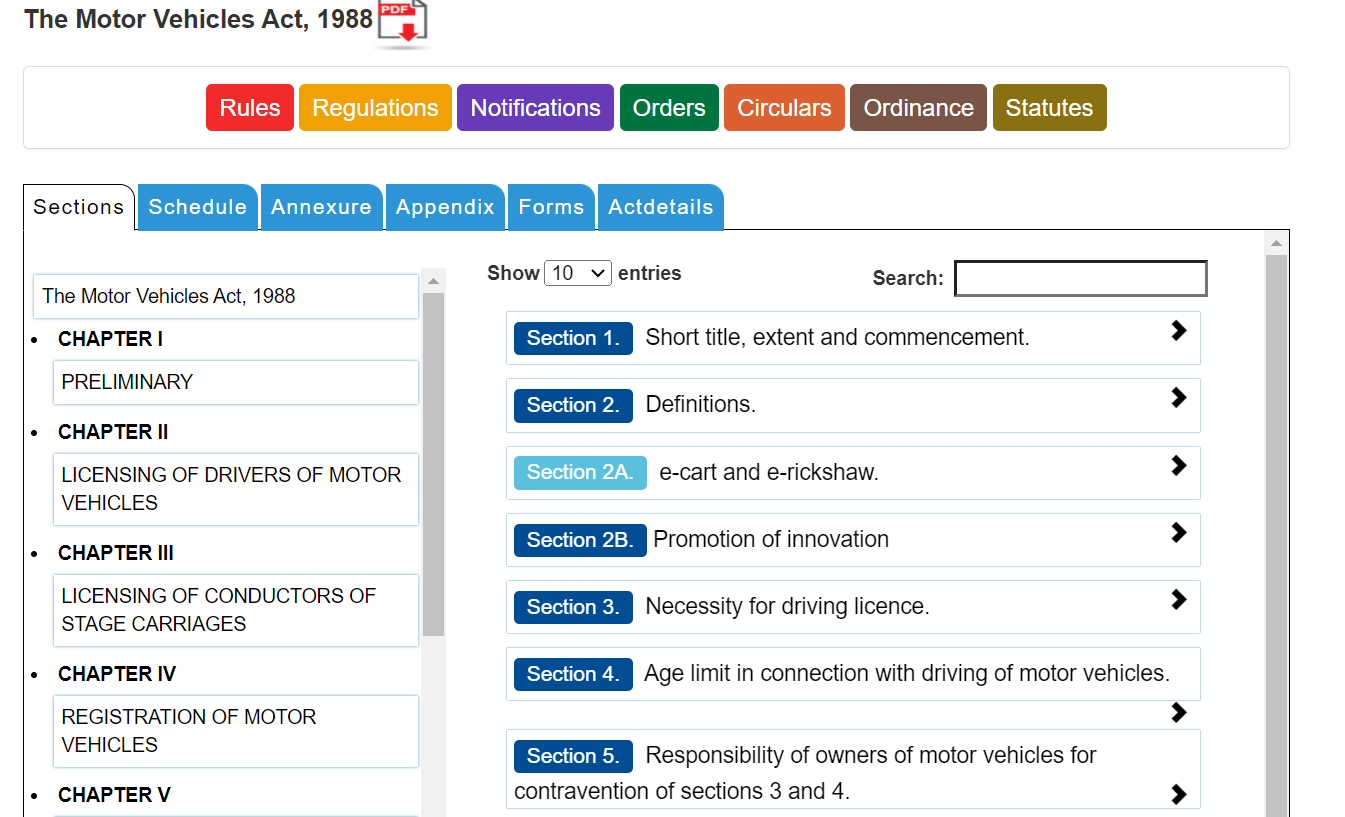
Mental Health Care Act, 2017 (Pdf download tab)

Example – Outlook of the Page



**Mental Health Care act, 2017**

Our headings will include

ACT (Mental Health care act)

RULES

AUTHORITY (sub category – CMHA, SMHA)

NOTIFICATION

FORMS

SECTION TAB

ACT

# ACT

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

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 1 – Preliminary

## Section 1

(1) This Act may be called the Mental Healthcare Act, 2017.

(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.

## Section 2 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  
(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 Rehabilitation Council of India Act, 1992 or such recognised qualifications as 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;  
(ii) in relation to any other area, the Chief Judicial Magistrate, Subdivisional 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  
(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 (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;  
(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;  
(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;  
(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;  
(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

## CHAPTER II – Mental Illness and Capacity to make mental healthcare and Treatment Decisions

## Section 3 - Determination of Mental Illness

(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.

## Section 4 – Capacity to make Mental healthcare and Treatment Decisions

(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

## Section 5- Advance Directive

(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.

## Section 6 – Manner of making advance directive

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

## Section 7 – Maintenance of Online register

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.

## Section 8 – Revocation, amendment or cancellation of advance directive

(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.

## Section 9 – Advance directive not to apply to emergency treatment

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

## Section 10 – Duty to follow advance directive

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.

## Section 11 – Power to review, alter, modify or cancel advance directive

(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.

## Section 12 - Review of advance directives

(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.

## Section 13 – Liability of medical health professional in relation to advance directive

(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

## Section 14 – Appointment and revocation of nominated representative

(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.

(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.

## Section 15 – Nominated representative of minor

(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.

## Section 16 – Revocation, alteration, etc., of nominated representative by Board

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.

## Section 17 – Duties of nominated representative

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 IV – Rights of Persons with Mental Illness

## Section 18 – Rights to access mental health care

(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.

## Section 19 – Right to Community living

(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.

## Section 20 – Right to Protection from cruel, inhuman and degrading treatment

(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.

## Section 21 – Right to equality and non-discrimination

(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.

## Section 22 – Right to information

(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.

## Section 23 Right to Confidentiality

(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.

## **Section 24 - Restriction on release of information in respect of mental illness**

(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.

## Section 25 – Rights to access medical records

(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.

## Section 26 – Rights to Personal Contacts and Communication

 (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.

## Section 27 – Rights to legal aid

(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.

## Section 28 – Right to make complaints about deficiencies in provision of services

(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

## Section 29 – Promotion of mental health and preventive programmes

(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.

## Section 30 – Creating awareness about mental health and illness and reducing stigma associated with mental illness

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.

## Section 31 – Appropriate Government to take measures as regard to human resources development and training, etc

(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.

## Section 32 – Coordination within appropriate Government

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.

## ACT DETAIL

## 

SECTION TAB

RULES

# RULES

## CHAPTER 1 Preliminary

## Section 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

## Section 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 2 Rights of Persons with Mental Illness

## Section 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.

## Section 4 Hospital and Community based rehabilitation establishment and services

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.

## Section 5 Reimbursement of the intermediary costs of treatment at mental health establishments

(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.

## Section 6 Rights 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.

## Section 7 Custodial institutions

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 3 Forms for Admission, Discharge and Leave of Absence

## Section 8 Forms 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:-

|  |  |  |  |
| --- | --- | --- | --- |
| **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 the minor | admission of the minor | Form-D |
| (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 |

## Section 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:-

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

*(Various forms included in the central rules can be downloaded from the Forms section. The below text is included in the central rules as an introduction to Form B*

## 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.

## CHAPTER 4 Prisoners with Mental Illness

## Section 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.

## Section 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.

SECTION TAB

SCHEDULE

## Schedule

## Section 1

Prompt and proper identification of persons with mental health problems should be done.

## Section 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

## Section 3

Identification of persons with serious mental illness and proper treatment and follow-up for this group.

## Section 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).

## Section 5

Availability of psycho-social interventions for prisoners with a range of mental health problems.

## Section 6

Protocols for dealing with prisoners with suicidal risk, with behavioural problems and crises related to mental illnesses as well as to prison life.

## Section 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.

## Section 8

Implementing of National Mental Health Program inside the central prisons

## Section 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.

## Section 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.

## Section 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

## Section 12 Inpatient Services

a. At least a 20-bedded psychiatric facility for every 500 prisoners

## Section 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

## Section 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.

## Section 15

All central prisons shall have dedicated tele-medicine services to provide health care

## Section 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

# AUTHORITY

SECTION TAB

AUTHORITY

2 Sub Category

CATEGORY 1

CENTRAL MENTAL HEALTH AUTHORITY

# CENTRAL MENTAL HEALTH AUTHORITY

## Section 33 Establishment of Central Authority

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

## Section 34 Composition of CMHA

(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.

## Section 35 Term of office, Salaries and allowances of chairpersons and members

(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.

## Section 36 Resignation

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.

## Section 37 Filling of Vacancies

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

## Section 38 Vacancies etc, not to invalidate proceedings of central authority

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

## Section 39 Member not to participate in meetings in certain cases

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.

## Section 40 Officers and other employees of central authority

(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

## Section 41 Functions of Chief executive officers of Central Authority

(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.

## Section 42 Transfer of assets, liabilities of Central authority

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 (14 of 1987) shall stand transferred to, and vested in, the Central Authority. 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.

## Section 43 Functions of central authority

(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 (14 of 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.

(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

## Section 44 Meetings of central authority

(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.

CATEGORY 2

STATE MENTAL HEALTH AUTHORITY

# STATE MENTAL HEALTH AUTHORITY

## Section 45 Establishment of State Authority

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.

## Section 46 Composition of State Authority

(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.

## Section 47 Term of office, salaries and allowances of chairperson and other members

(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.

## Section 48 Resignation

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.

## Section 49 Filling of Vacancies

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.

## Section 50 Vacancies, etc., not to invalidate proceedings of State Authority

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 23

(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

## Section 51 Member not to participate in meetings in certain cases

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.

## Section 52 Officers and other employees of State Authority

(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.

## Section 53 Functions of chief executive officer of State Authority

(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

## Section 54 Transfer of assets, liabilities of State Authority.

On and from the establishment of the State Authority—

(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 (14 of 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

## Section 55 Functions of State Authority

(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 (14 of 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.

(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.

## Section 56 Meetings of State Authority

(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 seniormost 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.

# NOTIFICATION

CENTRAL MENTAL HEALTH NOTIFICATION - F.No.V.15011/09/2019-PH-I.—In exercise of the powers conferred by section 122 of the Mental Healthcare Act, 2017 (10 of 2017), the Central Mental Health Authority hereby makes the following regulations, namely:-

## CHAPTER 1 Preliminary

1. Short title and commencement. –

(1) These regulations may be called the Mental Healthcare (Central Mental Health Authority) Regulations, 2020

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions. –

(1) In these regulations, unless the context otherwise requires, -

(a) “Act” means the Mental Healthcare Act, 2017 (10 of 2017);

(b) “Board” means the Board referred to in clause (d) of sub-section (1) of section 2;

(c) “Central Authority” means the Central Mental Health Authority as defined in clause (f) of sub-section (1) of section 2 of the Act

(d) “Chief Executive Officer” means the chief executive of the Authority referred to in sub-section (1) of section 40 of the Act;

(e) “Form” means a Form appended to these regulations;

(f) “Schedule” means the Schedule appended to these regulations.

(2) The words and expressions used herein and not defined but defined in the Act shall have the same meanings as assigned to them in the Act.

## CHAPTER 2 Advance Directive

3. Manner of making an advance directive.-

(1) Any person who desires to apply for a request for advance directive or fresh directive, or change or revocation, or cancellation of directive, may make an application to the Board in writing in Form A which shall be provided free of cost in all mental health establishments.

(2) If a nominated representative of a person making an application for advance directive under sub regulation (1) is named in the advance directive, such representative shall sign the request for advance directive stating his willingness to act as the nominated representative.

(3) Every application for an advance directive under sub-regulation (1), shall be signed by two witnesses attesting to the fact that the advance directive has been signed by the person making the advance directive in their presence.

(4) Every application for an advance directive shall be registered with the Board having jurisdiction at the place where the person applying for registration resides.

(5) No fee shall be charged for registration of an advance directive under sub-rule (1) with the Board.

(6) The Board shall make available a copy of the registered advance directive to the applicant and his or her nominated representative.

(7) No person shall release any copy of the advance directive or information in the advance directive to any unauthorised person or to the media.

(8) There shall be no restriction on the number of times an advance directive is changed by the person who applies for, or whose name is appeared in the directive: Provided that no person shall apply for change in the advance directive unless a period of three months have been elapsed from the date of the advance directive issued to him.

(9) Every change under sub-regulation (8) shall comply with the same process as referred to in sub regulations (1) to (6) and the previous advance directive shall become null and void on registration of a fresh advance directive with the Board.

(10) The person who has been issued the advance directive or the nominated representative of such person shall, as soon as may be possible, inform the treating mental health professional of the new advance directive.

(11) A nominated representative of the person as mentioned in the advance directive may withdraw his consent, to function as such without giving any reason – (a) by an application in writing addressed to the Board; (b) by giving three months prior notice in writing of such withdrawal to such person.

(12) The Board shall, on receipt of the application under sub-section (2) of section 11 of the Act, hold a hearing within a period of fourteen days and decide within a period of seven days thereafter on such application.

## CHAPTER 3 Central Mental Health Authority

## Section 4 - Officers and other employees of the Central Authority.-

(1) The appointment of employees of the Authority shall be governed by recruitment rules made by the Central Government.

(2) The salary, allowances, leave, joining time, joining time pay, age of superannuation and other conditions of service of the Chief Executive Officer and other employees of the Central Authority, shall be the same as applicable to the officers and employees of the Central Government drawing equivalent pay.

## Section 5 The functions of the chairperson of Authority.-

(1) The Chairperson of the Authority shall discharge the functions of the Authority, who shall be assisted by a Secretariat of the Authority headed by the Chief Executive Officer: Provided that the Chairperson may delegate all or any of his functions to the Chief Executive Officer.

(2). Important policy matters relating to the functioning of the Authority shall be placed before the Authority in its meeting.

## Section 6. Meetings of Central Authority.-

(1) The meeting of the Central Authority shall generally be held at New Delhi: Provided that the Chairperson may select any other place for meeting if the circumstances render it expedient to hold the meeting at any other place in India.

(2) The Central Authority shall meet at least twice in a year at such time and place as may be fixed by the Chairperson: Provided that the Chairperson may also call a special meeting at any time to deal with any urgent matter requiring the attention of the Authority.

(3) Every notice calling for a meeting of the Central Authority shall –

(i) specify therein the place, date and time of the meeting;

(ii) be served upon every member of the Central Authority not less than seven days prior to the day appointed for the meeting: Provided that the Chairperson may call a special meeting at any time.

(4) Along with the notice for the meeting of the Central Authority, the Chief Executive Officer shall, prepare and circulate to the members of the Central Authority an agenda for such meeting, with the approval of the Chairperson.

(5) The quorum of the meeting of the Central Authority shall be in accordance with sub-section (2) of section 76 of the Act.

(6) (a)Any member of the Central Authority may join the meeting through video conferencing during the specified time, and he shall have same rights and responsibilities as members attending the meeting in person.

(b) The member attending the meeting through video-conferencing shall also constitute the quorum.

(7) Any business which is to be placed before the Central Authority for decision but which cannot wait for the next meeting due to urgent nature, the Chairperson or the member authorised by him shall record such a decision in writing and every such decision shall be ratified in the next meeting of the Authority

(8) The Chief Executive Officer of the Central Authority shaIl forward the copy of the proceedings of each meeting of the Authority to the Central Government.

## Section 7. Conduct of Meetings.-

(1) A meeting shall be called to order by the Chairperson or, in his absence, by the Member chairing the meeting.

(2) The Chairperson or the member who presides over the meeting shall decide the sequence of the agenda items for consideration.

(3) Save as otherwise provided in these regulations, the Chief Executive Officer may invite a non member to the meeting as a special invitee, with the permission of the Chairperson.

(4) A meeting shall be called to closure by the Chairperson or the Member chairing the meeting.

## Section 8. Attendance and proceedings at Meetings.-

(1) The Chief Executive Officer shall record the attendance of members at the meeting in the attendance register maintained for the purpose by the secretariat of the Authority.

(2) The Chief Executive Officer shall record the attendance of non-members in the minutes of the meeting.

(3) The Authority may grant leave of absence to a Member not present in the meeting and the Chief Executive Officer shall record such leave of absence in the minutes of the meeting.

## Section 9. Minutes of the meetings.-

(1) The Chief Executive Officer shall record the minutes of the meeting of the Authority.

(2) The Chairperson or the Member presiding the meeting shall approve the minutes of the meeting recorded by the Chief Executive Officer, and the Chief Executive Officer shall circulate the same to the members within a fortnight of the meeting.

(3) The Chief Executive Officer shall cause the approved minutes of the meeting pasted in the Minutes Book and every page of the minutes shall be authenticated by signatures of the Chairperson or the Member who chaired the meeting.

(4) The Chief Executive Officer shall communicate the relevant extracts of the decision of the Authority to all the members for necessary follow-up action and monitor their compliance by evolving a suitable reporting system.

(5) The Chief Executive Officer shall submit an action taken report on the decisions of the last meeting in the next meeting.

## CHAPTER 4 MINIMUM STANDARDS OF FACILITIES AND REGISTRATION OF MENTAL HEALTH ESTABLISHMENTS

## Section 10. Minimum standards of facilities

Every mental health establishment under the control of the Central Government shall maintain the minimum standards specified in the Schedule.

## Section 11. The minimum qualification for the personnel engaged in mental health establishment

(1) For the ministerial and subordinate staff and any other personnel engaged in a mental health establishment for whom the minimum qualifications are not laid down in the Act, the minimum qualifications shall be governed by the recruitment rules applicable to the respective mental health establishment.

## Section 12. Maintenance of records and reporting.-

(1) The mental health establishments under the Central Government shall keep the medical records in the manner specified in Form-B.

(2) The Authority may call for any medical record on receipt of any complaint.

(3) The medical records shall be kept for the period in accordance with the extant Government instructions or any other law for the time being in force.

## Section 13. Application by the mental health establishment for permanent registration

A mental health establishment shall apply to the Central Authority for permanent registration in Form-C accompanied by a fee of rupees twenty-five thousand by way of a Demand Draft drawn in favour of the Chairperson, Central Mental Health Authority, payable at New Delhi or as may be specified by the Central Authority from time to time.

## Section 14. Manner of submitting application

A mental health establishment while submitting an application in Form-C for permanent registration with the Central Authority shall enclose therewith, details of compliance of minimum standards as specified in the Schedule and the documentary proof in support of the claim.

## Section 15. Filing of objections against grant of permanent registration to a mental health establishment

A person may file any objection to the Central Authority under sub-section (14) of section 66 of the Act in Form-D against grant of permanent registration to a mental health establishment in response to public notice within the time specified in the notice.

## CHAPTER 5 MEETINGS OF THE BOARD

## Section 16 Meetings and rules of procedure of the Board. -

(1) The Board shall meet at least once a month or more frequently as it may consider necessary.

(2) The Board shall meet at such place and at such time as the Chairperson may decide.

(3) The Chairperson shall give at least five clear days’ notice for a meeting of the Board, specifying therein the date, time and place of the meeting.

(4) The Chairperson shall preside at every meeting of the Board at which he is present, and in his absence, any other member of the Board as the Chairperson may authorise.

(5) The quorum of the meeting shall be three members of the Board including its Chairperson.

(6) If the quorum in the meeting is not present within half an hour after the time appointed for the meeting, the Chairperson may postpone the meeting to another day and the Chairperson and the members present at the postponed meeting shall constitute the quorum.

(7) All decisions of the Board shall be authenticated by the signature of the Chairperson or any other member of the Board as the Chairperson may authorize in his behalf.

(8) A visit of the Board to a mental health establishment shall be deemed to be a sitting of the Board.

(9) For the purpose of inquiry, the Board shall comply with the basic principles of natural justice and shall ensure the informed participation of the person with mental illness and the nominated representative, or a family member of the person with mental illness and the person with mental illness shall be given an opportunity to be heard.

(10) The orders of the Board shall be in writing and contain reasons.

(11) The proceedings of the Board shall be conducted in a friendly and barrier free environment.

(12) The Board shall complete any inquiry or decide on any complaint or request relating to medical treatment being received by a person with mental illness within three days of the receipt of the application so that treatment is not hampered and where the Board is not able to reach a decision within three days, the treating psychiatrist shall continue the treatment planned after taking consent from the nominated representative of the person with mental illness, if he is available.

(13) Subject to the provisions of any law for the time being in force, a decision of the Board shall not make a mental health professional liable to civil or criminal proceedings unless the Board after inquiry in this regard records that act or omission by such mental health professional were mala fide or without reasonable care or illegal under any law for the time being in force.

## CHAPTER 6 PSYCHOSURGERY AND RESTRAINTS

## Section 17 Restriction on psychosurgery.-

(1) The attending psychiatrist may submit an application, with the following papers to the Board, seeking approval for the psychosurgery procedure, namely:-

(a) a certified copy of the written informed consent for psychosurgery duly signed by the person on whom it is proposed to be performed;

(b) a detailed submission by the attending psychiatrist with clinical summary of the case, explaining and justifying the need, suitability and safety of the proposed psychosurgery;

(c) the certified copies of such person’s medical records.

(2) The Board may ask for additional information and documents from the attending psychiatrist, as may be necessary.

## Section18. Restraints

The mental health professional shall take the following additional preventive measures in a mental health establishment to contain the use of restraint to the absolute minimum, namely:-

(a) he shall give periodic training to the staff of the mental health establishment in learning and adopting alternatives to the use of restraints;

(b) he shall discuss the option of sedation with the person with mental illness or his nominated representative in accordance with the provisions of section 89 and section 90 of the Act to manage the crisis and to avoid restrain;

(c) he shall submit the monthly report to the Board, under sub-section (7) of section 97 of the Act, which shall be a calendar month report and shall contain the details in Form-E which shall be signed by the person in-charge of the mental health establishment;

(d) he shall forward the restraint report to the respective Board on monthly basis within the first week of the next month.

## Category – Schedule Minimum Standards for Registration of Mental Health Establishments

**Standard 1.** The premises shall – (a) be a pucca structure; (b) be equipped with functional windows and doors with strong and intact vertical grills and wire meshes to avoid attempts for suicide or self-harm; (c) have lift with generator or power backup for areas having more than four floors; (d) have sufficient ventilation and natural light; (e) have sufficient illumination after sunset for reading without causing strain to the eyes; (f) have illuminated passages leading to toilets and emergency exits during the night; (g) have inverters or power back-up for emergency lights during power failures; (h) have periodic maintenance of the mental health establishment; and (i) have heaters and coolers subject to safety and health of residents, according to seasons.

**Standard 2**. The living conditions shall be comfortable with – (a) separate cots, mattresses, pillow and blanket (with due regard to the season) for each patient placed in a manner that there is sufficient space between each bed; (b) residents must not be made to sleep on the floor; (c) hygiene; and (d) adequate fans.

**Standard 3**. Hygiene, cleanliness and sanitation shall be maintained by - (a) daily sweeping, swabbing and dusting of the entire premises; (b) sanitation maintained in all the areas including toilets and bathrooms using disinfectants (c) adequate number of toilets and bathrooms and separate toilets and bathrooms for male and female inpatients, and disposal facilities for sanitary napkins; and (d) adequate availability of water in wash basins, bathrooms and toilets; (e) periodic fumigation, pest control and fixing of wire meshes on all doors and windows to keep out pests; (f) cleaning and changing the linen regularly; (g) providing in every Institution automated laundry service, or a separate area for washing and drying clothes, with adequate manpower, so that the laundry is collected, washed, dried and returned to the residents the same day or by out-sourcing the laundry service; and (h) adequate arrangements for safe disposal of biomedical waste.

**Standard 4**. Wholesome, sumptuous and nutritive food and potable drinking water shall be provided in comfortable settings and - (a) food shall be served in a respectable and comfortable manner; (b) hygienic and nutritious food shall be served; (c) cooks and persons involved in preparation and serving of food must undergo mandatory health check-ups periodically; aprons, masks and headgears must be provided to all; (d) food must be served at frequent intervals under the supervision of sufficient number of attendants so that there shall be no long gap between meal times; (e) the food served to each patient must meet their unique dietary requirements; meal plans and diet charts must be prepared by a dietician; and (f) special diet based on special nutritional requirements must be given to women who are elderly, pregnant, lactating, or have recently undergone abortion or miscarriage.

**Standard 5**. Facilities shall be provided for social, cultural, leisure and recreational activities including - (a) entertainment programs, socials and excursions for inpatients; and (b) furnished visitors’ room for families coming to meet the inpatients.

**Standard 6**. Adequate number of health professionals shall be employed to provide proper treatment and - (a) the inpatients seen on a regular basis by a mental health professional; (b) a medical officer shall be available on call twenty-four hours to meet the emergencies: (c) the trained human resources in mental health shall be made available to provide mental health services: (d) human resources requirement shall be specified by the respective Government as per the availability of local resources; and (e) provisions must be made for emergency treatment; ambulances equipped with necessary medical equipment must be kept ready at all times in the mental health establishments.

**Standard 7**. Medical and para-medical staff shall be engaged in accordance with the specified requirements and - (a) there shall be regular visits by a qualified medical practitioner, in accordance with the norms fixed by the appropriate government, for checkup and treatment; (b) nurses engaged for shift duty shall be in conformity with the norms made by the Indian Nursing Council from time to time; (c) multipurpose workers, one for every ten beds or part thereof shall be employed; and (d) multipurpose workers shall be engaged after an adequate induction training programme.

**Standard 8**. The premises shall have adequate floor space having - (a) separate wards for mentally ill female inpatients and mentally ill male inpatients; (b) adequate space between beds; (c) adequate dimension to ensure comfortable passage and safe evacuation in case of emergencies; (d) ward bed and surrounding space not less than one metre on all sides; (e) common room, where possible, which has television, newspapers, magazines and indoor games and the chairs provided is 1:4 ratio; and (f) outpatient department and inpatient facilities shall have sitting arrangements for patients and accompanying family members, registration, help and cash counters, drinking water facilities and separate toilets for males and females.

**Standard 9**. Equipment and articles shall be procured and used for inpatients in accordance with the requirements in mental health establishment having - (a) medical equipment and instruments, commensurate with the scope of services and the number of beds; (b) anesthesia equipment and oxygen cylinders with flow meter for establishments providing electro convulsive therapy services in acute care services; (c) equipment and inventory kept in a good usable condition; (d) sufficient sets of basic equipment such as blood pressure apparatus, stethoscope, weighing machine, thermometer and like other equipments: (e) sufficient stock of drugs, medical devices and consumables; (f) first aid box with standard contents; a daily check done for replenishments; and (g) an examination table with foot step.

**Standard 10**. Alternate methods shall be used in place of restraint to de-escalate crises situations and (a) physical restraints to be used only to prevent inpatients from hurting themselves or others, with the permission of the medical practitioner on duty or consultant psychiatrist and the circumstances shall be recorded in a separate register kept for this purpose; (b) nursing staff shall be trained to use de-escalation techniques to prevent patients from harming themselves and others; and (c) adequate number of security staff must be hired, with an equal number of female guards.

**Standard 11**. There shall be protection of privacy, dignity, safety and security of patients especially of women and their confidentiality and - (a) no discrimination on the grounds of religion, race, caste, sex, creed, place of birth and economic condition or on any other ground in the matter of admission or treatment of patients; (b) reasonable freedom and facility for pursuing religious beliefs; (c) physical examination or treatment of female patients done shall be in the presence of a female attendant or female nursing staff, if conducted by male medical staff inside the hospital and vice versa; (d) independent lockers provided to patients to keep their personal belongings; (e) necessary procedures exist to meet fire and non-fire emergencies and safe exit of inpatients and others; (f) appropriate display of directional fire exit signage, at least in two languages, one of which is local; (g) all fire safety measures taken including fire prevention, detection, mitigation, evacuation, containment and mock drills; (h) firefighting equipment to be periodically inspected, chemicals replenished and shall be kept in usable condition; (i) residents must be provided with adequate number of clean undergarments and disposable sanitary napkins that are marked for personal use in public mental health establishments; and (j) each individual resident must be provided with basic hygiene articles such as slippers, towels and combs, bathing and washing soap on a fortnightly basis, and at least two shampoo sachets every week; basic cosmetics such as powder, cream, bindis and kumkum and other items should be provided in sufficient quantity.

**Standard 12.** Every mental health establishment shall comply with the provisions of the Right of Persons with Disabilities Act, 2016 (49 of 2016).

# FORMS

## FORM A - FOR MAKING, AMENDING/ REVOKING AND CANCELLING ADVANCE DIRECTIVE

1. Name (Attach copy of photo identity document proof): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Age (Attach copy of age proof for being above 18 years of age):\_\_\_\_\_\_\_\_\_\_\_

3. Father’s/ Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address (Attach copy of proof):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note.- Any valid identity proof like Birth Certificate, Driving License, Voter’s Card, Passport, Aadhaar card, etc. shall be admissible as address proof and age proof.

5. Contact number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Registration no. of previous advance directive (to be filled in case of amendment/ revocation/ cancellation of advance directive):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. I wish to be cared for and treated as under (not to be filled in case of revocation/ cancellation of advance directive): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. I wish not be cared for and treated as under (not to be filled in case of revocation/ cancellation of advance directive): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Any history of allergies, known side effects, or other medical problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. I have appointed the following persons in order of precedence(Enclosed photo ID and age proof), who are above 18 years of age to act as my nominated representatives to make decisions about my mental illness treatment, when I am incapable to do so (not to be filled in case of revocation/ cancellation of advance directive):

(a) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father's/Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: ………………………………...………. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father's/Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: ………………………………...……….

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Any number of nominated representatives can be added]

11. Signature of applicant…………………………….Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Signature of witnesses:

13. Mr./ Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the mental capacity to make/ amend/ revoke/ cancel an advance directive at the time of signing this form and has signed it in our presence of his/ her own free will.

Witness 1: (Name)……………….(Signature)………….Date……...

Witness 2: (Name)……………….(Signature)………….Date……..

Enclosure(s):

Note.- Please strike off those which are not required

## FORM B - Basic Medical Records

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 matters): (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 of the 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 recommendation

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 assessment Specify

Therapy Specify

Any other Specify

Assessed by Verified/ supervised by (if applicable)

Name: Name:

Date: Date:

Qualification: Qualification:

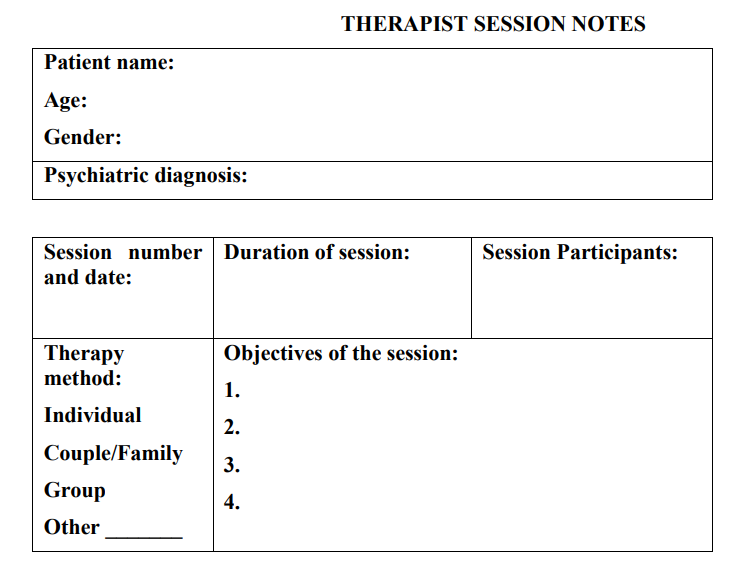
Signature: Signature:

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.\_\_\_\_\_\_\_\_\_\_\_\_



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 Supervised by (if applicable)

Name: Name:

Date: Date:

Qualification: Qualification:

Signature: Signature:

## FORM C - APPLICATION FOR PERMANENT REGISTRATION OF A CENTRAL MENTAL HEALTH ESTABLISHMENT

1. Name of the establishment:

2. Postal address:

3. Category:

4. Name, qualifications and experience of the in charge of the establishment:

5. Number of beds:

6. Past/ Current Registration No…………………...…………….(Attach a copy) (In case registration was under the Clinical Establishments (Registration and Regulation) Act, 2010 (23 of 2010) or any other law, such Registration No with a copy of Registration Certificate be enclosed with this application)

7. Services provided (tick what is provided)

(a) Out-patient

(b) In-patient

(c) Emergency

(d) Day Care

(e) Electro convulsive therapy

(f) Imaging

(g) Psychological testing

(h) Investigation and laboratory

(i) Any other (Specify)

8. Staff (Numbers):

(a) Medical officers and specialists

(b) Para-medical/ para-clinical staff

(c) Attenders

(d) Health educators

(e) Multi-purpose workers

(f) Others (Specify) Details of registration fee paid:

DECLARATION

We hereby undertake to abide fully by the provisions of the Mental Health Care Act, 2017 (10 of 2017) and rules and the regulations made thereunder.

CONFIRMATION

We confirm that our establishment complies with the minimum standards specified under the Central Mental Health Authority Regulations, 2020 under which we are seeking registration.

PRAYER

We request for registration of our mental health establishment with the Authority.

Date

Place

Signed by the authorized signatory

(Name and designation of the signatory)

Stamp of the mental health establishment

Enclosure:

## FORM D- FILING OBJECTIONS AGAINST GRANT OF PERMANENT REGISTRATION TO A CENTRAL MENTAL HEALTH ESTABLISHMENT

The Chairperson, Central Mental Health Authority………………………. It is in my knowledge that the Mental Health Establishment (name) …………………………………… situated at …………………………………… does not fulfill the following requirements for registration under section 65 (4) of the Mental Health Care Act, 2017 (10 of 2017) and the rules and regulations made thereunder.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1.

2.

3.

Please take necessary action accordingly

Address:

Mobile number:

E-mail:

Signature:………………………

Date: Name:…………………………

Enclosure:

## FORM E Physical Restraint Monitoring and Reporting Form

Name of the Patient: Date:

Sex:

Age:

File No:

Provisional Diagnosis:

Date of Admission:

Indication for Physical Restraint (encircle): (1) Violence (2) Agitation (3) Aggression (4) Self-harm (5) Suicidal attempt (6) Other (specify)…………………………………

Informed Consent of the Nominated Representative taken: Yes/ No

Name and Signature of the Nominated Representative: If informed

If Consent not taken, mention the reason

Date and Time of Physical Restraint:

|  |  |  |
| --- | --- | --- |
| DATE | TIME | |
|  | FROM | TO |
|  |  |  |
|  |  |  |

Overall assessment of medical conditions of the person under physical restraint including injuries, blood supply to limbs, blood pressure, pulse, etc. or any other relevant parameter: ……………………………………………………………………. ……………………………………………….………………………………………...…….……………… …………………………….…………………………………………….…………………………………… ……….……………………………………….

Mention the dose and frequency of medications administered during the Physical Restraint

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medication | Dose | Route | Frequency | Total Dose | Side effects |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Name, Signature and Seal of the person in-charge of the mental health establishment: