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से भी डाउन लोड किया जा सकता है.



मध्यप्रदेश राजपत्र

(असाधारण)

प्राधिकार से प्रकाशित

क्रमांक 284] भोपाल, शनिवार, दिनांक 5 सितम्बर 2020–भाद्र 14, शक 1942

लोक स्वास्थ्य एवं परिवार कल्याण विभाग

मंत्रालय, वल्लभ भवन, भोपाल

भोपाल, दिनांक 2 सितम्बर 2020

क्र. एफ–11–01–2020–सत्रह–मेडि–02.– राज्य सरकार, एतद्द्वारा, मानसिक स्वास्थ्य देखरेख अधिनियम, 2017 के अंतर्गत मानसिक स्वास्थ्य देखरेख (राज्य मानसिक स्वास्थ्य प्राधिकरण) नियम, 2018, मानसिक स्वास्थ्य देखरेख (केन्द्रीय मानसिक स्वास्थ्य प्राधिकरण व मानसिक स्वास्थ्य पुनर्विलोकन बोर्ड) नियम, 2018 तथा मानसिक स्वास्थ्य देखरेख (मानसिक रोग से ग्रस्त व्यक्तियों के अधिकार) नियम, 2018 को मध्यप्रदेश राज्य में आगामी आदेश तक अंगीकृत करते हुए अधिसूचित करती है.

क्र. एफ–11–01–2020–सत्रह–मेडि–02.– राज्य सरकार, एतद्द्वारा, मानसिक स्वास्थ्य देखरेख अधिनियम, 2017 की धारा 52 की उपधारा (1) के अंतर्गत राज्य मानसिक स्वास्थ्य प्राधिकरण (State Mental Health Authority) के मुख्य कार्यपालन अधिकारी के रूप में मिशन संचालक, राष्ट्रीय स्वास्थ्य मिशन, मध्यप्रदेश को नामांकित करती है. वे आगामी आदेश तक उपरोक्त अधिनियम की धारा 53 के अंतर्गत कार्य दायित्वों का निवर्हन करेंगे.

क्र. एफ–11–01–2020–सत्रह–मेडि–02.– राज्य सरकार, एतद्द्वारा, मानसिक स्वास्थ्य देखभाल अधिनियम (Mental Healthcare Act), 2017 की धारा 45 के अंतर्गत "राज्य मानसिक स्वास्थ्य प्राधिकरण" (State Mental Health Authority) का गठन करती है. राज्य मानसिक स्वास्थ्य प्राधिकरण में अधिनियम की धारा 46 (1) (क) से 46 (1) (च) के अंतर्गत निम्नांकित सदस्य होंगे :–

1.	प्रमुख सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग	चेयरपर्सन
2.	उप सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग	पदेन सदस्य
3.	आयुक्त, स्वास्थ्य सेवायें	पदेन सदस्य
4.	आयुक्त, चिकित्सा शिक्षा विभाग	पदेन सदस्य
5.	प्रमुख सचिव अथवा उपसचिव से अनिम्न स्तर के प्रतिनिधि, सामाजिक न्याय एवं नि:शक्तजन कल्याण विभाग.	पदेन सदस्य
6.	सचिव, गृह विभाग	पदेन सदस्य
7	सचिव, वित्त विभाग	पदेन सदस्य
8.	सचिव, विधि एवं विधायी विभाग	पदेन सदस्य
9.	विभागाध्यक्ष, मानसिक रोग, गांधी मेडिकल कॉलेज, भोपाल	पदेन सदस्य

नवगठित राज्य मानसिक स्वास्थ्य प्राधिकरण संपूर्ण मध्यप्रदेश में आगामी आदेश तक मानसिक स्वास्थ्य देखभाल अधिनियम, 2017 व सम्बद्ध नियमों के अनुसार मानसिक स्वास्थ्य संबंधी समस्त जिम्मेवारियों का निर्वहन करेगा.

मध्यप्रदेश के राज्यपाल के नाम से तथा आदेशानुसार,
मलिका निगम नागर, उपसचिव.

रजिस्ट्री सं० डी० एल०—(एन)04/0007/2003—17 REGISTERED NO. DL—(N)04/0007/2003—17

भारत का राजपत्र
The Gazette of India

असाधारण
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भाग II — खण्ड 1
PART II — Section 1
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PUBLISHED BY AUTHORITY

सं० 10] नई दिल्ली, शुक्रवार, अप्रैल 7, 2017/चैत्र 17, 1939 (शक)
No. 10] NEW DELHI, FRIDAY, APRIL, 7, 2017/CHAITRA 17, 1939 (SAKA)

इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।
Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE
(Legislative Department)

New Delhi, the 7th April, 2017/*Chaitra* 17, 1939 (*Saka*)

The following Act of Parliament received the assent of the President on the 7th April, 2017, and is hereby published for general information:—

THE MENTAL HEALTHCARE ACT, 2017

No. 10 OF 2017 [*7th April,* 2017.]

An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto.

WHEREAS the Convention on Rights of Persons with Disabilities and its Optional Protocol was adopted on the 13th December, 2006 at United Nations Headquarters in New York and came into force on the 3rd May, 2008;

AND WHEREAS India has signed and ratified the said Convention on the 1st day of October, 2007;

AND WHEREAS it is necessary to align and harmonise the existing laws with the said Convention.

BE it enacted by Parliament in the Sixty-eighth Year of the Republic of India as follows:—

CHAPTER I

PRELIMINARY

1. (*1*) This Act may be called the Mental Healthcare Act, 2017. Short title, extent and commencement.

(*2*) It shall extend to the whole of India.

(*3*) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint; or on the date of completion of the period of nine months from the date on which the Mental Healthcare Act, 2017 receives the assent of the President.

Definitions.

2. (*1*) In this Act, unless the context otherwise requires,—

(*a*) "advance directive" means an advance directive made by a person under section 5;

(*b*) "appropriate Government" means,—

(*i*) in relation to a mental health establishment established, owned or controlled by the Central Government or the Administrator of a Union territory having no legislature, the Central Government;

(*ii*) in relation to a mental health establishment, other than an establishment referred to in sub-clause (*i*), established, owned or controlled within the territory of—

(*A*) a State, the State Government;

(*B*) a Union territory having legislature, the Government of that Union territory;

(*c*) "Authority" means the Central Mental Health Authority or the State Mental Health Authority, as the case may be;

(*d*) "Board" means the Mental Health Review Board constituted by the State Authority under sub-section (*1*) of section 80 in such manner as may be prescribed;

(*e*) "care-giver" means a person who resides with a person with mental illness and is responsible for providing care to that person and includes a relative or any other person who performs this function, either free or with remuneration;

(*f*) "Central Authority" means the Central Mental Health Authority constituted under section 33;

(*g*) "clinical psychologist" means a person—

(*i*) having a recognised qualification in Clinical Psychology from an institution approved and recognised, by the Rehabilitation Council of India, constituted under section 3 of the Rehabilitation Council of India Act, 1992; or 34 of 1992.

(*ii*) having a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 and approved and recognised by the 3 of 1956.
Rehabilitation Council of India Act, 1992 or such recognised qualifications as 34 of 1992.
may be prescribed;

(*h*) "family" means a group of persons related by blood, adoption or marriage;

(*i*) "informed consent" means consent given for a specific intervention, without any force, undue influence, fraud, threat, mistake or misrepresentation, and obtained after disclosing to a person adequate information including risks and benefits of, and alternatives to, the specific intervention in a language and manner understood by the person;

(*j*) "least restrictive alternative" or "least restrictive environment" or "less

restrictive option" means offering an option for treatment or a setting for treatment which—

(*i*) meets the person's treatment needs; and

(*ii*) imposes the least restriction on the person's rights;

(*k*) "local authority" means a Municipal Corporation or Municipal Council. or Zilla Parishad, or Nagar Panchayat, or Panchayat, by whatever name called, and includes such other authority or body having administrative control over the mental health establishment or empowered under any law for the time being in force, to function as a local authority in any city or town or village;

(*l*) "Magistrate" means—

(*i*) in relation to a metropolitan area within the meaning of clause (*k*) of section 2 of the Code of Criminal Procedure, 1973, a Metropolitan Magistrate; 2 of 1974.

(*ii*) in relation to any other area, the Chief Judicial Magistrate, Sub-divisional Judicial Magistrate or such other Judicial Magistrate of the first class as the State Government may, by notification, empower to perform the functions of a Magistrate under this Act;

(*m*) "medical officer in charge" in relation to any mental health establishment means the psychiatrist or medical practitioner who, for the time being, is in charge of that mental health establishment;

(*n*) "medical practitioner" means a person who possesses a recognised medical qualification—

(*i*) as defined in clause (*h*) of section 2 of the Indian Medical Council Act, 1956, and whose name has been entered in the State Medical Register, as defined in clause (*k*) of that section; or 102 of 1956.

(*ii*) as defined in clause (*h*) of sub-section (*1*) of section 2 of the Indian Medicine Central Council Act, 1970, and whose name has been entered in a State Register of Indian Medicine, as defined in clause (*j*) of sub-section (*1*) of that section; or 48 of 1970.

(*iii*) as defined in clause (*g*) of sub-section (*1*) of section 2 of the Homoeopathy Central Council Act, 1973, and whose name has been entered in a State Register of Homoeopathy, as defined in clause (*i*) of sub-section (*1*) of that section; 59 of 1973.

(*o*) "Mental healthcare" includes analysis and diagnosis of a person's mental condition and treatment as well as care and rehabilitation of such person for his mental illness or suspected mental illness;

(*p*) "mental health establishment" means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental illness resides with his relatives or friends;

(*q*) "mental health nurse" means a person with a diploma or degree in general nursing or diploma or degree in psychiatric nursing recognised by the Nursing Council of India established under the Nursing Council of India Act, 1947 and registered as such with the relevant nursing council in the State; 38 of 1947.

(*r*) "mental health professional" means—

(*i*) a psychiatrist as defined in clause (*x*); or

(*ii*) a professional registered with the concerned State Authority under section 55; or

(*iii*) a professional having a post-graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam;

(*s*) "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

(*t*) "minor" means a person who has not completed the age of eighteen years;

(*u*) "notification" means a notification published in the Official Gazette and the expression "notify" shall be construed accordingly;

(*v*) "prescribed" means prescribed by rules made under this Act;

(*w*) "prisoner with mental illness" means a person with mental illness who is an under-trial or convicted of an offence and detained in a jail or prison;

(*x*) "psychiatric social worker" means a person having a post-graduate degree in Social Work and a Master of Philosophy in Psychiatric Social Work obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 or such recognised qualifications, as may be prescribed; 3 of 1956.

(*y*) "psychiatrist" means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act; 3 of 1956. 102 of 1956.

(*z*) "regulations" means regulations made under this Act;

(*za*) "relative" means any person related to the person with mental illness by blood, marriage or adoption;

(*zb*) "State Authority" means the State Mental Health Authority established under section 45.

(2) The words and expressions used and not defined in this Act 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. 102 of 1956. 48 of 1970.

CHAPTER II

MENTAL ILLNESS AND CAPACITY TO MAKE MENTAL HEALTHCARE AND TREATMENT DECISIONS

Determination of mental illness.

3. (*1*) Mental illness shall be determined in accordance with such nationally or internationally accepted medical standards (including the latest edition of the International Classification of Disease of the World Health Organisation) as may be notified by the Central Government.

(*2*) No person or authority shall classify a person as a person with mental illness, except for purposes directly relating to the treatment of the mental illness or in other matters as covered under this Act or any other law for the time being in force.

(*3*) Mental illness of a person shall not be determined on the basis of,—

(*a*) political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person;

(*b*) non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person's community.

(*4*) Past treatment or hospitalisation in a mental health establishment though relevant, shall not by itself justify any present or future determination of the person's mental illness.

(*5*) The determination of a person's mental illness shall alone not imply or be taken to mean that the person is of unsound mind unless he has been declared as such by a competent court.

Capacity to make mental healthcare and treatment decisions.

4. (*1*) Every person, including a person with mental illness shall be deemed to have capacity to make decisions regarding his mental healthcare or treatment if such person has ability to—

(*a*) understand the information that is relevant to take a decision on the treatment or admission or personal assistance; or

(*b*) appreciate any reasonably foreseeable consequence of a decision or lack of decision on the treatment or admission or personal assistance; or

(*c*) communicate the decision under sub-clause (*a*) by means of speech, expression, gesture or any other means.

(*2*) The information referred to in sub-section (*1*) shall be given to a person using simple language, which such person understands or in sign language or visual aids or any other means to enable him to understand the information.

(*3*) Where a person makes a decision regarding his mental healthcare or treatment which is perceived by others as inappropriate or wrong, that by itself, shall not mean that the person does not have the capacity to make mental healthcare or treatment decision, so long as the person has the capacity to make mental healthcare or treatment decision under sub-section (*1*).

CHAPTER III

ADVANCE DIRECTIVE

Advance directive.

5. (*1*) Every person, who is not a minor, shall have a right to make an advance directive in writing, specifying any or all of the following, namely:—

(*a*) the way the person wishes to be cared for and treated for a mental illness;

(*b*) the way the person wishes not to be cared for and treated for a mental illness;

(*c*) the individual or individuals, in order of precedence, he wants to appoint as his nominated representative as provided under section 14.

(*2*) An advance directive under sub-section (*1*) may be made by a person irrespective of his past mental illness or treatment for the same.

(*3*) An advance directive made under sub-section (*1*), shall be invoked only when such person ceases to have capacity to make mental healthcare or treatment decisions and shall remain effective until such person regains capacity to make mental healthcare or treatment decisions.

(*4*) Any decision made by a person while he has the capacity to make mental healthcare and treatment decisions shall over-ride any previously written advance directive by such person.

(*5*) Any advance directive made contrary to any law for the time being in force shall be *ab initio* void.

Manner of making advance directive.

6. An advance directive shall be made in the manner as may be specified by the regulations made by the Central Authority.

Maintenance of online register.

7. Subject to the provisions contained in clause (*a*) of sub-section (*1*) of section 91, every Board shall maintain an online register of all advance directives registered with it and make them available to the concerned mental health professionals as and when required.

Revocation, amendment or cancellation of advance directive.

8. (*1*) An advance directive made under section 6 may be revoked, amended or cancelled by the person who made it at any time.

(*2*) The procedure for revoking, amending or cancelling an advance directive shall be the same as for making an advance directive under section 6.

Advance directive not to apply to emergency treatment.

9. The advance directive shall not apply to the emergency treatment given under section 103 to a person who made the advance directive.

Duty to follow advance directive.

10. It shall be the duty of every medical officer in charge of a mental health establishment and the psychiatrist in charge of a person's treatment to propose or give treatment to a person with mental illness, in accordance with his valid advance directive, subject to section 11.

Power to review, alter, modify or cancel advance directive.

11. (*1*) Where a mental health professional or a relative or a care-giver of a person desires not to follow an advance directive while treating a person with mental illness, such mental health professional or the relative or the care-giver of the person shall make an application to the concerned Board to review, alter, modify or cancel the advance directive.

(*2*) Upon receipt of the application under sub-section (*1*), the Board shall, after giving an opportunity of hearing to all concerned parties (including the person whose advance directive is in question), either uphold, modify, alter or cancel the advance directive after taking into consideration the following, namely:—

(*a*) whether the advance directive was made by the person out of his own free will and free from force, undue influence or coercion; or

(*b*) whether the person intended the advance directive to apply to the present circumstances, which may be different from those anticipated; or

(*c*) whether the person was sufficiently well informed to make the decision; or

(*d*) whether the person had capacity to make decisions relating to his mental healthcare or treatment when such advanced directive was made; or

(*e*) whether the content of the advance directive is contrary to other laws or constitutional provisions.

(*3*) The person writing the advance directive and his nominated representative shall have a duty to ensure that the medical officer in charge of a mental health establishment or a medical practitioner or a mental health professional, as the case may be, has access to the advance directive when required.

(*4*) The legal guardian shall have right to make an advance directive in writing in respect of a minor and all the provisions relating to advance directive, *mutatis mutandis*, shall apply to such minor till such time he attains majority.

Review of advance directives.

12. (*1*) The Central Authority shall regularly and periodically review the use of advance directives and make recommendations in respect thereof.

(2) The Central Authority in its review under sub-section (*1*) shall give specific consideration to the procedure for making an advance directive and also examine whether the existing procedure protects the rights of persons with mental illness.

(*3*) The Central Authority may modify the procedure for making an advance directive or make additional regulations regarding the procedure for advance directive to protect the rights of persons with mental illness.

Liability of medical health professional in relation to advance directive.

13. (*1*) A medical practitioner or a mental health professional shall not be held liable for any unforeseen consequences on following a valid advance directive.

(2) The medical practitioner or mental health professional shall not be held liable for not following a valid advance directive, if he has not been given a copy of the valid advance directive.

CHAPTER IV

NOMINATED REPRESENTATIVE

Appointment and revocation of nominated representative.

14. (*1*) Notwithstanding anything contained in clause (*c*) of sub-section (*1*) of section 5, every person who is not a minor, shall have a right to appoint a nominated representative.

(*2*) The nomination under sub-section (*1*) shall be made in writing on plain paper with the person's signature or thumb impression of the person referred to in that sub-section.

(*3*) The person appointed as the nominated representative shall not be a minor, be competent to discharge the duties or perform the functions assigned to him under this Act, and give his consent in writing to the mental health professional to discharge his duties and perform the functions assigned to him under this Act.

(*4*) Where no nominated representative is appointed by a person under sub-section (*1*), the following persons for the purposes of this Act in the order of precedence shall be deemed to be the nominated representative of a person with mental illness, namely:—

(*a*) the individual appointed as the nominated representative in the advance directive under clause (*c*) of sub-section (*1*) of section 5; or

(*b*) a relative, or if not available or not willing to be the nominated representative of such person; or

(*c*) a care-giver, or if not available or not willing to be the nominated representative of such person; or

(*d*) a suitable person appointed as such by the concerned Board; or

(*e*) if no such person is available to be appointed as a nominated representative, the Board shall appoint the Director, Department of Social Welfare, or his designated representative, as the nominated representative of the person with mental illness:

Provided that a person representing an organisation registered under the Societies Registration Act, 1860 or any other law for the time being in force, working for persons with mental illness, may temporarily be engaged by the mental health professional to discharge the duties of a nominated representative pending appointment of a nominated representative by the concerned Board. 21 of 1860.

(5) The representative of the organisation, referred to in the proviso to sub-section (4), may make a written application to the medical officer in-charge of the mental health establishment or the psychiatrist in-charge of the person's treatment, and such medical officer or psychiatrist, as the case may be, shall accept him as the temporary nominated representative, pending appointment of a nominated representative by the concerned Board.

(6) A person who has appointed any person as his nominated representative under this section may revoke or alter such appointment at any time in accordance with the procedure laid down for making an appointment of nominated representative under sub-section (1).

(7) The Board may, if it is of the opinion that it is in the interest of the person with mental illness to do so, revoke an appointment made by it under this section, and appoint a different representative under this section.

(8) The appointment of a nominated representative, or the inability of a person with mental illness to appoint a nominated representative, shall not be construed as the lack of capacity of the person to take decisions about his mental healthcare or treatment.

(9) All persons with mental illness shall have capacity to make mental healthcare or treatment decisions but may require varying levels of support from their nominated representative to make decisions.

Nominated representative of minor.

15. (1) Notwithstanding anything contained in section 14, in case of minors, the legal guardian shall be their nominated representative, unless the concerned Board orders otherwise under sub-section (2).

(2) Where on an application made to the concerned Board, by a mental health professional or any other person acting in the best interest of the minor, and on evidence presented before it, the concerned Board is of the opinion that,—

(a) the legal guardian is not acting in the best interests of the minor; or

(b) the legal guardian is otherwise not fit to act as the nominated representative of the minor,

it may appoint, any suitable individual who is willing to act as such, the nominated representative of the minor with mental illness:

Provided that in case no individual is available for appointment as a nominated representative, the Board shall appoint the Director in the Department of Social Welfare of the State in which such Board is located, or his nominee, as the nominated representative of the minor with mental illness.

Revocation, alteration, etc., of nominated representative by Board.

16. The Board, on an application made to it by the person with mental illness, or by a relative of such person, or by the psychiatrist responsible for the care of such person, or by the medical officer in-charge of the mental health establishment where the individual is admitted or proposed to be admitted, may revoke, alter or modify the order made under clause (e) of sub-section (4) of section 14 or under sub-section (2) of section 15.

Duties of nominated representative.

17. While fulfilling his duties under this Act, the nominated representative shall—

(a) consider the current and past wishes, the life history, values, cultural background and the best interests of the person with mental illness;

(*b*) give particular credence to the views of the person with mental illness to the extent that the person understands the nature of the decisions under consideration;

(*c*) provide support to the person with mental illness in making treatment decisions under section 89 or section 90;

(*d*) have right to seek information on diagnosis and treatment to provide adequate support to the person with mental illness;

(*e*) have access to the family or home based rehabilitation services as provided under clause (*c*) of sub-section (*4*) of section 18 on behalf of and for the benefit of the person with mental illness;

(*f*) be involved in discharge planning under section 98;

(*g*) apply to the mental health establishment for admission under section 87 or section 89 or section 90;

(*h*) apply to the concerned Board on behalf of the person with mental illness for discharge under section 87 or section 89 or section 90;

(*i*) apply to the concerned Board against violation of rights of the person with mental illness in a mental health establishment;

(*j*) appoint a suitable attendant under sub-section (*5*) or sub-section (*6*) of section 87;

(*k*) have the right to give or withhold consent for research under circumstances mentioned under sub-section (*3*) of section 99.

CHAPTER V

RIGHTS OF PERSONS WITH MENTAL ILLNESS

Right to access mental-health care.

18. (*1*) Every person shall have a right to access mental healthcare and treatment from mental health services run or funded by the appropriate Government.

(*2*) The right to access mental healthcare and treatment shall mean mental health services of affordable cost, of good quality, available in sufficient quantity, accessible geographically, without discrimination on the basis of gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class, disability or any other basis and provided in a manner that is acceptable to persons with mental illness and their families and care-givers.

(*3*) The appropriate Government shall make sufficient provision as may be necessary, for a range of services required by persons with mental illness.

(*4*) Without prejudice to the generality of range of services under sub-section (*3*), such services shall include—

(*a*) provision of acute mental healthcare services such as outpatient and inpatient services;

(*b*) provision of half-way homes, sheltered accommodation, supported accommodation as may be prescribed;

(*c*) provision for mental health services to support family of person with mental illness or home based rehabilitation;

(*d*) hospital and community based rehabilitation establishments and services as may be prescribed;

(*e*) provision for child mental health services and old age mental health services.

(*5*) The appropriate Government shall,—

(*a*) integrate mental health services into general healthcare services at all levels

of healthcare including primary, secondary and tertiary healthcare and in all health programmes run by the appropriate Government;

(*b*) provide treatment in a manner, which supports persons with mental illness to live in the community and with their families;

(*c*) ensure that the long term care in a mental health establishment for treatment of mental illness shall be used only in exceptional circumstances, for as short a duration as possible, and only as a last resort when appropriate community based treatment has been tried and shown to have failed;

(*d*) ensure that no person with mental illness (including children and older persons) shall be required to travel long distances to access mental health services and such services shall be available close to a place where a person with mental illness resides;

(*e*) ensure that as a minimum, mental health services run or funded by Government shall be available in each district:

(*f*) ensure, if minimum mental health services specified under sub-clause (*e*) of sub-section (*4*) are not available in the district where a person with mental illness resides, that the person with mental illness is entitled to access any other mental health service in the district and the costs of treatment at such establishments in that district will be borne by the appropriate Government:

Provided that till such time the services under this sub-section are made available in a health establishment run or funded by the appropriate Government, the appropriate Government shall make rules regarding reimbursement of costs of treatment at such mental health establishment.

(*6*) The appropriate Government shall make available a range of appropriate mental health services specified under sub-section (*4*) of section 18 at all general hospitals run or funded by such Government and basic and emergency mental healthcare services shall be available at all community health centres and upwards in the public health system run or funded by such Government.

(*7*) Persons with mental illness living below the poverty line whether or not in possession of a below poverty line card, or who are destitute or homeless shall be entitled to mental health treatment and services free of any charge and at no financial cost at all mental health establishments run or funded by the appropriate Government and at other mental health establishments designated by it.

(*8*) The appropriate Government shall ensure that the mental health services shall be of equal quality to other general health services and no discrimination be made in quality of services provided to persons with mental illness.

(*9*) The minimum quality standards of mental health services shall be as specified by regulations made by the State Authority.

(*10*) Without prejudice to the generality of range of services under sub-section (*3*) of section 18, the appropriate Government shall notify Essential Drug List and all medicines on the Essential Drug List shall be made available free of cost to all persons with mental illness at all times at health establishments run or funded by the appropriate Government starting from Community Health Centres and upwards in the public health system:

Provided that where the health professional of ayurveda, yoga, unani, siddha, homoeopathy or naturopathy systems recognised by the Central Government are available in any health establishment, the essential medicines from any similar list relating to the appropriate ayurvada, yoga, unani, siddha, homoeopathy or naturopathy systems shall also be made available free of cost to all persons with mental illness.

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

Explanation.—For the purposes of sub-section (*11*), the expressions—

(*i*) "adequacy" means in terms of how much is enough to offset inflation;

(*ii*) "priority" means in terms of compared to other budget heads;

(*iii*) "equity" means in terms of fair allocation of resources taking into account the health, social and economic burden of mental illness on individuals, their families and care-givers;

(*iv*) "progress" means in terms of indicating an improvement in the State's response.

Right to community living.

19. (*1*) Every person with mental illness shall,—

(*a*) have a right to live in, be part of and not be segregated from society; and

(*b*) not continue to remain in a mental health establishment merely because he does not have a family or is not accepted by his family or is homeless or due to absence of community based facilities.

(*2*) Where it is not possible for a mentally ill person to live with his family or relatives, or where a mentally ill person has been abandoned by his family or relatives, the appropriate Government shall provide support as appropriate including legal aid and to facilitate exercising his right to family home and living in the family home.

(*3*) The appropriate Government shall, within a reasonable period, provide for or support the establishment of less restrictive community based establishments including half-way homes, group homes and the like for persons who no longer require treatment in more restrictive mental health establishments such as long stay mental hospitals.

Right to protection from cruel, inhuman and degrading treatment.

20. (*1*) Every person with mental illness shall have a right to live with dignity.

(*2*) Every person with mental illness shall be protected from cruel, inhuman or degrading treatment in any mental health establishment and shall have the following rights, namely:—

(*a*) to live in safe and hygienic environment;

(*b*) to have adequate sanitary conditions;

(*c*) to have reasonable facilities for leisure, recreation, education and religious practices;

(*d*) to privacy;

(*e*) for proper clothing so as to protect such person from exposure of his body to maintain his dignity;

(*f*) to not be forced to undertake work in a mental health establishment and to receive appropriate remuneration for work when undertaken;

(*g*) to have adequate provision for preparing for living in the community;

(*h*) to have adequate provision for wholesome food, sanitation, space and access to articles of personal hygiene, in particular, women's personal hygiene be adequately addressed by providing access to items that may be required during menstruation;

(*i*) to not be subject to compulsory tonsuring (shaving of head hair);

(*j*) to wear own personal clothes if so wished and to not be forced to wear uniforms provided by the establishment; and

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

Right to equality and non- discrimination.

21. (*1*) Every person with mental illness shall be treated as equal to persons with physical illness in the provision of all healthcare which shall include the following, namely:–

(*a*) there shall be no discrimination on any basis including gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class or disability;

(*b*) emergency facilities and emergency services for mental illness shall be of the same quality and availability as those provided to persons with physical illness;

(*c*) persons with mental illness shall be entitled to the use of ambulance services in the same manner, extent and quality as provided to persons with physical illness;

(*d*) living conditions in health establishments shall be of the same manner, extent and quality as provided to persons with physical illness; and

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

(*2*) A child under the age of three years of a woman receiving care, treatment or rehabilitation at a mental health establishment shall ordinarily not be separated from her during her stay in such establishment:

Provided that where the treating Psychiatrist, based on his examination of the woman, and if appropriate, on information provided by others, is of the opinion that there is risk of harm to the child from the woman due to her mental illness or it is in the interest and safety of the child, the child shall be temporarily separated from the woman during her stay at the mental health establishment:

Provided further that the woman shall continue to have access to the child under such supervision of the staff of the establishment or her family, as may be appropriate, during the period of separation.

(*3*) The decision to separate the woman from her child shall be reviewed every fifteen days during the woman's stay in the mental health establishment and separation shall be terminated as soon as conditions which required the separation no longer exist:

Provided that any separation permitted as per the assessment of a mental health professional, if it exceeds thirty days at a stretch, shall be required to be approved by the respective Authority.

(*4*) Every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness.

Right to information.

22. (*1*) A person with mental illness and his nominated representative shall have the rights to the following information, namely:—

(*a*) the provision of this Act or any other law for the time being in force under which he has been admitted, if he is being admitted, and the criteria for admission under that provision;

(*b*) of his right to make an application to the concerned Board for a review of the admission;

(*c*) the nature of the person's mental illness and the proposed treatment plan which includes information about treatment proposed and the known side effects of the proposed treatment;

(*d*) receive the information in a language and form that such person receiving the information can understand.

(2) In case complete information cannot be given to the person with mental illness at the time of the admission or the start of treatment, it shall be the duty of the medical officer or psychiatrist in-charge of the person's care to ensure that full information is provided promptly when the individual is in a position to receive it:

Provided that where the information has not been given to the person with mental illness at the time of the admission or the start of treatment, the medical officer or psychiatrist in charge of the person's care shall give the information to the nominated representative immediately.

Right to confidentiality.

23. (1) A person with mental illness shall have the right to confidentiality in respect of his mental health, mental healthcare, treatment and physical healthcare.

(2) All health professionals providing care or treatment to a person with mental illness shall have a duty to keep all such information confidential which has been obtained during care or treatment with the following exceptions, namely:—

(*a*) release of information to the nominated representative to enable him to fulfil his duties under this Act;

(*b*) release of information to other mental health professionals and other health professionals to enable them to provide care and treatment to the person with mental illness;

(*c*) release of information if it is necessary to protect any other person from harm or violence;

(*d*) only such information that is necessary to protect against the harm identified shall be released;

(*e*) release only such information as is necessary to prevent threat to life;

(*f*) release of information upon an order by concerned Board or the Central Authority or High Court or Supreme Court or any other statutory authority competent to do so; and

(*g*) release of information in the interests of public safety and security.

Restriction on release of information in respect of mental illness.

24. (1) No photograph or any other information relating to a person with mental illness undergoing treatment at a mental health establishment shall be released to the media without the consent of the person with mental illness.

(2) The right to confidentiality of person with mental illness shall also apply to all information stored in electronic or digital format in real or virtual space.

Right to access medical records.

25. (1) All persons with mental illness shall have the right to access their basic medical records as may be prescribed.

(2) The mental health professional in charge of such records may withhold specific information in the medical records if disclosure would result in,—

(*a*) serious mental harm to the person with mental illness; or

(*b*) likelihood of harm to other persons.

(3) When any information in the medical records is withheld from the person, the mental health professional shall inform the person with mental illness of his right to apply to the concerned Board for an order to release such information.

Right to personal contacts and communication.

26. (*1*) A person with mental illness admitted to a mental health establishment shall have the right to refuse or receive visitors and to refuse or receive and make telephone or mobile phone calls at reasonable times subject to the norms of such mental health establishment.

(*2*) A person with mental illness admitted in a mental health establishment may send and receive mail through electronic mode including through e-mail.

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

(*4*) Nothing contained in sub-sections (*1*) to (*3*) shall apply to visits from, telephone calls to, and from mail or e-mail to, and from individuals, specified under clauses (*a*) to (*f*) under any circumstances, namely:—

(*a*) any Judge or officer authorised by a competent court;

(*b*) members of the concerned Board or the Central Authority or the State Authority;

(*c*) any member of the Parliament or a Member of State Legislature;

(*d*) nominated representative, lawyer or legal representative of the person;

(*e*) medical practitioner in charge of the person's treatment;

(*f*) any other person authorised by the appropriate Government.

Right to legal aid.

27. (*1*) A person with mental illness shall be entitled to receive free legal services to exercise any of his rights given under this Act.

(*2*) It shall be the duty of magistrate, police officer, person in charge of such custodial institution as may be prescribed or medical officer or mental health professional in charge of a mental health establishment to inform the person with mental illness that he is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and provide the contact details of the availability of services. 39 of 1987.

Right to make complaints about deficiencies in provision of services.

28. (*1*) Any person with mental illness or his nominated representative, shall have the right to complain regarding deficiencies in provision of care, treatment and services in a mental health establishment to,—

(*a*) the medical officer or mental health professional in charge of the establishment and if not satisfied with the response;

(*b*) the concerned Board and if not satisfied with the response;

(*c*) the State Authority.

(*2*) The provisions for making complaint in sub-section (*1*), is without prejudice to the rights of the person to seek any judicial remedy for violation of his rights in a mental health establishment or by any mental health professional either under this Act or any other law for the time being in force.

CHAPTER VI

DUTIES OF APPROPRIATE GOVERNMENT

Promotion of mental health and preventive programmes.

29. (*1*) The appropriate Government shall have a duty to plan, design and implement programmes for the promotion of mental health and prevention of mental illness in the country.

(2) Without prejudice to the generality of the provisions contained in sub-section (1), the appropriate Government shall, in particular, plan, design and implement public health programmes to reduce suicides and attempted suicides in the country.

Creating awareness about mental health and illness and reducing stigma associated with mental illness.

30. The appropriate Government shall take all measures to ensure that,—

(*a*) the provisions of this Act are given wide publicity through public media, including television, radio, print and online media at regular intervals;

(*b*) the programmes to reduce stigma associated with mental illness are planned, designed, funded and implemented in an effective manner;

(*c*) the appropriate Government officials including police officers and other officers of the appropriate Government are given periodic sensitisation and awareness training on the issues under this Act.

Appropriate Government to take measures as regard to human resource development and training, etc.

31. (*1*) The appropriate Government shall take measures to address the human resource requirements of mental health services in the country by planning, developing and implementing educational and training programmes in collaboration with institutions of higher education and training, to increase the human resources available to deliver mental health interventions and to improve the skills of the available human resources to better address the needs of persons with mental illness.

(*2*) The appropriate Government shall, at the minimum, train all medical officers in public healthcare establishments and all medical officers in the prisons or jails to provide basic and emergency mental healthcare.

(*3*) The appropriate Government shall make efforts to meet internationally accepted guidelines for number of mental health professionals on the basis of population, within ten years from the commencement of this Act.

Co-ordination within appropriate Government.

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

CHAPTER VII

CENTRAL MENTAL HEALTH AUTHORITY

Establishment of Central Authority.

33. The Central Government shall, within a period of nine months from the date on which this Act receives the assent of the President, by notification, establish, for the purposes of this Act, an Authority to be known as the Central Mental Health Authority.

Composition of Central Authority.

34. (*1*) The Central Authority shall consist of the following, namely:—

(*a*) Secretary or Additional Secretary to the Government of India in the Department of Health and Family Welfare—chairperson *ex officio*;

(*b*) Joint Secretary to the Government of India in the Department of Health and Family Welfare, in charge of mental health—member *ex officio*;

(*c*) Joint Secretary to the Government of India in the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy— member *ex officio;*

(*d*) Director General of Health Services—member *ex officio*;

(*e*) Joint Secretary to the Government of India in the Department of Disability Affairs of the Ministry of Social Justice and Empowerment— member *ex officio;*

(*f*) Joint Secretary to the Government of India in the Ministry of Women and Child Development— member *ex officio;*

(*g*) Directors of the Central Institutions for Mental Health—members *ex officio;*

(*h*) such other *ex officio* representatives from the relevant Central Government Ministries or Departments;

(*i*) one mental health professional as defined in item (*iii*) of clause (*r*) of sub-section (*1*) of section 2 having at least fifteen years experience in the field, to be nominated by the Central Government—member;

(*j*) one psychiatric social worker having at least fifteen years experience in the field, to be nominated by the Central Government—member;

(*k*) one clinical psychologist having at least fifteen years experience in the field, to be nominated by the Central Government—member;

(*l*) one mental health nurse having at least fifteen years experience in the field of mental health, to be nominated by the Central Government—member;

(*m*) two persons representing persons who have or have had mental illness, to be nominated by the Central Government—members;

(*n*) two persons representing care-givers of persons with mental illness or organisations representing care-givers, to be nominated by the Central Government—members;

(*o*) two persons representing non-governmental organisations which provide services to persons with mental illness, to be nominated by the Central Government—members;

(*p*) two persons representing areas relevant to mental health, if considered necessary.

(*2*) The members referred to in clauses (*h*) to (*p*) of sub-section (*1*), shall be nominated by the Central Government in such manner as may be prescribed.

Term of office, salaries and allowances of chairperson and members.

35. (*1*) The members of the Central Authority referred to in clauses (*h*) to (*p*) of sub-section (*1*) of section 34 shall hold office as such for a term of three years from the date of nomination and shall be eligible for reappointment:

Provided that a member shall not hold office as such after he has attained the age of seventy years.

(*2*) The chairperson and other *ex officio* members of the Authority shall hold office as such chairperson or member, as the case may be, so long as he holds the office by virtue of which he is nominated.

(*3*) **The salaries and allowances payable to, and the other terms and conditions of service of, the chairperson and other members shall be such as may be prescribed.**

Resignation.

36. A member of the Central Authority may, by notice in writing under his hand addressed to the Central Government, resign his office:

Provided that a member shall, unless he is permitted by the Central Government to relinquish his office sooner, continue to hold office until the expiry of three months from the date of receipt of such notice or until a person duly appointed as his successor enters upon the office or until the expiry of his term of office, whichever is the earliest.

Filling of vacancies.

37. The Central Government shall, within two months from the date of occurrence of any vacancy by reason of death, resignation or removal of a member of the Authority and three months before the superannuation or completion of the term of office of any member of that Authority, make nomination for filling up of the vacancy.

Vacancies, etc., not to invalidate proceedings of Central Authority.

38. No act or proceeding of the Central Authority shall be invalid merely by reason of—

(*a*) any vacancy in, or any defect in the constitution of, the Authority; or

(*b*) any defect in the appointment of a person as a member of the Authority; or

(*c*) any irregularity in the procedure of the Authority not affecting the merits of the case.

Member not to participate in meetings in certain cases.

39. Any member having any direct or indirect interest, whether pecuniary or otherwise, in any matter coming up for consideration at a meeting of the Central Authority, shall, as soon as possible after the relevant circumstances have come to his knowledge, disclose the nature of his interest at such meeting and such disclosure shall be recorded in the proceedings of the Central Authority, and the member shall not take any part in any deliberation or decision of the Authority with respect to that matter.

Officers and other employees of Central Authority.

40. (*1*) There shall be a chief executive officer of the Authority, not below the rank of the Director to the Government of India, to be appointed by the Central Government.

(2) The Authority may, with the approval of the Central Government, determine the number, nature and categories of other officers and employees required by the Central Authority in the discharge of its functions.

(*3*) The salaries and allowances payable to, and the other terms and conditions of service (including the qualifications, experience and manner of appointment) of, the chief executive officer and other officers and employees of the Central Authority shall be such as may be specified by regulations with the approval of the Central Government.

Functions of chief executive officer of Central Authority.

41. (*1*) The chief executive officer shall be the legal representative of the Central Authority and shall be responsible for—

(*a*) the day-to-day administration of the Central Authority;

(*b*) implementing the work programmes and decisions adopted by the Central Authority;

(*c*) drawing up of proposal for the Central Authority's work programmes;

(*d*) the preparation of the statement of revenue and expenditure and the execution of the budget of the Central Authority.

(2) Every year, the chief executive officer shall submit to the Central Authority for approval—

(*a*) a general report covering all the activities of the Central Authority in the previous year;

(*b*) programmes of work;

(*c*) the annual accounts for the previous year; and

(*d*) the budget for the coming year.

(*3*) The chief executive officer shall have administrative control over the officers and other employees of the Central Authority.

Transfer of assets, liabilities of Central Authority.

42. On the establishment of the Central Authority—

(*a*) all the assets and liabilities of the Central Authority for Mental Health Services constituted under sub-section (*1*) of section 3 of the Mental Health Act, 1987 shall stand transferred to, and vested in, the Central Authority. 14 of 1987.

Explanation.—The assets of such Central Authority for Mental Health Services shall be deemed to include all rights and powers, and all properties, whether movable or immovable, including, in particular, cash balances, deposits and all other interests and rights in, or arising out of, such properties as may be in the possession of such Unique Identification Authority of India and all books of account and other documents relating to the same; and liabilities shall be deemed to include all debts, liabilities and obligations of whatever kind;

(*b*) without prejudice to the provisions of clause (*a*), all data and information collected during enrolment, all details of authentication performed, debts, obligations and liabilities incurred, all contracts entered into and all matters and things engaged to be done by, with or for such Central Authority for Mental Health Services immediately before that day, for or in connection with the purpose of the said Central Authority for Mental Health Services, shall be deemed to have been incurred, entered into or engaged to be done by, with or for, the Central Authority;

(*c*) all sums of money due to the Central Authority for Mental Health Services immediately before that day shall be deemed to be due to the Central Authority; and

(*d*) all suits and other legal proceedings instituted or which could have been instituted by or against such Central Authority for Mental Health Services immediately before that day may be continued or may be instituted by or against the Central Authority.

Functions of Central Authority.

43. (*1*) The Central Authority shall—

(*a*) register all mental health establishments under the control of the Central Government and maintain a register of all mental health establishments in the country based on information provided by all State Mental Health Authorities of registered establishments and compile update and publish (including online on the internet) a register of such establishments;

(*b*) develop quality and service provision norms for different types of mental health establishments under the Central Government;

(*c*) supervise all mental health establishments under the Central Government and receive complaints about deficiencies in provision of services;

(*d*) maintain a national register of clinical psychologists, mental health nurses and psychiatric social workers based on information provided by all State Authorities of persons registered to work as mental health professionals for the purpose of this Act and publish the list (including online on the internet) of such registered mental health professionals;

(*e*) train all persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of this Act;

(*f*) advise the Central Government on all matters relating to mental healthcare and services;

(*g*) discharge such other functions with respect to matters relating to mental health as the Central Government may decide:

Provided that the mental health establishments under the control of the Central Government, before the commencement of this Act, registered under the Mental Health Act, 1987 or any other law for the time being in force, shall be deemed to have been registered under the provisions of this Act and copy of such registration shall be furnished to the Central Authority.

14 of 1987.

(*2*) The procedure for registration (including the fees to be levied for such registration) of the mental health establishments under this section shall be such as may be prescribed by the Central Government.

Meetings of Central Authority.

44. (*1*) The Central Authority shall meet at such times (not less than twice in a year) and places and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum at such meetings) as may be specified by regulations made by the Central Authority.

(*2*) If the chairperson, for any reason, is unable to attend a meeting of the Central Authority, the senior-most member shall preside over the meeting of the Authority.

(*3*) All questions which come up before any meeting of the Authority shall be decided by a majority of votes by the members present and voting and in the event of an equality of votes, the chairperson or in his absence the member presiding over shall have a second or casting vote.

(*4*) All decisions of the Central Authority shall be authenticated by the signature of the chairperson or any other member authorised by the Central Authority in this behalf.

(*5*) If any member, who is a director of a company and who as such director, has any direct or indirect pecuniary interest in any manner coming up for consideration at a meeting of the Central Authority, he shall, as soon as possible after relevant circumstances have come to his knowledge, disclose the nature of his interest at such meeting and such disclosure shall be recorded in the proceedings of the Authority, and the member shall not take part in any deliberation or decision of the Authority with respect to that matter.

CHAPTER VIII

State Mental Health Authority

Establishment of State Authority.

45. Every State Government shall, within a period of nine months from the date on which this Act receives the assent of the President, by notification, establish, for the purposes of this Act, an Authority to be known as the State Mental Health Authority.

Composition of State Authority.

46. (*1*) The State Authority shall consist of the following chairperson and members:—

(*a*) Secretary or Principal Secretary in the Department of Health of State Government—chairperson *ex officio*;

(*b*) Joint Secretary in the Department of Health of the State Government, in charge of mental health—member *ex officio*;

(*c*) Director of Health Services or Medical Education—member *ex officio*;

(*d*) Joint Secretary in the Department of Social Welfare of the State Government—member *ex officio*;

(*e*) such other *ex officio* representatives from the relevant State Government Ministries or Departments;

(*f*) Head of any of the Mental Hospitals in the State or Head of Department of Psychiatry at any Government Medical College, to be nominated by the State Government—member;

(*g*) one eminent psychiatrist from the State not in Government service to be nominated by the State Government—member;

(*h*) one mental health professional as defined in item (*iii*) of clause (*q*) of sub-section (*1*) of section 2 having at least fifteen years experience in the field, to be nominated by the State Government—member;

(*i*) one psychiatric social worker having at least fifteen years experience in the field, to be nominated by the State Government—member;

(*j*) one clinical psychologist having at least fifteen years experience in the field, to be nominated by the State Government—member;

(*k*) one mental health nurse having at least fifteen years experience in the field of mental health, to be nominated by the State Government—member;

(*l*) two persons representing persons who have or have had mental illness, to be nominated by the State Government—member;

(*m*) two persons representing care-givers of persons with mental illness or organisations representing care-givers, to be nominated by the State Government—members;

(*n*) two persons representing non-governmental organisations which provide services to persons with mental illness, to be nominated by the State Government—members.

(*2*) The members referred to in clauses (*e*) to (*n*) of sub-section (*1*), shall be nominated by the State Government in such manner as may be prescribed.

Term of office, salaries and allowances of chairperson and other members.

47. (*1*) The members of the State Authority referred to in clauses (*e*) to (*n*) of sub-section (*1*) of section 46 shall hold office as such for a term of three years from the date of nomination and shall be eligible for reappointment:

Provided that a member shall not hold office as such after he has attained the age of seventy years.

(*2*) The chairperson and other *ex officio* members of the State Authority shall hold office as such chairperson or member, as the case may be, so long as he holds the office by virtue of which he is nominated.

(*3*) The salaries and allowances payable to, and the other terms and conditions of service of, the chairperson and other members shall be such as may be prescribed.

Resignation.

48. A member of the State Authority may, by notice in writing under his hand addressed to the State Government, resign his office:

Provided that a member shall, unless he is permitted by the State Government to relinquish his office sooner, continue to hold office until the expiry of three months from the date of receipt of such notice or until a person duly appointed as his successor enters upon office or until the expiry of his term of office, whichever is the earliest.

Filling of vacancies.

49. The State Government shall, within two months from the date of occurrence of any vacancy by reason of death, resignation or removal of a member of the Authority and three months before the superannuation or completion of the term of office of any member of that Authority, make nomination for filling up of the vacancy.

Vacancies, etc., not to invalidate proceedings of State Authority.

50. No act or proceeding of the State Authority shall be invalid merely by reason of—

(*a*) any vacancy in, or any defect in the constitution of, the State Authority; or

(*b*) any defect in the appointment of a person as a member of the State Authority; or

(*c*) any irregularity in the procedure of the Authority not affecting the merits of the case.

Member not to participate in meetings in certain cases.

51. Any member having any direct or indirect interest, whether pecuniary or otherwise, in any matter coming up for consideration at a meeting of the State Authority, shall, as soon as possible after the relevant circumstances have come to his knowledge, disclose the nature of his interest at such meeting and such disclosure shall be recorded in the proceedings of the State Authority, and the member shall not take any part in any deliberation or decision of the State Authority with respect to that matter.

Officers and other employees of State Authority.

52. (*1*) There shall be a chief executive officer of the State Authority, not below the rank of the Deputy Secretary to the State Government, to be appointed by the State Government.

(*2*) The State Authority may, with the approval of the State Government, determine the number, nature and categories of other officers and employees required by the State Authority in the discharge of its functions.

(*3*) The salaries and allowances payable to, and the other terms and conditions of service (including the qualifications, experience and manner of appointment) of, the chief executive officer and other officers and employees of the State Authority shall be such as may be specified by regulations with the approval of the State Government.

Functions of chief executive officer of State Authority.

53. (*1*) The chief executive officer shall be the legal representative of the State Authority and shall be responsible for—

(*a*) the day-to-day administration of the State Authority;

(*b*) implementing the work programmes and decisions adopted by the State Authority;

(*c*) drawing up of proposal for the State Authority's work programmes;

(*d*) the preparation of the statement of revenue and expenditure and the execution of the budget of the State Authority.

(*2*) Every year, the chief executive officer shall submit to the State Authority for approval—

(*a*) a general report covering all the activities of the Authority in the previous year;

(*b*) programmes of work;

(*c*) the annual accounts for the previous year; and

(*d*) the budget for the coming year.

(*3*) The chief executive officer shall have administrative control over the officers and other employees of the State Authority.

Transfer of assets, liabilities of State Authority.

54. On and from the establishment of the State Authority—

14 of 1987.

(*a*) all the assets and liabilities of the State Authority for Mental Health Services constituted under sub-section (*1*) of section 4 of the Mental Health Act, 1987 shall stand transferred to, and vested in, the State Authority.

Explanation.—The assets of such State Authority for Mental Health Services shall be deemed to include all rights and powers, and all properties, whether movable or immovable, including, in particular, cash balances, deposits and all other interests and rights in, or arising out of, such properties as may be in the possession of such State Authority for Mental Health Services and all books of account and other documents relating to the same; and liabilities shall be deemed to include all debts, liabilities and obligations of whatever kind;

(*b*) without prejudice to the provisions of clause (*a*), all data and information collected during enrolment, all details of authentication performed, debts, obligations and liabilities incurred, all contracts entered into and all matters and things engaged to be done by, with or for such State Authority for Mental Health Services immediately before that day, for or in connection with the purpose of the said State Authority for Mental Health Services, shall be deemed to have been incurred, entered into or engaged to be done by, with or for, the State Authority;

(*c*) all sums of money due to the State Authority for Mental Health Services immediately before that day shall be deemed to be due to the State Authority; and

(*d*) all suits and other legal proceedings instituted or which could have been instituted by or against such State Authority for Mental Health Services immediately before that day may be continued or may be instituted by or against the State Authority.

Functions of State Authority.

55. (*1*) The State Authority shall—

(*a*) register all mental health establishments in the State except those referred to in section 43 and maintain and publish (including online on the internet) a register of such establishments;

(*b*) develop quality and service provision norms for different types of mental health establishments in the State;

(*c*) supervise all mental health establishments in the State and receive complaints about deficiencies in provision of services;

(*d*) register clinical psychologists, mental health nurses and psychiatric social workers in the State to work as mental health professionals, and publish the list of such registered mental health professionals in such manner as may be specified by regulations by the State Authority;

(*e*) train all relevant persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of this Act;

(*f*) discharge such other functions with respect to matters relating to mental health as the State Government may decide:

Provided that the mental health establishments in the State (except those referred to in section 43), registered, before the commencement of this Act, under the Mental Health Act, 1987 or any other law for the time being in force, shall be deemed to have been registered under the provisions of this Act and copy of such registration shall be furnished to the State Authority. 14 of 1987.

(*2*) The procedure for registration (including the fees to be levied for such registration) of the mental health establishments under this section shall be such as may be prescribed by the State Government.

Meetings of State Authority.

56. (*1*) The State Authority shall meet at such times (not less than four times in a year) and places and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum at such meetings) as may be specified by regulations made by the State Authority.

(2) If the chairperson, for any reason, is unable to attend a meeting of the State Authority, the senior- most member shall preside over the meetings of the Authority.

(3) All questions which come up before any meeting of the State Authority shall be decided by a majority of votes by the members present and voting and in the event of an equality of votes, the chairperson or in his absence the member presiding over shall have a second or casting vote.

(4) All decisions of the State Authority shall be authenticated by the signature of the chairperson or any other member authorised by the State Authority in this behalf.

(5) If any member, who is a director of a company and who as such director, has any direct or indirect pecuniary interest in any manner coming up for consideration at a meeting of the State Authority, he shall, as soon as possible after relevant circumstances have come to his knowledge, disclose the nature of his interest at such meeting and such disclosure shall be recorded in the proceedings of the Authority, and the member shall not take part in any deliberation or decision of the State Authority with respect to that matter.

CHAPTER IX

FINANCE, ACCOUNTS AND AUDIT

Grants by Central Government to Central Authority.

57. The Central Government may, after due appropriation made by Parliament by law in this behalf, make to the Central Authority grants of such sums of money as the Central Government may think fit for being utilised for the purposes of this Act.

Central Mental Health Authority Fund.

58. (1) There shall be constituted a Fund to be called the Central Mental Health Authority Fund and there shall be credited thereto—

(i) any grants and loans made to the Authority by the Central Government;

(ii) all fees and charges received by the Authority under this Act; and

(iii) all sums received by the Authority from such other sources as may be decided upon by the Central Government.

(2) The Fund referred to in sub-section (1) shall be applied for meeting the salary, allowances and other remuneration of the chairperson, other members, chief executive officer, other officers and employees of the Authority and the expenses of the Authority incurred in the discharge of its functions and for purposes of this Act.

Accounts and audit of Central Authority.

59. (1) The Central Authority shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed by the Central Government, in consultation with the Comptroller and Auditor-General of India.

(2) The accounts of the Authority shall be audited by the Comptroller and Auditor-General of India at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the Authority to the Comptroller and Auditor-General of India.

(3) The Comptroller and Auditor-General of India and any other person appointed by him in connection with the audit of the accounts of the Authority shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of the Government accounts and, in particular, shall have the right to demand the production of books, accounts, connected vouchers and other documents and papers and to inspect any of the office of the Authority.

(4) The accounts of the Authority as certified by the Comptroller and Auditor-General of India or any other person appointed by him in this behalf together with the audit report thereon, shall be forwarded annually to the Central Government by the Authority and the Central Government shall cause the same to be laid before each House of Parliament.

Annual report of Central Authority.

60. The Central Authority shall prepare in every year, in such form and at such time as may be prescribed by the Central Government, an annual report giving a full account of its activities during the previous year, and copies thereof along with copies of its annual accounts and auditor's report shall be forwarded to the Central Government and the Central Government shall cause the same to be laid before both Houses of Parliament.

Grants by State Government.

61. The State Government may, after due appropriation made by State Legislature by law in this behalf, make to the State Authority grants of such sums of money as the State Government may think fit for being utilised for the purposes of this Act.

State Mental Health Authority Fund.

62. (*1*) There shall be constituted a Fund to be called the State Mental Health Authority Fund and there shall be credited thereto—

(*i*) any grants and loans made to the State Authority by the State Government;

(*ii*) all fees and charges received by the Authority under this Act; and

(*iii*) all sums received by the State Authority from such other sources as may be decided upon by the State Government.

(*2*) The Fund referred to in sub-section (*1*) shall be applied for meeting the salary, allowances and other remuneration of the chairperson, other members, chief executive officer, other officers and employees of the State Authority and the expenses of the State Authority incurred in the discharge of its functions and for purposes of this Act.

Accounts and audit of State Authority.

63. (*1*) The State Authority shall maintain proper accounts and other relevant records and prepare an annual statement of accounts in such form as may be prescribed by the State Government, in consultation with the Comptroller and Auditor-General of India.

(2) The accounts of the State Authority shall be audited by the Comptroller and Auditor-General of India at such intervals as may be specified by him and any expenditure incurred in connection with such audit shall be payable by the State Authority to the Comptroller and Auditor-General of India.

(*3*) The Comptroller and Auditor-General of India and any other person appointed by him in connection with the audit of the accounts of the State Authority shall have the same rights and privileges and authority in connection with such audit as the Comptroller and Auditor-General generally has in connection with the audit of the Government accounts and, in particular, shall have the right to demand the production of books, accounts, connected vouchers and other documents and papers and to inspect any of the office of the State Authority.

Annual report of State Authority.

64. The State Authority shall prepare in every year, in such form and at such time as may be prescribed by the State Government, an annual report giving a full account of its activities during the previous year, and copies thereof along with copies of its annual accounts and auditor's report shall be forwarded to the State Government and the Government shall cause the same to be laid before the State Legislature.

CHAPTER X

MENTAL HEALTH ESTABLISHMENTS

Registration of mental health establishment.

65. (*1*) No person or organisation shall establish or run a mental health establishment unless it has been registered with the Authority under the provisions of this Act.

Explanation.—For the purposes of this Chapter, the expression "Authority" means—

(*a*) in respect of the mental health establishments under the control of the Central Government, the Central Authority;

(*b*) in respect of the mental health establishments in the State [not being the health establishments referred to in clause (*a*)], the State Authority.

(2) Every person or organisation who proposes to establish or run a mental health establishment shall register the said establishment with the Authority under the provisions of this Act:

Provided that the Central Government, may, by notification, exempt any category or class of existing mental health establishments from the requirement of registration under this Act.

Explanation.—In case a mental health establishment has been registered under the
23 of 2010. Clinical Establishments (Registration and Regulation) Act, 2010 or any other law for the time being in force in a State, such mental health establishment shall submit a copy of the said registration along with an application in such form as may be prescribed to the Authority with an undertaking that the mental health establishment fulfils the minimum standards, if any, specified by the Authority for the specific category of mental health establishment.

(3) The Authority shall, on receipt of application under sub-section (2), on being satisfied that such mental health establishment fulfils the standards specified by the Authority, issue a certificate of registration in such form as may be prescribed:

Provided that till the period the Authority specifies the minimum standards for different categories of mental health establishments, it shall issue a provisional certificate of registration to the mental health establishment:

Provided further that on specifying the minimum standards for different categories of mental health establishments, the mental health establishment referred to in the first proviso shall, within a period of six months from the date such standards are specified, submit to the Authority an undertaking stating therein that such establishment fulfils the specified minimum standards and on being satisfied that such establishment fulfils the minimum standards, the Authority shall issue a certificate of registration to such mental health establishment.

(4) Every mental health establishment shall, for the purpose of registration and continuation of registration, fulfil—

(*a*) the minimum standards of facilities and services as may be specified by regulations made by the Authority;

(*b*) the minimum qualifications for the personnel engaged in such establishment as may be specified by regulations made by the Authority;

(*c*) provisions for maintenance of records and reporting as may be specified by regulations made by the Authority; and

(*d*) any other conditions as may be specified by regulations made by the Authority.

(5) The Authority may—

(*a*) classify mental health establishments into such different categories, as may be specified by regulations made by the Central Authority;

(*b*) specify different standards for different categories of mental health establishments;

(*c*) while specifying the minimum standards for mental health establishments, have regard to local conditions.

(6) Notwithstanding anything in this section, the Authority shall, within a period of eighteen months from the commencement of this Act, by notification, specify the minimum standards for different categories of mental health establishments.

Procedure for registration, inspection and inquiry of mental health establish-ments.

66. (*1*) The mental health establishment shall, for the purpose of registration, submit an application, in such form, accompanied with such details and fees, as may be prescribed, to the Authority.

(*2*) The mental health establishment may submit the application in person or by post or online.

(*3*) Every mental health establishment, existing on the date of commencement of this Act, shall, within a period of six months from the date of constitution of the Authority, submit an application for its provisional registration to the Authority.

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

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

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

(*7*) A provisional registration shall be valid for a period of twelve months from the date of its issue and be renewable.

(*8*) Where standards for particular categories of mental health establishments have been specified under this Act, the mental health establishments in that category shall, within a period of six months from date of notifying such standards, apply for that category and obtain permanent registration.

(*9*) The Authority shall publish the standards in print and online in digital format.

(*10*) Until standards for particular categories of mental health establishments are specified under this Act, every mental health establishment shall, within thirty days before the expiry of the validity of certificate of provisional registration, apply for a renewal of provisional registration.

(*11*) If the application is made after the expiry of provisional registration, the Authority shall allow renewal of registration on payment of such fees, as may be prescribed.

(*12*) A mental health establishment shall make an application for permanent registration to the Authority in such form and accompanied with such fees as may be specified by regulations.

(*13*) The mental health establishment shall submit evidence that the establishment has complied with the specified minimum standards in such manner as may be specified by regulations by the Authority.

(*14*) As soon as the mental health establishment submits the required evidence of the mental health establishment having complied with the specified minimum standards, the Authority shall give public notice and display the same on its website for a period of thirty days, for filing objections, if any, in such manner as may be specified by regulations.

(*15*) The Authority shall, communicate the objections, if any, received within the period referred to in sub-section (*14*), to the mental health establishment for response within such period as the Authority may determine.

(*16*) The mental health establishment shall submit evidence of compliance with the standards with reference to the objections communicated to such establishment under sub-section (*15*), to the Authority within the specified period.

(*17*) The Authority shall on being satisfied that the mental health establishment fulfils the specified minimum standards for registration, grant permanent certificate of registration to such establishment.

(*18*) The Authority shall, within a period of forty-five days after the expiry of the period specified under this section, pass an order, either—

(*a*) grant permanent certificate of registration; or

(*b*) reject the application after recording the reasons thereof:

Provided that in case the Authority rejects the application under clause (*b*), it shall grant such period not exceeding six months, to the mental health establishment for rectification of the deficiencies which have led to rejection of the application and such establishment may apply afresh for registration.

(*19*) Notwithstanding anything contained in this section, if the Authority has neither communicated any objections received by it to the mental health establishment under sub-section (*15*), nor has passed an order under sub-section (*18*), the registration shall be deemed to have been granted by the Authority and the Authority shall provide a permanent certificate of registration.

Audit of mental health establishment.

67. (*1*) The Authority shall cause to be conducted an audit of all registered mental health establishments by such person or persons (including representatives of the local community) as may be prescribed, every three years, so as to ensure that such mental health establishments comply with the requirements of minimum standards for registration as a mental health establishment.

(*2*) The Authority may charge the mental health establishment such fee as may be prescribed, for conducting the audit under this section.

(*3*) The Authority may issue a show cause notice to a mental health establishment as to why its registration under this Act not be cancelled, if the Authority is satisfied that—

(*a*) the mental health establishment has failed to maintain the minimum standards specified by the Authority; or

(*b*) the person or persons or entities entrusted with the management of the mental health establishment have been convicted of an offence under this Act; or

(*c*) the mental health establishment violates the rights of any person with mental illness.

(*4*) The Authority may, after giving a reasonable opportunity to the mental health establishment, if satisfied that the mental health establishment falls under clause (*a*) or clause (*b*) or clause (*c*) of sub-section (*3*), without prejudice to any other action which it may take against the mental health establishment, cancel its registration.

(*5*) Every order made under sub-section (*4*) shall take effect—

(*a*) where no appeal has been preferred against such order, immediately on the expiry of the period specified for preferring of appeal; and

(*b*) where the appeal has been preferred against such an order and the appeal has been dismissed, from the date of the order of dismissal.

(*6*) The Authority shall, on cancellation of the registration for reasons to be recorded in writing, restrain immediately the mental health establishment from carrying on its operations, if there is imminent danger to the health and safety of the persons admitted in the mental health establishment.

(*7*) The Authority may cancel the registration of a mental health establishment if recommended by the Board to do so.

Inspection and inquiry.

68. (*1*) The Authority may, *suo motu* or on a complaint received from any person with respect to non-adherence of minimum standards specified by or under this Act or contravention of any provision thereof, order an inspection or inquiry of any mental health establishment, to be made by such person as may be prescribed.

(*2*) The mental health establishment shall be entitled to be represented at such inspection or inquiry.

(*3*) The Authority shall communicate to the mental health establishment the results of such inspection or inquiry and may after ascertaining the opinion of the mental health establishment, order the establishment to make necessary changes within such period as may be specified by it.

(*4*) The mental health establishment shall comply with the order of the Authority made under sub-section (*3*).

(*5*) If the mental health establishment fails to comply with the order of the Authority made under sub-section (*3*), the Authority may cancel the registration of the mental health establishment.

(*6*) The Authority or any person authorised by it may, if there is any reason to suspect that any person is operating a mental health establishment without registration, enter and search in such manner as may be prescribed, and the mental health establishment shall co-operate with such inspection or inquiry and be entitled to be represented at such inspection or inquiry.

Appeal to High Court against order of Authority.

69. Any mental health establishment aggrieved by an order of the Authority refusing to grant registration or renewal of registration or cancellation of registration, may, within a period of thirty days from such order, prefer an appeal to the High Court in the State:

Provided that the High Court may entertain an appeal after the expiry of the said period of thirty days, if it is satisfied that the appellant had sufficient cause for not preferring the appeal within the period of thirty days.

Certificates, fees and register of mental health establish-ments.

70. (*1*) Every mental health establishment shall display the certificate of registration in a conspicuous place in the mental health establishment in such manner so as to be visible to everyone visiting the mental health establishment.

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

(*3*) The certificate of registration shall be non-transferable and valid in case of change of ownership of the establishment.

(*4*) Any change of ownership of the mental health establishment shall be intimated to the Authority by the new owner within one month from the date of change of ownership.

(*5*) In the event of change of category of the mental health establishment, such establishment shall surrender the certificate of registration to the Authority and the mental health establishment shall apply afresh for grant of certificate of registration in that category.

Maintenance of register of mental health establishment in digital format.

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

Duty of mental health establishment to display information.

72. (*1*) Every mental health establishment shall display within the establishment at conspicuous place (including on its website), the contact details including address and telephone numbers of the concerned Board.

(*2*) Every mental health establishment shall provide the person with necessary forms to apply to the concerned Board and also give free access to make telephone calls to the Board to apply for a review of the admission.

CHAPTER XI

MENTAL HEALTH REVIEW BOARDS

Constitution of Mental Health Review Boards.

73. (*1*) The State Authority shall, by notification, constitute Boards to be called the Mental Health Review Boards, for the purposes of this Act.

(*2*) The requisite number, location and the jurisdiction of the Boards shall be specified by the State Authority in consultation with the State Governments concerned.

(*3*) The constitution of the Boards by the State Authority for a district or group of districts in a State under this section shall be such as may be prescribed by the Central Government.

(*4*) While making rules under sub-section (*3*), the Central Government shall have regard to the following, namely:—

(*a*) the expected or actual workload of the Board in the State in which such Board is to be constituted;

(*b*) number of mental health establishments existing in the State;

(*c*) the number of persons with mental illness;

(*d*) population in the district in which the Board is to be constituted;

(*e*) geographical and climatic conditions of the district in which the Board is to be constituted.

Composition of Board.

74. (*1*) Each Board shall consist of—

(*a*) a District Judge, or an officer of the State judicial services who is qualified to be appointed as District Judge or a retired District Judge who shall be chairperson of the Board;

(*b*) representative of the District Collector or District Magistrate or Deputy Commissioner of the districts in which the Board is to be constituted;

(*c*) two members of whom one shall be a psychiatrist and the other shall be a medical practitioner.

(*d*) two members who shall be persons with mental illness or care-givers or persons representing organisations of persons with mental illness or care-givers or non-governmental organisations working in the field of mental health.

(*2*) A person shall be disqualified to be appointed as the chairperson or a member of a Board or be removed by the State Authority, if he—

(*a*) has been convicted and sentenced to imprisonment for an offence which involves moral turpitude; or

(*b*) is adjudged as an insolvent; or

(*c*) has been removed or dismissed from the service of the Government or a body corporate owned or controlled by the Government; or

(*d*) has such financial or other interest as is likely to prejudice the discharge of his functions as a member; or

(*e*) has such other disqualifications as may be prescribed by the Central Government.

(*3*) A chairperson or member of a Board may resign his office by notice in writing under his hand addressed to the Chairperson of the State Authority and on such resignation being accepted, the vacancy shall be filled by appointment of a person, belonging to the category under sub-section (*1*) of section 74.

Terms and conditions of service of chairperson and members of Board.

75. (*1*) The chairperson and members of the Board shall hold office for a term of five years or up to the age of seventy years, whichever is earlier and shall be eligible for reappointment for another term of five years or up to the age of seventy years whichever is earlier.

(*2*) The appointment of chairperson and members of every Board shall be made by the Chairperson of the State Authority.

(*3*) The honorarium and other allowances payable to, and the other terms and conditions of service of, the chairperson and members of the Board shall be such as may be prescribed by the Central Government.

Decisions of Authority and Board.

76. (*1*) The decisions of the Authority or the Board, as the case may be, shall be by consensus, failing which by a majority of votes of members present and voting and in the event of equality of votes, the president or the chairperson, as the case may be, shall have a second or casting vote.

(*2*) The quorum of a meeting of the Authority or the Board, as the case may be, shall be three members.

Applications to Board.

77. (*1*) Any person with mental illness or his nominated representative or a representative of a registered non-governmental organisation, with the consent of such a person, being aggrieved by the decision of any of the mental health establishment or whose rights under this Act have been violated, may make an application to the Board seeking redressal or appropriate relief.

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

(*3*) Every application referred to in sub-section (*1*) shall contain the name of applicant, his contact details, the details of the violation of his rights, the mental health establishment or any other place where such violation took place and the redressal sought from the Board.

(*4*) In exceptional circumstances, the Board may accept an application made orally or over telephone from a person admitted to a mental health establishment.

Proceedings before Board to be judicial proceedings.

78. All proceedings before the Board shall be deemed to be judicial proceedings within the meaning of sections 193, 219 and 228 of the Indian Penal Code. 45 of 1860.

Meetings.

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 may be specified by regulations made by the Central Authority.

Proceedings before Board.

80. (*1*) The Board, on receipt of an application under sub-section (*1*) of section 85, shall, subject to the provisions of this section, endeavour to hear and dispose of the same within a period of ninety days.

(*2*) The Board shall dispose of an application—

(*a*) for appointment of nominated representative under clause (*d*) of sub-section (*4*) of section 14;

(*b*) challenging admission of a minor under section 87;

(*c*) challenging supported admission under sub-section (*10*) or sub-section (*11*) of section 89,

within a period of seven days from the date of receipt of such applications.

(*3*) The Board shall dispose of an application challenging supported admission under section 90 within a period of twenty-one days from the date of receipt of the application.

(*4*) The Board shall dispose of an application, other than an application referred to in sub-section (*3*), within a period of ninety days from the date of filing of the application.

(*5*) The proceeding of the Board shall be held *in camera*.

(*6*) The Board shall not ordinarily grant an adjournment for the hearing.

(*7*) The parties to an application may appear in person or be represented by a counsel or a representative of their choice.

(*8*) 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.

(*9*) The Board may allow any persons other than those directly interested with the application, with the permission of the person with mental illness and the chairperson of the Board, to attend the hearing.

(*10*) The person with mental illness whose matter is being heard shall have the right to give oral evidence to the Board, if such person desires to do so.

(*11*) The Board shall have the power to require the attendance and testimony of such other witnesses as it deems appropriate.

(*12*) The parties to a matter shall have the right to inspect any document relied upon by any other party in its submissions to the Board and may obtain copies of the same.

(*13*) The Board shall, within five days of the completion of the hearing, communicate its decision to the parties in writing.

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

Central Authority to appoint Expert Committee to prepare guidance document.

81. (*1*) The Central Authority shall appoint an Expert Committee to prepare a guidance document for medical practitioners and mental health professionals, containing procedures for assessing, when necessary or the capacity of persons to make mental health care or treatment decisions.

(*2*) Every medical practitioner and mental health professional shall, while assessing capacity of a person to make mental healthcare or treatment decisions, comply with the guidance document referred to in sub-section (*1*) and follow the procedure specified therein.

Powers and functions of Board.

82. (*1*) Subject to the provisions of this Act, the powers and functions of the Board shall, include all or any of the following matters, namely:—

(*a*) to register, review, alter, modify or cancel an advance directive;

(*b*) to appoint a nominated representative;

(*c*) to receive and decide application from a person with mental illness or his nominated representative or any other interested person against the decision of medical officer or mental health professional in charge of mental health establishment or mental health establishment under section 87 or section 89 or section 90;

(*d*) to receive and decide applications in respect non-disclosure of information specified under sub-section (*3*) of section 25;

(*e*) to adjudicate complaints regarding deficiencies in care and services specified under section 28;

(*f*) to visit and inspect prison or jails and seek clarifications from the medical officer in-charge of health services in such prison or jail.

(2) Where it is brought to the notice of a Board or the Central Authority or State Authority, that a mental health establishment violates the rights of persons with mental illness, the Board or the Authority may conduct an inspection and inquiry and take action to protect their rights.

(3) Notwithstanding anything contained in this Act, the Board, in consultation with the Authority, may take measures to protect the rights of persons with mental illness as it considers appropriate.

(4) If the mental health establishment does not comply with the orders or directions of the Authority or the Board or wilfully neglects such order or direction, the Authority or the Board, as the case may be, may impose penalty which may extend up to five lakh rupees on such mental health establishment and the Authority on its own or on the recommendations of the Board may also cancel the registration of such mental health establishment after giving an opportunity of being heard.

Appeal to High Court against order of Authority or Board.

83. Any person or establishment aggrieved by the decision of the Authority or a Board may, within a period of thirty days from such decision, prefer an appeal to the High Court of the State in which the Board is situated:

Provided that the High Court may entertain an appeal after the expiry of the said period of thirty days, if it is satisfied that the appellant had sufficient cause for not preferring the appeal within the period of thirty days.

Grants by Central Government.

84. (1) The Central Government may, make to the Central Authority grants of such sums of money as the Central Government may think fit for being utilised for the purposes of this Act.

(2) The grants referred to in sub-section (1) shall be applied for,—

(a) meeting the salary, allowances and other remuneration of the chairperson, members, officers and other employees of the Central Authority;

(b) meeting the salary, allowances and other remuneration of the chairperson, members, officers and other employees of the Boards; and

(c) the expenses of the Central Authority and the Boards incurred in the discharge of their functions and for the purposes of this Act.

CHAPTER XII

ADMISSION, TREATMENT AND DISCHARGE

Admission of person with mental illness as independent patient in mental health establishment.

85. (1) For the purposes of this Act, "independent patient or an independent admission" refers to the admission of person with mental illness, to a mental health establishment, who has the capacity to make mental healthcare and treatment decisions or requires minimal support in making decisions.

(2) All admissions in the mental health establishment shall, as far as possible, be independent admissions except when such conditions exist as make supported admission unavoidable.

Independent admission and treatment.

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

(2) On receipt of such request under sub-section (1), the medical officer or mental health professional in charge of the establishment shall admit the person to the establishment if the medical officer or mental health professional is satisfied that—

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

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

(c) the person has understood the nature and purpose of admission to the mental health establishment, and has made the request for admission of his own free will, without any duress or undue influence and has the capacity to make mental healthcare and treatment decisions without support or requires minimal support from others in making such decisions.

(3) If a person is unable to understand the purpose, nature, likely effects of proposed treatment and of the probable result of not accepting the treatment or requires a very high level of support approaching hundred per cent. support in making decisions, he or she shall be deemed unable to understand the purpose of the admission and therefore shall not be admitted as independent patient under this section.

(4) A person admitted as an independent patient to a mental health establishment shall be bound to abide by order and instructions or bye-laws of the mental health establishment.

(5) An independent patient shall not be given treatment without his informed consent.

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

(7) Subject to the provisions contained in section 88 an independent patient may get himself discharged from the mental health establishment without the consent of the medical officer or mental health professional in charge of such establishment.

Admission of minor.

87. (1) A minor may be admitted to a mental health establishment only after following the procedure laid down in this section.

(2) The nominated representative of the minor shall apply to the medical officer in charge of a mental health establishment for admission of the minor to the establishment.

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

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

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

(c) the mental healthcare needs of the minor cannot be fulfilled unless he is admitted; and

(d) all community based alternatives to admission have been shown to have failed or are demonstrably unsuitable for the needs of the minor.

(4) A minor so admitted shall be accommodated separately from adults, in an environment that takes into account his age and developmental needs and is at least of the same quality as is provided to other minors admitted to hospitals for other medical treatments.

(5) The nominated representative or an attendant appointed by the nominated representative shall under all circumstances stay with the minor in the mental health establishment for the entire duration of the admission of the minor to the mental health establishment.

(*6*) In the case of minor girls, where the nominated representative is male, a female attendant shall be appointed by the nominated representative and under all circumstances shall stay with the minor girl in the mental health establishment for the entire duration of her admission.

(*7*) A minor shall be given treatment with the informed consent of his nominated representative.

(*8*) If the nominated representative no longer supports admission of the minor under this section or requests discharge of the minor from the mental health establishment, the minor shall be discharged by the mental health establishment.

(*9*) Any admission of a minor to a mental health establishment shall be informed by the medical officer or mental health professional in charge of the mental health establishment to the concerned Board within a period of seventy-two hours.

(*10*) The concerned Board shall have the right to visit and interview the minor or review the medical records if the Board desires to do so.

(*11*) Any admission of a minor which continues for a period of thirty days shall be immediately informed to the concerned Board.

(*12*) The concerned Board shall carry out a mandatory review within a period of seven days of being informed, of all admissions of minors continuing beyond thirty days and every subsequent thirty days.

(*13*) The concerned Board shall at minimum, review the clinical records of the minor and may interview the minor if necessary.

Discharge of independent patients.

88. (*1*) The medical officer or mental health professional in charge of a mental health establishment shall discharge from the mental health establishment any person admitted under section 86 as an independent patient immediately on request made by such person or if the person disagrees with his admission under section 86 subject to the provisions of sub-section (*3*).

(*2*) Where a minor has been admitted to a mental health establishment under section 87 and attains the age of eighteen years during his stay in the mental health establishment, the medical officer in charge of the mental health establishment shall classify him as an independent patient under section 86 and all provisions of this Act as applicable to independent patient who is not minor, shall apply to such person.

(*3*) Notwithstanding anything contained in this Act, a mental health professional may prevent discharge of a person admitted as an independent person under section 86 for a period of twenty-four hours so as to allow his assessment necessary for admission under section 89 if the mental health professional is of the opinion that—

(*a*) such person is unable to understand the nature and purpose of his decisions and requires substantial or very high support from his nominated representative; or

(*b*) has recently threatened or attempted or is threatening or attempting to cause bodily harm to himself; or

(*c*) has recently behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him; or

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

(*4*) The person referred to in sub-section (*3*) shall be either admitted as a supported patient under section 89, or discharged from the establishment within a period of twenty-four hours or on completion of assessments for admission for a supported patient under section 89, whichever is earlier.

Admission and treatment of persons with mental illness, with high support needs, in mental health establishment, up to thirty days (supported admission).

89. (*1*) The medical officer or mental health professional in charge of a mental health establishment shall admit every such person to the establishment, upon application by the nominated representative of the person, under this section, if—

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

(*i*) has recently threatened or attempted or is threatening or attempting to cause bodily harm to himself; or

(*ii*) has recently behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him; or

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

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

(*c*) the person is ineligible to receive care and treatment as an independent patient because the person is unable to make mental healthcare and treatment decisions independently and needs very high support from his nominated representative in making decisions.

(*2*) The admission of a person with mental illness to a mental health establishment under this section shall be limited to a period of thirty days.

(*3*) At the end of the period mentioned under sub-section (*2*), or earlier, if the person no longer meets the criteria for admission as stated in sub-section (*1*), the patient shall no longer remain in the establishment under this section.

(*4*) On the expiry of the period of thirty days referred to in sub-section (*2*), the person may continue to remain admitted in the mental health establishment in accordance with the provisions of section 90.

(*5*) If the conditions under section 90 are not met, the person may continue to remain in the mental health establishment as an independent patient under section 86 and the medical officer or mental health professional in charge of the mental health establishment shall inform the person of his admission status under this Act, including his right to leave the mental health establishment.

(*6*) Every person with mental illness admitted under this section shall be provided treatment after taking into account,—

(*a*) an advance directive if any; or

(*b*) informed consent of the patient with the support of his nominated representative subject to the provisions of sub-section (*7*).

(*7*) If a person with the mental illness admitted under this section requires nearly hundred per cent. support from his nominated representative in making a decision in respect of his treatment, the nominated representative may temporarily consent to the treatment plan of such person on his behalf.

(*8*) In case where consent has been given under sub-section (*7*), the medical officer or mental health professional in charge of the mental health establishment shall record such consent in the medical records and review the capacity of the patient to give consent every seven days.

(*9*) The medical officer or mental health professional in charge of the mental health establishment shall report the concerned Board,—

(*a*) within three days the admissions of a woman or a minor;

(*b*) within seven days the admission of any person not being a woman or minor.

(*10*) A person admitted under this section or his nominated representative or a representative of a registered non-governmental organisation with the consent of the person, may apply to the concerned Board for review of the decision of the medical officer or mental health professional in charge of the mental health establishment to admit the person to the mental health establishment under this section.

(*11*) The concerned Board shall review the decision of the medical officer or mental health professional in charge of the mental health establishment and give its findings thereon within seven days of receipt of request for such review which shall be binding on all the concerned parties.

(*12*) Notwithstanding anything contained in this Act, it shall be the duty of the medical officer or mental health professional in charge of the mental health establishment to keep the condition of the person with mental illness admitted under this section on going review.

(*13*) If the medical officer or mental health professional in charge of the mental health establishment is of the opinion that the conditions specified under sub-section (*1*) are no longer applicable, he shall terminate the admission under this section, and inform the person and his nominated representative accordingly.

(*14*) Non applicability of conditions referred to in sub-section (*13*) shall not preclude the person with mental illness remaining as an independent patient.

(*15*) In a case, a person with the mental illness admitted under this section has been discharged, such person shall not be readmitted under this section within a period of seven days from the date of his discharge.

(*16*) In case a person referred to in sub-section (*15*) requires readmission within a period of seven days referred to in that sub-section, such person shall be considered for readmission in accordance with the provisions of section 90.

(*17*) If the medical officer or mental health professional in charge of the mental health establishment is of the opinion that the person with mental illness admitted under this section in the mental health establishment requires or is likely to require further treatment beyond the period of thirty days, then such medical officer or mental health professional shall be duty bound to refer the matter to be examined by two psychiatrists for his admission beyond thirty days.

Admission and treatment of persons with mental illness, with high support needs, in mental health establishment, beyond thirty days (supported admission beyond thirty days).

90. (*1*) If a person with mental illness admitted under section 89 requires continuous admission and treatment beyond thirty days or a person with mental illness discharged under sub-section (*15*) of that section requires readmission within seven days of such discharge, he shall be admitted in accordance with the provisions of this section.

(2) The medical officer or mental health professional in charge of a mental health establishment, upon application by the nominated representative of a person with mental illness, shall continue admission of such person with mental illness, if—

(*a*) two psychiatrists have independently examined the person with mental illness in the preceding seven days and both independently conclude based on the examination and, on information provided by others that the person has a mental illness of a severity that the person—

(*i*) has consistently over time threatened or attempted to cause bodily harm to himself; or

(*ii*) has consistently over time behaved violently towards another person or has consistently over time caused another person to fear bodily harm from him; or

(*iii*) has consistently over time shown an inability to care for himself to a degree that places the individual at risk of harm to himself;

(*b*) both psychiatrists, after taking into account an advance directive, if any, certify that admission to a mental health establishment is the least restrictive care option possible under the circumstances; and

(*c*) the person continues to remain ineligible to receive care and treatment as a independent patient as the person cannot make mental healthcare and treatment decisions independently and needs very high support from his nominated representative, in making decisions.

(*3*) The medical officer or mental health professional in charge of the mental health establishment shall report all admissions or readmission under this section, within a period of seven days of such admission or readmission, to the concerned Board.

(*4*) The Board shall, within a period of twenty-one days from the date of last admission or readmission of person with mental illness under this section, permit such admission or readmission or order discharge of such person.

(*5*) While permitting admission or readmission or ordering discharge of such person under sub-section (*4*), the Board shall examine—

(*a*) the need for institutional care to such person;

(*b*) whether such care cannot be provided in less restrictive settings based in the community.

(*6*) In all cases of application for readmission or continuance of admission of a person with mental illness in the mental health establishment under this section, the Board may require the medical officer or psychiatrist in charge of treatment of such person with mental illness to submit a plan for community based treatment and the progress made, or likely to be made, towards realising this plan.

(*7*) The person referred to in sub-section (*4*) shall not be permitted to continue in the mental health establishment in which he had been admitted or his readmission in such establishment merely on the ground of non-existence of community based services at the place where such person ordinarily resides.

(*8*) The admission of a person with mental illness to a mental health establishment under this section shall be limited to a period up to ninety days in the first instance.

(*9*) The admission of a person with mental illness to a mental health establishment under this section beyond the period of ninety days may be extended for a period of one hundred and twenty days at the first instance and thereafter for a period of one hundred and eighty days each time after complying with the provisions of sub-sections (*1*) to (*7*).

(*10*) If the Board refuses to permit admission or continuation thereof or readmission under sub-section (*9*), or on the expiry of the periods referred to in sub-section (*9*) or earlier if such person no longer falls within the criteria for admission under sub-section (*1*), such person shall be discharged from such mental health establishment.

(*11*) Every person with mental illness admitted under this section shall be provided treatment, after taking into account—

(*a*) an advance directive; or

(*b*) informed consent of the person with the support from his nominated representative subject to the provision of sub-section (*12*).

(*12*) If a person with mental illness admitted under this section, requires nearly hundred per cent. support from his nominated representative, in making decision in respect of his treatment, the nominated representative may temporarily consent to the treatment plan of such person on his behalf.

(*13*) In a case where consent has been given under sub-section (*12*), the medical officer or mental health professional in charge of the mental health establishment shall record such consent in the medical records of such person with mental illness and review on the expiry of every fortnight, the capacity of such person to give consent.

(*14*) A person with mental illness admitted under this section, or his nominated representative or a representative of a registered non-governmental organisation with the consent of the person, may apply to the concerned Board for review of the decision of the medical officer or mental health professional in charge of medical health establishment to

admit such person in such establishment and the decision of the Board thereon shall be binding on all parties.

(*15*) Notwithstanding anything contained in this Act, if the medical officer or mental health professional in charge of the mental health establishment is of the opinion that the conditions under sub-section (*1*) are no longer applicable, such medical officer or mental health professional shall discharge such person from such establishment and inform such person and his nominated representative accordingly.

(*16*) The person with mental illness referred to in sub-section (*15*) may continue to remain in the mental health establishment as an independent patient.

Leave of absence.

91. The medical officer or mental health professional in charge of the mental health establishment may grant leave to any person with mental illness admitted under section 87 or section 89 or section 90, to be absent from the establishment subject to such conditions, if any, and for such duration as such medical officer or psychiatrist may consider necessary.

Absence without leave or discharge.

92. If any person to whom section 103 applies absents himself without leave or without discharge from the mental health establishment, he shall be taken into protection by any Police Officer at the request of the medical officer or mental health professional in-charge of the mental health establishment and shall be sent back to the mental health establishment immediately.

Transfer of persons with mental illness from one mental health establishment to another mental health establishment.

93. (*1*) A person with mental illness admitted to a mental health establishment under section 87 or section 89 or section 90 or section 103, as the case may be, may subject to any general or special order of the Board be removed from such mental health establishment and admitted to another mental health establishment within the State or with the consent of the Central Authority to any mental health establishment in any other State:

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

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

Emergency treatment.

94. (*1*) Notwithstanding anything contained in this Act, any medical treatment, including treatment for mental illness, may be provided by any registered medical practitioner to a person with mental illness either at a health establishment or in the community, subject to the informed consent of the nominated representative, where the nominated representative is available, and where it is immediately necessary to prevent—

(*a*) death or irreversible harm to the health of the person; or

(*b*) the person inflicting serious harm to himself or to others; or

(*c*) the person causing serious damage to property belonging to himself or to others where such behaviour is believed to flow directly from the person's mental illness.

Explanation.—For the purposes of this section, "emergency treatment" includes transportation of the person with mental illness to a nearest mental health establishment for assessment.

(2) Nothing in this section shall allow any medical officer or psychiatrist to give to the person with mental illness medical treatment which is not directly related to the emergency treatment specified under sub-section (1).

(3) Nothing in this section shall allow any medical officer or psychiatrist to use electro-convulsive therapy as a form of treatment.

(4) The emergency treatment referred to in this section shall be limited to seventy-two hours or till the person with mental illness has been assessed at a mental health establishment, whichever is earlier:

Provided that during a disaster or emergency declared by the appropriate Government, the period of emergency treatment referred to in this sub-section may extend up to seven days.

Prohibited procedures.

95. (1) Notwithstanding anything contained in this Act, the following treatments shall not be performed on any person with mental illness—

(a) electro-convulsive therapy without the use of muscle relaxants and anaesthesia;

(b) electro-convulsive therapy for minors;

(c) sterilisation of men or women, when such sterilisation is intended as a treatment for mental illness;

(d) chained in any manner or form whatsoever.

(2) Notwithstanding anything contained in sub-section (1), if, in the opinion of psychiatrist in charge of a minor's treatment, electro-convulsive therapy is required, then, such treatment shall be done with the informed consent of the guardian and prior permission of the concerned Board.

Restriction on psychosurgery for persons with mental illness.

96. (1) Notwithstanding anything contained in this Act, psychosurgery shall not be performed as a treatment for mental illness unless—

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

(b) approval from the concerned Board to perform the surgery,

has been obtained.

(2) The Central Authority may make regulations for the purpose of carrying out the provisions of this section.

Restraints and seclusion.

97. (1) A person with mental illness shall not be subjected to seclusion or solitary confinement, and, where necessary, physical restraint may only be used when,—

(a) it is the only means available to prevent imminent and immediate harm to person concerned or to others;

(b) it is authorised by the psychiatrist in charge of the person's treatment at the mental health establishment.

(2) Physical restraint shall not be used for a period longer than it is absolutely necessary to prevent the immediate risk of significant harm.

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

(*4*) The restraint shall not be used as a form of punishment or deterrent in any circumstance and the mental health establishment shall not use restraint merely on the ground of shortage of staff in such establishment.

(*5*) The nominated representative of the person with mental illness shall be informed about every instance of restraint within a period of twenty-four hours.

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

(*7*) The mental health establishment shall include all instances of restraint in the report to be sent to the concerned Board on a monthly basis.

(*8*) The Central Authority may make regulations for the purpose of carrying out the provisions of this section.

(*9*) The Board may order a mental health establishment to desist from applying restraint if the Board is of the opinion that the mental health establishment is persistently and wilfully ignoring the provisions of this section.

Discharge planning.

98. (*1*) Whenever a person undergoing treatment for mental illness in a mental health establishment is to be discharged into the community or to a different mental health establishment or where a new psychiatrist is to take responsibility of the person's care and treatment, the psychiatrist who has been responsible for the person's care and treatment shall consult with the person with mental illness, the nominated representative, the family member or care-giver with whom the person with mental illness shall reside on discharge from the hospital, the psychiatrist expected to be responsible for the person's care and treatment in the future, and such other persons as may be appropriate, as to what treatment or services would be appropriate for the person.

(2) The psychiatrist responsible for the person's care shall in consultation with the persons referred to in sub-section (*1*) ensure that a plan is developed as to how treatment or services shall be provided to the person with mental illness.

(*3*) The discharge planning under this section shall apply to all discharges from a mental health establishment.

Research.

99. (*1*) The professionals conducting research shall obtain free and informed consent from all persons with mental illness for participation in any research involving interviewing the person or psychological, physical, chemical or medicinal interventions.

(2) In case of research involving any psychological, physical, chemical or medicinal interventions to be conducted on person who is unable to give free and informed consent but does not resist participation in such research, permission to conduct such research shall be obtained from concerned State Authority.

(*3*) The State Authority may allow the research to proceed based on informed consent being obtained from the nominated representative of persons with mental illness, if the State Authority is satisfied that—

(*a*) the proposed research cannot be performed on persons who are capable of giving free and informed consent;

(*b*) the proposed research is necessary to promote the mental health of the population represented by the person;

(*c*) the purpose of the proposed research is to obtain knowledge relevant to the particular mental health needs of persons with mental illness;

(*d*) a full disclosure of the interests of persons and organisations conducting the proposed research is made and there is no conflict of interest involved; and

(*e*) the proposed research follows all the national and international guidelines and regulations concerning the conduct of such research and ethical approval has been obtained from the institutional ethics committee where such research is to be conducted.

(*4*) The provisions of this section shall not restrict research based study of the case notes of a person who is unable to give informed consent, so long as the anonymity of the persons is secured.

(*5*) The person with mental illness or the nominated representative who gives informed consent for participation in any research under this Act may withdraw the consent at any time during the period of research.

CHAPTER XIII

RESPONSIBILITIES OF OTHER AGENCIES

Duties of police officers in respect of persons with mental illness.

100. (*1*) Every officer in-charge of a police station shall have a duty—

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

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

(*2*) The officer in-charge of a police station shall inform the person who has been taken into protection under sub-section (*1*), the grounds for taking him into such protection or his nominated representative, if in the opinion of the officer such person has difficulty in understanding those grounds.

(*3*) Every person taken into protection under sub-section (*1*) shall be taken to the nearest public health establishment as soon as possible but not later than twenty-four hours from the time of being taken into protection, for assessment of the person's healthcare needs.

(*4*) No person taken into protection under sub-section (*1*) shall be detained in the police lock up or prison in any circumstances.

(*5*) The medical officer in-charge of the public health establishment shall be responsible for arranging the assessment of the person and the needs of the person with mental illness will be addressed as per other provisions of this Act as applicable in the particular circumstances.

(*6*) The medical officer or mental health professional in-charge of the public mental health establishment if on assessment of the person finds that such person does not have a mental illness of a nature or degree requiring admission to the mental health establishment, he shall inform his assessment to the police officer who had taken the person into protection and the police officer shall take the person to the person's residence or in case of homeless persons, to a Government establishment for homeless persons.

(*7*) In case of a person with mental illness who is homeless or found wandering in the community, a First Information Report of a missing person shall be lodged at the concerned police station and the station house officer shall have a duty to trace the family of such person and inform the family about the whereabouts of the person.

Report to Magistrate of person with mental illness in private residence who is ill-treated or neglected.

101. (*1*) Every officer in-charge of a police station, who has reason to believe that any person residing within the limits of the police station has a mental illness and is being ill-treated or neglected, shall forthwith report the fact to the Magistrate within the local limits of whose jurisdiction the person with mental illness resides.

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

(3) If the Magistrate has reason to believe based on the report of a police officer or otherwise, that any person with mental illness within the local limits of his jurisdiction is being ill-treated or neglected, the Magistrate may cause the person with mental illness to be produced before him and pass an order in accordance with the provisions of section 102.

Conveying or admitting person with mental illness to mental health establishment by Magistrate.

102. (1) When any person with mental illness or who may have a mental illness appears or is brought before a Magistrate, the Magistrate may, order in writing—

(a) that the person is conveyed to a public mental health establishment for assessment and treatment, if necessary and the mental health establishment shall deal with such person in accordance with the provisions of the Act; or

(b) to authorise the admission of the person with mental illness in a mental health establishment for such period not exceeding ten days to enable the medical officer or mental health professional in charge of the mental health establishment to carry out an assessment of the person and to plan for necessary treatment, if any.

(2) On completion of the period of assessment referred to in sub-section (1), the medical officer or mental health professional in charge of the mental health establishment shall submit a report to the Magistrate and the person shall be dealt with in accordance with the provisions of this Act.

Prisoners with mental illness.

103. (1) An order under section 30 of the Prisoners Act, 1900 or under section 144 of the Air Force Act, 1950, or under section 145 of the Army Act, 1950, or under section 143 or section 144 of the Navy Act, 1957, or under section 330 or section 335 of the Code of Criminal Procedure, 1973, directing the admission of a prisoner with mental illness into any suitable mental health establishment, shall be sufficient authority for the admission of such person in such establishment to which such person may be lawfully transferred for care and treatment therein:

3 of 1900.
45 of 1950.
46 of 1950.
62 of 1957.
2 of 1974.

Provided that transfer of a prisoner with mental illness to the psychiatric ward in the medical wing of the prison shall be sufficient to meet the requirements under this section:

Provided further that where there is no provision for a psychiatric ward in the medical wing, the prisoner may be transferred to a mental health establishment with prior permission of the Board.

(2) The method, modalities and procedure by which the transfer of a prisoner under this section is to be effected shall be such as may be prescribed.

(3) The medical officer of a prison or jail shall send a quarterly report to the concerned Board certifying therein that there are no prisoners with mental illness in the prison or jail.

(4) The Board may visit the prison or jail and ask the medical officer as to why the prisoner with mental illness, if any, has been kept in the prison or jail and not transferred for treatment to a mental health establishment.

(5) The medical officer in-charge of a mental health establishment wherein any person referred to in sub-section (1) is detained, shall once in every six months, make a special report regarding the mental and physical condition of such person to the authority under whose order such person is detained.

(6) The appropriate Government shall setup mental health establishment in the medical wing of at least one prison in each State and Union territory and prisoners with mental illness may ordinarily be referred to and cared for in the said mental health establishment.

(7) The mental health establishment setup under sub-section (5) shall be registered under this Act with the Central or State Mental Health Authority, as the case may be, and shall conform to such standards and procedures as may be prescribed.

Persons in custodial institutions.

104. (1) If it appears to the person in-charge of a State run custodial institution (including beggars homes, orphanages, women's protection homes and children homes) that any resident of the institution has, or is likely to have, a mental illness, then, he shall take such resident of the institution to the nearest mental health establishment run or funded by the appropriate Government for assessment and treatment, as necessary.

(2) The medical officer in-charge of a mental health establishment shall be responsible for assessment of the person with mental illness, and the treatment required by such persons shall be decided in accordance with the provisions of this Act.

Question of mental illness in judicial process.

105. If during any judicial process before any competent court, proof of mental illness is produced and is challenged by the other party, the court shall refer the same for further scrutiny to the concerned Board and the Board shall, after examination of the person alleged to have a mental illness either by itself or through a committee of experts, submit its opinion to the court.

CHAPTER XIV

RESTRICTION TO DISCHARGE FUNCTIONS BY PROFESSIONALS NOT COVERED BY PROFESSION

Restriction to discharge functions by professionals not covered by profession.

106. No mental health professional or medical practitioner shall discharge any duty or perform any function not authorised by this Act or specify or recommend any medicine or treatment not authorised by the field of his profession.

CHAPTER XV

OFFENCES AND PENALTIES

Penalties for establishing or maintaining mental health establishment in contravention of provisions of this Act.

107. (1) Whoever carries on a mental health establishment without registration shall be liable to a penalty which shall not be less than five thousand rupees but which may extend to fifty thousand rupees for first contravention or a penalty which shall not be less than fifty thousand rupees but which may extend to two lakh rupees for a second contravention or a penalty which shall not be less than two lakh rupees but which may extend to five lakh rupees for every subsequent contravention.

(2) Whoever knowingly serves in the capacity as a mental health professional in a mental health establishment which is not registered under this Act, shall be liable to a penalty which may extend to twenty-five thousand rupees.

(3) Save as otherwise provided in this Act, the penalty under this section shall be adjudicated by the State Authority.

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

(5) All sums realised by way of penalties under this Chapter shall be credited to the Consolidated Fund of India.

Punishment for contravention of provisions of the Act or rules or regulations made thereunder.

108. Any person who contravenes any of the provisions of this Act, or of any rule or regulation made thereunder shall for first contravention be punishable with imprisonment for a term which may extend to six months, or with a fine which may extend to ten thousand rupees or with both, and for any subsequent contravention with imprisonment for a term which may extend to two years or with fine which shall not be less than fifty thousand rupees but which may extend to five lakh rupees or with both.

Offences by companies.

109. (*1*) Where an offence under this Act has been committed by a company, every person who at the time the offence was committed was in-charge of, and was responsible to, the company for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:

Provided that nothing contained in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he has exercised all due diligence to prevent the commission of such offence.

(*2*) Notwithstanding anything contained in sub-section (*1*), where an offence under this Act has been committed by a company and it is proved that the offence has been committed with the consent or connivance of, or is attributable to, any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purposes of this section,—

(*a*) "company" means any body corporate and includes a firm or other association of individuals; and

(*b*) "director", in relation to a firm, means a partner in the firm.

CHAPTER XVI

MISCELLANEOUS

Power to call for information.

110. (*1*) The Central Government may, by a general or special order, call upon the Authority or the Board to furnish, periodically or as and when required any information concerning the activities carried on by the Authority or the Board, as the case may be, in such form as may be prescribed, to enable that Government, to carry out the purposes of this Act.

(*2*) The State Government may, by a general or special order, call upon the State Authority or the Board to furnish, periodically or as and when required any information concerning the activities carried on by the State Authority or the Board in such form as may be prescribed, to enable that Government, to carry out the purposes of this Act.

Power of Central Government to issue directions.

111. (*1*) Without prejudice to the foregoing provisions of this Act, the Authority shall, in exercise of its powers or the performance of its functions under this Act, be bound by such directions on questions of policy, other than those relating to technical and administrative matters, as the Central Government may give in writing to it from time to time:

Provided that the Authority shall, as far as practicable, be given an opportunity to express its views before any direction is given under this sub-section.

(*2*) The decision of the Central Government whether a question is one of policy or not shall be final.

Power of Central Government to supersede Central Authority.

112. (*1*) If at any time the Central Government is of the opinion—

(*a*) that on account of circumstances beyond the control of the Central Authority, it is unable to discharge the functions or perform the duties imposed on it by or under the provisions of this Act; or

(*b*) that the Central Authority has persistently defaulted in complying with any direction given by the Central Government under this Act or in the discharge of the functions or performance of the duties imposed on it by or under the provisions of this Act; or

(*c*) that circumstances exist which render it necessary in the public interest so to do,

the Central Government may, by notification and for reasons to be specified therein, supersede the Central Authority for such period, not exceeding six months, as may be specified in the notification:

Provided that before issuing any such notification, the Central Government shall give a reasonable opportunity to the Central Authority to make representations against the proposed supersession and shall consider representations, if any, of the Central Authority.

(2) Upon the publication of a notification under sub-section (1), superseding the Central Authority,—

(a) the chairperson and other members shall, as from the date of supersession, vacate their offices as such;

(b) all the powers, functions and duties which may, by or under the provisions of this Act, be exercised or discharged by or on behalf of the Central Authority shall, until the Central Authority is reconstituted under sub-section (3), be exercised and discharged by the Central Government or such authority as the Central Government may specify in this behalf;

(c) all properties owned or controlled by the Central Authority shall, until the Central Authority is reconstituted under sub-section (3), vest in the Central Government.

(3) On or before the expiration of the period of supersession specified in the notification issued under sub-section (1), the Central Government shall reconstitute the Central Authority by a fresh appointment of its chairperson and other members and in such case any person who had vacated his office under clause (a) of sub-section (2) shall not be deemed to be disqualified for re-appointment.

(4) The Central Government shall cause a notification issued under sub-section (1) and a full report of any action taken under this section and the circumstances leading to such action to be laid before each House of Parliament at the earliest.

Power of State Government to supersede State Authority.

113. (1) If at any time the State Government is of the opinion—

(a) that on account of circumstances beyond the control of the State Authority, it is unable to discharge the functions or perform the duties imposed on it by or under the provisions of this Act; or

(b) that the State Authority has persistently defaulted in complying with any direction given by the State Government under this Act or in the discharge of the functions or performance of the duties imposed on it by or under the provisions of this Act; or

(c) that circumstances exist which render it necessary in the public interest so to do,

the State Government may, by notification and for reasons to be specified therein, supersede the State Authority for such period, not exceeding six months, as may be specified in the notification:

Provided that before issuing any such notification, the State Government shall give a reasonable opportunity to the State Authority to make representations against the proposed supersession and shall consider representations, if any, of the State Authority.

(2) Upon the publication of a notification under sub-section (1) superseding the State Authority,—

(a) the chairperson and other members shall, as from the date of supersession, vacate their offices as such;

(*b*) all the powers, functions and duties which may, by or under the provisions of this Act, be exercised or discharged by or on behalf of the State Authority shall, until the State Authority is reconstituted under sub-section (*3*), be exercised and discharged by the State Government or such authority as the State Government may specify in this behalf;

(*c*) all properties owned or controlled by the State Authority shall, until the State Authority is reconstituted under sub-section (*3*), vest in the State Government.

(*3*) On or before the expiration of the period of supersession specified in the notification issued under sub-section (*1*), the State Government shall reconstitute the State Authority by a fresh appointment of its chairperson and other members and in such case any person who had vacated his office under clause (*a*) of sub-section (*2*) shall not be deemed to be disqualified for re-appointment.

(*4*) The State Government shall cause a notification issued under sub-section (*1*) and a full report of any action taken under this section and the circumstances leading to such action to be laid before the State Legislature at the earliest.

Special provisions for States in north-east and hill States.

114. (*1*) Notwithstanding anything contained in this Act, the provisions of this Act shall, taking into consideration the communication, travel and transportation difficulties, apply to the States of Assam, Meghalaya, Tripura, Mizoram, Manipur, Nagaland, Arunachal Pradesh and Sikkim, with following modifications, namely:—

(*a*) under sub-section (*3*) of section 73, the chairperson of the Central Authority may constitute one or more Boards for all the States;

(*b*) in sub-section (*2*) of section 80, reference to the period of "seven days", and in sub-section (*3*) of that section, reference to the period of "twenty-one days" shall be construed as "ten days" and "thirty days", respectively;

(*c*) in sub-section (*9*) of section 87, reference to the period of "seventy-two hours" shall be construed as "one hundred twenty hours", and in sub-sections (*3*) and (*12*) of that section, reference to a period of "seven days" shall be construed as "ten days";

(*d*) in sub-section (*3*) of section 88, reference to the period of "twenty-four hours" shall be construed as "seventy-two hours";

(*e*) in clauses (*a*) and (*b*) of sub-section (*9*) of section 89, reference to the period of "three days" and "seven days" shall be construed as "seven days" and "ten days" respectively;

(*f*) in sub-section (*3*) of section 90, reference to the period of "seven days" and in sub-section (*4*) of that section, reference to the period of "twenty-one days" shall be construed as "ten days" and "thirty days" respectively;

(*g*) in sub-section (*4*) of section 94, reference to the period of "seventy-two hours" shall be construed as "one hundred twenty hours".

(*2*) The provisions of clauses (*b*) to (*g*) of sub-section (*1*) shall also apply to the States of Uttarakhand, Himachal Pradesh and Jammu and Kashmir and the Union territories of Lakshadweep and Andaman and Nicobar Islands.

(*3*) The provisions of this section shall cease to have effect on the expiry of a period of ten years from the commencement of this Act, except as respects things done or omitted to be done before such cesser, and upon such cesser section 6 of the General Clauses Act, 1897, shall apply as if this Act had then been repealed by a Central Act. 10 of 1897.

Presumption of severe stress in case of attempt to commit suicide.

115. (*1*) Notwithstanding anything contained in section 309 of the Indian Penal Code any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said Code. 45 of 1860.

(2) The appropriate Government shall have a duty to provide care, treatment and rehabilitation to a person, having severe stress and who attempted to commit suicide, to reduce the risk of recurrence of attempt to commit suicide.

Bar of jurisdiction.

116. No civil court shall have jurisdiction to entertain any suit or proceeding in respect of any matter which the Authority or the Board is empowered by or under this Act to determine, and no injunction shall be granted by any court or other authority in respect of any action taken or to be taken in pursuance of any power conferred by or under this Act.

Transitory provisions.

14 of 1987.

117. The Central Government may, if it considers so necessary in the interest of persons with mental illness being governed by the Mental Health Act, 1987, take appropriate interim measures by making necessary transitory schemes.

Chairperson, members and staff of Authority and Board to be public servants.

45 of 1860.

118. The chairperson, and other members and the officers and other employees of the Authority and Board shall be deemed to be public servants within the meaning of section 21 of the Indian Penal Code.

Protection of action taken in good faith.

119. No suit, prosecution or other legal proceeding shall lie against the appropriate Government or against the chairperson or any other member of the Authority or the Board, as the case may be, for anything which is in good faith done or intended to be done in pursuance of this Act or any rule or regulation made thereunder in the discharge of official duties.

Act to have overriding effect.

120. The provisions of this Act shall have overriding effect notwithstanding anything inconsistent therewith contained in any other law for the time being in force or in any instrument having effect by virtue of any law other than this Act.

Power of Central Government and State Governments to make rules.

121. (*1*) The Central Government may, by notification, make rules for carrying out the provisions of this Act.

(*2*) Subject to the provisions of sub-section (*1*), the State Government may, with the previous approval of the Central Government, by notification, make rules for carrying out the provisions of this Act:

Provided that the first rules shall be made by the Central Government, by notification.

(*3*) In particular, and without prejudice to the generality of the foregoing power, rules made under sub-section (*1*) may provide for all or any of the following matters, namely:—

(*a*) qualifications relating to clinical psychologist under sub-clause (*ii*) of clause (*f*) of sub-section (*1*) of section 2;

(*b*) qualifications relating to psychiatric social worker under clause (*w*) of sub-section (*1*) of section 2;

(c) the manner of nomination of members of the Central Authority under sub-section (2) of section 34;

(*d*) the salaries and allowances payable to, and the other terms and conditions of service of, the chairperson and other members of the Central Authority under sub-section (*3*) of section 35;

(*e*) the procedure for registration (including the fees to be levied for such registration) of the mental health establishments under sub-section (*2*) of section 43;

(*f*) the manner of nomination of members of the State Authority under sub-section (*2*) of section 46;

(*g*) the salaries and allowances payable to, and the other terms and conditions of service of, the chairperson and other members of the State Authority under sub-section (*3*) of section 47;

(*h*) the procedure for registration (including the fees to be levied for such registration) of the mental health establishments under sub-section (*2*) of section 55;

(*i*) the form of accounts and other relevant records and annual statement of accounts under sub-section (*1*) of section 59;

(*j*) the form in, and the time within which, an annual report shall be prepared under section 60;

(*k*) the form of accounts and other relevant records and annual statement of accounts under sub-section (*1*) of section 63;

(*l*) the form in, and the time within which, an annual report shall be prepared under section 64;

(*m*) manner of constitution of the Board by the State Authority for a district or groups of districts in a State;

(*n*) other disqualifications of chairperson or members of the Board under clause (*e*) of sub-section (*2*) of section 82;

(*o*) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules.

(*4*) In particular, and without prejudice to the generality of the foregoing power, rules nade under sub-section (*2*) may provide for all or any of the following matters, namely:—

(*a*) the manner of proof of mental healthcare and treatment under sub-section (*1*) of section 4;

(*b*) provision of half-way homes, sheltered accommodation and supported accommodation under clause (*b*) of sub-section (*4*) of section 18;

(*c*) hospitals and community based rehabilitation establishment and services under clause (*d*) of sub-section (*4*) of section 18;

(*d*) basic medical records of which access is to be given to a person with mental illness under sub-section (*1*) of section 25;

(*e*) custodial institutions under sub-section (*2*) of section 27;

(*f*) the form of application to be submitted by the mental health establishment with the undertaking that the mental health establishment fulfils the minimum standards, if any, specified by the Authority, under the *Explanation* to sub-section (*2*) of section 65;

(*g*) the form of certificate of registration under sub-section (*3*) of section 65;

(*h*) the form of application, the details, the fees to be accompanied with it under sub-section (*1*) of section 66;

(*i*) the form of certificate of provisional registration containing particulars and information under sub-section (*4*) of section 66;

(*j*) the fees for renewal of registration under sub-section (*11*) of section 66;

(*k*) the person or persons (including representatives of the local community) for the purpose of conducting an audit of the registered mental health establishments under sub-section (*1*) and fees to be charged by the Authority for conducting such audit under sub-section (*2*) of section 67;

(*l*) the person or persons for the purpose of conducting and inspection or inquiry of the mental health establishments under sub-section (*1*) of section 68;

(*m*) the manner to enter and search of a mental health establishment operating without registration under sub-section (*6*) of section 68;

(*n*) the fees for issuing a duplicate certificate under sub-section (*2*) of section 70;

(*o*) the form and manner in which the Authority shall maintain in digital format a register of mental health establishments, the particulars of the certificate of registration so granted in a separate register to be maintained under section 71;

(*p*) constitution of the Boards under sub-section (*3*) of section 73;

(*q*) the honorarium and other allowances payable to, and the other terms and conditions of service of, the chairperson and members of the Board under sub-section (*3*) of section 75;

(*r*) method, modalities and procedure for transfer of prisoners under sub-section (*2*) of section 103;

(*s*) the standard and procedure to which the Central or State Health Authority shall confirm under sub-section (*6*) of section 103;

(*t*) the form for furnishing periodical information under section 110; and

(*u*) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules.

Power of Central Authority to make regulations.

122. (*1*) The Central Authority may, by notification, make regulations, consistent with the provisions of this Act and the rules made thereunder, to carry out the provisions of this Act.

(2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:—

(*a*) manner of making an advance directive under section 6;

(*b*) additional regulations, regarding the procedure of advance directive to protect the rights of persons with mental illness under sub-section (*3*) of section 12;

(*c*) the salaries and allowances payable to, and the other terms and conditions of service (including the qualifications, experience and manner of appointment) of, the chief executive officer and other officers and employees of the Central Authority under sub-section (*3*) of section 40;

(*d*) the times and places of meetings of the Central Authority and rules of procedure in regard to the transaction of business at its meetings (including quorum at such meetings) under sub-section (*1*) of section 44;

(*e*) the minimum standards of facilities and services under clause (*a*) of sub-section (*4*) of section 65;

(*f*) the minimum qualifications for the personnel engaged in mental health establishment under clause (*b*) of sub-section (*4*) of section 65;

(*g*) provisions for maintenance of records and reporting under clause (*c*) of sub-section (*4*) of section 65;

(*h*) any other conditions under clause (*d*) of sub-section (*4*) of section 65;

(*i*) categories of different mental health establishment under clause (*a*) of sub-section (*5*) of section 65;

(*j*) the form of application to be made by the mental health establishment and the fees to be accompanied with it under sub-section (*12*) of section 66;

(*k*) manner of submitting evidence under sub-section (*13*) of section 66;

(*l*) the manner of filing objections under sub-section (*14*) of section 66;

(*m*) the time and places and rules of procedure in regard to the transaction of business at its meetings to be observed by the Central Authority and the Board under section 87;

(*n*) regulations under sub-section (*2*) of section 96 and under sub-section (*8*) of section 97;

(*o*) 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.

Power of State Authority to make regulations.

123. (*1*) The State Authority may, by notification, make regulations, consistent with the provision of this Act and the rules made thereunder, to carry out the provisions of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:—

(*a*) the minimum quality standards of mental health services under sub-section (*9*) of section 18;

(*b*) the salaries and allowances payable to, and the other terms and conditions of service (including the qualifications, experience and manner of appointment) of the chief executive officer and other officers and employees of the State Authority under sub-section (*3*) of section 52;

(*c*) the manner in which the State Authority shall publish the list of registered mental health professionals under clause (*d*) of sub-section (*1*) of section 55;

(*d*) the times and places of meetings of the State Authority and rules of procedure in regard to the transaction of business at its meetings (including quorum at such meetings) under sub-section (*1*) of section 56;

(*e*) the form of application to be made by the mental health establishment and the fees to be accompanied with it under sub-section (*12*) of section 66;

(*f*) the manner of filing objections under sub-section (*14*) of section 66;

(*g*) 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.

Laying of rules and regulations.

124. (*1*) Every rule made by the Central Government and every regulation made by the Central Authority under this Act shall be laid, as soon as may be after it is made, before each House of Parliament while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation, as the case may be, or both Houses agree that the rule or regulation, as the case may be, should not be made, the rule or regulation, as the case may be, shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation, as the case may be.

(*2*) Every rule made by the State Government and every regulation made by the State Authority under this Act shall be laid, as soon as may be after it is made, before each House of the State Legislature where it consists of two Houses, or where such Legislature consists of one House, before that House.

Power to remove difficulties.

125. (*1*) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order, published in the Official Gazette, make such provisions, not inconsistent with the provisions of this Act, as may appear to be necessary or expedient for removing the difficulty:

Provided that no order shall be made under this section after the expiry of two years from the date of commencement of this Act.

(2) Every order made under this section shall, as soon as may be after it is made, be laid before each House of Parliament.

14 of 1897.

126. (1) The Mental Health Act, 1987 is hereby repealed. Repeal and saving.

(2) Notwithstanding such repeal,—

(a) anything done or any action taken or purported to have been done or taken (including any rule, notification, inspection, order or declaration made or any document or instrument executed or any direction given or any proceedings taken or any penalty or fine imposed) under the repealed Act shall, in so far as it is not inconsistent with the provisions of this Act, be deemed to have been done or taken under the corresponding provisions of this Act;

(b) the Central Authority for Mental Health Services, and the State Authority for Mental Health Services established under the repealed Act shall, continue to function under the corresponding provisions of this Act, unless and until the Central Authority and the State Authority are constituted under this Act;

(c) any person appointed in the Central Authority for Mental Health Services, or the State Authority for Mental Health Services or any person appointed as the visitor under the repealed Act and holding office as such immediately before the commencement of this Act, shall, on such commencement continue to hold their respective offices under the corresponding provisions of this Act, unless they are removed or until superannuated;

(d) any person appointed under the provisions of the repealed Act and holding office as such immediately before the commencement of this Act, shall, on such commencement continue to hold his office under the corresponding provisions of this Act, unless they are removed or until superannuated;

(e) any licence granted under the provisions of the repealed Act, shall be deemed to have been granted under the corresponding provisions of this Act unless the same are cancelled or modified under this Act;

(f) any proceeding pending in any court under the repealed Act on the commencement of this Act may be continued in that court as if this Act had not been enacted;

(g) any appeal preferred from the order of a Magistrate under the repealed Act but not disposed of before the commencement of this Act may be disposed of by the court as if this Act had not been enacted.

(3) The mention of the particular matters in sub-section (2) shall not be held to prejudice or affect the general application of section 6 of the General Clauses Act, 1897 with regard to the effect of repeal.

10 of 1897.

DR. G NARAYANA RAJU,
Secretary to the Govt. of India.

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[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

Government of India
Ministry of Health and Family Welfare
(Department of Health and Family Welfare)

Notification

New Delhi, the 29th May, 2018

G.S.R.....(E).- In exercise of the powers conferred by the proviso to sub-section (2), read with sub-sections (1) and (4) of section 121 of the Mental Healthcare Act, 2017 (10 of 2017), the Central Government hereby makes the following rules, namely:-

CHAPTER – I
PRELIMINARY

1. Short tilte, extent and commencement.- (1) These rules may be called the Mental Healthcare (State Mental Health Authority) Rules, 2018.
(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions. – (1) In these rules, unless the context otherwise requires, -
(a) "Act" means the Mental Healthcare Act, 2017 (10 of 2017);
(b) "Form" means a Form appended to these rules;
(c) "non-official member" means a member of the State Authority nominated under clauses (g) to (n) of sub-section (1) of section 46 of the Act;
(d) "section" means section of the Act.

(2) The words and expressions used herein and not defined, but defined in the Act or, as the case maybe, in the Indian Medical Council Act, 1956 (102 of 1956) or in the Indian Medicine Central Council Act, 1970 (48 of 1970), in so far as they are not inconsistent with the provisions of the Act, shall have the meanings as assigned to them in the Act or, as the case may be, in those enactments.

CHAPTER II

STATE MENTAL HEALTH AUTHORITY

3. Nomination of *ex officio* members of State Authority. –(1) The State Government shall nominate Secretary or Principal Secretary in the Department of Health as Chairperson of the State Authority under clause (a) of section (1) of section 46 .

(2) The State Government shall nominate Joint Secretary in charge of mental healthcare in the Department of Health, the Director of Health Services or Director of Medical Education and Joint Secretary in the Department of Social Welfare as *ex officio* members of the State Authority respectively under clauses (b), (c) and (d) of sub-section (1) of section 46 .

(3) The State Government shall nominate three persons, not below the rank of Joint Secretary in the Departments of Home, Finance and Law, to be *ex officio* members of State Authority under clause (e) of sub-section (1) of section 46 .

4. Norms for selection of non-official members of State Authority.– A person shall not be selected as a non-official member of State Authority unless, he—

(a) is an Indian National;
(b) is of the age not exceeding sixty-seven years;
(c) possesses qualification and experience as specified in rule 5.

5. Qualification and experience of non-official members of State Authority.– (1) The State Government shall nominate one person who is an eminent psychiatrist as a member of the State Authority under clause (g) of sub-section (1) of section 46 .

(2) The State Government shall nominate one mental health professional, one psychiatric social worker, one clinical psychologist and one mental health nurse, having a minimum of fifteen years' experience in their respective fields and registered as mental health professionals with the State Authority, as members of the State Authority respectively under clauses (h), (i), (j) and (k) of sub-section (1) of section 46 .

(3) The State Government shall nominate two persons each from the following categories as members of the State Authority respectively under clauses (l), (m) and (n) of sub-section (1) of section 46 , namely: –

(a) persons representing persons who have or have had mental illness;

(b) persons representing care-givers of persons with mental illness or organisations representing care-givers; and

(c) persons representing non-governmental organisations which provide services to persons with mental illness.

6. Invitation of application for the posts of non-official members of State Authority. – A vacancy for the post of non-official member of the State Authority shall be given wide publicity through open advertisement in at least two daily newspapers (one English and one local language) having wide circulation in the State and the advertisement shall also be made available on the website of the Department of Health.

7. Selection Committee for nomination of non-official members of State Authority. – The Selection Committee for nomination of non-official members of the State Authority shall consist of a Chairperson who shall be the Chairperson of the State Authority and two independent experts of eminence in the field of mental healthcare, to be nominated by the State Government.

8. Procedure for nomination of non-official members of State Authority. – (1) The Selection Committee constituted under rule 7 shall consider all applications received by the Department and scrutinize such applications which fulfill the requirements of section 46 and rules 4 and 5.

(2) The Selection Committee shall, having regard to the provisions of the Act and these rules, decide about the suitability of the applicants for being selected as members of the State Authority:

Provided that in case of persons to be nominated under sub-rule (3) of rule 5, preference shall be given to the persons with ten years of experience in dealing with persons with mental illness.

(3) The State Government shall nominate the persons selected by the Selection Committee as members of the State Authority.

9. Term of office and allowances of non-official members of State Authority. – (1) Every non-official member nominated under rule 8 shall hold his office for a term of three years at a time from the date of his nomination.

(2) Every non-official member attending the meeting of the State Authority shall be entitled to sitting allowance, travelling allowance, daily allowance and such other allowances as are applicable to non-official members of the Commissions and Committees of the State Government attending the meeting of such Commission or Committee.

10. Furnishing of information.-- The State Government may call for information concerning the activities of the State Authority or the Board periodically or as and when required by it and the State Authority or the Board, as the case may be, shall furnish such information in Form-A.

CHAPTER III

PROVISIONAL REGISTRATION OF MENTAL HEALTH ESTABLISHMENTS BY STATE AUTHORITY

11. Procedure for provisional registration of mental health establishments by State Authority.—(1) Every mental health establishment in a State, except the mental health establishment under the Control of the Central Government, shall be registered with the State Authority.

(2) Every mental health establishment referred to in sub-rule (1) shall submit an application for provisional registration to the State Authority in Form-B, containing details as specified therein, along with a fee of rupees twenty thousand by way of a demand draft drawn in favour of the Chairperson, State Mental Health Authority payable at the place where the State Authority is situated.

(3) The State Authority shall, on being satisfied that the mental health establishment fulfils all the requirements as specified in sections 65 and 66, grant to such mental health establishment, a provisional registration certificate in Form-C.

12. Validity and renewal of certificate of registration.-- The provisional registration certificate granted under sub-rule (3) of rule 11 shall be valid for a period of twelve months from the date of such grant and an application for renewal of such certificate shall be made in Form-B within thirty days before the date of expiry of the period of validity of such certificate and in case application is not made within the specified period, the mental health establishment concerned shall be liable to pay renewal fee of rupees twenty thousand by way of a demand draft drawn in favour of the Chairperson, State Mental Health Authority payable at the place where the State Authority is situated.

13. Issue of duplicate certificate.-- Where a certificate of registration granted to a mental health establishment is destroyed or lost or mutilated or damaged, the State Authority may issue a duplicate certificate on an application made by such establishment along with a fee of rupees two thousand by way of a demand draft drawn in favor of the Chairperson, State Mental Health Authority payable at the place where the State Authority is situated.

14. Maintenance of digital register.-- A category-wise register in Form-D of all registered mental health establishments shall be maintained by the State Authority in digital format in accordance with the provisions of section 71.

CHAPTER IV

FINANCE, ACCOUNTS AND AUDIT

15. Accounts and audit of State Authority.-- (1) The State Authority shall maintain accounts of its income and expenditure relating to each year and prepare an annual

statement of accounts consisting of income and expenditure account and the balance sheet.

(2) Annual statement of accounts shall be submitted for audit not later than 30th June each year in the common accounting format prescribed from time to time by the Ministry of Finance for the central autonomous bodies or as nearer thereto as the circumstances admit.

(3) The annual statement of accounts prepared under sub-rule (1) shall be signed on behalf of the State Authority by the officer in-charge of accounts and the Chief Executive Officer and shall be approved by the State Authority.

16. Annual report of the State Authority. – (1) The State Authority shall prepare its annual report in Form-E and forward it to the State Government within nine months of the end of the financial year for being laid before each House of State Legislature.

(2) The annual report shall give a full account of the activities of the State Authority during the previous year and shall include the audited accounts of the year and the report of the Comptroller and Auditor General of India thereon.

CHAPTER V
AUDIT, INSPECTION AND ENQUIRY OF MENTAL HEALTH ESTABLISHMENTS

17. Audit of mental health establishments.– (1). The State Authority shall, for the purpose of conducting audit of registered mental health establishments in the State, authorize one or more of the following persons to ensure that such mental health establishments comply with the minimum standards specified under the Act, namely:-

(a) a representative of the District Collector or District Commissioner of the district where the mental health establishment is situated;
(b) a representative of the State Human Rights Commission of the State where the mental health establishment is situated;
(c) a Psychiatrist who is in Government service;
(d) a Psychiatrist who is in private practice;
(e) a mental health professional who is not a psychiatrist;
(f) a representative of a non-governmental organization working in the area of mental health;
(g) representatives of the care-givers of persons with mental illness or organisations representing care-givers; and
(h) representatives of the persons who have or have had mental illness.

(2) For conducting audit of registered mental health establishment, the State Authority shall charge a fee of rupees ten thousand by way of a demand draft drawn in favour of

the Chairperson, State Mental Health Authority payable at the place where the Authority is situated.

18. Inspection and inquiry of mental health establishments.—(1) The State Authority may, suo moto or on a complaint received from any person with respect to non-adherence of minimum standards specified by or under the Act or contravention of any provision thereof, order an inspection and inquiry of any mental health establishment, to be made by one or more of the following persons, namely:-

(a) a Psychiatrist in Government service;
(b) a Psychiatrist in private practice;
(c) a mental health professional who is not a psychiatrist;
(d) a representative of a non-governmental organization working in the area of mental health;
(e) a police officer in charge of the police station under whose jurisdiction, the mental health establishment is situated;
(f) a representative of the District Collector or District Commissioner of the district where the mental health establishment is situated.

(2) The State Authority or the person authorized by it under sub-rule (1) may, if it has reasons to believe that a person is operating a mental health establishment without registration or is not adhering to the minimum standards specified by or under the Act or has been contravening any of the provisions of the Act or the rules and regulations made thereunder, enter and search such mental health establishment.

(3) During search, the State Authority or the person authorized by it may require the mental health professional in charge of the mental health establishment to produce the original documents relating to its registration with the State Authority and it shall be obligatory on the part of the mental health establishment to produce such documents.

(4) Within two days of completing search of the mental health establishment under sub-rule (3), a written report of the findings of such search shall be submitted to the Chairperson of the Authority.

(5) The Chairperson of the State Authority, shall, on receipt of the written report under sub-rule (4), take such action as it deems fit, against the defaulting mental health establishment in accordance with the provisions of the Act.

Form-A
[*See* rule 10]

INFORMATION ON THE ACTIVITIES OF THE STATE AUTHORITY/ BOARD

1. New Regulations notified:
2. Number of orders passed during the year:
3. Meetings held during the year:
4. Number and details of mental health establishments under the control of the State Government
5. Number and details of mental health establishments in the State or Union Territory:
6. Registration of mental health professionals by the State Authority:
7. Statement on references received from the Central Government and the State Government and action taken thereon:
8. Quality and service provision norms for different types of mental health establishments under the State Government:
9. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017:
10. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection:
11. Audit of Mental Health Establishments along with audit reports:
12. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon
13. Details regarding guidance document for medical practitioners and mental health professionals

14. Number of cases registered regarding Sexual Harassment of Women at Workplace under section 22 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and details thereof:
15. Details of inspection and inquiry of Mental Health Establishments:
16. Number of appeals to High Court against order of Authority and status thereof:
17. Complaints received regarding deficiencies in provision of services and action taken thereon:
18. Stakeholders Consultations:
19. Inquiry initiated by the Authority/Board:
20. Administration and establishment matters
21. Budget and Accounts with details including balance sheet, income and expenditure account, etc.:
22. Any other matter which may be relevant:

Form-B

[See rules 11(2) and 12]

APPLICATION FOR GRANT OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISIONAL REGISTRATION OF A MENTAL HEALTH ESTABLISHMENT

To

The.....
Department of .....
State Government of .....
.....

Dear Sir/ Madam,

I/we intend to apply for grant of provisional registration/ permanent registration/ renewal of provisional registration for the Mental Health Establishment namely ..... of which I am/we are holding a valid licence/registration for the establishment/ maintenance of such hospital/nursing home. Details of the hospital/nursing home are given below:

1. Name of applicant .....
2. Details of licence with reference to the name of the authority issuing the licence and date.....
   .....
3. Age .....
4. Professional experience in Psychiatry .....
5. Permanent address of the applicant .....
6. Location of the proposed hospital /nursing home .....
   .....
7. Address of the proposed nursing home/hospital .....
8. Proposed accommodations: .....
   (a) Number of rooms .....
   (b) Number of beds .....
   (c) Facilities provided: .....
   (d) Out-patient .....
   (e) Emergency services .....
   (f) In-patient facilities .....
   (g) Occupational and recreational facilities .....
   (h) ECT facilities (n X-Ray facilities .....
   (I) Psychological testing facilities .....
   (j) Investigation and laboratory facilities .....
   (k) Treatment facilities .....

Staff pattern:

(a) Number of doctors .....
(b) Number of nurses .....
(c) Number of attendees .....
(d) Others .....

I am herewith sending a bank draft for Rs..... drawn in favour of..... as application fee.

I hereby undertake to abide by the rules and regulation of the Mental Health Authority.

I request you to consider my application and grant the licence for establishment/ maintenance of psychiatric hospital/nursing home.

Yours faithfully

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

Date.....

Form-C

[*See* rule 11(3)]

CERTIFICATE OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISONAL REGISTRATION

The State Authority, after considering the application dated.....submitted by.....under section 65 (2) or section 66 (3) or section 66(10) of the Mental Healthcare Act, 2017, hereby accords provisional registration/renewal of provisional registration to the applicant mental health establishment in terms of section 66 (4) or section 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 – D

(*See* rule 14)

Register of Mental Health Establishments

(in digital format)*

Category .....

Sl. No.	Name and 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-E

[*See* rule 16 (1)]

Annual Report of State Authority

1. Introduction
2. Profile of the Authority's Members
3. Scope of Regulation
4. New Regulations/procedures etc. notified/issued
5. Orders passed by the Authority
6. Meetings of the State Mental Health Authority held during the year
7. Mental health establishments under the control of the State Government
8. Mental health establishments in the State
9. Registration of mental health professionals by the State Authorities
10. A statement on references received from Central and State Governments and action taken thereon
11. A statement on references sent to the Central and State Governments and action taken thereon by the respective Governments
12. Quality and service provision norms for different types of mental health establishments under the State Government
13. Supervision of mental health establishments under the State Government and action taken on the complaints received about deficiencies in provision of services therein
14. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017
15. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection.
16. Audit of Mental Health Establishments

17. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon
18. Details regarding guidance document for medical practitioners and mental health professionals
19. Implementation of RTI Act, 2005
20. Details regarding Sexual Harassment of Women at Workplace under Section 22 of The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.
21. Inspection and Inquiry of Mental Health Establishments
22. Appeals to High Court against order of Authority and status thereof
23. Status of review of use of advance directives and recommendations of the Authority in respect thereof.
24. Complaints received about deficiencies in provision of services and action taken thereon.
25. Stakeholders Consultations
26. Inquiry initiated by the Authority
27. Administration and establishment matters
28. Annual accounts
29. Any other matter which in the opinion of the Authority needs to be highlighted

[F. No. V-15011/09/2017-PH-I]
LAV AGARWAL, Jt. Secy.

[भारत के राजपत्र, असाधारण, भाग 2, खंड 3, उप-खंड (i) में प्रकाशनार्थ]

भारत सरकार

स्वास्थ्य और परिवार कल्याण मंत्रालय

(स्वास्थ्य और परिवार कल्याण विभाग)

अधिसूचना

नई दिल्ली, 29 मई, 2018

सा.का.नि..... .. (अ) - मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 (2017 का 10) की धारा 121 की उप-धारा (1) एवं (4) के साथ पठित उप-धारा (2) के परंतुक द्वारा प्रदत्त शक्तियों का उपयोग करके केंद्रीय सरकार एतद्द्वारा निम्नलिखित नियम बनाती है, अर्थात्: -

अध्याय I

प्रारंभिक

1. संक्षिप्त शीर्षक, विस्तार और प्रारंभ - (1) इन नियमों का नाम मानसिक स्वास्थ्य देख-रेख (राज्य मानिसिक स्वास्थ्य प्राधिकरण) नियम, 2018 कहा जाएगा।

(2) ये राजपत्र में प्रकाशन की तिथि से प्रवृत्त होंगे।

2. परिभाषाएं - (1) इन नियमों में, जब तक कि संदर्भ में अन्यथा अपेक्षित न हो, -

(क) "अधिनियम" का अर्थ है मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 (2017 का 10);

(ख) "फॉर्म" का अर्थ है इन नियमों से संलग्न प्ररूप;

(ग) "गैर-सरकारी सदस्य" का अर्थ है अधिनियम की धारा 46 की उप-धारा (1) के खंड (छ) से (ढ) के तहत राज्य प्राधिकरण का नामनिर्देशित सदस्य।

(घ) धारा का अर्थ है अधिनियम की धारा।

(2) यहां प्रयुक्त, परंतु परिभाषित नहीं किए गए, अपितु इस अधिनियम या यथास्थिति भारतीय आयुर्विज्ञान परिषद अधिनियम, 1956 (1956 का 102) अथवा भारतीय चिकित्सा केन्द्रीय परिषद अधिनियम, 1970 में (1970 का 48) में परिभाषित शब्दों और अभिव्यक्तियों का अर्थ, जहां तक वे इस अधिनियम के असंगत न हों, वही होगा, जो अधिनियम या उन अधिनियमितियों - यथास्थिति में है।

अध्याय II

राज्य मानसिक स्वास्थ्य प्राधिकरण

3. राज्य प्राधिकरण के पदेन सदस्यों का नामनिर्देशित - (1) धारा 46 की उप-धारा (1) के खंड-(क) के अंतर्गत राज्य सरकार स्वास्थ्य विभाग के सचिव या प्रधान सचिव को राज्य प्राधिकरण के अध्यक्ष के रूप में नामनिर्दिष्ट करेगी।

(2) राज्य सरकार धारा 46 की उप-धारा (1) के खंड (ख), (ग) एवं (घ) के अंतर्गत क्रमश: स्वास्थ्य विभाग के मानसिक स्वास्थ्य परिचर्या के प्रभारी संयुक्त सचिव, स्वास्थ्य सेवा निदेशक या चिकित्सा शिक्षा निदेशक और समाज कल्याण विभाग में संयुक्त सचिव को राज्य प्राधिकरण के पदेन सदस्यों के रूप में नामनिर्दिष्ट करेगी।

(3) राज्य सरकार, धारा 46 की उप-धारा 1 के खंड-(ड.) के अंतर्गत गृह, वित्त एवं विधि विभागों में कम से कम संयुक्त सचिव के रैंक के तीन व्यक्तियों को राज्य प्राधिकरण के पदेन सदस्यों के रूप में नामनिर्दिष्ट करेगी।

(4) राज्य प्राधिकरण के गैर-सरकारी सदस्यों के चयन का मानदंड: किसी व्यक्ति का राज्य प्राधिकरण के गैर-सरकारी सदस्य के रूप में चयन तभी किया जाएगा, जब वह -

(क) भारत का राष्ट्रिक हो;

(ख) 67 वर्ष की आयु से अधिक का न हो;

(ग) नियम 5 में यथा-विनिर्दिष्ट अर्हता और अनुभव प्राप्त हो;

5. राज्य प्राधिकरण के गैर-सरकारी सदस्यों की अर्हता और अनुभव - (1) राज्य सरकार धारा 46 की उप-धारा (1) के खंड (छ) के अंतर्गत किसी ऐसे व्यक्ति को राज्य प्राधिकरण के सदस्य के रूप में नामनिर्दिष्ट करेगी जो प्रतिष्ठित मनश्चिकित्सा हो।

(2) राज्य सरकार धारा 46 की उप-धारा (1) के खंड (ज), (झ), (ञ) एवं (ट) के अंतर्गत राज्य प्राधिकरण के सदस्य के रूप में एक मानसिक स्वास्थ्य व्यावसायिक, एक मनश्चिकित्सा सामाजिक कार्यकर्ता, एक नैदानिक मनोवैज्ञानिक और एक मानसिक स्वास्थ्य नर्स को नामनिर्दिष्ट करेगी जो अपने संबंधित क्षेत्रों में न्यूनतम 15 वर्ष का अनुभव रखते हैं और राज्य प्राधिकरण में मानसिक स्वास्थ्य व्यावसायिक के रूप में पंजीकृत हैं।

(3) राज्य सरकार धारा 46 की उप-धारा (1) के खंड (ठ), (ड.) एवं (ढ) के अंतर्गत क्रमश: राज्य प्राधिकरण के सदस्यों के रूप में निम्नलिखित श्रेणियों से दो-दो व्यक्ति नामनिर्दिष्ट करेगी, नामत:

(क) जो व्यक्ति मानसिक रोग से ग्रस्त हैं अथवा थे, उनका प्रतिनिधित्व करने वाला व्यक्ति।

(ख) मानसिक रोग से ग्रस्त व्यक्तियों को परिचर्या प्रदाता का प्रतिनिधित्व करने वाले व्यक्ति या परिचर्या प्रदाता का प्रतिनिधित्व संगठन; और

(ग) मानसिक रोगी व्यक्तियों को सेवा प्रदान करने वाले गैर-सरकारी संगठनों का प्रतिनिधित्व करने वाले व्यक्ति।

6. राज्य प्राधिकरण के गैर-सरकारी सदस्यों के पदों हेतु आवेदन आमंत्रित करना : राज्य प्राधिकरण के गैर-सरकारी सदस्य के पद हेतु रिक्ति को खुले विज्ञापन के माध्यम से व्यापक रूप से प्रचारित करने के लिए, राज्य में कम से कम दो दैनिक समाचार पत्रों (एक अंग्रेजी तथा एक स्थानीय भाषा) में व्यापक रूप से प्रकाशित किया जाएगा तथा इस विज्ञापन को स्वास्थ्य विभाग की वेबसाइट पर भी उपलब्ध करवाया जाएगा।

7. राज्य प्राधिकरण के गैर-सरकारी सदस्यों के नामनिर्देशन हेतु चयन समिति: - राज्य प्राधिकरण के गैर-सरकारी सदस्यों के नामनिर्देशन हेतु चयन समिति में एक अध्यक्ष, जो राज्य प्राधिकरण के अध्यक्ष होंगे तथा राज्य सरकार द्वारा नामनिर्दिष्ट दो स्वतंत्र विशेषज्ञ होंगे, जो मानसिक स्वास्थ्य परिचर्या के क्षेत्र के विशिष्ट व्यक्ति हों।

8. . राज्य प्राधिकरण के गैर-सरकारी सदस्यों के नामनिर्देशन हेतु प्रक्रिया:- (i) नियम 7 के तहत गठित चयन समिति विभाग द्वारा प्राप्त सभी आवेदनों पर विचार करेगी तथा उन आवेदनों की करेगी, जो धारा 46, नियम 4 और नियम 5 की अपेक्षाओं को पूरा करते हों।

(2) चयन समिति द्वारा अधिनियम तथा इन नियमों के प्रावधानों के संबंध में राज्य प्राधिकरण के सदस्यों के रूप में चयनित होने वाले आवेदकों की उपयुक्तता पर निर्णय किया जाएगा।

परंतु, नियम 5 के उप-नियम (3) के तहत नामनिर्दिष्ट मित किए जाने वाले व्यक्ति के मामले में, उन व्यक्तियों को अधिमान दिया जाएगा, जिसे मानसिक रुग्ण व्यक्तियों का उपचार करने का 10 वर्ष का अनुभव हो।

(3) राज्य सरकार चयन समिति द्वारा राज्य प्राधिकरण के सदस्य के रूप में चयनित व्यक्तियों का नामनिर्देशन करेगी।

9. राज्य प्राधिकरण के गैर-सरकारी सदस्यों की पदावधि और भत्ते : (1) नियम 8 के तहत नामनिर्दिष्ट प्रत्येक गैर-सरकारी सदस्य अपने नामनिर्देशन की तिथि से एक बार में 3 वर्ष तक की अवधि तक अपना पद धारण करेगा।

(2) प्रत्येक गैर-सरकारी सदस्य राज्य प्राधिकरण की बैठक में शामिल होने के लिए बैठक भत्ता, यात्रा भत्ता, दैनिक भत्ता तथा ऐसे अन्य भत्ते का हकदार होगा जो राज्य सरकार के आयोगों या समिति या समितियों के ऐसे आयोग या समिति की बैठक में भाग लेने वाले गैर-सरकारी सदस्यों को लागू होता है।

(10) सूचना देना.— राज्य सरकार, राज्य प्राधिकरण या बोर्ड के क्रियाकलापों से संबंधित सूचना आवधिक रूप में या जब भी इसको आवश्यकता हो, मांग सकेगी और राज्य प्राधिकरण या बोर्ड, यथास्थिति फार्म-ए में ऐसी सूचना देगा।

अध्याय - III

राज्य प्राधिकरण द्वारा मानसिक स्वास्थ्य स्थापनाओं हेतु अनंतिम पंजीकरण

11. राज्य प्राधिकरण द्वारा मानसिक स्वास्थ्य स्थापनाओं के अनंतिम पंजीकरण हेतु प्रक्रिया:- (1) केन्द्रीय सरकार के नियंत्रण के तहत मानसिक स्वास्थ्य स्थापना को छोड़कर, राज्य में प्रत्येक मानसिक स्वास्थ्य स्थापना को राज्य प्राधिकरण के तहत पंजीकृत किया जाएगा।

(2) उप-नियम (1) के संदर्भ में प्रत्येक मानसिक स्वास्थ्य स्थापना अनंतिम पंजीकरण हेतु आवेदन उस स्थान, जहां राज्य प्राधिकरण स्थित है, को देय राज्य मानसिक स्वास्थ्य प्राधिकरण के अध्यक्ष के पक्ष में आहरित मांग देय ड्रॉफ्ट के माध्यम से बीस हजार रुपए के शुल्क के साथ फार्म-बी जिसमें सभी विनिर्दिष्ट ब्यौरा निहित है, में राज्य प्राधिकरण को प्रस्तुत करेगा।

(3) राज्य प्राधिकरण यह संतुष्टि होने पर कि मानसिक स्वास्थ्य स्थापना अधिनियम की धारा 65 और 66 में विनिर्दिष्ट सभी अपेक्षाओं को पूरा करता है, ऐसी मानसिक स्वास्थ्य स्थापना को फार्म-सी में एक अनंतिम पंजीकरण प्रमाण पत्र प्रदान करेगा।

12. पंजीकरण प्रमाण-पत्र की वैधता और नवीकरण - नियम 11 के उप-नियम (3) के अंतर्गत प्रदत्त अनंतिम पंजीकरण प्रमाण पत्र ऐसे प्रदान करने की तारीख से 12 महीनों की अवधि के लिए वैध होगा और इस प्रमाण-पत्र के नवीकरण हेतु आवेदन इस प्रमाण पत्र की वैधता अवधि समाप्त होने से पूर्व तीस दिनों के भीतर फार्म-बी में करना होगा तथा यदि इस विनिर्दिष्ट अवधि के भीतर आवेदन नहीं किया जाता तो संबंधित मानसिक स्वास्थ्य स्थापना राज्य मानसिक स्वास्थ्य प्राधिकरण, जहां राज्य प्राधिकरण स्थित है, के अध्यक्ष के पक्ष में आहरित देय एक मांग देय ड्रॉफ्ट के माध्यम से बीस हजार रु. नवीकरण शुल्क के भुगतान आहरित का उत्तरदायी होगा।

13. डुप्लीकेट प्रमाण-पत्र जारी करना - यदि किसी मानसिक स्वास्थ्य स्थापना को प्रदत्त पंजीकरण प्रमाण नष्ट हो जाता है या गुम हो जाता है या विकृत या क्षतिग्रस्त हो जाता है तो, ऐसे स्थापना द्वारा राज्य प्राधिकरण, के अध्यक्ष के पक्ष में आहरित, जहां राज्य प्राधिकरण स्थित है, में देय एक मांग देय ड्रॉफ्ट के माध्यम से दो हजार रुपए के शुल्क के साथ आवेदन करने पर राज्य प्राधिकरण डुप्लीकेट प्रमाण-पत्र जारी कर सकेगी।

14. अंकीय रजिस्टर का अनुरक्षण – धारा 71 के उपबंधों के अनुसार, राज्य प्राधिकरण द्वारा सभी मानसिक स्वास्थ्य स्थापनाओं का फार्म-डी में अंकीय आरूप में एक श्रेणी-वार रजिस्टर बनाया जाएगा।

अध्याय-IV

वित्त, लेखा एवं लेखा परीक्षा

15. राज्य प्राधिकरण के लेखा एवं लेखा परीक्षाः- (1) राज्य प्राधिकरण प्रत्येक वर्ष के संबंध में अपनी आय और व्यय का लेखा जोखा रखेगा तथा आय और व्यय लेखा तथा तुलन पत्र को सम्मिलित करते हुए वार्षिक लेखा विवरण तैयार करेगा।

(2) लेखाओं का वार्षिक विवरण लेखा परीक्षा हेतु केन्द्रीय स्वायत्त निकायों के लिए वित्त मंत्रालय द्वारा समय-समय पर निर्धारित सामान्य लेखा आरूप में या परिस्थितियों के अनुसार लगभग वैसे ही, प्रत्येक वर्ष 30 जून तक प्रस्तुत किया जाएगा।

(3) उप नियम (1) के अंतर्गत तैयार किए गए वार्षिक लेखा विवरण पर लेखा प्रभारी तथा प्रमुख कार्यपालक अधिकारी के द्वारा राज्य प्राधिकरण की ओर से हस्ताक्षर किया जाएगा तथा राज्य प्राधिकरण द्वारा इसका अनुमोदन किया जाएगा।

16. राज्य प्राधिकरण की वार्षिक रिपोर्टः- (1) राज्य प्राधिकरण फार्म-ई में अपनी वार्षिक रिपोर्ट तैयार करेगा तथा उसे राज्य विधान मंडल के प्रत्येक सदन के समक्ष प्रस्तुत किए जाने के लिए वित्त वर्ष के समाप्त होने के नौ माह के भीतर राज्य सरकार को प्रेषित करेगा।

(2) इस वार्षिक रिपोर्ट में पूर्व वर्ष के दौरान राज्य प्राधिकरण के सभी कार्यकलापों के साथ-साथ इस के लेखा परीक्षित लेखाओं तथा इस पर भारत के नियंत्रक एवं महालेखा परीक्षक की रिपोर्ट भी सम्मिलित होगी।

अध्याय V

मानसिक स्वास्थ्य संस्थाओं की लेखा परीक्षा, निरीक्षण और पूछताछ

17. मानसिक स्वास्थ्य संस्थाओं की लेखा परीक्षाः- (1) राज्य प्राधिकरण, पंजीकृत मानसिक स्वास्थ्य संस्थाओं की लेखा परीक्षा संचालित करवाने के प्रयोजनार्थ, निम्नलिखित में से एक या अधिक व्यक्तियों को प्राधिकृत करेगा ताकि अधिनियम में विनिर्धारित न्यूनतम मानकों का इन मानसिक स्वास्थ्य संस्थाओं द्वारा अनुपालन सुनिश्चित किया जा सके, नामतः-

(क) उस जिले के जिलाधीश या जिलायुक्त का प्रतिनिधि जहां उक्त मानसिक स्वास्थ्य स्थापना स्थित है;

(ख) उस राज्य के राज्य मानवाधिकार आयोग का प्रतिनिधि जहां उक्त मानसिक स्वास्थ्य स्थापना स्थित है;

(ग) कोई मनोचिकित्सक जो सरकारी सेवा में है;

(घ) कोई मनोचिकित्सक जो निजी व्यवसाय (प्रैक्टिस) में है;

(ङ) कोई मानसिक स्वास्थ्य व्यावसायिक जो मनोचिकित्सक नहीं है;

(च) मानसिक स्वास्थ्य के क्षेत्र में कार्यरत किसी गैर-सरकारी संगठन का प्रतिनिधि;

(छ) मानसिक रोगों से ग्रस्त व्यक्तियों को परिचर्या सेवा देने वाले व्यक्तियों या उन परिचालकों का प्रतिनिधित्व करने वाले संगठनों के प्रतिनिधि; और

(ज) उन व्यक्तियों के प्रतिनिधि जिन्हें मानसिक रोग है या जिन्हें मानसिक रोग रह चुका है।

(2) पंजीकृत मानसिक स्वास्थ्य स्थापना की लेखा परीक्षा संचालित करवाने के लिए, राज्य प्राधिकरण, राज्य मानसिक स्वास्थ्य प्राधिकरण के अध्यक्ष के पक्ष में आहरित और जहां राज्य प्राधिकरण स्थिति है, में देय मांग देय ड्रॉफ्ट के माध्यम से दस हजार रुपए का शुल्क प्रभारित करेगा।

18. मानसिक स्वास्थ्य प्रतिष्ठानों का निरीक्षण और जांच.- (1) राज्य प्राधिकरण, स्वत: या किसी भी व्यक्ति से प्राप्त शिकायत पर अधिनियम के तहत या उसके द्वारा निर्दिष्ट न्यूनतम मानकों के गैर-अनुपालन या उसके किसी भी प्रावधान के उल्लंघन के संबंध में निम्नलिखित में से एक या अधिक व्यक्तियों द्वारा किए जाने वाले किसी भी मानसिक स्वास्थ्य प्रतिष्ठान का निरीक्षण और जांच का आदेश दे सकता है, अर्थात्: -

(क) सरकारी सेवा करने वाला कोई मनोचिकित्सक;

(ख) निजी व्यवसाय करने वाला कोई मनोचिकित्सक;

(ग) कोई मानसिक स्वास्थ्य व्यावसायिक जो मनोचिकित्सक नहीं है;

(घ) मानसिक स्वास्थ्य के क्षेत्र में कार्यरत किसी गैर-सरकारी संगठन का प्रतिनिधि;

(ङ.) पुलिस थाने का प्रभारी पुलिस अधिकारी जिसके अधिकार क्षेत्र में मानसिक स्वास्थ्य स्थापना स्थित है;

(च) जिले का जिला अधिकारी या जिला आयुक्त का प्रतिनिधि जहां मानसिक स्वास्थ्य

स्थापना स्थित है।

(2) राज्य प्राधिकरण या उप-नियम (1) के तहत अधिकृत व्यक्ति, यदि उसके पास यह विश्वास करने का कारण हैं कि कोई व्यक्ति पंजीकरण के बिना मानसिक स्वास्थ्य स्थापना चला रहा है या अधिनियम के द्वारा या उसके तहत निर्दिष्ट न्यूनतम मानकों का पालन नहीं कर रहा है या अधिनियम के किसी भी प्रावधान या इसके तहत बनाए गए नियमों और विनियमों का उल्लंघन कर रहा है, ऐसे मानसिक स्वास्थ्य स्थापना में प्रवेश और तलाशी कर सकता है।

(3) तलाशी के दौरान, राज्य प्राधिकरण या इसके द्वारा अधिकृत व्यक्ति मानसिक स्वास्थ्य व्यावसायिक प्रभारी, मानसिक स्वास्थ्य स्थापना से राज्य प्राधिकरण के साथ अपने पंजीकरण से संबंधित मूल दस्तावेजों को प्रस्तुत करने की मांग कर सकता है और मानसिक स्वास्थ्य स्थापना के लिए ऐसे दस्तावेजों को प्रस्तुत करना आबद्ध कर होगा।

(4) उप-नियम (3) के तहत मानसिक स्वास्थ्य स्थापना की तलाशी पूरा करने के दो दिनों के भीतर, ऐसी तलाशी के निष्कर्षों की एक लिखित रिपोर्ट प्राधिकरण के अध्यक्ष को प्रस्तुत की जाएगी।

(5) राज्य प्राधिकरण का अध्यक्ष, उप-नियम (4) के तहत लिखित रिपोर्ट प्राप्त होने पर अधिनियम के प्रावधानों के अनुसार चूक करने वाले मानसिक स्वास्थ्य स्थापना के खिलाफ़ जैसा उचित समझे, कार्रवाई करेगा।

प्ररूप क

[नियम 10 देखें]

राज्य प्राधिकरण/बोर्ड के क्रियाकलापों से संबंधित जानकारी

1. अधिसूचित नए विनियमः
2. वर्ष के दौरान पारित आदेशों की संख्याः
3. वर्ष के दौरान आयोजित बैठकें:
4. राज्य सरकार के नियंत्रणाधीन मानसिक स्वास्थ्य स्थापनाओं की संख्या और इनका विवरण।
5. राज्य या संघ राज्य क्षेत्र में मानसिक स्वास्थ्य स्थापनाओं की संख्या और इनका विवरण।
6. राज्य प्राधिकरण द्वारा मानसिक स्वास्थ्य व्यावसायिकों का पंजीकरणः
7. केन्द्र सरकार और राज्य सरकार से प्राप्त संदर्भों पर विवरण तथा उस पर की गई कार्रवाईः
8. केन्द्र सरकार/राज्य सरकार के अधीन विभिन्न श्रेणियों के मानसिक स्वास्थ्य स्थापनाओं के लिए गुणवत्ता और सेवा प्रावधान के मानदंडः
9. मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 के उपबंधों और कार्यान्वयन के बारे में विधि प्रवर्तन अधिकारियों, मानसिक स्वास्थ्य व्यावसायिकों और अन्य स्वास्थ्य व्यावसायिकों सहित व्यक्तियों का प्रशिक्षणः
10. मानसिक स्वास्थ्य स्थापनाओं के पंजीकरण के लिए प्राप्त हुए, स्वीकृत तथा अस्वीकृत आवेदन और साथ ही ऐसी अस्वीकृति के कारणः
11. लेखा परीक्षा रिपोर्टों के साथ मानसिक स्वास्थ्य स्थापनाओं की लेखा परीक्षाः
12. मानसिक रोगियों के अधिकारों के उल्लंघन से संबंधित प्राप्त शिकायतें और उन पर की गई कार्रवाईः
13. चिकित्सा व्यावसायिकों और मानसिक स्वास्थ्य व्यावसायिकों के लिए मार्ग निर्देशन संबंधी दस्तावेज संबंधी ब्यौराः
14. महिलाओं का कार्यस्थल पर लैंगिक उत्पीड़न (निवारण, प्रतिषेध और प्रतितोषण) अधिनियम, 2013 की धारा 22 के तहत कार्य स्थल पर महिलाओं के यौन उत्पीड़न से संबंधित पंजीकृत मामलों की संख्या और इनका ब्यौराः
15. मानसिक स्वास्थ्य स्थापनाओं के निरीक्षण और जांच का विवरणः
16. प्राधिकरण के आदेश के विरुद्ध उच्च न्यायालय में की गई अपीलों की संख्या और इनकी स्थितिः
17. सेवाओं के प्रावधान में कमियों से संबंधित प्राप्त शिकायतें और इन पर की गई कार्रवाईः
18. पणधारियों के साथ परामर्शः
19. प्राधिकरण/बोर्ड द्वारा प्रारंभ की गई जांचः
20. प्रशासन और स्थापना संबंधी मामलेः
21. तुलन-पत्र, आय और व्यय खाता आदि ब्यौरों के साथ बजट और खातेः
22. अन्य कोई भी सुसंगत मामलाः

प्ररूप - ख

[नियम 11(2) व 12 देखें]

मानसिक स्वास्थ्य स्थापना के अनंतिम पंजीकरण/अनंतिम पंजीकरण के नवीकरण की मंजूरी हेतु आवेदन

सेवा में

.....

विभाग.....

राज्य सरकार.....

.....

महोदय/महोदया,

मैं/हम मानसिक स्वास्थ्य स्थापना नामतः ..... हेतु अनंतिम पंजीकरण/स्थायी पंजीकरण/अनंतिम पंजीकरण के नवीकरण की अनुमति के लिए आवेदन करना चाहते हैं जिसके लिए मेरे/हमारे पास ऐसे अस्पताल/परिचर्यागृह की स्थापना/अनुरक्षण हेतु वैध अनुज्ञप्ति/पंजीकरण है। अस्पताल/नर्सिंग होम का विवरण निम्नलिखित है:

1. आवेदक का नाम

.....

2. अनुज्ञप्ति ज़ारी करने वाले प्राधिकारी के नाम के संदर्भ में अनुज्ञप्ति का विवरण व दिनांक

.....

.....

3. आयु .....
4. मनश्चिकित्सा में व्यावसायिक अनुभव.....
5. आवेदक का स्थायी पता .....
6. प्रस्तावित अस्पताल/परिचर्यागृह का स्थान.....

.....

7. प्रस्तावित परिचर्यागृह/अस्पताल का पता.....
8. प्रस्तावित आवासः .....

क. कमरों की संख्या.....

ख. पलंगों की संख्या.....

ग. प्रदान की जाने वाली सुविधाएं: .....

घ. बाह्य-रोगी.....

ङ. आपातकालीन सेवाएं.....

च. अंतरंग-रोगी सुविधाएं.....

छ. व्यावसायिक व आमोद-प्रमोद संबंधी सुविधाएं.....

ज. ईसीटी सुविधाएं (एक्स-रे सुविधा-केंद्र).....

झ. मनोवैज्ञानिक जांच सुविधाएं.....

ञ. जांच व प्रयोगशाला सुविधाएं.....

ट. उपचार सुविधाएं.....

स्टाफ का पैटर्न:

क. चिकित्सकों की संख्या.....

ख. नर्सों की संख्या.....

ग. परिचारकों की संख्या.....

घ. अन्य .....

मैं इसके साथ..... रु. का बैंक ड्राफ्ट आवेदन शुल्क के रूप में आहरित ..... के पक्ष में भेज रहा/रही हूँ।

मैं एतद्वारा मानसिक स्वास्थ्य प्राधिकरण के नियमों व विनियम का पालन करने का उत्तरदायित्व लेता/लेती हूँ।

मैं आपसे मानसिक रोग अस्पताल/परिचर्यागृह की स्थापना/अनुरक्षण हेतु अनुज्ञप्ति के लिए मेरे आवेदन पर विचार तथा अनुमति देने के लिए अनुरोध करता/करती हूँ।

भवदीय

हस्ताक्षर.....

नाम.....

तारीख.....

प्ररूप-ग

(नियम 11 (3) देखें)

अनंतिम पंजीकरण/अनंतिम पंजीकरण के नवीकरण का प्रमाण पत्र

राज्य प्राधिकारी, मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 की धारा 65 (2) या धारा 66 (3) या धारा 66 (10) के अधीन तारीख..... को ....प्रस्तुत आवेदन पर विचार करने के उपरांत नीचे दिए गए ब्यौरे के अनुसार धारा 66 (4) अथवा धारा 66 (11) के तहत एतदद्वारा अनंतिम पंजीकरण/अनंतिम पंजीकरण का नवीकरण प्रदान करता है.

नाम: .....

पता.....

बिस्तरों की संख्या.....

जारी किया गया अनंतिम पंजीकरण प्रमाण पत्र मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 और उसके अधीन बनाए गए नियमों और विनियमों में निर्धारित शर्तों के अधीन है और यह जारी करने की तारीख से 12 मास की अवधि के लिए वैध रहेगा और इसका नवीकरण कराया जा सकता है।

स्थान

तारीख

पंजीकरण प्राधिकारी

पंजीकरण प्राधिकारी की मुद्रा

फार्म-घ

(नियम 14 देखें)

मानसिक स्वास्थ्य स्थापना का रजिस्टर

(अंकीय आरूप में)*

श्रेणी.....

क्र.सं.	आवेदक का नाम और पता	स्थापना का नाम और पता	आवेदन की तारीख	पंजीकरण के विवरण और तारीख	बिस्तरों की संख्या	अभ्युक्तियां

*मानसिक स्वास्थ्य स्थापना की प्रत्येक श्रेणी के लिए पृथक तालिका

फार्म-ङ

[नियम 16(1) देखें)]

राज्य प्राधिकारी की वार्षिक रिपोर्ट

1. परिचय
2. प्राधिकारी के सदस्यों की प्रोफाइल
3. विनियम का विस्तार
4. अधिसूचित/जारी नए विनियम/प्रक्रिया इत्यादि
5. प्राधिकारी द्वारा पारित आदेश
6. वर्ष के दौरान राज्य मानसिक स्वास्थ्य प्राधिकारी द्वारा आयोजित बैठकें
7. राज्य सरकार के नियंत्रण में मानसिक स्वास्थ्य स्थापनाएं
8. राज्य में मानसिक स्वास्थ्य स्थापनाएं
9. राज्य प्राधिकारियों द्वारा मानसिक स्वास्थ्य व्यावसायियों का पंजीकरण
10. केंद्र और राज्य सरकारों से प्राप्त संदर्भों का विवरण और उन पर की गई कार्रवाई
11. केंद्र और राज्य सरकारों को भेजे गए संदर्भों का विवरण और उन पर संबंधित सरकारों द्वारा की गई कार्रवाई
12. राज्य सरकार के अधीन विभिन्न प्रकार की मानसिक स्वास्थ्य स्थापनाओं की गुणवत्ता और सेवा प्रावधान के मानक
13. राज्य सरकार के अधीन मानसिक स्वास्थ्य स्थापनाओं का पर्यवेक्षण और उनमें सेवाओं के प्रावधान की कमी के संबंध में प्राप्त शिकायतों पर की गई कार्रवाई
14. मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 के उपबंधों और कार्यान्वयन के बारे में विधि प्रवर्तन अधिकारियों, मानसिक स्वास्थ्य व्यावसायिकों और अन्य स्वास्थ्य व्यावसायिकों सहित व्यक्तियों का प्रशिक्षण
15. मानसिक स्वास्थ्य स्थापनाओं के पंजीकरण के लिए प्राप्त, स्वीकृत और अस्वीकृत आवेदन और ऐसी अस्वीकृतियों के कारण
16. मानसिक स्वास्थ्य स्थापनाओं की लेखा परीक्षा
17. मानसिक रोग से ग्रस्त व्यक्तियों के अधिकारों के हनन संबंधी प्राप्त शिकायतों और उन पर की गई कार्रवाई

18. चिकित्सा व्यवसायियों और मानसिक स्वास्थ्य व्यावसायिकों के लिए दिशानिर्देशों के दस्तावेजों का ब्यौरा
19. सूचना का अधिकार अधिनियम, 2005 का कार्यान्वयन
20. महिलाओं का कार्य स्थल पर लैंगिक उत्पीड़न (निवारण, प्रतिषेध और प्रतितोषण) अधिनियम, 2013 की धारा 22 के अधीन कार्यस्थल पर महिलाओं के यौन उत्पीड़न संबंधी ब्यौरा
21. मानसिक स्वास्थ्य स्थापनाओं का निरीक्षण और जांच
22. प्राधिकरण के आदेश विरुद्ध उच्च न्यायालय में अपील और उनकी स्थिति
23. अग्रिम निर्देशों के प्रयोग के पुनर्विलोकन की स्थिति और इस संबंध में प्राधिकरण की सिफारिशें
24. सेवाओं के प्रावधान में कमियों संबंधी प्राप्त शिकायतें और उन पर की गई कार्रवाई
25. पर्णधारियों से परामर्श
26. प्राधिकरण द्वारा शुरू की गई जांच
27. प्रशासनिक और स्थापना मामले
28. वार्षिक लेखा
29. अन्य कोई मामला जिसे प्राधिकरण की राय में विशिष्ट रूप से दर्शाना आवश्यक है

[फा.सं.वी-15011/09/2017-पीएच-1]
लव अग्रवाल, संयुक्त सचिव

[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

Government of India
Ministry of Health and Family Welfare
(Department of Health and Family Welfare)

Notification

New Delhi, the 29th May, 2018

G.S.R.....(E).- In exercise of the powers conferred by sub-sections (1) and (3) of section 121 of the Mental Healthcare Act, 2017 (10 of 2017), the Central Government hereby makes the following rules, namely:-

CHAPTER I
PRELIMINARY

1. Short title and commencement.- (1) These rules may be called the Mental Healthcare (Central Mental Health Authority and Mental Health Review Boards) Rules, 2018.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions.- (1) In these rules, unless the context otherwise requires,-

(a) "Act" means the Mental Healthcare Act, 2017 (10 of 2017);

(b) "Form" means a Form appended to these rules;

(c) "non-official member" means a member of the Central Authority nominated under clauses (i) to (p) of sub-section (1) of section 34 of the Act;

(d) "section" means a section of the Act.

(2) The words and expressions used herein and not defined, but defined in the Act or, as the case maybe, in the Indian Medical Council Act, 1956 (102 of 1956) or in the Indian Medicine Central Council Act, 1970 (48 of 1970), in so far as they are not inconsistent with the provisions of the Act, shall have the meanings respectively assigned to them in the Act or, as the case may be, in those enactments.

CHAPTER II

CENTRAL MENTAL HEALTH AUTHORITY

3. Nomination of *ex officio* members of Central Authority. – (1) The Central Government shall nominate Secretary or Additional Secretary to the Government of India in the Department of Health and Family Welfare as Chairperson of the Central Authority under clause (a) of section (1) of section 34.

(2) The Central Government shall nominate the following persons as *ex officio* members of the Central Authority respectively under clauses (b), (c), (d), (e), (f) and (g) of sub-section (1) of section 34, namely:—

(a) Joint Secretary to the Government of India in the Department of Health and Family Welfare;

(b)Joint Secretary to the Government of India in the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy;

(c) Director General of Health Services;

(d) Joint Secretary to the Government of India in the Department of Disability Affairs in the Ministry of Social Justice and Empowerment;

(e) Joint Secretary to the Government of India in the Ministry of Women and Child Development; and

(f) Directors of the Central Institutions for Mental Health.

(3) The Central Government shall nominate three persons, not below the rank of Joint Secretary to the Government of India in the Ministries of Home Affairs, Finance and Law, to be *ex officio* members under clause (h) of sub-section (1) of section 34.

4. Norms for selection of non-official members of Central Authority. –A person shall not be selected for nomination as a non-official member unless, he—

(a) is an Indian National;
(b) is of the age not exceeding sixty-seven years;
(c) possesses qualifications and experience as specified in rule 5.

5. Qualification and experience of non-official members of Central Authority. – (1) The Central Government shall nominate one mental health professional, one psychiatric social worker, one clinical psychologist and one mental health nurse, having a minimum of fifteen years' experience in their respective fields and registered as mental health

professionals with a State Authority, as members of the Central Authority respectively under clauses (i), (j), (k) and (l) of sub-section (1) of section 34.

(2) The Central Government shall nominate two persons each from the following categories as members of the Central Authority respectively under clauses (m), (n), (o) and (p) of sub-section (1) of section 34, namely: –

(a) persons representing persons who have or have had mental illness;

(b) persons representing care-givers of persons with mental illness or organisations representing care-givers;

(c) persons representing non-governmental organisations which provide services to persons with mental illness; and

(d) persons representing areas relevant to mental health:

Provided that in case none of the members nominated under clause (g) or clause (l) of sub-section (1) of section 34 are psychiatrists, then two psychiatrists shall be nominated as members under clause (p) thereof:

6. Invitation of application for nomination as non-official members of Central Authority. – A vacancy for the post of non-official member of the Central Authority shall be given wide publicity through open advertisement in at least two national daily newspapers (one English and one Hindi) having wide circulation and the advertisement shall also be made available on the website of the Ministry.

7. Selection Committee for nomination of non-official members of Central Authority. – The Selection Committee for nomination of non-official members of Central Authority shall consists of a Chairperson who shall be the Chairperson of the Central Authority and two independent experts of eminence in the field of mental healthcare, to be nominated by the Central Government.

8. Procedure for nomination of non-official members of Central Authority.– (1) The Selection Committee constituted under rule 7 shall consider all applications received by the Ministry and scrutinize such applications which fulfill the requirements of section 34 and rules 4 and 5.

(2) The Selection Committee shall, having regard to the provisions of the Act and these rules, decide about the suitability of the applicants for being selected as members of Central Authority:

Provided that in case of persons to be nominated under sub-rule (2) of rule 5, preference shall be given to the persons with ten years of experience in dealing with persons with mental illness.

(3) The Central Government shall nominate the persons selected by the Selection Committee as members of the Central Authority.

9. Term of office and allowances of non-official members of Central Authority. – (1) Every non-official member of the Central Authority nominated under rule 8 shall hold his office for a term of three years at a time from the date of his nomination.

(2) Every non-official member attending the meeting of the Central Authority shall be entitled to sitting allowance, travelling allowance, daily allowance and such other allowances as are applicable to non-official members of the Commissions and Committees of the Central Government attending the meetings of such Commission or Committee.

10. Furnishing of information.– The Central Government may call for information concerning the activities of the Central Authority or the State Authority or the Board periodically or as and when required by it and the Central Authority or the State Authority or the Board, as the case may be, shall furnish such information in Form-A.

CHAPTER III

PROVISIONAL REGISTRATION OF MENTAL HEALTH ESTABLISHMENTS BY CENTRAL AUTHORITY

11. Procedure for provisional registration of mental health establishments by Central Authority. – (1) Every mental health establishment under the control of the Central Government shall be registered with the Central Authority.

(2) Every mental health establishment referred to in sub-rule (1) shall submit an application for provisional registration to the Central authority in Form-B, containing details as specified therein, along with a fee of rupees twenty thousand by way of a demand draft drawn in favour of the Chairperson, Central Mental Health Authority payable at New Delhi.

(3) The Central Authority shall, on being satisfied that the mental health establishment fulfils all the requirements as specified in sections 65 and 66 of the Act, grant to such mental health establishment a provisional registration certificate in Form-C.

12. Validity and renewal of certificate of registration.– The provisional registration certificate granted under sub-rule (3) of rule 11 shall be valid for a period of twelve months from the date of such grant and an application for renewal of such certificate shall be made in Form-B within thirty days before the date of expiry of the period of validity of such certificate and in case application is not made within the specified period, the mental health establishment concerned shall be liable to pay renewal fee of rupees twenty thousand by way of a demand draft drawn in favour of the Chairperson, Central Mental Health Authority payable at New Delhi.

13. Issue of duplicate certificate.– Where a certificate of registration granted to a mental health establishment is destroyed or lost or mutilated or damaged, the Central Authority may issue a duplicate certificate on an application made by such establishment along with fee of rupees two thousand by way of a demand draft drawn in favour of the Chairperson, Central Mental Health Authority payable at New Delhi.

14. Maintenance of digital register.– A category-wise register in Form-D of all registered mental health establishments shall be maintained by the Central Authority in digital format in accordance with the provisions of section 71.

CHAPTER IV
FINANCE, ACCOUNTS AND AUDIT

15. Accounts and audit of Central Authority. - (1) The Central Authority shall maintain accounts of its income and expenditure relating to each year and prepare an annual statement of accounts consisting of income and expenditure account and the balance sheet.

(2) Annual statement of accounts shall be submitted for audit not later than 30th June each year in the common accounting format prescribed from time to time by the Ministry of Finance for the central autonomous bodies or as nearer thereto as the circumstances admit.

(3) The annual statement of accounts prepared under sub-rule (1) shall be signed on behalf of the Central Authority by the officer in-charge of accounts and the Chief Executive Officer and shall be approved by the Central Authority.

16. Annual report of the Central Authority. – (1) The Central Authority shall prepare its annual report in Form-E and forward it to the Central Government within nine months of the end of the financial year for being laid before each House of Parliament.

(2) The annual report shall give full account of the activities of the Central Authority during the previous year and shall include the audited accounts of the year and the report of the Comptroller and Auditor General of India thereon.

CHAPTER-V

MENTAL HEALTH REVIEW BOARDS

17. Mental Health Review Boards. —(1) For the purpose of constituting Mental Health Review Boards under section 73, the State Authority shall, in consultation with the State Government, take decision on the number of such Boards to be constituted in the State, their location and jurisdiction, having regard to the following, namely:—

(a) the expected or actual workload of the Board to be constituted;
(b) the number of mental health establishments existing in that State;
(c) the number of persons with mental illness in that State;
(d) the population of the place where such Board is to be constituted;
(e) the geographical and climatic conditions of the place where such Board is to be constituted:

Provided that at least one Board shall be constituted for a district and where it is not feasible, one Board for a group of two or more districts, not exceeding three districts, in the State:

18. Appointment of chairperson and members of Board.—(1) For the purpose of appointment of the chairperson of the Board under clause (a), and the members of the Board under clauses (c) and (d) of sub-section (1) of section 74, the State Authority shall call for applications by giving wide publicity through open advertisement in at least two daily newspapers (one English and one local language) having wide circulation in the State and the advertisement shall also be made available on the website of the State Authority:

Provided that the District Collector or District Magistrate or Deputy Commissioner of the district in which the Board is to be constituted shall nominate its representative as the member of the Board under clause (b) thereof.

(2) The chief executive officer of the State Authority shall consider all applications received under sub-rule (3) and shortlist such applications which fulfill the basic eligibility requirements as provided in section 74 and place the same before the Chairperson of the Central Authority.

(3) The appointment of chairperson and members of the Board shall be made by the Chairperson of the State Authority in accordance with merit.

(4) The State Authority shall, three months prior to occurrence of vacancy in the office of chairperson or member of the Board, or where such vacancy arises by reason of death or resignation or removal of such member, initiate the process for filling up such vacancy in a like manner.

(5) The State Authority shall, from time to time, arrange for the chairpersons and members of the Board to undergo induction training in mental health law, mental healthcare and related areas of not less than two working days.

19. Other disqualifications for chairperson or member of Board. –(1) In addition to the disqualifications specified 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 for the purposes of said sub-section (2), 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 under the provisions of the Act and the rules made thereunder; or

(ii) any office in any political party during his tenure of office in the Board.

(2) The State Authority may remove the chairperson or a member of the Board if a complaint is received against such person and on enquiry by a competent authority appointed for that purpose by the State Authority, it is found that there is substance in such complaint and that the conduct of such person is unbecoming of the office he holds:

Provided that if such complaint is against a chairperson who had been a judicial officer, the complaint shall be forwarded to the Registrar of the concerned High Court for enquiry by the competent authority.

(3) The State Authority may suspend the chairperson or a member of the Board immediately if a criminal case is registered against such person and revoke such suspension if such person is acquitted of the charges framed against him in such case.

20. Honorarium, allowances and other terms and conditions of service of chairperson and members of Board. – (1) If a retired Judge of the District Court is appointed as the chairperson of the Board, he shall be entitled to a consolidated monthly honorarium which together with the pension or pensionary value of the terminal benefits or both received by such person shall not exceed the last pay drawn by him.

(2) If a retired government servant is appointed as a member of the Board, he shall be entitled to a consolidated monthly honorarium which together with the pension or pensionary value of the terminal benefits, or both received by such person shall not exceed the last pay drawn by him.

(3) If Chairperson or any member of the Board is in service of the State Government or Central Government, his consolidated honorarium shall be in accordance with the rules applicable to Government servants of his cadre and he shall receive travel allowance only for the day of sitting in the Board.

(4) Every member of the Board, who is not a servant of the Government, attending the meeting of the Board shall be entitled to sitting allowance, travelling allowance, daily allowance and such other allowances as are applicable to non-official members of the Commissions and Committees of the Central Government attending the meetings of such Commission or Committee.

(5) No additional pension and gratuity, except as provided in sub-rules (1) and (2), shall be admissible to the chairperson or any member of the Board for service rendered by him to the Board.

(6) The chairperson or a member of the Board shall be entitled to thirty days of earned leave for every year of service and the payment of consolidated honorarium during leave shall be governed by the Central Civil Services (Leave) Rules, 1972.

(7) The chairperson and other members of the Board shall be entitled to such medical treatment and hospital facilities as are provided under the Central Government Health Scheme to a retired Central Government servant and at places where such Scheme in not in operation, the chairperson and other members of the Board shall be

entitled to such medical facilities as are provided in the Central Service (Medical Attendance) Rules, 1944.

CHAPTER VI
AUDIT, INSPECTION AND ENQUIRY OF MENTAL HEALTH ESTABLISHMENTS

21. Audit of mental health establishments.– (1). The Central Authority shall, for the purpose of conducting audit of registered mental health establishments, authorize one or more of the following persons, to ensure that such mental health establishment comply with the minimum standards specified under the Act, namely:-

(a) a representative of the District Collector or District Commissioner of the district where the mental health establishment is situated;
(b) a representative of the State Human Rights Commission of the State where the mental health establishment is situated;
(c) a Psychiatrist who is in Government service;
(d) a Psychiatrist who is in private practice;
(e) a mental health professional who is not a psychiatrist;
(f) a representative of a non-governmental organization working in the area of mental health;
(g) representatives of the care-givers of persons with mental illness or organisations representing care-givers; and
(h) representatives of the persons who have or have had mental illness

(2) For conducting audit of registered mental health establishment, the Central Authority shall charge a fee of rupees ten thousand by way of a demand draft drawn in favour of the Chairperson, Central Mental Health Authority payable at New Delhi.

22. Inspection and inquiry of mental health establishments.—(1) The Central Authority may, suo moto or on a complaint received from any person with respect to non-adherence of minimum standards specified by or under the Act or contravention of any provision thereof, order an inspection and inquiry of any mental health establishment, to be made by one or more of the following persons, namely:-

(a) a Psychiatrist in Government service;
(b) a Psychiatrist in private practice;
(c) a mental health professional who is not a psychiatrist;
(d) a representative of a non-governmental organization working in the area of mental health;
(e) a police officer in charge of the police station under whose jurisdiction, the mental health establishment is situated;
(f) a representative of the District Collector or District Commissioner of the district where the mental health establishment is situated.

(2) The Central Authority or the person authorized by it under sub-rule (1) may, it it has reasons to believe that a person is operating a mental health establishment without registration, or is not adhering to the minimum standards specified by or under the Act or has been contravening any of the provisions of the Act or the rules and regulations made thereunder, enter and search such mental health establishment.

(3) During search, the Central Authority or the person authorized by it may require the mental health professional in charge of the mental health establishment to produce the original documents relating to its registration with the Central Authority and it shall be obligatory on the part of the mental health establishment to produce such documents.

(4) Within two days of completing search of the mental health establishment under sub-rule (3), a written report of the findings of such search shall be submitted to the Chairperson of the Central Authority.

(5) The Chairperson of the Central Authority, shall, on receipt of the written report under sub-rule (4), take such action as it deems fit, against the defaulting mental health establishment in accordance with the provisions of the Act.

Form-A
[See rule 10]

INFORMATION ON THE ACTIVITIES OF THE CENTRAL AUTHORITY/ STATE AUTHORITY/ BOARD

1. New Regulations notified:
2. Number of orders passed during the year:
3. Meetings held during the year:
4. Number and details of mental health establishments under the control of the Central Government
5. Number and details of mental health establishments in the State or Union Territory:
6. Registration of mental health professionals by the State Authority:
7. Statement on references received from Central Government and State Government and action taken thereon:
8. Quality and service provision norms for different types of mental health establishments under the Central Government/State Government:
9. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017:
10. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection:
11. Audit of Mental Health Establishments along with audit reports:
12. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon:
13. Details regarding guidance document for medical practitioners and mental health professionals:
14. Number of cases registered regarding Sexual Harassment of Women at Workplace under section 22 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and details thereof:
15. Details of inspection and inquiry of Mental Health Establishments:
16. Number of appeals to High Court against order of Authority and status thereof:
17. Complaints received regarding deficiencies in provision of services and action taken thereon:
18. Stakeholders Consultations:
19. Inquiry initiated by the Authority/Board:
20. Administration and establishment matters
21. Budget and Accounts with details including balance sheet, income and expenditure account, etc.:
22. Any other matter which may be relevant:

Form-B

[*See* rules 11(2) and 12]

APPLICATION FOR GRANT OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISIONAL REGISTRATION OF A MENTAL HEALTH ESTABLISHMENT

To

The.....
Ministry/ Department
Government of India
.....

Dear Sir/ Madam,

I/we intend to apply for grant of provisional registration/ permanent registration/ renewal of provisional registration for the Mental Health Establishment namely ..... of which I am/we are holding a valid licence/registration for the establishment/ maintenance of such hospital/nursing home. Details of the hospital/nursing home are given below:

1. Name of applicant .....
2. Details of licence with reference to the name of the authority issuing the licence and date.....
3. Age .....
4. Professional experience in Psychiatry .....
5. Permanent address of the applicant .....
6. Location of the proposed hospital /nursing home .....
   .....
7. Address of the proposed nursing home/hospital .....
8. Proposed accommodations: .....
   (a) Number of rooms .....
   (b) Number of beds .....
   (c) Facilities provided: .....
   (d) Out-patient .....
   (e) Emergency services .....
   (f) In-patient facilities .....
   (g) Occupational and recreational facilities .....
   (h) ECT facilities (n X-Ray facilities .....
   (i) Psychological testing facilities .....
   (j) Investigation and laboratory facilities .....
   (k) Treatment facilities .....

Staff pattern:

(a) Number of doctors .....

(b) Number of nurses .....

(c) Number of attendees .....

(d) Others .....

I am herewith sending a bank draft for Rs..... drawn in favour of..... as application fee.

I hereby undertake to abide by the rules and regulation of the Mental Health Authority.

I request you to consider my application and grant the licence for establishment/ maintenance of psychiatric hospital/nursing home.

Yours faithfully

Signature.....

Name.....

Date.....

Form-C

[*See* rule 11(3)]

CERTIFICATE OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISONAL REGISTRATION

The Central Authority/ State Authority, after considering the application dated.....submitted by.....under section 65 (2) or section 66 (3) or section 66(10) of the Mental Healthcare Act, 2017, hereby accords provisional registration/renewal of provisional registration to the applicant mental health establishment in terms of section 66 (4) or section 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 – D
(*See* rule 14)

Register of Mental Health Establishments
(in digital format)*

Category .....

Sl. No.	Name and 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-E

[See rule 16(1)]

Annual Report of Central Authority

1. Introduction
2. Profile of the Authority's Members
3. Scope of Regulation
4. New Regulations/procedures etc. notified/issued
5. Orders passed by the Authority
6. Meetings of the Central Mental Health Authority held during the year
7. Mental health establishments under the control of the Central Government
8. Mental health establishments in the States/UTs
9. Registration of mental health professionals by the State Authorities
10. A statement on references received from Central and State Governments and action taken thereon
11. A statement on references sent to the Central and State Governments and action taken thereon by the respective Governments
12. Quality and service provision norms for different types of mental health establishments under the Central Government
13. Supervision of mental health establishments under the Central Government and action taken on the complaints received about deficiencies in provision of services therein
14. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017
15. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection.
16. Audit of Mental Health Establishments
17. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon
18. Instances of supersession of the Central Authority by the Central Government and reasons therefor.
19. Details regarding guidance document for medical practitioners and mental health professionals
20. Implementation of RTI Act, 2005

21. Details regarding Sexual Harassment of Women at Workplace under Section 22 of The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.
22. Inspection and Inquiry of Mental Health Establishments
23. Appeals to High Court against order of Authority and status thereof
24. Status of review of use of advance directives and recommendations of the Authority in respect thereof.
25. Complaints received about deficiencies in provision of services and action taken thereon.
26. Stakeholders Consultations
27. Inquiry initiated by the Authority
28. Administration and establishment matters
29. Annual accounts
30. Any other matter which in the opinion of the Authority needs to be highlighted.

[F. No. V-15011/09/2017-PH-I]
LAV AGARWAL, Jt. Secy.

[भारत के राजपत्र, असाधारण, भाग 2, खण्ड 3 के उप-खण्ड (i) में प्रकाशनार्थ]

भारत सरकार

स्वास्थ्य और परिवार कल्याण मंत्रालय

(स्वास्थ्य और परिवार कल्याण विभाग)

अधिसूचना

नई दिल्ली, 29 मई, 2018

सा.का.नि..... (अ) केंद्रीय सरकार, मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 (2017 का 10) की धारा 121 की उप-धारा (1) और (3) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, निम्नलिखित नियम बनाती है, अर्थात्:-

अध्याय I

प्रारंभिक

1. संक्षिप्त नाम और प्रारंभ-(1) इन नियमों का संक्षिप्त नाम मानसिक स्वास्थ्य देखरेख (केंद्रीय मानसिक स्वास्थ्य प्राधिकरण और मानसिक स्वास्थ्य पुनर्विलोकन बोर्ड) नियम, 2018 है।

(2) ये राजपत्र में इनके प्रकाशन की तारीख को प्रवृत्त होंगे।

2. परिभाषा-(1) इन नियमों में, जब तक कि संदर्भ से अन्यथा अपेक्षित न हो,-

(क) "अधिनियम " से मानसिक स्वास्थ्य देखरेख अधिनियम, 2017 (2017 का 10) अभिप्रेत है;

(ख) "प्ररूप" से इन नियमों से उपाबद्ध प्ररूप अभिप्रेत है;

(ग) "गैर-सरकारी सदस्य" अधिनियम की धारा 34 की उप-धारा (1) का खण्ड (झ) से (त) के अधीन केंद्रीय प्राधिकरण का नाम निर्दिष्ट सदस्य से अभिप्रेत है;

(घ) "धारा" इस अधिनियम की धारा से अभिप्रेत है।

(2) इसमें प्रयुक्त शब्दों और पदों, जो परिभाषित नहीं है, किंतु अधिनियम अथवा, जैसी भी स्थिति हो, भारतीय आयुर्विज्ञान परिषद अधिनियम, 1956 (1956 का 102) अथवा भारतीय आयुर्विज्ञान केंद्रीय परिषद अधिनियम, 1970 (1970 का 48) में परिभाषित है जहां तक वे अधिनियम के उपबंधों से असंगत नहीं हैं, के क्रमश: वही अर्थ होंगे जो अधिनियम अथवा जैसी भी स्थिति हो, इन अधिनियमितियों में उनके हैं।

अध्याय 2
केंद्रीय मानसिक स्वास्थ्य प्राधिकरण

3. केंद्रीय प्राधिकरण के पदेन सदस्यों का नामनिर्देशन- (1) केंद्रीय सरकार धारा 34 की उप-धारा (1) के खण्ड (क) के अधीन भारत सरकार के स्वास्थ्य और परिवार कल्याण विभाग के सचिव अथवा अपर सचिव को केंद्रीय प्राधिकरण का अध्यक्ष नामनिर्देशित करेगी।

(2) केंद्रीय सरकार धारा 34 की उप-धारा (1) के क्रमश: खण्ड (ख), खंड (ग), खंड (घ), खंड (ङ), खंड (च) और खंड (छ) के अधीन निम्नलिखित पदेन सदस्यों को व्यक्तियों को केंद्रीय प्राधिकरण का नाम निर्देशित करेगी, अर्थात:-

(क) संयुक्त सचिव, भारत सरकार, स्वास्थ्य और परिवार कल्याण विभाग;
(ख) संयुक्त सचिव, भारत सरकार, आयुर्वेद, योग और प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी विभाग;
(ग) स्वास्थ्य सेवा महानिदेशक;
(घ) संयुक्त सचिव, भारत सरकार, सामाजिक न्याय और अधिकारिता मंत्रालय, दिव्यांगजन कार्य विभाग;
(ङ) संयुक्त सचिव, भारत सरकार, महिला और बाल विकास मंत्रालय; और
(च) केंद्रीय मानसिक स्वास्थ्य संस्थानों के निदेशक।

(3) केंद्रीय सरकार गृह, वित्त और विधि मंत्रालय के ऐसे तीन व्यक्तियों को जो संयुक्त सचिव के पद से कम न हों धारा 34 की उप-धारा (1) के खण्ड (ज) के अधीन पदेन सदस्यों के रूप में नाम निर्देशित करेगी।

(4) केंद्रीय प्राधिकरण के गैर-सरकारी सदस्यों के चयन संबंधी मानदंड-कोई व्यक्ति गैर-सरकारी सदस्य के रूप में तब तक नाम निर्देशित नहीं किया जाएगा जब तक कि वह-
(क) भारतीय नागरिक न हो ;
(ख) सइसठ वर्ष की आयु से अधिक न हो
(ग) नियम 5 में यथाविनिर्दिष्ट अर्हताएं और अनुभव न रखता हो।

5. केंद्रीय प्राधिकरण के गैर-सरकारी सदस्यों की अर्हता और अनुभव- (1) केंद्रीय सरकार धारा 34 की उप-धारा (1) के क्रमश: खण्ड (झ), खंड (ज), खंड (ट) और खंड (ठ) के अधीन एक मानसिक स्वास्थ्य व्यवसायी, एक मनोरोग सामाजिक कार्यकर्ता, एक नैदानिक मनोवैज्ञानिक और एक मानसिक स्वास्थ्य नर्स को केंद्रीय प्राधिकरण के सदस्य के रूप में मनोनीत करेगी जो अपने संबंधित कार्य क्षेत्र में कम से कम पंद्रह वर्ष का अनुभव रखता हो और राज्य प्राधिकरण में मानसिक स्वास्थ्य व्यवसायी के रूप में रजिस्ट्रीकृत हो।

(2) केन्द्रीय सरकार धारा 34 की उप-धारा (1) के क्रमशः खंड (ड), खंड (ढ़) एवं खंड (ण) के अधीन केन्द्रीय प्राधिकरण के सदस्यों के रूप में निम्नलिखित प्रवर्गों से दो-दो व्यक्ति नाम निर्देशित करेगी, अर्थात्

(क) ऐसे जो इन व्यक्तियों का प्रतिनिधित्व करते हैं व्यक्ति मानसिक रोग से ग्रस्त हैं अथवा ग्रस्त थे।

(ख) ऐसे व्यक्ति जो मानसिक रोग से ग्रस्त व्यक्तियों के देखभालकर्ताओं का प्रतिनिधित्व या ऐसे संगठन जो देखभालकर्ताओं का प्रतिनिधित्व करते हैं; और

(ग) गैर-सरकारी संगठनों का प्रतिनिधित्व करने वाले ऐसे व्यक्ति जो मानसिक रोग से ग्रस्त व्यक्तियों को सेवा प्रदान करते हैं

(घ) ऐसे व्यक्ति जो मानसिक स्वास्थ्य से सुसंगत क्षेत्रों का प्रतिनिधित्व करते हैं

परन्तु यदि धारा 34 की उप धारा (1) के खण्ड (छ) या खण्ड (झ) के अधीन नाम निर्देशित सदस्यों में से कोई भी सदस्य मनोचिकित्सक नहीं है तो इसके खण्ड (त) के अधीन दो मनोचिकित्सकों को सदस्य के के रूप में नाम निर्देशित किया जाएगा।

6. केन्द्रीय प्राधिकरण के गैर-सरकारी सदस्यों के रूप में नाम निर्देशन के लिए आवेदन आमंत्रित करना : केन्द्रीय प्राधिकरण के गैर-सरकारी सदस्य के पद हेतु रिक्ति के विज्ञापन को व्यापक रूप से प्रचालित किए जाने वाले कम से कम दो राष्ट्रीय दैनिक समाचार पत्रों (एक अंग्रेजी तथा एक हिंदी भाषा) में प्रकाशित किया जाएगा तथा इस विज्ञापन को इस मंत्रालय की वेबसाइट पर भी उपलब्ध कराया जाएगा।

7. केन्द्रीय प्राधिकरण के गैर-सरकारी सदस्यों के नाम निर्देशन हेतु चयन समिति:- केन्द्रीय प्राधिकरण के गैर-सरकारी सदस्यों के नाम निर्देशन हेतु चयन समिति में एक अध्यक्ष होंगे जो केन्द्रीय प्राधिकरण के अध्यक्ष होंगे तथा केन्द्रीय सरकार द्वारा नाम निर्देशित दो स्वतंत्र विशेषज्ञ होंगे, जो मानसिक स्वास्थ्य देखरेख के क्षेत्र ख्याति प्राप्त विशेषज्ञ होने चाहिए।

8. केन्द्रीय प्राधिकरण के गैर-सरकारी के नाम निर्देशन हेतु प्रक्रिया:- (i) नियम 7 के अधीन गठित चयन समिति मंत्रालय द्वारा प्राप्त सभी आवेदनों पर विचार करेगी तथा ऐसे आवेदनों की संवीक्षा की जाएगी जो धारा 34 तथा नियम 4 एवं नियम 5 की अपेक्षाओं को पूरा करते हैं।

(2) चयन समिति द्वारा अधिनियम तथा इन नियमों के उपबंधों को ध्यान में रखते हुए केन्द्रीय प्राधिकरण के सदस्यों के रूप में चयनित किए जाने के लिए आवेदकों की उपयुक्तता के बारे में विनिश्चय किया जाएगा।

परंतु नियम 5 के उप-नियम (2) के अधीन नाम निर्देशित किए जाने वाले व्यक्तियों के मामले में, उन व्यक्तियों को वरीयता दी जाएगी जिन्हें मानसिक रोग ग्रस्त व्यक्तियों का उपचार करने का दस वर्ष का अनुभव हो।

(3) केन्द्रीय सरकार चयन समिति द्वारा केन्द्रीय प्राधिकरण के सदस्यों के रूप में चयनित व्यक्तियों का नाम निर्देशन करेगी।

9. केन्द्रीय प्राधिकरण के गैर-सरकारी सदस्यों की पदावधि और भत्ते : (i) नियम 8 के अधीन प्रत्येक नाम निर्देशित केन्द्रीय प्राधिकरण का प्रत्येक गैर-सरकारी सदस्य अपने नाम निर्देशन की तारीख से एक बार में तीन वर्ष तक की अवधि तक इस अपना पद धारण करेगा।

(2) प्रत्येक गैर सरकारी सदस्य को केन्द्रीय प्राधिकरण की बैठक में उपस्थित होने के लिए बैठक भत्ता, यात्रा भत्ता, दैनिक भत्ता तथा ऐसे अन्य भत्तों के लिए हकदार होंगे जो केन्द्रीय सरकार ऐसे आयोग या ऐसी समिति की बैठकों में भाग लेने वाले आयोगों तथा समितियों के गैर-सरकारी सदस्यों को लागू होते हैं ।

10. सूचना प्रस्तुत करना:- केन्द्रीय सरकार, केन्द्र प्राधिकरण या राज्य प्राधिकरण या बोर्ड के क्रिया-कलापों से संबंधित जानकारी अवधिक रूप से या जब कभी उसके द्वारा इसकी अपेक्षा की जाए, मांग सकेगी और यथा स्थिति राज्य प्राधिकरण-या बोर्ड, फार्म-ए में ऐसी सूचना प्रस्तुत करेगा।

अध्याय - 3

केन्द्रीय प्राधिकरण द्वारा मानसिक स्वास्थ्य स्थापनों का अनंतिम रजिस्ट्रीकरण

11. केन्द्रीय प्राधिकरण द्वारा मानसिक स्वास्थ्य स्थापनों के अनंतिम रजिस्ट्रीकरण हेतु प्रक्रिया:- (1) केन्द्रीय सरकार के नियंत्रण के अधीन प्रत्येक मानसिक स्वास्थ्य स्थापन को केन्द्रीय प्राधिकरण के पास रजिस्ट्रीकरण किया जाएगा ।

(2) उप-नियम (1) में निर्दिष्ट प्रत्येक मानसिक स्वास्थ्य स्थापन अनंतिम रजिस्ट्रीकरण के लिए आवेदन केंद्रीय प्राधिकरण को प्ररूप 'रण' में प्रस्तुत करेगा जिसमें नई दिल्ली में देय, अध्यक्ष, केन्द्रीय मानसिक स्वास्थ्य प्राधिकरण, के पक्ष में डिमॉड ड्रॉफ्ट के रूप में बीस हजार रुपए की फीस के साथ, उसमें यथाविनिर्दिष्ट ब्यौरे होंगे।

(3) केन्द्रीय प्राधिकरण का यह समाधान हो जाने पर कि मानसिक स्वास्थ्य स्थापन अधिनियम की धारा 65 और धारा 66 में यथाविनिर्दिष्ट सभी अपेक्षाओं को पूरा करता है, ऐसी मानसिक स्वास्थ्य स्थापन को प्ररूप 'ग' में एक अनंतिम रजिस्ट्रीकरण प्रमाण पत्र प्रदान करेगा।

12. रजिस्ट्रीकरण के प्रमाणपत्र की वैधता और नवीकरणः- नियम 11 के उप नियम (3) के अधीन प्रदान किया गया अनंतिम रजिस्ट्रीकरण प्रमाण पत्र ऐसे प्रदान करने की तारीख से 12 मास की अवधि के लिए वैध होगा और ऐसे प्रमाण पत्र के नवीकरण हेतु आवेदन ऐसे प्रमाण पत्र की वैधता अवधि की समाप्ति की तारीख से पूर्व तीस दिनों के भीतर प्ररूप 'ख' में किया जाएगा तथा यदि इस विनिर्दिष्ट अवधि के भीतर आवेदन नहीं किया जाता है तो संबंधित मानसिक स्वास्थ्य स्थापन अध्यक्ष, केन्द्रीय मानसिक स्वास्थ्य प्राधिकरण, नई दिल्ली के पक्ष में देय एक डिमांड ड्राफ्ट के माध्यम से बीस हजार रूपए की नवीकरण फीस का संदाय करने का दायी होगा।

13. दो प्रतियों में प्रमाणपत्र जारी करना- जहाँ किसी मानसिक स्वास्थ्य स्थापन को प्रदान किया गया रजिस्ट्रीकरण प्रमाणपत्र नष्ट अथवा खो गया अथवा कटफट अथवा क्षतिग्रस्त हो जाता है तो केंद्रीय प्राधिकरण ऐसे स्थापन द्वारा किए गए आवेदन पर केन्द्रीय मानसिक स्वास्थ्य प्राधिकरण, नई दिल्ली के पक्ष में देय दो हजार रुपए की फीस के साथ एक दूसरा प्रमाण-पत्र जारी कर सकता है।

14. डिजिटल रजिस्टर का रख-रखाव - सभी रजिस्ट्रीकृत मानसिक स्वास्थ्य स्थापनों के प्ररूप 'घ' में धारा 71 के उपबंधों के अनुसार डिजिटल रूप विधान में केन्द्रीय प्राधिकरण द्वारा एक प्रवर्गवार रजिस्टर बनाए रखा जाएगा।

अध्याय-4

वित्त, लेखा एवं संपरीक्षा

15. केन्द्रीय प्राधिकरण के लेखों एवं संपरीक्षाः- (1) केन्द्रीय प्राधिकरण प्रत्येक वर्ष से संबंधित इसकी आय और व्यय का लेखे बनाए रखेगा तथा आय और व्यय लेखा तथा तुलन पत्र को समाविष्ट करने वाले वार्षिक लेखा विवरण भी तैयार करेगा।

(2) लेखाओं का वार्षिक विवरण संपरीक्षा हेतु केन्द्रीय स्वायत्त निकायों के लिए वित्त मंत्रालय द्वारा समय-समय पर विहित सामान्य लेखा रूप विधान में प्रत्येक वर्ष की 30 जून तक प्रस्तुत किया जाएगा।

(3) उप नियम (1) के अधीन तैयार किए गए वार्षिक लेखा विवरण पर लेखा भारसाधक अधिकारी तथा मुख्य कार्यकारी अधिकारी के द्वारा केन्द्रीय प्राधिकरण की ओर से हस्ताक्षर किए जाएंगे तथा केन्द्रीय प्राधिकरण द्वारा इनका अनुमोदन किया जाएगा।

16. केन्द्रीय प्राधिकरण की वार्षिक रिपोर्ट:- (1) केन्द्रीय प्राधिकरण प्ररूप 'ड.' में अपनी वार्षिक रिपोर्ट तैयार करेगा तथा संसद के प्रत्येक सदन के समक्ष प्रस्तुत किए जाने के लिए वित्त वर्ष के अंत के नौ मास के भीतर केन्द्रीय सरकार को प्रेषित करेगा।

(2) इस वार्षिक रिपोर्ट में पूर्व वर्ष के दौरान केन्द्रीय प्राधिकरण के सभी कार्यकलापों का पूरा वृतांत इसमें वर्ष के संपरीक्षित लेखाओं तथा इस पर भारत के नियंत्रक महालेखा परीक्षक की रिपोर्ट भी सम्मिलित होगी।

अध्याय 5

मानसिक स्वास्थ्य पुनर्विलोकन बोर्ड

17. मानसिक स्वास्थ्य पुनर्विलोकन बोर्ड:- (1) धारा 73 के अधीन मानसिक स्वास्थ्य पुनर्विलोकन बोर्ड का गठन करने के प्रयोजनार्थ, राज्य में गठन किए जाने वाले ऐसे बोर्डों की संख्या, उनके अवस्थान तथा अधिकारिता, निम्नलिखित को ध्यान में रखते हुए, के संबंध में विनिश्चय राज्य प्राधिकरण राज्य सरकार के परामर्श से विनिश्चय, अर्थात्:-

(क) गठित किए जाने वाले बोर्ड का प्रत्याशित अथवा वास्तविक कार्यभार;
(ख) उस राज्य में विद्यमान मानसिक स्वास्थ्य स्थापनों की संख्या;
(ग) उस राज्य में मानसिक रोग से ग्रस्त व्यक्तियों की संख्या;
(घ) उस स्थान की जनसंख्या जहां ऐसे बोर्ड का गठन किया जाना है;
(ङ) उस स्थान की भौगोलिक तथा जलवायु संबंधी स्थिति जहां ऐसे बोर्ड का गठन किया जाना है।

परंतु राज्य के किसी एक जिले में अथवा दो अथवा अधिक जिलों के लिए कम से कम एक बोर्ड का गठन किया जाएगा तथा जहाँ यह संभव नहीं है, वहाँ दो या दो से अधिक, तीन से अनधिक जिलों के समूह के लिए एक बोर्ड का गठन किया जाएगा।

(18) बोर्ड के अध्यक्ष तथा अन्य सदस्यों की नियुक्ति:- धारा 74 की उप-धारा (1) के खंड (क) के अधीन बोर्ड के अध्यक्ष की नियुक्ति के तथा खण्ड (ग) और खंड (घ) के अधीन बोर्ड के सदस्यों की नियुक्ति के प्रयोजन के लिए राज्य प्राधिकरण, राज्य में व्यापक परिचालन वाले कम से कम दो दैनिक समाचार पत्रों (एक अंग्रेजी तथा एक स्थानिक भाषा) में खुले विज्ञापन के माध्यम से व्यापक स्तर पर प्रचार करके

आवेदन आमंत्रित करेगा तथा इस विज्ञापन को राज्य प्राधिकरण की वेबसाइट पर भी उपलब्ध कराया जाएगा।

परंतु उस जिले के जिला कलेक्टर अथवा जिला मजिस्ट्रेट अथवा उपायुक्त, जिसमें इस बोर्ड का गठन किया जाना है, इसके खंड (ख) के अधीन बोर्ड सदस्य के रूप में अपने प्रतिनिधियों का नाम निर्देशन करेंगे।

(2) राज्य प्राधिकरण का मुख्य कार्यकारी अधिकारी उप-नियम (3) के अधीन प्राप्त सभी आवेदनों पर विचार करेगा ऐसे आवेदनों की छटनी करेंगे जो धारा 74 में यथा उपबंधित पात्रता संबंधी आधारभूत अपेक्षाओं को पूरा करते हैं तथा उन आवेदनों को केन्द्रीय प्राधिकरण के अध्यक्ष के समक्ष प्रस्तुत करेंगे।

(3) बोर्ड के अध्यक्ष तथा सदस्यों की नियुक्ति योग्यता के अनुसार राज्य प्राधिकरण के अध्यक्ष द्वारा की जाएगी।

(4) राज्य प्राधिकरण, इस बोर्ड के अध्यक्ष अथवा सदस्य के कार्यालय में रिक्ति होने से तीन मास पूर्व अथवा जहां ऐसी रिक्त ऐसे सदस्य की मृत्यु अथवा पदत्याग करने अथवा पद से हटाए जाने के कारण उत्पन्न होती है वहां वैसी ही रीति में ऐसी रिक्ति को भरने की प्रक्रिया आरंभ करेगा।

(5) राज्य प्राधिकरण बोर्ड के अध्यक्षों और सदस्यों के लिए समय-समय पर मानसिक स्वास्थ्य कानून, मानसिक स्वास्थ्य देखभाल तथा संबंधित क्षेत्रों में कम से कम दो कार्य दिवसों के लिए प्रशिक्षण प्रदान करने के लिए व्यवस्था करेगा।

19. बोर्ड के अध्यक्ष अथवा सदस्य के लिए अन्य निरर्हताएं:- (1) धारा 74 की उप-धारा (2) को खंड (क) से खंड (घ) में विनिर्दिष्ट निरर्हताएं के अतिरिक्त राज्य प्राधिकरण द्वारा नियुक्त बोर्ड के अध्यक्ष अथवा किसी सदस्य को उक्त उप-धारा (2) के प्रयोजनार्थ निरर्हित हो जाएगा, यदि वे

(i) कोई ऐसा पूर्ण कालिक अथवा समनुदेशन धारण करते अंशकालिक हैं जो उन्हें इस अधिनियम तथा इसके अधीन बनाए गए नियमों के उपबंधों के अधीन बोर्ड के कार्यों पर पर्याप्त समय तथा ध्यान देने से रोकता है; अथवा

(ii) इस बोर्ड में कार्यालय उसकी पदावधि के दौरान किसी राजनैतिक दल में कोई पद धारण करता हैं।

(2) राज्य प्राधिकरण बोर्ड के अध्यक्ष अथवा सदस्य को हटा सकेगा यदि ऐसे व्यक्ति के विरुद्ध कोई शिकायत प्राप्त होती है अथवा राज्य प्राधिकरण द्वारा इस प्रयोजनार्थ नियुक्ति किए गए किसी सक्षम

प्राधिकारी द्वारा जांच किए जाने पर यह पाया जाता है कि इस प्रकार की शिकायत में कोई वास्तविकता है और ऐसे व्यक्ति का आचरण उनके द्वारा धारित पद के लिए अशोभनीय है;

परंतु यदि ऐसी शिकायत किसी ऐसे अध्यक्ष के विरुद्ध है जो न्यायिक अधिकारी रहा था तो शिकायत सक्षम प्राधिकारी द्वारा जाँच हेतु संबंधित उच्च न्यायालय के रजिस्टर को प्रस्तुत करना होगा।

(3) राज्य प्राधिकरण, बोर्ड के अध्यक्ष या किसी सदस्य को तुरंत निलंबित कर सकता है यदि ऐसे व्यक्ति के विरुद्ध कोई आपराधिक मामला दर्ज किया गया हो और ऐसे निलंबन को वापस कर सकता है, यदि ऐसे व्यक्ति को ऐसे मामले में उसके विरुद्ध विरचित आरोपों से उसे दोषमुक्त कर दिया गया है।

20. बोर्ड के अध्यक्ष और सदस्यों की सेवा के मानदेय, भत्ते और अन्य निबंधन और शर्तें- (1) यदि जिला न्यायालय के सेवा निवृत्त न्यायाधीश को बोर्ड के अध्यक्ष के रूप में नियुक्त किया जाता है, तो वह एक समेकित मासिक मानदेय का हकदार होगा जो ऐसे व्यक्ति द्वारा प्राप्त पेंशन या सेवांत हितलाभों की पेशन संबंधी राशि के साथ या दोनों के साथ मिलकर उसके द्वारा आहरित अंतिम वेतन से अधिक नहीं होगा।

(2) यदि किसी सेवानिवृत्त सरकारी कर्मचारी को बोर्ड के सदस्य के रूप में नियुक्त किया जाता है, तो वह एक समेकित मासिक मानदेय का हकदार होगा जो ऐसे व्यक्ति द्वारा प्राप्त पेंशन या सेवांत हितलाभों की पेशन संबंधी राशि के साथ या दोनों के साथ मिलकर उसके द्वारा आहरित अंतिम वेतन से अधिक नहीं होगा।

(3) यदि बोर्ड का अध्यक्ष या कोई सदस्य राज्य सरकार या केन्द्र सरकार की सेवा में है, तो उसका समेकित मानदेय उसके काडर के सरकारी सेवकों को लागू नियमों के अनुसार होगा और उसे बोर्ड की बैठक के दिन के लिए ही यात्रा भत्ता प्राप्त होगा।

(4) बोर्ड का प्रत्येक सदस्य जो सरकारी सेवक नहीं है, बोर्ड की बैठक में भाग लेता है तो वह बैठक भत्ते, यात्रा भत्ते, दैनिक भत्ते और ऐसे अन्य भत्तों का हकदार होगा जो ऐसे आयोगों या समितियों की बैठकों में भाग लेने वाले केन्द्रीय सरकार के इन आयोगों और समितियों के गैर-सरकारी सदस्यों को लागू होते हैं।

(5) बोर्ड के अध्यक्ष या किसी सदस्य को उसके द्वारा बोर्ड की दी गई सेवा के लिए उप-नियमों (1) और उप-नियम (2) में यथा उपबंधित के सिवाय, कोई अतिरिक्त पेंशन और उपदान नहीं दी जाएगी।

(6) बोर्ड का अध्यक्ष या कोई सदस्य सेवा के प्रत्येक वर्ष के लिए तीस दिनों की अर्जित छुट्टियों का हकदार होगा और अवकाश के दौरान समेकित मानदेय का संकाय केन्द्रीय सिविल सेवा (छुट्टी) नियम, 1972 द्वारा शासित होगा।

(7) बोर्ड का अध्यक्ष और अन्य सदस्य ऐसे चिकित्सीय उपचार और अस्पताल सुविधाओं के हकदार होंगे जो केन्द्रीय सरकार स्वास्थ्य स्कीम के अधीन, केन्द्रीय सरकार के किसी सेवानिवृत्त कर्मचारी को प्रदान की जाती है और जिन स्थानों पर ऐसी स्कीम प्रवर्तन में नहीं है, वहां बोर्ड के अध्यक्ष और अन्य सदस्य उन चिकित्सा सेवाओं के हकदार होंगे जिनका केन्द्रीय सेवा (चिकित्सा व्यय परिचर्या) नियम, 1944 में उपबंध किया गया है।

अध्याय 6

मानसिक स्वास्थ्य स्थापनों की संपरीक्षा, निरीक्षण और जांच

21. मानसिक स्वास्थ्य स्थापनों की संपरीक्षा:- (1) केन्द्रीय प्राधिकरण, रजिस्ट्रीकृत मानसिक स्वास्थ्य स्थापनों की संपरीक्षा संचालित करवाने के प्रयोजनार्थ, निम्नलिखित व्यक्तियों में से एक या अधिक व्यक्तियों को प्राधिकृत करेगा ताकि अधिनियम के अधीन विनिर्दिष्ट न्यूनतम मानकों का इन मानसिक स्वास्थ्य स्थापनों द्वारा अनुपालन सुनिश्चित किया जा सके, अर्थात्-

(क) उस जिले के जिला कलक्टर या जिलायुक्त का प्रतिनिधि जहां मानसिक स्वास्थ्य स्थापन स्थित है;

(ख) उस राज्य के राज्य मानवाधिकार आयोग का प्रतिनिधि जहां मानसिक स्वास्थ्य स्थापन स्थित है;

(ग) कोई मनोचिकित्सक जो सरकारी सेवा में है;

(घ) कोई मनोचिकित्सक जो निजी व्यवसाय (प्रैक्टिस) में है;

(ङ) कोई मानसिक स्वास्थ्य वृतिक जो मनोचिकित्सक नहीं है;

(च) मानसिक स्वास्थ्य के क्षेत्र में कार्यरत किसी गैर-सरकारी संगठन का प्रतिनिधि;

(छ) मानसिक रोगों से ग्रस्त व्यक्तियों को देखरेख करने वाले व्यक्तियों या उन परिचालकों का प्रतिनिधित्व करने वाले संगठनों के प्रतिनिधि; और

(ज) उन व्यक्तियों के प्रतिनिधि जो मानसिक रोग से ग्रस्त हैं या जो मानसिक रोग से ग्रस्त रह चुके हैं।

(2) पंजीकृत मानसिक स्वास्थ्य स्थापन की संपरीक्षा संचालित करवाने के लिए, केन्द्रीय प्राधिकरण, केन्द्रीय मानसिक स्वास्थ्य प्राधिकरण के अध्यक्ष के पक्ष में आहरित और नई दिल्ली में देय डिमांड ड्राफ्ट के माध्यम से दस हजार रुपए की फीस प्रभारित करेगा।

22. मानसिक स्वास्थ्य संस्थाओं का निरीक्षण और जांच:- (1) केन्द्रीय प्राधिकरण स्वः प्रेरणा से या अधिनियम द्वारा या इसके अधीन विनिर्दिष्ट न्यूनतम मानकों का अनुपालन नहीं करने या इसके किसी उपबंध का उल्लंघन करने के संबंध में किसी व्यक्ति से प्राप्त शिकायत पर किसी भी मानसिक स्वास्थ्य संस्था के निरीक्षण और जांच का आदेश दे सकेगा, जो निम्नलिखित में से एक या अधिक व्यक्तियों द्वारा किया जाना है, अर्थात्:-

(क) कोई मनोचिकित्सक जो सरकारी सेवा में है
(ख) कोई मनोचिकित्सक जो निजी चिकित्सा सेवा (प्रैक्टिस) में है;
(ग) कोई मानसिक स्वास्थ्य वृत्तिक जो मनोचिकित्सक नहीं है;
(घ) मानसिक स्वास्थ्य के क्षेत्र में कार्यरत किसी गैर-सरकारी संगठन का प्रतिनिधि;
(ङ) उस पुलिस स्टेशन का प्रभारी पुलिस अधिकारी जिस की अधिकारिता में मानसिक स्वास्थ्य संस्था स्थित है;
(च) उस जिले के जिला कलक्टर या जिलायुक्त का प्रतिनिधि जहां उक्त मानसिक स्वास्थ्य संस्था स्थित है।

(2) यदि केन्द्रीय प्राधिकरण या उप-नियम (1) के अधीन इसके द्वारा प्राधिकृत व्यक्ति के पास यह विश्वास करने के कारण हैं कि कोई व्यक्ति बिना राजिस्ट्रीकरण के मानसिक स्वास्थ्य संस्था चला रहा है, या अधिनियम द्वारा या इसके अधीन विनिर्दिष्ट न्यूनतम मानकों का अनुपालन नहीं कर रहा है या अधिनियम के या इसके अधीन बने नियमों और विनियमों के किसी उपबंध का उल्लंघन करता रहा है, तो वह उस मानसिक स्वास्थ्य संस्था में प्रवेश करके तलाशी कर सकेगा।

(3) तलाशी के दौरान, केन्द्रीय प्राधिकरण या इसके द्वारा प्राधिकृत व्यक्ति मानसिक स्वास्थ्य संस्था के प्रभारी मानसिक स्वास्थ्य वृत्तिक से केन्द्रीय प्राधिकरण में इसके रजिस्ट्रीकरण से संबंधित मूल दस्तावेजों को प्रस्तुत करने की अपेक्षा कर सकेगा और मानसिक स्वास्थ्य संस्था के लिए ऐसे दस्तावेज प्रस्तुत करना बाध्यकर होगा।

(4) उप नियम (3) के अधीन मानसिक स्वास्थ्य संस्था की तलाशी पूरी होने के दो दिनों के भीतर, ऐसी तलाशी के निष्कर्षों की लिखित रिपोर्ट केन्द्रीय प्राधिकरण के अध्यक्ष के पास प्रस्तुत की जाएगी।

(5) केन्द्रीय प्राधिकरण का अध्यक्ष उप-नियम (4) के अधीन लिखित रिपोर्ट की प्राप्ति पर, उक्त अधिनियम के उपबंधों के अनुसार, व्यतिक्रमी मानसिक स्वास्थ्य संस्था के विरुद्ध ऐसी कार्रवाई करेगा जैसा वह उचित समझे।

प्ररूप क

[नियम 10 देखें]

केन्द्रीय प्राधिकरण/राज्य प्राधिकरण/बोर्ड के क्रियाकलापों से संबंधित जानकारी

1. अधिसूचित नए विनियमः
2. वर्ष के दौरान पारित आदेशों की संख्याः
3. वर्ष के दौरान आयोजित बैठकें:
4. केन्द्रीय सरकार के नियंत्रणाधीन मानसिक स्वास्थ्य संस्थाओं की संख्या और इनके ब्यौरे।
5. राज्य या संघ राज्य क्षेत्र में मानसिक स्वास्थ्य संस्थाओं की संख्या और इनके ब्यौरे।
6. राज्य प्राधिकरण द्वारा मानसिक स्वास्थ्य वृत्तिकों का रजिस्ट्रीकरणः
7. केन्द्र सरकार और राज्य सरकार से प्राप्त संदर्भों पर वक्तव्य तथा उस पर की गई कार्रवाईः
8. केन्द्रीय सरकार/राज्य सरकार के अधीन विभिन्न प्रकारों की मानसिक स्वास्थ्य संस्थाओं के लिए गुणवत्ता और सेवा उपबंध के मानदंडः
9. मानसिक स्वास्थ्य देखरेख अधिनियम, 2017 के उपबंधों और कार्यान्वयन के बारे में विधि प्रवर्तन अधिकारियों, मानसिक स्वास्थ्य वृत्तिकों और अन्य स्वास्थ्य वृत्तिकों सहित व्यक्तियों को दिया गया प्रशिक्षणः
10. मानसिक स्वास्थ्य संस्थाओं के रजिस्ट्रीकरण के लिए प्राप्त हुए स्वीकार किए गए तथा रद्द किए गए आवेदन और साथ ही ऐसे रद्द किए जाने के कारणः
11. लेखा परीक्षा रिपोर्टों के साथ मानसिक स्वास्थ्य संस्थाओं की लेखा परीक्षाः
12. मानसिक रोगियों के अधिकारों के अतिक्रमण से संबंधित प्राप्त शिकायतें और उन पर की गई कार्रवाईः
13. चिकित्सा व्यवसायियों और मानसिक स्वास्थ्य वृत्तिकों के लिए मार्ग निर्देशन संबंधी दस्तावेज संबंधी ब्यौराः
14. महिलाओं का कार्यस्थल पर लैंगिक उत्पीड़न (निवारण, प्रतिषेध और प्रतितोष) अधिनियम, 2013 की धारा 22 के अधीन महिलाओं के कार्यस्थल पर लैंगिक उत्पीड़न से संबंधित रजिस्ट्रीकृत मामलों की संख्या और इनके ब्यौरे:
15. मानसिक स्वास्थ्य संस्थाओं के निरीक्षण और जांच के ब्यौरे:
16. प्राधिकरण के आदेश के विरुद्ध उच्च न्यायालय में की गई अपीलों की संख्या और इनकी प्रास्थितिः
17. सेवाओं के उपबंध में सामने आई कमियों से संबंधित प्राप्त शिकायतें और इन पर की गई कार्रवाईः
18. पणधारियों से परामर्शः
19. प्राधिकरण/बोर्ड द्वारा प्रारंभ की गई जांचः
20. प्रशासन और संस्थापना संबंधी मामलेः
21. तुलना पत्र, आय और व्यय खाता आदि ब्यौरो के साथ बजट और लेखे:
22. अन्य कोई मामला, जो सुसंगत हो।

प्ररूप-ख

[नियम 11(2) और नियम 12 देखें]

मानसिक स्वास्थ्य संस्था के अनंतिम रजिस्ट्रीकरण/अनंतिम रजिस्ट्रीकरण के नवीकरण की अनुमति हेतु आवेदन

सेवा में

.....

मंत्रालय/विभाग.....

भारत सरकार.....

.....

महोदय/महोदया,

मैं/हम मानसिक स्वास्थ्य संस्था अर्थात् ..... हेतु अनंतिम रजिस्ट्रीकरण /स्थायी रजिस्ट्रीकरण /अनंतिम पंजीकरण के नवीकरण की अनुमति के लिए आवेदन करना चाहता/चाहते हूं/ जिसके लिए मेरे/हमारे पास ऐसे अस्पताल/नर्सिंग होम की स्थापना/अनुरक्षण हेतु वैध अनुज्ञप्ति/ रजिस्ट्रीकरण है। अस्पताल/नर्सिंग होम का विवरण निम्नलिखित है:

1. आवेदक का नाम .....
2. अनुज्ञप्ति जारी करने वाले प्राधिकारी के नाम के संदर्भ में अनुज्ञप्ति का विवरण और तारीख .....
3. आयु .....
4. मनश्चिकित्सा में वृत्तिक अनुभव.....
5. आवेदक का स्थायी पता .....
6. प्रस्तावित अस्पताल/नर्सिंग होम का स्थान.....
.....
7. प्रस्तावित नर्सिंग होम/अस्पताल का पता.....
8. प्रस्तावित आवास: .....
   क. कमरों की संख्या.....
   ख. बिस्तरों की संख्या.....
   ग. प्रदान की जाने वाली प्रसुविधाएं: .....
   घ. बहिरंग-रोगी.....
   ङ. आपातकालीन सेवाएं.....

च. अंत-रोगी सुविधा-केंद्र.....

छ. व्यावसायिक व मनोरंजन सुविधा-केंद्र.....

ज. ईसीटी सुविधा-केंद्र (एक्स-रे सुविधा-केंद्र).....

झ. मनोवैज्ञानिक परीक्षण सुविधा-केंद्र.....

ञ. परीक्षण व प्रयोगशाला सुविधा-केंद्र.....

ट. उपचार सुविधा-केंद्र .....

कर्मचारिवृंद का पैटर्न:

क. चिकित्सकों की संख्या.....

ख. नर्सों की संख्या.....

ग. परिचारकों की संख्या.....

घ. अन्य .....

मैं इसके साथ..... रु. का बैंक ड्राफ्ट आवेदन फीस के रूप में..... के पक्ष में भेज रहा/रही हूँ।

मैं मानसिक स्वास्थ्य प्राधिकरण के नियमों व विनियम का पालन करने का उत्तरदायित्व लेता/लेती हूँ।

मैं आपसे मानसिक रोग अस्पताल/नर्सिंग होम की स्थापना/अनुरक्षण हेतु लाइसेंस के लिए मेरे आवेदन पर विचार तथा अनुमति देने के लिए अनुरोध करता/करती हूँ।

भवदीय

हस्ताक्षर.....

नाम.....

तारीख.....

प्ररूप-ग

[नियम 11 (3) देखें]

अनंतिम रजिस्ट्रीकरण/अनंतिम रजिस्ट्रीकरण के नवीकरण का प्रमाण-पत्र

केन्द्रीय प्राधिकारी/राज्य-प्राधिकारी, मानसिक स्वास्थ्य देखरेख अधिनियम, 2017 की धारा 65 (2) या धारा 66 (3) या धारा 66 (10) के अधीन..... द्वारा प्रस्तुत तारीख..... के आवेदन पर विचार करने के पश्चात्, नीचे दिए ब्यौरे के अनुसार धारा 66 (4) या धारा 66 (11) के निबंधनानुसार मानसिक स्वास्थ्य संस्था के लिए आवेदन को अनंतिम रजिस्ट्रीकरण /अनंतिम रजिस्ट्रीकरण के नवीकरण की सहमति देता है।

नाम: _____

पता _____

बिस्तरों की संख्या _____

जारी किया गया अनंतिम रजिस्ट्रीकरण प्रमाण-पत्र मानसिक स्वास्थ्य देखरेख अधिनियम, 2017 व इसके अधीन बनाए गए नियमों व विनियमों में निर्धारित शर्तों के अधीन है और यह इसके जारी होने की तारीख से बारह माह की अवधि के लिए वैध रहेगा तथा इसे नवीकृत किया जा सकता है।

स्थान

तारीख

रजिस्ट्रीकरण प्राधिकारी

रजिस्ट्रीकरण प्राधिकारी की मुहर

प्ररूप-घ

(नियम-14 देखें)

मानसिक स्वास्थ्य संस्था का रजिस्टर

(डिजिटल फार्मेट में)*

प्रवर्ग .....

क्र.सं.	आवेदक का नाम और पता	संस्था का नाम और पता	आवेदन की तारीख	रजिस्ट्रीकरण का विवरण और तारीख	बिस्तरों की संख्या	टिप्पणियां

*मानसिक स्वास्थ्य संस्था की प्रत्येक श्रेणी के लिए अलग सारणी

प्ररूप-ड.

[नियम 16 (1) देखें]

केन्द्रीय प्राधिकरण की वार्षिक रिपोर्ट

1. परिचय
2. प्राधिकरण के सदस्यों की प्रोफाइल
3. विनियम का विस्तार
4. अधिसूचित/जारी नए विनियम/कार्यविधियां आदि
5. प्राधिकरण द्वारा पारित आदेश
6. वर्ष के दौरान आयोजित की गई केन्द्रीय मानसिक स्वास्थ्य प्राधिकरण की बैठकें
7. केन्द्रीय सरकार के नियंत्रणाधीन मानसिक स्वास्थ्य संस्थाएं
8. राज्यों संघ राज्य क्षेत्रों में मानसिक स्वास्थ्य संस्थाएं
9. राज्य प्राधिकरणों द्वारा मानसिक स्वास्थ्य वृत्तिकों का रजिस्ट्रीकरण
10. केन्द्रीय तथा राज्य सरकारों से प्राप्त संदर्भों से संबंधित विवरण व उस पर की गई कार्रवाई
11. केन्द्रीय व राज्य सरकारों को भेजे गए संदर्भों से संबंधित विवरण व संबंधित सरकारों द्वारा उस पर की गई कार्रवाई
12. केन्द्रीय सरकार के अधीन मानसिक स्वास्थ्य संस्थाओं के भिन्न-भिन्न प्रकारों हेतु गुणवत्ता और सेवा उपबंध मानदंड
13. केन्द्रीय सरकार के अधीन मानसिक स्वास्थ्य संस्थाओं का पर्यवेक्षण तथा उनकी सेवाओं के उपबंधी की कमियों के बारे में प्राप्त शिकायतों पर की गई कार्रवाई
14. मानसिक स्वास्थ्य देखरेख अधिनियम, 2017 के उपबंधों व कार्यान्वयन के बारे में विधि प्रवर्तन अधिकारियों, मानसिक स्वास्थ्य वृत्तिकों व अन्य स्वास्थ्य वृत्तिकों सहित व्यक्तियों को दिया गया प्रशिक्षण

15. मानसिक स्वास्थ्य संस्थाओं के रजिस्ट्रीकरण हेतु प्राप्त, स्वीकृत व निरस्त किए जाने के कारणों के साथ निरस्त किए गए आवेदन।
16. मानसिक स्वास्थ्य संस्थाओं की लेखा-परीक्षा
17. मानसिक रोगियों के अधिकारों के अतिक्रमण से संबंधित प्राप्त शिकायतें व उस पर की गई कार्रवाई।
18. केन्द्रीय सरकार द्वारा केन्द्रीय प्राधिकरण के अधिक्रमण के उदाहरण व उसके कारण
19. चिकित्सा व्यवसायियों और मानसिक स्वास्थ्य वृत्तिकों के लिए मार्गदर्शी दस्तावेज से संबंधित ब्यौरे।
20. सूचना का अधिकार अधिनियम, 2005 का कार्यान्वयन
21. महिलाओं का कार्यस्थल पर लैंगिक उत्पीड़न (निवारण, प्रतिषेध और प्रतितोष) अधिनियम, 2013 की धारा 22 के अधीन महिलाओं के कार्यस्थल पर लैंगिक उत्पीड़न से संबंधित ब्यौरे
22. मानसिक स्वास्थ्य संस्थाओं का निरीक्षण और जांच
23. प्राधिकरण के आदेश के विरुद्ध उच्च न्यायालय को अपील व उसकी प्रास्थिति
24. इसके संबंध में प्राधिकरण के अग्रिम निदेशों व सिफारिशों के पुनर्विलोकन की प्रास्थिति
25. सेवाओं के उपबंधों में कमियों के बारे में प्राप्त शिकायतें और उन पर की गई कार्रवाई
26. पणधारियों से परामर्श
27. प्राधिकरण द्वारा आरंभ की गई जांच
28. प्रशासन व स्थापना संबंधी मामले
29. वार्षिक लेखा
30. कोई अन्य मामला, जिसे प्राधिकरण की राय में उल्लेख किया जाना हो।

[फा.सं.वी-15011/09/2017-पीएच-I]

लव अग्रवाल, संयुक्त सचिव

[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

Government of India
Ministry of Health and Family Welfare
(Department of Health and Family Welfare)

Notification

New Delhi, the 29th May, 2018

G.S.R.....(E).- In exercise of the powers conferred under section 121 of the Mental Healthcare Act, 2017 (10 of 2017), the Central Government hereby makes the following rules, namely:-

CHAPTER – I
PRELIMINARY

1. Short title, extent and commencement.- (1) These rules may be called the Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2018.
(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions. – (1) In these rules, unless the context otherwise requires, -
(a) "Act" means the Mental Healthcare Act, 2017 (10 of 2017);
(b) "Form" means a Form appended to these rules;
(c) "half way homes" means a 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;
(d) "hospital and community based rehabilitation establishment" means an establishment providing hospital and community based rehabilitation services;
(e) "hospital and community based rehabilitation service" means rehabilitation services provided to a person with mental illness using existing community resources with an aim to promote his reintegration in the community and to make such person independent in all aspects of life including financial, social, relationship building and maintaining;
(f) "schedule" means the Schedule annexed to these rules;
(g) "section" means section of the Act.

(h) "sheltered accommodation" means a safe and secure accommodation option for persons with mental illness, who want to live and manage their affairs independently, but need occasional help and support;

(i) "supported accommodation" means a living arrangement whereby a person, in need of support, who has a rented or ownership accommodation, but has no live-in caregiver, gets domiciliary care and a range of support services from a caregiver of an agency to help him live independently and safely in the privacy of his home.

(2) The words and expressions used herein and not defined, but defined in the Act or, as the case maybe, in the Indian Medical Council Act, 1956 (102 of 1956) or in the Indian Medicine Central Council Act, 1970 (48 of 1970), in so far as they are not inconsistent with the provisions of the Act, shall have the meanings as assigned to them in the Act or, as the case may be, in those enactments.

CHAPTER- II
RIGHTS OF PERSONS WITH MENTAL ILLNESS

3. Provision of half-way homes, sheltered accommodation and supported accommodation. – (1) The Central Government or the State Government, as the case may be, shall establish such number of half-way homes, sheltered accommodations and supported accommodations, at such places, as it deems fit, for providing services required by persons with mental illness, having regard to the following, namely:—

(a) the expected or actual workload of the facility to be established;

(b) the number of mental health establishments existing in the State;

(c) the number of persons with mental illness in the State;

(d) the geographical and climatic conditions of the place where such facility is to be established.

(2) The half-way homes, sheltered accommodations and supported accommodations established by the Central Government, State Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person shall follow the minimum standards specified by the Authority under sub-section (9) of section 18 or sub-section (6) of section 65, as the case may be.

4. Hospital and community based rehabilitation establishment and services. – (1) The Central Government or the State Government, as the case may be, shall establish such number of hospital and community based rehabilitation establishments, as it deems fit,

for providing rehabilitation services required by persons with mental illness, having regard to the following, namely:—

(a) the expected or actual workload of the facility to be established;

(b) the number of mental health establishments existing in that State;

(c) the number of persons with mental illness in that State;

(d) the geographical and climatic conditions of the place where such facility is to be established.

(2) The hospital and community based rehabilitation establishments established by the Central Government, State Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person shall follow the minimum standards specified by the Authority under sub-section (9) of section 18 or sub-section (6) of section 65, as the case may be.

5. *Reimbursement of the intermediary costs of treatment at mental health establishment.* – (1) Till such time as the services under sub-section (5) of section 18 are made available in a health establishment established or funded by the State Government, in the district where a persons with mental illness resides, such person may apply to a Chief Medical Officer of such District for reimbursement of costs of treatment at such mental health establishment.

(2). The Chief Medical Officer, on receipt of the application for reimbursement of the costs of treatment from the person referred to in sub-rule (1), shall examine the application and issue an order to reimburse such costs by the officer in-charge of the Directorate of Health Services of that State Government:

Provide that the cost of reimbursement shall be limited to the rates specified by the Central Government from time to time.

6. Right to access basic medical records. – (1) A person with mental illness shall be entitled to receive documented medical information pertaining to his diagnosis, investigation, assessment and treatment as per the medical records.

(2) A person with mental illness may apply for a copy of his basic inpatient medical record by making a request in writing in Form-A, addressed to the medical officer or mental health professional in charge of the concerned mental health establishment

(3) Within fifteen days from the date of receipt of the request under sub-rule (2), basic inpatient medical records shall be provided to the applicant in Form-B.

(4) If a mental health professional or mental health establishment, as the case may be, is unable to decide, whether to disclose information or provide basic inpatient medical records or any other records to the applicant for ethical, legal or other sensitive issues, he or it may make an application to the Mental Health Review Board stating the issues involved and his or its views in the matter with a request for directions in the form of a written order.

(5) The Board shall, after hearing the concerned person with mental illness, by an order, give such directions, as it deems fit, to the mental health professional or mental health establishment, as the case may be.

7. Custodial institutions. –The person in charge of custodial institution, including prison, police station, beggars homes, orphanages, women's protection homes, old age homes and any other institution run by Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where any individual resident is in the custody of such person, and such individual resident is not permitted to leave without the consent of such person, shall display signage board in a prominent place in English, Hindi and local language, for the information of such individual or any person with mental illness residing in such institution or his nominated representative informing that such person is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and shall also provide the contact details of the availability of services.

CHAPTER – III
FORMS FOR ADMISSION, DISCHARGE AND LEAVE OF ABSENCE

8. Form for admission and discharge. – A request for admission to, or discharge from, a mental health establishment shall be made by the person specified in column (2) of the Table below, for the purpose specified in the corresponding entry in column (3), in the Form specified in the corresponding entry in column (4), namely:-

Table

S.No.	Request to be made by	Purpose of Request	Form
(1)	(2)	(3)	(4)
(i)	any person who is not a minor and who considers himself to have a mental illness	admission as an independent patient	Form-C
(ii)	nominated representative of	admission of the minor	Form-D

	the minor		
(iii)	nominated representative of a person	admission of a person with mental illness, with high support needs under section 89 of the Act	Form-E
(iv)	nominated representative of a person	continuation of the admission of a person with mental illness, with high support needs under section 90 of the Act	Form-F
(v)	person admitted as an independent patient or a minor admitted under section 87 of the Act who attained the age of 18 years during his stay in the mental health establishment	discharge from a mental health establishment	Form – G
(vi)	nominated representative of the minor	discharge of the minor	Form – H

9. Forms for leave of absence and request to the police officer. – A request for leave of absence from a mental health establishment and for taking into protection of a prisoner with mental illness found to be absent from a mental health establishment without leave or discharge by a Police Officer shall be made by the person specified in column (2) of the Table below and for the purpose specified in corresponding entry in column (3), in the Form specified in the corresponding entry in column (4), namely:-:

Table

S.No.	Request to be made by	Purpose of Request	Form
(1)	(2)	(3)	(4)
(i)	nominated representative of the person with mental illness admitted in a mental health establishment	grant of leave to such person	Form-I
(ii)	medical officer or mental health professional in-charge of such mental health establishment	request for taking into protection by a Police Officer of a prisoner with mental illness found to be absent from a mental health establishment without leave or discharge	Form-J

CHAPTER – IV
PRISONERS WITH MENTAL ILLNESS

10. Method, modalities and procedure for transfer of prisoners with mental illness. – Transfer of a prisoner with mental illness to the psychiatric ward of the medical wing of the prison or to a mental health establishment set up under sub-section (6) of section 103 or to any other mental health establishments within or outside the State shall be in accordance with the instructions issued by the Central Government or State Government, as the case may be.

11. Standards and procedures of mental health services in prison. – The mental health establishment referred to in sub-section (7) of section 103 shall conform to the minimum standards and procedures as specified in Schedule.

Form – A

APPLICATION FOR BASIC MEDICAL RECORDS

[*See* rule 6 (2)]

To,
The Medical Officer in-charge
_____
_____

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 Signature
Date Name

N.B.:- Please strike off those which are not required.

Form-B

[*See* rule 6 (3)]

Basic Medical Records:

The mental health establishment shall maintain specific minimum records at their level for various types of patients they are dealing with. The requirement of records to be maintained for in-patients, out patients and community outreach may vary and is accordingly specified below. A graded approach in minimum records to be maintained may be followed:

Community outreach register shall consist of information from (a) to (h) of the basic medical record of outpatient specified in paragraph 1 below.

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. Basic Medical Record of all out-patients (at hospitals, nursing homes, private clinics, camps, mobile clinics, primary health care centers and other community outreach programmes, and the like mattors):

(In hard copy format)

a) Name of the mental health establishment/doctor_____
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) Chief complaints _____
i) Provisional diagnosis _____
j) 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 Mental Healthcare Act, 2017): Independent/ Supported
n) Chief complaints
o) Summary of Medical Examination Laboratory investigations
p) Provisional/differential/ final diagnosis
q) Course in the hospital (Treatment and Progress)
r) Condition at discharge or discharge at request or leave against medical advice or person with mental illness absconding or others
s) Treatment advice at discharge
t) Follow-up recommendations

3. Basic Psychological Assessment Report (facilities where persons with mental illness undergoes psychological assessment):

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 and like details):*

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 Intelligence Quotient, scores obtained on cognitive function tests, severity rating on psychopathology scales, disability percentage and like details)*

Impression:

Recommendations:

Further assessme	☐	Specify
Therapy	☐	Specify
Any other	☐	Specify

Assessed by
Name:
Date:
Qualification:

Signature:

Verified/ supervised by (if applicable)
Name:
Date:
Qualification:

Signature:

4. Basic Minimum Standard Guidelines for Recording of Therapy Report (facilities where persons with mental illness are provided with therapy for any mental health problem)

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 and 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: **Date for next session:**

Therapist
Name:
Date:
Qualification:

Signature:

Supervised by (if applicable)
Name:
Date:
Qualification:

Signature:

Form – C

REQUEST FOR INDEPENDENT ADMISSION

[See rule 8]

To,
The Medical Officer in-charge
_____
_____

Sir/Madam,

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 Identity Proof is enclosed (optional).

Address — Signature
Date — Name

Enclosures:
_____
_____
_____
_____

N.B.:- Please strike off those which are not required.

Form - D

REQUESTFOR ADMISSION OF A MINOR

[*See* rule 8]

To,
The Medical Officer in-charge
_____
_____

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: Signature
Date: Name

N.B.:- Please strike off those which are not required.

Form - E

REQUEST FOR ADMISSION WITH HIGH SUPPORT NEEDS

[*See* rule 8]

To,
The Medical Officer in-charge
_____
_____

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 patientwith high support needs.

Name
Address
Mobile and E-mail

Signature
Date

N.B.:- Please strike off those which are not required.

Form - F

REQUESTFOR CONTINUOUS ADMISSION WITH HIGH SUPPORT NEEDS

[*See* rule 8]

To,
The Medical Officer in-charge
_____
_____

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

N.B.:- Please strike off those which are not required.

Form - G

REQUEST FOR DISCHARGE BY INDEPENDENT PATIENT

[See rule 8]

To,
The Medical Officer in-charge
_____
_____

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 Signature
Date
Mobile
E-mail Name

N.B.:- Please strike off those which are not required.

Form - H

REQUEST FOR DISCHARGE OF A MINOR BY ITS NOMINATED REPRESENTATIVE

[*See* rule 8]

To,
The Medical Officer in-charge
_____
_____

Sir/Madam,

Subject: - Request for discharge.

I am the nominated representative of Mr. /Ms. _____ residing at _____ aged _____ son/daughter of _____ who was admitted in your mental health establishment as a minor patient on _____. Mr./Ms. _____ now feel better and wish to be discharged. Kindly arrange to discharge him/her immediately.

Address Signature
Date
Mobile
E-mail Name

N.B.:- Please strike off those which are not required.

Form - I

REQUEST FOR LEAVE OF ABSENCE

(By Nominated Representative)

[See rule 9]

To

The Medical Officer In-charge

_____

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 ofMr. /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

Signature
Date
Name
Mobile and E-mail

N.B.:- Please strike off those which are not required.

Form-J

INTIMATION TO POLICE ABOUTUNAUTHORIZED ABSENCEFROM MENTAL HEALTH ESTABLISHMENT

[*See* rule 9]

URGENT/FOR IMMEDIATE ACTION

To,
The Station in-charge
_____ Police Station
_____

Sir/Madam,

Subject: - Intimation about unauthorized absence (without leave or discharge) of a prisoner with mental illness

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 (10 of 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
Name

Date

Seal

Enclosures: copy of the Aadhar Card, Recent Photograph and Internal Report

N.B.:- Please strike off those which are not required.

Schedule

(*See* rule 11)

Minimum standards and procedures for mental healthcare services in prisons

Minimum Standard for Mental Healthcare in Prison

1. Prompt and proper identification of persons with mental health problems should be done.

2. Screening of all inmates during the time of entry to prison including the following:
   a. Mandatory physical and mental status examination
   b. Questionnaire screening for substance use
   c. Urine testing for common drugs of abuse
   d. Periodic random urine drug testing

3. Identification of persons with serious mental illness and proper treatment and follow-up for this group.

4. Ensuring the availability of minimum psychiatric medication in the prison to facilitate prompt treatment (Antipsychotic medication, antidepressant medication, anxiolytic medication, mood stabilizers, anticonvulsant medication, etc).

5. Availability of psycho-social interventions for prisoners with a range of mental health problems.

6. Protocols for dealing with prisoners with suicidal risk, with behavioural problems and crises related to mental illnesses as well as to prison life.

7. Suitable rehabilitation services for prisoners with mental illness. Specific attention to the aftercare needs of prisoners with mental illness including providing medication after release, education of family members, steps to ensure treatment compliance and follow-up, vocational arrangements, and for those without families, arrangements for shelter.

8. Implementing of National Mental Health Program inside the central prisons

9. Dealing with the psychological stress of prison life
   a. Counselling for stress needs to be provided to all prisoners in both individual and group settings.
   b. Prisoners must be encouraged to proactively seek help for any emotional problems, substance use problems or physical health problems.
   c. Training the prison staff in simple counselling skills. Empowering some of the sensitive, motivated convicted prisoners to be effective peer counsellors.
   d. One to one counselling upon entry, during periods of crises and upon need or request.

10. Addressing substance use problems

a. Identification of substance use problems through questionnaires, behavioural observation and urine drug screening.
b. Detoxification services and making suitable pharmacotherapy available for detoxification.
c. For persons with dependence, making available long-term medication as well as motivational and relapse prevention counselling.
d. Specific interventions to be made available include the following:
    i. Tobacco cessation services (behavioural counselling, nicotine replacement therapy, other long-term tobacco cessation pharmacotherapy.
    ii. Alcohol – benzodiazepines for detoxification, vitamin supplementation for associated nutritional problems, counselling and long-term medication.
    iii. For Opiates – buprenorphine or clonidine detoxification, long-term medication including opioid substitution (methadone/buprenorphine; opioid antagonists like naltrexone).
    iv. All drug users need to be evaluated for injecting use, for HIV/STI (including Hepatitis B and C screening) and appropriately treated.
    v. There is a need for urgent human resource enhancement.

11. Professional Human Resources in the Prison. [All central prisons must ensure the presence of at least]:
    i. 1 doctor for every 500 patients. In addition, every prison must have one each of the following specialists providing care – physician, psychiatrist, dermatologist, gynecologist and surgeon.
    ii. 2 nurses for every 500 prisoners
    iii. 4 counsellors for every 500 prisoners. These trained counsellors (with a degree in any social sciences/any recognized degree with counselling experience (medical counselling/legal counselling/ psychosocial counselling/rehabilitation/education) can carry out the following tasks
        a. Assessment
        b. Counselling
        c. Crisis intervention (family crisis, bail rejection, verdict pronouncement, interpersonal difficulties, life events, serious physical or psychiatric illness)
        d. Legal counselling, pre-discharge counselling
        e. Rehabilitation counselling
        f. Substance use counselling
        g. Training prison staff and peer counsellors

12. Inpatient services
    a. At least a 20-bedded psychiatric facility for every 500 prisoners

13. Prison aftercare services
    a. All prisoners should have pre-discharge counselling on coping strategies, healthy life style practices and support systems they can access
    b. For persons with mental illness they shall be referred to any mental health establishment for after care in community

14. Documentation
    a. Computerised data base and tracking system for all prisoners
    b. Surveillance of health conditions on a regular basis with adequate emphasis on

confidentiality and proper information regarding these procedures to the prisoners

c. Health records for prisoners with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice at release

d. This information must be given to the prisoner to facilitate continuing health care after release.

15. All central prisons shall have dedicated tele-medicine services to provide health care

16. Following medicines shall be made available

Risperidone, Olanzpine, Clozapine, Haloperidol, Chloropromazine, Trihexyphendyl, Imipramine, Amitriptyline, Fluoxetine, Sertraline, Paroxetine, Valproate, Carabamazapine, Lithium, Clonidine, Atomoxetine, Lorezpam, Diazepam, Oxezepam Disulfiram, Naltrexone, Acamprosate, Nicotine Gums, Varenicline,

InjFluphenazine Inj Haloperidol, InjFluphenthixol, InjLorezpam, Inj Diazepam, Inj Promethazine Inj Thiamine/Multivitamin

[F. No. V-15011/09/2017-PH-I]
LAV AGARWAL, Jt. Secy.

[भारत के राजपत्र, असाधारण, भाग 2, खंड 3, उप-खंड (i) में प्रकाशनार्थ]

भारत सरकार

स्वास्थ्य और परिवार कल्याण मंत्रालय

(स्वास्थ्य और परिवार कल्याण विभाग)

अधिसूचना

नई दिल्ली, 29 मई, 2018

सा.का.नि..... (अ) – केन्द्रीय सरकार, मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 (2017 का 10) की धारा 121 के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए निम्नलिखित नियम बनाती है, अर्थात :-

अध्याय-I

प्रारंभिक

1. लघु संक्षिप्त नाम और प्रारंभ – (1) इन नियमों का संक्षिप्त नाम मानसिक स्वास्थ्य देख-रेख (मानसिक रुग्णता से ग्रस्त व्यक्तियों के अधिकार) नियम, 2018 है।

(2) ये राजपत्र में उनके प्रकाशन की तारीख को प्रवृत्त होंगे।

2. परिभाषाएं – (1) इन नियमों में, जब तक कि संदर्भ से अन्यथा अपेक्षित न हो, -

(क) "अधिनियम" से मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 (2017 का 10) अभिप्रेत है;

(ख) "प्ररूप" से इन नियमों से उपाबद्ध प्ररूप अभिप्रेत है;

(ग) "स्वास्थ्य विश्राम गृह" से मानसिक रुग्णता से ग्रस्त ऐसे व्यक्तियों के लिए, जिनकी किसी मानसिक स्वास्थ्य स्थापन से अंत:रोगी के रूप में छुट्टी हो जाती है किन्तु जो पूर्णत: स्वतंत्र रूप से अपने आप या अपने कुटुम्ब के साथ रहने के लिए तैयार नहीं हैं, संक्रमणीय आवास सुविधा अभिप्रेत है;

(घ) "अस्पताल और समुदाय आधारित पुनर्वास स्थापन" से ऐसा स्थापन अभिप्रेत है जो अस्पताल और समुदाय आधारित पुनर्वास सेवाएं उपलब्ध करता है;

(ङ) "अस्पताल और समुदाय आधारित पुनर्वाससेवा" से मानसिक रुग्णता से ग्रस्त किसी व्यक्ति को, समुदाय में उसके पुन:स्वीकरण के संवर्धन के उद्देश्य से तथा ऐसे व्यक्ति को जीवन के सभी पहलुओं में, जिसके अंतर्गत वित्तीय, सामाजिक संबंधों का निर्माण और उसे बनाए रखना भी है,

स्वतंत्र बनाने हेतु विद्यमान सामुदायिक संसाधनों के उपयोग करते हुए उपलब्ध करवाई गई पुनर्वास सेवाएं अभिप्रेत हैं;

(च) "अनुसूची" से इन नियमों के साथ संलग्न अनुसूची अभिप्रेत है;

(छ) "धारा" से इस अधिनियम की धारा अभिप्रेत है;

(ज) "परिरक्षित वास सुविधा" से ऐसे मानसिक रुग्णता से ग्रस्त व्यक्तियों के लिए जो स्वतंत्र रूप से जीवन व्यतीत करना और अपने कार्यकलापों को करना चाहते हैं, किन्तु यदा-कदा उन्हें मदद और सहायता की जरूरत पड़ती है, एक सुरक्षित और संरक्षित वास सुविधा का विकल्प अभिप्रेत है;

(झ) "समर्थित वास सुविधा" से रहने की ऐसी व्यवस्था अभिप्रेत है जिसके द्वारा कोई ऐसा व्यक्ति, जिसके पास निवास स्थान भाड़े पर या उसके स्वामित्वाधीन है, किन्तु वह देखरेख-कर्ता के साथ नहीं रहता है, अपने ही घर में निजतापूर्वक स्वतंत्र और सुरक्षित रूप से रहने के लिए किसी अभिकरण के देखरेख-कर्ता से गृहोपचर्या संबंधी देखरेख और विविध प्रकार की समर्थनकारी सेवाएं प्राप्त करता है।

(2) उन शब्दों और पदों के जो इसमें प्रयुक्त हैं और परिभाषित नहीं किए हैं, किन्तु यथास्थिति, अधिनियम में या भारतीय आयुर्विज्ञान परिषद अधिनियम, 1956 (1956 का 102) या भारतीय चिकित्सा केंद्रीय परिषद अधिनियम, 1970 (1970 का 48) में परिभाषित हैं, जहां तक वे इस अधिनियम के उपबन्धों के असंगत नहीं हैं, वही अर्थ होंगे, जो, यथास्थिति, इस अधिनियम या उन अधिनियमों में हैं।

अध्याय II

मानसिक रुग्णता से ग्रस्त व्यक्तियों के अधिकार

3. स्वास्थ्य विश्राम गृह, परिरक्षित वास सुविधा और समर्थित वास सुविधा का उपबन्ध - (1) यथास्थिति, केंद्रीय सरकार या राज्य सरकार, निम्नलिखित को ध्यान में रखते हुए मानसिक रुग्णता से ग्रस्त व्यक्तियों को अपेक्षित सेवाएं उपलब्ध करवाने हेतु ऐसे स्थानों पर उतनी संख्या में, स्वास्थ्य विश्रामगृह परिरक्षित वास सुविधा और समर्थित वास सुविधा स्थापित करेगी, जितनी वह ठीक समझे अर्थात :-

(क) स्थापित किए जाने वाले सुविधा केंद्र का प्रत्याशित या वास्तविक कार्यभार;

(ख) राज्य में विद्यमान मानसिक स्वास्थ्य स्थापनों की संख्या;

(ग) राज्य में मानसिक रुग्णता से ग्रस्त व्यक्तियों की संख्या;

(घ) उस स्थान की भौगोलिक और जलवायु संबंधी स्थिति जहां ऐसे सुविधा केंद्र स्थापित किए जाने हैं।

(2) केंद्रीय सरकार, राज्य सरकार, स्थानीय प्राधिकरण, न्यास, चाहे निजी हो या सार्वजनिक, निगम सहकारी सोसायटी, संगठनों या किसी अन्य इकाई या व्यक्ति द्वारा स्थापित स्वास्थ्य विश्राम गृह, परिरक्षित वास सुविधा और समर्थित वास सुविधा यथास्थिति धारा-18 की उप-धारा (9) या धारा-65 की उप-धारा (6), के अधीन प्राधिकरण द्वारा विनिर्दिष्ट न्यूनतम मानकों का अनुसरण करेंगे।

(4) अस्पताल और समुदाय आधारित पुनर्वास स्थापन और सेवाएं- (1) यथास्थिति, केन्द्रीय सरकार या राज्य सरकार, निम्नलिखित को ध्यान में रखते हुए मानसिक रुग्णता से ग्रस्त व्यक्तियों को अपेक्षित पुनर्वास सेवाएं उपलब्ध कराने हेतु उतनी संख्या में अस्पताल और समुदाय आधारित पुनर्वास स्थापनों की स्थापना करेगी, जितनी वह ठीक समझे अर्थात :-

(क) स्थापित किए जाने वाले सुविधा केंद्र का प्रत्याशित या वास्तविक कार्यभार;
(ख) राज्य में विद्यमान मानसिक स्वास्थ्य स्थापनों की संख्या;
(ग) राज्य में मानसिक रुग्णता से ग्रस्त व्यक्तियों की संख्या;
(घ) उस स्थान की भौगोलिक और जलवायु संबंधी स्थिति जहां ऐसे सुविधा केंद्र स्थापित किए जाने हैं।

(2) केंद्रीय सरकार, राज्य सरकार, स्थानीय प्राधिकरण, न्यास, चाहे निजी हो या सार्वजनिक निगम, सहकारी सोसाइटियों, संगठनों या किसी अन्य इकाई या व्यक्ति द्वारा स्थापित अस्पताल और समुदाय आधारित पुनर्वास स्थापन, यथास्थिति, धारा-18 की उप-धारा (9) या धारा-65 की उप-धारा (6) के अधीन प्राधिकरण द्वारा विनिर्दिष्ट न्यूनतम मानकों को अनुसरण करेगे।

5. मानसिक स्वास्थ्य स्थापन में उपचार की मध्यवर्ती लागतों की प्रतिपूर्ति - (1) उस समय तक ऐसे जिले में से जहां मानसिक रुग्णता से ग्रस्त कोई व्यक्ति निवास करता है, राज्य सरकार द्वारा स्थापित या वित्त पोषित स्वास्थ्य स्थापन में धारा 18 की उप-धारा (5) के अधीन सेवाएं उपलब्ध कराई जाती हैं, ऐसा व्यक्ति ऐसे मानसिक स्वास्थ्य स्थापन में उपचार की लागतों की प्रतिपूर्ति के लिए उस जिले के मुख्य चिकित्सा अधिकारी को आवेदन कर सकेगा।

(2) मुख्य चिकित्सा अधिकारी, उप-नियम (1) में निर्दिष्ट व्यक्ति से उपचार की लागतों की प्रतिपूर्ति के लिए आवेदन प्राप्त होने पर आवेदन की जांच करेगा और उस राज्य सरकार के स्वास्थ्य सेवा निदेशालय के प्रभारी अधिकारी द्वारा ऐसी लागतों की प्रतिपूर्ति हेतु आदेश जारी करेगा।

परन्तु प्रतिपूर्ति की लागत केंद्रीय सरकार द्वारा समय-समय पर विनिर्दिष्ट दरों तक सीमित होगी।

6. मूलभूत चिकित्सा अभिलेखों तक पहुंच बनाने का अधिकार - (1) मानसिक रुग्णता से ग्रस्त कोई व्यक्ति चिकित्सीय अभिलेखों के अनुसार अपने निदान, जांच, मूल्यांकन और उपचार से संबंधित प्रलेखित चिकित्सीय सूचना प्राप्त करने का हकदार होगा।

(2) मानसिक रुग्णता से ग्रस्त कोई व्यक्ति संबद्ध मानिसक स्वास्थ्य स्थापन के प्रभारी चिकित्सा अधिकारी या मानसिक स्वास्थ्य वृत्तिक को संबोधित करते हुए प्ररूप - क में लिखित अनुरोध करके अपने मूलभूत अंत:रोगी चिकित्सा अभिलेख की प्रति के लिए आवेदन कर सकेगा।

(3) उप-नियम (2) के अधीन अनुरोध पंद्रह तारीख से 15 दिन के भीतर प्ररूप - ख में आवेदक को मूलभूत अंत:रोगी चिकित्सा अभिलेख उपलब्ध करवाया जाएगा।

(4) यदि यथास्थिति, कोई मानसिक स्वास्थ्य वृत्तिक या मानसिक स्वास्थ्य स्थापन नैतिक, विधिक अथवा अन्य किसी संवेदनशील मुद्दे की वजह से यह निर्णय लेने में असमर्थ है कि आवेदक को मूलभूत अंत:रोगी चिकित्सीय अभिलेख या अन्य कोई अभिलेख उपलब्ध करवाया जाना चाहिए या सूचना प्रकट की जानी चाहिए या नहीं, तो वह मानसिक स्वास्थ्य पुनर्विलोकन बोर्ड को अंतर्वलित मुद्दे और अपने विचार बताते हुए, लिखित आदेश के रूप में दिशा-निर्देश संबंधी अनुरोध के साथ आवेदन कर सकेगा।

(5) बोर्ड, मानसिक रुग्णता से ग्रस्त संबंध व्यक्ति की सुनवाई करने के पश्चात् आदेश द्वारा, मानसिक स्वास्थ्य यथास्थिति वृत्तिक या मानसिक स्वास्थ्य स्थापन को ऐसे निदेश देगा जो वह ठीक समझे।

7. अभिरक्षणीय संस्थाएं - कारागार, पुलिस थाना, भिक्षुक गृह, अनाथालय, महिला संरक्षण गृह, वृद्धाश्रम सहित अभिरक्षणीय संस्था और सरकार, स्थानीय प्राधिकरण, न्यास, चाहे निजी हो या सार्वजनिक, निगमों, सहकारी संस्थाओं, संगठनों या किसी अन्य इकाई या व्यक्ति द्वारा संचालित अन्य कोई भी संस्था का भारसाधक व्यक्ति, जहां कोई भी व्यक्ति ऐसे व्यक्ति की अभिरक्षा में है और रहने वाले ऐसे व्यक्ति को

ऐसे व्यक्ति की सहमति के बगैर जाने की अनुमति नहीं है, ऐसी संस्थाओं में रहने वाले व्यक्तियों अथवा मानसिक रुग्णता से ग्रस्त किसी व्यक्ति की या उसके नामनिर्दिष्ट प्रतिनिधियों की जानकारी के लिए किसी सहज दृश्य स्थान पर लगे साइन बोर्ड पर अंग्रेजी-हिन्दी और स्थानीय भाषा में यह सूचना प्रदर्शित करेगा कि ऐसा व्यक्ति विधिक सेवा प्राधिकरण अधिनियम, 1987 या अन्य सुसंगत विधियों के अधीन या न्यायालय के किसी आदेश के अधीन, यदि ऐसा आदेश किया जाता है, निःशुल्क विधिक सेवाओं का हकदार होगा और उसे सेवाओं की उपलब्धता के संपर्क ब्यौरे भी उपलब्ध करवाए जाएंगे।

अध्याय-III

भर्ती करने, छुट्टी देने और अनुपस्थिति की इजाजत संबंधी प्ररूप

8. भर्ती करने और छुट्टी देने संबंधी प्ररूप-किसी मानसिक स्वास्थ्य स्थापन में भर्ती करने या छुट्टी देने हेतु अनुरोध नीचे की सारणी के स्तंभ(2) में विनिर्दिष्ट व्यक्ति द्वारा स्तंभ (3) में की तत्स्थानी प्रविष्टि में विनिर्दिष्ट प्रयोजन के लिए स्तंभ (4) में की तत्स्थानी प्रविष्टि में विनिर्दिष्ट प्ररूप में किया जाएगा, अर्थात्:

सारणी

क्रम सं.	निम्न द्वारा अनुरोध किया जाएगा	अनुरोध का प्रयोजन	प्रपत्र
(1)	(2)	(3)	(4)
(i)	ऐसे किसी भी व्यक्ति द्वारा जो अवयस्क नहीं है और जो स्वयं को मानसिक रुग्णता से ग्रस्त मानता है	स्वतंत्र रोगी के रूप में दाखिल करना	प्ररूप-ग
(ii)	अवयस्क का नामनिर्दिष्ट प्रतिनिधि	अवयस्क की भर्ती	प्ररूप घ
(iii)	किसी व्यक्ति के नामनिर्दिष्ट प्रतिनिधि द्वारा	अधिनियम की धारा 89 के अधीन अत्यधिक सहायता की आवश्यकता वाले मानसिक रुग्णता से ग्रस्त व्यक्ति की भर्ती करना	प्ररूप ङ
(iv)	किसी व्यक्ति के नामनिर्दिष्ट प्रतिनिधि द्वारा	अधिनियम की धारा 90 के अधीन अत्यधिक सहायता की आवश्यकता वाले मानसिक रुग्णता से ग्रस्त व्यक्तियों	प्ररूप च

		की भर्ती जारी रखना	
(v)	स्वतंत्र रोगी के रूप में भर्ती किया गए व्यक्ति द्वारा या अधिनियम की धारा 87 के अधीन भर्ती किए गए ऐसे अवयस्क द्वारा जिसने मानसिक स्वास्थ्य स्थापन में भर्ती रहने के दौरान 18 वर्ष की आयु पूरी कर ली हो।	मानसिक स्वास्थ्य स्थापन से छुट्टी देना	प्ररूप छ
(vi)	अवयस्क के नामनिर्दिष्ट प्रतिनिधि द्वारा	अवयस्क की छुट्टी	प्ररूप ज

9. अनुपस्थिति की इजाजत हेतु पुलिस अधिकारी से अनुरोध संबंधी प्ररूप - किसी मानसिक स्वास्थ्य स्थापन से अनुपस्थिति की इजाजत हेतु और किसी पुलिस अधिकारी की इजाजत या उन्मोचन के बगैर मानसिक स्वास्थ्य स्थापन से अनुपस्थित पाए गए मानसिक रुग्णता से ग्रस्त बंदी को संरक्षा में लेने हेतु अनुरोध नीचे की सारणी के स्तंभ (2) में विनिर्दिष्ट व्यक्ति द्वारा और स्तंभ (3) में तत्स्थानी प्रविष्टि में विनिर्दिष्ट प्रयोजन के लिए स्तंभ (4) में की तत्स्थानी प्रविष्टि में विनिर्दिष्ट प्ररूप में किया जाएगा, अर्थात;

सारणी

क्रम सं.	निम्न द्वारा अनुरोध किया जाएगा	अनुरोध का प्रयोजन	प्ररूप
(1)	(2)	(3)	(4)
(i)	मानसिक स्वास्थ्य स्थापन में भर्ती मानसिक रुग्णता से ग्रस्त व्यक्ति के नामनिर्दिष्ट प्रतिनिधि द्वारा	ऐसे व्यक्ति को इजाजत देना	प्ररूप -झ
(ii)	ऐसे मानसिक स्वास्थ्य स्थापन के प्रभारी चिकित्सा अधिकारी या मानसिक स्वास्थ्य वृत्तिक द्वारा	इजाजत या उन्मोचन के बिना मानसिक स्वास्थ्य स्थापन से अनुपस्थित पाए गए मानसिक रुग्णता से ग्रस्त बंदी को संरक्षा में लेने हेतु अनुरोध	प्ररूप -ञ

अध्याय-IV

मानसिक रुग्णता से ग्रस्त बंदी

10. मानसिक रुग्णता से ग्रस्त बंदि को स्थानांतरित करने की पद्धति, कार्यविधि और प्रक्रिया मानसिक रुग्णता से ग्रस्त किसी कैदी का कारागार के चिकित्सा खण्ड के मनश्चिकित्सीय वार्ड में या धारा 103 की उप-धारा (6) के अधीन स्थापित किसी मानसिक स्वास्थ्य स्थापन में या राज्य के भीतर या बाहर किसी अन्य मानसिक स्वास्थ्य स्थापन में स्थानांतरण, यथास्थिति, केन्द्रीय सरकार या राज्य सरकार द्वारा जारी अनुदेशों के अनुसार किया जाएगा।

11. कारावास में मानसिक स्वास्थ्य सेवाओं के मानक और प्रक्रियाएं - धारा 103 की उप-धारा (7) में निर्दिष्ट मानसिक स्वास्थ्य स्थापन, अनुसूची में यथाविनिर्दिष्ट न्यूनतम मानकों और प्रक्रियाओं के अनुरूप होंगे।

प्ररूप - क

मूल चिकित्सा अभिलेखों के लिए आवेदन

[नियम 6(2) देखें]

सेवा में,
प्रभारी चिकित्सा अधिकारी
.....
.....
.....

महोदय/महोदया,

विषय - मेरे मूल चिकित्सीय अभिलेख/..... के मूल चिकित्सी अभिलेखों (यदि आवेदन नामनिर्दिष्ट प्रतिनिधि द्वारा किया गया है)/ की प्रति हेतु अनुरोध-अस्पताल संख्या (यदि ज्ञात हो) .....

मेरा, श्री/श्रीमती ..... निवासी ..... आयु..... वर्ष, पुत्र/पुत्री श्री/श्रीमती ..... का उपचार आपके मानसिक स्वास्थ्य स्थापन में तारीख ..... से ..... तक किया गया था।

कृपया मुझे मेरे उपचार के चिकित्सीय अभिलेखों की एक प्रति उपलब्ध करवाने का कष्ट करें।

पता हस्ताक्षर
तारीख नाम

टिप्पणी :- जो अपेक्षित न हो, उसे काट दें।

प्ररूप - ख

[नियम 6(3) देखें]

मूलभूत चिकित्सा अभिलेख :

मानसिक स्वास्थ्य स्थापन विभिन्न प्रकार के संबंधित रोगियों का अपने स्तर पर विनिर्दिष्ट न्यूनतम अभिलेख रखेगा। अंत:रोगियों, बहिरंग रोगियों तथा सामुदायिक आउटरीच के लिए रखे जाने वाले अभिलेखों की अपेक्षा में अंतर हो सकता है और तदनुसार नीचे दर्शाया गया है। अनुरक्षित किए जाने वाले न्यूनतम अभिलेखों में श्रेणीबद्ध दृष्टिकोण का अनुपालन किया जाएगा।

सामुदायिक आउटरीच रजिस्टर में नीचे दिए गए पैरा-1 में विनिर्दिष्ट बहिरंग रोगियों के मूल चिकित्सा अभिलेख के बिंदु सं. (क) से (ज) तक की सूचना समाविष्ट होगी।

मानसिक स्वास्थ्य स्थापन मानसिक रुग्णता से ग्रस्त व्यक्ति का निम्नलिखित मूल चिकित्सा अभिलेख रखेगा तथा मानसिक रोग से पीड़ित व्यक्ति अथवा उसके द्वारा नामित प्रतिनिधि को उनकी मांग पर बुनियादी चिकित्सा रिकॉर्ड उपलब्ध कराएंगी।

1. सभी बहिरंग रोगियों का मूल चिकित्सा अभिलेख (अस्पतालों, नर्सिंग होमों, प्राईवेट क्लिनिकों, कैम्पों, मोबाइल क्लिनिकों, प्राथमिक स्वास्थ्य परिचर्या केंद्रों तथा अन्य सामुदायिक आउटरीच कार्यक्रमों तथा इस प्रकार के मामलों में)

(हाई कॉपी प्ररूप में)

क) मानसिक स्वास्थ्य स्थापन/चिकित्सक का नाम _____

ख) तारीख_____

ग) अस्पताल की रजिस्ट्रीकरण संख्या_____

घ) अग्रिम निर्देश हां/नहीं_____

ङ) रोगी का नाम_____

च) आयु _____लिंग_____

छ) पिता/माता का नाम_____पता_____मोबाईल नं_____

ज) मुख्य शिकायतें_____

झ) अनंतिम निदान_____

ञ) परामर्शित उपचार और अनुवर्ती सिफारिशें_____

2. अंत:रोगी का मूल चिकित्सा अभिलेख

क) अस्पताल/नर्सिंग होम का नाम_____

ख) तारीख_____

ग) रोगी का नाम_____

घ) पिता/माता का नाम_____

ङ) आयु_____लिंग_____

च) पता_____

छ) रोगी के साथ आने वाला व्यक्ति (नाम, आयु और रोगी से संबंध)

ज) अस्पताल की रजिस्ट्रीकरण संख्या_____

झ) पहचान चिह्न_____

ञ) नामनिर्दिष्ट प्रतिनिधि_____

ट) अग्रिम निर्देश हां या नहीं, यदि हां, तो उनकी मुख्य विशेषताएं_____

ठ) भर्ती की तारीख_____छुट्टी मिलने की तारीख _____

ड) भर्ती का प्रकार (मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 के अधीन धारा): स्वतंत्र/समर्पित

ढ) मुख्य शिकायतें_____

ण) चिकित्सा परीक्षा प्रयोगशाला जांच का संक्षिप्त ब्यौरा_____

त) अनंतिम/विभेदक/ अंतिम निदान_____

थ) अस्पताल प्रक्रिया (उपचार और प्रगति)

द) छुट्टी के समय स्थिति या अनुरोध पर छुट्टी दी गई या चिकित्सा सलाह के विरूद्ध दी गई छुट्टी अथवा मानसिक रुग्णता से ग्रस्त व्यक्ति का फरार होना या अन्य

ध) छुट्टी के समय उपचार की सलाह

न) अनुवर्ती सिफारिशें

3. मूल मनो-वैज्ञानिक निर्धारण रिपोर्ट (सुविधा केंद्र जहां मानसिक रुग्णता से ग्रस्त व्यक्ति का मनोचिकित्सीय निर्धारण किया जाता है) :

क्लिनिक अभिलेख सं.....

नाम: आयु: लिंग:

शिक्षा: व्यवसाय: जांच की तारीख:

द्वारा निर्दिष्ट किया गया: भाषा जिसमें जांच की गई:

निर्दिष्ट करने का कारण:

सामान्य ज्ञान निर्धारण ☐ विशेष जानकारी दिव्यांगता निर्धारण ☐ तंत्रिका मनोचिकित्सीय मूल्यांकन (यदि निर्धारण के क्षेत्र डोमेन विशिष्ट हो का उल्लेख करें) ☐

व्यक्तिगत ☐ मनो-पैथोलॉजी ☐
निर्धारण निर्धारण

अन्य कोई (विशिष्ट क्षेत्र का उल्लेख करें जैसे अंतर वैयक्तिक संबंध)

टिप्पणियां: यदि कोई हों (*निर्दिष्ट नोट प्रयोजन का संक्षिप्त ब्यौरा दें अर्थात् 'व्यक्तिमानसिक रूग्णता से ग्रस्त है तथा उसे वर्तमान मनोपैथोलॉजी निर्धारण तथा दिव्यांगता का स्तर निर्धारित करने के लिए निर्दिष्ट किया गया है')।

संक्षिप्त पृष्ठभूमि जानकारी (*अर्थात् समस्या की प्रकृति, यह कब शुरू हुई, अन्य कोई पिछला निर्धारण आदि का ब्यौरा*):

सूचना देने वाला:	स्वयं ☐	
	अन्य ☐	उल्लेख करें

मुख्य व्यवहार संबंधी टिप्पणियां (सतर्कता, ध्यान, सहयोजकता, प्रभाव, बोधगम्यता तथा अन्य कोई संगत सूचना)

किए गए परीक्षण/मान (मानकीकृत परीक्षण/मान):

मुख्य अंक (यदि लागू हो, जैसे कि बुद्धिलब्धि, संज्ञानात्मक कार्य परीक्षणों के संबंध में प्राप्त अंक, मनोपैथोलॉजी पैमाने पर गंभीरता दर, दिव्यांगता प्रतिशतता तथा संबद्ध ब्यौरे)

प्रभाव:

सिफारिशें:

भावी निर्धारण ☐ उल्लेख करें
चिकित्सा ☐ उल्लेख करें
अन्य कोई ☐ उल्लेख करें

द्वारा निर्धारण किया गया

नाम:
तारीख:
अर्हता:

हस्ताक्षर:

द्वारा सत्यापित/ पर्यवेक्षण किया गया (यदि/लागू हो)

नाम:
तारीख:
अर्हता:

हस्ताक्षर:

4. चिकित्सा रिपोर्ट के अभिलेख के लिए मूल बुनियादी न्यूनतम मानक मार्गदर्शन सिद्धांत (सुविधाकेंद्र जहां रुग्णता से ग्रस्त व्यक्तियों को किसी भी मानसिक स्वास्थ्य समस्या के लिए चिकित्सा उपलब्ध कराई जाती है)

चिकित्सा के अभिलेख के लिए करने हेतु न्यूनतम मूल मानक मार्गदर्शन सिद्धांत (संस्थान/अस्पताल/केंद्र का नाम, पता सहित)

क्लिनिक अभलेख सं. _____

उपचार सत्र टिप्पणियां

रोगी का नाम: **आयु:** **लिंग:**	
मनोचिकित्सक रोग निदान:	

सत्र संख्या और तारीख:	**सत्र की अवधि:**	**सत्र में भागीदारी**	
चिकित्सा विधि: व्यक्तिगत युगल/परिवार समूह अन्य _____	**सत्र का प्रयोजन** 1. 2. 3. 4.		

मुख्य मुद्दे/विषय जिन पर चर्चा की गई: (मनोसामाजिक दबाव डालने वाली/अंतर व्यक्तिगत समस्याएं/अंत:मानसिक कलह/ संकट परिस्थितियां/ आचरण कठिनाइयां/ व्यवहारगत कठिनाइयां/ भावात्मक कठिनाइयां/विकासात्मक कठिनाइयां/ सामंजस्य मामले/ व्यसन व्यवहार/अन्य)

उपयोग की गई चिकित्सा तकनीकें:

चिकित्सक की टिप्पणियां और पुनर्विचार:

आगामी सत्र के लिए योजना: **अगले सत्र की तारीख:**

चिकित्सक : **द्वारा निरीक्षण किया गया (यदि लागू हो)**

नाम: नाम:

तारीख: तारीख

अर्हता: अर्हता:

हस्ताक्षर: हस्ताक्षर:

प्ररूप- ग

स्वतंत्र भर्ती हेतु आवेदन

[नियम 8 देखें]

सेवा में,

चिकित्सा अधिकारी प्रभारी

.....

.....

महोदय/महोदया,

मैं, श्री/श्रीमती/सुश्री ..... आयु .....

सुपुत्र/सुपुत्री ..... निवासी .....हूँ। मुझे वर्ष ..... से निम्नलिखित लक्षणों सहित मानसिक रुग्णता है।

1. .....
2. .....
3. .....

मेरे रोग से संबंधित दस्तावेज निम्नलिखित संलग्न है:

1. .....
2. .....
3. .....

मैं आपके स्थापन में उपचार करवाने के लिए भर्ती होने का/की इच्छुक हूँ और आपसे अनुरोध है कि मुझे स्वतंत्र रोगी के रूप में भर्ती करें। मेरे पहचान प्रमाण-पत्र की स्व-सत्यापित संलग्न है। (वैकल्पिक)।

पता — हस्ताक्षर

तारीख — नाम

संलग्नक :

.....

.....

.....

टिप्पणी :- जो सूचना अपेक्षित न हो, उसे काट दें।

प्ररूप- घ

अवयस्क की भर्ती हेतु आवेदन

[नियम 8 देखें]

सेवा में,

चिकित्सा अधिकारी प्रभारी

.....

.....

महोदय/महोदया,

मैं, श्री/श्रीमती/सुश्री ..... निवासी ..... हूँ जोकि मास्टर/सुश्री ..... सुपुत्र/सुपुत्री ..... का नामनिर्दिष्ट प्रतिनिधि (विधिक संरक्षक) हूँ। मैं आपसे मास्टर/सुश्री .....आयु ..... पुत्र/पुत्री ..... को मानसिक रुग्णता के उपचार हेतु भर्ती करने के लिए अनुरोध करता हूँ।

उसे वर्ष ..... से निम्नलिखित लक्षण हैं।

1. .....
2. .....
3. .....

मेरे नामनिर्दिष्ट प्रतिनिधि होने और उसके रोग से संबंधित निम्नलिखित दस्तावेज संलग्न है।

1 .....
2 .....
3 .....

कृपया उसे अपने स्थापन में अवयस्क रोगी के रूप में भर्ती करें।

पता:

मोबाईल:

ई-मेल: हस्ताक्षर

तारीख: नाम

टिप्पणी :- जो सूचना अपेक्षित न हो, उसे काट दें।

प्ररूप- 3.

अत्यधिक सहायता की आवश्यकता वाले रोगी की भर्ती हेतु आवेदन

[नियम 8 देखें]

सेवा में,

चिकित्सा अधिकारी प्रभारी

.....

.....

महोदय/महोदया,

मैं, श्री/ श्रीमती/.....,निवासी .... श्री/श्रीमती ..... आयु..... सुपुत्र/सुपुत्री ..... का नामनिर्दिष्ट प्रतिनिधि आपसे उसके/उसकी..... पुत्र/पुत्री ..... को मानसिक रुग्णता के उपचार हेतु आपके स्थापन में भर्ती करने के लिए अनुरोध करता हूँ।

श्री/ श्रीमती को वर्ष ..... से निम्नलिखित लक्षण हैं।

1 .....

2 .....

3 .....

मेरे नामनिर्दिष्ट प्रतिनिधि के रूप में मेरी नियुक्ति और उसके रोग से संबंधित निम्नलिखित दस्तावेज संलग्न है।

1 .....

2 .....

3 .....

कृपया उसे अपने स्थापन में अत्यधिक सहायता की आवश्यकता वाले रोगी के रूप में भर्ती करें।

नाम:

पता:

मोबाइल और ई-मेल:

हस्ताक्षर

तारीख:

टिप्पणी :- जो सूचना अपेक्षित न हो, उसे काट दें।

प्ररूप- घ

अत्यधिक सहायता की आवश्यकता वाले रोगी का दाखिला जारी रखने हेतु आवेदन

[नियम 8 देखें]

सेवा में,

चिकित्सा अधिकारी प्रभारी

.....

.....

महोदय/महोदया,

मैं, ...श्री/श्रीमती.....,निवासी ..... श्री/श्रीमती ..... का नागनिर्दिष्ट प्रतिनिधि हूँ, जो सहायता प्राप्त भर्ती श्रेणी के अधीन आपके स्थापन में अन्त: रोगी है/थी, नीचे बताए गए कारणों से उसकी तीस दिन के पश्चात् भर्ती जारी रखने / अस्पताल से छुट्टी के सात दिनों के भीतर पुन:भर्ती करने का अनुरोध करता /करती हूँ।

कृपया उसे अपने स्थापन में अत्यधिक सहायता की आवश्यकता वाले रोगी के रूप में भर्ती जारी रखने/पुन: भर्ती करें।

पता हस्ताक्षर

तारीख नाम

टिप्पणी :- जो सूचना अपेक्षित न हो, उसे काट दें।

प्ररूप- छ

स्वतंत्र रोगी द्वारा अस्पताल से छुट्टी हेतु आवेदन

[नियम 8 देखें]

सेवा में,

चिकित्सा अधिकारी प्रभारी

.....

.....

महोदय/महोदया,

विषय: अस्पताल से छुट्टी हेतु आवेदन।

मैं, श्री/श्रीमती/सुश्री ..... निवासी .... आयु..... सुपुत्र/सुपुत्री .....तारीख ..... को आपके मानसिक स्वास्थ्य स्थापन में स्वतंत्र दाखिल रोगी के रूप में भर्ती था/थी। अब मैं स्वस्थ महसूस कर रहा/रही हूँ और छुट्टी लेना चाहता/चाहती हूँ। कृपया तत्काल मेरी छुट्टी की व्यवस्था करें।

पता: हस्ताक्षर

तारीख: नाम:

मोबाइल और ई-मेल:

टिप्पणी :- जो सूचना अपेक्षित न हो, उसे काट दें।

प्ररूप- ज

नामनिर्दिष्ट प्रतिनिधि द्वारा अवयस्क की छुट्टी हेतु आवेदन

[नियम 8 देखें]

सेवा में,

चिकित्सा अधिकारी प्रभारी

.....

.....

महोदय/महोदया,

विषय: छुट्टी हेतु आवेदन।

मैं, श्री/सुश्री ..... निवासी .... आयु..... सुपुत्र/सुपुत्री ..... का नामनिर्दिष्ट प्रतिनिधि हूँ, जिसे तारीख ..... को आपके मानसिक स्वास्थ्य स्थापन में अवयस्क रोगी के रूप में भर्ती किया गया था। अब श्री/सुश्री ..... स्वस्थ महसूस कर रहा/रही हैं और अस्पताल से छुट्टी लेना चाहता/चाहती है। कृपया तत्काल उनकी छुट्टी की व्यवस्था करें।

पता: हस्ताक्षर

तारीख: नाम:

मोबाइल और ई-मेल:

टिप्पणी :- जो सूचना अपेक्षित न हो, उसे काट दें।

प्ररूप- झ

अनुपस्थिति की इजाजत हेतु आवेदन

(नामनिर्दिष्ट प्रतिनिधि द्वारा)

[नियम 9 देखें]

सेवा में,

चिकित्सा अधिकारी प्रभारी

.....

.....

महोदय/महोदया,

विषय: अनुपस्थिति की इजाजत हेतु।

मैं, श्री/सुश्री .....,निवासी ..... आयु ..... तारीख ..... को आपके मानसिक स्वास्थ्य स्थापन में भर्ती हुआ था/हुई थी।

मैं, श्रीमान/श्रीमती .....के नामनिर्दिष्ट प्रतिनिधि के रूप में अनुरोध करता हूँ कि उसे ..... से .....तक अनुपस्थिति की इजाज़त प्रदान करें। इसका कारण नीचे बताया गया है:

मेरे नामनिर्दिष्ट प्रतिनिधि के रूप में मेरी नियुक्ति का सबूत संलग्न है।

मैं ..... के मानसिक स्वास्थ्य स्थापना से अनुपस्थित होने के दौरान उसके उपचार और परिचर्या के लिए जिम्मेदार रहूंगा।

पता:

पता हस्ताक्षर

तारीख

मोबाइल और ई-मेल:

टिप्पणी :- जो सूचना अपेक्षित न हो, उसे काट दें।

प्ररूप- ञ

मानसिक स्वास्थ्य स्थापन से अप्राधिकृत अनुपस्थिति के बारे में पुलिस को सूचना देना

(नियम 9 देखें)

तत्काल/शीघ्र कार्रवाई हेतु

सेवा में,
पुलिस थाना प्रभारी इंचार्ज
..... पुलिस स्टेशन
.....

महोदय/महोदया,

विषय- मानसिक रुग्णता से ग्रस्त बंदी की अप्राधिकृत अनुपस्थिति (छुट्टी अथवा उन्मोचन के बिना) के बारे में सूचना देना।

आपको यह सूचित किया जाता है कि श्री/श्रीमती ..... आयु .....वर्ष, पुत्र/पुत्री, श्री/श्रीमती....., जिनके पहचान चिह्न निम्नलिखित है:-

1. .....
2. .....

के तारीख ..... को मानसिक स्वास्थ्य देख-रेख अधिनियम, 2017 (2017 का 10) 103 के अधीन मानसिक रुग्णता से ग्रस्त बंदी के रूप में हमारे स्थापन में भर्ती करवाया गया था। वह अपने वार्ड से तारीख ..... से गायब हो गया/गई है। इस संबंध में एक आंतरिक जांच रिपोर्ट संलग्न है।

कृपया गुमशुदा की रिपोर्ट रजिस्टर करें, और जब भी वह मिले, तो उन्हें अपनी संरक्षा में लेकर हमें सौंप दें।

धन्यवाद,

हस्ताक्षर
नाम
तारीख मुहर

संलग्नक : आधार कार्ड, हाल ही की फोटो तथा आंतरिक रिपोर्ट की प्रति।

टिप्पणी: जो अपेक्षित न हो कृपया उसे काट दें।

अनुसूची
(नियम 11 देखें)

कारागारों में मानसिक स्वास्थ्य देखरेख सेवाओं के लिए न्यूनतम मानक और प्रक्रियाएं

कारागार में मानसिक स्वास्थ्य देखरेख हेतु न्यूनतम मानक

1. मानसिक स्वास्थ्य समस्याओं से ग्रस्त व्यक्तियों की तत्पर और उचित पहचान की जानी चाहिए।

2. कारागार में प्रवेश करने के दौरान सभी सहवासियों की जिसके अंतर्गत निम्नलिखित भी है:

   क. शारीरिक और मानसिक स्थिति की अनिवार्य जांच
   ख. पदार्थ के उपयोग हेतु प्रश्नावली स्क्रीनिंग
   ग. सामान्य मादक द्रव्य दुर्व्यसन हेतु मूत्र परीक्षण
   घ. आवधिक औचक मूत्र मादक द्रव्य परीक्षण

3. गंभीर मानसिक बीमारी से पीड़ित व्यक्तियों की पहचान करना इस समूह का उचित उपचार और अनुवर्ती कार्रवाई करना।

4. तत्पर उपचार (एंटीसाइकोटिक चिकित्सा, शमकरोधी चिकित्सा, एंक्सियोलाइटिक चिकित्सा, मूड स्टेबलाइजर्स, एंटीकन्वल्ज़ेट चिकित्सा, इत्यादि की सुविधा उपलब्ध कराने के लिए कारागार में न्यूनतम मनश्चिकित्सीय चिकित्सा की उपलब्धता सुनिश्चित करना।

5. मानसिक स्वास्थ्य संबंधी समस्याओं से ग्रस्त कैदियों के लिए मनो-सामाजिक कार्यकलापों की उपलब्धता।

6. आत्मघाती जोखिम, व्यवहार समस्याओं वाले कैदियों तथा मानसिक रोगों और कारागार जीवन से संबंधित समस्याओं से निपटाने के लिए प्रोटोकॉल।

7. मानसिक रोग से ग्रस्त कैदियों के लिए समुचित पुनर्वास सेवाएं। मानसिक रोग से ग्रस्त कैदियों की उपचार के उपरांत, छुट्टी करने के उपरांत चिकित्सा उपलब्ध कराने, परिवार के सदस्यों की शिक्षा, उपचार व्यावसायिक प्रबंधों तथा उपचार का अनुपालन सुनिश्चित करने तथा अनुवर्ती कार्रवाई करने हेतु कदम उठाना।

8. केंद्रीय कारागारों के भीतर राष्ट्रीय मानसिक स्वास्थ्य कार्यक्रम का कार्यान्वयन।

9. कारागार जीवन के मनो-वैज्ञानिक दबाव का सामना करना

क. निजी और सामूहिक स्थापनाओं दोनों में सभी कैदियों को तनाव की आवश्यकताओं के लिए परामर्श देना

ख. कैदियों को किसी भावावेश समस्या, पदार्थों के सेवन की समस्याओं या शारीरिक स्वास्थ्य समस्याओं के लिए सकारात्मक रूप से सहायता लेने के लिए प्रोत्साहित किया जाना चाहिए।

ग. कारागार के कर्मचारियों को साधारण परामर्श कौशल में प्रशिक्षण देना। कुछ संवेदनशील उत्तेजित दोषी कैदियों को प्रभावी सक्षम परामर्शदाता बनाना।

घ. संकट की अवधि के दौरान और आवश्यकता होने या अनुरोध करने पर प्रवेश के समय आमने-सामने बैठकर परामर्श करना।

10. पदार्थों के सेवन की समस्याओं से निपटना:

क. प्रश्नावालियों, व्यवहार निगरानी और मादक द्रव्य मूत्र स्क्रीनिंग के माध्यम से पदार्थ के सेवन की समस्याओं का पता लगाना।

ख. विषहरण सेवाएं और विषहरण के लिए उपयुक्त फार्माकोथैरेपी उपलब्ध कराना।

ग. अन्यों पर आश्रित व्यक्तियों के लिए दीर्घकालीन औषधि उपचार और प्रेरणादायी और रोग की पुनरावृत्ति से बचने का परामर्श देना।

घ. निम्नलिखित सहित विशिष्ट कार्यक्रम उपलब्ध कराना:

i. तंबाकू समाप्ति सेवाएं (व्यवहारात्मक परामर्श देना, निकोटीन प्रतिस्थापना थैरेपी, अन्य दीर्घकालीन तंबाकू समाप्ति फार्माकोथैरेपी।

ii. मादक द्रव्य- विषहरण के लिए बेंज़ोडायजेपाइन्स, संबंधित पोषण समस्याओं के लिए विटामिन पूरक आहार परामर्श और औषधियों का दीर्घकालीन प्रयोग

iii. स्वायक द्रव्य- बुप्रेनोटफिन या क्लोनिडिन विषहरण, औषधि का दीर्घकालीन उपयोग और ओपिओइड प्रतिस्थापन (मेथेडान/बुप्रेनोरफिन नेल्ट्रेक्सेन जैसी ऑपियोइड एंटागोनिस्टस)

iv. सभी औषधि प्रयोक्ताओं का एच.आई.वी/एस.टी.आई. (हेपेटाइटिस बी. एवं सी. जांच सहित) और उपयुक्त रूप में उपचार करने के लिए इंजेक्टिंग उपयोग हेतु मूल्यांकन किया जाए।

v. मानव संसाधन में तत्काल वृद्धि किए जाने की आवश्यकता है।

11. कारागार में व्यावसायिक मानव संसाधन (सभी केंद्रीय कारागारों को कम से कम निम्नलिखित की उपस्थिति सुनिश्चित की जाएं:

I. प्रत्येक 500 रोगियों के लिए 1 डॉक्टर। इसके अतिरिक्त प्रत्येक कारागार में देख-रेख देने वाले निम्नलिखित एक-एक विशेषज्ञ होने चाहिए-फिजिशीयन, मनश्चिकित्सक, त्वचारोग-विज्ञानी, स्त्री-रोग विज्ञानी और सर्जन

II. प्रत्येक 500 कैदियों के लिए 2 नर्स

III. प्रत्येक 500 कैदियों के लिए 4 परामर्शदाता, ये प्रशिक्षित परामर्शदाता (किसी भी सामाजिक विज्ञान में डिग्रीधारी/किसी मान्यता प्राप्त डिग्री के साथ परामर्श (चिकित्सा परामर्श/विधि संबंधी परामर्श/मनो-सामाजिक परामर्श/पुनर्वास/शिक्षा) में परामर्श देने में अनुभव निम्नलिखित कार्य कर सकते हैं:-

क. मूल्यांकन

ख. परामर्श

ग. संकट से बचाव (परिवारिक संकट, जमानत रद्द करना, निर्णय की घोषणा करना, अंतर-वैयक्तिक कठिनाइयां, जीवन की घटनाक्रम, गंभीर शारीरिक या मन-श्चिकित्सा रोग)

घ. विधि संबंधी परामर्श, छुट्टी-पूर्व परामर्श

ङ. पुनर्वास परामर्श

च. पदार्थ सेवन से मुक्ति परामर्श

छ. कारागार कर्मचारियों और पीआर परामर्शदाताओं को प्रशिक्षण

12. अंतरंग रोगी सेवाएं

क. प्रत्येक 500 कैदियों के लिए कम से कम 20 बिस्तरों की प्रसुविधा वाला मनाश्चिकित्सा केंद्र

13. कारागार पश्च: देख-रेख सेवाएं

क. सभी कैदियों को कार्य-नीतियों, स्वस्थ जीवन-शैली परिपाटियों का अनुकरण करने हेतु छुट्टी-पूर्व परामर्श देना और ऐसी सहायक प्रणालियों का उपयोग करना जो उनकी पहुंच में हों।

ख. मानसिक रोगी व्यक्तियों को उन्हें समुदाय में पश्च: देख-रेख सेवाओं के लिए किसी मानसिक स्वास्थ्य स्थापन में भेज दिया जाएगा।

14. प्रलेखीकरण:

क. सभी कैदियों के लिए कंप्यूटरिकृत डाटा बेस और ट्रैकिंग प्रणाली

ख. कैदियों को इन पद्धतियों के संबंध में गोपनीयता और उपयुक्त सूचना पर पर्याप्त बल देते हुए नियमित आधार पर स्वास्थ्य स्थितियों की निगरानी करना।

ग. कैदियों हेतु मूल स्वास्थ्य सूचना सहित पुरानी स्वास्थ्य समस्याओं, कैद में रहने के दौरान विकसित होने वाली समस्याओं, स्वास्थ्य स्थिति का रिकॉर्ड और मुक्त होने पर स्वास्थ्य रिकॉर्ड देना।

घ. कैदियों को मुक्त करने के बाद स्वास्थ्य देख-रेख जारी रखने के लिए उन्हें यह सूचना अवश्य दी जानी चाहिए।

15.सभी केंद्रीय कारागारों में स्वास्थ्य देख-रेख देने के लिए समर्पित टेली-मेडिसिन केंद्र होंगे।

16. निम्नलिखित औषधियाँ उपलब्ध कराई जाएगी:-

रिस्पेरिडोन, ओलानज़ापिन, क्लोजापाइन, हैलोपरिडोल, क्लोरोप्रोमेज़ीन, ट्राइहेक्सीफेनजइल, इमिप्रामिन, एमिथिपलाइन, फ्लूस्कोटिन, सर्ट्रालीन, पैरोक्सेटिन, वालप्रोएट, कार्बामाज़ापाइन, लिथियम, क्लोनिडाइन, एटोमॉक्सेटिन, लोरेज़पम, डायज़ेपाम, ऑक्सजेपाम डिसुलफिरम, नल्टरेक्सोन, एक्रैम्प्रोसेट, निकोटिन गम्स, वैरेनिकलाइन,

इंजे. फ्लुफेनज़िन इंजे. हैलोपेरिडोल, इंजे. फ्लुपेंथिक्सोल, इंजे. लोराज़ेपम, इंजे. डायजेपाम, इंजे. प्रोमेथिसिन, इंजे. थैमाइन / मल्टीविटामिन

[फा.सं. वी-15011/09/2017-पीएच-I]

लव अग्रवाल, संयुक्त सचिव

नियंत्रक, शासकीय मुद्रण तथा लेखन सामग्री, मध्यप्रदेश द्वारा शासकीय केन्द्रीय मुद्रणालय, भोपाल से मुद्रित तथा प्रकाशित–2020.