

No. V.15011/09/2017-PH-I
Government of India
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi – 110108
Dated 20th September, 2017

NOTICE

Subsequent to the Mental Healthcare Bill, 2017 receiving assent of the Hon'ble President of India, a Committee of Experts comprising of persons representing various stakeholders in the field of mental health was constituted for framing Rules and Regulations under the Mental Healthcare Act, 2017.

The Committee has submitted the draft of the Rules and Regulations to be framed under the Mental Healthcare Act, 2017 containing the following:

- i. Rules to be framed under Section 121
- ii. Regulations to be framed by the Central Authority under Section 122
- iii. Regulations to be framed by the State Authorities under Section 123

All stakeholders are requested to submit their comments on the draft Rules and Regulations to Mr. Oma Nand, Director, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi – 110108 (e-mail: oma.nand@nic.in) latest by 20th October, 2017.



(Ajaya Kumar KP)

Under Secretary to the Government of India
Telefax: 011-23061342

Ministry of Health and Family Welfare

Government of India

(Department of Health and Family Welfare)

NOTIFICATION

NEW DELHI, the..... 2017

G.S.R.....

In exercise of the powers conferred by Section 121 of the Mental Healthcare Act, 2017, the Central Government hereby makes the draft rules, as depicted in Part-1

Further, in exercise of powers conferred by Section 122 of the Mental Healthcare Act, 2017, the Central Government hereby makes the draft regulations, on behalf of Central Mental Health Authority as depicted in Part-II, which may be modified by the Central Mental Authority.

Finally, in exercise of powers conferred by Section 123 of the Mental Healthcare Act, 2017, the Central Government hereby makes the draft regulations, on behalf of State Mental Health Authority as depicted in Part-III, which may be modified or edited or ratified by the State Mental Authority.

OBJECTIONS AND SUGGESTIONS

Draft of the rules of Mental Healthcare Act is hereby published for the information of all persons likely to be affected thereby; and notice is hereby given that the said draft rules shall be taken into consideration after the expiry of a period of 30 days from the date on which the copies of the Official Gazette in which this notification is published are made available to the public;

Objections/suggestions, if any, may be addressed to [Name of the officer] Department of Health and Family welfare, [Address] New Delhi, Pin code or by email at ID.....@nic.in.

The objections and suggestions received from any person with respect to the said draft rules before the expiry of the period specified above, shall be considered by the Central Government.

DRAFT RULES

Part-I

Chapter – I

Preliminary

1. Short title, extent and commencement.-

- (1) These Rules may be called the Mental Healthcare Rules 2017.
- (2) These Rules shall come into force on date of their publication in the Official Gazette.
- (3) These rules shall extend to the whole of India

2. Definitions

- (1) In these rules unless the context otherwise requires,-
 - (a) "Act" means the Mental Healthcare Act, 2017 (No. 10 of 2017)
 - (b) "Clinical psychologist" means a person having such qualifications as specified in the Act, Section 2, sub-section (1) clause (g). [Section 121 Subsection (3), Clause (a)]
 - (c) "Form" means a form appended to these rules.
 - (d) Psychiatric Social Worker means a person having such qualifications as specified in the Act, Section 2, sub-section (1) clause (x). [Section 121 Subsection (3), Clause (b)]
- (2) Words and expressions defined in the Act but not defined in these Rules, shall have the meanings respectively assigned to them in the Act. Further, the words and expressions used and not defined in this Act or Rules but defined in the Indian Medical Council Act, 1956 or the Indian Medicine Central Council Act, 1970 and not inconsistent with this Act shall have the meanings respectively assigned to them in those Acts.

Chapter II

Central Mental Health Authority-

3. Manner of nomination of non-ex-officio members of the Central Authority.-

[Under section 121 sub-section (3), clause (c) read with section 34, sub-section (2) and section]

The following procedure shall be followed for nomination of non-ex-officio members

- a. The Central Government through the Secretary, Ministry of Health and Family Welfare in the first instance, and later through the Chairperson of the Central Authority, shall call for applications through public advertisement in national and local language newspapers and official website of the Department of Health and Family Welfare.

For selection as a Member of the Committee, the applicant shall be less than 70 years of age and shall have the respective qualifications (only for mental health professionals) as specified in the Act and these Rules.

Application shall be submitted along with self-attested copies of relevant documents to support candidature, in a manner as specified by the Central Government to the CEO of the Authority.

The Secretary, Ministry of Health and Family Welfare in the first instance, and later the Chairperson of the Central Authority shall have all the applications screened and recommend a list of names to the Central Government for appointment to the Central Mental Health Authority.

- b. Two persons representing care-givers of persons with mental illness as specified under section 34, sub-section 1 and clause (n), shall be family members, residing with and providing care to the family members with mental illness or representatives of organizations of care-givers
- c. Two persons representing non-governmental organizations working in the area of mental health, as specified under section 34, sub-section 1 and item (o), shall be representatives of registered NGOs with 10 years' experience in the field of mental health
- d. If amongst the nominated members of the Authority under Section 34, sub-section (1) clause (g) and (i), there is no psychiatrist, then one psychiatrist

shall be nominated as a member under Section 34, sub-section (1) clause (p)-
Section

4. Salaries and allowances and other terms and conditions of service of the chairperson and members Central Authority

[Under sub-section (3) of section 35; (Page 16) and Section 121 Subsection (3), Clause (d)]

- 1) All ex-officio members including the Chairperson shall be draw their salaries and allowances as admissible to them as per their primary appointment in Government service.
- 2) Where the chairperson or a member of the Central Authority is a retired Government servant or a retired official of any institute or body funded by the Government, and draws a pension in respect of such previous service, the salary admissible to him shall be reduced by the amount of the pension and by the amount of commuted value of the pension if any.
- 3) All non-ex-officio members and any special invitees shall be paid a daily fee for attending the meetings of the Authority or any work undertaken for the Authority as per existing norms of Central Government from time to time.
- 4) Non ex-officio members and any special invitees shall be paid TA/DA as admissible to Group A officers of the Central Government.
- 5) No additional pension and gratuity shall be admissible for service rendered to the Authority.

5. Procedure for registration (including registration fees) of the mental health establishments

[Under Section 121 sub-section (3), (e) read with sub-section (2) of section 43, page 19]

- a) The Central Mental Health Authority shall be the Registering Authority for Mental Health Establishments funded or run by the Central Government.
- b) Every application for registration of the mental health establishment under this Act shall be accompanied by a fee which shall be notified by the Authority.
- c) If the Central Health Authority is satisfied that the applicant fulfils the conditions laid down in the Act under Section 66, it shall grant the Registration in the Form A-3.

Chapter-III

State Mental Health Authority

6. Nomination of members of the State Authority

[Under section 121 sub-section (3), clause (f) read with sub-section (2) of section 46, page 19]

1) Nomination of Ex-officio representatives from the relevant State Government Ministries or Departments:

[Under section 46, sub-section 1, clause (e)]

On advice from the State Government, the Chairperson of the Authority may seek nominations of officers from relevant Government Ministries or Departments, other than those specified in clauses (a) to (d) of sub-section 1 of section 46, to be on the State Authority.

2) Nomination of non-ex-officio members

[Under section 46, sub-section (1) from (g) to (n)]

For selection of non-ex officio members of the authority, the following procedure shall be followed:

- a. The State Government through the Secretary, Department of Health and Family Welfare in the first instance and later through the Chairperson of the State Authority shall call for applications through public advertisement in national and local language newspapers and official website of the Department of Health and Family Welfare.

Application shall be submitted along with self-attested copies of relevant documents etc. to support candidature, in a manner as specified by the State Government to the CEO of the Authority. For selection as a Member of the Committee, the applicant shall be less than 70 years of age and shall possess the respective qualifications (only for mental health professionals) as specified in the Act and these Rules.

The Secretary, Department of Health and Family Welfare in the first instance and later the Chairperson of the State Authority shall get all the applications screened and recommend a list of names to the State Government for appointment to the State Mental Health Authority.

- b. Two persons representing care-givers of persons with mental illness as specified under section 46, sub-section 1 and clause (m), shall be family members, residing with and providing care for the family members affected with mental illness or organizations representing care-givers
- c. Two persons representing non-governmental organizations working in the area of mental health, as specified under section 46, sub-section 1 clause (n), shall

be representatives of registered NGOs with 10 years' experience in the field of mental health.

7. Salaries, allowances and other terms and conditions of service of the chairperson and members of the State Mental Authority

[Under Section 121 sub-section (3), clause (g) read with sub-section (3) of section 47, page 20]

- 1) All ex-officio members including the Chairperson shall be draw their salaries and allowances as admissible to them as per their primary appointment in Government service.
- 2) Where the chairperson or a member of the State Authority is a retired Government servant or a retired official of any institute or body funded by the Government, and draws a pension in respect of such previous service, the salary admissible to him shall be reduced by the amount of the pension and by the amount of commuted value of the pension if any.
- 3) All non-ex-officio members and any special invitees shall be paid a daily fee for attending the meetings of the Authority or any work undertaken for the Authority as per existing norms of the State Government from time to time.
- 4) Non ex-officio members and any special invitees shall be paid TA/DA as admissible to Group A officers of the State Government.
- 5) No additional pension and gratuity shall be admissible for service rendered to the State Authority.

8. The procedure for registration (including the fees to be levied for such registration) of the mental health establishments

[Under section 121 subsection (3), clause (h) read with sub-section (2) of section 55; page 22]

- (a) The State Mental Health Authority shall be the Registering authority for the Mental Health Establishments predominately funded by the State Government.
- (b) The State Mental Health Authority shall be the registering authority for the Mental Health Establishments situated in the districts of the State except Central Government Establishments.
- (c) Every application for registration of a mental health establishment under this Act shall be accompanied by a fee which shall be notified by the Authority
- (d) If the Mental Health Authority is satisfied that the applicant fulfils the conditions laid down in the Act under Section 66, it shall grant the Registration.

Chapter – IV

Finance, Accounts and Audit

9. Accounts and Audit of Central Authority

[Under section 121, sub-section (3), clause (i) read with sub-section (1) of section 59]

An annual statement of accounts and other relevant records shall be prepared and submitted by the Central Authority to the Central Government, in such form and within such time as may be prescribed by the Central Government.

10. Annual report of Central Authority

[Under section 121 sub-section (3) read with clause (j) section 60, clause (a)]

(a) The Chief Executive Officer or any other officer of the Authority duly authorized by the Chief Executive Officer shall prepare the annual report of the Authority in such form as may be prescribed by the Central Government, on or before the 30th day of June following the financial year to which that report relates.

(b) The annual report so prepared, after its approval by the Chairperson of the Central Authority, shall be signed and its copies shall be forwarded to the Central Government along with copies of annual accounts and auditor's reports in a manner required by the Central Government.

11. Accounts and Audit of State Authority

[Under section 121 sub-section (3), clause (k) read with sub-section (1) of section 63]

Annual statement of accounts and other relevant records shall be prepared and submitted by the State Mental Health Authority to the State Government, in such form as may be prescribed by the State Government.

12. Annual Report of State Authority

[Under section 121, sub-section (3), read with clause (l) section 64,]

(a) The Chief Executive Officer or any other officer of the Authority duly authorized by the Chief Executive Officer shall prepare the annual report of the Authority in such form as may be prescribed by the State Government, on or before the 30th day of June following the financial year to which that report relates.

(b) The annual report so prepared, after its approval by the Chairperson of the State Authority, shall be signed by the authorized person and its copies shall be forwarded to the State Government along with copies of annual accounts and auditor's reports in a manner required by the State Government.

Chapter-V

Mental Health Review Boards

13. Manner of constitution of the Mental Health Review Boards by the State Authority for a district or groups of districts

[Under section 121, sub-section (3), clause (m) read with sub-section (3) of section 73, page 29]

The State Mental Health Authority may, constitute, in consultation with the State Government, more than one Board in a district or one Board for two or more districts after giving due consideration to the pendency of cases, area or terrain of the district, population density and any other relevant consideration prescribed by the Central Government.

14. Constitution of the Mental Health Review Boards

[Under section 121 sub-section (4) clause (p) read with sub-section (3) of section 73, page 29]

- a. The State Mental Health Authority through the Chairperson shall initiate the process of constituting Mental Health Review Boards by appointing members as necessary and filling up vacancies three months prior to an incumbent demitting office. If a vacancy arises on account of resignation or death of the Chairperson or a Member of the Board, the State Authority shall immediately initiate the process for filling up such vacancy.
- b. For selection of members of the Board as listed in section 74, sub-section (1) c & d, the State Authority shall call for applications through public advertisement in national and local language newspapers and official website of the Authority
- c. The Chief Executive Officer of the State Authority shall screen all the applications received and place the applications which fulfill the basic eligibility requirements before the chairperson who shall make the appointments.
- d. The State Mental Health Authority shall arrange for chairpersons and members of the boards to undergo induction training in mental health law and related areas for not less than two working days.

15. Disqualifications of chairperson or members of the Board

[Under clause (e) of sub-section (2) of section 74 and section 121 Subsection (3), Clause (n)]

- a. In addition to the disqualifications listed in clauses (a) to (d) of sub-section (2) of section 74, a chairperson or a member of the Board appointed by the State Authority shall stand disqualified if he holds:
 - i. Any full-time or part-time assignment that prevents him from giving adequate time and attention to the work of the Board as provided in the Act and the Rules

- ii. Any office in any political party during his/her tenure with the Board

- b. If a complaint is received against the chairperson or a member of the Board and if on enquiry by the competent authority it is found that there is substance in the complaint and the conduct of the chairperson or a member is unbecoming of the office he holds, the State Government may pass an order disqualifying him from the office he holds.

Chapter – VI Capacity to Consent

16. Manner of proof of mental healthcare and treatment related to capacity to consent of person with mental illness

[Under section 121, sub-section (4), clause (a) read with sub-section (1) of section 4, page 5]

The expert committee appointed by Central Mental Health Authority under section 81, sub section (1), shall determine the manner of proof of mental health care and treatment related to capacity to consent of person with mental illness.

Chapter- VII Rights of Persons with Mental Illness

17. Provision of half-way homes, sheltered accommodation and supported accommodation

[Under clause (b) of sub-section (4) of section 18, page 9 and section 121, subsection (4), clause (b)]

State Government shall establish and provide half-way homes, sheltered accommodation and supported accommodation of a minimum acceptable standard, as laid down in Schedule A.

18. Hospitals and community based rehabilitation establishment and services

[Under section 121, subsection (4), Clause (c) read with clause (d) of sub-section (4) of section 18, page 9]

State Government shall establish and provide hospitals and community based rehabilitation establishment and services, of a minimum acceptable standard, as laid down in the Schedule B

19. Right to access basic medical records

[Under sub-section (1) of section 25, page 13 and section 121 Subsection (4), Clause (d)]

- a) A person with mental illness shall be entitled to receive documented medical information pertaining to his/her diagnosis, investigation, assessment and treatment as per the medical records.
- b) A person may apply for a copy of his basic medical record by making a request in writing, on Form-C, addressed to the medical officer or mental health professional in charge of the mental health establishment.
- c) In response to the request basic medical records shall be provided to the applicant as per Schedule-C, within a period of three working days from the day the application is received.
- d) If a mental health professional/ mental health establishment is unable to decide, whether to disclose information or provide basic medical records or any other records to the applicant for ethical legal or other sensitive issues, he may make an application to the Mental Health Review Board stating the issues involved and his views in the matter with a request for directions in the form of a written order.

20. Right to Free Legal Aid

[Under sub-section (2) of section 27, page 14, section 121 subsection (4), clause (e)]

All mental health establishments shall display signage board in a prominent place in local language regarding the right of the persons with mental illness to seek free legal aid and contact information of the Legal Service Authority.

Chapter VIII

Mental Health Establishments

21. Application for Registration of a Mental Health Establishment

[Under section 121 sub-section (4), clause (f) read with explanation to sub-section (2) of section 65, page 25, and sub-sections 10 of section 66]

A mental health establishment registered under any law in force, besides submitting a copy of such registration, shall submit an application for registration/renewal of provisional registration to the Central Mental Health Authority or the State Mental Authority as appropriate in the Form A-1.

[Under sub-section (1) of section 66, page 26, -Section 121 Subsection (4), Clause (h)]

Every application for registration of the mental health establishment under this Act shall be accompanied by a fee which shall be notified by the Authority

22. Certificate of Provisional Registration

[Under section 121, subsection (4), clause (i) read with sub-section (4) of section 66, Page 26]

Certificate of provisional registration and renewal of provisional registration shall be issued by the Authority in Form A-3.

23. Renewal of Provisional Registration

[Under sub-section (11) of section 66, page 26 Section 121 sub-section (4), clause (j)]

The appropriate Authority shall allow renewal of provisional registration as per Form A-2, on an application made by the Mental Health Establishment, after the expiry of provisional registration, on payment of such fees as may be notified by the Authority.

24. Certificate of Registration

[Under section 121, subsection (4), clause (g) read with sub-section (3) of section 65, page 25]

The certificate of permanent registration shall be issued by the Authority to a mental health establishment which has applied for such registration and fulfills the standards specified in Form A-3.

25. Audit of Mental Health Establishments

[Under sub-sections (1) and (2) of section 67, page 27 and section 121 sub-section (4), clause (k)]

1) Conducting an Audit

- a. Mental Health Authority shall authorize in writing, the Mental Health Board of the jurisdiction to conduct audit of a mental health establishment and submit the report.
- b. The Mental Health Board may undertake audit of the mental health establishment by itself or may request the representatives of local community to conduct audit.
- c. The audit team shall include two eminent representatives of the local community of whom one shall be a psychiatrist and one a representative of an organisation working for persons with mental illness and their families.

2) Fees for Audit

The Mental Health Establishment shall be charged an audit fee as fixed by the State Mental Health Authority.

26. Inspection and Inquiry of Mental Health Establishments

[Under sub-section (1) of section 68, page 28 and section 121, sub-section (4), clause (l)]

- (1) The Mental Health Authority may conduct inspection or inquiry of a mental health establishment by itself or may ask the Mental Health Review Board with relevant jurisdiction to conduct such inspection or inquiry and submit a report.
- (2) Chairperson of the Authority or the Board as the case may be shall entrust the inspection or inquiry to one of the members or officers of the Authority or Board as the case may be or to a prominent person from the local community.

27. Search of a mental health establishment operating without registration

[Under section 121 sub-section (4), clause (m), sub-section (6) of section 68; page 28]

The following procedure shall be followed:

- a. Search orders shall be issued in writing by the Chairperson of the Authority.
- b. A copy of the search order shall be forwarded to the local police station to facilitate investigation and collection of evidence, and to provide security to the search team.
- c. The search team and accompanying police personnel shall ensure minimal disruption to the activities at the establishment involving persons with mental illness in the establishment.

- d. The search team and police personnel shall collect relevant evidence such as photographs, videos, audio-recording, testimonials, records etc. relevant to the investigation in hand.
- e. The search team may interact with the persons with mental illness in the establishment to get their feedback.
- f. The search team may enquire into human right violations such as violence, abuse, seclusion, and use of restraints. The team may also enquire into the treatment administered, method of admission, safety, food, sanitation, security and so forth.
- g. The search team may inspect any room or any part of the establishment.
- h. No person from the establishment shall cause any obstruction when the search is being conducted.
- i. The search team shall review medical records and all aspects of the treatment of persons with mental illness admitted to the establishment.
- j. The evidence collected by the search team shall not be divulged or published in media without the permission of the Authority.

28. Fees for issuing a duplicate certificate

[Under sub-section (2) of section 70; page 28 and section 121 subsection (4), clause (n)]

Every request for issuing a duplicate registration certificate, under the Act shall be accompanied by a fee as prescribed the Authority.

29. Maintenance of Register of Mental Health Establishments in Digital Format

[Under section 71, page 28 and section 121, sub-section (4), clause (o)]

A category-wise register of Registered Mental Health Establishments, shall be maintained by the Authority in digital format as per Form A-5.

Chapter IX

30. Constitution of the Mental Health Review Boards

[Section 73, sub-section (3), page 29 and section 121, sub-section (4), clause (p)]

1) Appointments:

- a) Initiation: The State Government through the State Authority shall initiate the process of constituting the Mental Health Review Boards and also filling up a vacancy within three months of its occurrence or three months prior to the incumbent demitting office. If a vacancy arises on account of resignation or death of the Chairperson or a Member of the Board, the State Authority shall immediately initiate the process for filling up such vacancy.
- b) Appointments: For selection of Chairperson of the Board, the Authority shall make appointments in consultation with the Chief Justice of the High Court of the state. For selection of Members of the Boards, as required in section 74 sub-section (1) clause (c) and (d) the State government through the State Authority shall call for applications through public advertisement in the local and national newspapers and official website of the Department.
- c) Screening: The State Authority shall screen all the applications received and retain the applications which fulfill the basic eligibility requirements.
- d) Selection: The State Authority shall evaluate and shortlist the candidates on the basis of required qualifications.
- e) Disqualifications: A Chairperson or any member selected by the State Authority should not:
 - i. hold such full-time occupation that may not allow him to give necessary time and attention to the work of the Board as per the Act and rules;
 - ii. hold any office in any political party during his/her tenure,
 - iii. be insolvent.
- f) Renewal of tenure: The State Authority may consider renewal of tenure of a member based on performance of the Member as assessed by the Chairperson during the tenure and keeping in view complaints if any, received and addressed against the member under consideration for an extension of tenure.
- g) Panel of List: The State Authority shall, on the basis of the evaluation procedure and criteria, select and recommend a panel of names in order of merit to the State Government for appointment as Members of the Board

- h) Waiting List: The State Authority shall prepare a three members panel list for each position, which shall be valid for a period of one year which may be extended by six months only.
- i) Notification of appointment: The list of finalized names shall be duly signed by the Chairperson of the State Authority and he/she shall forward the finalized list to the State Government for appointment.
- j) The State Government shall constitute one or more Boards, in each district or a Board for a cluster of districts through notification in Official Gazette within a period of two months of receipt of recommendations from the State Authority.
- k) Vacancy: If a vacancy in the Board arises, the State authority shall inform the State Government for filling up such vacancy from the panel.
- l) Complaint: If any complaint is received against a member of the Board or Chairperson, the State Government may hold inquiry except that complaints against a judicial officer on the Board may be forwarded to the Registrar of the High Court for action. The State Government or the High Court shall complete the inquiry within a period of one month and take appropriate action within two months.
- m) Suspension: If a criminal case is registered against the chairperson or a member of the Board, Government may suspend the appointment till the case is disposed of.

2) Leave:

A Member shall be entitled to thirty days of earned leave for every year of service. The payment of salary during leave shall be governed by the Central Civil Services (Leave) Rules, 1972

3) Medical Facility:

The Chairperson and other Members shall be entitled to medical treatment and hospital facilities as provided in the Central Government Health Scheme (CGHS) to a retired Government servant. At places where the said Scheme is not in operation, the Chairperson and other Members shall be entitled to the facilities as provided in the Central Service (Medical Attendance) Rules, 1944

4) Training:

The State Mental Health Authority shall arrange for newly appointed chairpersons and members of the Board to undergo induction training in mental health law and

related areas for not less than two working days. The State Authority may also arrange periodic refresher programs for them at periodic intervals.

31. Salary and allowances and other terms and conditions of service of Chairperson and Members:

[Under section 121 sub-section (4), Clause (q), read with sub-section (3) of section 75; page 30]

- a) If a retired Judge of the District Court, is appointed as a Chairperson, he/she shall be entitled to the consolidated monthly honorarium together with the pension or pensionary value of the terminal benefits, or both received by him/her not exceeding the last pay drawn.
- b) If any member of the Board is a retired government servant, local authority, public sector undertaking or recognized research institution, the consolidated monthly honorarium payable together with the pension or pensionary value of the terminal benefits, or both received by him/her shall not exceed the last pay drawn.
- c) If Chairperson or any member is in service of the State or Central government, his/her salary shall be in accordance with the rules applicable to Government servants of his cadre. He/she shall receive travel allowance only for the day of sitting.
- d) Every Member, who is not a servant of the Government, shall be paid a sitting fee for each day as prescribed by the Government. Further, other allowances shall be paid as may be determined by the appropriate government, from time to time.
- e) No additional pension and gratuity shall be admissible for service rendered to the Board.

32. Method, Modalities and Procedure for transfer of prisoners with Mental Illness

[Under section 121, and sub-section (4), and clause (r) and sub-section (2) of section 103, page 42)]

Persons with mental illness at prisons shall be transferred to other mental health establishments as prescribed by the Government from time to time

33. Standards and Procedures of Mental Health Services in Prison

[Under sub-section (7) of section 103, page 43, and -Section 121 Subsection (4), Clause (s)]

Mental Health Services provided in a prison in terms of sub-section (6) of section 103, shall be as required to be provided by a mental health establishment and shall conform

to the same standards and procedures as laid down for Mental Health Establishments under the Act.

34. Admission and Discharge

[(Under section 121, sub-section (4) clause (u)]

- 1) Application for independent admission in a mental health establishment, under section 86, sub-section (1) shall be made in writing on Form B-1.
- 2) Application for admission of a minor in mental health establishment, under section 87, sub-section (2), shall be made in writing by his nominated representative on form B-2
- 3) Application for admission, with high support needs, under section 89, sub-section (1) shall be made in writing by a nominated representative on Form B-3.
- 4) Application for continued supported admission beyond thirty days, under section 90, sub-section (2), shall be made by the nominated representative on Form B-4.
- 5) Application for discharge by independent patient, under section 88, sub-section (1) shall be made on Form B-5.
- 6) Application for leave of absence, under section 91, shall be made by the nominated representative on Form B-6
- 7) Intimation to police about unauthorized absence (without leave/discharge) of an inpatient from mental health establishment, under section 92 shall be made on Form B-7.

35. Power to Call for Information

[Under section 121 sub-section (4), and clause (t) section 110, page 44]

The Central Government may, by a general or special order, call upon the Authority or the Board to furnish information regarding

- a) Annual Report from both State Authority and Mental Health Review Board regarding their activities
- b) Any information concerning the activities carried on by the Authority or the Board

36. Reimbursement of the cost if minimum mental health services are not available

[Proviso to clause (f) of sub-section 4 of section 18, page 10]

The cost of treatment where the minimum mental health services are not available shall be made in the following manner:

- a) If the minimum mental health services specified under sub-clause (a) to (e) of sub-section (4) of section 18 are not available in the district where a person with

mental illness resides, the aggrieved person may apply to the respective Board for reimbursement of the expenditure.

- b) The Board, on receipt of such a request reimbursement of the expenses, shall examine the case and shall issue an order to reimburse the cost as under:
 - I. For non-availability of acute treatment from the Civil Surgeon of the District Hospital if the patient is residing in district or from the District Health Officer (DHO) if the patient is residing in rural area as per the prevailing CGHS rate.
 - II. For the non-availability of services as mentioned in Section 18 (4) (b) to (e) from the officer in-charge of Department of Social Welfare

Form A-1
(See Rule 21)

[U/S 65 (2) Explanation and 66 (10)]

**APPLICATION FOR PROVISIONAL/RENEWAL OF PROVISIONAL
REGISTRATION BY A MENTAL HEALTH ESTABLISHMENT**

1. Name of the establishment:
2. Postal address of the establishment:
3. Category of establishment:
4. Name, qualifications and experience of the in-charge of the establishment:
5. Number of beds:
6. Past/Current Registration No..... (Attach a copy of Registration Certificate)

[In case registration was under the Clinical Establishments Act, 2010 or any other law, such Registration No with a copy of Registration Certificate.]

7. Services provided (tick what is provided)
 - (a) Out-patient
 - (b) In-patient
 - (c) Emergency
 - (d) Day Care
 - (e) ECT
 - (f) Imaging
 - (g) Psychological testing
 - (h) Investigation and laboratory
 - (i) Any other (Specify)

8. Staff (Numbers):
 - (a) Medical officers and specialists
 - (b) Para-medical/ para-clinical staff
 - (c) Attenders
 - (d) Health educators
 - (e) Multi-purpose workers
 - (f) Attenders.
 - (g) Others (Specify)

9. Details of registration fee paid:

Declaration: We hereby undertake to abide fully by the provisions of the Mental Health Care Act, 2017 and rules and regulations laid down under it.

Prayer: We request for provisional/renewal of provisional registration of our Mental Health Establishment with the Authority under the provisions of the Act.

Date

Place

Signed by the authorized signatory
(Name and designation of the signatory)

Stamp of the Mental Health Establishment

Form A-2

(See Rules 22 & 23)

[U/S 121.4.ij and 66 (4) and 66 (11)]

**CERTIFICATE OF PROVISIONAL/ RENEWAL OF PROVISIONAL REGISTRATION
OF A MENTAL HEALTH ESTABLISHMENT**

The Registration Authority, constituted under the Mental Healthcare Act, 2017, after considering the application datedSubmitted by.....
.....under Sec 65 (2) and 66 (3) / (10) of the Act, hereby accords provisional/renewal of provisional registration to the applicant mental health establishment in terms of Section 66 (4)/66 (11), as per the details given hereunder:

Name: _____
Address _____
No of Beds _____

The provisional registration certificate issued, is subject to the conditions laid down in the Mental HealthCare Act, 2017 and the rules and regulations made there under and shall be valid for a period of twelve months from the date of its issue and can be renewed.

Place

Date

Registration Authority
Seal of the Registration Authority

Form A-3

(See Rule 24)

[U/S 121.4.g with 65 (3) and 66 (17)]

**PERMANENT REGISTRATION CERTIFICATE FOR MENTAL HEALTH
ESTABLISHMENT**

The Registration Authority under the Mental Healthcare Act, 2017, on considering the application dated the..... received under Sec.66, sub sec (8 and 12) of the Act and after satisfying about the requirements provided for in Sec 65 sub section 4, and examining the evidence submitted in terms of section 66 (13) and the other provisions of the Mental HealthCare Act, 2017 and the rules made there under, hereby accords Permanent Registration to the applicant mental health establishment as per the details given hereunder:

Name: _____

Address _____

Category Allotted: _____

No of Beds _____

The registration certification is granted subject to the conditions laid down in the Mental HealthCare Act, 2017 and the rules made there under.

Place
Date

Registration Authority

Form -A-4

(See Rule 29)

(U/S 121.4.o with- 71)

Register of Mental Health Establishments

(in digital format)*

Category

Sl. No.	Name & Address of the applicant	Name of the establishment and address	Date of the application	Date and particulars of Registration	No. of beds	Remarks

* Separate table for each category of mental health establishment.

Form -B-1

APPLICATION FOR INDEPENDENT ADMISSION

See Rule 34 (1)

[U/S 121.4u with 86(1)]

To,
The Medical Officer I/C

Sir/Madam,

Subject: -Request for independent admission in your mental health establishment

I, Mr. /Mrs. _____, _____
age _____ son/daughter of _____, residing at
I have mental illness with following symptoms since ____

1. _____
2. _____
3. _____

The following papers related to my illness as available with me are enclosed:

1. _____
2. _____
3. _____

I wish to be admitted in your establishment for treatment and request you to please admit me as an independent patient. A self- attested copy of my ID Proof is enclosed.

Address
Date

Signature
Name

Encl.

Form -B-2

APPLICATION FOR ADMISSION OF A MINOR

See Rule 34 (2)

[U/S 121.4.u with 87 (2)]

To,
The Medical Officer I/C

Sir/Madam,

I, Mr. /Mrs. _____ residing at _____, who is the nominated representative (being legal guardian) of Master/Miss _____, request you to admit Master/Miss _____ aged _____ son/daughter of _____, for treatment of mental illness:

He/she is having the following symptoms since ____

1. _____
2. _____
3. _____

The following papers related to my being the nominated representative and his/her illness are enclosed:

1. _____
2. _____
3. _____
4. _____

Kindly admit him/her in your establishment as minor patient.

Address:

Mobile:

E-mail:

Date:

Signature
Name

Form -B-3

APPLICATION FOR ADMISSION WITH HIGH SUPPORT NEEDS

[See Rule-34 (3)]
[U/S 121.4.u with 89 (1)]

To,
The Medical Officer I/C

Sir/Madam,

I, Mr. /Mrs. _____ residing at _____,
nominated representative of Mr. /Mrs. _____, aged _____ son/daughter of
_____ request for his/her admission in your establishment for treatment of mental
illness.

Mr. /Mrs. is having the following symptoms since _____.

1. _____
2. _____
3. _____

The following papers regarding my appointment as nominated representative and
related to his/her illness are enclosed:

1. _____
2. _____
3. _____

Kindly admit him/her in your establishment as patient with high support needs.

Address
Mobile and E-mail
Date

Signature
Name

Form -B-4

APPLICATION FOR CONTINUOUS ADMISSION WITH HIGH SUPPORT NEEDS

[See Rule-34 (4)]
[U/S 121.4.u with 90 (2)]

To,
The Medical Officer I/C

Sir/Madam,

I, Mr. /Mrs. _____, residing at _____
nominated representative of Mr. /Mrs. _____, who is/was an inpatient in your
establishment under supported admission category, requests for his/her continued
admission beyond thirty days/readmission within seven days of discharge for the
reasons stated below:

Kindly continue his/her admission/readmit him/her in your establishment as patient with
high support needs

Address
Date

Signature
Name

Form -B-5

APPLICATION FOR DISCHARGE BY INDEPENDENT PATIENT

[See Rule -34 (5)]
[U/S 121.4.u with 88 (1)]

To,
The Medical Officer I/C

Sir/Madam,

Subject: - Request for discharge

I, Mr. /Mrs. _____ residing at _____ aged _____ son/daughter of _____, was admitted in your mental health establishment as an Independent admission patient on _____. I now feel better and wish to be discharged. Kindly arrange to discharge me immediately.

Address
Date
Mobile
E-mail

Signature

Name

Form No. B-6

APPLICATION FOR LEAVE OF ABSENCE

(By Nominated Representative)

[See Rule 34 (6)]
(U/S 121.4.u with 91)

To

The Medical Officer I/C

Sir/Madam,

Subject: Request for leave of absence

Mr. / MS _____ residing at _____ aged _____
years was admitted on _____ to your mental health establishment.

I, as nominated representative of Mr. /MS _____ request that
he/she be granted leave of absence from _____ to _____. For the reason
stated below:

The proof of my appointment as nominated representative is enclosed.

I will be responsible for care and treatment of _____ while he/she is on
leave of absence from the mental health establishment.

Address

Date

Mobile and E-mail

Signature
Name

Form-B-7
INTIMATION TO POLICE ABOUT UNAUTHORIZED ABSENCE FROM MENTAL
HEALTH ESTABLISHMENT

[See Rule 34 (7)]
(U/S 121.4.u with 92)

URGENT/FOR IMMEDIATE ACTION

To,
The Station I/C
_____ Police Station

Sir/Madam,

Subject: - Intimation about unauthorized absence (without leave or discharge) of a patient

This is to inform you that Mr. /Mrs. _____
aged ____ years, son/daughter of Mr. /Mrs. _____, with identification marks
1. _____
2. _____

was admitted at our establishment, as a prisoner with mental illness under Section 103 of Mental Health Care Act 2017, on _____ (date). He/she has been missing from his/her ward since _____ (date). An internal enquiry report in this regard is enclosed.

Kindly register a missing case, take him in to your protection when found and hand him over to us.

Thanking you,

Signature
Date

Name
Seal

Enclosures: copy of the UID, Recent Photograph and Internal Report

Form -C

APPLICATION FOR BASIC MEDICAL RECORDS

(Rule – 19)
[U/S 121.4.d with 25 (1)]

To,
The Medical Officer I/C

Sir/Madam,

Subject: - Request for copy of my basic medical records /basic medical records of
..... (If application is by nominated representative)

Hospital Number (if known) _____

I Mr. /Mrs. _____ residing at
_____ aged _____ son/daughter of Mr. /Mrs.
_____ was treated at your mental health establishment from
_____ to _____.

Kindly provide me a copy of the medical records of my treatment

Address
Date

Signature
Name

Schedule A

(See Rule 17)

(Section 121.4. b read with 18.4.b)

Right to access to half-way homes, sheltered accommodation, and supported accommodation

Half-way Homes

- i. A half-way home is a less restrictive transitional living facility for persons with mental illness who are discharged as inpatient from a mental health establishment but are not fully ready to live independently on their own or with the family.
- ii. Government shall setup number of half-way homes for persons with mental illness. Such half-way homes, shall function from within the community, outside the campus of any other mental health establishment.
- iii. Half-way homes shall get registered as mental health establishments under sub section (1) of section 65 of the Act and shall comply with all the standards and other requirements to be observed by mental health establishments.
- iv. Persons with mental illness on discharge from a mental health establishment may seek admission in a Government run or Government funded half-way home. A person with mental illness who has not been admitted as an inpatient but is advised by a mental health professional for admission in a Half-Way Home may also be admitted. Admission and discharge in Half-way home as per the Mental Healthcare Act, 2017
- v. A half-way home shall run programmes to help persons with mental illness in their transition to independent living and learning of life skills.
- vi. It shall encourage inmates to relearn the forgotten skills to help their reintegration in the society.
- vii. It shall provide social, medical, psychiatric, educational, and other related services to inmates.
- viii. Rehabilitation programs for inmates, shall include individual and group counseling.
- ix. The inmates shall be encouraged to do various chores and shall be remunerated for their services.
- x. The inmates shall be engaged in various occupational activities and shall be given employment counseling and lessons in financial management.
- xi. They shall have free movement within the campus, establish relationships in the community and may also move out under supervision.
- xii. At the discretion of the medical officer in-charge, inmates of a half-way home may also be given freedom to go out, unescorted, alone or in groups on errands but they shall abide by the timings fixed in this regard.

Sheltered Accommodation

- i. Accommodation is a safe and secured accommodation option for persons with mental illness, who want to live and manage their affairs independently, but need occasional help and support.
- ii. The sheltered accommodation services for persons with mental illness shall be owned, run and maintained by a government agency.
- iii. There shall be no age restriction for allotment of accommodation, but the persons should be major and independent enough to look after themselves.
- iv. The sheltered accommodation shall consist of shared rooms or independent self-contained rooms with kitchen and bath or apartments with private front door.
- v. The allottees shall have the option to stay with their parents, spouse or caregiver.
- vi. The sheltered accommodation shall have communal areas, such as a garden, jogging track, sports facilities, a library and a shared lounge.
- vii. There shall be provision for dining and common laundry services.
- viii. There shall be a guest room facility for the visiting relatives and friends of residents.
- ix. The sheltered accommodation shall have a 24-hour emergency alarm system, in case residents need urgent help or assistance.
- x. There shall be a manager and other care staff who shall manage the services, shall be responsible for housekeeping and shall attend to emergencies.

Supported Accommodation

- i. Supported Accommodation or Supported living is a living arrangement whereby someone, in need of support, who has his rented or ownership accommodation but has no live in caregiver, gets domiciliary care and a range of support services from an agency to help living independently and safely in privacy of his/her home. Support and help is provided to individuals in need, at their doorstep, as required to live a normal life.
- ii. Persons with mental illness, who live in their own homes, without any caregiving support, shall have access to structured assistance services from the Government agencies to continue to live in the community besides unstructured support which may come from professionals, friends, families, and others.
- iii. Habilitation services shall be provided to persons with mental illness living in their own homes to increase their ability to meet their own needs and make progress towards becoming independent.
- iv. Support staff shall visit supported residents to check on the wellbeing of persons with mental illness, help them to maintain their independence, refer them to other agencies and provide information and advice to them.

- v. Supported Accommodation Services shall provide support to persons with mental illness living in their homes in a flexible way as per their needs; some may need extra support and care while others may only need occasional help.
- vi. Support services shall include daily living activities, including but not limited to money management, assistance with medical appointments, leisure activities, and daily chores.
- vii. Supported Accommodation Services shall be a combination of free services and paid services. Free services shall include assistance with daily shopping, buying gadgets, furniture, appointments with mental health professionals, arranging maintenance related help, payment of bills, bank work, supply of tiffin, and engaging domestic help. Paid services shall include services by professionals, by skilled and unskilled workers, paid visiting caregivers as well as paid live-in caregivers.
- viii. Supported Accommodations shall be linked to a control centre so that help can be sought in an emergency at any time of day or night.

Schedule B

**(See Rule 18)
(121.4.c read with 18.4.d)**

Right to Hospital & Community based Rehabilitation Services

Hospital & Community Based Rehabilitation (CBR) is a service delivery program to provide rehabilitation services to persons with mental illness using existing community resources with an aim to promote their reintegration in the community. The ultimate goal of rehabilitation is to make the person with mental illness independent in all aspects of their lives, financial, social, relationships building and maintaining.

The State Government shall provide a range of rehabilitation services to persons with mental illness and their families. Such rehabilitation services shall be offered in various settings including, mental health establishments, community centers and homes.

Persons with mental illness and their families shall get equitable access to rehabilitation services comprising community-based medical and social interventions. Delivery of such services, depending upon the need, local conditions and the availability of resources shall include:

- Medical treatment including prescription of psychotropic drugs and treatment of related physical health issues.
- Day care (vocational) rehabilitation services
- Psychological interventions including psycho-education about the condition and treatment options, counselling & psychotherapy
- Support in recovery process
- Inclusion and participation in the community
- Family counselling
- Promotion of self-help groups of persons with mental illness and the family members to enable mutual support and empowerment.
- Promotion of mental health

The following measures shall be initiated by the State Governments towards rehabilitation services:

- Providing training to rehabilitation workers and primary health care workers in basic psychological care and basic counselling skills
- Training mental health professionals and also training persons who have experienced mental illness and/or family members and volunteers to be resource persons for rehabilitation workers
- Inducting persons from the local community to work as rehabilitation volunteers
- Creating inclusive environments that respect and protect the basic rights of persons with mental illness and facilitate their social rehabilitation.

- Launching campaigns to provide correct information about mental illness, to create awareness, remove stigma, dispel myths, negative assumptions and attitudes about persons with mental illness
- Launching programmes in schools to avert substance abuse, violence and suicidal thoughts among students.
- Arranging for home services including identifying persons with mental illness, outreaching mental health facility, following-up and monitoring, educating families, and enabling rehabilitative interventions.
- Sensitizing rehabilitation personnel regarding mental illness and developing among them a supportive attitude and courteous behavior towards persons with mental illness and their family members.
- Consulting and involving persons with mental illness and their families in the planning, implementation and monitoring of rehabilitation programmes
- Promoting human rights and preventing discriminatory behavior in the community towards persons with mental illness and their family members.
- Making persons with mental illness aware of their human rights and how to exercise these rights.
- Arranging basic interventions by rehabilitation Personnel and facilitate referrals to mental health professionals
- Raising awareness and providing relevant information to persons with mental illness and their families to access general health care through the primary health care system
- Helping family members of persons with mental illness with coping strategies to prevent burn-outs
- Making persons with mental illness aware of the available, and affordable community mental health services, treatments and support options to enable them to make informed decisions.

Schedule C:

**(See Rule 19)
(Section 121.4.d with 25 sub-section 1)**

Basic Medical Records

The mental health establishment shall, at the minimum, maintain the following basic medical records, as described below, of all patients receiving care and treatment at the mental health establishment.

Community outreach programs such as camps, satellite clinics shall keep register. Community outreach register shall consists of information from (a) to (h) of the basic medical record of outpatient.

The mental health establishments shall maintain and provide on demand the following basic medical record to the person with mental illness or his nominated representative-

1. At camps, mobile clinics and other community outreach programmes

(In hard copy format)

- a) Name of the mental health establishment _____
- b) Date _____
- c) Hospital registration number _____
- d) Advance Directive YES/NO
- e) Patient's Name _____
- f) Age _____ Sex _____
- g) Father's/Mother's name _____
Address _____ Mobile No _____
- h) Provisional Diagnosis _____

Basic Medical Record of Outpatient

a) to h) as above plus the following:

- i) Chief complaints _____
- j) Salient Findings of Mental state examination _____
- k) Salient Findings of Physical examination _____
- l) Laboratory investigations requested / findings _____
- m) Treatment advised and follow-up recommendations. _____

2. Basic Medical Record of In-Patient

- a) Name of the hospital/nursing home _____
- b) Date _____
- c) Patient's name _____
- d) Father's/Mother's name _____
- e) Age _____ Sex _____
- f) Address _____
- g) Patient accompanied by (Name, age and nature of relationship)

- h) Hospital registration number _____
- i) Identification marks _____
- j) Nominated representative _____
- k) Advanced Directive - Yes or No; If yes salient features of the content
- l) Date of admission _____ Date of discharge _____
- m) Mode of admission (section under MHCA): Independent/ Supported
- n) Chief complaints
- o) Mental state examination
- p) Physical examination
- q) Laboratory investigations
- r) Provisional/differential/ final diagnosis
- s) Course in the hospital (Treatment and Progress)
- t) Condition at discharge
- u) Treatment advise at discharge
- v) Follow-up recommendations

3. Basic Psychological Assessment Report

Clinic Record no. -----

Name:

Age:

Gender:

Education:

Occupation:

Date of testing:

Referred by:

Language tested in:

Reason for referral:

IQ assessment Specific learning disability assessment Neuropsychological assessment (Specify domain if the assessment is domain specific)

Personality assessment Psychopathology assessment

Any other (Mention the specific domain such as interpersonal relationship)

Comments if any (*may give brief detail of the referral purpose; e.g., 'the individual has mental illness and he has been referred for current psychopathology assessment as well as to ascertain the level of disability'*)

Brief background information (*e.g., the nature of the problem, when it started, any previous assessments etc.*):

Informant: Self
Others Specify

Salient behavioral observations (*Comment on alertness, attention, cooperativeness, affect, comprehension and any other relevant information*)

Tests/ Scales administered (*Standardized tests/ scales*):

Salient scores (*if applicable such as IQ, scores obtained on cognitive function tests, severity rating on psychopathology scales, disability percentage etc.*)

Impression:

Recommendations:

Further assessment Specify
Therapy Specify
Any other Specify

Assessed by

Name:
Date:
Qualification:
RCI registration number:
Signature:

Verified/ supervised by (if applicable)

Name:
Date:
Qualification:
RCI registration number:
Signature:

4. Basic Minimum Standard Guidelines for Recording and Therapy Report
Minimum Basic Standard Guidelines for Recording of Therapy

(Name of the Institute/Hospital/Centre with address)

Clinic record no. _____

THERAPIST SESSION NOTES

Patient name: Age: Gender:
Psychiatric diagnosis:

Session number & date:	Duration of session:	Session Participants:	
Therapy method: Individual Couple/Family Group Other _____	Objectives of the session: 1. 2. 3. 4.		

Key issues/themes discussed: (Psychosocial stressors/Interpersonal problems/Intrapsychic conflicts/Crisis situations/Conduct difficulties/Behavioral difficulties/ Emotional difficulties/ Developmental difficulties/ Adjustment issues/ Addictive behaviours/Others)

Therapy techniques used:

Therapist observations and reflections:

Plan for next session:

Therapist

Name:

Date:

Qualification:

RCI registration number:

Signature:

Date for next session:

Supervised by (if applicable)

Name:

Date:

Qualification:

RCI registration number:

Signature:

Part II

Central Regulations

Chapter - I

1. Regulations regarding manner of making an advance directive

[(Under section 122, sub-section (2), clause (a) read with section 6, page 6]

- a) An advance directive shall be made in writing on Form CR- A.
- b) If a Nominated Representative is named in the Advance Directive he shall sign the Advance Directive stating his willingness to act as the Nominated Representative.
- c) All Advance Directives shall be signed by two witnesses attesting to the fact that the Advance Directive was signed by the person making the Advance Directive in their presence.
- d) The person who makes an Advance Directive shall keep a copy with himself and will share a copy with the Nominated Representative.

2. Additional regulations, regarding the procedure of advance directive

[Under Section 122, sub-section (2), Clause (b) read with sub-section (3) of section 12, page 7]

- a) All advance directives shall be registered at the Mental Health Review Board which has jurisdiction where the person resides.
- b) No fee shall be charged for registering an advance directive with the Mental Health Review Board.
- c) All advance directives shall be made available online within 14 days of the registration with the concerned Board.
- d) There shall be no restrictions on the number of times an advance directive is changed by the person.
- e) Each change shall follow the same process and the previous advance directive automatically shall become null and void on filing a fresh advance directive with the Board.
- f) The concerned person or the nominated representative shall inform the treating mental health professional about the new advance directive.
- g) No person shall release any copy of the Advance Directive or information in the Advance Directive to any unauthorised person or to the media.

- h) A nominated representative may withdraw his/her consent to function as such at any time without giving any reason through written application addressed to the Mental Health Review Board and a copy of it to the person who has written the Advance Directive

3. Officers and other employees of the Central Authority

[Under section 122, sub-section (2), and clause (c) read with sub-section (3) of section 40, page 17)]

A. Chief Executive Officer

The chief executive officer shall be the administrative head of the Authority and shall have the following role and responsibilities:

- i. Executing the decisions of the Authority and carrying out its directions relating to implementation of such decisions in day-to-day performance of his duties.
- ii. Responsible towards the functioning of the Authority
- iii. Responsible for monitoring, reviewing and implementation of National Mental Health Program
- iv. Any other work assigned by the Authority

B. Officers and other employees

- i. All the officers and other employees of the Authority shall be responsible to the Chief Executive Officer and shall act according to his instructions
- ii. Subject to the provisions of sub-section (2) of section 40, other officers and employees of the Authority shall ordinarily be appointed on temporary basis.
- iii. The services of officers and employees of the Authority, other than the Chief Executive Officer referred to in sub-section (1) of section 40 shall be terminable at any time by giving a notice (on either side) in accordance with the rules governing appointment of such officers and employees, provided that a notice shall be given by the Authority with the prior approval of the Chairperson.
- iv. The Chairperson may grant leave, other than casual leave, to other officers and employees of the Authority for a maximum of such period as may be specified by the Central Government.
- v. The Chairperson may declare a list of the holidays to be observed by its offices and it may generally observe the holidays declared by the Government for its offices
- vi. The officers and other employees of the Authority shall be eligible for allowances at such rates as are admissible to the employees of the corresponding rank in the Government at the station where the Authority is located.
- vii. The officers and other employees of the Authority shall be eligible for the benefits of honoraria, contributory provident fund, gratuity, LTC and any

other allowance sanctioned by the Authority, from time to time, with the approval of the Government.

- viii. The normal hours of work for the offices of the Authority shall be the same as for Government offices situated in that city.

4. Meetings of Central Authority

[Section 122 subsection (2), clause (d) read with sub-section (1) of section 44, page 19]

Calling of Meetings

- (a) The Authority shall meet at least once in every six months at such time and place as may be fixed by the Chairperson provided that the Chairperson,
- i. may call a special meeting at any time to deal with any urgent matter requiring the attention of the Authority;
 - ii. shall call a special meeting if he/she receives a requisition in writing signed by not less than four members and stating the purpose for which they desire the meeting to be called.
- (b) The first meeting of the Authority to be held in any calendar year shall be the annual meeting for that year.

Procedure for holding meetings

- (a) Every notice calling for a meeting of the Authority shall, -
- i. specify the place, date and hour of the meeting;
 - ii. be served upon every member of the Authority not less than 15 days in the case of annual meeting and 10 days in the case of other meetings before the day appointed for the meeting.
- (b) The Chief Executive Officer shall prepare and circulate to the members along with the notice of the meeting, an agenda for such meeting stating the agenda items to be discussed.
- (c) A member who wishes to move a resolution on any matter included in the agenda shall give notice thereof to the Chief Executive Officer not less than seven days before the date fixed for the meeting.
- (d) A member who wishes to move any motion not included in the agenda shall give notice thereof to the Chief Executive Officer not less than seven days before the date fixed for the meeting.
- (e) Any member of the Authority can join the meeting using tele-video conferencing during the specified time. The member attending the meeting by tele-video conference shall have equal rights and responsibility similar to those attending the meeting in person. Those attending the meeting through video-conferencing shall also constitute the quorum.

Approval by circulation

Any business which may be necessary for the Authority to transact except such as may be placed before the annual meeting, may be carried out by circulation among all members and any resolution so circulated and approved by a majority of members, shall be valid and binding as if such resolution had been passed at the meeting of the Authority.

The Chief Executive Officer shall forward copies of the proceedings of the Authority to the Central Government periodically.

5. Minimum Standards of Mental Health Facilities and Services

[Section 122 sub-section (2), clause (e), read with *clause (a) of sub-section (4) of section 65, page 25*]

All mental health establishment, falling under any category, shall be maintained in the manner and in the condition as laid down in the minimum standards given in Schedule CR-B. If a minimum standard is not specified in Schedule CR-B, it shall be in conformity with the minimum standards laid down for level 2 establishments under the Clinical Establishments Act 2010 and if not specified therein, it shall be not less than the prevalent standards for physically ill patients admitted in level 2 clinical establishments in the area.

6. The minimum qualifications for the personnel engaged in mental health establishment

[Under section 122, sub-section (2), clause (f) read with clause (b) of sub-section (4) of section 65, page 25]

- 1) The Mental health professionals engaged by a mental health establishment shall have the same qualifications as laid down in the Act for the purpose of implementation of the Act
- 2) For the ministerial and subordinate staff and any other personnel engaged for whom the minimum qualifications are not laid down in the Act, the minimum qualifications shall be the same as for the Government employees of an equivalent cadre.

7. Maintenance of records and reporting

[(Under Section 122 Subsection (2), Clause (g) read with clause (c) of sub-section (4) of section 65; Page 25]

- 1) Mental Health Establishments shall keep proper medical records as provided in schedule C of the Rules and any other records as desired by the Authority from time to time.

- 2) Records so maintained shall be reported to the Authority in such format and at such frequency as desired by it.

8. Categories of different mental health establishments

[Under Section 122 Sub-section (2), Clause (i) read with clause (a) of sub-section (5) of section 65-15)]

Central Authority shall decide on categorization of mental health establishments based on their size and the level of facilities and quality of standards.

9. Filing of Objections against Grant of Permanent Registration to a Mental Health Establishment

(Under section 122 (l) read with section 66 (14))

Any objection against grant of permanent registration to a mental health establishment may be filed by any individual or organisation in response to public notice within the stipulated time in Form CR-B.

10. Application to be made by the mental health establishment for Permanent Registration

[Under section 122 sub-section (2), Clause (j) read with sub-section (12) of section 66]

A mental health establishment shall apply for permanent registration to the Central Mental Health Authority in Form CR-C

11. Manner of submitting evidence

[Under section 122, sub-section (2), clause (k) with sub-section (13) of section 66]

A mental health establishment while submitting an application on Form CR-C for permanent registration with the Authority shall enclose therewith details in regard to standard-wise compliance as per Schedule CR-A with documentary evidence and camera pictures in support of the claim.

Chapter - II

12. Meetings/Sittings of the Mental Health Review Board

(Under Section 79)

The Board shall meet at such times and places and shall observe such rules of procedure in regard to the transaction of business at its meetings as are stated here and as may be specified by regulations made by the Central Authority hereafter:

- a) A visit to an existing Mental Health Establishment shall be considered as a sitting of the Board. The quorum shall be three members including the Chairperson
- b) In respect of any application concerning a person with mental illness, the Board shall hold the hearings and conduct the proceedings at the mental health establishment where such person is admitted. With regard to issues related to non-admitted persons, the board shall decide the place, time and duration of such meetings.
- c) At least one member of the Board shall always be available or accessible to take cognizance of any matter of emergency and issue necessary directions to the local police of the district. For this purpose, the Chairperson of the Board shall draw up a monthly duty roster of the Board members who shall be available and accessible every day, including Sundays and holidays. The roster shall be circulated in advance to all the police stations, the Chief Judicial Magistrate/Chief Metropolitan Magistrate, the District Judge, the District Magistrate & the Mental Health Establishments.
- d) The Board shall sit on all working days for a minimum of six hours commensurate with the working hours of a magistrate court, unless the case pendency is less in a particular district and the State Government or the State Authority concerned issues a modified order.
- e) On receiving information about a person with mental illness in need of care and protection, who cannot be produced before the Board, the Board shall reach out to the person with mental illness using all its possible resources and hold its sitting at a place that is safe, secure and ensures dignity of such person with mental illness
- f) The Board shall hold its sittings in a person with mental illness friendly premises which shall not look like a court room in any manner and the sitting arrangement shall be such to enable the Board to interact with the person with mental illness or nominated guardian face to face.
- g) The Board shall sit at the same level and there shall be no barriers, such as witness boxes or bars between the Board members and person with mental illness or with the nominated representative.
- h) Every mental health establishment shall have a room dedicated to hold Board meetings. It shall be the duty of the medical officer in-charge / owner of the mental health establishment to facilitate the meeting.
- i) The inquiry shall satisfy the basic principles of natural justice and shall ensure the informed participation of the person with mental illness and the nominated representative or family members. The person with mental illness shall be given an opportunity to be heard and his opinion shall be taken into consideration with due regard to his mental status. The orders of the Board shall be in writing and contain reasons.

- j) The Board shall interview the person with mental illness in a friendly and non-threatening manner and will not use adversarial or accusatory words or words that adversely impact the dignity of the person with mental illness
- k) Any inquiry/complaint/request related to medical treatment of a person with mental illness shall be completed within three days of receiving the application so that treatment is not hampered. Where the Board is not able to reach a decision within 72 hours, the treating psychiatrist shall continue the treatment planned after taking consent from the nominated representative, if he/she is available.
- l) If the patient refuses treatment and the nominated representative does not give consent for treatment, such patients shall be discharged and handed over to the nominated representative.

13. Restriction on psychosurgery

Under section 122, sub-section (2), Clause (n) read with *sub-section (2) of section 96 and sub-section (8) of section 97*

- 1) Psychosurgery shall be allowed to be performed only after the following requirements are met:
 - a. Informed consent has been obtained from the person on whom the surgery is to be performed. Informed consent shall be obtained after explaining the procedure in detail, risks/benefits, alternative treatments and long term management plan.
 - b. The treating psychiatrist has obtained approval from the Mental Health Review Board to perform the surgery as planned.
- 2) An application, with the following papers, shall be submitted to the Mental Health Review Board by the attending psychiatrist, seeking approval for the psychosurgery procedure:
 - a. A certified copy of written informed consent for psychosurgery duly signed by the person on whom it is proposed to be performed.
 - b. A detailed submission from the attending psychiatrist with clinical summary of the case, explaining and justifying the need, suitability and safety of the proposed psychosurgery
 - c. Certified copies of the person's medical records
 - d. Report of an independent Review Committee recommending the proposed psychosurgery for the patient. The Review Committee shall consist of two psychiatrists, one neurologist and one neurosurgeon who are not directly involved in the treatment of the person for whom the psychosurgery is proposed.

- 3) The following procedure shall be followed by Mental Health Review Board on receipt of application:
 - a) The Board may ask for additional information and documents as necessary.
 - b) The Board may ask the psychiatrist to attend in person and give evidence to the Board.
 - c) The Board may examine the person on whom the psychosurgery is proposed to be performed and any other concerned person before arriving at its decision.
 - d) As per section 80 sub-section (4) of the Act, the Board shall dispose of the application by granting or denying permission for psychosurgery within a period of 90 days from the date of filing of the application.

14. Restraints and Seclusions

Section 97 sub-section 8

Besides, strictly following the provisions of sub-sections (1) to (7), the following additional preventive measures shall be taken by the mental health professionals in a mental health establishment to contain the use of restraints to the absolute minimum:

- a) Staff shall be given periodic training in learning and adopting alternatives to the use of restraints.
- b) The option of 'collaborative' sedation shall be discussed with the patient to manage the crisis and avoid restrain or seclusion.
- c) The monthly report, to the Mental Health Review Board required to be submitted vide section 97 sub-section (7), shall be a calendar month report and shall contain the following details:
 - i. Total number of episodes of restraint during the month
 - ii. Total number of patients subjected to restraints during the month
 - iii. Duration of restraints: (average duration and longest duration)
 - iv. Whether all restraints were authorized by the psychiatrist in charge of the person's treatment: Yes/No.
 - v. Detailed explanation for instances where restraints were done without authorization by the psychiatrist in charge of the person's treatment.
 - vi. Whether details of all restraints were recorded in the person's medical notes
 - vii. Detailed explanation for instances where such records were not made
 - viii. Whether nominated representative of the person was informed within 24 hours of every instance of restraint: Yes/No
 - ix. Detailed explanation for instances where the nominated representative was not informed and the reasons for the same.

FORM –CR-A

Regulation 1 (a)

**Advance Directive for Mental Illness Treatment
(U/S 122.2.a with 6)**

Name (Enclosed copy of photo ID proof): _____

Age (Enclosed copy of age proof for being above 18 years of age) _____

Father's / Mother's Name: _____

Address (Enclosed copy of proof): _____

Contact number: _____

(Driving License/ Voter's Card/ Passport/ Aadhar card can serve as photo ID, address proof & age proof)

a) I wish to be cared for and treated as under:

b) I wish not to be care for and treated as under:

c) I have appointed the following persons in order of precedence (Enclosed photo ID & age proof), who are above 18 years of age to act as my nominated representatives to make decisions about my mental illness treatment, when I am incapable to do so

1. Name: _____ Age _____

Father's name: _____

Address: _____

Contact number/s _____

2. Name: _____ Age _____

Father's name: _____

Address: _____

Contact number/s _____

[Any number of nominated representatives can be added in order of precedence]

Any history of allergies, known side effects, or other medical problems

Signature of the person..... Date.....

Signatures of nominated representatives

First nominated representative.....Date.....

Second nominated representative.....Date.....

Signatures of witnesses

..... has made the advance directive of his/her own free will and has signed it in our presence.

Witness 1.....Date.....

Witness 2.....Date.....

Certificate of a Medical Practitioner:

Certified thathas the capacity to make mental health care and treatment decisions at the time of making the advance directive.

Name and signature with stamp.....

FORM-CR-B

**FILING OBJECTIONS AGAINST GRANT OF PERMANENT REGISTRATION TO A
CENTRAL MENTAL HEALTH ESTABLISHMENT**

[(See Regulation 9)
[U/S 122.I with 66 (14)]

The Chairperson,
Central Mental Health Authority

It is in my knowledge that the Mental Health Establishment (name)
.....situated atdoes not fulfil the
following requirements for registration under section 65 (4) of the Mental Health Care
Act 2017 and the Rules and Regulations made thereunder.

1. _____
2. _____
3. _____

I enclose the following in support of what is stated above:

- 1.
- 2.
- 3.

Please take necessary action accordingly.

Address:
Mobile Number:
E-mail:

Date:
Encls.

Signature.....
Name.....

Form CR-C

**APPLICATION FOR PERMANENT REGISTRATION OF A CENTRAL MENTAL
HEALTH ESTABLISHMENT**

[U/S 122 (2) (j) with 66 (12)]

1. Name of the establishment:
2. Postal address:
3. Category:
4. Name, qualifications and experience of the in charge of the establishment:
5. Number of beds
6. Past/Current Registration No..... (Attach a copy)

(In case registration was under the Clinical Establishments Act, 2010 or any other law, such Registration No with a copy of Registration Certificate)

7. Services provided (tick what is provided)
 - (a) Out-patient
 - (b) In-patient
 - (c) Emergency
 - (d) Day Care
 - (e) ECT
 - (f) Imaging
 - (g) Psychological testing
 - (h) Investigation and laboratory
 - (i) Any other (Specify)

8. Staff (Numbers):
 - (a) Medical officers and specialists
 - (b) Para-medical/ para-clinical staff
 - (c) Attenders
 - (d) Health educators
 - (e) Multi-purpose workers
 - (f) Attenders.
 - (g) Others (Specify)

Details of registration fee paid:

Declaration: We hereby undertake to abide fully by the provisions of the Mental Health Care Act, 2017 and rules and regulations laid down under it.

Confirmation: We confirm that our establishment complies with the specified minimum standards [Section 65 (4)] for the category under which we are seeking registration and evidence in this regard, as specified in regulation no....., is enclosed.

Prayer: We request for registration of our Mental Health Establishment with the Authority under the category requested.

Date

Place

Signed by the authorized signatory
(Name and designation of the signatory)

Stamp of the Mental Health Establishment

Encl.

Schedule CR-A
Minimum Standards for Mental Health Establishments

(See Central Regulation 5)
[U/S 122.2.e with 65 (4) (a)]

The following shall be the minimum standards for registration of mental health establishments under all categories:

Standard 1. The premises shall be well maintained and kept in good livable condition.

Criteria

- a. Concrete structure, strong enough to withstand heavy rains and moderate natural calamities
- b. Seepage free, functional windows and doors
- c. Lift with generator backup for areas above 4th floor
- d. Sufficient ventilation and natural light
- e. Sufficient illumination after sunset, good enough for reading without causing strain to the eyes
- f. Illuminated passages leading to toilets and emergency exits during the night
- g. Inverters for emergency lights during power failures and load shedding
- h. Periodic painting of doors, windows and walls, internal and external

Standard 2. The living conditions shall be comfortable.

Criteria

- a. Separate cots with mattresses, pillows, bed sheets, drawer sheets and blankets in winter.
- b. Provision of mosquito repellants or control measures in sleeping areas.
- c. Ratio of fans to beds, not less than 1:5
- d. Minimum two exits where the number of beds in a dormitory is more than 12.
- e. No sleeping cots in passages, verandas, under staircase or anywhere else except dorms/rooms
- f. Hot water for bath during winter months.

Standard 3. Hygiene, cleanliness and sanitation shall be maintained.

Criteria

- a. Daily sweeping, swabbing and dusting of the entire premises.
- b. Sanitation maintained in all the areas including toilets and bathrooms using disinfectants.
- c. Number of toilets is not less than in the ratio of 1:5 and bathrooms not less than in the ratio of 1:10. There shall be separate toilets and bathrooms for male and female inpatients.
- d. Number of wash basins not less than 1:12 outside the toilets/bath rooms and in the dining area.
- e. Twenty four hour availability of water in wash basins, bathrooms and toilets.
- f. Weekly change of bed linen
- g. Washing of soiled linen in a clean and hygienic environment.
- h. Periodic pest control treatment and premises especially kitchen free of cockroaches and rodents.
- i. Rubbish bins in rubbish generating areas and daily disposal of rubbish.
- j. Washing and drying of plates, dishes and cutlery used for eating, cooking vessels and other soiled vessels/containers

Standard 4. Wholesome, sumptuous and nutritive food and potable drinking water shall be provided in comfortable settings.

Criteria

- a. Well cooked, fresh, hot and hygienic food, appropriate to local food habits. Without any restriction on quantities of the food served
- b. Food shall be served on chair and table
- c. No adulteration and no contamination in provisions and food.
- d. Special meals served to those advised for patients having physical illness
- e. Breakfast, afternoon tea and two meals served at proper timings.
- f. Menu changed daily and the same items other than cereals are not repeated on the same day or next.
- g. Filtered cold water provided in summers and filtered room temperature water rest of the year.

Standard 5. Facilities shall be provided for social, cultural, leisure and recreational activities.

Criteria

- a. Entertainment programmes, socials and excursions for inpatients.

- b. Furnished visitors' room for families coming to meet the inpatients.
- c. Facilities to inpatients for internal and external communications and freedom to receive visitors, use mobiles, send and receive mails and use any other conventional mode to communicate
- d. Furlough to inpatients to attend weddings, funerals, other important family engagements

Standard 6. Adequate Health Professionals shall be employed to provide proper treatment.

Criteria

- a. Inpatients seen on a regular basis by a mental health professional.
- b. A medical officer will be available on call 24 hrs. to meet the emergencies
- c. Trained manpower in mental health will be made available to provide mental health services
- d. Manpower resources requirement will be specified by the respective government as per the availability of local resources

Standard 7. Other Medical and Para-Medical Staff shall be engaged as per specified requirements.

Criteria

- a. Regular visits by a qualified medical practitioner, as per the norms fixed by the state government, for checkup and treatment
- b. Tie up with a local hospital for admitting patients in case of need.
- c. Mental health nurses engaged for shift duty in conformity with the Indian Nursing Council Norms 1985.
- d. Minimum 12th pass, multipurpose workers employed, one for every 10 beds or part thereof.

Standard 8. The premises shall have adequate floor space available.

Criteria

- a. Separate wards for mentally ill female inpatients and mentally ill male inpatients.
- b. Minimum distance between two beds not less than 1 meter and the space at head end not less than 0.25 meter.
- c. Door width minimum 1.2 meters and minimum corridor width 2.5 meters.

- d. Ward bed and surrounding space not less than 6 sqm/ bed.
- e. Kitchen/dining area and toilet/bath block not in proximity.
- f. Common room has TV, newspapers, magazines and indoor games. The chairs provided is 1:4 ratio.
- g. OPD has, sitting arrangements for patients and accompanying family members, registration, help and cash counter(s), drinking water facilities and separate toilets for males and females.

Standard 9. Equipment and articles shall be procured and used for inpatients as per requirements.

Criteria

- a. Medical equipment and instruments, commensurate with the scope of services and the number of beds.
- b. Equipment and inventory kept in a good usable condition.
- c. Sufficient sets of basic equipment consisting of blood pressure apparatus, stethoscope, weighing machine, thermometer etc.
- d. Anesthesia equipment for ECT.
- e. Oxygen cylinders with flow meter.
- f. Sufficient stock of drugs, medical devices and consumables.
- g. First aid box with standard contents; a daily check done for replenishments.
- h. An examination table with foot step.

Standard 10. OPD facilities shall be provided for the treatment of persons with mental illness as out-patients.

Criteria

- a. Facilities for treating mentally ill out-patients morning and afternoon, six days a week.
- b. Out-patients provided consultation by one or more mental health professionals.
- c. Registration/help desks and billing counters managed by local language speaking staff.
- d. Prescriptions containing names of the patients, dates, names of medication, dosages, frequency, duration, name, signature and registration number of the psychiatrist in legible writing
- e. Billing done as per the tariff fixed available to patients and their families to see.
- f. Arrangements for potable drinking water.
- g. Separate toilets for men and women.

Standard 11. There shall be no torture, cruelty, inhuman and degrading treatment, punishment, exploitation, violence, negligence and abuse of patients.

Criteria

- a. No verbal, physical, sexual or mental abuse by the staff or others.

- b. No insistence on inpatients wearing uniform.
- c. No compulsion to tonsuring or cropping of hair.
- d. No compulsion to perform non personal work; any such work given with consent, suitable remuneration paid.
- e. No regimentation in regard to sleeping hours.
- f. Safe injection practices followed as per WHO guidelines.

Standard 12. Alternate methods shall be used in place of seclusion and restraint to de-escalate crises situations.

Criteria

- a. No chaining or roping of patients.
- b. No seclusion and no solitary confinement
- c. Chemical and physical restrains used only to prevent inpatients from hurting themselves or others, with the permission of the head of the facility and the circumstances recorded in a separate register kept for this purpose.
- d. Nursing Staff trained to use de-escalation techniques to prevent patients from harming themselves and others.

Standard 13. Privacy, dignity, safety and security of patients especially of women and their confidentiality shall be protected.

Criteria

- a. No discrimination based on sex, colour, creed and economic condition or on any other ground and no admission or treatment denied for any such consideration.
- b. Reasonable freedom and facility for pursuing religious beliefs.
- c. Freedom to meet or refuse to meet the visitors.
- d. Separate toilets for men and women and Sign boards displaying 'For men only' and 'For women only' in local language.
- e. Any examination or treatment of female patients done in the presence of a female attendant/female nursing staff, if conducted by male medical staff inside the hospital and vice versa.
- f. Independent lockers provided to patients to keep their personal belongings.
- g. Patients with suicidal tendency allotted a bed in a room with wall fans and without any sharp instrument or article which can be used for self-injury.
- h. All windows with grills fixed.

- i. Necessary procedures exist to meet fire and non-fire emergencies and safe exit of inpatients and others.
- j. Appropriate display of directional fire exit signage, minimum in two languages, one of which is local.
- k. All fire safety measures taken including fire prevention, detection, mitigation, evacuation, containment and mock drills.
- l. Firefighting equipment periodically inspected, chemicals replenished and kept in usable condition.
- m. Patients' case histories and records preserved and kept confidential.

Part –III
State Regulations
Chapter-I

1. The minimum quality standards of mental health services

[Under section 123 subsection (2), clause (a) sub-section (9) read with section 18; page 10]

The minimum Quality standards of mental health services shall be as specified in schedule SR-A

2. Terms and Conditions of Service of Officers and Employees of the State Authority

[Under section 123, subsection (2), Clause (b) read with sub-section (3) of section 52; Page 21]

A. Chief Executive Officer

- i. He shall execute the decisions of the Authority and carry out its directions relating to implementation of such decisions in the day-to-day performance of his duties.
- ii. The Chief Executive Officer shall be directly responsible to the function and mandate of the Authority
- iii. The Chief Executive Officer shall be directly responsible for the monitoring, reviewing and implementation of National Mental Health Program

B. Officers and other employees

- i. The Chairperson of the Authority may, appoint such officers and other employees under sub-section (2) of section 52, as deemed necessary to fulfill the obligations of the Act in accordance with the procedure of recruitment sanctioned by the Government.
- ii. All the officers and other employees of the authority appointed under sub-section (2) of section 40 shall be responsible to the Chief Executive Officer and shall act according to his instructions
- iii. Subject to the provisions of sub-section (2) of section 52, other officers and employees of the Authority shall ordinarily be appointed on temporary basis.
- iv. The services of officers and employees of the Authority, other than the Chief Executive Officer referred to sub-section (1) of section 52 shall be terminable at any time by giving a notice (on either side) in accordance with the rules governing appointment of such officers and employees, provided that a notice shall be given by the Authority with the prior approval of the Chairperson.
- v. The Chairperson may grant leave, other than casual leave, to other officers and employees of the Authority for a maximum of such period as may be specified by the Central Government. The Chairperson may declare a list of the holidays to be observed by its offices and it may generally observe the holidays declared by the Government for its offices

- vi. The officers and other employees of the Authority shall be eligible for allowances at such rates as are admissible to the employees of the corresponding rank in the Government depending upon the station of their posting.

C. Miscellaneous Terms of Service

The officers and other employees of the Authority shall also be eligible for the benefits of honoraria, contributory provident fund, gratuity, LTC and any other allowance sanctioned by the Authority, from time to time, with the approval of the Government. The normal hours of work for the offices of the Authority in any city shall be the same as for Government offices situated in that city.-

3. Register of Mental Health Professionals

[Under section 123 sub-section (2), clause (c) read with clause (d) of sub-section (1) of section 55, page 22]

- 1) State Authority shall maintain a register of practicing mental health professionals in the state, in digital form which will contain their names, professional qualifications, and contact details. The list will be available on the Authority's website and shall be updated every month on the basis of information received from the Review Boards in the state.
- 2) Every year, as on 1st January, the State Authority shall publish district-wise a state list of mental health professionals in the form it is displayed on Authority's website.

4. Meetings of the State Authority

[Under section 123, sub-section (2), clause (d) read with sub-section (1) of section 56, page 22]

- 1) The meetings of the State Authority shall ordinarily be held at the headquarters of the State Authority on such dates and time as the chairperson may fix.
- 2) A notice calling for a meeting 'of the Authority, specifying the place, date and time of the meeting, shall be served upon every member of the Authority not less than 15 days in the case of annual meeting and 10 days in the case of other meetings, before the day of the meeting.
- 3) The first meeting of the Authority to be held in any calendar year shall be the annual meeting for that year.
- 4) The Chief Executive officer shall prepare and circulate to the members along with the notice of the meeting, an agenda for such meeting listing the business to be transacted.
- 5) A member who wishes to move any motion not included in the agenda shall give notice thereof to the Chief Executive officer not less than seven days before the date fixed for the meeting

- 6) A member may join the meeting using tele-video conferencing during the specified time. The member attending by video-tele-conference shall have equal rights and responsibility similar to the members attending the meeting. The member attending the meeting through video-tele-conference shall constitute the quorum.
- 7) The chairperson may call a special meeting at any time to deal with an urgent matter.
- 8) The chairperson may call a special meeting if he receives a requisition in writing signed by not less than one third members, stating the purpose for which they desire the meeting to be called.
- 9) One-third of the total members of the State Authority shall form the quorum for the meeting.
- 10) If the quorum is not present at the time of the meeting, the chairperson may adjourn the meeting for half an hour. If the quorum is still not present after half an hour, the meeting may start as if the quorum is present.
- 11) The chairperson shall preside over the meeting and in his absence, the members present shall elect one of the members present to preside over the meeting.
- 12) All the decisions in the meeting shall be taken unanimously and if there is no unanimity then by a majority voice vote.
- 13) The proceedings of the meeting shall be minuted and a record kept in a separate book to be signed by the presiding officer.
- 14) Any vacancy in the Authority shall not vitiate the proceedings.
- 15) Any business which may be necessary for the Authority to transact may be carried out by circulation among all members and any resolution so circulated and approved by a majority of members, shall be valid and binding as if such resolution had been passed at the meeting of the Authority.
- 16) The Chief Executive officer shall forward copies of the proceedings of the Authority to the State Government.

5. Application to be made by the mental health establishment for Permanent Registration

Under sub-section (12) of section 66; [Procedure for registration, inspection and inquiry of mental health establishments, Page 26]-

A mental health establishment shall apply for permanent registration to the State Mental Health Authority in Form SA-A

6. The manner of filing objections *under sub-section (14) of section 66; [Procedure for registration, inspection and inquiry of mental health establishments, Page 26]-*

-Section 123 Subsection (2), Clause (f)

In response to a public notice issued by the Authority regarding grant of permanent registration to a mental health establishment, an individual or a body may file an objection against grant of permanent registration to a mental health establishment within the period stipulated, in Form SA-B.

7. Any other matter which is required to be, or may be, specified by regulations or in respect of which provision is to be made by regulations

The manner of obtaining permission for research under sub-section (2) of section 99.-9. The manner of obtaining permission for research under sub-section (2) of section 99.

- a. To obtain permission a researcher shall submit an application along with the protocol of the research as prescribed by the Indian Council of Medical Research format for 'Ethical Guidelines for Biomedical Research on Human Participants'.
- b. State Authority shall either give approval or deny permission within thirty days of receiving the application.
- c. The Researcher shall follow the 'Ethical Guidelines for Biomedical Research on Human Participants' of the Indian Council of Medical Research.
- d. Any modification/change in the protocol shall call for a fresh permission from the State Authority.
- e. Any issues or violations or complaints with regard to research shall be addressed to the Mental Health Review Board or the State Authority. The Board or the Authority shall constitute a Medical Board comprised of at least three members, of which two shall be psychiatrist working in government sector, actively involved in research and having published at least ten publications in indexed journals [Section 123 Subsection (2), Clause (g)]

Form SR-A

APPLICATION FOR PERMANENT REGISTRATION OF A STATE MENTAL HEALTH ESTABLISHMENT

[U/S 123 (2) (e), 66 (12)]

1. Name of the establishment:
2. Postal address:
3. Category:
4. Name, qualifications and experience of the in charge of the establishment:
5. Number of beds
6. Past/Current Registration No..... (Attach a copy)

(In case registration was under the Clinical Establishments Act, 2010 or any other law, such Registration No with a copy of Registration Certificate)

7. Services provided (tick what is provided)
 - (a) Out-patient
 - (b) In-patient
 - (c) Emergency
 - (d) Day Care
 - (e) ECT
 - (f) Imaging
 - (g) Psychological testing
 - (h) Investigation and laboratory
 - (i) Any other (Specify)

8. Staff (Numbers):
 - (a) Medical officers and specialists
 - (b) Para-medical/ para-clinical staff
 - (c) Attenders
 - (d) Health educators
 - (e) Multi-purpose workers
 - (f) Attenders.
 - (g) Others (Specify)

Details of registration fee paid:

Declaration: We hereby undertake to abide fully by the provisions of the Mental Health Care Act, 2017 and rules and regulations laid down under it.

Confirmation: We confirm that our establishment complies with the specified minimum standards [Section 65 (4)] for the category under which we are seeking registration and evidence in this regard, as specified in regulation no....., is enclosed.

Prayer: We request for registration of our Mental Health Establishment with the Authority under the category requested.

Date

Place

Signed by the authorized signatory
(Name and designation of the signatory)

Stamp of the Mental Health Establishment

Encl.

FORM-SR-B

**FILING OBJECTIONS AGAINST GRANT OF PERMANENT REGISTRATION TO A
STATE MENTAL HEALTH ESTABLISHMENT**

(U/S 123.2.f with 66 (14)
(See Regulation 6)

The Chairperson,

State Mental Health Authority

It is in my knowledge that the Mental Health Establishment (name)situated atdoes not fulfil the following requirements for registration under section 65 (4) of the Mental Health Care Act 2017 and the Rules and Regulations made thereunder.

- 1. _____
- 2. _____
- 3. _____

I enclose the following in support of what is stated above:

- 1.
- 2.
- 3.

Please take necessary action accordingly.

Address:
Mobile Number:
E-mail:

Date:

Encls.

Signature

Name

Schedule – SR-A

(See State Regulation -1)
(123.2.a read with 18.9)

Minimum quality standards of mental health services made available by the Government

1. All mental health establishments, including those referred to in sub sections 4 and 6 of section 18 run or funded by the Government shall follow the minimum standards of facilities and services as provided in Schedule C under section 65 (4) (e) which shall be deemed as the minimum quality standards of mental health services under sub section (9) of section 18 for such establishments.
2. Such establishments, which are not mental health establishments but which run OPDs, shall follow the minimum standards laid down for OPDs run by mental health establishments and such standards shall be deemed as minimum quality standards for such non mental health establishments.
3. Minimum quality standards of mental health services made available by the Government at places, which are not mental health establishments, shall be as under:

Minimum Quality Standards for Mental health services

(123.2.a read with 18.4.c) (18.9)]

Relief Service: Mental Health Services provided to support families of persons with mental illness by the State Government shall adhere to minimum quality standards as under:

State shall maintain a panel of trained paid caregivers whose characters and antecedents have been verified by the police. Services of paid caregivers shall be made available to the families of persons with mental illness on hourly/part time basis to enable the family caregivers to take time off from caregiving to attend to their personal chores and pursue their hobbies and interests.

If a family caregiver wishes to take a few days off for rest and recuperation, the state shall provide the services of a paid caregiver on daily basis and there will be option to keep the person with mental illness in a sheltered accommodation

Emergency: Each district headquarter shall have an emergency service number available to families of persons with mental illness which in time of exigencies, family caregivers shall be able to use to call for help.

Vulnerable Caregivers: Government shall take special care of the needs of elderly caregivers, single caregivers, adolescent caregivers and other vulnerable caregivers.

Vulnerable Persons with Mental Illness: Persons with mental health with high support needs but no family or friend caregivers to provide support being highly vulnerable,

Government shall take special measures to attend to their needs and provide care and support to such persons.

Information and Guidance: Caregivers shall get easy access to information, and guidance on how to access services and support in performing their caregiving role.

Generic Medicine: The government shall ensure adequate supply at free of cost of essential psychotropic medicine. The government shall also ensure easy access to generic medicines at a reasonable cost.

Child Mental Health Services

[123.2.a read with (18.4.e) and (18.9)]

- i. Mental illness among children and adolescents can lead to use of alcohol, tobacco and illicit substances, school dropout and other delinquent behaviors. Government shall provide various services, school based and community based, to minimize such situations.
- ii. Government shall arrange for early detection of mental health problems among children, and for providing treatments such as counseling, cognitive-behavioral therapy and, if necessary, psychotropic medication to prevent behavioral disorders, anxiety, depression and eating disorders and related risks such as inappropriate sexual behavior, substance abuse, and violence.
- iii. Awareness programmes shall be launched to provide information about common psychological and behavioral problems among children, educating, how to recognizing early signs of mental illness among children and helping them in managing the same and dispelling myths and misconceptions about mental illness to prevent stigma.
- iv. School mental health program, as a part of the District Mental Health program, shall address behavioral and emotional issues among children and offer counselling, and other services to those in need of mental health interventions.
- v. Children shall be counseled on how to take failure and success in a positive way. Teachers shall work on suicide prevention among adolescents due to disappointments in examinations or love affairs or in any other personal life event.
- vi. Mental health shall be included into school curriculum to increase awareness and effective measures shall be taken to involve families and schools in child and adolescent mental health care.
- vii. All secondary and senior secondary schools shall be required to employ a counselor. Visiting counselors shall be engaged by junior and middle schools.
- viii. Teachers and parents shall be sensitized and oriented to help and recognize the mental problems faced by the children at an early stage. School teachers shall observe the behavior of the students in their class and talk to parents if any unusual behavioral pattern is observed.

- ix. Teachers shall be encouraged to develop skills to improve motivation, study habits, concentration and memory and handling exam fear, failure and related stress.
- x. Parental counselling shall be provided to bring down parental expectations on academic, understand children's growing up issues, stop regimentation and excessive interference and also discriminatory over indulgence.
- xi. Primary care services shall be enhanced to provide comprehensive mental health services to children and adolescents, including, detection and appropriate interventions for children and adolescents with mental illness.
- xii. Mental health services shall be designed to improve the mental health and wellbeing of children, reduce their mental illness related problems, and harness support for them and their families and shall include their mental health assessment, medical and psychiatric treatment, psychological interventions, training and education.
- xiii. Mental health services for children shall involve those who are closely associated with children - parents, family members, child professionals, and teachers.
- xiv. Children shall be taught to protect themselves from sexual abuse; schools and families shall be advised to remain alert and take preventive measures. If sexual abuse happens despite all care, the victimized child shall be given full support to overcome the trauma.
- xv. Child and adolescent mental health services shall be made available to street children, school drop outs, juvenile delinquents and children with disability

Old age mental health services (18.4.e)

Old persons with mental illness shall be provided quality mental health services which shall include the following:

- Specialized older persons' mental health services by mental health professionals, both short term and long term, with integrated social service elements, for diagnosis, treatment and support.
- Identification, diagnosis, assessment and treatment of old persons who develop mental illness in old age.
- Services in different settings: primary care, homes, community based services, sheltered accommodation, supported accommodation, mental health establishments, hospice care and prisons.
- Age-appropriate services which shall be of the same standard as services for other age groups.
- Appropriate interventions to increase social participation, physical activity and continued learning to prevent depression
- Community care and home treatment services to promote independent living and reduced need for admission in a mental health establishment.

- Cost effective treatment of psychiatric morbidity in mental health establishments, which would facilitate early discharge and reduce the treatment costs.
- Home care and treatment especially for those who are frail or cognitively impaired and cannot easily travel
- Support and engagement with families and elderly caregivers by way of appreciation, information, guidance and occasional respite to prevent their breakdown and consequential disruption in long term caregiving services they provide.
- Comprehensive and timely services by teams of professionals trained and qualified in the management of old persons' mental health with the right range of knowledge and expertise.
- Psychological therapies, services that are delivered in both community and inpatient settings, specialist mental health assessment, diagnosis and intervention services
- Psychological services and talking therapy to alleviate psychological distress and promote psychological wellbeing