

THE MENTAL HEALTH CARE BILL, 2011

Ministry of Health & Family Welfare

Government of India

New Delhi

INDEX

	Page
Title	6
Description	6
Statement of Objects and Reasons	6
Chapter I: Preliminary	
Section 1 : Short title	7
Section 2 : Definitions	7
Section 3 : Mental Illness	8
Section 4 : Competence	9
Section 5 : Advance Directives	10
Section 6 : Nominated Representative	11
Chapter II : Rights of Persons with Mental Illness	
Section 7: Right to Access Mental Health Care	13
Section 8: Right to Community Living	14
Section 9: Right to Protection from Cruel Inhuman and Degrading Treatment	14
Section 10 : Right to Equality and Non-Discrimination	15
Section 11 : Right to Information	15
Section 12 : Right to Confidentiality	15
Section 13 : Access to Medical Records	16
Section 14 : Right to Personal Contacts and Communication	16
Section 15: Right to Legal Aid	17

Section 16 : Right to make Complaints about Deficiencies in Provision of Services	17
---	----

Chapter III Duties of Government

Section 17 : Promotion of Mental Health and Preventive Programmes	17
---	----

Section 18 : Creating Awareness about Mental Health and Illness and Reducing Stigma associated with Mental Illness	17
---	----

Section 19 : Human Resources and Training	18
---	----

Section 20 : Co-ordination within Government	18
--	----

Chapter IV Mental Health Review Commission

Section 21 : Constitution of a Mental Health Review Commission	18
--	----

Section 22 : Constitution of State Panels of the Mental Health Review Commission	19
--	----

Section 23 : Disqualification and Removal	19
---	----

Section 24 : Terms and Conditions of Service	20
--	----

Section 25 : Decisions of the Commission and the State Panels	20
---	----

Section 26 : Applications to the State Panel	20
--	----

Section 27 : Proceedings before the State Panel	21
---	----

Section 28: Functions of the Mental Health Review Commission and State Panel of the Mental Health Review Commission	21
--	----

Section 29 : Appeals	22
----------------------	----

Section 30 : Budgetary Provisions for the Commission and State Panels	22
---	----

Section 31 : Power to make regulations	22
--	----

Chapter V State Mental Health Authority

Section 32 : State Mental Health Authority	22
--	----

Section 33 : Composition of the State Mental Health Authority	23
---	----

Section 34 : Chairperson and Executive Officer of the State Mental Health Authority	23
Section 35 : Functions of the State Mental Health Authority	24
Section 36 : Proceedings of the State Mental Health Authority	24
Section 37: Budgetary provisions	25
Section 38: Power to make Regulations	25
Chapter VI Mental Health Establishments	
Section 39 : Registration and Standards for Mental Health Establishments	25
Section 40 : Procedure for Registration and Inspection of Mental Health Establishments	26
Section 41: Certificates, Fees and Register of Mental Health Establishments	29
Chapter VII : Admission, Treatment and Discharge	
Section 42 : Independent (without Support) Admission and Treatment	29
Section 43 : Admission of a Minor	30
Section 44 : Discharge of Independent Patients	31
Section 45: Admission and treatment of persons with mental illness, with high support needs, in a mental health establishment, upto 30 days (Supported Admission)	32
Section 46: Admission and treatment of persons with mental illness, with high support needs, in a mental health establishment, beyond 30 days (Supported Admission beyond 30 days)	33
Section 47: Leave of Absence	35
Section 48: Absence without leave or discharge	36
Section 49: Transfer of persons with mental illness from one mental health establishment to another mental health establishment	36
Section 50: Emergency Treatment	36
Section 51: Prohibited Treatments	37
Section 52: Restriction on Psychosurgery for Persons with Mental Illness	37
Section 53: Restraints and Seclusion	37
Section 54: Discharge Planning	37
Section 55: Research	38
Chapter VIII : Responsibilities of Other Agencies	
Section 56 : Duties of police officers in respect of persons with mental illness	38

Section 57: Order in case of person with mental illness who is ill treated or neglected	39
Section 58: Conveying or admitting a person with mental illness to a mental health establishment by a Magistrate	39
Section 59 : Prisoners with mental illness	40
Section 60: Question of Mental Illness in Judicial Process	40
Chapter IX : Penalties and Miscellaneous provisions	
Section 61: Penalties for establishing or maintaining a mental health establishment in contravention of Chapter VI	40
Section 62 : General provision for punishment of offences	41
Section 63 : Special relaxation in requirements for States in North-East and Hill States	41
Section 64: Attempt to Commit Suicide due to Mental Illness	41
Section 65: Protection of action taken in good faith	41
Section 66 : Effect of the Act on other laws	41
Section 67: Power to remove difficulty	41
Section 68 : Repeal and Saving	42

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TITLE : MENTAL HEALTH CARE ACT (2011)

Description : An Act to provide access to mental health care and services for persons with mental illness and to protect, promote and fulfill the rights of persons with mental illness during the delivery of mental health care and services.

Statement of Objects and Reasons

Recognizing that :

Persons with mental illness constitute a vulnerable section of society and are subject to discrimination in our society;

Families bear disproportionate financial, physical, mental, emotional and social burden of providing treatment and care for their relatives with mental illness;

Persons with mental illness should be treated like other persons with health problems and the environment around them should be made conducive to facilitate recovery, rehabilitation and full participation in society;

The Mental Health Act, 1987 has not been able to adequately protect the rights of persons with mental illness and promote access to mental health care in the country;

And in order to :

Protect, promote and fulfill the rights of persons with mental illness during the delivery of health care in institutions and in the community;

Ensure health care, treatment and rehabilitation to persons with mental illness is provided in the least restrictive environment possible, and in a manner that does not intrude on their rights and dignity. Community-based solutions in the vicinity of the person's usual place of residence, are preferred to institutional solutions;

Provide treatment, care and rehabilitation to improve the capacity of the person to develop his or her full potential and to facilitate his or her integration into community life;

Fulfill obligations under the Constitution of India and obligations under various International Conventions ratified by India;

Regulate the public and private mental health sectors within a rights framework to achieve the greatest public health good;

Improve accessibility to mental health care by mandating sufficient provision of quality public mental health services and non-discrimination in health insurance;

Establish a mental health care system integrated into all levels of general health care;

Promote principles of equity, efficiency and active participation of all stakeholders in decision making;

This Act is enacted as follows

Chapter 1 : Preliminary

Section 1: Short title, extent and commencement

- i) This Act may be called the Mental Health Care Act, 2011.
- ii) It extends to the whole of India.
- iii) It shall come into force on such date as the Central Government may appoint by notification in the Official Gazette. This date shall not be later than 3 months from the date of assent of the President of India.

Section 2: Definitions

In this Act, unless the context otherwise requires :

- (a) **Care-giver** means any person who normally resides with a person with mental illness and/or is predominantly responsible for providing care to that person. A care-giver may be a relative (as defined below) or any other person who performs this function, either free or with remuneration.
- (b) **Family** means a group of persons related by blood, adoption or marriage.
- (c) **Informed Consent** means consent given to a proposed specific intervention, without any force, undue influence, fraud, threat, mistake or misrepresentation, and obtained after disclosing to the person adequate information including risks and benefits of, and alternatives to, the proposed intervention in a language and manner understood by the person.
- (d) **Least Restrictive Alternative or Less Restrictive Option** means offering an option for treatment or a setting for treatment which (i) meets a person's treatment needs and (ii) imposes the least restriction on a person's rights.
- (e) **Magistrate** means -

in relation to a metropolitan area within the meaning of Cl (k) of Sec. 2 of the Code of Criminal Procedure, 1973 (2 of 1974), a Metropolitan Magistrate;
in relation to any other area, the Chief Judicial Magistrate, Sub-Divisional Judicial Magistrate or such other Judicial Magistrate of the first class as the State Government may, by notification, empower to perform the functions of a Magistrate under this Act.
- (f) **Medical Officer in Charge** in relation to any mental health establishment means the psychiatrist or medical practitioner who for the time being is in charge of that mental health establishment.

(g) **Medical Practitioner** means a person who possesses a recognized medical qualification as defined -

in Cl (h) of Sec 2 of the Indian Medical Council Act, 1956 (102 of 1956), and whose name has been entered in the State Medical Register, as defined in Cl. (k) of that section; in Cl (h) of sub-section (1) of Sec. 2 of the Indian Medicine Central Council Act, 1970 (48 of 1970), and whose name has been entered in a State Register of Indian Medicine, as defined in cl (j) of sub-section (1) of that section; and in Cl. (g) of sub-section (1) of Sec. 2 of the Homeopathy Central Council Act, 1973 (59 of 1973), and whose name has been entered in a State Register of Homeopathy, as defined in Cl. (I) of sub-section (1) of that section

(h) **Mental Health Establishment** means all health establishments called by whatever name, either wholly or partly meant for the care of persons with mental illness, established or maintained by the Central or State Government, Local Authority, Trust (private or public), Corporation, Co-operative Society, Organization or any other entity or person, where persons with mental illness are admitted and reside at, or kept in, for care, treatment, convalescence and/or rehabilitation, either temporarily or otherwise; and includes any general hospital or general nursing home established or maintained by the Central or State Government, Local authority, Trust (private or public), Corporation, Co-operative Society, Organization or any other entity or person; but excludes a family residential place where a person with mental illness resides with his or her relatives or friends.

(i) **Mental Health Professional** for the purpose of this Act means the following professionals registered with the relevant State Mental Health Authority as mentioned below under Section 35 (iv)

i) Psychiatrist as defined below;

ii) Mental Health Nurse means a person with a diploma or degree in general nursing and diploma or degree in psychiatric nursing recognized by the Nursing Council of India and registered as such with the relevant nursing council in the State;

iii) Clinical Psychologist means a person with a post graduate degree acquired after a minimum two year course in clinical, medical or social psychology, or doctorate in same disciplines, from any university recognized by the University Grants Commission (UGC);

iv) Psychiatric Social Worker means a person with post graduate degree acquired after a minimum two year course in psychiatric social work, or doctorate in the field of psychiatric social work, from any university recognized by the University Grants Commission (UGC);

v) an AYUSH practitioner, registered under the Indian Medical Central Council Act 1970, working in the field of 'Manas Rog' having a specialized degree in 'Manas Rog'.

(j) **Minor** means a person who has not completed the age of eighteen years.

(k) **Notification** means a notification published in the Official Gazette.

(l) **Prescribed** means prescribed by rules made under this Act.

(m) **Prisoner with Mental Illness**" means a person with mental illness who is under-trial or convicted of an offence and detained in a jail or prison, for whose detention in, or removal to, a mental health establishment, an order referred to in Section 59 has been made.

(n) **Psychiatrist** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by any University recognized by University Grants Commission (UGC) and/or awarded or recognized by the National Board of Examinations and/or recognized by the Medical Council of India, constituted under Indian Medical Council Act, 1856 (102 of 1956) and includes, in relation to any State, any medical officer who, having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act.

(o) **Relative** means any person related to the person with mental illness by blood, marriage or adoption.

(p) **Mental Health Review Commission and State Panel of the Mental Health Review Commission** means bodies established under Chapter IV Section 21 and Section 22 of the Act.

(q) **State Mental Health Authority** means body established under Chapter V Section 32 of the Act.

Section 3: Mental Illness

i) 'Mental illness' for the purpose of this Act, means a disorder of mood, thought, perception, orientation and/or memory which causes significant distress to a person or impairs a person's behavior, judgment and ability to recognize reality or impairs the person's ability to meet the demands of normal life and includes mental conditions associated with the abuse of alcohol and drugs, but excludes mental retardation.

ii) Mental illness shall be determined in accordance with nationally and internationally accepted medical standards such as the latest edition of the International Classification of Disease of the World Health Organization and;

iii) Mental Illness shall never be determined on the basis of political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status and;

(iv) Mental Illness shall never be determined on the basis of non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person's community and;

(v) A background of past treatment or hospitalization to a mental health establishment though relevant, shall not by itself justify any present or future determination of mental illness and;

(vi) No person or authority shall classify a person as having, or state that a person has a mental illness, except for purposes directly relating to the treatment of mental illness or in other matters related to the Act or as required by law and;

(vii) A determination of mental illness shall in no way imply or be taken to mean that the person lacks legal capacity or the capacity to make mental health care and/or treatment decisions.

Section 4: Capacity to make Mental Health Care and/or Treatment Decisions

(i) Capacity to make mental health care and/or treatment decisions means a person has ability to:

a) understand the information relevant to the mental health care and/or treatment decision and;

b) retain that information and;

c) use or weigh that information as part of the process of making the mental health care and/or treatment decision and;

d) communicate his or her decision by any means (by talking, using sign language or any other means)

Explanation : 'Information relevant to the mental health care and/or treatment decision' above means information about the consequences of making a decision one way or other and information about the consequences of not making the decision. Such information shall be given to a person in a way and manner (using simple language, in the language the person understands, sign language, visual aids or any other means) that the person is able to understand the information.

(ii) If a person makes a decision regarding his or her own mental health care and/or treatment which is perceived by others as inappropriate or wrong, this shall by itself not be grounds to regard the person as not having the capacity to make a mental health care and/or treatment decision, as long as the person has the ability as mentioned in sub-section (i) above.

(iii) That a person has a mental illness by itself shall not be taken to mean that he or she does not have the capacity to make mental health care and/or treatment decisions. All persons with mental illness are regarded as having the capacity to make mental health care and/or treatment decisions except when they lack the ability as mentioned in sub-section (i) above.

(iv) The Mental Health Review Commission shall appoint an Expert Committee to prepare a guidance document for medical practitioners and mental health professionals, containing procedures and tools for assessing, when necessary, the capacity of persons to make mental health care and/or treatment decisions.

Section 5 : Advance Directive

(i) Every person who is not a minor has a right to make an 'Advance Directive' in writing, specifying any or all of the following:

- a) the way the person wishes to be cared for and treated for a mental illness and/or;
- b) the way the person wishes not to be so cared for and treated for a mental illness and/or;
- c) the individual or individuals, in order of precedence, the person wants appointed as his or her Nominated Representative under Section 6 below

(ii) An Advance Directive may be made by a person whether or not the person has had a mental illness in the past and whether or not the person has received treatment for a mental illness in the past. An Advance Directive shall be invoked only in the event of the person, who has written the Advance Directive, does not have the capacity to make mental health care and/or treatment decisions and will continue to be in effect until the person regains capacity to make mental health care and/or treatment decisions. Decisions made by any person who has the capacity to make mental health care and/or treatment decisions shall over-ride any previously written Advance Directive by that person.

(iii) An Advance Directive shall be made in writing on a plain paper with the person's signature or thumb impression on it. The Advanced Directive shall be either

- a) registered with the State Panel of the Mental Health Review Commission in the district where the person is normally resident and/or
- b) signed by a medical practitioner certifying that the person has the capacity to make mental health care and/or treatment decisions and that the person has made the Advance Directive of his own free will.

There shall be no fees for registering an Advance Directive and the medical practitioner shall not charge any fees for countersigning an Advance Directive.

Exception : In case a person has written an Advance Directive which has not been registered with the State Panel or countersigned by a medical practitioner as described above, the State Panel of the Mental Health Review Commission may decide the validity of such Advance Directive when asked to do so.

The State Panels of the Mental Health Review Commission shall maintain an online register of all Advance Directives registered with the State Panels and make them available to all mental health professionals as and when required.

(iv) An Advance Directive may be revoked, amended or canceled at any time by the person who made it. The procedure for revoking, amending or canceling an Advance Directive shall be the same as making an Advance Directive in sub-section (iii) above.

(v) If a person makes an Advance Directive which contains a refusal of all future medical treatment for mental illness, then such an Advance Directive shall be valid only after it has been

submitted to the relevant State Panel of the Mental Health Review Commission (section 22 below) and the State Panel following a hearing, has certified the validity of the Advance Directive.

(vi) Medical officer in charge of a mental health establishment and/or the psychiatrist in charge of a person's treatment is duty bound to follow a valid Advance Directive, subject to sub-section (vii) below, when proposing treatment of a person with mental illness.

(vii). If a mental health professional or a relative or a care-giver of the person desires to over-rule an Advance Directive when treating a person with mental illness, the mental health professional or the relative or the care-giver of the person, may apply to the State Panel of the Mental Health Review Commission for review and cancellation of the Advance Directive. Upon such application by the mental health professional, relative or care-giver, the State Panel of the Mental Health Review Commission after hearing all the relevant parties including the person whose Advance Directive is in question may either uphold, over-rule, modify, or alter the Advance Directive taking into consideration whether : :

- a) the Advance Directive was made of the person's free will and free of all undue influence and/or;
- b) the person intended the Advance Directive to apply to the present circumstances, which may be different from those anticipated and/or;
- c) the person was sufficiently well informed to make the decision and/or;
- d) the person had capacity to make health care and/or decisions when the Advanced Directive was made and/or;
- e) the content of the Advance Directive is contrary to other laws and Constitutional provisions.

(viii) Notwithstanding any provision in this section, any Advance Directive shall not apply to emergency treatment given under Section 50.

(ix) The Mental Health Review Commission shall regularly and periodically review the use of Advance Directives. In it reviews, the Mental Health Review Commission shall give specific consideration to the procedure for making an Advance Directive and whether the existing procedure protects the rights of persons with mental illness. Notwithstanding the procedure mentioned above, the Mental Health Review Commission may modify the procedure for making an Advance Directive and/or make additional regulations regarding the procedure for Advance Directive to protect the rights of persons with mental illness.

(x) A medical practitioner or a mental health professional shall not be held liable for any unforeseen consequences on following a valid Advance Directive. The medical practitioner or mental health professional shall not be held liable for not following a valid Advance Directive, if he or she has not been given a copy of the valid Advance Directive. It shall be the responsibility of the person writing the Advance Directive or his or her representative to ensure that the medical

officer in charge of a mental health establishment or a medical practitioner or the mental health professional as the case may be, has access to the Advance Directive when required.

Section 6. Nominated Representative

(i) Any person who is not a minor has a right to appoint a Nominated Representative. Such appointment shall be made in writing on plain paper with the person's signature or thumb impression. Such appointed Nominated Representative shall have priority over all other Nominated Representatives appointed under sub-section (ii) and (iii) and (vi) below.

(ii) In the absence of such an appointment under sub-section (i), the individuals in the order of precedence mentioned below shall be the Nominated Representative for a person with mental illness:

a) the individual named as the Nominated Representative in an Advance Directive under Section 5, subject to Section 5, sub-section (vii), or if none,

b) a relative as defined in Section 2 sub-section (o) above or if none,

c) a care-giver as defined in Section 2 sub-section (a) above, excluding a relative, or if none,

d) a person appointed as Nominated Representative by the State Panel of the Mental Health Review Commission.

(iii) In case of persons who do not have a Nominated Representative under sub-section (i) or (ii) a), b) or c) above, a representative of registered organizations working with persons with mental illness, may temporarily undertake to perform the duties of a Nominated Representative and shall be recognized as such under this Act, pending appointment of a Nominated Representative by the State Panel of the Mental Health Review Commission under sub-section (ii) d) above. The person temporarily undertaking to be the Nominated Representative shall make a written application to the medical officer in charge of the mental health establishment and/or the psychiatrist in charge of the person's treatment, and such medical officer and/or psychiatrist shall recognize this person as the temporary Nominated Representative, pending appointment of a Nominated Representative by the State Panel under sub-section (ii) d) above.

(iv) Notwithstanding sub-sections (i) and (ii) above, in case of minors, the legal guardian shall be the Nominated Representative, unless the State Panel of the Mental Health Review Commission orders otherwise under sub-section (v) below.

(v) Upon application by a mental health professional or any other person acting in the best interest of the minor, and based on evidence presented before it, the State Panel of the Mental Health Review Commission may order that the legal guardian of a minor with mental illness shall not be the Nominated Representative on the grounds that either :

- (a) the legal guardian is not acting in the best interests of the minor; or
- (b) the legal guardian is otherwise unsuitable to act as the Nominated Representative of the minor.

(vi) The State Panel of the Mental Health Review Commission at the time of making an order under sub-sections (ii) d) and (v) above, shall designate any suitable individual as the Nominated Representative of the person with mental illness. If no such individual is available for appointment as Nominated Representative, the Commission shall appoint the Director, Department of Social Welfare, or his designated representative, as the Nominated Representative for the person with mental illness.

(vii) The person nominated to be representative must not be a minor, must be competent to fulfill the role as described in this Act, and must signify, in writing, his or her willingness to perform the role.

(viii) A person who has made an appointment under this section may revoke or alter the appointment at any time. The procedure for revocation or alteration shall be same as for making an appointment in sub-section (i) above.

(ix) The State Panel of the Mental Health Review Commission may revoke an appointment made by it under this section, and appoint a different representative under this section when appropriate to do so.

(x) Applications to the State Panel of the Mental Health Review Commission to make, revoke, alter, change, or modify an appointment under this section may be made by the person with mental illness, or by a relative of such person, or by the psychiatrist responsible for the care of such person, or by the medical officer in charge of the mental health establishment where the individual is or is proposed to be admitted.

(xi) While fulfilling his or her duties under this Act, the Nominated Representative shall consider the current and past wishes, the life history, values, cultural background and the best interests of the person with mental illness. The Nominated Representative shall give particular credence to the views of the person to the extent that person understands the nature of the decisions under consideration.

(xii) The Nominated Representative has the following duties and rights :

- a) Duty to support the person with mental illness in making treatment decisions under Sections 45 and 46 .
- b) Right to information on diagnosis and treatment in so far as is required for the Nominated Representative to provide adequate care to the person with mental illness.
- c) Right to access family based rehabilitation services as provided in Section 7 on behalf of and for the benefit of the person with mental illness.

- d) Right to be involved in discharge planning under Section 54 .
- e) Right to apply to the mental health establishment for admission under Sections 43, 45 and 46
- f) Right to apply to the State Panel of the Mental Health Review Commission on behalf of the person with mental illness for discharge from Sections 43, 45 and 46
- g) Right to apply to the State Panel of the Mental Health Review Commission against violation of the rights of the person with mental illness in mental health establishments.
- h) Right to give consent for research under circumstances mentioned in Section 55 .
- i) Right to appoint a suitable attendant under Section 43 (iii)

(xiii) The appointment of a Nominated Representative, or the inability of a person with mental illness to appoint a Nominated Representative, shall not mean a lack of legal capacity. All persons with mental illness have legal capacity but may require varying levels of support from their Nominated Representative to make decisions. The level of support required may vary from little support to very high support from time to time.

Chapter II : Rights of Persons with Mental Illness

Section 7 : Right to Access Mental Health Care

(i) All persons have a right to access mental health care and treatment from mental health services run or funded by the Government. The exercise of this right requires such mental health services are affordable, of good quality, available in sufficient quantity, accessible geographically, without discrimination on any basis and provided in a manner that is acceptable to persons with mental illness and their families and care-givers. To enable persons with mental illness to exercise this right, the minimum obligations on the Central and/or State Government as the case may be, are as outlined in this section below.

(ii) Government shall make sufficient provision as may be necessary, for a range of services required by persons with mental illness. These include, but is not limited to, provision of acute mental health care services such as outpatient and inpatient admission establishments; establishments and services for providing long term mental health care for persons with long term mental illness such as half-way homes, sheltered accommodation, supported accommodation and the like; mental health services to support family based rehabilitation; hospital and community based rehabilitation establishments and services; provision for child mental health services and old age mental health services.

(iii) Mental health services shall be integrated into general health care services at all levels of health care including primary, secondary and tertiary care level of health services and in all health programmes run by the Government. As a minimum provision,

a range of appropriate mental health services as described in sub-section (ii) above, shall be available at all general hospitals which are run or funded by the Government in every district in the country and basic and emergency mental health care services shall be available at all Community Health Centers (CHC) run or funded by the Government.

(iv) Mental health services shall provide treatment in a manner which supports persons with mental illness to live in the community and with their families. Long term hospital based mental health treatment shall be used only in exceptional circumstances, for as short a duration as possible, and only as a last resort when appropriate community based treatment has been tried and shown to have failed.

(v) No person with mental illness including children and older persons, shall have to travel long distances to access mental health services. Such services shall be available close to where a person with mental illness normally resides. As a minimum, mental health services run or funded by the Government as described in sub-section (ii) above, shall be available in each district. If minimum mental health services as outlined in sub-section (ii) above are not available in the district in which the person with mental illness normally resides, the person with mental illness is entitled to access any other mental health service in the district and the costs of treatment at such establishments in that district will be borne by the Government. The Government shall frame rules regarding costs of treatment at such mental health services in this regard.

(vi) Persons with mental illness living below the poverty line whether or not in possession of a Below Poverty Line (BPL) card, or destitute or homeless are entitled to mental health treatment and services free of any charge and at no financial cost, at all mental health establishments run or funded by the Government and at other mental health establishments designated by the Government.

(vii) Mental health services shall be of equal quality to other general health services and there shall be no discrimination in quality of services provided to persons with mental illness. The minimum quality standards shall be as prescribed by the State Mental Health Authorities.

viii) As a minimum, essential medicines used for the treatment of mental illness as enumerated in the World Health Organisation (WHO) Essential Drug List shall be available free of cost to all persons with mental illness at all times at health establishments starting from community health centres and above in the public health system.

Provided that in any health establishment in the public health system, where health professionals from the AYUSH systems are available, essential medicines from any similar list relating to the appropriate AYUSH system shall also be made available free of cost to all persons with mental illness.

(ix) The Government shall take measures to ensure that necessary budgetary provisions in terms of adequacy, priority, progress, and equity are made for effective implementation of the provisions of this section.

Explanation : In sub-section (ix) above, *Adequacy* means in terms of how much is enough to offset inflation; *Priority* means in terms of compared to other budget heads, *Progress* means in terms of indicating an improvement in the state's response and *Equity* means in terms of fair allocation of resources taking into account the health, social and economic burden of mental illness on individuals, their families and care-givers.

(x) The Central Government shall submit an annual report to the Parliament and the respective State Governments shall submit an annual report to the State Legislature detailing the progress made towards achieving access to mental health care in the country.

Section 8 : Right to Community Living

All persons with mental illness have a right to live in, be part of and not be segregated from society. No person with mental illness shall continue to remain in a mental health establishment merely because he or she does not have a family or is not accepted by his or her family or is homeless or because of the absence of community based facilities. The Government shall therefore provide for and/or support the establishment of less restrictive community based establishments including halfway homes, group homes and like, for persons who no longer require treatment in more restrictive mental health establishments such as long stay mental hospitals.

Section 9 : Right to Protection from Cruel, Inhuman and Degrading Treatment

(i) All persons with mental illness have a right to live with dignity.

(ii) No person with mental illness shall be subjected to any cruel, inhuman or degrading treatment in a mental health establishment.

(iii) Protection from cruel inhuman and degrading treatment means that all persons have the following minimum rights in mental health establishments:

- a) to live in safe and hygienic environment.
- b) to have adequate sanitary conditions.
- c) to have facilities for leisure, recreation, education and religious practices.
- d) Protection of privacy, in particular for women.
- e) Not to be forced to undertake work in a mental health establishment they do not wish to do and appropriate remuneration for work when undertaken.
- f) to have adequate provision for preparing the person for living in the community.
- g) to have adequate provision for food, space, and access to articles of personal hygiene. In particular, women's personal hygiene needs shall be adequately addressed by providing access to items that may be required during menstruation.
- h) to not be subject to compulsory tonsuring (shaving of head hair).

i) to wear own personal clothes and not be forced to wear uniforms provided by the establishment.

j) to be protected from all forms of physical, verbal, emotional and sexual abuse.

Section 10 : Right to Equality and Non-discrimination

Persons with mental illness shall be treated equal to persons with physical illness in the provision of all health care. This includes, but is not restricted to, the following :

(i) There shall be no discrimination on any basis including gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class or disability.

(ii) Public and private insurance providers shall make provisions for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness.

(iii) Emergency facilities and emergency services for mental illness shall be of the same quality and availability as those provided to persons with physical illness. Persons with mental health services are entitled to the use of ambulance services in the same manner, extent and quality as provided to persons with physical illness.

(iv) Living conditions in health establishments shall be of the same manner, extent and quality as provided to persons with physical illness.

(v) Any other health services provided to persons with physical illness shall be provided in same manner, extent and quality to persons with mental illness.

Section 11 : Right to Information

(i) A person with mental illness and his or her Nominated Representative shall have the right to know the following :

a) The section of this Act under which he or she is admitted, if he or she is being admitted, and the criteria for admission under that section.

b) Of his or her rights to apply to the State Panel of Mental Health Review Commission for a review of the admission.

c) Of the nature of the person's mental illness and the proposed treatment plan. This includes information about treatment proposed and the known side effects of such proposed treatment.

d) In a language and form that the person receiving the information can understand.

In the event that complete information cannot practicably be given to the person with mental illness at the time of the admission or the start of treatment, it is the primary responsibility of the medical officer or psychiatrist in charge of the person's care to ensure that the full information is provided promptly when the individual is in a position to receive it. The Nominated Representative will nonetheless be given the information immediately.

(ii) The primary responsibility for informing the person with mental illness and his or her Nominated Representative of the person's medical condition, legal status and rights lies with the medical officer or the psychiatrist in charge of the establishment and/or psychiatrist or medical officer in charge of the individual's care. This task may be delegated by the medical officer or psychiatrist to an appropriate person.

Section 12 : Right to Confidentiality

(i) A person with mental illness has a right to confidentiality in the context of his mental health, mental health care and physical health care.

(ii) All health professionals providing care and treatment to a person with mental illness have a duty to keep all such information confidential which has been obtained in the context of care and treatment with the following exceptions :

- a) Release of information to the Nominated Representative to enable him or her to fulfill his or her duties under the Act.
- b) Release of information to other mental health professionals and other health professionals to enable them to provide care and treatment to the person with mental illness.
- c) Release of information if it is necessary to protect any other person from harm or violence. Only such information that is necessary to protect against the harm identified may be released.
- d) Life threatening emergencies where such information is urgently needed to save lives.
- e) When ordered by the State Panel of Mental Health Review Commission or the Mental Health Commission or High Court or Supreme Court to do so.
- f) In the interests of public safety and security.

iii) This right to confidentiality also applies to all information stored in electronic and/or digital format in real or virtual space.

Section 13 : Access to Medical Records

(i) All persons with mental illness shall have access to their medical records. The psychiatrist in charge of such records may withhold specific information in the medical records if disclosure would result in :

- a) serious mental harm to the person with mental illness and/or ;
- b) likelihood of harm to other persons

(ii) When any information in the medical records is withheld from the person, the psychiatrist shall inform the person with mental illness of his or her right to apply to the State Panel of Mental Health Review Commission for an order to release such information.

Section 14 : Right to Personal Contacts & Communication

(i) A person with mental illness admitted to a mental health establishment has the right to refuse or receive visitors and to refuse or receive and make a reasonable number of telephone/mobile phone calls at reasonable times of the day.

(ii) The medical officer in charge of a mental health establishment may prohibit or restrict

visits or telephone/mobile phone calls with named individuals, when the visit or telephone/mobile phone call is likely to interfere with the treatment of the person to be visited or cause that person undue distress, or may cause danger to any person. A person whose visits have been restricted under this section may apply to the State Panel of Mental Health Review Commission for an order determining his or her rights to visit the person with mental illness.

(iii) A person with mental illness admitted in a mental health establishment may send and receive mail and email.

(iv) Where a person with mental illness informs the medical officer or psychiatrist in charge of the mental health establishment that he or she does not want to receive mail or email from any named person in the community the medical officer or psychiatrist in charge may restrict such communication by the named person with the person with mental illness.

(v) Where any individual in the community informs the medical officer in charge of a mental health establishment in writing that he or she does not wish to receive mail or email from a named person in the mental health establishment, the medical officer in charge may restrict such communication by the person with mental illness to that individual.

(vi) Where the medical officer in charge of a mental health establishment is of the view that mail or email sent to an individual (recipient) by a person with mental illness admitted in the mental health establishment is sent for an illegal purpose or would cause undue distress to the person to whom it is addressed, or would cause danger to any person, the medical officer in charge may restrict such communication and make a record of the same in the medical notes. Any person whose mail or email is so restricted may apply to the State Panel of Mental Health Review Commission for a review of this decision.

(vii) Visits from, telephone calls to and from and mail or email to and from individuals listed below cannot be restricted under any circumstances :-

- a) any Court or Judicial Officer
- b) the State Panel, the Mental Health Review Commission or the State Mental Health Authority
- c) any member of the Parliament or State Assembly
- d) Nominated Representative, lawyer or legal representative of the person

Section 15 : Right to Legal Aid

A person with mental illness shall be entitled to receive free legal services to exercise any of his or her rights given under this Act. It shall be the duty of medical officer or psychiatrist in charge of a mental health establishment to inform the person with mental illness that he or she is entitled to free legal services under the Legal Services Authorities Act, 1987 and provide the contact details of the availability of services.

Section 16 : Right to make Complaints about Deficiencies in Provision of Services

(i) Any person with mental illness and his or her Nominated Representative, has the right to complain regarding deficiencies in provision of care, services in the mental health establishment to

- a) the medical officer or psychiatrist in charge of the establishment and if not satisfied with the response,

- b) to the State Mental Health Authority and if not satisfied with the response,
- c) to the State Panel of the Mental Health Review Commission

(ii) The complaints provisions in sub-section (i) above, is without prejudice to the rights of the person to seek any judicial remedy for violation of their rights in a mental health establishment or by an mental health professional either under this Act or any other Act.

Chapter III : Duties of Government

Section 17: Promotion of Mental Health & Preventive Programmes

The Government shall have a duty to plan, design and implement programs for the promotion of mental health and prevention of mental illness in the country. In particular, the Government shall plan, design and implement public health programmes to reduce suicides and attempted suicides in the country.

Section 18: Creating Awareness about Mental Health and Illness and Reducing Stigma associated with Mental Illness

The Government shall take all measures to ensure that :

- (i) the provisions of this Act are given wide publicity through public media, including television, radio, print and online media at regular intervals.
- (ii) programs to reduce stigma associated with mental illness are planned, designed, funded and implemented.
- (iii) Government officials including police officers, members of the judicial services are given periodic sensitization and awareness training on the issues addressed by this Act.

Section 19 : Human Resources and Training

(i) Recognizing that access to mental health care and the rights of persons with mental illness cannot be guaranteed without availability of sufficient numbers of trained health professionals, the Government shall take all necessary measures to address the human resource requirements of mental health services in the country by planning, developing and implementing educational and training programs in collaboration with institutions of higher education and training, to increase the human resources available to deliver mental health interventions and to improve the skills of the available human resources to better address the needs of persons with mental illness.

(ii) The Government shall, at the minimum, train all medical officers in public health care establishments and all medical officers in the prisons or jails to provide basic and emergency mental health care.

(iii) The Government shall also make all efforts to meet internationally accepted guidance for number of mental health professionals on the basis of population, within ten years from the date of notification of this Act. Information about progress made in improving the human resource situation shall be included in the annual reports to be submitted by the Central and State Governments under Section 7 sub-section (x).

Section 20: Co-ordination within the Government

The Government shall take all measures to ensure effective co-ordination between the services provided by concerned Ministries and Departments such as those dealing with law, home affairs, human resources, and social justice , employment and education to address issues of mental health care.

Chapter IV : Mental Health Review Commission

Section 21 : Constitution of a Mental Health Review Commission

(i) The Central Government shall constitute the Mental Health Review Commission within 3 months of the Act coming into force to exercise the powers conferred upon and to perform the functions assigned to it under this Act.

(ii) The Commission shall have jurisdiction all over the country and it shall have its headquarters in Mumbai.

(iii) The Commission shall consist of

- a) A President who has been or is qualified to be appointed as Chief Justice of a High Court and;
- b) One member who is a Psychiatrist with at least 15 years experience and;
- c) One member who is a person with mental illness or representative of persons with mental illness and,
- d) One member who is a representative of families and care-givers to persons with mental illness or non-governmental organizations working in the field of mental health, and
- e) One member with a background in public health administration.

(iv) The President of the Commission shall be a full time appointment and the President of the Commission shall be appointed by the President of India on the recommendation of the Central Government to be made by the Central Government in consultation with the Chief Justice of India. .

(v) The Members of the Commission shall be full time or part time appointment as decided by the Central Government. They shall be appointed by the President of India on the recommendation of the Central Government following a public advertisement seeking nominations from persons representing categories mentioned in (b), (c), (d) and (e) of sub-section (iii) above

(vi) The President of the Commission may appoint administrative officers and such other employees as may be necessary. The salary and allowances payable to and the other conditions of service of the administrative officers and other employees of the Commission appointed under this section shall be such as may be determined by Central Government.

Section 22 : Constitution of State Panels of the Mental Health Review Commission

(i) The Commission shall appoint and function through State Panels, the number and location of which in each State shall be decided by the Commission in consultation with the Committee constituted as per sub-section (iii) below. The functions, powers and authority of the Commission shall be exercised by the State Panels of the Commission. The jurisdiction of a particular State Panel shall be as prescribed by the Commission. The State Panels shall receive guidance from the Commission on the interpretation of the Act and the procedures to be followed.

(ii) Each State Panel of the Commission shall consist of

- a) A District Judge, or an officer of the state judicial services who is qualified to be appointed as district judge or a retired District Judge who shall be Chairperson of the Panel
- b) Representative of the District Collector/District Magistrate/Deputy Commissioner of the districts within the jurisdiction of the Panel
- c) Two members who shall be mental health professionals of whom one shall be a psychiatrist. If a psychiatrist is not available to serve on the Panel, both members can be mental health professionals other than psychiatrists.
- d) Two members who shall be persons with mental illness or care-givers or persons representing organizations of persons with mental illness or care-givers or non-governmental organizations working in the field of mental health.

(iii) There shall be a Committee for each State to appoint members of the State Panels. The Committee shall appoint members of the State Panels following a public advertisement inviting applications from relevant persons. This Committee shall also decide the number of State Panels needed in the State depending on the expected or actual workload of the Panel(s) in that State, and in as many locations in that State taking into account the presence of mental health establishments in that State, the convenience of persons with mental illness, their families and the professionals involved in providing care in mental health establishments in the State. The Committee shall consist of

- a) the President or one of the Members of the Commission nominated by the President of the Commission (the Chairperson)
- b) Chief Justice (or a person nominated by the Chief Justice) of the High Court of the State
- c) Secretary (or a person nominated by the Secretary) of Ministry of Law of the State
- d) Secretary (or a person nominated by the Secretary) of Ministry of Health and Family Welfare of the State

e) Secretary (or a person nominated by the Secretary) of Ministry of Social Welfare of the State

Section 23: Disqualification & Removal

(i) A person shall be disqualified to serve as President or Member of the Commission or be removed by the President of India on the recommendation of the Central Government if he or she

- a) has been convicted and sentenced to imprisonment for an offence which involves moral turpitude or ;
- b) is adjudged as insolvent or;
- c) has been removed or dismissed from the service of the Government or a body corporate owned or controlled by the Government or;
- d) has such financial or other interest as is likely to prejudice the discharge by him or her functions as a member or;
- e) has such other disqualifications as may be prescribed by the Government.

(ii) A person shall be disqualified to serve as Chairperson or Member of the State Panel or be removed by the Mental Health Review Commission if he or she

- a) has been convicted and sentenced to imprisonment for an offence which involves moral turpitude or;
- b) is adjudged as insolvent or;
- c) has been removed or dismissed from the service of the Government or a body corporate owned or controlled by the Government or;
- d) has such financial or other interest as is likely to prejudice the discharge by him or her functions as a member or;
- e) has such other disqualifications as may be prescribed by the Government;

(iii) The President of the Commission may resign the office in writing addressed to the President of India, while a Member of the Commission may resign the office in writing addressed to the President of the Commission and on such resignation being accepted, the vacancy shall be filled by appointment of a person, belonging to the category under Section 21 sub-section (iii) above, of the person who has resigned.

iv) A Chairperson or Member of a State Panel may resign his or her office in writing addressed to the President of the Commission and on such resignation being accepted, the vacancy shall be filled by appointment of a person, belonging to the category under Section 22 sub-section (ii) above, of the person who has resigned.

Section 24: Terms and Conditions of Service

(i) The President, Members of the Commission, Chairperson and Members of the State Panels of the Commission shall hold office for a term of five years or up to the age of seventy years, whichever is earlier. The President, Members and Chairperson shall be eligible for re-appointment for another term of five years or up to the age of seventy years whichever is earlier.

(ii) The appointment of Chairperson and Members of the State Panels shall be made by the President of the Commission taking into consideration the work load of the Commission and the Panels.

(iii) The honorarium and other allowances payable to, and the other terms and conditions of service of the President, Members of the Commission and Chairperson and Members of the State Panels shall be such as may be prescribed by the Central Government.

Section 25 : Decisions of the Commission and the State Panels

The decisions of the Commission and the State Panels shall be based on the opinion of the majority present and voting. In case there is a tie, the Chairperson shall have the casting vote.

Section 26 : Applications to State Panel

(i) Any person with mental illness whose rights under this Act are violated, or a Nominated Representative on his or her behalf, or a representative of a registered non-governmental organization with the consent of such a person, may make an application to the State Panel seeking redressal.

(ii) There shall be no fee or charge levied for making such an application.

(iii) Every application shall contain the name of applicant, his or her contact details, the details of the violation of his or her rights, the mental health establishment or any other place where such violation took place and the redressal sought from the State Panel. In exceptional circumstances, the State Panel shall accept an application made verbally over telephone from a person admitted to a mental health establishment.

Section 27 : Proceedings before the State Panel

(i) All proceedings before a State Panel of the Commission shall be deemed to be a judicial proceeding within the meaning of Section....of the Civil Procedure Code and the State Panel shall be deemed to be a civil court for the purposes of the Act. The State Panel may evolve its own procedure to hear the proceedings.

(ii) Any matter before a State Panel shall be heard as expeditiously as possible. An endeavour shall be made to dispose of applications for appointment of Nominated Representative under Section 6, applications challenging admissions of a minor under Section 43 and applications challenging supported admission under Section 45 within a period of 7 days from the filing of such applications, and applications challenging supported admission under Section 46 within a period of 21 days from date of filing of the application. With respect to all other applications under other sections of the Act, an endeavour shall be made to finally dispose of the application within a period of ninety days from the date of filing of the application.

(iii) The State Panel shall endeavour to complete the mandatory review under Section 43 within a period of 7 days and under Section 46 within a period of 21 days from the time it is due.

(iv) The State Panel shall not ordinarily grant an adjournment for the hearing.

(v) The parties to the hearing shall be the person with mental illness, his or her Nominated Representative, and the medical officer in charge of the mental health establishment or the psychiatrist responsible for the care of the person as the case may be. The parties may be represented by a counsel or another representative of their choice, or may appear in person.

(vi) The hearing shall not be open to the public. Persons other than those directly involved may be admitted with the permission of both the person with mental illness and the Chairperson of the State Panel.

(vii) The person with mental illness about whom the hearing relates shall have the right to give oral evidence to the State Panel, if he or she wishes to do so. The State Panel shall have the power to require the attendance and testimony of such other witnesses as it deems appropriate under the circumstances.

(viii) All parties shall have the right to see any document relied on by any other party in its submissions to the State Panel.

(ix) The decision of the State Panel shall be communicated to the parties in writing within five days of the completion of the hearing.

(x) Any member who is directly or indirectly involved in a particular case, shall not sit on the State Panel during the hearings with respect to that case.

Section 28: Functions of the Mental Health Review Commission and State Panel of the Mental Health Review Commission

(i) The Mental Health Review Commission shall have the following functions

a) Appoint and remove members of the State Panels under Section 22

b) Give guidance to the State Panel on interpretation of the Act and the procedures to be followed

c) Periodically review the use of Advance Directives and make additional regulations with regard to the procedure for Advance Directive

d) Advise the Central Government on matters relating to the promotion and protection of rights of persons with mental illness

(ii) The State Panel of the Mental Health Review Commission shall have the following functions :

a) To register, review, alter, modify an Advance Directive as provided for in Section 5

- b) To appoint a Nominated Representative as provided in Section 6
- b) To decide applications under Sections 16, 26, 43, 45 and 46
- c) To decide applications regarding non-disclosure of information as provided in Section 13
- d) To decide complaints regarding deficiencies in care and services as provided in Section 16
- e) To visit prison or jails and question the responsible medical officer as mentioned in Section 59

(iii) Where it is brought to the notice of a State Panel of the Mental Health Review Commission or to the Commission itself, that a mental health establishment is violating the rights of persons with mental illness, the State Panel or the Commission itself shall direct the State Mental Health Authority to conduct an inspection and inquiry and submit a report of such inspection and inquiry to the State Panel and the Mental Health Review Commission and the action taken or proposed to be taken by the State Mental Health Authority to protect the rights of persons with mental illness in the mental health establishment. Notwithstanding anything else in the Act, the State Panel in consultation with the Commission may take any action to protect the rights of persons with mental illness as it deems appropriate, including closing down the mental health establishment.

(iv) If it is found that a mental health establishment is willfully neglecting the order of the State Panel, the Panel may punish the mental health establishment with an exemplary fine and as a matter of last resort, order the State Mental Health Authority to cancel the registration of the mental health establishment.

Section 29 : Appeals

Any person or establishment aggrieved by the decision of the Commission or a State Panel may appeal to the High Court of the State in which the State Panel is located or where the person or the establishment is located, within 30 days of the decision.

Section 30 : Budgetary Provisions for the Commission and State Panels

The Central Government shall make sufficient budgetary provisions for the effective functioning of the Mental Health Review Commission and the State Panels.

Section 31 : Power to make Regulations

The Central Government may, from time to time, make Regulations for the purpose of carrying out the provisions of this chapter.

Chapter V: State Mental Health Authority

Section 32 : State Mental Health Authority

(i) The State Government shall establish the State Mental Health Authority (hereinafter referred to as the Authority) as a Society registered under the relevant Act, within 6 months of the Act coming into force.

Section 33 : Composition of the State Mental Health Authority

(i) The Authority shall compose of the following members :

a) Ex-Officio Members who shall be

- 1) Secretary or Principal Secretary, Department of Health
- 2) Representative of Department of Health responsible for mental health
- 3) Representative of Department of Social Welfare
- 4) Director of Health Services or Director of Medical Education
- 5) Superintendent of any of the Mental Hospitals in the State or Head of Department of Psychiatry at any Government Medical College.

b) Other Members :

- a) A prominent psychiatrist from the state not in government service
- b) A registered Psychiatric Social Worker
- c) A registered Clinical Psychologist
- d) A registered Mental Health Nurse
- e) Two persons representing persons who have or have had mental illness
- f) Two persons representing care-givers of persons with mental illness and/or organizations representing such care-givers
- g) Two persons representing non-governmental organizations providing services to persons with mental illness or doing advocacy work in the field of mental health.

(ii) The Members referred to in sub-section (i) (b) above, shall be appointed by the State Government following a public advertisement. The State Government shall prescribe rules and regulations for these appointments.

(iii) Every ex-officio member shall hold office as such member so long as he or she holds the office by virtue of which he or she is appointed.

(iv) Every member (not an ex-officio member) shall hold office for a period of three years from the date of his or her appointment and shall be eligible for re-appointment.

(v) A member (not an ex-officio member) may at any time resign from membership of the Authority by forwarding his or her letter of resignation to the Chairperson and such resignation shall take effect only from the date on which it is accepted.

(vi) Where a vacancy occurs by resignation of a member (not an ex-officio member) the State Government shall fill the vacancy by appointing from amongst category of persons referred to in sub-section (i) (b) above.

(vii) Where the term of office of any member (not an ex-officio member) is about to expire the State Government may appoint a successor at any time within three months before the expiry of the term of such member but the successor shall not assume office until the term of the outgoing member expires.

Section 34 : Chairperson and Executive Officer of the State Mental Health Authority

(i) The Secretary/ Principal Secretary, Department of Health shall be the Chairperson of the Authority.

(ii) The Authority shall appoint an Executive Officer of the Authority. The Authority shall draw up the skills requirements for the post of Executive Officer, the terms and conditions of service for this post and appoint a person to this post after public advertisement and an interview.

(iii) The Executive Officer shall be a full-time employee of the Authority. The Executive Officer shall be responsible for the day to day functioning of the Authority, the control and management of office accounts and correspondence. The Executive Officer shall appoint such members of the ministerial and non-ministerial staff essential for the efficient functioning of the Authority. The Executive Officer shall exercise such other powers and discharge such other functions as may be authorized in writing by the Chairperson for the efficient functioning of the Authority.

Section 35 : Functions of the State Mental Health Authority

The Authority shall

(i) register all mental health establishments in the State under Section 39 and maintain and publish (including online on the internet) a register of such establishments.

(ii) develop quality and service provision norms for different types of mental health establishments in the state.

(iii) supervise all mental health establishments in the State and receive complaints about deficiencies in provision of services.

(iv) make rules and regulations for the registration of clinical psychologists, mental health nurses and psychiatric social workers in the State to work as mental health professionals for the purpose of this Act and publish the list (including online on the internet) of such registered mental health professionals.

(v) train all relevant persons including judicial officers, law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of this Act.

(vi) advise the State Government on all matters relating to mental health care and services.

(vii) submit an Annual Report to the State Legislature in June of each calendar year, along with a review of the progress of implementation of the various provisions of Mental Health Act during the preceding one year. The Authority shall also publish this Annual Report in the public domain, including online on the internet, within a month of the report being submitted to the State Legislature.

(viii) discharge such other functions with respect to matters relating to mental health as the State Government may decide.

Section 36 : Proceedings of the State Mental Health Authority

(i) The Authority shall ordinarily meet once every 3 months at such time and place as may be fixed by the Chairperson. Provided that the Chairperson shall

a) call a special meeting at any time to deal with any urgent matter requiring the attention of the Authority.

b) call a special meeting if the Chairperson receives a requisition in writing signed by not less than eight members and stating the purpose for which they desire the meeting to be called.

(ii) The Chairperson or any other member authorized by the Chairperson in his or her absence shall preside at the meetings of the Authority.

(iii) The quorum for the meeting of the Authority shall be eight members. At the appointed time, if the quorum is not met, the meeting shall be adjourned for half an hour.

(iv) At the adjourned meeting, the members present shall constitute the quorum.

(v) At the adjourned meeting if the Chairperson is not present and no member has been authorised to preside at such meeting, the members present shall elect a member to preside at the meeting.

(vi) Each member including the Chairperson shall have one vote. In the case of an equality of votes, the Chairperson or any member presiding over such meeting shall have an additional casting vote.

(vii) All decisions of the meeting of the Authority shall be taken by a majority of the members present and voting.

(viii) Any business which may be necessary for the Authority to transact, may be circulated and if approved by a majority of members, shall be valid and binding as if such resolution had been passed at the meeting of the Authority.

Section 37 : Budgetary Provisions

The State Government shall make adequate budgetary provisions for the functioning of the Authority, in particular, as required to pay allowances payable to the Chairperson and the

members and the administrative expenses including the salaries and allowances payable to or in respect of officers and other employees of the Authority.

Section 38 : Power to make Regulations

- i) The State Government may, by notification in the Official Gazette, make regulations for the functioning of the Authority
- ii) Such Regulations may provide for
 - a) the term of office and other conditions of service of the members
 - b) the powers and duties of the Chairperson and of the members;
 - c) the form in which and the time within which the Authority shall prepare its budget and its annual report ;
 - d) the manner in which the accounts of the Authority shall be maintained and audited

Chapter VI: Mental Health Establishments

Section 39 : Registration and Standards for Mental Health Establishments

- (i) The State Mental Health Authority shall compile, update and publish (including online) a register of mental health establishments in the State.
- (ii) No person or organization shall establish or run a mental health establishment unless it has been registered with the State Mental Health Authority under the provisions of this Act.

In case a mental health establishment has been registered under the Clinical Establishments Act or any other relevant Act as applicable in a State, a copy of the said registration shall be submitted by the mental health establishment along with an application in a prescribed proforma to the State Mental Health Authority with an undertaking that the mental health establishment fulfills the minimum standards, if any, prescribed by the State Mental Health Authority for the specific category of mental health establishment. Until the State Mental Health Authority publishes the standards for different categories of mental health establishments under Section 39(iv) below, the above mental health establishment shall receive a certificate of provisional registration. Once the State Mental Health Authority has published the standards for different categories of mental health establishments, these above mental health establishments shall provide an undertaking within a period of six months, to the State Mental Health Authority that the mental health establishment fulfills the minimum standards as prescribed, and on receipt of this undertaking the mental health establishment shall receive a certificate of permanent registration.

- (iii) For registration and continuation of registration, every mental health establishment shall fulfill :
 - a) the minimum standards of facilities and services as may be prescribed ;

- b) the minimum qualifications for the personnel as may be prescribed ;
- c) provisions for maintenance of records and reporting as may be prescribed ;
- d) and any other conditions as may be prescribed.

(iv) Categories and standards

- a) Mental Health Establishments shall be classified into such categories, as may be prescribed by the State Mental Health Authority from time to time.
- b) Different standards may be prescribed for classification of different categories.
- c) In prescribing the standards for mental health establishments, the State Mental Health Authority shall have regard to local conditions.
- d) Notwithstanding anything in this section, the State Mental Health Authority shall publish standards for different categories of mental health establishments within a period of 18 months from the date of coming into force of this Act.

Section 40 : Procedure for Provisional and Permanent Registration, Inspection and/or Inquiry of Mental Health Establishments

(i) For the purpose of registration of the mental health establishment, an application in the prescribed proforma accompanied by such details as may be prescribed, along with the prescribed fee shall be furnished to the State Mental Health Authority.

(ii) The application may be furnished in person or by post or online.

(iii) If any mental health establishment is in existence at the time of amendment to this Act coming into force, an application for its provisional registration shall be made within six months of constitution of the State Mental Health Authority.

(iv) The Authority shall within a period of ten days from the date of receipt of such application, issue to the mental health establishment a certificate of provisional registration in such form and containing such particulars and information as may be prescribed ;

(v) The Authority shall not be required to conduct any inquiry prior to issue of provisional registration.

(vi) The Authority shall within a period of 45 days from the date of provisional registration, publish in print and in digital form online, all particulars of the mental health establishment.

(vii) Every provisional registration shall be valid for a period of 12 months and such registration shall be renewable.

(viii) Where standards for particular categories of mental health establishments have been notified by the State Government, under Section 39 sub-section (iv) above, the mental health establishments in that category will have to apply for and obtain permanent registration within a

period of 6 months from notification of these standards. The Authority shall publish these standards in print and online in digital format.

(ix) Until standards for particular categories of mental health establishments are published by the State Mental Health Authority under Section 39 sub-section (iv) above, mental health establishments in those categories may apply for a renewal of provisional registration 30 days before the expiry of the validity of certificate of provisional registration. If the application is made after the expiry of provisional registration, the Authority shall allow renewal of registration on payment of such enhanced fees, as may be prescribed.

(x) Application for permanent registration by a mental health establishment shall be made to the Authority in prescribed proforma and accompanied by prescribed fees.

(xi) The mental health establishment shall submit evidence that the establishment has complied with the prescribed minimum standards in a manner as prescribed by the Authority.

(xii) As soon as the mental health establishment submits the required evidence of the mental health establishment having complied with the prescribed minimum standards, the Authority shall display this information publicly for filing objections, if any, in a manner prescribed by the Authority, all the evidence submitted by the mental health establishment for a period of 30 days before processing for grant of permanent registration. Such information shall at the minimum be displayed on the website to be maintained by the Authority for this purpose.

(xiii) If objections are received within the period referred to in sub-section (xii) above, such objections shall be communicated to the mental health establishment for response within a period as prescribed by the Authority. The mental health establishment shall submit evidence for compliance with the standards with reference to the objections raised to the State Mental Health Authority within the prescribed period.

(xiv) Permanent registration shall be granted only when a mental health establishment fulfills the prescribed standards for registration by the State Mental Health Authority.

(xv) The Authority shall pass an order within a period of 30 days after expiry of the prescribed period, either

- a) allowing the application for permanent registration or
- b) disallowing the application

Provided that the Authority shall record its reasons, if it disallows an application for permanent registration. The Authority may also grant a period of time, not exceeding a period of 6 months to the mental health establishment for rectification of the deficiencies which have led to disallowing the application.

(xvi) Notwithstanding anything said above, if the Authority has not communicated any objections received by the Authority to the mental health establishment under sub-section (xiii), nor has the Authority passed an order under sub-section (xv) above, within a period of 90 working days from the date of application for permanent registration by the mental health establishment, it will be deemed that the Authority has allowed the application for permanent registration.

(xvii) The Authority shall issue a certificate of permanent registration if the Authority has allowed an application under sub-section (xv) or sub-section (xvi) above.

(xviii) The State Mental Health Authority shall cause to be conducted an audit of all registered mental health establishments by a person or persons as prescribed, including representatives of the local community, once every three years, to ensure that the said mental health establishments continue to meet all the requirements for their continued registration as a mental health establishment.

(xix) if an application for permanent registration is disallowed by the State Mental Health Authority, the mental health establishment may apply afresh for permanent registration under sub-section (x) above and after providing such evidence of having rectified the deficiencies on which grounds the earlier application was disallowed.

(xx) If at any time after the mental health establishment has been registered, the Authority may issue a show cause notice to the mental health establishment as to why its registration under this Act should not be canceled if it is satisfied that :

- a) the mental health establishment has failed to maintain the minimum standards prescribed by the Authority or;
- b) the person or persons or entities entrusted with the management of the mental health establishment have been convicted of an offence under this Act or;
- c) the mental health establishment is violating the rights of persons with mental illness.

(xxi) If after giving a reasonable opportunity to the mental health establishment under sub-section (xx) above, the Authority is satisfied that the mental health establishment has been in breach of any of provisions mentioned in sub-section (xx) (a), (b) or (c) above, the Authority may without prejudice to any other action that it may take against the mental health establishment, cancel its registration.

Every order made under this sub-section shall take effect

- a) where no appeal has been made against such order, immediately on the expiry of the period prescribed for such appeal and;
- b) where such appeal has been preferred against such an order and the appeal has been dismissed from the date of the order of dismissal

The Authority after cancellation of the registration for reasons to be recorded in writing, may restrain immediately the mental health establishment from carrying on if there is imminent danger to the health and safety of the persons admitted in the mental health establishment.

(xxii) The Authority may cancel the registration of a mental health establishment if asked by the Mental Health Review Commission or the State Panel of the Commission to do so under Section 28 (iii).

(xxiii) Inspection and/or Inquiry

a) The Authority may either suo moto or on a complaint received from any person order an inspection and/or inquiry of any mental health establishment, to be made by such persons as prescribed and that mental health establishment shall be entitled to be represented at such an inspection and/or inquiry.

b) The Authority shall communicate to the mental health establishment the view of the Authority with reference to the results of such inspection and/or inquiry and may after ascertaining the opinion of the mental health establishment, order the establishment to make necessary changes within the prescribed period. The mental health establishment shall comply with this order accordingly.

c) If the mental health establishment fails to comply with the above order, the Authority may cancel the registration of the mental health establishment.

(xxiv) The Authority or any person authorized by the Authority, may, if there is any reason to suspect that anyone is running a mental health establishment without registration, enter and search in the manner prescribed by the Authority, at any reasonable time and the mental health establishment shall co-operate with such inspection or inquiry and be entitled to be represented at such inspection or inquiry.

(xxv) Any mental health establishment aggrieved by an order of the Authority refusing to grant or renew registration or the Authority ordering to cancel the registration may appeal to the High Court in the State within a period of 30 days from the date of the order of the Authority.

Section 41 : Certificates, Fees and Register of Mental Health Establishments

(i) Every mental health establishment shall display the certificate of registration in a conspicuous place in the mental health establishment in such manner so as to be visible to everyone visiting the mental health establishment.

(ii) In case the certificate is destroyed, lost, mutilated or damaged the Authority may issue a duplicate certificate on the request of the mental health establishment and on the payment of such fees as may be prescribed.

(iii) The certificate of registration shall be non-transferable to another establishment but shall remain valid in case of change of ownership of the establishment. In event of change of category the certificate shall be surrendered to the Authority and the mental health establishment shall apply afresh for grant of certificate of registration.

(iv) The Authority may charge fees for different categories of mental health establishments, as may be prescribed.

(v) The Authority shall maintain in digital format a register of mental health establishments, registered by the Authority, to be called the State Register of Mental Health Establishments and shall enter the particulars of the certificate so issued in a register to be maintained in such form and manner as may be prescribed.

Chapter VII : Admission, Treatment and Discharge

Section 42 : Independent (without Support) Admission and Treatment

An independent patient or an independent admission (without Support) refers to the admission of person with mental illness to a mental health establishment who has the capacity to make mental health care and treatment decisions or requires minimal support in making decisions. As far as possible, all admissions to mental health establishments should be independent admissions except when such conditions exist as make supported admission unavoidable.

i) Any person who is not a minor and who considers himself to have a mental illness and desires to be admitted to any mental health establishment for treatment may request the medical officer or psychiatrist in charge of the establishment to be admitted as an independent patient.

ii) On receipt of such request, the medical officer or psychiatrist in charge of the establishment will admit the person to the establishment if the medical officer or psychiatrist is satisfied that

(a) the person has a mental illness of a severity requiring admission to a mental health establishment

(b) the person with mental illness will benefit from admission and treatment to the mental health establishment

(c) the person has understood the nature and purpose of admission to the mental health establishment, has made the request for admission of his own free will, without any duress or undue influence and has the capacity to make mental health care and treatment decisions without support or requires minimal support from others in making such decisions. If a person is unable to understand the purpose, nature, likely effects of proposed treatment and of the probable result of not accepting the treatment and/or requires a very high level of support approaching 100%

support in making decisions, he or she shall be deemed unable to understand the purpose of the admission and therefore shall not be admitted under this section.

(iii) Every person independently admitted to a mental health establishment shall be bound to abide by such rules and regulations of the mental health establishment.

(iv) An independent patient shall not be given treatment without his or her informed consent.

(v) Subject to Section 44 sub-section (iii) below, an independent patient may discharge himself from the mental health establishment without the consent of the medical officer or psychiatrist in charge of the establishment. The medical officer or psychiatrist in charge of the establishment shall inform the individual of this right at the time of admission.

(vi) The mental health establishment shall admit an independent patient on his or her own request, and shall not require the consent or presence of a Nominated Representative or a relative or care-giver for admitting the person to the mental health establishment.

Section 43 : Admission of a Minor

A minor may be admitted to a mental health establishment only in exceptional circumstances and following the procedure as laid down in this section.

i) The Nominated Representative for the minor as defined in Section 6, shall apply to the medical officer in charge of a mental health establishment for admission of the minor to the establishment.

ii) Upon receipt of such an application, the medical officer or psychiatrist in charge of the mental health establishment may admit such a minor to the establishment, if two psychiatrists, or one psychiatrist and one mental health professional or one psychiatrist and one medical practitioner, have independently examined the minor on the day of admission or in the preceding 7 days and both conclude based on the examination and, if appropriate, on information provided by others, that :

(a) the minor has a mental illness of a severity requiring admission to a mental health establishment and;

(b) admission is in the best interests of the minor, with regard to his or her health, well-being or safety, taking into account the wishes of the minor if ascertainable and the reasons for reaching this decision and;

(c) the mental health care needs of the minor cannot be met unless he or she is admitted as proposed and in particular, all community based alternatives to admission have been shown to have failed or are demonstrably unsuitable for the needs of the minor.

iii) A minor so admitted shall be accommodated separately from adults, in an environment that takes into account his or her age and developmental needs and is of the same quality as is provided to minors admitted to hospitals for medical conditions. The Nominated

Representative or an attendant appointed by the Nominated Representative shall under all circumstances stay with the minor in the mental health establishment for the entire duration of the admission of the minor to the mental health establishment. In the case of minor girls, where the Nominated Representative is male, a female attendant shall be appointed by the Nominated Representative and shall under all circumstances stay with the minor girl in the mental health establishment for the entire duration of her admission.

iv) A minor shall be given treatment with the informed consent of his or her Nominated Representative.

v) If the Nominated Representative no longer supports admission of the minor under this section and/or requests discharge of the minor from the mental health establishment, the minor shall be discharged by the mental health establishment.

vi) Any admission of a minor to a mental health establishment shall be informed by the medical officer or psychiatrist in charge of the mental health establishment to the State Panel of the Mental Health Review Commission within a period of 72 hours. The State Panel shall have the right to visit and interview the minor or review the medical records if the State Panel desires to do so.

Any admission of a minor which continues for a period of 30 days shall be immediately informed to the State Panel of the Mental Health Review Commission. The State Panel shall carry out a mandatory review within a period of 7 days of being informed so, of all admissions of minors continuing beyond 30 days and every subsequent 30 days. For this mandatory review, the State Panel shall at minimum, review the clinical records of the minor. The State Panel may interview the minor if necessary.

Section 44 : Discharge of Independent Patients

(i) The medical officer or psychiatrist in charge of a mental health establishment shall discharge from the mental health establishment any person admitted under Section 42 immediately on request made by such a person or if the person disagrees with his or her admission under Section 42, subject to sub-section (iii) below.

(ii) Where a minor has been admitted to a mental health establishment under Section 43 , and is now no longer a minor (i.e. completes eighteen years of age), the medical officer in charge of the mental health establishment shall classify him/her as an independent patient under Section 42 and all provisions of the Act as applicable to persons who are not minors shall apply ;

(iii) Notwithstanding anything else contained in the Act, a mental health professional may prevent discharge of a person admitted under Section 42 and now seeking discharge, for a period of 24 hours, to allow assessment necessary for admission under Section 45, if the conditions below are met :

(a) The mental health professional is of the opinion that the person is unable to understand the nature and purpose of his or her decisions and require substantial or very high support from his or her Nominated Representative and ;

(b) either one or all of the following

(1) has recently threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself and/or;

(2) has recently behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her and/or;

(3) has recently shown or is showing an inability to care for himself or herself to a degree that places the individual at risk of harm to himself or herself.

At the end of the period of 24 hours or earlier if the necessary assessments have been completed, the person shall not be kept admitted in the mental health establishment under this section.

Section 45: Admission and Treatment of Persons with Mental Illness, with High Support Needs, in a Mental Health Establishment, upto 30 days (Supported Admission)

i) The medical officer or psychiatrist in charge of a mental health establishment shall admit a person to the establishment, upon application by the Nominated Representative of the person, under this section if :

(a) The person has been independently examined on the day of admission or in the preceding 7 days, by one psychiatrist and the other being a mental health professional or a medical practitioner, and both conclude based on the examination and, if appropriate, on information provided by others, that the person has a mental illness of such severity that the person :

(1) has recently threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself and/or ;

(2) has recently behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; and/or

(3) has recently shown or is showing an inability to care for himself or herself to a degree that places the individual at risk of harm to himself or herself;

and

(b) the psychiatrist and/or the mental health professionals and/or the medical practitioner as the case may be, certify, after taking into account an Advance Directive if any, that admission to the mental health establishment is the least restrictive care option possible in the circumstances ;

and

(c) the person is ineligible to receive care and treatment as a independent patient because the person is unable to make mental health care and treatment decisions independently and needs very high support from his or her Nominated Representative in making decisions.

(ii) Admission of a person with mental illness to a mental health establishment under this section shall be limited to a period of 30 days. At the end of this period, or earlier, if the person no longer meets the criteria for admission as stated in sub-section (i) above, the patient shall no longer remain in the establishment under this section. However, at the end of the 30 days, if the conditions under Section 46 are met, the person may continue to remain admitted in the mental health establishment in accordance with the provisions of Section 46 below. If the conditions under Section 46 are not met, the person may continue to remain in the mental health establishment as a independent patient under Section 42, and the medical officer or psychiatrist in charge of the mental health establishment shall inform the person of his or her new status, including his or her right to leave the mental health establishment.

(iii) Treatment to a person with mental illness shall be provided after taking into account an Advance Directive if any, or if the person with the support of his or her Nominated Representative, has given informed consent to the treatment plan; the person may require a very high level of support from the Nominated Representative, approaching 100% support, where the Nominated Representative temporarily consents to treatment on behalf of the patient. In all instances where the level of support required is of such high degree that the Nominated Representative has temporarily consented to treatment on behalf of the person, the medical officer or psychiatrist in charge of the mental health establishment shall record this in the notes and review this every 7 days.

(iv) All admissions under this section shall be informed to the State Panel of the Mental Health Review Commission by the medical officer or psychiatrist in charge of the mental health establishment within 7 days from the date of admission, however, this period shall be 3 days in case of a woman with mental illness admitted to the mental health establishment. The State Panel shall have the right to visit and interview the person and/or review the medical records.

(v) A person admitted under this section or his or her Nominated Representative or a representative of a registered non-governmental organization with the consent of the person, may apply to the State Panel of the Mental Health Review Commission for review of the decision to admit the person to the mental health establishment under this section. The decision of the State Panel of the Mental Health Review Commission shall be made in 7 days from the date of filing the application and shall be binding on all parties.

All mental health establishments shall prominently display within the establishment, the contact details including address and telephone numbers of the State Panel of the Mental Health Review Commission. The mental health establishment shall provide the person with necessary forms to apply to the State Panel of the Mental Health Review Commission and also give free access to make telephone calls to the State Panel to apply for a review of the admission. In exceptional circumstances, the State Panel shall accept an oral request for review from a person admitted to a mental health establishment over the telephone.

(vi) Notwithstanding anything else in this Act, the medical officer or psychiatrist in charge of the mental health establishment is under a duty to keep the condition of the person under ongoing review. If the medical officer or psychiatrist in charge of the mental health establishment becomes aware that the conditions in sub-section (i) are no longer met, the medical officer or psychiatrist in charge of the mental health establishment will terminate the admission under this section, and inform the person and his or her Nominated Representative accordingly. Such a change of status does not preclude the person remaining as an independent patient, in appropriate circumstances.

(vii) Following discharge under Section 45, a readmission under Section 45 shall not take place for a period of 7 days from the date of discharge. Any readmission within 7 days shall be considered as continuation of the admission and provisions of Section 46 shall apply.

Section 46: Admission and Treatment of Persons with Mental Illness, with High Support Needs, in a Mental Health Establishment, beyond 30 days (Supported Admission beyond 30 days)

i) Upon application by the Nominated Representative of a person with mental illness, the medical officer or psychiatrist in charge of a mental health establishment shall continue admission of a person with mental illness in the establishment under this section if :

a) The person is already admitted in a mental health establishment under Section 45

and

b) Two psychiatrists have independently examined the person on the day of admission under this section or in the preceding 7 days and both conclude based on the examination and, if appropriate, on information provided by others that the person has a mental illness of a severity that the person :

(1) has consistently over time threatened or attempted to cause bodily harm to himself or herself; and/or;

(2) has consistently over time behaved violently towards another person or has consistently over time caused another person to fear bodily harm from him or her and/or;

(3) has consistently over time shown an inability to care for himself or herself to a degree that places the individual at risk of harm to himself or herself.

and

c) both psychiatrists, after taking into account an Advance Directive if any, certify that admission to a mental health establishment is the least restrictive care option possible in the circumstances

and

d) the person continues to remain ineligible to receive care and treatment as an independent patient as the person cannot make mental health care and treatment decisions independently and needs very high support from his or her Nominated Representative, in making decisions.

(ii) All admissions or renewals under this section shall be informed by the medical officer or psychiatrist in charge of the mental health establishment to the State Panel of the Mental Health Review Commission within 7 days of date of admission or renewal. Such admission or renewal shall be approved by the State Panel within a period of 21 days from the date it becomes effective. If the State Panel refuses to approve initial admission or renewal of admission, the person shall be discharged from the mental health establishment.

While reviewing applications for renewals the State Panel shall critically examine the need for institutional care, in particular, why such care cannot be provided in less restrictive settings based in the community. The mere absence of community based services cannot by itself, provide sufficient justification for continued admission in the mental health establishment. In all cases of application for renewal of admission under this section, the State Panel may demand that those in charge of treatment of the person with mental illness present a plan for community based treatment and the progress made, or is likely to be made, towards realizing this plan. .

(iii) Admission of a person with mental illness to a mental health establishment under this section shall be limited to a period up to 90 days. Further admission beyond this period, can be renewed up to a period of 120 days in the first instance and up to a period of 180 days thereafter, upon application by the Nominated Representative of the person, to the medical officer in charge of the mental health establishment and by following the procedure laid out in sub-section (i) and sub-section (ii) above. If the State Panel refuses to approve admission or renewal under this section as stated in sub-section (ii) above, or at the end of this period and no renewal has been made, or earlier if the person no longer meets the criteria for admission as stated in sub-section (i) above, the person shall cease to be kept admitted in the establishment under this section.

(iv) Treatment to a person with mental illness shall only be provided after taking into account an Advance Directive if any or if the person, with the support of his or her Nominated Representative has given informed consent to the treatment plan. The person may require a very high level of support from the Nominated Representative approaching 100 % support,

where the Nominated Representative temporarily consents to treatment on behalf of the patient. In all instances where the level of support required is of a such a high degree that the Nominated Representative has to temporarily consent to treatment on behalf of the person, the medical officer or psychiatrist in charge of the establishment shall record this in the notes and review this every 15 days.

(v) A person admitted under this section, or his or her Nominated Representative or a representative of a registered non-governmental organization with the consent of the person, may apply to the State Panel of the Mental Health Review Commission for review of the decision to admit the person to the mental health establishment under sub-section (i) above and the decision of the State Panel shall be binding on all parties.

(vi) All mental health establishments shall prominently display within the establishment, the contact details including address and telephone numbers of the State Panel of the Mental Health Review Commission. The mental health establishment shall provide the person with necessary forms to apply to the State Panel of the Mental Health Review Commission and also give free access to make telephone calls to the State Panel to apply for a review of the admission. In exceptional circumstances, the State Panel shall accept an oral request for review from a person admitted to a mental health establishment over the telephone.

(vii) Notwithstanding anything contained in this Act, if the medical officer or psychiatrist in charge of the mental health establishment becomes aware that the conditions in sub-section (i) are no longer met, the medical officer or psychiatrist in charge of the mental health establishment shall terminate the admission under this section, and inform the person and his or her Nominated Representative accordingly. The person may continue to remain in the mental health establishment as an independent patient, in appropriate circumstances.

Section 47 : Leave of Absence

(i) The medical officer or psychiatrist in charge of the mental health establishment may grant leave to any person admitted under Sections 43, 45 and 46 above, to be absent from the establishment subject to such conditions (if any) and for a duration as may be necessary. Such leave shall not extend beyond the period of the duration of admission permitted under Sections 43, 45 or 46. The medical officer or psychiatrist in charge of the mental health establishment shall secure the consent of the Nominated Representative before taking a decision granting leave.

(ii) The medical officer or psychiatrist in charge of the mental health establishment may in writing terminate the leave of absence when appropriate to do so.

(iii) If an individual does not return to the establishment following the expiry or termination of his or her leave of absence, the medical officer or psychiatrist in charge of the mental health establishment shall first contact the person on leave and his or her Nominated

Representative. If the person with mental illness and his or her Nominated Representative feel that continued admission in the mental health establishment is not necessary, they will convey this to the medical officer or psychiatrist in charge of the mental health establishment, who shall formally discharge the person from the mental health establishment after following all the procedures for discharge from the mental health establishment.

(iv) However, if the medical officer or psychiatrist in charge of the mental health establishment has grounds to believe that the person requires ongoing admission to a mental health establishment and the Nominated Representative agrees with this assessment of the medical officer in charge and the person with mental illness refuses to return to the hospital following expiry or termination of his or her leave of absence, the medical officer or the psychiatrist in charge of the mental health establishment shall ask the Police Officer in charge of the police station within the limits of whose station the mental health establishment is located, to convey the person back to the mental health establishment. A person not returned by the Police Officer within one month of expiry or termination of his or her leave of absence, may not be returned to the mental health establishment under this section and will be considered as discharged from the establishment. This does not preclude re-admission otherwise, if the relevant substantive and procedural requirements are met.

Section 48: Absence without Leave or Discharge

If a person admitted to mental health establishment under Sections 43, 44 (iii), 45, 46 and 59 absents himself or herself without leave or without discharge from the mental health establishment, he or she shall be taken into protection by any Police Officer at the request of the medical officer or psychiatrist in charge of the mental health establishment and taken back to the mental health establishment immediately.

Provided that in the case of a person with mental illness not admitted under Section 59, the power to take in protection and take back to the mental health establishment as aforesaid under this section shall not be exercisable after the expiry of a period of one month from the date of such absence from the mental health establishment.

Section 49 :Transfer of Persons with Mental Illness from one Mental Health Establishment to another Mental Health Establishment

(i) A person with mental illness admitted to a mental health establishment under Sections 43, 45, 46 or 59 may, subject to any general or special order of the State Panel be removed from such mental health establishment to another mental health establishment within the State or with the consent of the Mental Health Review Commission to any mental health establishment in any other State.

Provided that no person with mental illness admitted to a mental health establishment under an order made in pursuance of an application made under the Act shall be so removed unless intimation and reasons for the transfer have been given to the person with mental illness and his or her Nominated Representative.

(ii) The State Government may make such general or special order as it thinks fit directing the removal of any prisoner with mental illness from the place where he or she is for the time being detained, to any mental health establishment or other place of safe custody in the State or to any

mental health establishment or other place of safe custody in any other State with the consent of the Government of that other State.

Section 50: Emergency Treatment

(i) Notwithstanding anything contained in this Act, any medical treatment, including treatment for mental illness, may be provided by any registered medical practitioner to a person with mental illness either at a health establishment or in the community, subject to the informed consent of the Nominated Representative, where the Nominated Representative is available, and where it is immediately necessary to prevent:

- a) death or irreversible harm to the health of the person or;
- b) the person inflicting serious harm to himself or herself or to others; or
- c) the person causing serious damage to property belonging to himself or herself or to others where such behaviour is believed to flow directly from the person's mental illness.

(ii) Nothing in this section shall permit medical treatment that is not directly related to the emergency identified in sub-section (i).

(iii) Nothing contained in this section shall permit the use of Electro-convulsive therapy as a form of treatment.

(iv) Emergency treatment shall be limited to 72 hours or till the person has been assessed at a mental health establishment whichever is earlier. However in disasters or emergencies declared by the Government, the period of emergency treatment may extend upto 7 days.

Section 51 : Prohibited Treatments

Notwithstanding anything contained in this Act, the following treatments shall not be performed on any person with mental illness:

(i) Electro-convulsive therapy without the use of muscle relaxants and anesthesia

(ii) Electro-convulsive therapy for minors

(iii) Sterilization of men or women, when such sterilization is intended as a treatment for mental illness

(iv) Chained in any manner or form whatsoever

Section 52: Restriction on Psychosurgery for Persons with Mental Illness

Notwithstanding anything contained in the Act, psychosurgery shall not be performed as a treatment for mental illness unless the following conditions are met :

(i) informed consent of the person on whom the surgery is being performed and ;

(ii) approval from the State Mental Health Authority to perform the surgery.

The State Mental Health Authority may, from time to time, make regulations for the purpose of carrying out the provisions of this section.

Section 53: Restraints and Seclusion

(i) Physical restraint or seclusion may only be used when it is the only means available to prevent imminent and immediate harm to person concerned or to others.

(ii) Physical restraint or seclusion may only be used if it is authorized by the psychiatrist in charge of the person's treatment at the mental health establishment.

(iii) Physical restraint or seclusion shall not be used longer than is absolutely necessary to prevent the immediate risk of significant harm.

(iv) The medical officer or psychiatrist in charge of the mental health establishment shall be responsible for ensuring that the method, nature of restraint or seclusion, justification for its imposition and the duration of the restraint or seclusion are immediately recorded in the person's medical notes.

(v) In no case will restraint or seclusion be used as a form of punishment or deterrent, and under no circumstances shall lack of staff at the mental health establishment be permitted as a reason for the use of restraint or seclusion.

(vi) The Nominated Representative of the person with mental illness shall be informed about every instance of seclusion or restraint within a period of 24 hours.

(vii) A person who is placed under restraint or seclusion shall be kept at a place where he or she can cause no harm to himself or herself or others and under regular ongoing supervision of the medical personnel at the mental health establishment.

(viii) All instances of restraint and seclusion at the mental health establishment shall be included in a report to be sent to the State Panel on an monthly basis.

(ix) The State Panel may from time to time, make regulations for the purpose of carrying out the provisions of this section.

(x) The State Panel may order a mental health establishment to desist from applying restraint and seclusion if the Panel is of the opinion that the mental health establishment is persistently and willfully ignoring the provisions of this section.

Section 54: Discharge Planning

Whenever a person undergoing treatment for mental illness in a mental health establishment is to be discharged into the community or to a different mental health establishment or where a new psychiatrist is to take responsibility of the person's care and treatment, the psychiatrist who has been responsible for the person's care and treatment shall consult with the person with mental illness, the Nominated Representative, the family member or care-giver with whom the person with mental

illness will reside on discharge from the hospital, the psychiatrist expected to be responsible for the person's care and treatment in the future, and such other persons as may be appropriate, as to what treatment or services would be appropriate for the person. The psychiatrist responsible for the person's care shall in consultation with the above mentioned persons ensure that a plan is developed as to how these services shall be provided. Discharge planning applies to all discharges from mental health establishments. This section creates no right to impose treatment without consent.

Section 55: Research

(i) Free and informed consent shall be obtained by the professionals conducting the research, from all persons with mental illness for participation in all research involving interviewing the person or psychological, physical, chemical or medicinal interventions.

(ii) In case of research involving any psychological, physical, chemical or medicinal interventions to be conducted on persons who are unable to give free and informed consent but do not resist participation in such research, permission to conduct such research must be obtained from concerned State Mental Health Authority. The State Mental Health Authority may allow the research to proceed based on informed consent being obtained from the Nominated Representative of persons with mental illness, if the State Mental Health Authority is satisfied that :

- a) the proposed research cannot be performed on persons who are capable of giving free and informed consent and ;
- b) the proposed research is necessary to promote the health of the population represented by the person and;
- c) the purpose of the proposed research is to obtain knowledge relevant to the particular health needs of persons with mental illness and;
- d) a full disclosure of the interests of persons and/or organizations conducting the proposed research is made and there is no conflict of interest involved and;
- e) the proposed research follows all the national and international guidelines and regulations concerning the conduct of such research and ethical approval has been obtained from the institutional ethics committee where such research is to be conducted.

This sub-section does not restrict research based study of the case notes of persons who are unable to give informed consent, so long as the anonymity of the persons is secured.

Chapter VIII : Responsibilities of Other Agencies

Section 56 : Duties of Police Officers in respect of Persons with Mental Illness

(i) Every officer in charge of a police station :

(a) has a duty to take into protection any person found wandering at large within the limits of the police station whom the officer has reason to believe has mental illness and is incapable of taking care of himself or herself or;

(b) has a duty to take into protection any person within the limits of the police station whom the officer has reason to believe to be a risk to himself or herself or others by reason of mental illness.

(ii) A person taken into protection under sub-section (i) shall be informed of the grounds for taking him or her into such protection or if in the opinion of the officer taking the person into protection, the person has difficulty in understanding those grounds, his or her Nominated Representative, if any, is informed of such grounds.

(iii) Every person who is taken into protection by a police officer under this section shall be taken to the nearest public health establishment within a period of 24 hours for assessment of the person's health care needs. Under no circumstances shall such a person be detained in a police lock up or prison. The medical officer in charge of the public health establishment shall be responsible for arranging the assessment of the person at the nearest public mental health establishment and the needs of the person with mental illness will be addressed as per other provisions of the Act as applicable in the particular circumstances. After assessment at the mental health establishment if the person is found not to have a mental illness of a nature or degree requiring admission to the mental health establishment, the medical officer or psychiatrist in charge of the public mental health establishment shall inform this to the Police Officer who had taken the person into protection and the the Police Officer shall have a duty to convey the person to their residence or in case of homeless persons, to a government establishment for homeless persons. In case of persons with mental illness who are homeless or found wandering in the community, First Information Report (FIR) of a missing person shall be lodged at the concerned Police Station and the Station House Officer shall have a duty to trace the family of the homeless or wandering person with mental illness and inform the family of the whereabouts of the said person.

Section 57 : Report to the Magistrate of a Person with Mental Illness in a Private Residence who is Ill Treated or Neglected

(i) Every officer in charge of a police station, who has reason to believe that any person residing within the limits of the police station has a mental illness and is ill-treated or neglected shall forthwith report the fact to the Magistrate within the local limits of whose jurisdiction the person with mental illness resides.

(ii) Any person who has reason to believe that a person has mental illness and is ill-treated or neglected by any person having responsibility for care of this person, may report the fact to police officer in charge of the police station within whose jurisdiction the person with mental illness resides.

(iii) If the Magistrate has reason to believe based on the report of a police officer or otherwise, that any person with mental illness within the local limits of his jurisdiction is ill-treated or neglected the Magistrate may cause the person with mental illness to be produced before the Court and make an order under Section 58.

Section 58 : Conveying or Admitting a Person with Mental Illness to a Mental Health Establishment by a Magistrate

(i) When any person with mental illness or who may have a mental illness appears or is brought before a Magistrate, the Magistrate may, order in writing :

(a) that the person is conveyed to a public mental health establishment for assessment and treatment if necessary. At the mental health establishment, the person will be dealt with as per other provisions of the Act as applicable in the particular circumstances or ;

(b) authorise the admission of the person with mental illness in a mental health establishment for such period not exceeding ten days for enabling any medical officer or psychiatrist in charge of the mental health establishment to carry out an assessment of the person and to plan for necessary treatment, if any. On completion of the period of assessment, the medical officer or psychiatrist in charge of the mental health establishment shall submit a report to the Magistrate and the person shall be dealt with as per provisions of this Act as applicable in the particular circumstances.

Section 59 : Prisoners with Mental Illness

(i) An order under Sec. 30 of the Prisoners Act, 1900 (3 of 1900) or under Sec. 144 of the Air Force Act, 111950 (45 of 1950), or under Sec. 145 of the Army Act 1950 (46 of 1950), or under Sec. 143 or Sec. 144 of the Navy Act, 1957 (62 of 1957), or under Sec. 330 or Sec. 335 of the Code of Criminal Procedure 1973 (2 of 1974), directing the admission of a prisoner with mental illness into any suitable mental health establishment, shall be sufficient authority for the admission of such person in such establishment to which such person may be lawfully transferred for detention therein.

(ii) The responsible medical officer of a prison or jail shall send quarterly reports to the State Panel that there are no prisoners with mental illness in the prison or jail. The State Panel may visit the prison or jail if it wishes to do so. The State Panel also has the right to question the responsible medical officer as to why prisoners with mental illness if any, are in the prison or jail and not transferred for treatment to a mental health establishment.

(iii) The medical officer in charge of a mental health establishment wherein any person referred to in sub-section (i) is detained, shall once in every six months, make a special report regarding the mental and physical condition of such person to the authority under whose order such person is detained.

Section 60 : Question of Mental Illness in Judicial Process

(i) Notwithstanding anything contained in any other Act, proof of a person's current or past admission to a mental health establishment or proof of a person's current or past

treatment for mental illness shall not by itself be ground for granting divorce.

(ii) If during any judicial process before any competent court proof of mental illness is produced and is challenged by the other party, the court shall refer the same for further scrutiny to the State Panel of Mental Health Review Commission and the State Panel after examination of the person alleged to have a mental illness, either by itself or through a committee of experts, shall give its opinion to the relevant court.

Chapter IX : Penalties and Miscellaneous Provisions

Section 61: Penalties for Establishing or Maintaining a Mental Health Establishment in contravention of Chapter VI

(i) Whoever carries on a mental health establishment without registration shall, be punishable by the State Mental Health Authority with a fine upto fifty thousand rupees for the first offence, for second offence with fine which may extend to two lakh rupees and for subsequent offences with fine which may extend to five lakh rupees.

(ii) Whoever knowingly serves in a mental health establishment which is not duly registered under this Act, shall be punishable by the State Mental Health Authority with a fine which may extend to twenty five thousand rupees.

(iii) Whoever fails to pay the fine, the State Mental Health Authority may forward the order to the Collector of the District in which such person owns any property or resides or carries on his business or profession or where the mental health establishment is located, and the Collector shall recover from such persons or mental health establishment the amount specified thereunder, as if it were an arrear of land revenue.

Section 62: General Provision for Punishment of Offences

Any person who contravenes any of the provisions of this Act, or of any rule or regulation made thereunder shall be punishable by a State Panel of the Mental Health Review Commission with imprisonment for a term which may extend upto six months, or with a fine which may extend upto ten thousand rupees or both, for any subsequent offence punishable with imprisonment for a term upto two years or with fine minimum of fifty thousand which may extend upto five lakh rupees.

Any person aggrieved by the decision of the State Panel of the Mental Health Review Commission may appeal to the High Court of the State within 60 days from the date of the decision.

Section 63 : Special Relaxation in Requirements for States in North East and Hill States

(i) The provisions of this section shall be applicable to the following States taking into consideration communication, travel and transportation difficulties in these States

- a) Assam
- b) Meghalaya

- c) Tripura
- d) Mizoram
- e) Manipur
- f) Nagaland
- g) Arunachal Pradesh
- h) Sikkim

(ii) For the States included under sub-section (i) above, the following relaxations shall apply :

(a) Under Section 22 sub-section (iii), the President of the Commission may appoint a single Committee for all the states.

(b) Under Section 27 sub-section (ii) and sub-section (iii) where a period of 7 days is mentioned it shall be read as a period of 10 days and where a period of 21 days is mentioned it shall be read as a period of 30 days.

(c) Under Section 43 sub-section (vi) where a period of 72 hours is mentioned it shall be read as 120 hours and where a period of 7 days is mentioned it shall be read as 10 days.

(d) Under Section 44 sub-section (iii) where a period of 24 hours is mentioned it shall be read as 72 hours.

(e) Under Section 45 sub-section (iv) where a period of 3 days is mentioned it shall be read as 7 days and where a period of 7 days is mentioned it shall be read as 10 days.

(f) Under Section 46 sub-section (ii) where a period of 7 days is mentioned it shall be read as 10 days and where a period of 21 days is mentioned it shall be read as 30 days.

(g) Under Section 50 sub-section (iv) where a period of 72 hours is mentioned it shall be read as 120 hours

(iii) This section shall lapse at the end of 10 years from the date of the Act coming into force.

(iv) The provisions of Section 63 (ii) (b) to (g) shall apply to the hill states of Uttarakhand and Himachal Pradesh, and Union Territories of Lakshadweep and Andaman and Nicobar Islands.

Section 64. Attempt to Commit Suicide due to Mental Illness

(i) Any person who has attempted to commit suicide shall be examined by a psychiatrist before any criminal investigation in to the attempt to commit suicide.

(ii) If the psychiatrist concludes based on history and clinical examination and certifies that

a) the person has a mental illness and;

b) there are reasonable clinical grounds to believe the suicide attempt was a result of the mental illness

no complaint, investigation or prosecution shall be entertained against the person who attempted to commit suicide, notwithstanding anything contained in the Indian Penal Code.

iii) The Government has a duty to provide care, treatment and rehabilitation to a person who has attempted suicide to reduce the risk of recurrence of attempted suicide

Section 65 . Protection of Action taken in Good Faith

(i) No suit, prosecution or other legal proceeding shall lie against any person for anything which is in good faith done or intended to be done in pursuance of this Act or any rules, regulations or orders made thereunder.

(ii) No suit or other legal proceeding shall lie against the Government for any damage caused or likely to be caused for anything which is in good faith done or intended to be done in pursuance of this Act or any rules, regulations or orders made thereunder.

Section 66 . Effect of Act on other Laws

The provisions of this Act shall have effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force and to the extent of such inconsistency that other law shall be deemed to have no effect.

Section 67 . Power to Remove Difficulty

If any difficulty arises in giving effect to the provisions of this Act in any State, the State Government may, by order, do anything not inconsistent with such provisions which appears to it to be necessary or expedient for the purpose of removing the difficulty. Provided that no order shall be made under this section in relation to any State after the expiry of two years from the date on which this Act comes into force in that State.

Section 68. Repeal and Saving

(i) The Mental Health Act, 1987 is hereby repealed.

(ii) Notwithstanding such repeal, anything done or any action taken under either of the said Acts shall, in so far as such thing or action is not inconsistent with the provisions of this Act, be deemed to have been done or taken under the corresponding provisions of this Act and shall continue in force until superseded by anything done or any action taken under this Act or any other Act.