SASOP REPORT ON THE INVESTIGATION OF CONCERNS ABOUT INSTITUTIONAL AND PATIENT RIGHTS VIOLATIONS AT TOWER HOSPITAL

Dr Kiran Sukeri, sessional psychiatrists at Tower Hospital, informed the SASOP Board and others on the 11th February 2018, of his concerns about institutional violations at Tower Psychiatric Hospital, in Fort Beaufort, including patients' rights violations, professional misconduct, clinician decisions, patient finances and poor food and clothing. The SASOP Board advised Dr Sukeri to consult with Section 27, regarding the verification of information and the submission of his concerns to the Health Ombud, the SA Human Rights Commission and to the National Minister of Health. Dr Sukeri subsequently resigned his part time position at the hospital and further media reports covered his account of the situation at Tower Hospital.

As a result, the SASOP President, representatives of its SASOP Eastern Cape structure and also of other concerned organizations, such as Treatment Action Campaign and members of the South African Federation of Mental Health (the Port Elizabeth Mental Health Society and Rehab East London) participated as a panel in a visit to the hospital, for which permission was obtained from the Surgeon General of the Eastern Cape. This visit occurred on the 6th of March 2018, although certain limitations to this one-day visit existed, such as that only evidence that was presented on the day could be considered. Certain specific findings were made with regard to: the relations of the multi-disciplinary team (MDT), Dr Sukeri and the hospital management (HM); deaths, death records and record keeping at the hospital; food and clothing of the patients; the use of the seclusion rooms; patients' physical health; and the management capacity and practices of the hospital's senior management team.

Some of the most important findings were on:

1. Deaths, death records and record keeping. Accurate record-keeping and proper documentation is a significant challenge in the institution. Significant discrepancies and inaccuracies exist about the hospital's available information on the number and nature of deaths of inpatients that have occurred over the last 5-8 years.

2. Food and clothing. HM at Tower Hospital denied that any problems in this regard existed and pointed out that there was an adequate amount available in the hospital's current budget for proper food and clothing for patients.
3. Seclusion rooms. The current seclusion rooms at Tower Hospital should be regarded as very high-risk areas and should not be used. There is inadequate implementation of existing policies and procedures to ensure the safe and legal seclusion of any mental health care user.

The visiting panel was of the opinion that there could be little doubt that significant problems existed at the hospital for some time, in terms of the running of the hospital, such as patient and death records, death notification, as well as the manner and capacity of secluding patient at this facility. This could be said despite the fact that some questioned Dr Sukeri's reasons for and manner of reporting his concerns about problems threatening users' safety and human rights at Tower Hospital.

The SASOP visiting panel made the following recommendations:

1. Seclusion. Infrastructure challenges related to the single seclusion rooms must be addressed urgently, current rooms must not be used at all.
2. Death registration and notification. Reconciliation of the death register of the hospital with the actual number of deaths is urgently required, while discrepancies and irregularities must be appropriately investigated, and any misconduct must be accounted for.
3. Information and administration. The hospital's entire information management must be investigated, and more evidence should be considered about possible misconduct.
4. Mental Health Review Board (MHRB). Evidence must be considered about the effectiveness of the responsible MHRB and the hospital's compliance with the requirements of the Mental Health Care Act (MHCA).
5. Food and clothing. More evidence must be obtained and considered about pre-existing problems with food and clothing of patients. Irregularities must be investigated, and misconduct accounted for, while old and broken equipment in the laundry and elsewhere must be attended to.
6. Physical health. Measures and procedures are required to ensure that the physical health of patients is properly maintained and monitored, while comorbid medical conditions should be adequately managed.
7. Policy and procedures. Appropriate policies and procedures must be implemented in terms of clinical governance, psycho-social rehabilitation and sexual relations between users.
8. Staffing. The severe shortage of medical, psychiatric and other personnel needs to be addressed urgently.

9. MDT and HM relations. Roles and responsibilities of HM and the senior clinical team need to be defined and communicated, e.g. through a human resources and labour relations workshop or engagement.
10. Advocacy. Lines of communication need to be well-defined for clinicians to empower them to report problems appropriately through internal and external mechanisms.
11. Human rights. MHCA training and retraining for all clinical staff to ensure there is adequate knowledge regarding patient rights and how clinicians should be advocating for patients and their rights.
12. Hospital Management. The leadership, management and governance capacity of the current HM must be further investigated in terms of the reported concerns raised and individuals responsible for poor or harmful decisions must be made to account. More evidence must be considered about any mismanagement of resources or funds, or the inappropriate use of power.
13. Tower Hospital and community-based psychiatric service. A review of the hospital's mandate, appropriate admission guidelines and discharge protocols must be undertaken in the context of the policy of appropriate deinstitutionalization.
14. Tower Hospital in the context of Eastern Cape Province. The problems at this hospital must be considered within the context of the whole system of mental health and psychiatric care services and facilities in the Eastern Cape.
15. Hospital family committee. Advocacy organizations should facilitate the constitution of a committee of family members of users at Tower Hospital, who should be included in decision-making processes at the hospital.

In conclusion, this inspection visit confirmed instances of abuse of patient rights and a failure to execute duty of care as expected within the guiding framework of the Constitution, the MHCA and the National Mental Health Policy Framework and Strategic Plan of 2013-2020. The SASOP is therefore urging the institutions to which Dr Sukeri made submissions in February, to urgently investigate the situation at Tower Hospital further, but also including the whole mental health care system in the Eastern Cape – without which, the whole picture will not be complete. Further, that the Department of Health in the Eastern Cape will take urgent and decisive steps to prevent further violations of patients' human rights and to significantly improve care and management at this hospital and throughout the Eastern Cape.