stand part of the Bill, put and agreed to.

SCHEDULE

[Section 4 (5)]

FORM A

[S.29, S.33]

Certificate of Admission

I certify that I (name of practitioner) of..... (address of practitioner)have examined (name of patient) of (address of patient) and have determined that he/she has a mental health condition and because of this mental health condition there is a serious likelihood of imminent harm to himself/herself or to other persons/ that the mental health condition is so severe that it is expedient for his/her welfare that he/she should be forthwith placed under observation and treatment for a period not exceeding ... days. The findings upon which I have based this conclusion are set out as follows -

.....
.....
.....

.....
Signature of Practitioner

Question that the Provision of the Schedule stand part of the Bill — Agreed to.

Chairman to report Bill.

(SENATE IN PLENARY)

The President of the Senate reported that the Senate in the Committee of the Whole considered the Report of the Committee on Health on the Mental Health and Substance Abuse Bill, 2020 and approved as follows:

- Clauses 1 - 59 — As Recommended
- Schedule 1 — As Recommended

Question: That the Senate do approve the Report of the Committee of the Whole — Resolved in the Affirmative.

Motion made: That the Bill be now Read the Third Time (*Senate Leader*).

Question put and agreed to.

Bill accordingly Read the Third Time and Passed.

12. Committee on Health:

Report on the Federal Medical Centre Rigasa, Kaduna State (Establishment) Bill, 2020 (SB.169):

Motion made: That the Senate do receive and consider the Report of the Committee on Health on the Federal Medical Centre Rigasa, Kaduna State (Establishment) Bill, 2020 (*Senator Yahaya I. Oloriegbe — Kwara Central*).

Question put and agreed to.

Report Laid and presented.

Motion made: That the Senate do resolve into the Committee of the Whole to consider the Report (*Senate Leader*).

Question put and agreed to.

(SENATE IN COMMITTEE OF THE WHOLE)

CONSIDERATION OF A BILL FOR AN ACT TO PROVIDE THE LEGAL FRAMEWORK TO ESTABLISH THE FEDERAL MEDICAL CENTRE RIGASA, KADUNA STATE AND FOR OTHER RELATED MATTERS, 2020.

PART 1 — ESTABLISHMENT

Clause 1: Establishment of the Federal Medical Centre Rigasa, Kaduna State.

- (1) There is hereby established the Federal Medical Centre Rigasa, Kaduna State (in this Act referred to as "the Medical Centre") and the Medical Centre shall serve as the Medical Centre subject to the provision of this Act.
- (2) The Medical Centre:
 - (a) shall be a body corporate;
 - (b) may sue and be sued in its corporate name;
 - (c) Shall have perpetual succession and a common seal.

Committee's Recommendation:

That the provision of Clause 1 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 1 do stand part of the Bill, put and agreed to.

Clause 2: Establishment of the Board of Management of the Medical Centre

There is hereby established for the management of the Medical Centre a Board of Management (in this Act referred to as "Board") which shall be constituted and have the functions and powers set out in this Act.

Committee's Recommendation:

That the provision of Clause 2 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 2 do stand part of the Bill, put and agreed to.

Clause 3: Membership of the Board

- (1) The Board shall consist of:—

- (a) a chairman;
 - (b) the Medical Director of the Medical Centre;
 - (c) the Director of Clinical Services;
 - (d) the Director of Administration;
 - (e) the Director of Finance;
 - (f) the Director of Works;
 - (g) A Representative from the following:—
 - (i) the Federal Ministry of Health;
 - (ii) the National Planning Commission;
 - (iii) the Nigeria Medical Association
 - (iv) the Pharmaceutical Society of Nigeria;
 - (v) the National Association of Nigerian Nurses and Midwives; and
 - (h) One person to represent public interest.
- (2) The chairman and members of the Board, other than ex-officio members, shall be:—
- (a) appointed by the President; and
 - (b) Persons of proven integrity and ability.
- (3) The supplementary provisions set out in the Schedule to this Act shall have effect with respect to the proceedings of the Board and the other matters contained therein.

[Schedule.]

Committee's Recommendation:

That the provision of Clause 3 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

Question that Clause 3 do stand part of the Bill, put and agreed to.

Clause 4: Tenure of office

Subject to the provisions of section 5 of this Act, a member of the Board, other than ex-officio members, shall each hold office:—

- (a) for a term of three years in the first instance and may be re-appointed for a further term of three years and no more; and
- (b) On such terms and conditions as may be specified in his letter of appointment.

Committee's Recommendation:

That the provision of Clause 4 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

Question that Clause 4 do stand part of the Bill, put and agreed to.

Clause 5: Cessation of membership

- (1) Notwithstanding the provisions of section 4 of this Act a person shall cease to hold office as a member of the Board if:—
- (a) he becomes bankrupt, suspends payment principal loan with his creditors;
 - (b) he is convicted of a felony or any offence involving dishonesty or fraud;
 - (c) he becomes of unsound mind or is incapable of carrying out his duties;
 - (d) he is guilty of a serious misconduct in relation to his duties; or
 - (e) in the case of a person possessed of professional qualifications, he is disqualified or suspended, other than at his own request, from practicing his profession in any part of the world by an order of a competent authority made in respect of that member; or
 - (f) He resigns his appointment by a letter addressed to the President.
- (2) If a member of the Board ceases to hold office for any reason whatsoever, before the expiration of the term for which he is appointed, another person representing the same Interest as that member shall be appointed to the Board for the unexpired term.
- (3) A member of the Board may be removed by the President if he is satisfied that it is not in the interest of the Medical Centre or the interest of the public that the member continues in office.

Committee's Recommendation:

That the provision of Clause 5 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

Question that Clause 5 do stand part of the Bill, put and agreed to.

Clause 6: Allowances of members

There shall be paid to every member of the Board such allowances and expenses as the Revenue Mobilization Allocation and Fiscal Commission may, from time to time, direct

Committee's Recommendation:

That the provision of Clause 6 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

Question that Clause 6 do stand part of the Bill, put and agreed to.

PART II:— FUNCTIONS AND POWERS OF THE BOARD, ETC.

Clause 7: Functions of the Board

- (1) The Board shall:—
- (a) equip, maintain and operate the Medical Centre so as to provide facilities for diagnosis, curative, promotive and rehabilitative services in medical treatment;

- (b) construct, equip, maintain and operate such training schools and similar institutions as the Board considers necessary for providing the Medical Centre at all times with a proper staff of the Medical Centre technicians and nurses;
 - (c) Construct, equip, maintain and operate such clinics, out-patient departments, laboratories, research or experimental stations and other like institutions as the Board considers necessary for the efficient functioning of the Medical Centre.
- (2) The Board shall ensure that the standards of teaching provided at all establishments under its control and the standards of treatment and care provided for patients at those establishments do not fall below those usually provided by similar establishments of international repute.
 - (3) Subject to this Act, the Board shall perform such other functions which in its opinion will facilitate the carrying out of its functions under this Bill

Committee's Recommendation:

That the provision of Clause 7 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

Question that Clause 7 do stand part of the Bill, put and agreed to.

Clause 8: Powers of the Board

The Board shall have power to:—

- (a) Provide the general policies and guidelines relating to major expansion programmes of the Medical Centre;
- (b) Manage and superintend the affairs of the medical centre;
- (c) Subject to the provisions of this act, make, alter and revoke rules and regulations for carrying on the functions of the medical centre;
- (d) Fix terms and conditions of service, including remuneration of the employees of the medical centre subject to the approval of national salaries incomes and wages commission;
- (e) Do such other things which in the opinion of the board are necessary to ensure the efficient performance of the functions of the medical centre.

Committee's Recommendation:

That the provision of Clause 8 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — Agreed to.

Question that Clause 8 do stand part of the Bill, put and agreed to.

PART III — STAFF OF THE MEDICAL CENTRE

Clause 9: Medical Director of the Medical Centre

- (1) There shall be for the Medical Centre a Medical Director who shall be appointed by the President on the recommendation of the Board and on such terms and conditions as may be specified in his letter of appointment or as may be determined, from time to time, by the National Salaries Income and Wages Commission.

- (2) The Medical Director shall:—

- (a) be the chief executive and accounting officer of the Medical Centre;
- (b) be responsible to the Board for the day-to-day administration of the Medical Centre;
- (c) be appointed for a term of four years in the first instance and may be reappointed for a further term of four years subject to satisfactory performance;
- (d) be a person who is a medical practitioner and shall have been so qualified for a period of not less than 15 years;
- (e) have considerable administrative experience in matters of health;
- (f) hold a post-graduate specialist qualification obtained not less than ten years prior to the appointment as Medical Director.

Committee's Recommendation:

That the provision of Clause 9 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 9 do stand part of the Bill, put and agreed to.

Clause 10: Appointment of Directors and other staff of the Medical Centre

- (1) The Board shall appoint for the Medical Centre:—
 - (a) a Director of Administration, who shall:—
 - (i) be responsible to the Medical Director for the effective functioning of all the administrative divisions of the Medical Centre;
 - (ii) conduct the correspondence of the Board and keep the records of the Medical Centre; and
 - (iii) perform such other functions as the Board or the Medical Director, as the case may be, may, from time to time, assign to him;
 - (b) a Director of Clinical Services;
 - (c) a Director of Finance;
 - (d) a Director of Works.
- (2) The Directors appointed under paragraphs (b), (c) and (d) of subsection (1) of this section shall each be responsible to the Medical Director for the effective running of the clinical services, the finance and accounts and the co-ordination of the works of the Medical Centre, as the case may be.
- (3) The Board shall appoint for the Medical Centre such number of employees as may in the opinion of the Board be expedient and necessary for the proper and efficient performance of the functions of the Medical Centre.

- (4) Notwithstanding the provisions of subsections (1) and (2) of this section the Board shall have power to appoint for the Medical Centre either directly or on secondment from any public service in the Federation, such

number of employees as may, in the opinion of the Board, be required to assist the Medical Centre in the discharge of any of its functions under this Act.

- (5) Nothing in subsection (4) of this section shall preclude the Board from appointing persons from outside the public service of the Federation or of the State whenever it deems it necessary so to do.
- (6) The terms and conditions of service (including remuneration, allowances, benefits and pensions) of the employees of the Medical Centre shall be as determined by the National Salaries Income and Wages Commission.

Committee's Recommendation:

That the provision of Clause 10 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 10 do stand part of the Bill, put and agreed to.

Clause 11: Service in the Medical Centre to be pensionable

- (1) Service in the Medical Centre shall be approved service for the purposes of the Pensions Reforms Act.
- (2) The officers and other persons employed in the Medical Centre shall be entitled to pensions, gratuities and other retirement benefits as are enjoyed by persons holding equivalent grades in the civil service of the Federation.
- (3) Nothing in subsections (1) and (2) of this section shall prevent the appointment of a person to any office on terms which preclude the grant of pension and gratuity in respect of that office.

Committee's Recommendation:

That the provision of Clause 11 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 11 do stand part of the Bill, put and agreed to.

Clause 12: Establishment of the Medical Advisory Committee, etc.

- (1) There shall be for the Medical Centre a Medical Advisory Committee which shall:—
 - (a) consist of a chairman who shall be the Director, Clinical Services and such number of other members as may be determined from time to time;
 - (b) be responsible to the Medical Director for all the clinical and training activities of the Medical Centre; and
 - (c) be appointed by the Board.

- (2) Subject to this Act, the Board shall have power to appoint either directly or on secondment and discipline consultants holding or acting in any office in the hospital; and any such appointment shall be made having due regard to the approved personnel establishment of the Medical Centre.

- (3) Notwithstanding anything to the contrary, the Board may, from time to time, appoint consultants outside the hospital to perform such medical duties as the Board or the Medical Director may assign to such consultants.

Committee's Recommendation:

That the provision of Clause 12 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 12 do stand part of the Bill, put and agreed to.

PART IV — FINANCIAL PROVISIONS

Clause 13: Fund of the Medical Centre

There shall be established and maintained for the Medical Centre a fund into which shall be paid and credited:—

- (a) all subventions and budgetary allocation from the Government of the Federation;
- (b) all fees and funds accruing from the sale of drugs and other services;
- (c) all sums accruing to the Medical Centre by way of gifts, endowments, bequests, grants or other contributions by persons and organisations;
- (d) foreign aid and assistance from bilateral agencies; and
- (e) all other sums which may, from time to time, accrue to the Medical Centre.

Committee's Recommendation:

That the provision of Clause 13 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 13 do stand part of the Bill, put and agreed to.

Clause 14: Expenditure of the Medical Centre

The hospital shall, from time to time, apply the funds at its disposal to:—

- (a) the cost of administration and maintenance of the Medical Centre;
- (b) publicize and promote the activities of the Medical Centre;
- (c) pay allowances, expenses and other benefits of members of the Board and committees of the Board;
- (d) pay the salaries, allowances and benefits of employees of the Medical Centre;
- (e) pay other overhead allowances, benefits and other administrative costs of the Medical Centre; and

- (f) undertake such other activities as are connected with all or any of the functions of the Medical Centre under this Act.

Committee's Recommendation:

That the provision of Clause 14 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 14 do stand part of the Bill, put and agreed to.

Clause 15: Power to accept gifts

- (1) The Medical Centre may accept gifts of land, money or other property on such terms and conditions, if any, as may be specified by the person or organisation making the gift.
- (2) The Medical Centre shall not accept any gift if the conditions attached by the person or organisation making the gift are inconsistent with the functions of the Medical Centre under this Act.

Committee's Recommendation:

That the provision of Clause 15 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 15 do stand part of the Bill, put and agreed to.

Clause 16: Annual estimates and expenditure

- (1) The Board shall, not later than 30 September in each year, submit to the minister an estimate of the expenditure and income of the Medical Centre during the next succeeding year. for appropriation by the National Assembly
- (2) The Board shall cause to be kept proper accounts of the Medical Centre in respect of each year and proper records in relation thereto and shall cause the accounts to be audited not later than six months after the end of each year by auditors appointed from the list and in accordance with the guidelines supplied by the Auditor-General for the Federation.

Committee's Recommendation:

That the provision of Clause 16 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 16 do stand part of the Bill, put and agreed to.

Clause 17: Annual report.

The Board shall prepare and submit to the minister, not later than 30 June in each year, a report in such form as the minister may direct on the activities of the Medical Centre during the immediately preceding year, and shall include in the report a copy of the audited accounts of the Federal Medical Centre for that year and the auditor's report thereon.

Committee's Recommendation:

That the provision of Clause 17 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 17 do stand part of the Bill, put and agreed to.

Clause 18: Power to borrow

- (1) The Medical Centre may, from time to time, borrow by overdraft or otherwise such sums as it may require for the performance of its functions' under this Act.
- (2) The Medical Centre shall not, without the approval of the President, borrow money which exceeds, at any time, the limit set by the President.
- (3) Notwithstanding subsection (1) of this section, where the sum to be borrowed is in foreign currency, the Medical Centre shall not borrow the sum without the prior approval of the President.

Committee's Recommendation:

That the provision of Clause 18 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 18 do stand part of the Bill, put and agreed to.

Clause 19: Exemption from tax

- (1) The Medical Centre shall not pay income tax on any income derived by the Federal Medical Centre under this Act or accruing to it from any of its investments.
- (2) Accordingly, the provisions of any enactment relating to the taxation of companies or trust funds shall not apply to the Board of the Federal Medical Centre.

Committee's Recommendation:

That the provision of Clause 19 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 19 do stand part of the Bill, put and agreed to.

Clause 20: Exemption from customs duties, etc.

The Medical Centre shall not pay customs duty on or be restricted or prohibited from importing any equipment, material, supply and any other thing required by the Medical Centre for the purposes of this Bill.

Committee's Recommendation:

That the provision of Clause 20 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 20 do stand part of the Bill, put and agreed to.

Clause 21: Discipline of students.

- (1) Notwithstanding anything to the contrary contained in any other enactment, where it appears to the Board that any student of the Medical Centre has been guilty of misconduct, the Board may, without prejudice to any other disciplinary powers conferred on it by regulations, direct:—

- (a) that the student shall not, during such period as may be specified in the direction, participate in such activities of the Medical Centre, or make use of such facilities of the Medical Centre as may be so specified;
 - (b) that the activities of the student shall, during such period as may be specified in the direction, be restricted in such manner as may be so specified;
 - (c) that the student be rusticated for such period as may be specified in the direction; or
 - (d) that the student be expelled from the Medical Centre.
- (2) The fact that an appeal from a direction is brought in pursuance of subsection (1) of this section shall not affect the operation of the

direction while the appeal is pending.

- (3) The Board may delegate its powers under this section to a disciplinary committee consisting of such members of the Medical Centre as the Board may nominate.
- (4) Nothing in this section shall be construed as preventing the restriction or termination of student's activities at the Medical Centre otherwise than on the ground of misconduct.
- (5) A direction issued under subsection (1) (a) of this section may be combined with a direction issued under subsection (1) (b) of this section.
- (6) Nothing in this Act shall affect the provisions of any enactment relating to the discipline of medical practitioners, pharmacists, midwives, nurses or members of any other profession or calling.

Committee's Recommendation:

Leave out the provision of Clause 21 (Senator Yahaya I. Oloriegbe — Kwara Central) — Agreed to.

Clause 22: Removal and discipline of clinical, administrative and technical staff

- (1) If it appears to the Board that there are reasons for believing that any person employed as a member of the clinical, administrative or technical staff of the Medical Centre, other than the Medical Director, should be removed from his office or employment, the Board shall require the Director of Administration to:—
 - (a) give notice of those reasons to the person in question;
 - (b) afford him an opportunity of making representations in person on the matter to the Board; and
 - (c) if the person in question so requests within a period of 1 month beginning with the date of the notice, make arrangements for:—
 - (i) a committee to investigate the matter and report on it to the Board; and

- (ii) the person in question to be afforded an opportunity of appearing before and being heard by an investigating committee set up with respect to the matter, and if the Board, after considering the report of the investigating committee, is satisfied that the person in question should be removed as aforesaid, the Board may so remove him by a letter signed on the direction of the Board.
- (2) The Medical Director may, in a case of misconduct by a member of the staff which in the opinion of the Medical Director is prejudicial to the interest of the Medical Centre, suspend any such member and any such suspension shall forthwith be reported to the Board.
- (3) For good cause, any member of staff may be suspended from his duties or his appointment may be terminated or he may be dismissed by the Board and for the purposes of this section, "good cause" means:—
 - (a) a conviction for any offence which the Board considers to be such as to render the person concerned unfit for the discharge of the functions of his office;

- (b) any physical or mental incapacity which the Board, after obtaining medical advice, considers to be such as to render the person concerned unfit to continue to hold his office;
 - (c) conduct of a scandalous or other disgraceful nature which the Board considers to be such as to render the person concerned unfit to continue to hold his office; or
 - (d) conduct which the Board considers to be such as to constitute a failure or inability of the person concerned to discharge the functions of his office or to comply with the terms and conditions of his service.
- (4) Any person suspended shall, subject to subsections (2) and (3) of this section be on half pay and the Board shall before the expiration of a period of three months after the date of such suspension consider the case against that person and come to a decision as to:—
- (a) whether to continue the person's suspension and if so, on what terms (including the proportion of his emoluments to be paid to him);
 - (b) whether to reinstate the person, in which case the Board shall restore his full emoluments to him with effect from the date of suspension;
 - (c) whether to terminate the appointment of the person concerned, in which case he shall not be entitled to the proportion of his emoluments withheld during the period of suspension; or
 - (d) whether to take such lesser disciplinary action against the person (including the restoration of his emoluments that might have been withheld), as the Board may determine, and in any case where the Board, pursuant to this section, decides to continue a person's suspension or decides to take further

disciplinary action against a person, the Board shall before the expiration of a period of three months from such decision come to a final determination in respect of the case concerning any such person.

- (5) It shall be the duty of the person by whom a letter of removal is signed in pursuance of subsection (1) of this section to use his best endeavors to cause a copy of the letter to be served as soon as reasonably practicable on the person to whom it relates.
- (6) Nothing in the foregoing provisions of this section shall preclude the Board from making such a regulation not inconsistent with the provisions of this Act for the discipline of all other categories of employees of the hospital as the Board may prescribe.
- (7) Regulations made under subsection (6) of this section need not be published in the Gazette but the Board shall cause them to be brought to the notice of all affected persons in such manner as it may, from time to time, determine.

Committee's Recommendation:

That the provision of Clause 22 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 22 do stand part of the Bill, put and agreed to.

Clause 23: Discipline of junior staff.

- (1) If any junior staff is accused of misconduct or inefficiency, the Medical Director may suspend him for not more than a period of 3 months and shall direct a committee to:
 - (a) consider the case; and
 - (b) Make recommendations as to the appropriate action to be taken by the Medical Director
- (2) In all cases under this section of this Act, the officer shall be informed of the charge against him and given a reasonable opportunity to defend himself.
- (3) The Medical Director may, after considering the recommendation made pursuant to subsection (1) (b) of this section, dismiss, or take such other disciplinary action against the officer concerned.
- (4) Any person aggrieved by a decision of the Medical Director made under subsection (3) of this section may, within a period of 21 days from the date of the letter communicating the decision to him, address a petition to the Board to reconsider his case.

Committee's Recommendation:

That the provision of Clause 23 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 23 do stand part of the Bill, put and agreed to.

PART VI — MISCELLANEOUS

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Clause 24: Regulations.

- (1) The Board may, with the approval of the minister, make regulations
 - (a) as to the access of members of the public either generally or of a particular class, to premises under the control of the Board and as to the orderly conduct of members of the public on those premises; and
 - (b) For safeguarding any property belonging to or controlled by the Board from damage by members of the public.
- (2) Bye-laws under this section shall not come into force until they are confirmed (with or without modification) by the National Assembly and published in such manner as he may direct.

Committee's Recommendation:

That the provision of Clause 24 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) — *Agreed to.*

Question that Clause 24 do stand part of the Bill, put and agreed to.

Clause 25: Power to give directives.

The minister may give to the Board directions of a general character or relating generally to particular matters (but not to any individual person or case) with regard to the exercise by the Board of its functions under this Act, and it shall be the duty of the Board to comply with the directions; but no direction shall be given which is inconsistent with the duties of the Board under this Act

Committee's Recommendation:

That the provision of Clause 25 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 25 do stand part of the Bill, put and agreed to.

Clause 26: Transition and savings Provision.

- (1) On the commencement of this Act, any person employed by or serving in, the Medical Centre shall be deemed to have been employed or serving in the Medical Centre established under this Act.
- (2) All Assets or liabilities belonging to the Medical Centre shall be deemed to belong to the Medical Centre established under this Act.

Committee's Recommendation:

That the provision of Clause 26 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 26 do stand part of the Bill, put and agreed to.

Clause 27: Interpretation.

In this Act, unless the context otherwise requires:

"associate universities" means the universities whose medical students receive aspects of their training from the Medical Centre;

"Board" means the Board of Management of the Medical Centre;

"chairman" means the chairman of the Board;

"functions" include powers and duties;

"Federal Medical Centre" means the Medical Centre Rigasa, Kaduna State;

"junior staff" means staff of such grade as may be determined, from time to time, by the Board;

"medical student" means a student whose course of instruction is:

- (a) designed (either alone or in conjunction with other courses) to enable him to qualify as a medical practitioner; or
- (b) designed for the further training of medical practitioners;

"Minister" means the Minister charged with responsibility for matters relating to health and "Ministry" shall be construed accordingly;

"Student" means a person enrolled at an institution controlled by the Board for the purpose of pursuing a course of instruction at the institution.

Committee's Recommendation:

That the provision of Clause 27 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 27 do stand part of the Bill, put and agreed to.

Clause 28: Short title.

This Bill may be cited as the Federal Medical Centre Rigasa, Kaduna State (Establishment) Bill, 2020.

Committee's Recommendation:

That the provision of Clause 28 be retained (*Senator Yahaya I. Oloriegbe — Kwara Central*) —
Agreed to.

Question that Clause 28 do stand part of the Bill, put and agreed to.

SCHEDULE

[Section 3 (3).]

Supplementary provisions relating to the Board, etc.

Proceedings of the Board

1. (1) Subject to this Act and section 27 of the Interpretation Act, the Board may make standing orders regulating its proceedings or those of any of its committees.
- (2) The quorum of the Board shall be the chairman or the person presiding at the meeting and 5 other members of the Board, 2 of whom shall be ex-officio members, and the quorum of any Committee of the Board shall be as determined by the Board.
2. (1) The Board shall meet whenever it is summoned by the chairman and if the chairman is required to do so by notice given to him by not less than 8 other members, he shall summon a meeting of the Board to be held within 14 days from the date on which the notice is given.
- (2) At any meeting of the Board, the chairman shall preside but if he is absent, the members present at the meeting shall appoint one of their numbers to preside at the meeting.

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- (3) Where the Board desires to obtain the advice of any person on a particular matter, the Board may co-opt him to the Board for such period as it deems fit, but a person who is in attendance by virtue of this sub-paragraph shall not be entitled to vote at any meeting of the Board and shall not count towards a quorum.

Committees

3. (1) The Board may appoint one or more committees to carry out, on behalf of the Board, such functions as the Board may determine.
- (2) A committee appointed under this paragraph shall consist of such number of persons as may be determined by the Board and a person shall hold office on the committee in accordance with the terms of his appointment.
- (3) A decision of a committee of the Board shall be of no effect until it is confirmed by the Board.

Miscellaneous

4. (1) The fixing of the seal of the Medical Centre shall be authenticated by the signatures of the Chairman, the Medical Director or any person generally or specifically authorized by the Board to act for that purpose.
- (2) Any contract or instrument which, if made or executed by a person not being a body corporate, would not be required to be under seal may be made or executed on behalf of the Medical Centre by the Medical Director or any person generally or specifically authorized by the Board to act for that purpose.
- (3) A document purporting to be a document duly executed under the seal of the Medical Centre shall be received in evidence and shall, unless and until the contrary is proved, be presumed to be so executed.

5. The validity of any proceedings of the Board or of a committee shall not be adversely affected by:
 - (a) a vacancy in the membership of the Board or committee;
 - (b) a defect in the appointment of a member of the Board or committee; or
 - (c) reason that a person not entitled to do so took part in the proceedings of the Board or committee.

Question that the provisions of First Schedule stand part of this Bill— Agreed to.

Chairman to report Bill.

(SENATE IN PLENARY)

The President of the Senate reported that the Senate in the Committee of the Whole considered the Report of the Committee on Health on the Federal Medical Centre Rigasa, Kaduna State (Establishment) Bill, 2020 and approved as follows:

Clauses 1- 28 — As Recommended

Schedule 1 — As Recommended

Question: That the Senate do approve the Report of the Committee of the Whole — Resolved in the Affirmative.

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Motion made: That the Bill be now Read the Third Time (Senate Leader).

Question put and agreed to.

Bill accordingly Read the Third Time and Passed.

13. Motion:

Urgent need to compel all Educational Institutions in Nigeria to subscribe to e-validation of Results Portal for Academic Result Verification:

Motion made: That the Senate notes with deep regret that many supposed Nigerian graduates parade fake Academic results/certificates and use same to work in Nigeria as well as in the Diaspora. These fake certificates earn the users position they are not qualified to occupy, thereby taking spaces/positions that are supposed to be occupied by qualified and genuine candidates;

further notes that many unqualified and dubious people are riding to the seat of power with fake result certificates even when the minimum qualification to run for the highest office in Nigeria is a First School Living Certificate;

emphasizes that suspected corrupt tertiary Institutions personnel are aiding and abetting this evil menace which has become an embarrassment to Nigeria in the comity of Nations;

concerned that Prof. Abubakar Adamu Rasheed, the Executive Secretary of the Nigeria Universities Commission (NUC), recently stated on This Day Newspaper of December 4, 2019 that about 100 fake professors were uncovered in our Higher Institutions; and

more concerned that educational institutions in Nigeria are losing income on a daily basis for not subscribing to E-validation of result portals like the WAEC, NECO and JAMB.

Accordingly resolves to:

- (i) urge the Nigerian Universities Commission (NUC) to build and maintain for all tertiary institutions in Nigeria an e-validation portal, to enable employers and relevant authorities

or organization within and outside Nigeria to verify and validate academic result/certificate obtained from tertiary institution in Nigeria;

- (ii) urge the Nigerian Universities Commission (NUC) to compel all tertiary institutions in Nigeria to subscribe to the e-validation result portal proposed in (1) above, like the West African Examination Council (WAEC), National Examination Council (NECO) and Joint Admission and Matriculation Board (JAMB) portals to verify, authenticate and validate results/certificates obtained from tertiary institutions; and
- (iii) urge all Ministries, Departments and Agencies (MDAs) to use the portal as proposed in (1) above to check, verify and authenticate academic result/certificates brought before them in the course of employment/recruitment into respective offices (*Senator Nicholas O. Tofowomo — Ondo South*).

Debate:

Proposed Resolution (i):

Question: That the Senate do urge the Nigerian Universities Commission (NUC) to build and maintain for all tertiary institutions in Nigeria an e-validation portal, to enable employers and relevant authorities or organization within and outside Nigeria to verify and validate academic result/certificate obtained from tertiary institution in Nigeria — *Agreed to*.

Proposed Resolution (ii):

Question: That the Senate do urge the Nigerian Universities Commission (NUC) to compel all tertiary institutions in Nigeria to subscribe to the e-validation result portal proposed in (1) above, like the West African Examination Council (WAEC), National Examination Council (NECO) and Joint Admission and Matriculation Board (JAMB) portals to verify, authenticate and validate results/certificates obtained from tertiary institutions.

Amendment Proposed:

Leave out the Proposed Resolution (ii) and *insert* the following instead thereof:

“That the Senate do urge the Federal Ministry of Education to compel all examination bodies in Nigeria to subscribe to the e-validation result portal proposed in (1) above, like the West African Examination Council (WAEC), National Examination Council (NECO) and Joint Admission and Matriculation Board (JAMB) portals to verify, authenticate and validate results/certificates obtained from tertiary institution” (*Senator Akon E. Eyakenyi — Akwa Ibom South*).

Question that the amendment be made, put and agreed to.

Proposed Resolution (iii):

Question: That the Senate do urge all Ministries, Departments and Agencies (MDAs) to use the portal as proposed in (1) above to check, verify and authenticate academic result/certificates brought before them in the course of employment/recruitment into respective offices.

Amendment Proposed:

Immediately after the words “MDAs” in line 1, *insert* the words “and all employers of labour” (*Senator Yahaya I. Oloriegbe — Kwara Central*).

Question that the amendment be made, put and agreed to.

Resolved:

That the Senate do:

- (i) urge the Nigerian Universities Commission (NUC) to build and maintain for all tertiary institutions in Nigeria an e-validation portal, to enable employers and relevant authorities or organization within and outside Nigeria to verify and validate academic result/certificate obtained from tertiary institutions in Nigeria;

- (ii) urge the Federal Ministry of Education to compel all examination bodies in Nigeria to subscribe to the e-validation result portal proposed in (1) above, like the West African Examination Council (WAEC), National Examination Council (NECO) and Joint Admission and Matriculation Board (JAMB) portals to verify, authenticate and validate results/certificates obtained from tertiary institution; and
- (iii) urge all Ministries, Departments and Agencies (MDAs) and all employers of labour to use the portal as proposed in (1) above to check, verify and authenticate academic result/certificates brought before them in the course of employment/recruitment into respective offices (*S/Res/049/02/20*).

14. Adjournment:

Motion made: That the Senate do now adjourn till Tuesday, 8th December, 2020 at 10.00 a.m. (*Senate Leader*).

Adjourned accordingly at 12:53 p.m.

Ahmad Ibrahim Lawan, Ph.D, CON
President,
Senate of the Federal Republic of Nigeria.