

**PARLIAMENT OF INDIA**  
**RAJYA SABHA**

**THE MENTAL HEALTH BILL, 1981**  
**REPORT OF THE JOINT COMMITTEE**

(Presented on 2nd May, 1986)

सत्यमेव जयते



**RAJYA SABHA SECRETARIAT**  
**NEW DELHI**

**MAY, 1986**

## C O N T E N T S

	PAGES
1. COMPOSITION OF JOINT COMMITTEE . . . . .	(iii)
2. REPORT OF THE JOINT COMMITTEE . . . . .	(vii)
3. BILL AS REPORTED BY THE JOINT COMMITTEE . . . . .	1
4. APPENDICES . . . . .	37-145
I. Motion in the Rajya Sabha for reference of the Bill to a Joint Committee (Earlier Joint Committee) . . . . .	37
II. Motion in the Lok Sabha . . . . .	38
III. Fresh Motion in the Rajya Sabha for reference of the Bill to a Joint Committee (Present Joint Committee) . . . . .	39
IV. Fresh Motion in the Lok Sabha . . . . .	41
V. Press Communique issued on the 30th August, 1982 . . . . .	42
VI. List of Individuals/Organisations etc., from whom memoranda, comments were received by the Joint Committee . . . . .	44
VII. List of witnesses who tendered evidence before the Joint Committee . . . . .	47
VIII. Notes on the Study visits of the Joint Committee to Mental Health Institute at :—	
(i) By Study Group-I to Varanasi, Calcutta and Tezpur . . . . .	49
(ii) By Study Group-II to Agra, Nagpur and Pune . . . . .	60
(iii) By Study Group-III to Panaji, Trivandrum and Hyderabad . . . . .	62
(iv) By the Joint Committee to Panaji (Goa) . . . . .	65
(v) By the Joint Committee to Srinagar (Jammu and Kashmir) . . . . .	68
(vi) By the Joint Committee to Shahadara, Delhi . . . . .	69
(vii) By the Joint Committee to Madras . . . . .	76
IX. Minutes of the meetings of the Joint Committee (Earlier Joint Committee) . . . . .	83
X. Minutes of the meetings of the Joint Committee. (Present Joint Committee) . . . . .	112



सत्यमेव जयते

## COMPOSITION OF THE PRESENT JOINT COMMITTEE

1. Shri Bhuvnesh Chaturvedi—*Chairman*

*Members*

*(Rajya Sabha)*

2. Shri Sukhdev Prasad

3. Shri Kishor Mehta

4. Shri Natha Singh

5. Shrimati Amarjit Kaur

\*6. Shrimati Na Bhattacharya

7. Shri Era Sankar Dasgupta

8. Dr. Bapu Kaldate

9. Shri Jagdambi Prasad Yadav

10. Shri Leonard Solomon Saring

*Lok Sabha*

11. Shri Pratapsinh Baghel

12. ~~Shri K. V. Bhatnagar~~

13. Shri Narayan Choubey

14. Shri H. N. Nanje Gowda

15. Shri Seth Hembrom

16. Shri Lala Ram Ken

17. Ch. Rahim Khan

18. Shrimati Kesharbai Kshirsagar

19. Shri U. H. Patel

20. Shri K. Pradhani

21. Dr. V. Rajeshwaran

22. Shri Prabhu Lal Rawat

23. Shri D. N. Reddy

24. Shri Ajit Kumar Saha

25. Shrimati Kishori Sinha

26. Shri S. Thangaraju

27. Dr. Chandra Shekhar Tripathi

28. Dr. V. Venkatesh

29. Dr. Golam Yazdani

30. Shrimati Mohsina Kidwai

---

\*Retired from the membership of the Rajya Sabha on 2nd April, 1996.

(iv)

**SECRETARIAT**

**Shrimati K. K. Chopra, Additional Secretary**

**\*Shri J. P. Singh, Joint Secretary**

**Shri T. K. Bhowmick, Chief Legislative Committee Officer.**

**Shri K. S. Rajpal, Senior Examiner of Questions.**

**REPRESENTATIVES OF THE MINISTRIES**

**Ministry of Health and Family Welfare**

**Shri P. R. Dasgupta, Joint Secretary**

**Miss C. Cintury, Deputy Secretary**

**Ministry of Law and Justice**

**Shri A. C. C. Unni, Joint Secretary and Legislative Counsel**

**Shri Y. P. Sud, Deputy Legislative Counsel.**



**\*Took over as Joint Secretary w.e.f. 17-2-1986.**

## COMPOSITION OF THE EARLIER JOINT COMMITTEE

1. Shri Sukhdev Prasad—Chairman

### MEMBERS

#### (Rajya Sabha)

2. Shri Bhuvnesh Chaturvedi
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Amarjit Kaur
- \*6. Shri Era Sambasivam
7. Shrimati Ila Bhattacharya
- \*8. Dr. Bapu Kaldate
- \*9. Shri Jagdambi Prasad Yadav
10. Shri Leonard Solomon Saring

#### (Lok Sabha)

11. Shri M. Ankineedu
12. Shri Anwar Ahmad
13. Dr. A. U. Azmi
14. Shri H. N. Nanje Gowda
15. Shri Jaipal Singh Kashyap
16. Shri Lala Ram Ken
17. Shri Keyur Bhushan
18. Shri K. T. Kosalram
19. Shrimati Kesharbai Kshirsagar
20. Dr. V. Kalandaivehu
21. Shri K. M. Madhukar
22. Dr. Mahipatray M. Mehta
23. Shri Hiralal R. Parmar
24. Dr. Saradish Roy
25. Shrimati Kishori Sinha
26. Shri Manmohan Tudu

\*Appointed on the 9th May, 1964 in the vacancies caused by the retirement of Shri P. Anbalagan, Dr. M. M. S. Siddhu, Shri Kalraj Mishra and Shri Abdul Rahman Sheikh from the membership of the Rajya Sabha on the 2nd April, 1964.

(vi)

27. Shri Atal Bihari Vajpayee
28. Dr. Golam Yazdani
29. Shri V. S. Vijayaraghavan
30. Shri B. Shankaranand

SECRETARIAT

Shrimati K. K. Chopra, *Additional Secretary*  
Shri A. S. Sarin, *Chief Legislative Committee Officer*  
Shri S. B. Mathur, *Senior Examiner of Questions.*

REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*

Dr. D. B. Bisht, *Director General, Health Services*  
Shri P. R. Dasgupta, *Joint Secretary.*

*Ministry of Law and Justice*

Shrimati V. S. Ramadevi, *Additional Secretary*  
Shri B. S. Saluja, *Deputy Legislative Counsel.*



---

\*Appointed on the 12th April, 1966 in vacancy caused by the death of Shri Mohd. Yusuf.

## REPORT OF THE JOINT COMMITTEE

1. The Chairman of the Joint Committee to which the Bill\* to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto, was referred, having been authorised by the Joint Committee to submit the Report on its behalf, present this Report of the Committee with the Bill as amended by the Committee, annexed thereto.

2. The Bill was introduced in the Rajya Sabha on 14th December, 1981. The Motion for reference of the Bill to Joint Committee of the Houses was moved in the Rajya Sabha by Shri B. Shankaranand, the then Minister of Health and Family Welfare on 27th July, 1982 and was adopted by the House on the same day (Appendix—I).

3. The Motion was transmitted to the Lok Sabha on 28th July, 1982. The Lok Sabha concurred with the motion on 13th August, 1982 and the message from the Lok Sabha was reported to the Rajya Sabha on 16th August, 1982 (Appendix—II).

4. The Committee held 22 meetings, of these two meetings (on 7th and 8th June, 1983) were held at Bangalore and three meetings (on 10th, 11th and 12th October, 1983) were held at Ranchi with the permission of the Chairman, Rajya Sabha and the rest at New Delhi (Appendix IX).

5. At its first meeting held on the 30th August, 1982, the Committee decided that a press communique be issued inviting views and suggestions from individuals, organisations and institutions interested in the subject matter of the Bill. The press communique was accordingly issued on 30th August, 1982 (Appendix—V).

6. Thirty-eight memoranda containing views, comments and suggestions on the provisions and various aspects of the Bill were received by the Committee from several individuals, organisations and institutions (Appendix—VI).

7. The Committee decided on 30th August, 1982 to invite witnesses to give oral evidence on the Bill and authorised the Chairman to issue invitations.

The Chairman requested members of the Committee to suggest the names of persons, organisations and institutions to be invited to give oral evidence before the Committee.

8. The Committee heard the evidence tendered by 23 witnesses (Appendix—VII).

---

\*Published in Part II Section 2 of the Gazette of India Extraordinary dated the 14th December, 1981.



9. To make on-the-spot study of the functioning of Mental Health Institutions in the country, three Study Groups of the Committee visited:—

- |           |                               |
|-----------|-------------------------------|
| Group I   | — Varanasi-Calcutta-Tezpur    |
| Group II  | — Agra-Nagpur-Pune            |
| Group III | — Panaji-Trivandrum-Hyderabad |

Study Notes on the visits by the Study Groups of the Committee to the Mental Health Institutions at the above-mentioned places are appended to the Report (Appendix—VIII). The Committee visited Bangalore and Ranchi to record oral evidence of witnesses.

10. The Seventh Lok Sabha was dissolved on 31st December, 1984, before the Committee could complete its deliberations.

11. The Eighth Lok Sabha was constituted on 31st December, 1984.

12. A fresh motion for reference of the Bill to a Joint Committee of the Houses was moved in the Rajya Sabha on 22nd March, 1985 by Shrimati Mohsina Kidwai, Minister of Health and Family Welfare and was adopted by the House on the same day (Appendix—III).

13. The Motion was transmitted to the Lok Sabha on 25th March, 1985 and the Lok Sabha concurred with the Motion of the Rajya Sabha on 25th April, 1985 (Appendix—IV). A message from the Lok Sabha was reported to the Rajya Sabha on 29th April, 1985.

14. The Committee held 18 meetings (Appendix—X).

15. At its first meeting held on 28th May, 1985, the Committee decided to treat the work done by the earlier Joint Committee to form part of work of this Committee. It also decided that all the memoranda received and the oral evidence recorded by the earlier Joint Committee be treated as part of Memoranda received and oral evidence recorded by the present Committee.

16. The Committee requested the members to suggest the names of individuals/representatives of organisations and institutions whom they would like to be considered for being invited to give oral evidence before the Committee.

17. Nine fresh Memoranda containing the views, comments and suggestions on the provisions and various aspects of the Bill were received by the Committee from individuals, organisations and institutions (Appendix—VI).

18. The Committee also decided to visit a few places outside Delhi to make on-the-spot study of the functioning of the mental health institutions. In its second meeting held on 12th August, 1985 the Committee took the view that as it would not be practicable for the Committee to complete its on-the-spot study visits and finalise its Report before 31st October, 1985, i.e. the time earlier prescribed for the presentation of the Report, it decided to seek extension of time up to the first day of the last week of the 136th Session of the Rajya Sabha for presentation of its Report.

19. To make on-the-spot study of the functioning of some other mental health institutions in the country, the Committee visited Panaji (Goa), Srinagar (J & K), Shahdara in Delhi and Madras.

Study Notes on the visits by the Committee to the mental health institutions at the above-mentioned places are appended to the Report (Appendix VIII).

20. The Committee heard the evidence tendered by five witnesses (Appendix VII).

21. The Committee was to present its Report to the House by 31st October, 1985. The Committee was, however, granted two extensions of time: to the first day of the last week of the Hundred and Thirty-sixth Session, to the first day of the last week of the Hundred and Thirty-eighth Session of the Rajya Sabha.

22. The Committee considered the Bill, clause-by-clause, at their sittings held on 16th January, 3rd and 4th February, and on 1st, 2nd, 14th and 15th April, 1986

23. At their meeting held on 15th April, 1986, the Committee decided that the evidence recorded and Memoranda received by both the earlier and the present Committee should be laid on the Table of both the Houses and that a set of Memoranda received by both the earlier and the present Committee from various individuals, organisations and institutions be placed in the Parliament Library after the Report is presented to the House, for reference by Members of Parliament.

24. The Committee considered and adopted the Draft Report at its meeting held on 24th April, 1986.

25. The changes suggested by the Committee in the Bill and the reasons therefor are set out in the succeeding paragraphs of this Reports:—

#### *Clause 15*

The Committee feels that if any person who considers himself/herself to be a mentally ill person and happens to be illiterate he/she may not be able to make an application in the prescribed form for admission as voluntary patient. The Committee, is therefore, of the view that for voluntary admission of a patient to a psychiatric hospital/psychiatric nursing home, only consent and not formal application should be obtained from such a patient.

The clause has been amended accordingly.

#### *Clause 16*

The amendment made in this clause is of a consequential nature.

#### *Clause 17*

The Committee is of the view that the enquiry should be specific and a time limit of 24 hours should be included in the clause itself so that the medical officer in charge may decide within a period of 24 hours as to whether a person or a minor requires treatment as an inpatient in the psychiatric hospital or psychiatric nursing home. The Committee has, therefore, incorporated the words "within a period not exceeding 24 hours" in the sub-clause (1), which has been amended accordingly.

The other amendments made in this clause are of consequential nature.

Clause 18

The Committee is of the view that the leave of absence for voluntary patients does not seem necessary as the patient can be discharged on a request made by him/her instead of being granted leave of absence for a period up to sixty days. The Committee also feels that if the medical officer in charge of a psychiatric hospital or psychiatric nursing home is of the opinion that such discharge will not be in the interest of the patient, a Committee consisting of two medical officers may recommend such treatment as may be required for the patient which may not exceed 90 days.

The clause has, therefore, been amended accordingly.

*Original Clauses 20 and 21*

The Committee is of the opinion that the friends/relatives of a mentally ill person may go to the doctor instead of going to the Magistrate for temporary treatment of that person and that the Magistrate should be approached only when there are no friends or relatives to take care and the mentally ill person is wandering.

The Committee is also of the view that instead of the five types of admissions of mentally ill persons provided under the provisions of the Bill, there should be as less number of categories of such admissions as possible.

The entire Part III consisting of clauses 20 and 21, has, therefore, been omitted.

*Clause 23 (Original Clause 25)*

The Committee is of the opinion that the word "arrest" provided in the clause implies a stigma to a mental patient and therefore the word "arrest" should be substituted by the word "protection" so that there may not be any stigma attached to a mental patient when the police takes him/her under their protection.

The clause has been amended accordingly.

*Clause 25 (Original Clause 27)*

The Committee feels that the fine of rupees one thousand provided in sub-clause (4) of this clause for the relatives or other persons, who do not take proper care and wilfully neglect to comply with the orders of the Magistrate for proper care and maintenance of the mentally ill person, is very nominal and, therefore, recommends that it should be enhanced to rupees two thousand so that it may prove an effective deterrent.

The clause has been amended accordingly.

*Original Clause 28*

The Committee is of the view that the provision made under this clause for admission of mentally ill persons to psychiatric hospitals or psychiatric nursing homes in case of emergencies is redundant as the provision made for admission under special circumstances in clause 19 of the Bill already covers the cases of admissions in emergencies.

The clause has, therefore, been omitted.

*Clause 37 (Original Clause 40)*

The Committee feels that appointment of visitors should be made by the State Government if such a psychiatric hospital or psychiatric nursing home is under the control of the State Government. In case a psychiatric hospital or psychiatric nursing home is under the control of the Central Government the appointment of visitors should be made by the Central Government.

The Committee is also of the view that out of the five visitors to be appointed by the State Government or the Central Government, as the case may be, at least two visitors should be social workers.

The Committee is also of the opinion that besides the head of the Medical Services of the State, his nominee, preferably a psychiatrist, should also be a visitor of all the psychiatric hospitals and psychiatric nursing homes in the State as it may not be possible for the head of the Medical Services alone to personally visit every time.

The clause has been amended accordingly.

*Clause 38 (Original Clause 41)*

The Committee is of the view that if any of the visitors does not participate in the joint inspection of the psychiatric hospital or psychiatric nursing home consecutively for three months, his/her membership should be terminated automatically.

A new proviso to this clause has been added accordingly.

*Clause 39 (Original Clause 42)*

The amendment made in this clause is clarificatory and consequential.

*Clause 40 (Original Clause 43)*

The Committee feels that the power to discharge any person, other than a voluntary patient detained or undergoing treatment, by the medical officer in charge of a psychiatric hospital or a psychiatric nursing home, should be exercised on the recommendations of the two medical practitioners, one of whom should preferably be a psychiatrist, as it would ensure that there is no malpractice or arbitrary use of discretionary power in the matter of discharge of a person by the medical officer in charge of a psychiatric hospital or psychiatric nursing home.

The clause has been amended accordingly.

*Clause 81 (Original Clause 84)*

The Committee feels that to protect the human rights of a mentally ill person it is necessary that such provisions which could be invoked by medical practitioners under the pretext of compelling circumstances, by recording his reasons in writing, should be deleted.

Accordingly, sub-clause (2) of this clause has been omitted.

*Clause 84 (Original Clause 87)*

The Committee is of the view that the fine of rupees five hundred provided in the clause for the manager, who manages the property of the mentally ill person, on his/her contravention of the provisions of

the relevant sections of this Act, is too small to prove an effective deterrent in such cases. The Committee is, therefore, of the view that fine in such cases should be enhanced to two thousand rupees.

The clause has been amended accordingly.

*Clause 89 (Original Clause 92)*

The Committee is of the opinion that the procedure to send a report every six months, by the medical officer incharge of a psychiatric hospital or psychiatric nursing home wherein any mentally ill person is detained, to the concerned authority under whose orders the person has been detained is too cumbersome. The Committee feels that the concerned authority may be informed, as soon as may be, after the release of the mentally ill person from psychiatric hospital/nursing home after treatment, instead of sending reports every six months.

The clause has been amended accordingly.

*Clause 94 (Original Clause 97)*

The amendments made in this clause are of consequential nature.

*Clause 95 (Original Clause 98)*

The amendment made in this clause is of drafting nature.

26. All other modifications not enumerated in the foregoing paragraphs are either of consequential or of drafting nature.

27. The Committee would like to draw the attention of the Government to the post-cure rehabilitation aspects of cured mental patients who belong to the weaker sections of society who may not have any place to go. The Committee would like the Government to consider as to how best some social security or economic rehabilitation and where necessary through establishment of rehabilitation centres could be provided to this segment lest they may lapse into mental illness again.

28. The Committee recommends that the Bill, as amended, be passed.

BHUVNESH CHATURVEDI,  
Chairman,

Joint Committee on the  
Mental Health Bill, 1981.

NEW DELHI,  
April 24, 1986.

**Bill No. XLI of 1981**

**THE MENTAL HEALTH BILL, 1981**

(AS REPORTED BY THE JOINT COMMITTEE)

[Words side-lined or underlined indicate the amendments suggested by the Committee; asterisks indicate omissions]

A

**BILL**

*to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto.*

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

**CHAPTER I**

**PRELIMINARY**

5     1. (1) This Act may be called the Mental Health Act, 1986.

      (2) It extends to the whole of India.

      (3) It shall come into force on such date as the Central Government may, by notification, appoint and different dates may be appointed for different States and for different provisions of this Act, and any reference  
10 in any provision to the commencement of this Act in a State shall be construed as a reference to the coming into force of that provision in that State.

Short  
title,  
extent  
and  
com-  
mence-  
ment.

Defini-  
tions.

2. In this Act, unless the context otherwise requires,—

(a) “cost of maintenance”, in relation to a mentally ill person admitted in a psychiatric hospital or psychiatric nursing home, shall mean the cost of such items as the State Government may, by general or special order, specify in this behalf;

5

(b) “District Court” means, in any area for which there is a city civil court, that court, and in any other area the principal civil court of original jurisdiction, and includes any other civil court which the State Government may, by notification, specify as the court competent to deal with all or any of the matters specified in this Act;

10

(c) “Inspecting Officer” means a person authorised by the State Government or by the licensing authority to inspect any psychiatric hospital or psychiatric nursing home;

(d) “licence” means a licence granted under section 8;

(e) “licensee” means the holder of a licence;

15

(f) “licensed psychiatric hospital” or “licensed psychiatric nursing home” means a psychiatric hospital or psychiatric nursing home, as the case may be, licensed, or deemed to be licensed, under this Act;

(g) “licensing authority” means such officer or authority as may be specified by the State Government to be the licensing authority for the purposes of this Act;

(h) “Magistrate” means,—

(1) in relation to a metropolitan area within the meaning of clause (k) of section 2 of the Code of Criminal Procedure, 1973, 25 2 of 1974 a Metropolitan Magistrate;

(2) in relation to any other area, the Chief Judicial Magistrate, Sub-Divisional Judicial Magistrate or such other Judicial Magistrate of the first class as the State Government may, by notification, empower to perform the functions of a Magistrate 30 under this Act;

(i) “medical officer” means a gazetted medical officer in the service of Government and includes a medical practitioner declared, by a general or special order of the State Government, to be a medical officer for the purposes of this Act;

35

(j) “medical officer in charge”, in relation to any psychiatric hospital or psychiatric nursing home, means the medical officer who, for the time being, is in charge of that hospital or nursing home;

(k) “medical practitioner” means a person who possesses a recognised medical qualification as defined—

40

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

(ii) 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; and

45 122 of 1956.

59 of 1973.

(iii) 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;

5 (l) "mentally ill person" means a person who is in need of treatment by reason of any mental disorder other than mental retardation:

(m) "mentally ill prisoner" means a mentally ill person for whose detention in, or removal to, a psychiatric hospital, psychiatric nursing home, jail or other place of safe custody, an order referred to in section 27 has been made;

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

15 (o) "notification" means a notification published in the Official Gazette;

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

20 (q) "psychiatric hospital" or "psychiatric nursing home" means a hospital or, as the case may be, a nursing home established or maintained by the Government or any other person for the treatment and care of mentally ill persons and includes a convalescent home established or maintained by the Government or any other person for such mentally ill persons; but does not include any general hospital or general nursing home established or maintained by the Government and which provides also for psychiatric services;

25 (r) "psychiatrist" means a medical practitioner possessing a post-graduate degree or diploma in psychiatry, 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;

30 (s) "reception order" means an order made under the provisions of this Act for the admission and detention of a mentally ill person in a psychiatric hospital or psychiatric nursing home;

35 (t) "relative" includes any person related to the mentally ill person by blood, marriage or adoption;

(u) "State Government", in relation to a Union territory, means the Administrator thereof.

\* \* \* \* \*

40

## CHAPTER II

### MENTAL HEALTH AUTHORITIES

3. (1) The Central Government shall establish an Authority for mental health with such designation as it may deem fit.

45 (2) The Authority established under sub-section (1) shall be subject to the superintendence, direction and control of the Central Government.

Central  
Authority  
for Men-  
tal Health  
Services.



(3) The Authority established under sub-section (1) shall—

(a) be in charge of regulation, development, direction and co-ordination with respect to Mental Health Services under the Central Government and all other matters which, under this Act, are the concern of the Central Government or any officer or authority subordinate to the Central Government; 5

(b) supervise the psychiatric hospitals and psychiatric nursing homes and other Mental Health Service Agencies (including places in which mentally ill persons may be kept or detained) under the control of the Central Government; 10

(c) advise the Central Government on all matters relating to mental health; and

(d) discharge such other functions with respect to matters relating to mental health as the Central Government may require.

*Explanation.*—For the purposes of this section and section 4, “Mental Health Services” include, in addition to psychiatric hospitals and psychiatric nursing homes, observation wards, day-care centres, inpatient treatment in general hospitals, ambulatory treatment facilities and other facilities, convalescent homes and half-way-homes for mentally ill persons. 15

State  
Autho-  
rity for  
Mental  
Health  
Services.

**4. (1) The State Government shall establish an Authority for mental health with such designation as it may deem fit. 20**

(2) The Authority established under sub-section (1) shall be subject to the superintendence, direction and control of the State Government.

(3) The Authority established under sub-section (1) shall—

(a) be in charge of regulation, development and co-ordination with respect to Mental Health Services under the State Government and all other matters which, under this Act, are the concern of the State Government or any officer or authority subordinate to the State Government; 25

(b) supervise the psychiatric hospitals and psychiatric nursing homes and other Mental Health Service Agencies (including places in which mentally ill persons may be kept or detained) under the control of the State Government; 30

(c) advise the State Government on all matters relating to mental health; and 35

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

### CHAPTER III

#### PSYCHIATRIC HOSPITALS AND PSYCHIATRIC NURSING HOMES

Establish-  
ment or  
main-  
tenance  
of psychia-  
tric  
hospitals  
and  
psychia-  
tric  
nursing  
homes.

**5. (1) The Central Government may, in any part of India, or the State Government may, within the limits of its jurisdiction, establish or maintain psychiatric hospitals or psychiatric nursing homes for the admission, treatment and care of mentally ill persons at such places as it thinks fit; and separate psychiatric hospitals and psychiatric nursing homes may be established or maintained for,— 40**

(a) those who are under the age of sixteen years; 45

(b) those who are addicted to alcohol or other drugs which lead to behavioural changes in a person;

(c) those who have been convicted of any offence; and

(d) those belonging to such other class or category of persons as may be prescribed.

(2) Where a psychiatric hospital or psychiatric nursing home is established or maintained by the Central Government, any reference in this Act to the State Government shall, in relation to such hospital or nursing home, be construed as a reference to the Central Government.

6. (1) On and after the commencement of this Act, no person shall establish or maintain a psychiatric hospital or psychiatric nursing home unless he holds a valid licence granted to him under this Act:

Estab-  
lish-  
ment or  
mainte-  
nance of  
psychia-  
tric  
hospitals  
or psychia-  
tric  
nursing  
homes  
only with  
licence.

10 Provided that a psychiatric hospital or psychiatric nursing home (whether called asylum or by any other name) licensed by the Central Government or any State Government and maintained as such immediately before the commencement of this Act may continue to be main-  
15 tained, and shall be deemed to be a licensed psychiatric hospital or licensed psychiatric nursing home, as the case may be, under this Act,—

(a) for a period of three months from such commencement, or

(b) if an application made in accordance with section 7 for a licence is pending on the expiry of the period specified in clause (a), till the disposal of such application.

20 (2) Nothing contained in sub-section (1) shall apply to a psychiatric hospital or psychiatric nursing home established or maintained by the Central Government or a State Government.

7. (1) Every person, who holds, at the commencement of this Act, a valid licence authorising that person to establish or maintain any psy-  
25 chiatric hospital or psychiatric nursing home, shall, if the said person intends to establish or continue the maintenance of such hospital or nursing home after the expiry of the period referred to in clause (a) of the proviso to sub-section (1) of section 6, make, at least one month before the expiry of such period, an application to the licensing autho-  
30 rity for the grant of a fresh licence for the establishment or maintenance of such hospital or nursing home, as the case may be.

Applica-  
tion for  
licence.

(2) A person, who intends to establish or maintain, after the commencement of this Act, a psychiatric hospital or psychiatric nursing home, shall, unless the said person already holds a valid licence, make  
35 an application to the licensing authority for the grant of a licence.

(3) Every application under sub-section (1) or sub-section (2) shall be in such form and be accompanied by such fee as may be prescribed.

8. On receipt of an application under section 7, the licensing authority shall make such inquiries as it may deem fit and where it is satisfied  
40 that—

Grant or  
refusal of  
licence.

(a) the establishment or maintenance of the psychiatric hospital or psychiatric nursing home or the continuance of the maintenance of any such hospital or nursing home established before the commencement of this Act is necessary;

(b) the applicant is in a position to provide the minimum facilities prescribed for the admission, treatment and care of mentally ill persons; and

(c) the psychiatric hospital or psychiatric nursing home, will be under the charge of a medical officer who is a psychiatrist, 5  
it shall grant a licence to the applicant in the prescribed form, and, where it is not so satisfied, the licensing authority shall, by order, refuse to grant the licence applied for:

Provided that, before making any order refusing to grant a licence, the licensing authority shall give to the applicant a reasonable opportunity of being heard and every order of refusal to grant a licence shall set out therein the reasons for such refusal and such reasons shall be communicated to the applicant in such manner as may be prescribed. 10

Duration  
and  
renewal  
of licence.

9. (1) A licence shall not be transferable or heritable.

(2) Where a licensee is unable to function as such for any reason or 15  
where a licensee dies, the licensee or, as the case may be, the legal representative of such licensee shall forthwith report the matter in the prescribed manner to the licensing authority and notwithstanding anything contained in sub-section (1), the psychiatric hospital or psychiatric nursing home concerned may continue to be maintained and shall be deemed 20  
to be a licensed psychiatric hospital or licensed psychiatric nursing home, as the case may be,—

(a) for a period of three months from the date of such report or in the case of the death of the licensee from the date of his death, or

(b) if an application made in accordance with sub-section (3) 25  
for a licence is pending on the expiry of the period specified in clause (a), till the disposal of such application.

(3) The legal representative of the licensee referred to in sub-section (2), shall, if he intends to continue the maintenance of the psychiatric hospital or psychiatric nursing home after the expiry of the period referred to in sub-section (2), make, at least one month before the expiry of 30  
such period, an application to the licensing authority for the grant of a fresh licence for the maintenance of such hospital or nursing home. as the case may be, and the provisions of section 8 shall apply in relation to such application as they apply in relation to an application made 35  
under section 7.

(4) Every licence shall, unless revoked earlier under section 11, be valid for a period of five years from the date on which it is granted.

(5) A licence may be renewed, from time to time, on an application made in that behalf to the licensing authority, in such form and accompanied by such fee, as may be prescribed, and every such application shall be made not less than one year before the date on which the period of validity of the licence is due to expire: 40

Provided that the renewal of a licence shall not be refused unless the licensing authority is satisfied that— 45

(i) the licensee is not in a position to provide in a psychiatric hospital or psychiatric nursing home, the minimum facilities pres-

cribed for the admission, treatment and care therein of mentally ill persons; or

(ii) the licensee is not in a position to provide a medical officer who is a psychiatrist to take charge of the psychiatric hospital or psychiatric nursing home; or

(iii) the licensee has contravened any of the provisions of this Act or any rule made thereunder.

10. Every psychiatric hospital or psychiatric nursing home shall be maintained in such manner and subject to such conditions as may be prescribed.

Psychiatric hospital and psychiatric nursing home to be maintained in accordance with prescribed conditions.

11. (1) The licensing authority may, without prejudice to any other penalty that may be imposed on the licensee, by order in writing, revoke the licence if it is satisfied that—

Revocation of licence.

15 (a) the psychiatric hospital or psychiatric nursing home is not being maintained by the licensee in accordance with the provisions of this Act or the rules made thereunder; or

(b) the maintenance of the psychiatric hospital or psychiatric nursing home is being carried on in a manner detrimental to the moral, mental or physical well-being of the inpatients thereof:

20 Provided that no such order shall be made except after giving the licensee a reasonable opportunity of being heard, and every such order shall set out therein the grounds for the revocation of the licence and such grounds shall be communicated to the licensee in such manner as may be prescribed.

25 (2) Every order made under sub-section (1) shall contain a direction that the inpatients of the psychiatric hospital or psychiatric nursing home shall be transferred to such other psychiatric hospital or psychiatric nursing home as may be specified in that order and it shall also contain such provisions (including provisions by way of directions) as to the care and custody of such inpatients pending such transfer.

30 (3) Every order made under sub-section (1) shall take effect,—

(a) where no appeal has been preferred against such order under section 12, immediately on the expiry of the period prescribed for such appeal; and

Appeal.

12. (1) Any person, aggrieved by an order of the licensing authority refusing to grant or renew a licence, or revoking a licence, may, in such manner and within such period as may be prescribed, prefer an appeal to the State Government:

Provided that the State Government may entertain an appeal preferred after the expiry of the prescribed period if it is satisfied that the appellant was prevented by sufficient cause from preferring the appeal in time.

(2) Every appeal under sub-section (1) shall be made in such form and be accompanied by such fee as may be prescribed.

Inspection of psychiatric hospitals and psychiatric nursing homes and visiting of patients.

13. (1) An Inspecting Officer may, at any time, enter and inspect any psychiatric hospital or psychiatric nursing home and require the production of any records, which are required to be kept in accordance with the rules made in this behalf, for inspection:

Provided that any personal records of a patient so inspected shall be kept confidential except for the purposes of sub-section (3).

(2) The Inspecting Officer may interview in private any patient receiving treatment and care therein—

(a) for the purpose of inquiring into any complaint made by or on behalf of such patient as to the treatment and care, or

(b) in any case, where the Inspecting Officer has reason to believe that any inpatient is not receiving proper treatment and care.

(3) Where the Inspecting Officer is satisfied that any inpatient in a psychiatric hospital or psychiatric nursing home is not receiving proper treatment and care, he may report the matter to the licensing authority and thereupon the licensing authority may issue such direction as it may deem fit to the medical officer in charge or the licensee of the psychiatric hospital, or, as the case may be, the psychiatric nursing home and every such medical officer in charge or licensee shall be bound to comply with such directions.

Treatment of out-patients.

14. Provision shall be made in every psychiatric hospital or psychiatric nursing home for such facilities as may be prescribed for the treatment of every mentally ill person, whose condition does not warrant his admission as an inpatient or who, for the time being, is not undergoing treatment as inpatient.

## CHAPTER IV

### ADMISSION AND DETENTION IN PSYCHIATRIC HOSPITAL OR PSYCHIATRIC NURSING HOME

#### PART I

##### *Admission on voluntary basis*

Request by major for admission as voluntary patient.

15. Any person (not being a minor), who considers himself to be a mentally ill person and desires to be admitted to any psychiatric hospital or psychiatric nursing home for treatment, may request to the medical officer in charge for being admitted as a voluntary patient.

16. Where the guardian of a minor considers such minor to be a mentally ill person and desires to admit such minor in any psychiatric hospital or psychiatric nursing home for treatment, he may request to the medical officer in charge for admitting such minor as a voluntary patient.

Request  
by  
guardian for  
admission of a  
ward.

5 17. (1) On receipt of a request under section 15 or section 16, the medical officer in charge shall make such inquiry as he may deem fit within a period not exceeding twenty-four hours and if satisfied that the applicant or, as the case may be, the minor requires treatment as an inpatient in the psychiatric hospital or psychiatric nursing home, he may  
10 admit therein such applicant or, as the case may be, minor as a voluntary patient.

Admission of  
and  
regulation with  
respect  
to voluntary  
patients.

(2) Every voluntary patient admitted to a psychiatric hospital or psychiatric nursing home shall be bound to abide by such regulations as may be made by the medical officer in charge or the licensee of the  
15 psychiatric hospital or psychiatric nursing home.

18. (1) The medical officer in charge of a psychiatric hospital or psychiatric nursing home shall, on a request made in that behalf,—

Discharge of  
voluntary  
patients.

(a) by any voluntary patient; and

(b) by the guardian of the patient, if he is a minor voluntary  
20 patient,

discharge, subject to the provisions of sub-section (3) and within twenty-four hours of the receipt of such request, the patient from the psychiatric hospital or psychiatric nursing home.

(2) Where a minor voluntary patient who is admitted as an inpatient  
25 in any psychiatric hospital or psychiatric nursing home attains majority, the medical officer in charge of such hospital or nursing home shall, as soon as may be, intimate the patient that he has attained majority and that unless a request for his continuance as an inpatient is made by him within a period of one month of such intimation, he shall be  
30 discharged, and if, before the expiry of the said period, no request is made to the medical officer in charge for his continuance as an inpatient, he shall, subject to the provisions of sub-section (3), be discharged on the expiry of the said period.

(3) Notwithstanding anything contained in sub-section (1) or sub-section (2), where the medical officer in charge of a psychiatric hospital or psychiatric nursing home is satisfied that the discharge of a voluntary patient under sub-section (1) or sub-section (2) will not be in the interest of such voluntary patient, he shall, within seventy-two hours of the receipt of a request under sub-section (1), or, if no request under  
40 sub-section (2) has been made by the voluntary patient before the expiry of the period mentioned in that sub-section, within seventy-two hours of such expiry constitute a Board consisting of two medical officers and seek its opinion as to whether such voluntary patient needs further treatment and if the Board is of the opinion that such voluntary patient  
45 needs further treatment in the psychiatric hospital or psychiatric nursing home, the medical officer shall not discharge the voluntary patient, but continue his treatment for a period not exceeding ninety days at a time.

## PART II

*Admission under special circumstances*

Admission of mentally ill persons under certain special circumstances.

19. (1) Any mentally ill person who does not, or is unable to, express his willingness for admission as a voluntary patient, may be admitted and kept as an inpatient in a psychiatric hospital or psychiatric nursing home on an application made in that behalf by a relative or a friend of the mentally ill person if the medical officer in charge is satisfied that in the interests of the mentally ill person it is necessary so to do: 5

Provided that no person so admitted as an inpatient shall be kept in the psychiatric hospital or psychiatric nursing home as an inpatient for a period exceeding ninety days except in accordance with the other provisions of this Act. 10

(2) Every application under sub-section (1) shall be in the prescribed form and be accompanied by two medical certificates, from two medical practitioners of whom one shall be a medical practitioner in the service of Government, to the effect that the condition of such mentally ill person is such that he should be kept under observation and treatment as an inpatient in a psychiatric hospital or psychiatric nursing home: 15

Provided that the medical officer, in charge of the psychiatric hospital or psychiatric nursing home concerned may, if satisfied that it is proper so to do, cause a mentally ill person to be examined by two medical practitioners working in the hospital or in the nursing home instead of requiring such certificates. 20

(3) Any mentally ill person admitted under sub-section (1) or his relative or friend may apply to the Magistrate for his discharge and the Magistrate may, after giving notice to the person at whose instance he was admitted to the psychiatric hospital or psychiatric nursing home and after making such inquiry as he may deem fit either allow or dismiss the application. 25

(4) The provisions of the foregoing sub-sections shall be without prejudice to the powers exercisable by a Magistrate before whom the case of a mentally ill person is brought, whether under this section or under any other provision of this Act, to pass a reception order, \* \* \* if he is satisfied that it is necessary so to do in accordance with the relevant provisions of this Act. 30 35

## PART III

*Reception orders**A.—Reception orders on applications*

Application for reception order

20. (1) An application for a reception order may be made by—

(a) the medical officer in charge of a psychiatric hospital or psychiatric nursing home, or 40

(b) by the husband, wife or any other relative of the mentally ill person.

(2) Where a medical officer in charge of a psychiatric hospital or psychiatric nursing home in which a mentally ill person is undergoing treatment under a temporary treatment order is satisfied that— 45

(a) the mentally ill person is suffering from mental disorder of such a nature and degree that his treatment in the psychiatric hospital

or, as the case may be, psychiatric nursing home is required to be continued for more than six months, or

- (b) it is necessary in the interests of the health and personal safety of the mentally ill person or for the protection of others that such person shall be detained in a psychiatric hospital or psychiatric nursing home,\*

\* \* \* \* \*

he may make an application to the Magistrate within the local limits of whose jurisdiction the psychiatric hospital or, as the case may be, psychiatric nursing home is situate, for the detention of such mentally ill person under a reception order in such psychiatric hospital or psychiatric nursing home, as the case may be.

(3) Subject to the provisions of sub-section (5), the husband or wife of a person who is alleged to be mentally ill or, where there is no husband or wife, or where the husband or wife is prevented by reason of any illness or absence from India or otherwise from making the application, any other relative of such person may make an application to the Magistrate within the local limits of whose jurisdiction the said person ordinarily resides, for the detention of the alleged mentally ill person under a reception order in a psychiatric hospital or psychiatric nursing home.

(4) Where the husband or wife of the alleged mentally ill person is not the applicant, the application shall contain the reasons for the application not being made by the husband or wife and shall indicate the relationship of the applicant with the alleged mentally ill person and the circumstances under which the application is being made.

(5) No person,—

(i) who is a minor, or

(ii) who, within fourteen days before the date of the application, has not seen the alleged mentally ill person, shall make an application under this section.

(6) Every application under sub-section (3) shall be made in the prescribed form and shall be signed and verified in the prescribed manner and shall state whether any previous application had been made for inquiry into the mental condition of the alleged mentally ill person and shall be accompanied by two medical certificates from two medical practitioners of whom one shall be a medical practitioner in the service of Government.

21. Every medical certificate referred to in sub-section (6) of section 20 shall contain a statement,—

(a) that each of the medical practitioners referred to in that sub-section has independently examined the alleged mentally ill person and has formed his opinion on the basis of his own observations and from the particulars communicated to him; and

(b) that in the opinion of each such medical practitioner the alleged mentally ill person is suffering from mental disorder of such a nature and degree as to warrant the detention of such person in a psychiatric hospital or psychiatric nursing home and that such detention is necessary in the interests of the health and personal safety of that person or for the protection of others.

Form and  
contents  
of medical  
certifi-  
cates.



Procedure  
upon  
applica-  
tion for  
reception  
order.

22. (1) On receipt of an application under sub-section (2) of section 20, the Magistrate may make a reception order, if he is satisfied that—

(i) the mentally ill person is suffering from mental disorder of such a nature and degree that it is necessary to detain him in a psychiatric hospital or psychiatric nursing home for treatment; or 5

(ii) it is necessary in the interests of the health and personal safety of the mentally ill person or for the protection of others that he should be so detained, and a temporary treatment order would not be adequate in the circumstances of the case and it is necessary to make a reception order. 10

(2) On receipt of an application under sub-section (3) of section 20, the Magistrate shall consider the statements made in the application and the evidence of mental illness as disclosed by the medical certificates.

(3) If the Magistrate considers that there are sufficient grounds for proceeding further, he shall personally examine the alleged mentally ill person unless, for reasons to be recorded in writing, he thinks that it is not necessary or expedient to do so. 15

(4) If the Magistrate is satisfied that a reception order may properly be made forthwith, he may make such order, and if the Magistrate is not so satisfied, he shall fix a date for further consideration of the application and may make such inquiries concerning the alleged mentally ill person as he thinks fit. 20

(5) The notice of the date fixed under sub-section (4) shall be given to the applicant and to any other person to whom, in the opinion of the Magistrate, such notice shall be given. 25

(6) If the Magistrate fixes a date under sub-section (4) for further consideration of the application, he may make such order as he thinks fit, for the proper care and custody of the alleged mentally ill person pending disposal of the application.

(7) On the date fixed under sub-section (4), or on such further date as may be fixed by the Magistrate, he shall proceed to consider the application *in camera*, in the presence of— 30

(i) the applicant;

(ii) the alleged mentally ill person (unless the Magistrate in his discretion otherwise directs); 35

(iii) the person who may be appointed by the alleged mentally ill person to represent him; and

(iv) such other person as the Magistrate thinks fit,

and if the Magistrate is satisfied that the alleged mentally ill person, in relation to whom the application is made, is so mentally ill that in the interests of the health and personal safety of that person or for the protection of others it is necessary to detain him in a psychiatric hospital or psychiatric nursing home for treatment, he may pass a reception order for that purpose and if he is not so satisfied, he shall dismiss the application and any such order may provide for the payment of the costs of 40 45

the inquiry by the applicant personally or from out of the estate of the mentally ill person, as the Magistrate may deem appropriate.

(8) If any application is dismissed under sub-section (7), the Magistrate shall record the reasons for such dismissal and a copy of the order shall be furnished to the applicant.

*B.—Reception orders on production of mentally ill persons before Magistrate*

23. (1) Every officer in charge of a police station,—

(a) may take or cause to be taken into protection any person found wandering at large within the limits of his station whom he has reason to believe to be so mentally ill as to be incapable of taking care of himself, and

(b) shall take or cause to be taken into protection any person within the limits of his station whom he has reason to believe to be dangerous by reason of mental illness.

Powers and duties of police officers in respect of certain mentally ill persons.

(2) No person taken into protection under sub-section (1) shall be detained by the police without being informed, as soon as may be, of the grounds for taking him into such protection, or where, in the opinion of the officer taking the person into protection, such person is not capable of understanding those grounds, without his relatives or friends, if any, being informed of such grounds.

(3) Every person who is taken into protection and detained under this section shall be produced before the nearest Magistrate within a period of twenty-four hours of taking him into such protection excluding the time necessary for the journey from the place where he was taken into such protection to the Court of the Magistrate and shall not be detained beyond the said period without the authority of the Magistrate.

24. (1) If a person is produced before a Magistrate under sub-section (3) of section 23, and if, in his opinion, there are sufficient grounds for proceeding further, the Magistrate shall—

Procedure on production of mentally ill person.

(a) examine the person to assess his capacity to understand,

(b) cause him to be examined by a medical officer, and

(c) make such inquiries in relation to such person as he may deem necessary.

(2) After the completion of the proceedings under sub-section (1), the Magistrate may pass a reception order authorising the detention of the said person as an inpatient in a psychiatric hospital or psychiatric nursing home,—

(a) if the medical officer certifies such person to be a mentally ill person, and

(b) if the Magistrate is satisfied that the said person is a mentally ill person and that in the interests of the health and personal safety of that person or for the protection of others, it is necessary to pass such order:

Provided that if any relative or friend of the mentally ill person desires that the mentally ill person be sent to any particular licensed psychiatric hospital or licensed psychiatric nursing home for treatment therein and undertakes in writing to the satisfaction of the Magistrate to pay the cost of maintenance of the mentally ill person in such hospital or nursing home, the Magistrate shall, if the medical officer in charge of such hospital or nursing home consents, make a reception order for the admission of the mentally ill person into that hospital or nursing home and detention therein:

Provided further that if any relative or friend of the mentally ill person enters into a bond, with or without sureties for such amount as the Magistrate may determine, undertaking that such mentally ill person will be properly taken care of and shall be prevented from doing any injury to himself or to others, the Magistrate may, instead of making a reception order, hand him over to the care of such relative or friend.

Order in  
case of  
mentally  
ill person  
cruelly  
treated  
or not  
under  
proper  
care and  
control.

25. (1) Every officer in charge of a police station, who has reason to believe that any person within the limits of his station is mentally ill and is not under proper care and control, or is ill-treated or neglected by any relative or other person having charge of such mentally ill person, shall forthwith report the fact to the Magistrate within the local limits of whose jurisdiction the mentally ill person resides.

(2) Any private person who has reason to believe that any person is mentally ill and is not under proper care and control, or is ill-treated or neglected by any relative or other person having charge of such mentally ill person, may report the fact to the Magistrate within the local limits of whose jurisdiction the mentally ill person resides.

(3) If it appears to the Magistrate, on the report of a police officer or on the report or information derived from any other person, or otherwise that any mentally ill person within the local limits of his jurisdiction is not under proper care and control, or is ill-treated or neglected by any relative or other person having the charge of such mentally ill person, the Magistrate may cause the mentally ill person to be produced before him, and summon such relative or other person who is, or who ought to be in charge of, such mentally ill person.

(4) If such relative or any other person is legally bound to maintain the mentally ill person, the Magistrate may, by order, require the relative or the other person to take proper care of such mentally ill person and where such relative or other person wilfully neglects to comply with the said order, he shall be punishable with fine which may extend to two thousand rupees.

(5) If there is no person legally bound to maintain the mentally ill person, or if the person legally bound to maintain the mentally ill person refuses or neglects to maintain such person, or if, for any other reason, the Magistrate thinks fit so to do, he may cause the mentally ill person to be produced before him and, without prejudice to any action that may be taken under sub-section (4), proceed in the manner

provided in section 24 as if such person had been produced before him under sub-section (3) of section 23.

\* \* \* \* \*

*C.—Further provisions regarding admission and detention of certain mentally ill persons*

5 26. If any District Court holding an inquisition under Chapter VI regarding any person who is found to be mentally ill is of opinion that it is necessary so to do in the interests of such person, it may, by order, direct that such person shall be admitted and kept as an inpatient in a psychiatric hospital or psychiatric nursing home and every such order  
10 may be varied from time to time or revoked by the District Court.

Admission  
as in-  
patient  
after in-  
quisition.

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

27. An order under section 30 of the Prisoners Act, 1900, or under section 144 of the Air Force Act, 1950, or under section 145 of the Army Act, 1950, or under section 143 or section 144 of the Navy Act, 1957, or under section 330 or section 335 of the Code of Criminal Procedure, 1973,  
15 directing the reception of a mentally ill prisoner into any psychiatric hospital or psychiatric nursing home, shall be sufficient authority for the admission of such person in such hospital or, as the case may be, such nursing home or any other psychiatric hospital or psychiatric nursing home to which such person may be lawfully transferred for detention  
20 therein.

Admission  
and deten-  
tion of  
mentally  
ill priso-  
ner.

28. (1) When any person alleged to be a mentally ill person appears or is brought before a Magistrate under section 23 or section 25, the Magistrate may, by order in writing, authorise the detention of the alleged mentally ill person under proper medical custody in an observa-  
25 tion ward of a general hospital or general nursing home or psychiatric hospital or psychiatric nursing home or in any other suitable place for such period not exceeding ten days as the Magistrate may consider necessary for enabling any medical officer to determine whether a medical certificate in respect of that alleged mentally ill person may properly  
30 be given under clause (a) of sub-section (2) of section 24.

Detention  
of alleged  
mentally  
ill per-  
son pend-  
ing report  
by medical  
officer.

(2) The Magistrate may, from time to time, for the purpose men-  
tioned in sub-section (1), by order in writing, authorise such further  
detention of the alleged mentally ill person for periods not exceeding  
ten days at a time as he may deem necessary:

35 Provided that no person shall be authorised to be detained under this sub-section for a continuous period exceeding thirty days in the aggregate.

29. Whenever any reception order is made by a Magistrate under section 22, section 24 or section 25, he may, for reasons to be recorded  
40 in writing, direct that the mentally ill person in respect of whom the order is made may be detained for such period not exceeding thirty days in such place as he may deem appropriate, pending the removal of such person to a psychiatric hospital or psychiatric nursing home.

Detention  
of men-  
tally ill  
person  
pending  
his remo-  
val to psy-  
chiatric  
hospital  
or psy-  
chiatric  
nursing  
home.

*D.—Miscellaneous provisions in relation to orders under this Chapter*

Time and  
manner  
of medical  
examina-  
tion of  
mentally  
ill person.

30. Where any order under this Chapter is required to be made on the basis of a medical certificate, such order shall not be made unless the person who has signed the medical certificate, or where such order is required to be made on the basis of two medical certificates, the signatory of the respective certificates, has certified that he has personally examined the alleged mentally ill person,—

(i) in the case of an order made on an application, not earlier than ten clear days immediately before the date on which such application is made; and

(ii) in any other case, not earlier than ten clear days immediately before the date of such order:

Provided that where a reception order is required to be made on the basis of two medical certificates such order shall not be made unless the certificates show that the signatory of each certificate examined the alleged mentally ill person independently of the signatory of the other certificate.

Authority  
for recep-  
tion order.

31. \*\*\* A reception order made under this Chapter shall be sufficient authority—

(i) for the applicant or any person authorised by him, or

(ii) in the case of a reception order made otherwise than on an application, for the person authorised so to do by the authority making the order,

to take the mentally ill person to the place mentioned in such order or for his admission and treatment as an inpatient in the psychiatric hospital or psychiatric nursing home specified in the order or, as the case may be, for his admission and detention therein, or in any psychiatric hospital or psychiatric nursing home to which he may be removed in accordance with the provisions of this Act, and the medical officer in charge shall be bound to comply with such order:

Provided that in any case where the medical officer in charge finds accommodation in the psychiatric hospital or psychiatric nursing home inadequate, he shall, after according admission, intimate that fact to the Magistrate or the District Court which passed the order and thereupon the Magistrate or the District Court, as the case may be, shall pass such order as he or it may deem fit:

Provided further that every \*\*\* reception order shall cease to have effect—

(a) on the expiry of thirty days from the date on which it was made, unless within that period, the mentally ill person has been admitted to the place mentioned therein, and

(b) on the discharge, in accordance with the provisions of this Act, of the mentally ill person.

32. Every Magistrate or District Court making a \*\*\* reception order shall forthwith send a certified copy thereof together with copies of the requisite medical certificates and the statement of particulars to the medical officer in charge of the psychiatric hospital or psychiatric nursing home to which the mentally ill person is to be admitted.

Copy of reception order to be sent to medical officer in charge.

33. No Magistrate or District Court shall pass a \* \* \* reception order for the admission as an inpatient to, or for the detention of any mentally ill person in, any psychiatric hospital or psychiatric nursing home outside the State in which the Magistrate or the District Court exercises jurisdiction:

Restriction as to psychiatric hospitals and psychiatric nursing homes into which reception order may direct admission.

Provided that an order for admission or detention into or in a psychiatric hospital or psychiatric nursing home situated in any other State may be passed if the State Government has, by general or special order and after obtaining the consent of the Government of such other State, authorised the Magistrate or the District Court in that behalf.

34. If, after the admission of any mentally ill person to any psychiatric hospital or psychiatric nursing home under a \* \* \* reception order, it appears that the order under which he was admitted or detained or any of the documents on the basis of which such order was made is defective or incorrect, the same may, at any time thereafter, be amended with the permission of the Magistrate or the District Court, by the person or persons who signed the same and upon such amendment being made, the order shall have effect and shall be deemed always to have had effect as if it had been originally made as so amended, or, as the case may be, the documents upon which it was made had been originally furnished as so amended.

Amendment of order or document.

35. (1) Subject to the provisions of this section the Magistrate may, by order in writing (hereinafter referred to as the order of substitution), transfer the duties and responsibilities under this Act, of the person on whose application a reception order was made, to any other person who is willing to undertake the same and such other person shall thereupon be deemed for the purposes of this Act to be the person on whose application the reception order was made and all references in this Act to the latter person shall be construed accordingly:

Power to appoint substitute for person upon whose application reception order has been made.

35 Provided that no such order of substitution shall absolve the person upon whose application the reception order was made or, if he is dead, his legal representatives, from any liability incurred before the date of the order of substitution.

(2) Before making any order of substitution, the Magistrate shall send a notice to the person on whose application the reception order was made, if he is alive, and to any relative of the mentally ill person who, in the opinion of the Magistrate, shall have notice.

(3) The notice under sub-section (2) shall specify the name of the person in whose favour it is proposed to make the order of substitution and the date (which shall be not less than twenty days from the date of issue of the notice) on which objections, if any, to the making of such order shall be considered. 5

(4) On the date specified under sub-section (3), or on any subsequent date to which the proceedings may be adjourned, the Magistrate shall consider any objection made by any person to whom notice was sent, or by any other relative of the mentally ill person, and shall receive all such evidence as may be produced by or on behalf of any such person or relative and after making such inquiry as the Magistrate may deem fit, make or refrain from making the order of substitution: 10

Provided that, if the person on whose application the reception order was made is dead and any other person is willing and is, in the opinion of the Magistrate, fit to undertake the duties and responsibilities under this Act of the former person, the Magistrate shall, subject to the provisions contained in the proviso to sub-section (1), make an order to that effect. 15

(5) In making any substitution order under this section, the Magistrate shall give preference to the person who is the nearest relative of the mentally ill person, unless, for reasons to be recorded in writing the Magistrate considers that giving such preference will not be in the interests of the mentally ill person. 20

(6) The Magistrate may make such order for the payment of the costs of an inquiry under this section by any person or from out of the estate of the mentally ill person as he thinks fit. 25

(7) Any notice under sub-section (2) may be sent by post to the last known address of the person for whom it is intended.

Officers competent to exercise powers and discharge functions of Magistrate under certain sections.

36. In any area where a Commissioner of Police has been appointed, all the powers and functions of the Magistrate under sections 23, 24, 25, 30 and 28 may be exercised or discharged by the Commissioner of Police and all the functions of an officer in charge of a police station under this Act may be discharged by any police officer not below the rank of an Inspector. 35

## CHAPTER V

INSPECTION, DISCHARGE, LEAVE OF ABSENCE AND REMOVAL OF MENTALLY ILL PERSONS

### PART I

#### *Inspection*

Appointment of Visitors.

37. (1) The State Government or the Central Government, as the case may be, shall appoint for every psychiatric hospital and every psychiatric nursing home \*\*\*, not less than five Visitors, of whom at least one shall be a medical officer, preferably a psychiatrist and two social workers. 40

(2) The head of the Medical Services of the State or his nominee preferably a psychiatrist shall be an ex officio Visitor of all the psychiatric hospitals and psychiatric nursing homes in the State. 45

**(3) The qualifications of persons to be appointed as Visitors under sub-section (1) and the terms and conditions of their appointment shall be such as may be prescribed.**

38. Not less than three Visitors shall, at least once in every month, make a joint inspection of every part of the psychiatric hospital or psychiatric nursing home in respect of which they have been appointed and examine every minor admitted as a voluntary patient under section 17 and, as far as circumstances will permit, every other mentally ill person admitted therein and the order for the admission of, and the medical certificates relating to, every mentally ill person admitted subsequent to the joint inspection immediately preceding, and shall enter in a book kept for that purpose such remarks as they deem appropriate in regard to the management and condition of such hospital or nursing home and of the inpatients thereof.

15 Provided that the Visitors shall not be entitled to inspect any personal records of an inpatient which in the opinion of the medical officer in charge are confidential in nature:

Provided further that if any of the Visitors does not participate in the joint inspection of the psychiatric hospital or psychiatric nursing home in respect of which he was appointed a Visitor for three consecutive months, he shall cease to hold office as such Visitor.

39. (1) Notwithstanding anything contained in section 38, where any person is detained under the provisions of section 144 of the Air Force Act, 1950, or section 145 of the Army Act, 1950, or section 143 or section 144 of the Navy Act, 1957, or section 330 or section 335 of the Code of Criminal Procedure, 1973,—

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

25 Inspection of mentally ill prisoners.

(i) the Inspector-General of Prisons where such person is detained in a jail; and

(ii) all or any three of the Visitors including at least one social worker appointed under sub-section (1) of section 37, where such person is detained in a psychiatric hospital or psychiatric nursing home,

shall, once in every three months, visit such person at the place where he is detained, in order to assess the state of mind of such person and make a report thereon to the authority under whose order such person is so detained.

(2) The State Government may empower any of its officers to discharge all or any of the functions of the Inspector-General of Prisons under sub-section (1).

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



(4) Every person who is detained in jail under the provisions of various Acts referred to in sub-section (1) shall be visited at least once in every three months by a psychiatrist, or, where a psychiatrist is not available, by a medical officer empowered by the State Government in this behalf and such psychiatrist or, as the case may be, such medical officer shall make a special report regarding the mental and physical condition of such person to the authority under whose order such person is detained. 5

## PART II

### Discharge

10

Order of  
discharge  
by medi-  
cal officer  
in charge.

40. (1) Notwithstanding anything contained in Chapter IV, the medical officer in charge of a psychiatric hospital or psychiatric nursing home may, on the recommendation of two medical practitioners one of whom shall preferably be a psychiatrist, by order in writing, direct the discharge of any person, other than a voluntary patient detained or under- 15  
going treatment therein as an inpatient, and such person shall thereupon be discharged from the psychiatric hospital or psychiatric nursing home:

Provided that no order under this sub-section shall be made in respect of a mentally ill prisoner otherwise than as provided in section 30 of the Prisoners Act, 1900 or in any other relevant law. 20 3 of 1900.

(2) Where any order of discharge is made under sub-section (1) in respect of a person who has been detained or is undergoing treatment as inpatient in pursuance of an order of any authority, a copy of such order shall be immediately forwarded to that authority by the medical officer in charge. 25

Discharge  
of men-  
tally ill  
persons  
on appli-  
cation.

41. Any person detained in a psychiatric hospital or psychiatric nursing home under an order made in pursuance of an application made under this Act, shall be discharged on an application made in that behalf to the medical officer in charge by the person on whose application the order was made: 30

Provided that no person shall be discharged under this section if the medical officer in charge certifies in writing that the person is dangerous and unfit to be at large.

Order of  
discharge  
on the  
undertak-  
ing of  
relatives  
or friends,  
etc., for  
due care  
of men-  
tally ill  
person.

42. (1) Where any relative or friend of a mentally ill person detained in a psychiatric hospital or psychiatric nursing home under section 22, 35  
section 24 or section 25 desires that such person shall be delivered over to his care and custody, he may make an application to the medical officer in charge who shall forward it together with his remarks thereon to the authority under whose orders the mentally ill person is detained.

(2) Where an application is received under sub-section (1), the 40  
authority shall, on such relative or friend furnishing a bond, with or without sureties, for such amount as such authority may specify in this behalf, undertaking to take proper care of such mentally ill person, and ensuring that the mentally ill person shall be prevented from causing injury to himself or to others, make an order of discharge and thereupon 45  
the mentally ill person shall be discharged,

43. (1) Any person (not being a mentally ill prisoner) detained in pursuance of an order made under this Act who feels that he has recovered from his mental illness, may make an application to the Magistrate, where necessary under the provisions of this Act, for his discharge from the psychiatric hospital or psychiatric nursing home.

Discharge  
of person  
on his  
request.

(2) An application made under sub-section (1), shall be supported by a certificate either from the medical officer in charge of the psychiatric hospital or psychiatric nursing home where the applicant is undergoing treatment or from a psychiatrist.

10 (3) The Magistrate may, after making such inquiry as he may deem fit, pass an order discharging the person or dismissing the application.

44. If any person detained in a psychiatric hospital or psychiatric nursing home in pursuance of a reception order made under this Act is subsequently found, on an inquisition held in accordance with the provisions of Chapter VI, to be of sound mind or capable of taking care of himself and managing his affairs, the medical officer in charge shall forthwith, on the production of a copy of such finding duly certified by the District Court, discharge such person from such hospital or nursing home.

Discharge  
of person  
subse-  
quently  
found  
on inqui-  
sition  
to be of  
sound  
mind.

20

### PART III

#### *Leave of absence*

45. (1) An application for leave of absence on behalf of any mentally ill person (not being a mentally ill prisoner) undergoing treatment as an inpatient in any psychiatric hospital or psychiatric nursing home may be made to the medical officer in charge,—

Leave  
of ab-  
sence.

30 (a) in the case of a person who was admitted on the application of the husband or wife, by the husband or wife of such mentally ill person, or where by reason of mental or physical illness, absence from India or otherwise, the husband or wife is not in a position to make such application, by any other relative of the mentally ill person duly authorised by the husband or wife, or

(b) in the case of any other person, by the person on whose application the mentally ill person was admitted:

35 Provided that no application under this sub-section shall be made by a person who has not attained the age of majority.

(2) Every application under sub-section (1) shall be accompanied by a bond, with or without sureties for such amount as the medical officer in charge may specify, undertaking—

- (i) to take proper care of the mentally ill person,
- 40 (ii) to prevent the mentally ill person from causing injury to himself or to others, and
- (iii) to bring back the mentally ill person to the psychiatric hospital or, as the case may be, psychiatric nursing home, on the expiry of the period of leave.

(3) On receipt of an application under sub-section (1), the medical officer in charge may grant leave of absence to the mentally ill person for such period as the medical officer in charge may deem necessary and subject to such conditions as may, in the interests of the health and personal safety of the mentally ill person or for the protection of others, be specified in the order: 5

Provided that the total number of days for which leave of absence may be granted to a patient under this sub-section shall not exceed sixty days.

(4) Where the mentally ill person is not brought back to the psychiatric hospital or psychiatric nursing home on the expiry of the leave granted to him under this section, the medical officer in charge shall forthwith report that fact to the Magistrate within the local limits of whose jurisdiction such hospital or nursing home is situate and the Magistrate may, after making such inquiry as he may deem fit, make an order directing him to be brought back to the psychiatric hospital or psychiatric nursing home, as the case may be. 10 15

(5) Nothing contained in this section shall apply to a voluntary patient referred to in section 15 or section 16 and the provisions of section 13 shall apply to him. 20

Grant of  
leave of  
absence  
by Magis-  
trate.

46. (1) Where the medical officer in charge refuses to grant leave of absence to a mentally ill person under section 45, the applicant may apply to the Magistrate within the local limits of whose jurisdiction the psychiatric hospital or psychiatric nursing home wherein the mentally ill person is detained is situate, for the grant of leave of absence to the mentally ill person and the Magistrate may, if he is satisfied that it is necessary so to do, and on the applicant entering into a bond in accordance with the provisions of sub-section (2), by order, grant leave of absence to the mentally ill person for such period and subject to such conditions as may be specified in the order. 25 30

(2) Every band referred to in sub-section (1) shall be with or without sureties and for such amount as the Magistrate may decide and shall contain the undertaking referred to in sub-section (2) of section 45.

(3) The Magistrate shall forward a copy of his order to the medical officer in charge and on receipt of such order the medical officer in charge shall entrust the mentally ill person to the person on whose application the leave of absence was granted under this section. 35

#### PART IV

##### *Removal*

Removal  
of men-  
tally ill  
person  
from  
one psy-  
chiatric  
hospital  
or psy-  
chiatric  
nursing  
home to  
another.

47. (1) Any mentally ill person other than a voluntary patient referred to in section 15 or section 16 may, subject to any general or special order of the State Government, be removed from any psychiatric hospital or psychiatric nursing home to any other psychiatric hospital or psychiatric nursing home within the State, or to any other psychiatric hospital or psychiatric nursing home in any other State with the consent of the Government of that other State: 40 45

Provided that no mentally ill person admitted to a psychiatric hospital or psychiatric nursing home under an order made in pursuance of an application made under this Act shall be so removed unless intimation thereof has been given to the applicant. 50

(2) The State Government may make such general or special order as it thinks fit directing the removal of any mentally ill prisoner from the place where he is for the time being detained, to any psychiatric hospital, psychiatric nursing home, jail or other place of safe custody in the State or to any psychiatric hospital, psychiatric nursing home, jail or other place of safe custody in any other State with the consent of the Government of that other State.

48. Every person brought into a psychiatric hospital or psychiatric nursing home under any order made under this Act, may be detained or, as the case may be, admitted as an inpatient therein until he is removed or is discharged under any law, and in case of his escape from such hospital or nursing home he may, by virtue of such order, be re-taken by any police officer or by the medical officer in charge or any officer or servant of such hospital or nursing home, or by any other person authorised in that behalf by the medical officer in charge, and conveyed to, and received and detained or, as the case may be, kept as an inpatient in such hospital or nursing home:

Admission, detention and re-taking in certain cases.

Provided that in the case of a mentally ill person (not being a mentally ill prisoner) the power to re-take as aforesaid under this section shall not be exercisable after the expiry of a period of one month from the date of his escape.

49. Any person aggrieved by any order of a Magistrate, passed under any of the foregoing provisions may, within sixty days from the date of the order, appeal against that order to the District Court within the local limits of whose jurisdiction the Magistrate exercised the powers, and the decision of the District Court on such appeal shall be final.

Appeal from orders of Magistrate.

## CHAPTER VI

### JUDICIAL INQUISITION REGARDING ALLEGED MENTALLY ILL PERSON POSSESSING PROPERTY, CUSTODY OF HIS PERSON AND MANAGEMENT OF HIS PROPERTY

50. (1) Where an alleged mentally ill person is possessed of property, an application for holding an inquisition into the mental condition of such person may be made either—

Application for Judicial inquisition.

(a) by any of his relatives, or

(b) by a public curator appointed under the Indian Succession Act, 1925, or

(c) by the Advocate-General of the State in which the alleged mentally ill person resides, or

(d) where the property of the alleged mentally ill person comprises land or interest in land, or where the property or part thereof is of such a nature as can lawfully be entrusted for management to a Court of Wards established under any law for the time being in force in the State, by the Collector of the District in which such land is situate,

to the District Court within the local limits of whose jurisdiction the alleged mentally ill person resides.

(2) On receipt of an application under sub-section (1), the District Court shall, by personal service or by such other mode of service as it

may deem fit, serve a notice on the alleged mentally ill person to attend at such place and at such time as may be specified in the notice or shall, in like manner, serve a notice on the person having the custody of the alleged mentally ill person to produce such person at the said place and at the said time, for being examined by the District Court or by any other person from whom the District Court may call for a report concerning the mentally ill person: 5

Provided that, if the alleged mentally ill person is a woman, who according to the custom prevailing in the area where she resides or according to the religion to which she belongs, ought not to be compelled to appear in public, the District Court may cause her to be examined by issuing a commission as provided in the Code of Civil Procedure, 1908. 5 of 1908. 10

(3) A copy of the notice under sub-section (2) shall also be served upon the applicant and upon any relative of the alleged mentally ill person or other person who, in the opinion of the District Court, shall have notice of judicial inquisition to be held by it. 15

(4) For the purpose of holding the inquisition applied for, the District Court may appoint two or more persons to act as assessors.

Issues on which finding should be given by District Court after inquisition.

51. On completion of the inquisition, the District Court shall record its findings on,— 20

(i) whether the alleged mentally ill person is in fact mentally ill or not, and

(ii) where such person is mentally ill, whether he is incapable of taking care of himself and of managing his property, or incapable of managing his property only. 25

Provision for appointing guardian of mentally ill person and for manager of property.

52. (1) Where the District Court records a finding that the alleged mentally ill person is in fact mentally ill and is incapable of taking care of himself and of managing his property, it shall make an order for the appointment of a guardian under section 53 to take care of his person and of a manager under section 54 for the management of his property. 30

(2) Where the District Court records a finding that the alleged mentally ill person is in fact mentally ill and is incapable of managing his property but capable of taking care of himself, it shall make an order under section 54 regarding the management of his property.

(3) Where the District Court records a finding that the alleged mentally ill person is not mentally ill, it shall dismiss the application. 35

(4) Where the District Court deems fit, it may appoint under sub-section (1) the same person to be the guardian and manager.

Appointment of guardian of mentally ill person.

53. (1) Where the mentally ill person is incapable of taking care of himself, the District Court or, where a direction has been issued under sub-section (2) of section 54, the Collector of the District, may appoint any suitable person to be his guardian. 40

(2) In the discharge of his functions under sub-section (1), the Collector shall be subject to the supervision and control of the State Government or of any authority appointed by it in that behalf. 45

54. (1) Where the property of the mentally ill person who is incapable of managing it is such as can be taken charge of by a Court of Wards under any law for the time being in force, the District Court shall authorise the Court of Wards to take charge of such property, and there-  
 5 upon, notwithstanding anything contained in such law, the Court of Wards shall assume the management of such property in accordance with that law.

Appoint-  
ment of  
manager  
for  
manage-  
ment of  
property  
of men-  
tally ill  
person.

(2) Where the property of the mentally ill person consists in whole or in part of land or of any interest in land which cannot be taken charge  
 10 of by the Court of Wards, the District Court may, after obtaining the consent of the Collector of the District in which the land is situate, direct the Collector to take charge of the person and such part of the property or interest therein of the mentally ill person as cannot be taken charge of by the Court of Wards.

15 (3) Where the management of the property of the mentally ill person cannot be entrusted to the Court of Wards or to the Collector under sub-section (1) or sub-section (2), as the case may be, the District Court shall appoint any suitable person to be the manager of such property.

55. Where the property of a mentally ill person has been entrusted  
 20 to the Collector by the District Court under sub-section (2) of section 54, he may, subject to the control of the State Government or of any authority appointed by it in that behalf, appoint any suitable person for the management of the property of the mentally ill person.

Appoint-  
ment of  
manager  
by  
Collector

56. Every person who is appointed as the manager of the property  
 25 of a mentally ill person by the District Court or by the Collector shall, if so required by the appointing authority, enter into a bond for such sum, in such form and with such sureties as that authority may specify, to account for all receipts from the property of the mentally ill person.

Manager  
of pro-  
perty to  
execute  
bond.

57. (1) No person, who is the legal heir of a mentally ill person shall  
 30 be appointed under section 53, 54 or 55 to be the guardian of such men- tally ill person or, as the case may be, the manager of his property unless the District Court or, as the case may be, the Collector, for reasons to be recorded in writing considers that such appointment is for the benefit of the mentally ill person.

Appoint-  
ment and  
remunera-  
tion of  
guardians  
and  
managers.

35 (2) The guardian of a mentally ill person or the manager of his property or both appointed under this Act, shall be paid, from out of the property of the mentally ill person, such allowance as the appointing authority may determine.

58. (1) Every person appointed as guardian of a mentally ill person  
 40 or manager of his property, or of both, under this Act shall have the care of the mentally ill person or his property, or of both, and be responsible for the maintenance of the mentally ill person and of such members of his family as are dependent on him.

Duties  
of guar-  
dian and  
manager.

(2) Where the person appointed as guardian of a mentally ill person is different from the person appointed as the manager of his property, the manager of his property shall pay to the guardian of the mentally ill person such allowance as may be fixed by the authority appointing the guardian for the maintenance of the mentally ill person and of such members of his family as are dependent on him.

Powers of  
manager.

59. (1) Every manager appointed under this Act shall, subject to the provisions of this Act, exercise the same powers in regard to the management of the property of the mentally ill person in respect of which he is appointed as manager, as the mentally ill person would have exercised as owner of the property had he not been mentally ill, and shall realise all claims due to the estate of the mentally ill person and pay all debts and discharge all liabilities legally due from that estate:

Provided that the manager shall not mortgage, create any charge on, or, transfer by sale, gift, exchange or otherwise, any immovable property of the mentally ill person or lease out any such property for a period exceeding five years, unless he obtains the permission of the District Court in that behalf.

(2) The District Court may, on an application made by the manager, grant him permission to mortgage, create a charge on, or, transfer by sale, gift, exchange or otherwise, any immovable property of the mentally ill person or to lease out any such property for a period exceeding five years, subject to such conditions or restrictions as that Court may think fit to impose.

(3) The District Court shall cause notice of every application for permission to be served on any relative or friend of the mentally ill person and after considering objections, if any, received from the relative or friend and after making such inquiries as it may deem necessary, grant or refuse permission having regard to the interests of the mentally ill person.

Manager  
to furnish  
inventory  
and  
annual  
accounts.

60. (1) Every manager appointed under this Act shall, within a period of six months from the date of his appointment, deliver to the authority, which appointed him, an inventory of the immovable property belonging to the mentally ill person and of all assets and other movable property received on behalf of the mentally ill person, together with a statement of all claims due to, and all debts and liabilities due by, such mentally ill person.

(2) Every such manager shall also furnish to the said appointing authority within a period of three months of the close of every financial year, an account of the property and assets in his charge, the sums received and disbursed on account of the mentally ill person and the balance remaining with him.

Manager's  
power to  
execute  
convey-  
ances  
under  
orders  
of District  
Court.

61. Every manager appointed under this Act may, in the name and on behalf of the mentally ill person,—

(a) execute all such conveyances and instruments of transfers by way of sale, mortgage or otherwise of property of the mentally ill person as may be permitted by the District Court; and

(b) subject to the orders of the District Court, exercise all powers vested in that behalf in the mentally ill person, in his individual capacity or in his capacity as a trustee or as a guardian.

62. Where the mentally ill person had, before his mental illness, contracted to sell or otherwise dispose of his property or any portion thereof, and if such contract is, in the opinion of the District Court, of such a nature as ought to be performed, the District Court may direct the  
5 manager appointed under this Act to perform such contract and to do such other acts in fulfilment of the contract as the Court considers necessary and thereupon the manager shall be bound to act accordingly.

Manager to perform contracts directed by District Court.

63. Where a mentally ill person had been engaged in business before he became mentally ill, the District Court may, if it appears to be for  
10 the benefit of the mentally ill person to dispose of his business premises, direct the manager appointed under this Act in relation to the property of such person to sell and dispose of such premises and to apply the sale proceeds thereof in such manner as the District Court may direct and thereupon the manager shall be bound to act accordingly.

Disposal of business premises.

64. Where a mentally ill person is entitled to a lease or underlease, and it appears to the manager appointed under this Act in relation to the property of such person that it would be for the benefit of the mentally  
15 ill person to dispose of such lease or underlease, such manager may, after obtaining the orders of the District Court, surrender, assign or  
20 otherwise dispose of such lease or underlease to such person for such consideration and upon such terms and conditions as the Court may direct.

Manager may dispose of leases.

65. The District Court may, on an application made to it by any person concerning any matter whatsoever connected with the mentally  
25 ill person or his property, make such order, subject to the provisions of this Chapter, in relation to that matter as in the circumstances it thinks fit.

Power to make order concerning any matter connected with mentally ill person.

66. If any relative of the mentally ill person or the Collector impugns, by a petition to the District Court, the accuracy of the inventory or  
30 statement referred to in sub-section (1), or, as the case may be, any annual account referred to in sub-section (2), of section 60, the Court may summon the manager and summarily inquire into the matter and make such order thereon as it thinks fit:

Proceeding if accuracy of inventory of accounts is impugned.

Provided that the District Court may, in its discretion, refer such  
35 petition to any Court subordinate to it, or to the Collector in any case where the manager was appointed by the Collector and the petition is not presented by the Collector.

67. All sums received by a manager on account of any estate in excess of what may be required for the current expenses of the mentally ill  
40 person or for the management of his property, shall be paid into the public treasury on account of the estate, and shall be invested from time to time in any of the securities specified in section 20 of the Indian Trusts Act, 1882, unless the authority which appointed him, for reasons to be recorded in writing, directs that, in the interests of the mentally  
45 ill person such sums be otherwise invested or applied.

Payment into public treasury and investment of proceeds of estate.



Relative  
may  
sue for  
accounts.

68. Any relative of a mentally ill person may, with the leave of the District Court, sue for an account from any manager appointed under this Act, or from any such person after his removal from office or trust, or from his legal representative in the case of his death, in respect of any property then or formerly under his management or of any sums of money or other property received by him on account of such property. 5

Removal  
of mana-  
gers and  
guardians.

69. (1) The manager of the property of a mentally ill person may, for sufficient cause and for reasons to be recorded in writing, be removed by the authority which appointed him and such authority may appoint a new manager in his place. 10

(2) Any manager removed under sub-section (1) shall be bound to deliver the charge of all property of the mentally ill person to the new manager, and to account for all moneys received or disbursed by him.

(3) The District Court may, for sufficient cause, remove any guardian of a mentally ill person and appoint in his place a new guardian. 15

Dissolu-  
tion and  
disposal of  
property  
of part-  
nership  
on a  
member  
becom-  
ing  
mentally  
ill.

70. (1) Where a person, being a member of a partnership firm, is found to be mentally ill, the District Court may, on the application of any other partner for the dissolution of partnership or on the application of any person who appears to that Court to be entitled to seek such dissolution, dissolve the partnership. 20

(2) Upon the dissolution under sub-section (1), or otherwise, in due course of law, of a partnership firm to which that sub-section applies, the manager appointed under this Act may, in the name and on behalf of the mentally ill person, join with the other partners in disposing of the partnership property upon such terms, and shall do all such acts for carrying into effect the dissolution of the partnership, as the District Court may direct. 25

Power to  
apply  
property  
for main-  
tenance  
of mental-  
ly ill  
person  
without  
appoint-  
ing  
manager  
in certain  
cases.

71. (1) Notwithstanding anything contained in the foregoing provisions, the District Court may, instead of appointing a manager of the estate, order that in the case of cash, the cash and in the case of any other property the produce thereof, shall be realised and paid or delivered to such person as may be appointed by the District Court in this behalf, to be applied for the maintenance of the mentally ill person and of such members of his family as are dependent on him. 30

(2) A receipt given by the person appointed under sub-section (1) shall be valid discharge to any person who pays money or delivers any property of the mentally ill person to the person so appointed. 35

Power to  
order  
transfer  
of stock,  
securities  
or  
shares  
belong-  
ing to  
mentally  
ill person  
in certain  
cases.

72. Where any stock or Government securities or any share in a company (transferable within India or the dividends of which are payable therein) is or are standing in the name of, or vested in, a mentally ill person beneficially entitled thereto, or in the manager appointed under this Act or in a trustee for him, and the manager dies intestate, or himself becomes mentally ill, or is out of the jurisdiction of the District Court, or it is uncertain whether the manager is living or dead, or he neglects or refuses to transfer the stock, securities or shares, or to receive and pay over thereof the dividends to a new manager appointed in his place, within fourteen days after being required by the Court to do so, then the District Court may direct the company or Government concerned to make such transfer, or to transfer the same, and to receive and pay over the dividends in such manner as it may direct. 40 45 50

73. Where any stock or Government securities or share in a company is or are standing in the name of, or vested in, any person residing out of India, the District Court upon being satisfied that such person has been declared to be mentally ill and that his personal estate has been 5 vested in a person appointed for the management thereof, according to the law of the place where he is residing, may direct the company or Government concerned to make such transfer of the stock, securities or shares or of any part thereof, to or into the name of the person so appointed or otherwise, and also to receive and pay over the dividends 10 and proceeds, as the District Court thinks fit.

Power to order transfer of stock, securities or shares of mentally ill person residing out of India.

74. If it appears to the District Court that the mental illness of a mentally ill person is in its nature temporary, and that it is expedient to make provision for a temporary period, for his maintenance or for the maintenance of such members of his family as are dependent on 15 him, the District Court may, in like manner as under section 71, direct his property or a sufficient part thereof to be applied for the purpose specified therein.

Power to apply property for mentally ill person's maintenance in case of temporary illness.

75. (1) Where the District Court has reason to believe that any person who was found to be mentally ill after inquisition under this Chapter 20 has ceased to be mentally ill, it may direct any court subordinate to it to inquire whether such person has ceased to be mentally ill.

Action taken in respect of mentally ill person to be set aside if District Court finds that his mental illness has ceased.

(2) An inquiry under sub-section (1) shall, so far as may be, be conducted in the same manner as an inquisition conducted under this Chapter.

25 (3) If after an inquiry under this section, it is found that the mental illness of a person has ceased, the District Court shall order all actions taken in respect of the mentally ill person under this Act to be set aside on such terms and conditions as that Court thinks fit to impose.

30 76. An appeal shall lie to the High Court from every order made by a District Court under this Chapter.

Appeals.

77. The District Court may, from time to time, make regulations for the purpose of carrying out the provisions of this Chapter.

Power of District Court to make regulations.

## CHAPTER VII

LIABILITY TO MEET COST OF MAINTENANCE OF MENTALLY ILL PERSONS  
DETAINED IN PSYCHIATRIC HOSPITAL OR PSYCHIATRIC NURSING HOME

Cost of maintenance to be borne by Government in certain cases.

78. The cost of maintenance of a mentally ill person detained as an inpatient in any psychiatric hospital or psychiatric nursing home shall, unless otherwise provided for by any law for the time being in force, be borne by the Government of the State wherein the authority which passed the order in relation to the mentally ill person is subordinate, if—

(a) that authority which made the order has not taken an undertaking from any person to bear the cost of maintenance of such mentally ill person, and

(b) no provision for bearing the cost of maintenance of such a District Court under this Chapter.

Application to District Court for payment of cost of maintenance out of estate of mentally ill person or from a person legally bound to maintain him.

79. (1) Where any mentally ill person detained in a psychiatric hospital or psychiatric nursing home has an estate or where any person legally bound to maintain such person has the means to maintain such person, the Government liable to pay the cost of maintenance of such person under section 78 or any local authority liable to bear the cost of maintenance of such mentally ill person under any law for the time being in force, may make an application to the District Court within whose jurisdiction the estate of the mentally ill person is situate or the person legally bound to maintain the mentally ill person and having the means therefor resides, for an order authorising it to apply the estate of the mentally ill person to the cost of maintenance or, as the case may be, directing the person legally bound to maintain the mentally ill person and having the means therefor to bear the cost of maintenance of such mentally ill person.

(2) An order made by the District Court under sub-section (1) shall be enforced in the same manner, shall have the same force and effect and be subject to appeal, as a decree made by such Court in a suit in respect of the property or person mentioned therein.

Persons legally bound to maintain mentally ill person not absolved from such liability.

80. Nothing contained in the foregoing provisions shall be deemed to absolve a person legally bound to maintain a mentally ill person from maintaining such mentally ill person.

## CHAPTER VIII

## PROTECTION OF HUMAN RIGHTS OF MENTALLY ILL PERSONS

Mentally ill persons to be treated without violation of human rights.

81. (1) No mentally ill person shall be subjected during treatment to any indignity (whether physical or mental) or cruelty.

(2) No mentally ill person under treatment shall be used for purposes of research, unless—

(i) such research is of direct benefit to him for purposes of diagnosis or treatment; or

(ii) such person, being a voluntary patient, has given his consent in writing or where such person (whether or not a voluntary patient) is incompetent, by reason of minority or otherwise, to give valid consent, the guardian or other person competent to give consent on his behalf, has given his consent in writing, for such research.

(3) Subject to any rules made in this behalf under section 94 for the purpose of preventing vexatious or defamatory communications or communications prejudicial to the treatment of mentally ill persons, no letters or other communications sent by or to a mentally ill persons under treatment shall be intercepted, detained or destroyed.

## CHAPTER IX

### PENALTIES AND PROCEDURE

82. (1) Any person who establishes or maintains a psychiatric hospital or psychiatric nursing home in contravention of the provisions of Chapter III shall, on conviction, be punishable with imprisonment for a term which may extend to three months, or with fine which may extend to two hundred rupees, or with both, and in the case of a second or subsequent offence, with imprisonment for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

(2) Whoever, after conviction under sub-section (1), continues to maintain a psychiatric hospital or psychiatric nursing home in contravention of the provisions of Chapter III shall, on conviction, be punishable with fine which may extend to one hundred rupees for every day after the first day during which the contravention is continued.

83. Any person who receives or detains or keeps a mentally ill person in a psychiatric hospital or psychiatric nursing home otherwise than in accordance with the provisions of this Act, shall, on conviction, be punishable with imprisonment for a term which may extend to two years, or with fine which may extend to one thousand rupees, or with both.

84. Any manager appointed under this Act to manage the property of a mentally ill person, who contravenes the provisions of section 60 or sub-section (2) of section 69, shall, on conviction, be punishable with fine which may extend to two thousand rupees and may be detained in a civil prison till he complies with the said provisions.

85. Any person who contravenes any of the provisions of this Act or of any rule or regulation made thereunder, for the contravention of which no penalty is expressly provided, in this Act, shall, on conviction, be punishable with imprisonment for a term which may extend to six months, or with fine which may extend to five hundred rupees, or with both.

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

Penalty for establishment or maintenance of psychiatric hospital or psychiatric nursing home in contravention of Chapter III.

Penalty for improper reception of mentally ill person.

Penalty for contravention of sections 60 and 69.

General provision for punishment of other offences.

Offences by companies.

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

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

*Explanation.*—For the purposes of this section,—

(a) “company” means a body corporate and includes a firm or other association of individuals; and

(b) “director”, in relation to a firm means a partner in the firm.

Sanction  
for pro-  
secutions.

87. Notwithstanding anything contained in the Code of Criminal Procedure, 1973, no court shall take cognizance of any offence punishable under section 82, except with the previous sanction of the licensing authority.

## CHAPTER X MISCELLANEOUS

Provision  
as to  
bonds.

88. The provisions of Chapter XXXIII of the Code of Criminal Procedure, 1973, shall, as far as may be, apply to bonds taken under this Act.

Report by  
medical  
officer.

89. The medical officer in charge of a psychiatric hospital or psychiatric nursing home shall, as soon as may be, after any mentally ill person detained therein has been discharged make a report in respect of his mental and physical condition to the authority under whose orders such person had been so detained.

Pension,  
etc., of  
mentally  
ill person  
payable  
by Gov-  
ernment.

90. (1) Where any sum is payable in respect of pay, pension, gratuity or any allowance to any person by any Government and the person to whom the sum is payable is certified by a Magistrate under this Act to be a mentally ill person, the officer under whose authority such sum would be payable, may pay to the person having charge of the mentally ill person so much of the said sum, as he thinks fit, having regard to the cost of maintenance of such person and may pay to such members of the family of the mentally ill person as are dependent on him for maintenance, the surplus, if any, or such part thereof, as he thinks fit, having regard to the cost of maintenance of such members.

(2) Where there is any further surplus amount available out of the funds specified in sub-section (1) after making payments as provided in that sub-section, the Government shall hold the same to be dealt with as follows, namely:—

(a) where the mentally ill person is certified to have ceased to be mentally ill by the District Court within the local limits of

whose jurisdiction such person resides or is kept or detained, the whole of the surplus amount shall be paid back to that person;

(b) where the mentally ill person dies before payment, the whole of the surplus amount shall be paid over to those of his heirs who are legally entitled to receive the same;

(c) where the mentally ill person dies during his mental illness without leaving any person legally entitled to succeed to his estate, the whole of the surplus amount shall, with the prior permission of the District Court, be utilised for such charitable purpose as may be approved by the District Court.

(3) The Central Government or the State Government, as the case may be, shall be discharged of all liability in respect of any amounts paid in accordance with this section.

91. (1) Where a mentally ill person is not represented by a legal practitioner in any proceeding under this Act before a District Court or a Magistrate and it appears to the District Court or Magistrate that such person has not sufficient means to engage a legal practitioner, the District Court or Magistrate shall assign a legal practitioner to represent him at the expense of the State.

Legal aid to mentally ill person at State expense in certain cases.

(2) Where a mentally ill person having sufficient means to engage a legal practitioner is not represented by a legal practitioner in any proceeding under this Act before a District Court or a Magistrate and it appears to the District Court or Magistrate, having regard to all the circumstances of the case, that such person ought to be represented by a legal practitioner, the District Court or Magistrate may assign a legal practitioner to represent him and direct the State to bear the expenses with respect thereto and recover the same from out of the property of such person.

(3) The High Court may, with the previous approval of the State Government, make rules providing for—

(a) the mode of selecting legal practitioners for the purpose of sub-sections (1) and (2);

(b) the facilities to be allowed to such legal practitioners;

(c) the fees payable to such legal practitioners by the Government and generally for carrying out the purpose of sub-sections (1) and (2).

*Explanation.*—In this section “legal practitioner” shall have the meaning assigned to it in clause (i) of section 2 of the Advocates Act, 1961.

25 of 1961.

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

Protection of action taken in good faith.

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

Construc-  
tion of  
references  
to certain  
laws, etc.

93. (1) Any reference in this Act to a law which is not in force in any area shall, in relation to that area, be construed as a reference to the corresponding law, if any, in force in that area.

(2) Any reference in this Act to any officer or authority shall, in relation to any area in which there is no officer or authority with the same designation, be construed as a reference to such officer or authority as may be specified by the Central Government by notification. 5

Power of  
Central  
Govern-  
ment and  
State  
Govern-  
ment to  
make  
rules.

94. (1) The Central Government may, by notification, make rules providing for the qualifications of persons who may be appointed as Mental Health Authority under section 3 and the terms and conditions 10 subject to which they may be appointed under that section and all other matters relating to such authority.

(2) Subject to the provisions of sub-section (1), the State Government, with the previous approval of the Central Government may, by notification, make rules for carrying out the provisions of this Act: 15

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

(3) In particular, and without prejudice to the generality of the foregoing power, rules made under sub-section (2) may provide for all or any of the following matters, namely:— 20

(a) the qualifications of persons who may be appointed as Mental Health Authority and the terms and conditions subject to which they may be appointed under section 4 and all other matters relating to such authority;

(b) the class or category of persons for whom separate psychia- 25 tric hospitals and psychiatric nursing homes may be established and maintained under clause (d) of sub-section (1) of section 5;

(c) the form in which,—

(i) an application may be made for grant or renewal of a licence and the fee payable in respect thereof under section 7 or, 30 as the case may be, section 9;

(ii) a licence may be granted for the establishment or maintenance of a psychiatric hospital or a psychiatric nursing home under section 8;

\* \* \* \* \*

(iii) an application may be made for a reception order under 35 section 20;

\* \* \* \* \*

(d) the manner in which an order refusing to grant, or revoking, a licence shall be communicated under section 8 or, as the case may be, section 11; 40

(e) the manner in which a report may be made to the licensing authority under sub-section (2) of section 9;

(f) the minimum facilities referred to in the proviso to sub-section (5) of section 9, including,—

(i) psychiatrist—patient ratio; 45

- (ii) other medical or para-medical staff;
- (iii) space requirement;
- (iv) treatment facilities; and
- (v) equipment;

5 (g) the manner in which and the conditions subject to which a psychiatric hospital or psychiatric nursing home shall be maintained under section 10;

10 (h) the form and manner in which and the period within which an appeal against any order refusing to grant or renew a licence or revoking a licence shall be preferred and the fee payable in respect thereof under section 12;

(i) the manner in which records shall be maintained under sub-section (1) of section 13;

15 (j) the facilities to be provided under section 14 for the treatment of a mentally ill person as an outpatient;

(k) the manner in which application for a reception order shall be signed and verified under sub-section (6) of section 20;

20 (l) the qualifications of persons who may be appointed as Visitors and the terms and conditions on which they may be appointed, under section 37 and their functions;

(m) prevention of vexatious or defamatory communications and other matters referred to in sub-section (3) of section 81;

(n) any other matter which is required to be, or may be, prescribed.

25 95. (1) Every rule made by the Central Government under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session  
30 or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of any-  
35 thing previously done under that rule.

Rules made by Central Government or the State Government to be laid before the Legislature.

(2) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before the State Legislature.

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

Effect of Act on other laws.

45 97. If any difficulty arises in giving effect to the provisions of this Act in any State, the State Government may, by order, do anything not inconsistent with such provisions which appears to it to be necessary or expedient for the purpose of removing the difficulty:

Power to remove difficulty.



Provided that no order shall be made under this section in relation to any State after the expiry of two years from the date on which this Act comes into force in that State.

Repeal  
and sav-  
ing.

98. (1) The Indian Lunacy Act, 1912 and the Lunacy Act, 1977, are hereby repealed.

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

4 of 1912.  
Jammu  
and Kash-  
mir Act  
25 of 1977  
(1920 AD).

5

10



## APPENDIX I

(Vide para 2 of the Report)

### MOTION IN THE RAJYA SABHA FOR REFERENCE OF THE BILL TO A JOINT COMMITTEE

"That the Bill to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto, be referred to a Joint Committee of the Houses consisting of 30 members; 10 members from this House, namely:—

1. Shri Sukhdev Prasad
2. Shri Bhuvnesh Chaturvedi
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Amarjit Kaur
6. Shri U. R. Krishnan
7. Shrimati Ila Bhattacharya
8. Dr. M. M. S. Siddhu
9. Shri Kalraj Mishra
10. Shri Abdul Rehman Sheikh

and 20 members from the Lok Sabha;

that in order to constitute a meeting of the Joint Committee the quorum shall be one-third of the total number of members of the Joint Committee; सत्यमेव जयते

that in other respects, the Rules of Procedure of this House relating to Select Committees shall apply with such variations and modifications as the Chairman may make;

that the Committee shall make a report to this House by the last day of the first week of the 124th Session of the Rajya Sabha; and

that this House recommends to the Lok Sabha that the Lok Sabha do join in the said Joint Committee and communicate to this House the names of members to be appointed by the Lok Sabha to the Joint Committee."

## APPENDIX II

(Vide para 3 of the Report)

### MOTION IN THE LOK SABHA

That this House do concur in the recommendation of Rajya Sabha that the House do join in the Joint Committee of the Houses on the Bill to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto made in the motion adopted by Rajya Sabha at its sitting held on the 27th July, 1982 and communicated to this House on the 29th July, 1982 and do resolve that the following 20 members of Lok Sabha be nominated to serve on the said Joint Committee, namely:--

1. Shri M. Ankineedu
2. Shri Anwar Ahmad
3. Dr. A. U. Azmi
4. Shri H. N. Nanje Gowda
5. Shri Jaipal Singh Kashyap
6. Shri Lala Ram Ken
7. Shri Keyur Bhushan
8. Shri K. T. Kosalram
9. Smt. Kesharbai Kshirsagar
10. Dr. Ve. Kulandaivelu
11. Shri K. M. Madhukar
12. Dr. Mahipatray M. Mehta
13. Shri Hiralal R. Parmar
14. Dr. Saradish Roy
15. Smt. Kishori Sinha
16. Shri Manmohan Tudu
17. Shri Atal Bihari Vajpayee
18. Dr. Golam Yazdani
19. Shri Mohd. Yusuf
20. Shri B. Shankaranand."

### **APPENDIX III**

(Vide para 12 of the Report)

#### **FRESH MOTION IN THE RAJYA SABHA FOR REFERENCE OF THE BILL TO A JOINT COMMITTEE CONSEQUENT UPON DISSOLU- TION OF THE SEVENTH LOK SABHA.**

"WHEREAS this House at its sitting held on the 27th July, 1982, adopted a motion that the Bill to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto, be referred to a Joint Committee of the Houses consisting of 30 members, 10 members from this House and 20 members from the Lok Sabha;

AND WHEREAS this House appointed 10 members from this House to the said Joint Committee;

AND WHEREAS this House recommended that the Lok Sabha do join in the said Joint Committee and communicate to this House the names of members to be appointed by Lok Sabha to the Joint Committee;

AND WHEREAS a message was thereafter transmitted to the Lok Sabha on the 28th July, 1982, communicating to the Lok Sabha the adoption of the said motion by this House;

AND WHEREAS the Lok Sabha at its sitting held on the 13th August, 1982 adopted a motion concurring in the said recommendation of this House and nominating 20 members from the Lok Sabha to serve on the said Joint Committee;

AND WHEREAS the Lok Sabha was dissolved on the 31st December, 1984, before the Joint Committee could conclude its deliberations and a new Lok Sabha was thereafter constituted on the same day;

NOW therefore this House do resolve that the aforesaid Bill be referred to a Joint Committee of the Houses consisting of 30 members, 10 members from this House namely:—

1. Shri Bhuvnesh Chaturvedi
2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Amarjit Kaur
6. Shrimati Ila Bhattacharya
7. Shri Era Sambasivam

8. Dr. Bapu Kaldate

9. Shri Jagdambi Prasad Yadav

10. Shri Leonard Solomon Saring

and 20 members from the Lok Sabha;

THAT in order to constitute a meeting of the Joint Committee, the quorum shall be one-third of the total number of members of the Joint Committee;

THAT in other respects, the Rules of Procedure of this House relating to Select Committees shall apply with such variations and modifications as the Chairman may make;

THAT the Committee shall make a report to this House by the 31st October, 1985; and

THAT this House recommends to the Lok Sabha that the Lok Sabha do join in the said Joint Committee and communicate to this House the names of members to be appointed by the Lok Sabha to the Joint Committee."



## APPENDIX IV

(Vide para 13 of the Report)

### FRESH MOTION IN THE LOK SABHA

"That this House do concur in the recommendation of Rajya Sabha that the House do join in the Joint Committee of the Houses on the Bill to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto made in the motion adopted by Rajya Sabha at its sitting held on the 22nd March, 1985 and communicated to this House on the 25th March, 1985 and do resolve that the following 20 members of Lok Sabha be nominated to serve on the said Joint Committee, namely:—

1. Shri Pratapsinh Baghel
2. Shri Keyur Bhushan
3. Shri Narayan Choubey
4. Shri H. N. Nanje Gowda
5. Shri Seth Hembrom
6. Shri Lala Ram Ken
7. Ch. Rahim Khan
8. Shrimati Kesharbai Kshirsagar
9. Shri U. H. Patel
10. Shri K. Pradhani
11. Dr. V. Rajeshwaran
12. Shri Prabhu Lal Rawat
13. Shri D. N. Reddy
14. Shri Ajit Kumar Saha
15. Shrimati Kishori Sinha
16. Shri S. Thangaraju
17. Dr. Chandra Shekhar Tripathi
18. Dr. V. Venkatesh
19. Dr. Golam Yazdani
20. Shrimati Mohsina Kidwai".

## APPENDIX V

(Vide para 5 of the Report)

### *Press Communiqué*

The Mental Health Bill, 1981 has been referred to a Joint Committee of Houses of Parliament with Shri Sukhdev Prasad, Member, Rajya Sabha, as Chairman of the Committee. The Bill seeks to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and other connected matters.

2. With attitudinal change towards persons afflicted with mental weakness there has been a growing awareness in society that no stigma should be attached to mental illness and persons mentally ill should be treated at par with those suffering from other ailments and the environment around them should be made as normal as possible. The provisions of the existing statute, viz., the Indian Lunacy Act, 1912 do not fit in with the rapid advances made in medical science and changed understanding of the nature of the malady. It has, therefore, become necessary to have a fresh legislation with provisions for treatment of mentally ill persons in accordance with the new approach. With this end in view, the Bill *inter alia*, seeks to provide for—

- (i) regulating admission to psychiatric hospitals or psychiatric nursing homes of mentally ill persons who do not have sufficient understanding to seek treatment on a voluntary basis, and to protect the rights of such persons while being detained;
- (ii) protecting society from the presence of mentally ill persons who have become or might become a danger or nuisance to others;
- (iii) protecting citizens from being detained in psychiatric hospitals or psychiatric nursing homes without sufficient cause;
- (iv) regulating responsibility for maintenance charges of mentally ill persons who are admitted to psychiatric hospitals or psychiatric nursing homes;
- (v) the establishment of Central Authority and State Authorities for Mental Health Services;
- (vi) facilities for establishing guardianship or custody of mentally ill persons who are incapable of managing their own affairs;
- (vii) regulating powers of the Government for establishing, licensing and controlling psychiatric hospitals and psychiatric nursing homes for mentally ill persons;
- (viii) providing legal aid to mentally ill persons at State expense in certain cases;

- (ix) penalties for establishment or maintenance of psychiatric hospital or psychiatric nursing home in contravention of the Act and for improper reception|detention of mentally ill persons in a psychiatric hospital or nursing home etc..

The Joint Committee at its meeting held today, the 30th August, 1982 has decided to invite memoranda on the provisions of the Bill from organisations, institutions and individuals interested in the subject matter of the Bill by the 15th September, 1982. The Joint Committee has also decided to hear oral evidence on the Bill. Organisations, institutions and individuals interested in the subject matter of the Bill may, therefore, send their memoranda (preferably 50 copies) to the Chief Legislative Committee Officer, Rajya Sabha Secretariat, Room No. 340, Parliament House Annexe, New Delhi, so as to reach him by the aforesaid date and may also indicate clearly whether they will be interested in giving oral evidence before the Committee, if invited. The Bill, as introduced in the Rajya Sabha, has been published in the Gazette of India Part-II Section 2 dated the 14th December, 1981. A copy of the Bill could, however, be supplied to an interested person or institute on a written request addressed to the officer mentioned above.

NEW DELHI;  
August 30, 1982.





## APPENDIX VI

(Vide paras 6 and 17 of the Report)

### LIST OF INDIVIDUALS/ORGANISATIONS ETC. FROM WHOM MEMORANDA COMMENTS WERE RECEIVED

(i) *(Received by the earlier Joint Committee)*

1. Shri D. R. Dutta, Secretary,  
Ichcha Janma O sukha Mritya,  
Calcutta.
2. Shri D. N. Ganguli, Secretary,  
Favlov Institute & Hospital,  
Calcutta.
3. Shri J. Mookerjee,  
30, Rammohan Mookerjee Lane,  
Howrah.
4. Shri P. R. Singh,  
Department of Social Work,  
Delhi.
5. Dr. Biswanath Roy,  
Reader in Psychology, NCERT,  
New Delhi.
6. Dr. Harish Grover, Joint Secretary,  
Indian Medical Association.
7. Shri Ambaden George K. Kora,  
Ranchi.
8. Dr. H. K. De Chaudhuri,  
Calcutta.
9. Shri K. K. Chakraborty,  
Calcutta.
10. Dr. Jagdish Chandra, Prof. &  
Head of Department of Forensic  
Medicine, A.I.I.M.S., New Delhi.
11. Dr (Col.) Kirpal Singh,  
New Delhi.
12. Dr. K. C. Dube, Ex-Prof. of  
Psychiatry & Medical Supdt.  
Mental Hospital, Agra.
13. Shri Ram Prakash,  
New Delhi.
14. Dr. Gurmeet Singh,  
Prof. & Head of Department of  
Psychiatry, Government Medical  
College, Patiala.

15. Dr. Anil V. Shah,  
Ahmedabad.
16. Shri N. G. Bose,  
Bhuma Bharat Kalyan Sangha,  
Calcutta.
17. Shri K. S. Prabhakaran,  
Bangalore
18. Dr. Amar Nath Mallik,  
Calcutta.
19. Shri Kshemendra Upadhyaya,  
Udarband, Cachar.
20. Kum. Anita Dhandu,  
New Delhi.
21. Shri Marjory F. Foyle,  
Lucknow.
22. Prof. (Dr.) B. B. Sethi,  
23, Ashok Marg, Lucknow.
23. Prof. Sridhar Sharma, Director,  
Central Institute of Psychiatry,  
Ranchi.
24. Prof. M. Sarada Menon,  
Madras.
25. Dr. E. Hoch,  
Ahmedabad.
26. Shri Ratan Singh,  
Reader in Clinical Psychology,  
Varanasi.
27. Dr. S. M. Channabasavanna,  
Medical Supdt. & Prof. of Psychiatry,  
Nimhans, Bangalore.
28. Dr. Vijay K. Varma,  
Post Graduate Institute of Medical  
Education & Research.  
Chandigarh.
29. Dr. Shakuntala Dube,  
National Association of  
Clinical Psychologists,  
Nimhans, Bangalore.
30. Dr. M. A. M. Khan,  
Psychiatrist, Hyderabad.
31. Shri B. S. Yadav,  
Prof. of Psychiatry & Supdt.,  
Mental Hospital, Agra.
32. Dr. C. A. Tiwari,  
Nagpur.

33. Dr. G. N. Narayana Reddy,  
Nimhans, Bangalore.
34. Dr. P. Ramakrishna,  
Asstt. Prof. of Psychiatry,  
Government Hospital for Mental  
Care, Hyderabad.
35. Shri K. Sadasivan,  
Chief Judicial Magistrate,  
Trivandrum.
36. Dr. V. K. Jayapalan,  
Police Surgeon,  
Trivandrum
37. Indian Psychiatric Society.

(ii) (Received by the present Joint Committee)

38. Dr. Ram Kumar Sharma,  
Chairman, Ayurveda Committee,  
Central Council of Indian Medicine  
New Delhi.
39. Director General Police,  
Jammu and Kashmir,  
Srinagar.
40. Shri R. K. Jain, Secretary,  
Central Council of Indian Medicine,  
New Delhi.
41. Dr. K. S. Dutta,  
Prof. and Head of Department and  
Medical Superintendent,  
Hospital for Psychiatric Diseases,  
Srinagar.
42. Shrimati Leela Damodara Menon,  
Nauka Azad Road,  
Kaloer, Cochin.
43. Miss Vidya Rao,  
Head of the Department of Social Welfare  
Administration,  
Tata Institute of Social Sciences,  
Bombay.
44. Dr. M. A. M. Khan,  
5-9-22/111, Adarshnagar,  
Hyderabad.

## APPENDIX VII

(Vide paras 8 and 20 of the Report)

### LIST OF WITNESSES WHO TENDERED ORAL EVIDENCE BEFORE THE COMMITTEE

Sl. No.	Name of Witness	Date of hearing
1.	Dr. S. M. Channabasa Vanna, Prof. & Head of Department of Psychiatry, National Institute of Mental Health and Neuro Sciences, Bangalore	7-6-83
2.	Dr. (Mrs.) Lalita Rao, Minister of Public Health, Government of Maharashtra, Bombay	7-6-83
3.	Dr. A. J. Shetkar, 172/7, Mumbai Marathi Granth Sangrahalaya Marg, Dadar, Bombay	8-6-83
4.	Dr. G.G. Prabhu, Prof. of Clinical Psychology, National Institute of Mental Health and Neuro Sciences, Bangalore	8-6-83
5.	Representatives of the Indian Psychiatric Society	10-10-83
	(i) Dr. (Mrs.) Jaya Narayan, President Indian Psychiatric Society, Government Hospital for Mental Cases, Vinayaknagar	
	(ii) Dr. A.B. Dutta, Supdt., Duttanagar Mental Health Centre, Calcutta-77	
6.	Prof. Shridhar Sharma, Director, Central Institute of Psychiatry, Kanke, Ranchi	11-10-83
7.	Dr. L. P. Verma, Vinayak Prabhu, Boreo, Ranchi	11-10-83
8.	Dr. H. K. De Chaudhuri, 103A, Ekdalia Road, Calcutta-19	12-10-83
9.	Shri K. K. George, 2A/17, Gandhi Nagar Colony, Kanke Road, Ranchi-834008	12-10-83
10.	Shri N. G. Bose, 7/33, Government Quarters, Dr. B. N. Road, Calcutta-700060	12-10-83
11.	Shri D.R. Dutta, Secretary, Ichcha Janma O Sukha Mrityu, 87, Ekdalia Road, Calcutta-19	12-10-83
12.	Dr. R. N. Ganguli, State Health Education Officer, State Health Education Bureau, Government of Bihar, Patna	12-10-83
13.	Dr. Vijay K. Varma, Prof. of Psychiatry, Post-graduate Institute of Medical Education and Research, Chandigarh	26-10-83
14.	Dr. B. S. Yadav, Prof. of Psychiatry and Medical Supdt., Mental Hospital, Agra	26-10-83

Sl. No.	Name of Witness	Date of hearing
15.	Shri R. R. Sing, <sup>4</sup> Department of Social Work, University of Delhi, 3, University Road, Delhi . . . . .	27-10-83
16.	Representatives of the Indian Medical Association IMA House I.P. Marg, Delhi . . . . .	27-10-83
	(i) Dr. Bakshi, Hon. Secretary	
	(ii) Dr. Harish Grover, Hon. Joint Secretary	
17.	Dr. Biswanath Roy, Reader in Psychology, N.C.E.R.T., New Delhi-16 . . . . .	2, 10-83
18.	Dr. (Col.) Kirpal Singh, T-38, Rajouri Garden, New Delhi . . . . .	28-10-83
19.	Dr. B.K. Jha, Medical Supdt., Hospital for Mental Diseases, Shahadra, Delhi-32. . . . .	28-10-83
20.	Dr. S. N. Deb, Psychiatrist, Hospital for Mental Diseases, Shahadra, Delhi-32 . . . . .	28-10-83
21.	Dr. A. K. Biswas, Deputy Medical Supdt., Hospital for Mental Diseases, Shahadra, Delhi-32 . . . . .	28-10-83
22.	Shri N. C. Kochhar, Additional District and Sessions Judge, Tis Hazari Courts, Delhi . . . . .	9-2-84
23.	Miss Amita Dhandra, 3B/11, Ramesh Nagar, Delhi . . . . .	9-2-84
24.	Dr. V. S., Rastogi, Senior Psychiatrist Head of the Department, Safdarjung Hospital, New Delhi . . . . .	16-9-85
25.	Dr. Ram Kumar Sharma, Chairman, Ayurvedic Committee, Central Council of Indian Medicine, New Delhi . . . . .	16-9-85
26.	Dr. Jugal Kishore, Ex-Director of Homoeopathy, New Delhi . . . . .	16-9-85
27.	Smt. Leela Damodara Menon, Ex-Member of Parliament . . . . .	15-10-85
28.	Shri Baharul Islam, Member of Parliament, Rajya Sabha . . . . .	14-1-86

## APPENDIX VIII

(Vide paras 9 and 19 of the Report)

### I

#### *Study notes on the visits of Study Group I of the Joint Committee on the Mental Health Bill, 1981 (Varanasi, Calcutta & Tezpur)*

In terms of the decision of the Joint Committee on the Mental Health Bill, 1981, taken at its meeting held on the 22nd November, 1982, Study group I headed by its convener, Shri K. T. Kosalram, M.P. visited the oldest institution in the country known as the Mental Hospital, Varanasi.

2. Shri R. B. Sharma, Legislative Committee Officer assisted the group. Dr. K. C. Gupta, Chief Medical Officer, Varanasi, Dr J. L. Koly, Regional Director (Health & Family Welfare) posted at Lucknow and Shri G. G. K. Nair, Under Secretary, Ministry of Health and Family Welfare accompanied the Parliamentary group on its visit to the Hospital at 10.00 A.M. on the 8th December, 1982.

#### 3. The following Members were present:

1. Shri K. T. Kosalram, Convener
2. Shri Hiralal R. Parmar
3. Shri Keyur Bhushan
4. Shri U. R. Krishnan
5. Shri Natha Singh

Dr. R. N. Tewari, Superintendent of the Hospital and his colleagues Dr. A De and Dr. (Km.) S. Malhotra, both Medical Officers welcomed the Parliamentary group. The group went round the hospital wing, jail wing, weaving section and farming gardening portion within the premises of the hospital and Members were impressed at the cleanliness maintained within the building.

4. Originally started in the year 1808 as an abode of mentally derailed criminals, the institution is claimed to have grown over years as a premier Centre of cure of the insane. The hospital with a capacity of 331 beds (252 for males and 79 for females) had occupancy of 240 (201 males and 39 females) on the date of the visit. The number of patients treated in the hospital during the period from 1978 to November, 1982 is indicated below:—

Patient Treated	Indoor	Out-door
1978	302	447
1979	272	642
1980	246	642
1981	261	358
January 1, 1982 to November, 1982	241	273

5. Members saw the arrangements in the hospital specially how in-patients were kept, fed and treated before and after the period of observation. They were told that a person brought to the hospital was kept under observation for a period of not less than ten days to determine whether his continual hospitalisation was necessary or not. No person below 18 was kept in the hospital. Visitors to meet patients were allowed every Saturday after completion of one month stay of a particular patient.

6. Members were informed that some patients remain in the hospital for a pretty long period. One person convicted of life sentence met his eventual death after spending 35 years in the hospital. A man from Pilibhit district in UP admitted in 1935 and a lady since 1928 continue to languish there. Members were convinced that such woeful instances were the pointers to the need for a radical reforms for custody, care and treatment of mentally ill persons.

7. After seeing the hospital, Members had an informal exchange of views with the authorities of the hospital. From what they had seen in the hospital and in the light of the discussion they had, Members felt that a lot of improvement was essential for care and treatment of patients and the efficient functioning of the hospital.

The group made the following suggestions:--

- I. Medical staff in the mental hospitals should be augmented at the parity level of general hospitals and norms prescribed for general hospitals both in respect of medical and para-medical staff should be made applicable to mental hospitals.
- II. Psycho-therapy should be introduced in each mental hospital for proper treatment of the patients. Present arrangements and the level of care of the patients are far from adequate.
- III. Mental hospitals or a unit in the general hospital should be headed by psychiatrists and qualified personnel in the discipline. (A provision to that effect has been incorporated in the Bill).
- IV. Some incentive in the form of special pay, allowance or perquisites should be given to attract medical staff to serve in the mental hospitals.
- V. There is a scope of improvement in the diets presently being given to the patients. The patients should be given germinating gram and gur in the morning. A reasonable quantity of milk, fruit and eggs should be made available to all in-patients.
- VI. The minimum income prescribed for definition of pauper for the purpose of treatment should be raised from Rs. 200/- to Rs. 400 per mensem.
- VII. An ambulance Van should be provided exclusively to the mental hospitals for transport of emergency cases.
- VIII. Quite a few structures were found to be in a dilapidated condition. These structures need to be demolished and new construction should replace them. Members were told that the

estimates for construction of a few structures were pending with State Government.

IX. It was learnt that non-official visitors seldom visit the hospital and they attend the meetings of the Board after much persuasion. Their visits and attendance in Board can be improved somewhat by providing incentives. So Members felt that honorarium may be made admissible to the non-official visitors for the purpose of visits to the mental health institutions.

8. Members ascertained the views of the medical authorities about the authority regarding admission of a patient to the mental hospital. There was a feeling that in certain cases meriting prompt attention without any loss of time the permission of the magistrate involving time consuming process may not be handy and therefore, the authority to admit a person into the hospital should rest with the local highest medical authority.

9. The number of persons suffering from mental ailments estimated at about eight millions requires verification to ascertain the magnitude of the problems. Members felt that this can be easily done on the basis of statistics collected from the primary Health Centres in the villages and hospitals in the cities.

10. Members were of the view that some qualifications for non-official visitors should be prescribed in the rules to be made under the enactment.

The visit concluded at 12-15 with expression of thanks.

At 10.00 A.M. on the 9th December, 1982, the group visited the psychiatry unit of the Institute of Medical Sciences, Banaras Hindu University, Varanasi.

The following Members and Officers were present during the visit.

1. Shri K. T. Kosalram, Convener

2. Shri Hiralal B. Pantar

3. Shri Keyur Bhushan

4. Shri U. R. Krishnan

Dr. J. L. Koley, Regional Director (Health and Family Welfare).

Shri G. G. K. Nair, Under Secretary, Ministry of Health.

Shri R. B. Sharma, Legislative Committee Officer, Rajya Sabha Secretariat.

2. Prof. Shamer Singh, Director of the Institute and Dr. V. K. Bhatt, Head of Department of Psychiatry welcomed the Parliamentary group. The group went round the Hospital wing of the Department which provides treatment of 25 indoor patients. Members were happy to see fine arrangements made for care and treatment of the patients and short duration for which they were kept for constant and intensive care at the hospital.



3. Later, they met the following teaching staff of the Department in the Office of the Director of the Institute:—

Dr. Shamer Singh, Director

Dr. V. K. Bhatt, Head of Department of Psychiatry

Dr. Rattan Singh, Reader, Department of Clinical Psychology

Dr. S. N. Sharma, Reader.

4. Dr. Rattan Singh was of the view that the definition of the mentally ill person as in the Bill was rather loose and it should be restricted to the cases of psychoses only. He also felt that the title of the Bill should also be changed to the Mental Illness Bill as the term mental health was very generic. According to him admission of patients into a mental hospital should be viewed as on par with other patients admitted to the psychiatry wing of a general hospital. Admission of patients for a specialised and intensive treatment in specialised hospitals and procedure of admission should be simple and free like that of patients of other diseases.

5. For a pragmatic approach of treatment of mentally ill persons community base service should be introduced as far as possible and an intensive training or an orientation course in use of major tranquilizers/ e.c.t. etc. should be imparted to generalists like R.M.Ps and other licensed Ayurvedic and Homoeopathic practitioners.

6. Visitors to the mental hospitals etc. should comprise of three persons, two out of whom must be qualified and trained in psychiatry and clinical psychology.

7. Affiliation of mental hospitals etc. to the teaching institutions was welcome for the mutual benefit of patients in hospitals and the students in teaching institutions.

8. He was also against intervention of the Magistrate with the jurisdiction of medical authorities in the matter of admission into and discharge of patients from the hospitals and as a counter-check on the powers of authorities of a hospital, opinion of a qualified clinical psychologist would serve the purpose.

9. Dr. Rattan Singh was asked to furnish his comments on the provisions of the Bill to the Secretariat at an early date. Members desired that he be invited to give oral evidence before the committee.

The visit concluded at 11.00 A.M.

At 3.30 P.M. Members had an informal discussion in the meeting hall of the Circuit House at Varanasi. The following Members and officials were present:—

1. Shri K. T. Kosalram, Convener

2. Shri Natha Singh

3. Shri Hiralal P. Parmar

4. Shri Keyur Bhushan

5. Shri U. R. Krishnan

Shri R. N. Mishra, City Magistrate, Varanasi,

Shri R. B. Sharma, Legislative Committee Officer

Dr. K. C. Gupta, Chief Medical Officer, Varanasi.

Dr. A. De, M.O., Varanasi Mental Hospital.

Dr. R. N. Tewari, Medical Supdt. Varanasi Mental Hospital.

2. The discussion generally centred around the deficiency of the existing law and provisions of the new Bill regarding custody of a mental patient for continued treatment. As regards the exercise of power of retaining a mentally ill person, the City Magistrate, Varanasi was of the opinion that the role of a magistrate would be merely complementary as it would be difficult for a magistrate to decide about the mental condition of a person. He could at best examine the statement/evidence of relatives or persons making application for retention of a mentally ill person.

3. There was consensus that only disputable cases of admission/discharge of a patient should be routed through a magistrate and the remaining ones could be left for decision by the medical officers concerned.

4. On being informed that U.P. Government had issued an order regarding meetings of Advisory Boards twice a year only, Members felt that this was prejudicial to early discharge of inmates from the mental Hospital at Varanasi and the Convener directed that the matter be brought to the notice of the State Health Minister, for ensuring frequent meetings of the Board at least once in two months.

5. Members also decided to make a recommendation for allotment of funds for construction of new structures in the hospital building.

The discussion concluded at 4.30 P.M.

The Group headed by Shri K. T. Kosalram, M.P., Convener visited the Hospital for Mental Diseases, Gobra Road, Calcutta run by the Government of West Bengal at 3.30 P.M. on the 10th December, 1962.

The following Members were present.

1. Shri K. T. Kosalram—Convener.
2. Shri Natha Singh
3. Dr. Saradish Roy
4. Shri Hiralal R. Parmar
5. Shri Keyur Bhushan
6. Shri U. R. Krishnan.

Shri R. B. Sharma, Legislative Committee Officer assisted the group. Dr. D. K. Menon of ICMR, Shri G. G. K. Nair, Under Secretary, Ministry of Health and Family Welfare and Dr. S. C. Roy, Regional Director (H&F. W.) posted at Calcutta also accompanied the group.

Dr. A. S. Mukherjee, Medical Supdt. of the Hospital and his other colleagues welcomed the Parliamentary Group. A discussion with Medical officers preceded the visit to the hospital. The following doctors took part in the discussion.

1. Dr. A. S. Mukherjee, Medical Supdt. of the Hospital.
2. Prof. Ajita Chakravarty, Prof. & Head of Deptt. of the Institute of Post Graduate Medical Education & Research, Calcutta.

3. Dr. R. N. Roy Chowdhury, Psychiatrist, Mental Hospital.

4. Dr. Kalyan Das, Psychiatrist.

The professionalists apprised Members of their views about the care and treatment of mentally ill persons and problems confronting them. They also expressed their opinion about the main provision of the Bill and procedure of admission of patients to the mental hospitals. There was some difference of opinion about the title of the Bill and the definition of the medical practitioner and the role and qualifications of an inspecting officer. The Convener advised them to furnish their well considered views to the Secretariat.

Thereafter the group went round the wards of hospital with a capacity of 250 beds (160 males & 90 females). Members talked to some patients and inquired of the Medical Supdt. about the average expenditure per patient. The Medical Supdt. told that the expenditure on diet & medicine averaged at about Rs. 14/- per day and they were charging Rs. 4/- and in chronic cases Rs. 8/- per day per patient.

There was a general feeling that arrangements for care and treatment in the hospital were not very satisfactory. The state of affairs was partially on account of inadequate allotment of funds.

The visit concluded at 5.30 P.M.

At 10.00 A.M. on the 11th December, 1932, the Parliamentary group visited the Medical College, Calcutta. Dr. R. N. Ray, Director Medicines and Dr. S. Bal, Head of the Psychiatry Department welcomed the party.

2. Based on his experience as a psychiatrist within the country and U. K., Dr. Bal was of the opinion that mentally ill persons should be treated at par with other ill persons and they should not be stamped for treatment in a specialised institution distinct from a general hospital so as to remove the social stigma attached to the mental illness. He was also of the view that senior medical officers qualified to treat mentally ill person should be armed with magisterial power for retention of a mentally ill person and their opinion about the behaviour of an in-patient or out-patient or about injury to his health or danger to his own life or life of others should be treated as final. Motivated with care and well being of the patients and promoted by an anxiety to save society from nuisance, the opinion of medical authority about a person suffering from mental illness should not be subject to the scrutiny by a magistrate.

As the opinion of Dr. Bal needed a careful examination the Convener asked him to furnish his views in writing to the secretariat.

3. Members went round the wards where mentally ill persons were treated. They talked to the persons undergoing treatment and they were satisfied with the care and treatment of those persons. They also wished that the number of beds could be increased from the present strength of 15.

4. Thereafter, the party proceeded for a visit to the Mental Hospital, Bhowanipore where members were welcomed by Dr. Ranjan Sen, the Medical Superintendent of the Hospital. Members were glad to see the arrangements in the 30 beds (20 male and 10 female) hospital for care and treatment of in-patients. It was heartening to note that very few patients required a treatment for longer than three to four months.

5. Dr. Sen also shared the view as earlier expressed by Dr. Bal regarding authority to keep the mentally ill persons for continued care and treatment. His another suggestion was that psychiatry should be an integral part of a general hospital and the existing specialised mental hospitals should be converted into care homes and rehabilitation centres for the mentally handicapped persons.

The visit to the institutions concluded at 12-45.

In the evening at 3.15 the group led by Dr. M. M. Mehta visited the Presidency Jail. The following members were present at the visit.

1. Dr. M. M. Mehta
2. Shri Natha Singh
3. Shri Hiralal R. Parmar
4. Shri Keyur Bhushan
5. Shri U. R. Krishnan

Shri K. S. Moktan, D.I.G Prisons, West Bengal and Shri A. M. Nath, Superintendent of the Jail welcomed the Parliamentary group for its visit. The jail with capacity for 2385 persons had 1871 inmates out of them 264 (231 female and 33 males) were non-criminal lunatics. The group went round the various wards where they were kept. Members were of the view that vast majority of inmates could be easily cured and released. They were in the jail under constraints of improper care and custody. Given opportunity for proper care and treatment and appropriate social milieu the unfortunate inmates would be able to lead an ordinary life and liberty.

The visit to the jail concluded at 4.25 P.M.

At 10.30 A.M. on the 12th December, 1982, the group led by Dr. M. M. Mehta, M.P. visited the Duttanaga Mental Health Centre, Calcutta-700077. The following Members were present:

1. Dr. M. M. Mehta
2. Shri Natha Singh
3. Shri Hiralal R. Parmar
4. Shri Keyur Bhushan
5. Shri U. R. Krishnan

2. Dr. (Miss) Ajita Chakravarty, Prof. & Head of Department of Psychiatry, S. S. K. M. Hospital, Director, Health Services, Government of West Bengal, Dr. S. K. Das, Assistant Director, Health Services (Mental) of West Bengal and Dr. A. B. Dutt, Superintendent of the Centre and his other colleagues welcomed the Parliamentary group. Members had an informal exchange of views with Dr. Dutt and his following colleagues:

- Dr. A. Basu
- Dr. D. Kundu
- Dr. Chandra Shekhar Bhattacharjee
- Dr. P. K. Sarkar

3. Dr. Dutt informed Members about the organisational set-up, types of patients being treated, sanctioned accommodation (100 beds), present

number of beds available (50) and beds occupied (45), methods of treatment and problem mainly financial because of sharp increase in prices. He also explained the following criteria for admission of patients:

- (a) Written application for admission from next-of-kin, acceptable to the Medical Superintendent, with full case history.
- (b) One medical recommendation for admission.
- (c) Patient found on examination by the Psychiatrist of the Hospital to be suffering from mental illness, suitable for admission and likely to be benefited by in-patient psychiatric treatment.
- (d) Written declaration by the next-of-kin and a guarantor to the effect that he will arrange for:
  - (i) discharge the patient immediately on receipt of medical advice from the hospital; and
  - (ii) supply of medicines and other personal requirements (clothings etc.) of the patient.
- (e) Patient is not involved in any criminal or civil suit in which question of mental illness has been raised or disputed.
- (f) In case of a Central Government employee or his dependent prior approval of the Director of Health Services, West Bengal.
- (g) Attitude of the next-of-kins towards the patient assessed by the Medical Superintendent (to avoid social isolation, neglect, desertion etc.)

He also mentioned that discharge of patients on request of his relatives was instant and without formalities even against medical advice.

4. About the provisions of the Bill Dr. Dutt made the following observations:

- (i) The entire scheme of the Bill is based on the erroneous assumption that many qualified psychiatrists and necessary equipment for treatment of large number of mentally ill persons are available. The Bill will not encourage either any voluntary organisation or qualified psychiatrist to extend psychiatric services in villages and small towns where majority of patients reside.
- (ii) Clauses 20(3), 20(4), 21(1), 22(2) and 28(3) of the Bill seem to characterise the duties of a medical officer in charge of a psychiatric hospital/nursing home like those of an officer in charge of police station.
- (iii) The powers and duties usually assigned to psychiatrists in developed countries have been delegated in the Bill to the Magistrates, Visitors and Inspectors having no psychiatric knowledge and experience and empowering them to examine and discharge patients and to scrutinise medical records to ascertain whether the patient is receiving "proper treatment" under the qualified psychiatrist.
- (iv) There is no need to magisterial role under Chapters IV and V of the Bill as the orders regarding admission and discharge

of a patient are of executive character. This responsibility can safely be entrusted to the qualified psychiatrist leading a psychiatric unit.

(v) As a check on the powers vested in the medical officer of a unit, a Mental Health Tribunal and its composition may be provided for in the Bill.

(vi) Clause 2(h) should be deleted as magisterial intervention is repugnant to the concept of maintenance of dignity of the patient.

(vii) Clause 2(1) is restrictive and mentally ill person should be left undefined as in the case of U.K. Act of 1959. Dr. Menan of I.C.M.R. assisting the group, however, observed that definition in the clause was operational and was better than a conceptual definition.

(viii) In case mentally retarded persons are to be left outside the purview of the Bill, there should be a separate legislation for the vast category which really accounts for the persons who are so called mentally ill.

(ix) Recognition of 'psychiatric hospital' or 'psychiatric nursing home, distinct from a general hospital or general nursing home established or maintained by the Government though providing for psychiatric services will attach a stigma. There should be no such distinction and every hospital/nursing home providing psychiatric services should be subject to quality control as suggested by W.H.O. in its third Report.

Cl. 2(q) should, therefore, be modified.

(x) The words 'dangerous by reason of mental illness' used in clause 25(B) should be amplified and if necessary a new sub-clause may be inserted to provide for custody of such a person.

(xi) The provision of sub-clause (2) of clause 6 is discriminatory and should be deleted. This applies equally to the provisions of Cl. 8.

(xii) The words 'provision shall be made' used in Cl. 14 may be substituted by the words 'provision may be made' because it may not be possible for a non-Government psychiatric hospital for financial constraints to provide for prescribed facilities for treatment of outdoor patients.

(xiii) The period of twenty-four hours as mentioned in Cl. 18(1) may be substituted by a period not exceeding seven days to afford a reasonable time for the doctor to contact a relative of the applicant for exercise of power under section 19(1) or the competent authority in case the treating authority decided not to grant leave of absence or discharge to the patient.

(xiv) The period of 90 days in the Proviso to Cl. 19(1) should be increased to six months.

(xv) There should be provision enabling a psychiatric hospital to change the status of a patient from voluntary to involuntary and vice versa and the intervention of a magistrate should be eliminated.

- (xvi) The words 'person at whose instance he was admitted' used in sub-clause (3) of Cl. 19 may in some cases be unrealistic and non-existent and prove rigid if such person is no longer alive or is not readily available. This needs suitable change.
- (xvii) Persons arrested in terms of clause 25 should be produced before the nearest medical officer and not before the nearest Magistrate and sub-clause (3) should be amended accordingly.
- (xviii) No useful role will be played by the Visitors and hence there is no need to retain the out-moded concept.
- (xix) The existing Government hospitals for mentally ill persons should be converted into care homes for the mentally handicapped persons.
- (xx) The criteria of voluntariness as followed by him may be adopted for admission of patients into the psychiatric hospitals.

A documentary coloured film on care and treatment of mentally ill persons produced and directed by Dr. Dutt was shown to the Members.

The visit concluded at 1.30 P.M.

The group flew by air to Tezpur on the 13th December, 1982.

The following members and officials assembled at the circuit House Tezpur at 12.00 noon on the 13th December, 1982:—

1. Dr. M. M. Mehta
2. Shri Hiralal R. Parmar
3. Shri Keyur Bhushan
4. Shri Natha Singh

Shri Uma Charan Saraniya Collector, Darrang District.

Dr. Hemant Borah, Chief Medical and Health Officer.

Shri Bijoy Borah, Superintendent mental hospital, Tezpur.

Dr. S. Shyam, Medical Officer, Psychiatrist at Shillong, Government of Meghalaya.

Miss. Bharati Hazarika, City Magistrate.

Dr. (Mrs.) Lakshmi Goswami.

Shri Ramachandran, Superintendent of Police, Darrang.

#### SECRETARIAT

Shri R. B. Sharma, Legislative Committee Officer.

The study group held brief discussion with the Collector of Darrang and the Board of Visitors of the Mental Hospital at Tezpur.

During the discussion members were informed:—

- (I) That the mental hospital at Tezpur was established in 1876 and the present building was constructed in 1929 for 750 patients which was subsequently raised to 1000 (800 male and 200 female) and the maximum limit of the patients have been fixed at 1500.

- (II) Though the hospital at Tezpur was the only mental hospital situated in the North-Eastern region, there was not a single psychiatrist posted in the mental hospital and only two specially trained doctors were available. There is shortage of beds, medicines and other facilities and large number of patients were being kept in the district jails of Assam.
- (III) After admission patients were forlorn by the guardians, parents and other relatives and most of the patients have become a liability.
- (IV) Need for rehabilitation of mental patients and establishment of other mental health institutions in the North Eastern region was also stressed. Members were requested to make efforts in ensuring the Mental Hospitals as humane institutions and more effective medium for treatment.
- (V) Four channels of admission as proposed in the Bill would add to the burden of over crowded Mental Hospitals.
- (VI) General medical practitioners should also be trained with common psychiatric symptoms and medicines so that psychiatrist specialists who are very few may not be over strained and the number of in-patients in the Mental Hospitals may be reduced.
- (VII) A historical background of the patient by some responsible local person or social workers would be a great assistance to the doctors for treatment of patients. Some penal provisions may be incorporated in the Bill for misuse of powers by the police officers.

In the afternoon at 1.30 P.M. the study group visited the Mental Hospital, Tezpur. On arrival, Members were accorded a traditional welcome by inmates of the Hospital. The group noted that the Hospital with a sanctioned bed strength of 1000 was having more than 1300 in-patients at that time and facilities were inadequate for such a large number of patients. Water supply and sanitation systems were inadequate and there was no dining hall for the patients. Members appreciated the productive work done by the Mental patients under the occupation therapy such as cloth weaving, tailoring etc. They, however, noted that there was no rehabilitation centre for the patients and different types of patients were kept together without any distinction. Members suggested that some distinction should be made between in-patients and persons suffering from like mental diseases should be kept in separate wards to facilitate better treatment and early recovery from the illness. The Mental Hospital building was found to be very old with lack of amenities needed for the purpose. The hospital was found to be neat and well maintained.

The visit concluded at 3.30 P.M.

At 10.15 A.M. on the 14th December, the group met the following authorities at the circuit House:—

The District and Session Judge, Darrang

(Shri G. Hussein)

The Chief Judicial Magistrate, Tezpur

(Shri L. Baruah)



The Superintendent, Mental Hospital, Tezpur  
(Dr. B. P. Borah)

The Collector, District Darrang  
(Shri U.C. Saraniya)

In the course of the informal chat, Dr. Borah mentioned some of the handicaps experienced in the care and treatment of mental patients. He repeated his view that generalists with special training|experience of treating mentally ill persons for a specified period should be included in the definition of 'psychiatrist'. Certain clarifications regarding scope and provisions of the Bill were sought. It was made plain that the Bill was restricted in scope of care, custody and cure of mentally ill persons and the management and superintendence of the institutions entrusted with treatment of such persons. The legislation under consideration does not encompass the whole gamut of juridical affairs of the insane.

Members asked the officers to study the provisions of the bill at their leisure and forward their views to the Rajya Sabha Secretariat.

The discussion concluded at 11.50 A.M.

## II

### STUDY NOTE ON THE VISIT OF STUDY GROUP II OF THE JOINT COMMITTEE ON THE MENTAL HEALTH BILL, 1981 TO AGRA, NAGPUR AND PUNE.

In terms of the decision taken by the Joint Committee on the Mental Health Bill, 1981 at its meeting held on the 22nd November, 1982, the Study Group II of the Committee visited Agra, Nagpur and Pune from the 8th to 14th December, 1982.

#### AGRA

The Members visited the Mental Hospital, Agra which was followed by a discussion on the provisions of the Mental Health Bill, 1981. The following Members were present:

Shri Sukhdev Prasad—*Chairman and Convener.*

Shri Kalraj Mishra

Shri M. Ankineedu

Shrimati Amarjit Kaur

The following officials took part in the discussion:—

1. Dr. B. S. Yadav, Professor of Psychiatry and Senior Medical Superintendent, Mental Hospital, Agra.
2. Dr. K. C. Dubey, Director Field Research Centre, WHO, Mental Hospital Agra.
3. Dr. Shridhar Sharma, Director, Central Institute of Psychiatry, Ranchi.

Dr. Yadav stressed the need to simplify the procedure of admission in a psychiatric institute of the voluntary boarders. In other cases, the procedure should be uniform in all the institutions. He said that for admission

of a mental patient in a Medical College, no application is required to be made while for admission in a Mental Hospital, such an application is required to be made. Admission rules should be the same in all the institutions where mental patients are treated. In the matter of property of the lunatic, Medical Superintendent should be made a party. On the lines of Aro village experiment in Nigeria, the Mental Hospital should be provided with family wards. The Bill should also be reviewed every 10 years to make it more effective in the context of changed circumstances.

Dr. K. C. Dubey favoured minimising the role of Judiciary in the matter of admission of a mental patient. He said that the Court should act according to the opinion of the Medical Superintendent, particularly in cases where property of a lunatic is involved. He said that the formality of making application for admission should be maintained. A provision should be made for keeping the mental patients in an institution for longer periods with ensured safety. The rules should be different in respect of Mental Hospitals and Medical Colleges.

Dr. Shridhar Sharma favoured uniformity of rules in all the institutions. According to him, the average period of stay of a lunatic should be one month in the General Hospitals and 3 months in the Mental Hospitals.

#### NAGPUR

The members visited the Central Prison, Nagpur and Mental Hospital. Nagpur and observed the various facilities provided to the inmates in these institutions and also held discussions with the staff and the inmates in both the institutions. The visit was followed by a group discussion held at the Nagpur Medical College. The meeting was attended by Shri Kalraj Mishra, M.P. and Shrimati Amarjit Kaur, M.P. The discussion centered on all the provisions on the Bill. It was pointed out that the provisions of the Bill should be simple and in case of voluntary boarders, there is no need of any application. The provision of application to the Medical Superintendent and the provision of leave may be removed from the Bill. Such a procedure would reduce stigma to the Mental patients. There was also a detailed discussion regarding admission through a Magistrate. The Members unanimously agreed that the procedure should be simplified and involvement of Courts and the Magistrate should be minimised. There was a strong feeling among the staff of the Mental Hospital that the admission procedure in emergencies, as outlined is going to create more problems to the Mental Hospital staff as well as to the patients. This provision should be scrapped.

It was suggested that admission under special circumstances could meet the basic needs. As regards the changed procedure, it was suggested by a Judicial Member that before the Bill is enacted, there should be separate agencies to implement and execute these provisions. There was also a suggestion that the chronic mental illness could be reduced if the discharge procedure is simplified and employment opportunities for mentally ill could be explored.

## PUNE

It was pointed out that though the Mental Health Bill, 1981 uses global terms, there is no provision about these in the Bill to exemplify the statement. The Members explained about the psychiatric facilities, facilities for mentally retarded and rehabilitation opportunities. It was made amply clear that patients should be admitted in Mental Hospitals as they are admitted in General Hospitals. The Superintendent of the Jail explained that it would be better if psychiatric facilities are made available in prisons instead of in mental hospitals. The Members also stressed the need for the rehabilitation of discharged patients. It was generally agreed that the procedure should be simple less legalistic and more humanitarian. The Group, consisting of Shri Kalraj Mishra, M.P., Smt. Kesharbai Ksheersagar, M.P. and Shrimati Amarjit Kaur, M.P. also paid a visit to the Mental Hospital and the Central Jail, Pune.

To summarise, the importance of a National Policy for Mental Health was stressed by all the authorities at Agra, Nagpur and Pune. Just as there are Primary Health Centres that should also be Primary Health Centres for Mental Patients so that pressure on Mental Hospitals could be reduced.

## III

## REPORT OF THE STUDY GROUP III ON THE VISIT TO PANAJI, TRIVANDRUM AND HYDERABAD

In pursuance of the decision taken by the Joint Committee on the Mental Health Bill, 1981 at its meeting held on the 22nd November, 1982 constituting three groups for visiting the mental hospital institutions at various places for an on-the-spot study of the subject matter, the Study Group III visited Panaji, Trivandrum and Hyderabad from the 8th December to 14th December, 1982.

Dr. M.M.S. Siddhu, Convener, S/Shri Atal Bihari Vajpayee, Kishor Mehta, Anwar Ahmad, Jaipal Singh Kashyap, Lala Ram Ken, Dr. Golam Yazdani, Dr. A. U. Azmi and Shri Mohd. Yusuf joined the Study Group at one time or the other.

The Government of India, deputed Dr. R. N. Verma, Mental Health Adviser and Shri S. P. Pathak, Under Secretary, Ministry of Health to accompany the Study Group for rendering necessary assistance in its work. Shri V. P. Gupta, Examiner of Motions and Resolutions Rajya Sabha Secretariat accompanied the Committee during the visits of the Study Group to these places.

The Study Group after assembly at Circuit House, Panaji on the 8th December, 1982 visited the Mental Hospital and Psychiatric Department of the General Hospital. The Group also visited the Institute of Psychiatry and Human Behaviour on that day. On the 9th December, the Study Group visited the psychic wards/cells of the Central Prison.

The Study Group then left Goa on 9th December, 1982 and reached Trivandrum via Bombay on 10th December, 1982. On the 10th and 11th December, the Study Group visited the Mental Hospital, General Hospital and the Central Prison there. On the 12th December, the Study

Group left Trivandrum and reached Hyderabad via Madras on 13th December, 1982. At Hyderabad the Study Group visited the Central Prison, Mental Hospital and the General Hospital on 13th and 14th December, 1982. The Study Group then dispersed at Hyderabad on the 14th December, 1982.

At the Institute of Psychiatry and Human Behaviour, Panaji, a brief report indicating the number of patients, both male and female treated in the OPD and as indoor patients in the Institute during 1981 was submitted. The report also contains the expenditure on diet, drugs, administration expenditure and office expenses incurred during 1981.

The observations made by other authorities of Mental Hospitals, General Hospitals and the Central Prisons of Goa, Trivandrum and Hyderabad which were visited by the Study Group are as follows:—

*Difficulties experienced by doctors in relation to reception order of patients*

A patient is often brought by one or two police constables who do not know the background history of the patients and have no documents apart from the magistrate's order for observing the patient. It has been observed that the observation period in some of the case has been extended from 10 days to 60 days. The patients are often sent to the mental hospital on an order by the magistrate for observation of mental conditions. By the time the report is sent and the magistrate sends back a proper reception order, many patients are already fit to be discharged. It should, therefore, be mandatory for the relatives to accompany the patients to the hospitals in case of reception order on petition and even in case of wandering lunatics the magistrate should, as a rule, ask the police to trace the relatives and bring them to the hospital.

*Custody of criminal lunatics*

Often the patients who have committed a crime under the influence of mental illness are acquitted by the court on ground of insanity but are kept in mental hospital for treatment. These patients are kept in cells actually meant for acutely excited patients to be confined for very short periods. They are not allowed to move around in the campus of the hospital which has a manned locked door. This arrangement is completely antitherapeutic and inhuman. These patients live in much worse conditions than those prevailing in the jail where they could move around at least in the campus. The conditions of these patients are pathetic and beyond descriptions.

*Visitors.*

It has been the experience of doctors and other para medical staff treating the mentally retarded/sick patients that a major share of the fault as far as attendance at the board meeting is concerned, lies with the senior government officials who are ex-officio members of the board. Adequate attention is not being paid by the Government officers to attend such meetings. Only retired Government servants, social worker and public man should be on the board which must always include a psychiatrist as well.

### *Inspection*

The person who inspects psychiatric hospital must necessarily be a psychiatrist himself or atleast a medical person with psychiatric orientation and experience so that he could appreciate the adequacy or otherwise of the psychiatric treatment facilities. Moreover, allowing the non-medical personnel to converse with the psychiatric patients regarding their private problems and exposing confidential matters to non-professional individuals would be highly unethical and should be discouraged.

The Director of the Institute of Psychiatry and Human Behaviour, Panaji was seemingly concerned with this problem and suggested the mixing up of non-medical persons other than their relatives etc, to be stopped forthwith.

### *Licensing*

With regard to Clause 8-A of Chapter III of the Mental Health Bill, 1981, Relating to the grant or refusal of licence the only requirement projected by the medical officers and considered necessary should be adequate staffing of the mental hospitals|psychic units in the general hospitals. Other constraints and formalities should be reduced to the minimum to avoid harassment to psychiatrist intending to start nursing home. The period after the death of a licensee during which psychiatric hospital can function should normally be six months.

It was observed that the patients who are clinically well and can function almost normally out-side were not accepted by their family members for financial or other reasons. In maximum cases there were no family members to look after such patients at all. Most of these patients are long-stay patients and can prove harmless to the society. In some of the cases the medical authorities of the mental hospital have made attempts to contact the families and social agencies but results have not been very encouraging mainly because of the absence of suitable social supporting agencies, disinclination or inability of the families to take the patient back and often lack of motivation on patient's part to go out of a place where he has lived for a number of years.

### *Lunatics confined in Central Prison, Hyderabad.*

Presently the lunatics confined in the jails in Hyderabad are being dealt with as per the procedure laid down under "Chapter XLVI Lunatics of Andhra Pradesh Prisons Rules, 1969. There are no medical facilities like separate enclosures for segregation and services of psychiatrist available in the Central Prison, Hyderabad, for treatment of insane prisoners. Whenever a prisoner is suspected to be lunatic his case is referred to the medical officer of the prison for his opinion. The prisoners are kept in a separate Cell for observation. If the medical officer feels that it is a fit case for removal to the mental hospital he gives a certificate with his opinion and it is submitted to the Inspector-General of Prisons and Director of Correctional Services, Andhra Pradesh with a request to move the Government for orders for the removal of the prisoner to the mental hospital, Hyderabad. The insane prisoners, however, are removed to the mental hospital in anticipation of the issue of the Government orders on the recommendations of the medical officer. The lunatic prisoners are sent back to the jail from mental hospital whenever their condition improves.

At present two life lunatic prisoners and one under-trial prisoner are undergoing treatment in government mental hospital, Hyderabad. There are four lunatic prisoners who were returned from mental hospital after the treatment. Out of them one is working in durry section and the other is working in construction gang and two are kept under observation. There are two more convicted prisoners who are suspected to be mentally sick and are kept under observation.

It is being observed that some of the prisoners are developing behavioural problems due to lack of family contacts. Their family members are not interviewing them and also they become depressed as they are not being released either on parole or furlo due to adverse reports.

It is, therefore, necessary that these mentally retarded prisoners are separately kept in an independent inclosures. The services of psychiatrist have to be made available to them. Once the lunatic prisoners are discharged and are admitted in the jail the disease is likely to relapse due to stress and strains. The need on follow-up programme of such patients is urgently felt. The prisoners are to be engaged in some kind of therapy which will keep them busy. It is also necessary that a psychiatrist visits them periodically and also treats them. The Study Group was informed that the appointment of clinical psychologist in the prison is still pending with the Government of Andhra Pradesh.

In order to quicken up the process of treatment, it is necessary to establish contacts between the prisoner and his family members either by way of granting parole or by way of calling his relatives to the jail and allow them to establish a rapport with the prisoner.

Identical conditions were observed in the prisons in Trivandrum as well as Goa. The Study Group was also informed that there were cases in the Goa Central Prison who had outlived their punishment but still were not being released in the absence of adequate magistrial orders.

#### IV

#### STUDY NOTE ON THE VISIT OF THE JOINT COMMITTEE ON THE MENTAL HEALTH BILL, 1981 TO PANAJI (GOA) FROM 7TH TO 9TH JULY, 1985,

in pursuance of the decision taken by the Joint Committee on the Mental Health Bill, 1981 at its meeting held on the 28th May, 1985, the Joint Committee visited Panaji (Goa) from 7th to 9th July, 1985.

The Joint Committee on the Mental Health Bill, 1981 held discussions with all concerned Officers of the Goa Administration in the Assembly Hall at 1.25 P.M. on the 7th July, 1985. The following Members and the Officers were present at the meeting:

1. Shri Bhuvnesh Chaturvedi—*Chairman*

#### MEMBERS

(*Rajya Sabha*)

2. Shri Sukhdev Prasad
3. Shri Era Sambasivam
4. Dr. Bapu Kaldate
5. Shri Jagdambi Prasad Yadav

*(Lok Sabha)*

6. Shri Seth Hembrom
7. Shri Rahim Khan
8. Shri S. Thangaraju
9. Dr. Chandra Shekhar Tripathi

*Rajya Sabha Secretariat*

Shri B. G. Gujar, Chief Examiner of Bills, Motions and Resolutions

Shri K. S. Rajpal, Senior Examiner of Questions

*Ministry of Health and Family Welfare*

Shri P. R. Das Gupta, Joint Secretary

Dr. D. B. Bisht, Director General, Health Services

Dr. G. H. Gidwani, Asstt. Director General, Health Services

*Officers of the Goa Administration*

Shri S. K. Gandhe, Secretary (Health)

Shri P. S. Bawa, Inspector-General of Police

Shri A. D. Suja, Supdt. Police

Shri S. Sinha, Collector I.G. Prisons

Dr. G. J. S. Abraham, Dean, Goa Medical College

Dr. N. G. K. Sharma, Prof. of Medicine (Member Visitors Board)

Dr. J. M. Fernandes, Director, Institute of Psychiatry and Human Behaviour

Dr. Ananda Helecar, Director, Health Services

Dr. Victor D. Souza, Lecturer, Institute of Psychiatry and Human Behaviour

Dr. P. J. Duple, Asstt. Prof. Institute of Psychiatry and Human Behaviour

Dr. Magno Pereira, Psychiatrist Margao (Goa)

Dr. S. A. Gomes, Senior Resident, Institute of Psychiatry and Human Behaviour

Dr. P. R. Pai Kakode, Senior Resident, Institute of Psychiatry and Human Behaviour

Dr. B. S. Gualoliener, A.M.O. Institute of Psychiatry and Human Behaviour

At the outset, Chairman welcomed the Members and the Officers present at the combined meeting and briefly explained the objects and reasons for enacting legislation.

Dr. Fernandes spoke about the present conditions of the Mental Hospital, Altinho and explained that because of the registration stigma attached, the Mental Hospitals are considered nothing but prisons. He also mentioned that mental patients should be treated like any other patient and no separate legislation was necessary in this regard.

Dr. Victor D. Souza pointed out about the clause regarding definition of the mental patient and stated that it is too general and no particular or specific definition has been given for the mental patients. He was of the view that in these days nobody wants to be confined in the four walls of the Mental Hospital. Dr. D. Souza was also critical about the role being entrusted to the Magistrates in the proposed legislation and suggested that the role of the Magistrate should be dispensed with.

Shri P. S. Bawa, I.G.P. spoke about the positive aspects of the title of the Bill and stated that the title of the earlier Bill i.e. the Indian Lunacy Act in itself was negative which looked at the lunatic patients as criminals. The position that the lunacy can be treated by detention alone had not been established anywhere in the world. He drew attention to the drawbacks of the Indian Lunacy Act and suggested that drug addiction, and torturing of family members by the patients should also be included in the scope of the Bill. He also mentioned that lunacy is also a disease and be treated in the same manner like any other disease. He pointed out that there was no preamble appended to the Bill.

Dr. (Mrs.) P. J. Duple stated that the modes of admissions to the Mental Hospitals should be changed and suggested that treatments should be made available even in the primary health centres. Shri S. Sinha, Collector (prisons) was of the opinion that requirement of the proposed legislation was necessary in the changed circumstances. Dr. N. G. K. Sharma spoke about the mode of discharge of the Mental patients and suggested that certificate of doctor should be enough for the purpose of discharge of the patient and the need for visitors board should be dispensed with. Shri S. K. Gandhe, Secretary (Health) mentioned that the proposed legislation was necessary for proper care and treatment of the Mentally ill persons.

The Chairman thanked the Speaker (Goa Legislative Assembly) to allow the Joint Committee on the Mental Health Bill, 1981 to hold its meeting at the Assembly Hall. He also appreciated the valuable suggestions made by the Officers of the Goa Administration which would help the Members of the Joint Committee in forming their opinion about the proposed legislation.

The discussion concluded at 5.40 P.M.

On the 8th July, 1985 at 10.30 A.M. the Joint Committee on the Mental Health Bill, 1981 visited the Institute of Psychiatry and Human Behaviour, Dr. J. M. Fernandes, Director of the Institute welcomed the Chairman and the Members of the Joint Committee at the Institute. The Joint Committee held discussion with the officers and staff of the Institute at the visitors Board Room of the Institute. The following members were present at the discussion:—

1. Shri Bhuvnesh Chaturvedi—*Chairman*

#### MEMBERS

(*Rajya Sabha*)

2. Shri Sukhdev Prasad

3. Shri Kishor Mehta

4. Shri Era Sambasivam



5. Dr. Bapu Kaldate
6. Shri Jagdambi Prasad Yadav

(LOK SABHA)

7. Shri Seth Hembrom
8. Ch. Rahim Khan
9. Shri Ajit Kumar Saha
10. Shri S. Thangaraju
11. Dr. Chandra Shekhar Tripathi

Dr. J. M. Fernandes, Director explained that the facilities for the treatment of mentally ill patients have been available in this Union Territory since 11-7-1957, when the Mental Hospital was set up by the 'Provedoria' during the erst-while Portuguese regime. This hospital was also named 'Abade Faria' Hospital in the memory of the famous world known hypnotist.

Dr. Fernandes apprised the Committee of the aims and objects of the Institute. He also gave a detailed account of the functioning of the Institute.

Members evinced keen interest in the functioning of the Institute. They asked for clarifications from the Director in regard to the food and recreational facilities being made available to the patients. Members emphasised the need to adopt innovative measures to rehabilitate the patients going out of the Institute after cure. Members also suggested the Institute to approach charitable and philanthropic organisations and individuals who would be willing to offer aid and assistance to the Institute.

Members planted trees in the premises of the Institute.

V

**STUDY NOTE ON THE VISIT OF THE JOINT COMMITTEE ON THE MENTAL HEALTH BILL, 1981 TO SRINAGAR (JAMMU AND KASHMIR) FROM 19TH TO 21ST SEPTEMBER, 1985.**

In pursuance of the decision taken by the Joint Committee on the Mental Health Bill, 1981, at its sitting held on 12th August, 1985, the Committee visited Srinagar (Jammu & Kashmir) from 19th to 21st September, 1985 to make an on-the-spot study of the functioning of the Government Hospital for Psychiatric Diseases, Srinagar with a view to ascertain whether the requirements of the mental patients of the said Hospital were being adequately covered by the proposed legislation. As directed by the Chairman, Joint Committee no witness was called before the Committee and instead an on-the-spot study visit was undertaken.

The Committee assembled at Srinagar at 9.00 P.M. on 18th September, 1985. At 3.00 P.M. on 19th September, 1985, the Committee held detailed informal discussions with the concerned Officers of the Jammu and Kashmir Administration, Health and Medical Education Department,

Head of Psychiatric Department, Mental Hospital, Srinagar and Principal, Medical College, Srinagar in the Committee room of the Civil Secretariat, Srinagar. The following Members and Officers were present at the meeting:—

1. Shri Bhuvnesh Chaturvedi—*Chairman.*

#### MEMBERS

##### (Rajya Sabha)

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shri Era Sambasivam
6. Dr. Bapu Kaldate
7. Shri Jagdambi Prasad Yadav
8. Shri Leonard Solomon Saring

##### (Lok Sabha)

9. Shri Narayan Choubey
10. Shri Seth Hembrom
11. Ch. Rahim Khan
12. Dr. V. Rajeshwaran
13. Shri Prabhu Lal Rawat
14. Dr. Chandra Sekhar Tripathi
15. Dr. Golam Yazdani

#### RAJYA SABHA SECRETARIAT

Shri T. K. Bhowmick, *Chief Legislative Committee Officer.*

Shri K. S. Rajpal, *Senior Examiner of Questions.*

Ministry of Health and Family Welfare

Shri R. N. Tiwari, *Deputy Secretary.*

Officers of Jammu & Kashmir Administration

Shri Mir Nasrullah, *Chief Secretary*

Shri M. M. Khajuria, *D.G. Police*

Shri G. J. Pandit, *D.G. Prisons*

Shri J. D. Sharma, *D.G. Health Services*

Shri I. D. Sharma, *Secretary, Health & Medical Education*

Miss Mina Ahuja, *Additional Secretary, Health Department.*

Dr. G. Q. Allaqaband, *Administrator, Associated Hospital Srinagar.*

Dr. (Mrs.) Girija Dhar, *Principal, Medical College, Srinagar.*

Shri A. Q. Parrey, *Secretary, Law Department*

Shri H. N. Kadalbuju, *Secretary, Home Department.*

Shri B. K. Anand, *Director, Sher-i-Kashmir, Medical Institute, Soura, Kashmir.*

Dr. Ali Baksh, *Director, Health Services, Kashmir.*

Dr. K. S. Datta, Medical Superintendent, Psychiatric Diseases Hospital, Srinagar.

Dr. Ved Gupta, Medical Superintendent, Sher-i-Kashmir, Medical Institute, Soura, Kashmir.

Dr. Soura, Director, Medical Institute, Srinagar.

Dr. Kulbhushan Sharma, Medical Superintendent, Mental Hospital Jammu.

At the outset, the Chairman of the Joint Committee welcomed the Members of the Committee and the Officers of the Jammu & Kashmir Government present at the meeting. Thereafter, he requested them to briefly express their view points on the various provisions of the Bill.

Shri A. Q. Parrey, Secretary, Law Department suggested the need for production of two certificates, one from the Chief Medical Officer of the area and the other from a registered Medical practitioner for the purpose of admission of a mentally ill persons to a psychiatric hospital. He also pointed out that such certificates should be made available to the concerned persons free of cost.

Shri M. M. Khajuria, D.G. Police suggested that a judicial officer not below the rank of a Sessions Judge should be appointed to manage the properties of the persons who were suffering from mental illness. He also suggested that it might be useful if the Police Officer-incharge of Police Station was kept informed of the discharge of such persons from Psychiatric Hospitals who had been admitted through a reception order issued by the Magistrate. This would enable the Police to keep contact with the patients and to lend a helping hand whenever necessary. He added that at the time of issuing the reception order for the detention of a mentally ill person, information regarding his or her immovable assets, marital status, number of children and whether his wife or her husband was alive or dead should also be obtained so that proper care of his property might be taken.

Dr. Allaqaband, Administrator, Associated Hospitals supporting Shri Parrey's suggestion stated that certificates from two registered medical practitioners might be accepted in case the Chief Medical Officer of the area was not available in a particular area.

Shri Mir Nasrullah, Chief Secretary, Jammu & Kashmir Government preferred the appointment of a Manager rather than Sessions Judge for the management of properties of mentally ill persons. He, however, suggested that the Manager should not be given the right to dispose of such properties without consulting the concerned higher authorities, even in the case of death of a mentally ill person. He added that a mental patient might be discharged from the hospital only if he or she was found mentally and physically fit after the treatment and in case, he or she was not found fit after his or her discharge from the hospital, he or she might be recommended for re-examination without the necessity of obtaining reception orders from the Magistrate.

After a query by a Member, the Chief Secretary informed the Committee that there were four psychiatrists in the Kashmir Valley and four in Jammu Division at present. He further informed that 100 beds

were available in Srinagar Hospital and 80 beds in Jammu Hospital and approximately 30 to 40 patients were treated every day in these hospitals. Out of these patients, only two or three were admitted and the rest were sent back to their respective homes after proper examination| treatment.

Dr. Soura, Director, Medical Institute was of the opinion that in order to have a safeguard against the misuse of property and other allied establishments of a mental patient, there should be an express provision in the Bill.

Shri G. J. Pandit, Director-General Prisons, stated that the certificate for the purpose of admission of mentally ill prisoners to a psychiatric hospital might be issued by the Medical Officer of the concerned Jail pending other formalities like the obtaining of the reception order from the Magistrate.

The Chairman expressed his sincere thanks on his own behalf and on behalf of the members of the Joint Committee to the Officers of the Jammu & Kashmir Government, Psychiatric Diseases Hospital, Srinagar and Medical College, Srinagar for making excellent arrangements for stay of Members and extending full cooperation to the Committee which greatly contributed towards the successful completion of its study visit to Srinagar.

The meeting then adjourned at 4.45 P.M.

The Members of the Joint Committee visited the Government Hospital for Psychiatric Diseases, Srinagar at 9.00 A.M. on 20th September, 1985 to make an on-the-spot-study of the functioning of the Hospital with a view to ascertain whether the requirements of the mental patients of the said Hospital were being adequately covered by the proposed legislation. The Chairman and the Members of the Committee were accorded a warm welcome by the concerned officers and Staff Members of the Hospital.

The following Members and Officers were present during the informal discussion held with the Faculty of the Hospital and the concerned Officers of Jammu & Kashmir Government.

#### PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

#### MEMBERS

(*Rajya Sabha*)

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shri Era Sambasivam
6. Dr. Bapu Kaldate
7. Shri Jagdambi Prasad Yadav
8. Shri Leonard Solomon Saring

(Lok Sabha)

9. Shri Narayan Choubey
10. Shri Seth Hembrom
11. Ch. Rahim Khan
12. Dr. V. Rajeshwaran
13. Shri Prabhu Lal Rawat
14. Shri S. Thangaraju
15. Dr. Chandra Shekhar Tripathi
16. Dr. V. Venkatesh
17. Dr. Golam Yazdani

#### RAJYA SABHA SECRETARIAT

Shri T. K. Bhowmick, *Chief Legislative Committee Officer.*

Shri K. S. Rajpal, *Senior Examiner of Questions.*

#### FACULTY OF GOVERNMENT HOSPITAL FOR PSYCHIATRIC DISEASES AND OFFICERS OF JAMMU & KASHMIR GOVERNMENT, SRINAGAR

Dr. K. S. Datta, Medical Superintendent, Government Hospital  
for Psychiatric Diseases, Srinagar

Dr. A. A. Baig, Assistant Prof. of Psychology

Dr. (Mrs.) Girja Dhar, Principal, Medical College, Srinagar.

Dr. Ali Baksh, Director of Health Services

Dr. G. Q. Allaquaband, Administrator, Associated Hospitals,  
Srinagar

Shri I. D. Sharma, Secretary, Health and Medical Education  
Department

Shri J. D. Sharma, Director General, Health Services

Shri A. Q. Parrey, Secretary, Law Department

Shri J. D. Sharma, Director General, Health Services welcomed the Members of the Joint Committee for their visit to the Hospital. He stressed the need for trained and expert psychiatrists to examine the mentally ill persons. He further pointed out that treatment of mentally ill persons by general practitioners often made the matter worse.

Dr. (Mrs.) Girja Dhar, Principal, Medical College, Srinagar pointed out that as the mental patients, who are emotionally disturbed require proper treatment in a mental Hospital, no reception order by the magistrate is necessary for their admission to a mental hospital. She further pointed out that sometimes psychology and neurology overlap each other in the matter of providing treatment to mental patients and suggested that some sort of distinction should be made between the two subjects while providing treatment to such persons. She emphasised that the change of attitude by the society towards mental patients could only be achieved if mental education was introduced at all levels. There was a need for rehabilitation not only of the mental patients but

also of the old people suffering from incurable diseases. She added that voluntary organisations could play a vital role in the rehabilitation of mental and other patients.

Shri A. Q. Parrey, Secretary, Law Department pointed out that mental patients should be admitted in a Mental Hospital without the reception order from the Magistrate and that the provision in the Bill with regard to reception order should be dispensed with.

Dr. A. A. Baig, Assistant Prof. of Psychology pointed out that the role of a psychologist in the proposed Bill has been minimised and as such, the psychologists should also be given some recognition along with the psychiatrists. He further pointed out that there should be some safeguards in the Bill for the protection of the property of the mentally ill persons.

Replying to a query by a Member Dr. K. S. Datta, Medical Superintendent Government Hospital for Psychiatric Diseases, Srinagar informed the Committee that 500 to 700 patients were annually admitted in the Hospital for the purpose of treatment. He further stated that heating arrangements existed in the Hospital for the comfort of the mental patients during the winter seasons. The mortality rate in the hospital was between three to four per annum. Annual inspection of the hospital was being done by officials as well as by non-official bodies he added.

Replying to a query by a Member Dr. Allaquaband, Administrator Associated Hospitals, Srinagar stated that a new kitchen was being constructed for the preparation of food for the patients. Some Members, however, expressed the feeling that the food supplied to patients was not enough and wholesome and that a lot of improvement was needed in this regard.

At the end of the discussions, Dr. Allaquaband stressed the need for initiating a national programme for Psychiatry with a view to mitigate the hardships caused to mental patients.

The Chairman thanked the Officers and staff of the Hospital on behalf of the Members of the Committee for the cordiality and hospitality shown to the Joint Committee.

The discussions concluded at 11.00 A.M.

The Committee visited the Psychiatric unit in The Medical College, Srinagar on the 21st September, 1985 at 9.30 A.M. An informal discussion was held with the Officers and staff of the Hospital.

Chairman concluded the informal discussion with his thanks to the college authority for their cordiality and hospitality shown to the Members of the Joint Committee.

The discussion concluded at 10.00 A.M.

## VI

### A NOTE ON THE STUDY-VISIT OF THE JOINT COMMITTEE ON MENTAL HEALTH BILL, 1981 TO HOSPITAL FOR MENTAL DISEASES, SHAHADARA DELHI.

In pursuance of the decision taken by the Joint Committee on the Mental Health Bill, 1981 at its meeting held on 15th October, 1985 for

making an on-the-spot study of the functioning of the Hospital for Mental Diseases, Shahadara, Delhi, the Committee visited the hospital at 11.00 A.M. on 17th October, 1985.

The Chairman and Members of the Committee were received at the Hospital by the Secretary (Medical) Delhi Administration.

After the Committee's visit to various wings of the Hospital, the Members of the Joint Committee held an informal discussion with the Officers of the Delhi Administration and the authorities of the Hospital in the Conference room of the said Hospital. The following Members of the Committee and the officers of the Delhi Administration and of the Hospital were present during the discussion:—

#### PRESENT

1. Shri Bhuvnesh Chaturvedi—Chairman

#### MEMBERS

2. Shri Sukhdev Prasad
3. Shrimati Kesharbai Kshirsagar
4. Shri U. H. Patel
5. Shri Lala Ram Ken
6. Dr. Golam Yazdani
7. Ch. Rahim Khan
8. Shri Narayan Choube
9. Dr. Chandra Shekhar Tripathi

#### OFFICERS OF THE DELHI ADMINISTRATION AND HOSPITAL FOR MENTAL DISEASES, SHAHADARA, DELHI AND MINISTRY OF HEALTH AND FAMILY WELFARE

- Shri R. K. Ahuja, Secretary (Medical) Delhi Administration  
 Shri A. Bukshi, Joint Secretary, Delhi Administration  
 Dr. R. C. Jindal, Medical Superintendent  
 Dr. A. K. Biswas, Deputy Medical Superintendent  
 Miss D. Gursahni, Dep. Ng. Superintendent  
 Miss C. Cintury, Deputy Secretary, Ministry of Health and Family Welfare  
 Dr. S. P. Aggarwal, ADG (NCD)

#### RAJYA SABHA SECRETARIAT

- Shri T. K. Bhowmick, Chief Legislative Committee Officer.  
 Shri K. S. Rajpal, Senior Examiner of Questions.

Before the discussion started, Shri R. K. Ahjua, Secretary (Medical) Delhi Administration and Dr. R. C. Jindal, Medical Superintendent of the hospital welcomed the members of the Committee. Dr. Jindal briefly apprised the Members thereafter about the history of the Hospital. He informed that the Hospital for Mental Diseases, Shahadara, started functioning in 1966. This hospital was governed under the provisions of the Indian Lunacy Act, 1912 and it was the only Mental Hospital in the Union Territory of Delhi. The number of beds in the Hospital was 578. There were 290 male and 180 female patients who were undergoing treatment in the Hospital.

As regards the present Bill he stated that the Bill contained elaborate procedure about the admission of patients under various situations and that no further change was necessary in the Bill in this regard. He, however, stated that the problem of discharged patients who were not taken back by their relatives deserved some consideration as it had been seen that the relatives were reluctant to take these patients back who were not fully cured but were manageable. Sometimes, though the relatives had genuine problems and it was really not possible for them to keep such patients at home. He suggested that some provision should be made in the Bill for the establishment of Homes/Hostels for rehabilitation of discharge patients who could not be sent back to their families. He informed that the Social Welfare Department of the Delhi Administration had started a few such Homes keeping this aspect of the problem in view.

Shri Ahjua pointed out in this context that due to constraint of resources, rehabilitation of such patients could not be carried out at the desired pace, although a few such Homes had started functioning.

In answer to a query from a member, Dr. Jindal informed that majority of the patients were admitted involuntarily in fact, while about 25 per cent of the total number of patients were admitted by voluntary boards, the majority of 75 per cent of them was admitted at the instance of the Police or the courts.

As regards reception orders issued by Magistrates, Dr. Jindal stated that on receiving such an order, a patient was examined within a period of 24 hours and the Deputy Commissioner of Police was informed about the abnormality or otherwise of the patient. In case the patient was found free from mental disorder he or she was released immediately. He further informed that sometimes relatives were persuaded to take the patients back whenever it was felt that such patients required homely atmosphere for their early recovery. After sometime the same patients were re-admitted, if necessary, for further follow-up treatment. He, however, pointed out that the Hospital faced some difficulties in those cases in which such patients never returned to the Hospital and they could not be traced either as they had furnished fake addresses.

Dr. Jindal further stressed the need for greater involvement of Judicial authority as liberty of some persons at certain levels was going to be curtailed under the proposed Bill. He informed that in certain countries Magistrate's order was required even for O. P. D. treatment. In our country such a practice was not prevalent. He urged that such a provision should also be made in the Bill so that forcible admissions of patients to the Hospitals by their relatives could be stopped.

Dr. Jindal, further informed that patients from Nari Niketan and other Homes were also admitted to the Hospital and were released when cured. Pointing out the necessity to keep such cured patients separately, while also keeping their link with the Hospital and to be looked after by the Social Welfare Department he stated that some provision should also be made in the proposed Bill in this regard.

As regards the total amount of money spent on the patients, Dr. Jindal informed that Rs. 17 lakhs were spent on the patients during the last year. He also informed that standard drugs were given to the



patients and that many patients after undergoing treatment in the Hospital had gone back to their homes and had successfully resumed their duties in their respective organisations/offices/professions.

The Chairman then thanked the Hospital authorities for the cordiality shown to the Members of the Joint Committee during their visit to the Hospital.

The discussion concluded at 12.45 P.M.

## VII

### A NOTE OF THE STUDY-VISIT OF THE JOINT COMMITTEE ON MENTAL HEALTH BILL, 1981 TO THE INSTITUTE OF MENTAL HEALTH, MADRAS.

In pursuance of the decision taken by the Joint Committee on the Mental Health Bill, 1981, at its meeting held on 3rd February, 1986 for making an on the spot study of the functioning of the Institute of Mental Health, Madras, the Committee visited the Institute at 11.00 A.M. on 7th February, 1986.

The Members of the Committee were received by the Superintendent of the Institute. Thereafter, the Members of the Joint Committee held an informal discussion with the authorities of the Institute. The following Members of the Committee and the officers of the Institute were present during the discussion:—

#### PRESENT

##### RAJYA SABHA

1. Shri Sukhdev Prasad—*in the Chair*
2. Shri Kishore Mehta
3. Shri Natha Singh
4. Dr. Bapu Kaldate

##### LOK SABHA

5. Shri Narayan Choubey
6. Shri Lala Ram Ken
7. Shri D. N. Reddy
8. Shri Ajit Kumar Saha
9. Dr. Chandra Shekhar Tripathi
10. Dr. V. Venkatesh
11. Dr. Golam Yazdani

#### OFFICERS OF THE INSTITUTE

- Dr. M. Vaidyalingam, Superintendent  
 Dr. Thulasi Anataram, Deputy Superintendent  
 Dr. V. Ramachandran, Additional Professor  
 Dr. M. Peter Fernandez, Additional Professor  
 Dr. M. Pappu Kumari, Reader  
 Dr. T. K. Gowri Shankar, Reader  
 Dr. Shanthi Karunakaran  
 Dr. L. M. Sakthivel

Hony. Psychiatrist

# MINISTRY OF HEALTH

Miss. C. Cintury, Deputy Secretary.

## RAJYA SABHA SECRETARIAT

Shri T. K. Bhowmick, Chief Legislative Committee Officer

Shri K. S. Rajpal, Senior Examiner of Questions

Dr. M. Vaidyalingam, Superintendent of the Institute apprised the Committee about the history of the Institute. He informed that this Institute came into being 1974. Originally this was a private institution. It became the Government Mental Hospital in 1922. In 1948, the hospital was divided into 13 sections, 9 for men and 4 for women. During this time the official bed strength was regularised at 1800. During 1957—1961 the services of a psychologist were made available to the Institute and a trained social worker was also appointed. Since 1961, refresher courses for general practitioners commenced; an advisory Committee of non-officials came into being during the same period. The outpatient services were reorganised in 1961 and the Day Hospital was instituted for the first time.

He further informed the Committee that diagnostic facilities are now available in the Physiology, Neuro-radiology, Bio-chemistry and Pathology departments. The Hospital has also an extensive Occupation Therapy Section with activities like cloth and mat weaving, book binding, spinning, tailoring, wood and bamboo work and gardening. For the rehabilitation of the mentally ill persons a sheltered workshop known as the Industrial Therapy Centre was started in 1970.

The hospital has now 11 sections for male patients, each with about 100 patients and 6 sections for female patients each with 100 patients. Treatment is carried out in the most modern way. Physical methods, drugs, psychotherapy, individual and groups therapies and Behaviour Modification are all available. Occupation and Recreation Therapy find their place also in the comprehensive programme of treatment. Rehabilitation of the patients is carried out with the help of psychiatric social workers. The Institute has also been recognised as a specialised Centre for Child Psychiatry and Forensic Psychiatry.

In 1970, the new psychiatric out patient services with the Day Hospital was opened adjacent to the main hospital. Today the Hospital caters to the needs of entire Tamil Nadu.

On a query from a member of the committee as to why less number of female patients are admitted in the Mental Institute, Dr. Vaidyalingam observed that female patients are not brought to the hospital probably due to stigma attached to mental illness. When asked about the mode of admission in the Institute he informed that patients are admitted both on voluntary/involuntary basis, but voluntary admission is always encouraged.

In reply to another query he informed that psychiatric beds are available in all the district hospitals and mental patients are given treatment in those hospitals but when such patients become unmanageable they are brought to the Institute for further treatment. He further informed that persons who are in receipt of a salary of less than Rs. 300 P.M., are given free treatment in the Institute.

As regards the magistrate's order, he mentioned that if any patient needs admission, he is admitted without the provision of the Indian Lunacy Act of 1912 but when any patient becomes a public nuisance, he is brought to the hospital by police under magistrate's order. Such a patient is isolated and put in a separate room and given intensive treatment.

Towards creating homely environment, a start has been made by the Institute. At present the relatives of the patients are allowed to stay with the patients but there are no family ward as such in the hospital. A proposal for establishment of family wards where the patients could stay with their relatives is presently under consideration of the State Government.

He further informed that there is a geriatric Clinic in the Institute as also in the Government General Hospital, Madras but there is no such geriatric wing in the District Hospitals. He, therefore, suggested that the doctors in General hospitals may be sent to the Institute to undergo an in-service training in geriatric and psychiatry, so that, a small wing with 10 to 12 beds can be opened in each district with a view to cater to the needs of the public in the districts for geriatric service.

So far as employment opportunity to the cured patients is concerned, he informed that those who were already in employment, can go back to their own original employment. Only those who were unemployed even before they came to the hospital need rehabilitation. Tamil Nadu Government have been approached for establishing a Centre for the Mentally retarded persons.

On a query from a Member, he informed that the Institute is not in receipt of any grant from the Central Government. He also stated that if a Central Institute on the line of National Institute of Mental Health and Neuro-Sciences at Bangalore is established in Tamil Nadu, patients in that part of the country would receive better services.

Shri Sukhdev Prasad, M.P. then thanked the hospital authorities for the cordiality shown to the Members of the Joint Committee.

The discussion concluded at 12.45 P.M.

Thereafter, the Members of the Committee visited the various wings of the Institute including its Out-Patient Department.

At 3.00 P.M. on 7th February, 1986 the Joint Committee on the Mental Health Bill, 1981 assembled at the Secretariat, Fort St. George, Madras and held an informal discussion with the Minister for Health, Government of Tamil Nadu, Chief Secretary and other senior officers of the Government of Tamil Nadu. The following members of the Committee and the officers of the Government of Tamil Nadu were present during the discussion:—

#### PRESENT

#### RAJYA SABHA

1. Shri Sukhdev Prasad—in the Chair
2. Shri Kishor Mehta.
3. Shri Natha Singh
4. Dr. Bapu Kaldate

**MEMBERS**  
(Lok Sabha)

5. Shri Narayan Choubey
6. Shri Lala Ram Ken
7. Shri D. N. Reddy
8. Dr. Chandra Shekhar Tripathi
9. Dr. Golam Yazdani

**REPRESENTATIVES AND SENIOR OFFICERS OF THE GOVERNMENT OF TAMIL NADU**

Dr. H. V. Hande, Minister for Health, Government of Tamil Nadu

Shri T. V. Antony, Chief Secretary

Shri R. Shunmugham, Secretary Health and Family Welfare

Shri T. D. Sundar Raj, Secretary, Education

Dr. Lalitha Kameswaran, Director, Medical Education

Shri R. L. Handa, Inspector General (Prisons)

Dr. M. Sarada Menon, Suptd., Institute of Mental Health (Retd.)

Dr. S. Rajkumar, Additonal Professor of Psychiatry, Madras Medical College

Shri V. Kengasubbiah, Metropolitan Magistrate, Egmore

Dr. Shanti Karunakaran, Honorary Psychiatrist, Institute of Mental Health

Dr. Tulasi Anantaraman, Deputy Superintendent, Institute of Mental Health

Dr. P. Devaraj, Assistant Director of Medical Education

Dr. R. G. Murugesan, Joint Director of Medical Education

Dr. S. Balakrishnan, Professor of Medicine, Madras Medical College

Dr. M. Vaidyalngam, Superintendent, Institute of Mental Health

Dr. T. K. Gowrishankar, Civil Surgeon, Institute of Mental Health

Dr. V. Ramachandran, Additional Professor of Psychiatry, Madras Medical College.

**MINISTRY OF HEALTH AND FAMILY WELFARE**

Miss. C. Cintury, Deputy Secretary

**RAJYA SABHA SECRETARIAT**

Shri T. K. Bhowmick, Chief Legislative Committee Officer

Shri K. S. Rajpal, Senior Examiner of Questions.

At the outset, Shri R. Shunmugham, Secretary, Health and Family Welfare Department, Government of Tamil Nadu, welcomed the members of the Joint Committee on the Mental Health Bill, 1981, and introduced the Senior Officers of the Government of Tamil Nadu to the Committee.

Dr. H. V. Hande, Minister for Health, Government of Tamil Nadu welcomed the members of the Joint Committee and stated that at one time he was associated with one of the Committees of the Mental Health Institute at Kilpauk, and thereby had a chance to know the working of the Institute. He stated that mental illness is not different from any other type of illness and that mental patients are just like any other patient and, therefore, no stigma should be attached to a mental patient. He suggested that this Bill which is concerned with the safety of the public, the patients as well as the relatives of the patients, should be enacted after carefully examining all the view points.

Shri T. V. Antony, Chief Secretary to the Government of Tamil Nadu stated that because of his very limited experience on the subject, he was not in a position to give his suggestions, but hoped that the existing outmoded Act will be replaced by a modern one taking into account the experience of Doctors who have specialised in the field, the Magistrates and the Police Officers who have to deal with the law.

Shri R. Shunmugham, Secretary, Department of Health, Government of Tamil Nadu stated that Psychiatric is a branch of Medical Science has rapidly advanced and most of the mental patients today could be cured of the illness that they are suffering from. He further mentioned that in modern psychiatry the trend has been changed and mental patients are now not treated like criminals as they were being treated earlier under the outmoded Act. He expressed his satisfaction that due recognition has been given to modern psychiatry in the Bill with the change in methods of treatment. He also expressed the views that this Bill also takes care of the persons who voluntarily come to a mental hospital for treatment and also of patients who are below the age of 16 years as well as of those who are above 60 years of age by providing them different kinds of specialised treatment.

Shri T. D. Sundar Raj, Secretary, Department of Education stated that with the advancement made in the methods of treatment and care, mental illness can certainly be cured by taking proper preventive steps and by the help of trained Doctors at a proper time.

Dr. Lalitha Kameswaran, Director of Medical Education mentioned that the need for hospitalisation has become greater in the modern days than what it was 100 years ago, the conditions have changed. In the present circumstances it is necessary that there should be a method by which we can create the infrastructural facilities and also educate the public about the need for handling and treating the mental patients properly. She stated that for rehabilitation of patients proper education must be given to families to how to handle these patients and for this purpose help of some religious organisations may also be taken. She further stated that because of the stigma attached, the families are not willing to take back the mental patients, so provisions should be made for the rehabilitation of the patients. She also stressed the need for having more mental health institutions as the existing facilities are not adequate to provide treatment and care to all the patients.

Dr. H. V. Hande, Minister for Health, Government of Tamil Nadu also supported the idea of opening of more mental health institutions in the region including one more institution to be opened by the Central Government at Madras or Madurai to look after the patients suffering from mental illness.

Shri R. L. Handa, Inspector General of Prisons referred to the report submitted by the All India Committee on prison reforms which had suggested that non-criminal lunatics should not be kept in jails with the criminals. He further stated that the corresponding section in the proposed Bill did not show any material change and the magistrates under the scope of the words "in any other suitable place" send the mental patients to jails. He, therefore, suggested that it may be modified as "in any other place so notified by the Government". He requested the Committee to take a note of this suggestion and propose a suitable amendment so that mental patients are not sent to jails.

Dr. M. Sarada Menon, Ex-Superintendent of the Institute of Mental Health, Madras also supported the views expressed by Shri R. L. Handa and requested that suitable provisions should be made in the Bill so that no non-criminal mentally ill person is detained in a jail. She also suggested that there should be some provisions in the Bill to take the patients to the hospital or to the Medical Practitioner without involving the Police or the Magistrate. She further stated that psychiatric out patients wings should be opened in rural hospitals. She also suggested that mental patients should be classified as handicapped and given the facilities like free bus passes. She pointed out that the concept of 'after care' and 'rehabilitation' has not been included in the Bill.

Dr. S. Rajkumar, Additional Professor of Psychiatry, Madras Medical College, stated that as all mental patients are not violent or aggressive, they should be considered as disabled persons and should be given the same concessions as one admissible to disabled persons.

Shri Kengasubbiah, Metropolitan Magistrate mentioned that mentally ill persons brought before the magistrate are sent to the doctor for observation and thereafter on the basis of the certificates issued by the Doctor, they are detained in jails or the Mental Hospitals. He further stated that wearing of uniforms by patients in hospitals as in the jails is not conducive and they may be allowed to wear the usual dress so that they may not have the stigma.

Dr. M. Vaidyalingam, Superintendent, Institute of Mental Health, Kilpauk, Madras stated that it should be made clear in the Bill as to whether its clauses can be applied to the psychiatric hospitals in the districts where mental patients are treated. He also mentioned that in case of emergencies, doctors must be in a position to admit patients straightway without getting the orders of Magistrates. He suggested that provisions for admission as well as discharge of patients from the Mental Hospitals may be simplified, so that, a psychiatrist or a doctor can take a decision in this regard without involving the magistrates. He, however, did not approve of the idea of wearing of ordinary dress by patients as suggested by Shri Kengasubbiah, Metropolitan Magistrate, as in such a case, there is every possibility of the patient walking out of the hospital alongwith other employees/persons.

Shri Sukhdev Prasad thanked Dr. Hande, Health Minister, Government of Tamil Nadu and other Senior officers who were present in the meeting on behalf of the Joint Committee for giving valuable suggestions on the various provisions of the Mental Health Bill, 1981.

The Meeting then adjourned at 4.30 p.m.

On Sunday, 9th February, 1986 the Joint Committee on the Mental Health Bill, 1981 visited Government General Hospital, Madras at 10.00 A.M. for making an on-the-spot study of the functioning of the Psychiatric wing of the Hospital.

The Members of the Committee were received by Dr. S. Bala Krishnan, Dean (Incharge). Thereafter, the Members of the Joint Committee held an informal discussion with Senior Doctors of the Government General Hospital. The following members of the Committee, and Doctors of the Hospital were present during the discussion:—

#### PRESENT

1. Shri Sukhdev Prasad — in the Chair

#### MEMBERS

(Lok Sabha)

2. Shri Lala Ram Ken
3. Shri D. N. Reddy
4. Dr. Chandra Shekhar Tripathi

*Government General Hospital*

Dr. S. Balakrishnan Dean (Incharge)

Dr. V. Krishnamurthy, R. M. O.

Dr. S. Mohd. Hussain, A. R. M. O.

Dr. K. Jagannathan, Neurophysician

Dr. S. Kalyanaraman, Neurophysician

Dr. S. Rajkumar, Additional Professor of Psychiatry

*Ministry of Health and Family Welfare*

Miss. C. Century, Deputy Secretary

*Rajya Sabha Secretariat सयमेव जयते*

Shri T. K. Bhowmick, Chief Legislative Committee Officer

Shri K. S. Rajpal, Senior Examiner of Questions.

Dr. Balakrishnan, Dean (Incharge) of the Government General Hospital, Madras apprised the members of the Joint Committee about the functioning of the Psychiatric wing of the hospital and informed that as on 9th February, 1986, there were 67 in patients in the psychiatry wing of the Government General Hospital. He further informed that the patients who are admitted are kept under intensive observation for 4 or 5 days and only thereafter the course of their treatment is decided. He also suggested that licence should be given to the qualified doctors to open nursing homes for mental patients and more centres may be opened at district and village levels to provide treatment to mental patients.

Dr. S. Rajkumar suggested that the Psychiatric wings of the General Hospitals should be strengthened and augmented instead of opening more mental hospitals as that would help to remove the stigma attached to mental illness.

The discussion was concluded at 10.45 A.M. and the visit concluded at 11.00 A.M. after the Members of the Committee had visited the psychiatric and Neurology Departments of the Hospital.

## APPENDIX IV

(Vide para 4 of the Report)

### MINUTES OF THE MEETINGS OF THE JOINT COMMITTEE ON THE MENTAL HEALTH BILL, 1981

#### I

##### *First Meeting*

The Committee met at 3.00 P.M. on Monday, the 30th August, 1982.

##### *Present*

1. Shri Sukhdev Prasad — Chairman

##### *Members*

##### *Rajya Sabha*

2. Shri Bhuvnesh Chaturvedi
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Amarjit Kaur
6. Dr. M.M.S. Siddhu

##### *Lok Sabha*

7. Shri M. Ankineedu
8. Shri Anwar Ahmad
9. Shri Jaipal Singh Kashyap
10. Shri Lala Ram Ken
11. Shri Keyur Bhushan
12. Dr. Mahipatray, M. Mehta
13. Shri Hiralal R. Parmar
14. Shrimati Kishori Sinha
15. Dr. Golam Yazdani
16. Shri Mohd. Yusuf
17. Shri B. Shankaranand

##### *Representatives of the Ministries*

##### *Ministry of Law*

Shrimati V. S. Rama Devi, Joint Secretary and Legislative Counsel  
Dr. Raghubir Singh, Asstt. Legislative Counsel

##### *Ministry of Health and Family Welfare*

Shri C. V. S. Mani, Additional Secretary  
Shri I. D. Bajaj, Director General of Health Services  
Shri N. N. Wig, Professor and Head, Department of Psychiatry,  
A.I.I.M.S.



*Secretariat*

Shrimati K. K. Chopra, Additional Secretary

Shri K. L. Sharma, Chief Legislative Committee Officer

Shri C. K. Ramiah, Senior Executive Officer.

2. The Chairman welcomed the Members to the first meeting of the Joint Committee and sought their co-operation in deliberations of the Committee in the context of the importance attached to the Bill and the expectations of the people.

3. Shri B. Shankaranand, Minister of Health and Family Welfare, outlined the aims of the Bill and informed the Members that a Joint Committee of the two houses had earlier reported on a Bill on the same subject that was introduced in the Lok Sabha in 1978.

4. Dr. M. M. S. Siddhu, a Member of the Committee, drew attention to some literature available on the subject and Shri Shankaranand assured the Members that the available relevant literature would be supplied to the Members of the Committee.

5. The Committee decided that a Press Communique be issued requesting the various organisations and individuals, interested in the subject matter of the Bill, to furnish their comments on the various provisions of the Bill latest by the 13th September, 1982.

6. The Committee authorised the Chairman to decide about the names of organisations/individuals etc. who may be called before the Committee for oral evidence. The Chairman requested the Members to furnish to the Secretariat names of such organisations/individuals whom they would like to be invited before the Committee.

7. The Committee authorised the Chairman to fix the date of next meeting of the Committee.

The Committee then adjourned at 3.45 P.M.

## II

## SECOND MEETING

The Committee met at 3.00 P.M. on Monday, the 13th September, 1982.

## PRESENT

1. Shri Sukhdev Prasad—*Chairman*.

## MEMBERS

(*Rajya Sabha*)

2. Shri Bhuvnesh Chaturvedi

3. Shri Kishor Mehta

4. Shri Natha Singh

5. Shrimati Amarjit Kaur

6. Shri U. R. Krishnan

7. Dr. M. M. S. Siddhu

8. Shri Kalraj Mishra

(Lok Sabha)

9. Shri M. Ankineedu
10. Shri Anwar Ahmad
11. Dr. A. U. Azmi
12. Shri H. N. Nanje Gowda
13. Shri Jaipal Singh Kashyap
14. Shri Lala Ram Ken
15. Shri Keyur Bhushan
16. Shri K. T. Kosalram
17. Dr. Mahipatray M. Mehta
18. Shri Hiralal R. Parmar
19. Shrimati Kishori Sinha
20. Shri Manmohan Tudu
21. Dr. Golam Yazdani
22. Shri Mohd. Yusuf
23. Shri B. Shankaranand

## REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*Shri C. V. S. Mani, *Additional Secretary*Dr. D. B. Bisht, *Additional Director General, Health Services*Dr. N. N. Vlg, *Head of A.I.I.M.S.**Ministry of Law*Shri B. S. Saluja, *Assistant Legislative Counsel*

## SECRETARIAT

Shri K. L. Sharma, *Chief Legislative Committee Officer*Shri C. K. Ramiah, *Senior Executive Officer.*

2. Some Members made a mention of the literature supplied to them and desired that literature on medical jurisprudence be also made available to them as the roles of psychiatrists and medical jurists are complementary to each other on the subject matter of the Bill. The Minister in charge assured Members that three W.H.O. publications, viz., (i) Law and Mental Health Harmonizing Objectives, (ii) Organisation of Mental Health Services in Developing Countries, and (iii) Promoting Mental Health through the Law and other relevant literature, to the extent possible, would be made available to them shortly. Some Members also demanded that Hindi version of the Report of the earlier Joint Committee on the Bill be supplied to them and the Chairman informed them that efforts will be made to procure them from the Lok Sabha Secretariat.

3. The Committee decided to extend the time upto 27th September, 1982 for submission of memoranda etc. by those individuals/organisations who may be interested in the subject matter of the Bill.

4. The Committee decided to seek extension of time upto the last day of the first week of the hundred and twenty-fifth Session of the Rajya Sabha for submission of its Report to the House.

5. The Committee decided to constitute three groups to visit institutions outside Delhi for an on-the-spot study and authorised the Chairman to constitute the groups and ascertain preference of each Member for a given group.

6. The Committee was of the view that it should hold its meetings at a few places outside Delhi and the study groups may not cover such of the places where the whole Committee may hold its sittings.

The Committee authorised the Chairman to select the places of visit of the Committee and groups and to obtain necessary permission of the Hon'ble Chairman, Rajya Sabha for visits of the Committee/Groups to those places.

7. The Committee authorised its Chairman to fix the date of the next meeting.

The Committee then adjourned at 3.55 P.M.

### III

#### THIRD MEETING

The Committee met at 11.00 A.M. on Monday, the 22nd November, 1982.

#### PRESENT

1. Shri Sukhdev Prasad—*Chairman*

#### MEMBERS

(*Rajya Sabha*)

2. Shri Bhuvnesh Chaturvedi

3. Shri Natha Singh

4. Shrimati Amarjit Kaur

5. Dr. M. M. S. Siddhu

6. Shri Kalraj Mishra

(*Lok Sabha*)

7. Shri M. Ankineedu

8. Shri Anwar Ahmad

9. Shri Jaipal Singh Kashyap

10. Shri Lala Ram Ken

11. Shri Keyur Bhushan

12. Shri K. T. Kosalram

13. Shrimati Kesharbai Kshirsagar

14. Shri Hiralal R. Parmar

15. Dr. Saradish Roy

16. Shri Manmohan Tudu

17. Shri Atal Bihari Vajpayee

18. Dr. Golam Yazdani
19. Shri Mohd. Yusuf

**REPRESENTATIVES OF THE MINISTRIES**

*Ministry of Health and Family Welfare*

- Shri C. V. S. Mani, Additional Secretary.  
 Shri K. Venugopal, Deputy Secretary.  
 Dr. D. B. Bisht, Additional Director General, Health Services  
 Dr. N. N. Vig, Prof. of Psychiatry, A.I.I.M.S.

*Ministry of Law*

- Shri B. S. Saluja, Assistant Legislative Counsel.

**SECRETARIAT**

- Shri K. L. Sharma, Chief Legislative Committee Officer  
 Shri C. K. Ramiah, Senior Executive Officer.

2. The Committee considered its future programme and decided to hold its meetings as follows:—

- (i) Ranchi—20th December, 1982
- (ii) Bangalore—22nd and 23rd December, 1982.

3. The Committee also decided to constitute three groups for visiting the mental hospitals/institutions at the following places from the 8th to 14th December, 1982 for an on-the-spot study of the subject matter:—

Group I—Convener, Shri T. Kosalram  
 (Tezpur, Calcutta and Varanasi)

Group II—Convener, Shri Sukhdev Prasad, Chairman  
 (Agra, Nagpur and Pune)

Group III—Convener, Dr. M. M. S. Siddhu  
 (Panaji, Trivandrum and Hyderabad)

The Chairman requested the Members to intimate to the Rajya Sabha Secretariat their preferences for visit to the places in one of the groups.

The Committee authorised the Chairman to obtain necessary permission of Hon'ble Chairman, Rajya Sabha for the visit of the Committee/Groups to the places as decided.

The Committee then adjourned at 12.00 Noon.

**IV**

**FOURTH MEETING**

The Committee met at 3.00 P.M. on Tuesday, the 8th February, 1983

**PRESENT**

1. Shri Sukhdev Prasad—Chairman

**MEMBERS**

(Rajya Sabha)

2. Shri Bhuvnesh Chaturvedi

3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shri U. R. Krishnan
6. Dr. M. M. S. Siddhu
7. Shri Kalraj Mishra

(Lok Sabha)

8. Shri M. Ankineedu
9. Shri Anwar Ahmad
10. Shri Jaipal Singh Kashyap
11. Shri Lala Ram Ken
12. Shri Keyur Bhushan
13. Smt. Kesharbai Kshirsagar
14. Dr. V. Kulandaivelu
15. Dr. Mahipatray M. Mehta
16. Shri Hiralal R. Parmar
17. Smt. Kishori Sinha
18. Dr. Golam Yazdani
19. Shri Mohd. Yusuf
20. Shri B. Shankaranand

#### REPRESENTATIVES OF THE MINISTRIES

##### *Ministry of Health and Family Welfare*

Shri K. Venugopal, Deputy Secretary  
 Dr. D. B. Bisht, Additional Director General, Health Services.  
 Dr. M. Verma, Mental Health Adviser  
 Dr. N. N. Vig, Prof. of Psychiatry, A.I.I.MS.  
 Dr. D. K. Menon, Sr. Research Officer, ICMR.  
 Dr. S. Sharma, Director, Central Institute of Psychiatry, Ranchi.  
 Dr. G. H. Gidwani, A.D.G. (M) D.G.H.S.,

##### *Ministry of Law*

Shri B. S. Saluja, Assistant Legislative Counsel.

#### SECRETARIAT

Shri H. S. Panchal, Chief Personnel & Executive Officer.  
 Shri T. K. Bhowmick, Senior Examiner of Question.

2. The Conveners/Members of the three Study Groups of the Committee gave their impressions of their visits to the mental hospitals/institutions at various places. The Committee considered and then approved the draft reports of the three Study Groups.

3. The Committee next considered its future programme and decided to hold its meetings at Ranchi, Bangalore and if feasible also at Srinagar (J & K State) after the ensuing session of Parliament.

4. The Committee thereafter decided to seek extension of time upto the last day of the first week of the Monsoon Session of Parliament for presenting its report to the Rajya Sabha and authorised the Chairman and in his absence Dr. M. M. S. Siddhu to move the necessary motion in the House.

A summary record of the discussion was kept.

The Committee then adjourned at 4.10 P.M.

## V

### FIFTH MEETING

The Committee met at 10-15 A.M. on Tuesday, the 7th June, 1983 in the Conference Hall, Vidhan Soudha, Bangalore.

#### PRESENT

##### (Rajya Sabha)

1. Dr. M. M. S. Siddhu—in the Chair
2. Shri Bhuvnesh Chaturvedi
3. Shri Natha Singh
4. Shrimati Amarjit Kaur
5. Shrimati Ila Bhattacharya
6. Shri Kalraj Mishra

##### (Lok Sabha)

7. Shri M. Ankineedu
8. Shri Anwar Ahmad
9. Shri Jaipal Singh Kashyap
10. Shri K. T. Kosarlam
11. Shri Hiralal R. Parmar
12. Shri Mohd. Yusuf
13. Shri B. Shankaranand

#### SECRETARIAT

Shri T. K. Bhowmick, Senior Examiner of Questions.

#### REPRESENTATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE

Shri S. V. Subramanian, Joint Secretary.  
 Dr. D. B. Bisht, Additional Director General of Health Services.  
 Shri R. N. Tewari, Deputy Secretary.  
 Dr. R. M. Varma, Advisor, Mental Health.  
 Dr. S. D. Menan, Indian Council of Medical Research.

#### WITNESSES

Dr. S. M. Channabasavanna, Prof. & Head of Department of Psychiatry, National Institute of Mental Health and Neuro Sciences, Bangalore

Dr. (Mrs.) Lalita Rao, Minister of Public Health, Government of Maharashtra, Bombay.

2. In the absence of the Chairman, Dr. M. M. S. Siddhu was voted to the Chair.

3. The Committee heard the oral evidence tendered by the following witnesses:

1. Dr. S. M. Channabasavanna

2. Dr. (Mrs.) Lalita Rao

A verbatim record of the evidence was kept.

4. The Committee decided to visit the National Institute of Mental Health and Neuro Sciences, Bangalore and to hold its next meeting there on the 8th June, 1983.

The Committee then adjourned at 12-45 P.M. to meet again at 12-00 Noon on the 8th June, 1983.

## VI

### SIXTH MEETING

The Committee met at 12-00 Noon on Wednesday, the 8th June, 1983 in the Committee Room of the National Institute of Mental Health and Neuro Sciences, Bangalore.

#### PRESENT

1. Shri Sukhdev Prasad—Chairman.

#### MEMBERS

(Rajya Sabha)

2. Shri Bhuvnesh Chaturvedi

3. Shri Natha Singh

4. Shrimati Amarjit Kaur

5. Shri U. R. Krishnan

6. Shrimati Ila Bhattacharya

7. Dr. M. M. S. Siddhu

8. Shri Kalraj Mishra

(Lok Sabha)

9. Shri M. Ankineedu

10. Shri Anwar Ahmad

11. Dr. A. U. Azmi

12. Shri Jaipal Singh Kashyap

13. Shri Keyur Bhushan

14. Shri K. T. Kosalram

15. Shri K. M. Madhukar

16. Shri Hiralal R. Parmar

17. Dr. Golam Yazdani

18. Shri Mohd. Yusuf.

## SECRETARIAT

Shri T. K. Bhowmick, Senior Examiner of Questions

## REPRESENTATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE

Shri S. V. Subramanian, Joint Secretary.

Dr. D. B. Bisht, Additional Director General of Health Services.

Shri R. N. Tewari, Deputy Secretary.

Dr. R. M. Varma, Advisor, Mental Health

Dr. S. D. Menan, Indian Council of Medical Research.

## WITNESSES

Dr. A. J. Shelat,

172/7, Mumbai Marathi Granth Sangrahalaya Marg, Dadar,  
Bombay-400014.

Dr. G. G. Prabhu, Prof. of Clinical Psychology, National Institute  
of Mental Health and Neuro Sciences, Bangalore.

2. The Committee heard the oral evidence of the following witnesses:

1. Dr. A. J. Shelat
2. Dr. G. G. Prabhu

A verbatim record of the evidence was kept.

3. Members of the Committee suggested that the Committee should visit a few foreign countries to have a comparative study of the arrangements for the care of mentally ill persons and maintenance of the Institutions engaged in the care, custody and treatment of such persons. Chairman agreed to explore the possibility of such visits.

The Committee decided to postpone the meetings of the Committee scheduled to be held at Ranchi on the 27th, 28th and 29th June, 1983 and also decided to hold its next meetings at Srinagar. The Committee authorised the Chairman to obtain necessary permission of Hon'ble Chairman, Rajya Sabha, for the Committee's visit to Jammu and Kashmir for the purpose.

The Committee then adjourned at 1.40 P.M.

## VII

## SEVENTH MEETING

The Committee met at 4.30 P.M. on Wednesday, the 20th July, 1983.

## PRESENT

1. Shri Sukhdev Prasad—Chairman

## MEMBERS

(Rajya Sabha)

2. Shri Bhuvnesh Chaturvedi
3. Shri Natha Singh
4. Shrimati Amarjit Kaur



5. Shrimati Ila Bhattacharya
6. Dr. M. M. S. Siddhu
7. Shri Abdul Rehman Sheikh

(Lok Sabha)

8. Shri M. Ankineedu
9. Shri Anwar Ahmad
10. Dr. A. U. Azmi
11. Shri Jaipal Singh Kashyap
12. Shri Lala Ram Ken
13. Shri Keyur Bhushan
14. Dr. V. Kulandaivelu
15. Shri Hiralal R. Parmar
16. Shrimati Kishori Sinha
17. Dr. Golam Yazdani
18. Shri Mohd. Yusuf
19. Shri B. Shankaranand

#### SECRETARIAT

Shri K. S. Venkataraman, Chief Personnel and Executive Officer  
Shri T. K. Bhowmick, Senior Examiner of Questions

#### REPRESENTATIVES OF THE MINISTRIES

##### *Ministry of Health and Family Welfare*

Shri C. V. S. Mani, Additional Secretary  
Shri P. R. Das Gupta, Joint Secretary

##### *Ministry of Law, Justice and Company Affairs*

Shri B. S. Saluja, Deputy Legislative Counsel.

2. The Committee considered the future programme of its meetings and directed the Secretariat to prepare a tentative schedule for approval of the Committee.

3. The Committee decided to seek further extension of time upto the first day of the last week of the Hundred and Twenty Eighth Session of the Rajya Sabha for presenting its report to the House and authorised the Chairman or in his absence, Dr. M. M. S. Siddhu to move the necessary motion in the House.

4. The Committee authorised the Chairman to fix the date of its next meeting.

The Committee then adjourned at 5.00 P.M.

### VIII

#### EIGHTH MEETING

The Committee met at 3.00 P.M. on Monday, the 10th October, 1983, at the Seminar Hall of the Central Institute of Psychiatry at Kanke, Ranchi.

**PRESENT****MEMBERS***(Rajya Sabha)*

1. Shri Sukhdev Prasad—*Chairman*.
2. Shri Bhuvnesh Chaturvedi
- 3 Shri Natha Singh
4. Shrimati Amarjit Kaur
5. Dr. M. M. S. Siddhu
6. Shri Kalraj Mishra

*(Lok Sabha)*

7. Shri Anwar Ahmad )
8. Shri Jaipal Singh Kashyap
9. Shri Lala Ram Ken
10. Dr. V. Kulandaivalu
11. Shrimati Kishori Sinha
12. Shri Atal Bihari Vajpayee
13. Dr. Golam Yazdani

**SECRETARIAT**

Shri T. K. Bhowmick, Senior Examiner of Questions

**REPRESENTATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE**

Shri P. R. Dasgupta, Joint Secretary.

Dr. R. M. Verma, Mental Health Adviser.

Dr. G. H. Gidwani, Asst. Director General (M) D.G.H.S.

Dr. N. N. Wig, Prof. of Psychiatry, A.I.I.M.S., New Delhi.

Dr. B. B. Sethi, Prof. and Head of the Department of Psychiatry,  
K.G. Medical College, Lucknow.

Dr. S. M. Channabasavanna, Prof. and Head of the Department  
of Psychiatry and Medical Superintendent, National Institute  
of Mental Health and Neuro Sciences, Bangalore.

**WITNESSES****REPRESENTATIVES OF THE INDIAN PSYCHIATRIC  
SOCIETY**

Dr. (Mrs.) Jaya Nagaraja,  
Superintendent, Government Hospital for  
Mental Care and Prof. of Psychiatry,  
Andhra Medical College,  
Vishakhapatnam.

Dr. A. B. Dutt,  
Superintendent, Dattanagar Mental Health Centre,  
Calcutta—700077.

2. The Committee heard the oral evidence tendered by the following witnesses:—

- (i) Dr. (Mrs.) Jaya Nagaraja
- (ii) Dr. A. B. Dutt

A verbatim record of the evidence was kept.

3. The Committee then adjourned at 4.45 P.M. to meet again at 10.30 A.M. on Tuesday, the 11th October, 1983.

## IX

### NINTH MEETING

The Committee met at 10-30 A.M. on Tuesday, the 11th October, 1983 at the Seminar Hall of the Central Institute of Psychiatry at Kanke, Ranchi.

#### PRESENT

##### MEMBERS

(*Rajya Sabha*)

1. Dr. M. M. S. Siddhu—in the Chair.
2. Shri Bhuvnesh Chaturvedi
3. Shri Natha Singh
4. Shrimati Amarjit Kaur
5. Shri Kalraj Mishra

(*Lok Sabha*)

6. Shri M. Ankineedu
7. Shri Anwar Ahmad
8. Shri Jaipal Singh Kashyap
9. Shri Lala Ram Ken
10. Shri Hiralal R. Parmar
11. Shri Atal Bihari Vajpayee
12. Dr. Golam Yazdani

#### SECRETARIAT

Shri T. K. Bhowmick, *Senior Examiner of Questions.*

#### REPRESENTATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE

Shri P. R. Dasgupta, Joint Secretary

Dr. R. M. Verma, Mental Health Adviser.

Dr. G. H. Gidwani, Asstt. Director General (M) D.G.H.S.

Dr. N. N. Wig, Prof. of Psychiatry, A.I.I.M.S., New Delhi.

Dr. B. B. Sethi, Prof. and Head of the Department of Psychiatry, K. G. Medical College, Lucknow.

Dr. S. M. Channabasavanna, Prof. and Head of the Department of Psychiatry and Medical Superintendent, National Institute of Mental Health and Neuro Sciences, Bangalore.

#### WITNESSES

Prof. Shridhar Sharma,

Director, Central Institute of Psychiatry, Kanke, Ranchi.

Dr. L. P. Verma,  
Vimal Prabha, Borea,  
Ranchi.

2. In the absence of the Chairman, Dr. M. M. S. Siddhu was voted to the Chair.

3. The Committee heard the oral evidence tendered by the following witnesses:—

1. Prof. Shridhar Sharma
2. Dr. L. P. Verma

A verbatim record of the evidence was kept.

4. The Committee then adjourned at 1-00 P.M. to meet again at 10-00 A.M. on Wednesday, the 12th October, 1983.

X

### TENTH MEETING

The Committee met at 10.15 A.M. on Wednesday, the 12th October, 1983 in the Seminar Hall of the Central Institute of Psychiatry at Kanke, Ranchi.

#### PRESENT

##### MEMBERS

(Rajya Sabha)

1. Dr. M. M. S. Siddhu—in the Chair
2. Shri Bhuvnesh Chaturvedi
3. Shri Natha Singh
4. Shrimati Amarjit Kaur

(Lok Sabha)

5. Shri M. Ankineedu
6. Shri Anwar Ahmad
7. Shri Jaipal Singh Kashyap
8. Shri Lala Ram Ken
9. Shri K. M. Madhukar
10. Shri Hiralal R. Parmar
11. Shrimati Kishori Sinha.
12. Dr. Golam Yazdani

#### SECRETARIAT

Shri T. K. Bhowmick, *Senior Examiner of Questions.*

#### REPRESENTATIVES OF THE MINISTRY OF HEALTH AND

#### FAMILY WELFARE

Shri P. R. Dasgupta, Joint Secretary

Dr. G. H. Gidwani, Asstt. Director General (M) D.G.H.S.

#### WITNESSES

- I. Dr. H. K. De Chaudhuri  
103 A, Ekdalia Road,  
Calcutta 10

- II. Shri K. K. George,  
2A/17, Gandhi Nagar Colony,  
Kanke Road, Ranchi-834008.
- III. Shri N. G. Bose,  
7/33, Government Quarters,  
Dr. B. N. Road, Calcutta-700060.
- IV. Shri D. R. Dutta,  
Secretary, Inchcha Janma O Sukha Mrityu,  
87, Ekdalia Road, Calcutta-700019.
- V. Dr. R. N. Ganguli,  
State Health Education Officer,  
State Health Education Bureau,  
Government of Bihar, Patna.

2. In the absence of the Chairman, Dr. M. M. S. Siddhu was voted to the Chair.

3. The Committee heard the oral evidence tendered by the following witnesses:—

Dr. H. K. De Chaudhuri  
Shri K. K. George  
Shri N. G. Bose  
Shri D. R. Dutta  
Dr. R. N. Ganguli

A verbatim record of the evidence was kept.

3. The Committee decided to hold a few of its meetings at Srinagar (J&K) and authorised the Chairman to approach again the Chairman, Rajya Sabha, for necessary permission in that behalf.

4. The Committee placed on record its thanks and sense of appreciation of the services rendered by Prof. Shridhar Sharma, Director and his other colleagues in the Central Institute of Psychiatry, Kanke, Ranchi for the nice arrangements made for holding the meetings of the Committee at Ranchi. The Committee also acknowledged the cooperation of Dr. Bhagat, Medical Superintendent of the Mansik Rog Arogyashala and the Commissioner, Chhota Nagpur in the arrangements made for the Committee.

5. The Committee then adjourned at 11-50 A.M. to meet again at New Delhi on the 24th October, 1983.

**T. K. BHOWMICK**  
**SENIOR EXAMINER OF QUESTIONS**

## **XI**

### **ELEVENTH MEETING**

The Committee met at 3-00 P.M. on Wednesday, the 26th October, 1983.

#### **PRESENT**

1. Shri Sukhdev Prasad—*Chairman*

#### **MEMBERS**

(*Rajya Sabha*)

2. Shri Bhuvnesh Chaturvedi

3. Shri Natha Singh
4. Shrimati Amarjit Kaur
5. Dr. M. M. S. Siddhu
6. Shri Kalraj Mishra

(Lok Sabha)

7. Shri M. Ankineedu
8. Shri Anwar Ahmad
9. Dr. A. U. Azmi
10. Shri Lala Ram Ken
11. Shri Keyur Bhushan
12. Shri K. T. Kosalram
13. Shri K. M. Madhukar
14. Shri Hiralal R. Parmar
15. Dr. Saradish Roy
16. Shrimati Kishori Sinha
17. Shri Mohd. Yusuf
18. Shri B. Shankaranand

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary

Shri A. S. Sarin, Chief Legislative Committee Officer

Shri T. K. Bhowmick, Senior Examiner of Questions

#### REPRESENTATIVES OF THE MINISTRIES

##### *Ministry of Health and Family Welfare*

Shri P. R. Das Gupta, Joint Secretary

Dr. R. M. Varma, Mental Health Adviser

##### *Ministry of Law, Justice and Company Affairs*

Shri B. S. Saluja, Deputy Legislative Counsel

#### WITNESSES

Dr. Vijay K. Varma,  
Prof. of Psychiatry,  
Postgraduate Institute of Medical  
Education and Research,  
Chandigarh

Dr. B. S. Yadav,  
Prof. of Psychiatry and Medical Supdt.,  
Mental Hospital,  
Agra

2. The Committee heard the oral evidence tendered by the following  
Witnesses:—

1. Dr. Vijay K. Varma
2. Dr. B. S. Yadav

A verbatim record of the evidence was kept.

3. The Committee then adjourned at 4.30 P.M. to meet again at 3-00 P.M. on Thursday, the 27th October, 1983.

## XII

## TWELFTH MEETING

The Committee met at 3.00 P.M. on Thursday, the 27th October, 1983.

## PRESENT

1. Shri Sukhdev Prasad—*Chairman*.

## MEMBERS

(*Rajya Sabha*)

2. Shri Bhuvnesh Chaturvedi
3. Shri Natha Singh
4. Shrimati Ila Bhattacharya

(*Lok Sabha*)

5. Shri M. Ankineedu
6. Shri Anwar Ahmad
7. Shri Jaipal Singh Kashyap
8. Shri Lala Ram Ken
9. Shri Keyur Bhushan
10. Shri K. T. Kosalram
11. Shri Hiralal R. Parmar
12. Dr. Saradish Roy
13. Shrimati Kishori Sinha
14. Shri Atal Bihari Vajpayee
15. Dr. Golam Yazdani
16. Shri Mohd. Yusuf
17. Shri B. Shankaranand

## SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri A. S. Sarin, Chief Legislative Committee Officer  
 Shri T. K. Bhowmick, Senior Examiner of Questions

## REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*

Shri P. R. Das Gupta, Joint Secretary  
 Dr. R. M. Verma, Mental Health Adviser

*Ministry of Law, Justice and Company Affairs*

Shri B. S. Saluja, Deputy Legislative Counsel

## WITNESSES

1. Shri R. R. Singh, Department of Social Work, University of Delhi, 3, University Road, Delhi.
2. Representatives of the Indian Medical Association, I.M.A. House, I. P. Marg, Delhi:—
  - (i) Dr. Bakshi, Hon. Secretary
  - (ii) Dr. Harish Grover, Hon. Joint Secretary

3. Dr. Biswanath Roy, Reader in Psychology, N.C.E.R.T., New Delhi-16.

2. The Committee heard the oral evidence tendered by the following witnesses:—

- (i) Shri R. R. Singh
- (ii) Dr. Bakshi
- (iii) Dr. Harish Grover
- (iv) Dr. Biswanath Roy

A verbatim record of the evidence was kept.

3. The Committee considered the programme of its sittings during the next month and decided to hold its meetings on the 8th and 9th November, 1983 at 11.00 A.M. on each day.

4. The Committee then adjourned at 4.15 P.M. to meet again at 3.00 P.M. on Friday, the 28th October, 1983.

### XIII

#### THIRTEENTH MEETING

The Committee met at 3.20 P.M. on Friday, the 28th October, 1983.

#### PRESENT

- 1. Shri Sukhdev Prasad—*Chairman*.

#### MEMBERS

(*Rajya Sabha*)

- 2. Shri Bhuvnesh Chaturvedi
- 3. Shri Natha Singh
- 4. Shri Abdul Rehman Sheikh

(*Lok Sabha*)

- 5. Shri Anwar Ahmad
- 6. Shri Lala Ram Ken
- 7. Shri K. T. Kosalram
- 8. Dr. Saradish Roy
- 9. Shrimati Kishori Sinha
- 10. Shri Atal Bihari Vajpayee
- 11. Dr. Golam Yazdani
- 12. Shri Mohd. Yusuf
- 13. Shri B. Shankaranand

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary

Shri A. S. Sarin, Chief Legislative Committee Officer

Shri T. K. Bhowmick, Senior Examiner of Questions



REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*

Shri P. R. Das Gupta, Joint Secretary

Dr. R. M. Varma, Mental Health Adviser

*Ministry of Law, Justice and Company Affairs*

Shri B. S. Saluja, Deputy Legislative Counsel

WITNESSES

1. Dr. (Col.) Kirpal Singh, T-38, Rajouri Garden, New Delhi.
2. Dr. B. K. Jha, Medical Supdt., Hospital for Mental Diseases, Shahadra, Delhi-32.
3. Dr. S. N. Deb, Psychiatrist, Hospital for Mental Disease, Shahadra, Delhi-32.
4. Dr. A. K. Biswas, Deputy Medical Supdt., Hospital for Mental Diseases, Shahadra, Delhi-32.

2. The Committee heard the oral evidence tendered by the following witnesses:—

- (i) Dr. (Col.) Kirpal Singh
- (ii) Dr. B. K. Jha
- (iii) Dr. S. N. Deb
- (iv) Dr. A. K. Biswas

3. The Chairman directed that a clause-by-clause summary of the oral evidence tendered before the Committee should be prepared and circulated to the members. The Ministry of Health and Family Welfare were directed to make sets of the summary available to the Secretariat well in advance before the dates of next meetings for circulation to the Members.

The Committee then adjourned at 4.10 P.M.

XIV

FOURTEENTH MEETING

The Committee met at 11.00 A.M. on Tuesday, the 8th November, 1983.

PRESENT

MEMBERS

*(Rajya Sabha)*

1. Dr. M. M. S. Siddhu—in the Chair
2. Shri Bhuvnesh Chaturvedi
3. Shri Natha Singh
4. Shri Kalraj Mishra

*(Lok Sabha)*

3. Shri Anwar Ahmad

6. Dr. A. U. Azmi
7. Shri Jaipal Singh Kashyap
8. Shri Lala Ram Ken
9. Shri Keyur Bhushan
10. Shri K. T. Kosalram
11. Dr. Mahipatray M. Mehta
12. Shri Hiralal R. Parmar
13. Shri Atal Bihari Vajpayee
14. Dr. Golam Yazdani
15. Shri Mohd. Yusuf
16. Shri B. Shankaranand

## SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri T. K. Bhowmick, Senior Examiner of Questions

## REPRESENTATIVES OF THE MINISTRIES

## MINISTRY OF HEALTH AND FAMILY WELFARE

Dr. D. B. Bisht, Director General, Health Services  
 Miss. Chandrakala Cintury, Under Secretary

## MINISTRY OF LAW, JUSTICE AND COMPANY AFFAIRS

Shrimati V. S. Rama Devi, Additional Secretary  
 Shri B. S. Saluja, Deputy Legislative Counsel

2. In the absence of the Chairman, Dr. M. M. S. Siddhu was voted to the Chair.

3. The Committee held a general discussion on the various provisions of the Bill.

4. The Committee decided to invite one Judicial Officer (First Class Magistrate as witnesses to have their views on the legal aspects of the Bill.

5. The Committee also decided that the oral evidence tendered before the Committee should be got printed.

6. The Committee then adjourned at 12.40 P.M. to meet again at 4.00 P.M. on Wednesday, the 9th November, 1983.

## XV

## FIFTEENTH MEETING

The Committee met at 4.00 P.M. on Wednesday, the 9th November, 1983.

## PRESENT

## MEMBERS

(Rajya Sabha)

1. Dr. M. M. S. Siddhu—in the Chair
2. Shri Bhuvnesh Chaturvedi

3. Shri Natha Singh
4. Shri Abdul Rehman Sheikh

(Lok Sabha)

5. Shri M. Ankineedu
6. Shri Lala Ram Ken
7. Shri Keyur Bhushan
8. Shri K. T. Kosalram
9. Dr. Mahipatray M. Mehta
10. Shri Hiralal R. Parmar
11. Dr. Saradish Roy
12. Dr. Golam Yazdani
13. Shri Mohd. Yusuf
14. Shri B. Shankaranand

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri A. S. Sarin, Chief Legislative Committee Officer  
 Shri T. K. Bhownick, Senior Examiner of Questions

#### REPRESENTATIVES OF THE MINISTRIES

##### Ministry of Health and Family Welfare

Dr. D. B. Bisht, Director General, Health Services  
 Miss, Chandrakala Cintury, Under Secretary

#### MINISTRY OF LAW, JUSTICE AND COMPANY AFFAIRS

Shrimati V. S. Rama Devi, Additional Secretary  
 Shri B. S. Saluja, Deputy Legislative Counsel.

2. In the absence of the Chairman, Dr. M. M. S. Siddhu was voted to the Chair.
3. The Committee held a general discussion on the various provisions of the Bill.
4. The Committee then adjourned at 4.40 P.M.

#### XVI

#### SIXTEENTH MEETING

The Committee met at 3.00 P.M. on Friday, the 2nd December, 1983.

#### PRESENT

##### MEMBERS

(Rajya Sabha)

1. Shri Bhuvnesh Chaturvedi—in the Chair
2. Shri Natha Singh
3. Shrimati Amarjit Kaur
4. Shrimati Ila Bhattacharya

**(LOK SABHA)**

5. Shri Anwar Ahmad
6. Shri Jaipal Singh Kashyap
7. Shri Lala Ram Ken
8. Shri K. T. Kosalram
9. Shrimati Kishori Sinha
10. Shri B. Shankaranand

**SECRETARIAT**

Shrimati K. K. Chopra, Additional Secretary  
 Shri A. S. Sarin, Chief Legislative Committee Officer  
 Shri T. K. Bhowmick, Senior Examiner of Questions

**REPRESENTATIVES OF THE MINISTRIES****MINISTRY OF HEALTH AND FAMILY WELFARE**

Shri P. R. Das Gupta, Joint Secretary  
 Shri D. B. Bisht, Director General, Health Services

**MINISTRY OF LAW, JUSTICE AND COMPANY AFFAIRS**

Shri B. S. Saluja, Deputy Legislative Counsel.

2. In the absence of the Chairman, Shri Bhuvnesh Chaturvedi was voted to the Chair.

3. The Chairman informed the members that in pursuance of the decision taken by the Committee at its last meeting to hear a judicial expert on the legal aspects of the Bill, a communication had since been sent to the High Court of Delhi requesting the Chief Justice to nominate one such officer who could be invited to appear before the Committee. The Committee decided that the Chief Justice might be reminded.

4. As the evidence was still to be tendered by a Judicial Officer on the legal aspects of the Bill, the Committee opined that it would not be possible to complete consideration of the Bill and finalise its report thereon for presentation to the Rajya Sabha during the current session. The Committee, therefore, decided to seek further extension of time up to the first day of the last week of the Hundred and Twenty ninth session of the Rajya Sabha for the presentation of the report.

The Committee authorised the Chairman or in his absence Shri Bhuvnesh Chaturvedi to move the necessary motion in the Rajya Sabha.

The Committee then adjourned at 3.30 P.M.

**XVII****SEVENTEENTH MEETING**

The Committee met at 3.00 P.M. on Thursday, the 9th February, 1964.

PRESENT

MEMBERS

(Rajya Sabha)

1. Dr. M. M. S. Siddhu—in the Chair
2. Shri Kishor Mehta
3. Shri Natha Singh
4. Shrimati Amarjit Kaur
5. Shrimati Ila Bhattacharya

(Lok Sabha)

6. Shri M. Ankineedu
7. Shri Jaipal Singh Kashyap
8. Shri Lala Ram Ken
9. Shri Keyur Bhushan
10. Shri K. T. Kosalram
11. Dr. Mahipatray M. Mehta
12. Shri Hiralal R. Parmar
13. Shrimati Kishori Sinha
14. Dr. Golam Yazdani

SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri A. S. Sarin, Chief Legislative Committee Officer  
 Shri T. K. Bhowmick, Senior Examiner of Questions

REPRESENTATIVES OF THE MINISTRIES

*Ministry of Law, Justice and Company Affairs*

Shrimati V. S. Rama Devi, Additional Secretary  
 Shri B. S. Saluja, Deputy Legislative Counsel

*Ministry of Health and Family Welfare*

Dr. D. B. Bisht, Director General, Health Services

WITNESSES

Shri N. C. Kochhar, Additional District and Sessions Judge, Tis Hazari Courts, Delhi.

Miss Amita Dhandha, Research Scholar, Indian Law Institute, Bhagwan Das Road, New Delhi.

2. In the absence of the Chairman, Dr. M. M. S. Siddhu was voted to the Chair.

3 The Committee heard the oral evidence tendered by the following witnesses:

- (i) Shri N. C. Kochhar
- (ii) Miss Amita Dhandha

A verbatim record of the oral evidence tendered before the Committee was kept.

4. The Committee decided to hold its next meeting on Saturday, the 18th February, 1984 to consider the future programme of business of the Committee.

The Committee then adjourned at 4.50 P.M.

### XVIII

### EIGHTEENTH MEETING

The Committee met at 11.00 A.M. on Saturday, the 18th February, 1984.

#### PRESENT

#### MEMBERS

##### (RAJYA SABHA)

1. Dr. M. M. S. Siddhu—in the Chair
2. Shri Kishor Mehta
3. Shri Natha Singh
4. Shrimati Amarjit Kaur

##### (LOK SABHA)

5. Shri M. Ankineedu
6. Shri Anwar Ahmad
7. Shri Jaipal Singh Kashyap
8. Shri Lala Ram Ken
9. Shri K. T. Kosalram
10. Dr. V. Kulandaivelu
11. Dr. Mahipatray M. Mehta
12. Shri Hiralal R. Parmar
13. Shrimati Kishori Sinha

Shrimati Kumdben Manishankar Joshi, Deputy Minister in the Ministry of Health and Family Welfare was also present.

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri A. S. Sarin, Chief Legislative Committee Officer  
 Shri T. K. Bhowmick, Senior Examiner of Questions

#### REPRESENTATIVES OF THE MINISTRIES

##### MINISTRY OF LAW

Shri B. S. Saluja, Deputy Legislative Counsel,

##### MINISTRY OF HEALTH AND FAMILY WELFARE

Shri P. R. Dasgupta, Joint Secretary

2. In the absence of the Chairman, Dr. M. M. S. Siddhu was voted to the Chair.

3. The Committee considered the quantum of its business to be transacted. Members were of the view that it would not be feasible for the Committee to finalise its report before the first day of the last week of the Hundred and Twenty Ninth Session of the Rajya Sabha and that it would require more time to present its report to the House. Accordingly, the Committee decided to seek further extension of time up to the last day of the first week of the Hundred and Thirty First Session of the Rajya Sabha for presenting its Report to the House. The Committee authorised its Chairman or in his absence, Shrimati Amarjit Kaur and Shri Kishor Mehta to move the necessary motion in the House.

The Committee then adjourned at 11.25 A.M.

## XIX

### NINETEENTH MEETING

The Committee met at 10.00 A.M. on Monday, the 11th June, 1984.

#### PRESENT

1. Shri Sukhdev Prasad—Chairman

#### MEMBERS

#### (RAJYA SABHA)

2. Shri Bhuvnesh Chaturvedi
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Amarjit Kaur
6. Shri Era Sambasivam
7. Shrimati Ila Bhattacharya
8. Shri Jagdambi Prasad Yadav

#### (LOK SABHA)

9. Dr. A. U. Azmi
10. Shri Jaipal Singh Kashyap
11. Shri Lala Ram Ken
12. Shri Keyur Bhushan
13. Shri K. M. Madhukar
14. Shri Hiralal R. Parmar
15. Shrimati Kishori Sinha
16. Shri Atal Bihari Vajpayee
17. Dr. Golam Yazdani
18. Shri B. Shankaranand

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri A. S. Sarin, Chief Legislative Committee Officer  
 Shri S. B. Mathur, Senior Examiner of Questions

## REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*

Dr. D. B. Bisht, Director General, Health Services

Shri P. R. Dasgupta, Joint Secretary

*Ministry Law*

Shri B. S. Saluja, Deputy Legislative Counsel.

2. The Committee considered the quantum of the business which was required to be transacted for finalising its report within the stipulated period. After discussing the matter at length, it was decided that the Ministry of Health should send notices of Government amendments on the various provisions of the Bill to the Rajya Sabha Secretariat by the 21st June, 1984. It was further decided that the members of the Committee might give their notices of amendments by the 30th June, 1984.

The Committee decided to hold its next meeting on Tuesday, the 3rd July, 1984.

The Committee then adjourned at 10.45 A.M.

## XX

## TWENTIETH MEETING

The Committee met at 11.00 A.M. on Tuesday, the 3rd July, 1984.

## PRESENT

1. Shrimati Ila Bhattacharya—in the Chair

## MEMBERS

(Rajya Sabha)

2. Shri Bhuvnesh Chaturvedi
3. Shrimati Amarjit Kaur
4. Shri Era Sambasivam
5. Shri Jagdambi Prasad Yadav
6. Shri Leonard Solomon Saring

## (LOK SABHA)

7. Shri Anwar Ahmad
8. Dr. A. U. Azmi
9. Shri Jaipal Singh Kashyap
10. Shri Lala Ram Ken
11. Shri Keyur Bhushan
12. Dr. V. Kulandaivelu
13. Shri Hiralal R. Parmar
14. Dr. Saradish Roy
15. Shrimati Kishori Sinha
16. Shri Atal Bihari Vajpayee
17. Dr. Golam Yazdani



## SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary.

Shri A. S. Sarin, Chief Legislative Committee Officer.

Shri S. B. Mathur, Senior Examiner of Questions.

## REPRESENTATIVES OF THE MINISTRIES

Dr. D. B. Bisht, Director General, Health Services.

Shri P. R. Dasgupta, Joint Secretary.

*Ministry of Law, Justice and Company Affairs*

Shrimati V. S. Rama Devi, Additional Secretary.

Shri B. S. Saluja, Deputy Legislative Counsel.

2. In the absence of the Chairman, Shrimati Ila Bhattacharya was voted to the Chair.

3. The Chair informed the Committee that formal amendments on the various clauses of the Bill were still awaited from the Ministry of Health and Family Welfare as the Ministry had not been in a position to finalize the same at that stage.

4. Members were of the view that it would not be practicable for the Committee to finalize its Report within the extended time now left. The Committee, therefore, decided to seek further extension of time up to the first day of the last week of the Hundred and Thirty second Session of the Rajya Sabha for presentation of its Report and authorised the Chairman or in his absence Shri Bhuvanesh Chaturvedi and Shrimati Amarjit Kaur to move the necessary motion in the House.

5. The Committee decided to hold its next-meeting on the 18th July, 1984.

The Committee then adjourned at 11.35 A.M.

XXI

## TWENTY-FIRST MEETING

The Committee met at 11.00 A.M. on Wednesday, the 18th July, 1984.

## PRESENT

1. Shri Sukhdev Prasad—Chairman

## MEMBERS

(Rajya Sabha)

2. Shri Bhuvnesh Chaturvedi

3. Shri Kishor Mehta

4. Shri Natha Singh

5. Shri Era Sambasivam

6. Shri Jagdambi Prasad Yadav

7. Shri Leonard Solomon Saring

(Lok Sabha)

8. Shri M. Ankineedu

9. Shri Anwar Ahmad

10. Dr. A. U. Azmi
11. Shri Jaipal Singh Kashyap
12. Shri Keyur Bhushan
13. Dr. Mahipatray M. Mehta
14. Shri Atal Bihari Vajpayee
15. Dr. Golam Yazdani
16. Shri V. S. Vijayaraghavan
17. Shri B. Shankaranand

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri A. S. Sarin, Chief Legislative Committee Officer  
 Shri S. B. Mathur, Senior Examiner of Questions

#### REPRESENTATIVES OF THE MINISTRIES

##### *Ministry of Health and Family Welfare*

Dr. D. B. Bisht, Director General, Health Services.  
 Shri P. R. Dasgupta, Joint Secretary.

##### *Ministry of Law, Justice and Company Affairs*

Shrimati V. S. Ramadevi, Additional Secretary  
 Shri B. Saluja, Deputy Legislative Counsel

At the outset the Chairman requested the Members to send their amendments on the various provisions of the Bill in a precise form. The Committee thereafter had a general discussion on the various clauses of the Bill and the following members participated in the discussion:—

1. Shri Jagdambi Prasad Yadav
2. Shri Keyur Bhushan
3. Dr. Mahipatray M. Mehta
4. Shri Jaipal Singh Kashyap
5. Shri Bhuvnesh Chaturvedi

The discussion was concluded.

2. The Committee authorised the Chairman to decide the dates of its next series of meetings.

The Committee then adjourned at 12.20 P.M..

#### XXII

#### TWENTY-SECOND MEETING

The Committee met at 3.00 P.M. on Friday, the 9th November, 1984.

#### PRESENT

1. Shri Bhuvnesh Chaturvedi—Chairman

#### MEMBERS

(Rajya Sabha)

2. Dr. Bapu Kaldate

3. Shri Jagdambi Prasad Yadav
4. Shri Leonard Solomon Saring

(Lok Sabha)

5. Shri M. Ankineedu
6. Shri Anwar Ahmad
7. Dr. A. U. Azmi
8. Shri Jaipal Singh Kashyap
9. Shri Lala Ram Ken
10. Shri K. T. Kosalram
11. Dr. Mahipatray M. Mehta
12. Shri Hirlal R. Parmar
13. Shrimati Kishori Sinha
14. Dr. Golam Yazdani
15. Shri V. S. Vijayaraghavan
16. Shri B. Shankaranand

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri A. S. Sarin, Chief Legislative Committee Officer  
 Shri S. B. Mathur, Senior Examiner of Questions

#### REPRESENTATIVES OF THE MINISTRY OF LAW AND JUSTICE

Shrimati V. S. Rama Devi, Additional Secretary  
 Shri Y. P. Sud, Deputy Legislative Counsel

2. The Chairman made a reference to the sad demise of Prime Minister Shrimati Indira Gandhi. The Committee adopted the following condolence resolution:

"The Joint Committee on the Mental Health Bill, 1981, meeting today in the shadow of a great national calamity, places on record its deep sorrow, and profound shock at the dastardly assassination of our beloved Prime Minister, Shrimati Indira Gandhi. Shrimati Gandhi was a doughty champion of the oppressed and down-trodden peoples everywhere, particularly of the Third World and She did much for the under-privileged and the weaker sections of the society. She was an intrepid fighter for the cause of world peace and independence and a leading spirit in the Non-aligned Movement.

She was brave and courage personified, especially in moments of crisis, and stood for the principles of democracy, secularism and international understanding. She was endowed with great personal charm, had a penetrating intellect, an integrated personality and a highly organised mind. She had a scientific temper and during her regime the country made tremendous progress in the field of science, technology, agriculture and industry. She was a great visionary and had dreams of a strong, united and prosperous India. She was a great statesman and leader of world stature and till her end

she toiled hard for the economic development not only of the Indian people but people of the Third World as well. Her untimely demise leaves a void which would be hard to fill. Her death, which diminishes us all, has dealt a cruel blow to her Herculean efforts for national integrity and unity which she had so passionately pursued.

The Committee pays its reverential homage to the memory of the outstanding leader and offers its heartfelt sympathy and condolences to the bereaved family in this hour of grief.

The Committee prays to Almighty to grant eternal peace to the departed soul and give solace and strength to the members of the bereaved family to bear this irreparable loss."

The Committee thereafter observed two minutes silence, all Members standing, as a mark of respect to the memory of the departed soul.

3. The Committee then adjourned at 3.10 P.M.



## APPENDIX X

(Vide para 14 of the Report)

### MINUTES OF THE MEETING OF THE PRESENT JOINT COMMITTEE

#### I

#### FIRST MEETING

The Committee met at 4.30 P.M. on Tuesday, the 28th May, 1985.

#### PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

#### MEMBERS

(*Rajya Sabha*)

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Amarjit Kaur
6. Shrimati Ila Bhattacharya
7. Shri Era Sambasivam
8. Dr. Bapu Kaldate
9. Shri Leonard Solomon Saring

(*Lok Sabha*)

10. Shri Narayan Choubey
11. Shri H. N. Nanje Gowda
12. Shri Seth Hembrom
13. Shri Lala Ram Ken
14. Shri Prabhu Lal Rawat
15. Shri D. N. Reddy
16. Shri Ajit Kumar Saha
17. Dr. Chandra Shekhar Tripathi
18. Dr. V. Venkatesh
19. Dr. Golam Yazdani
20. Shrimati Moksina Kidwai

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
Shri T. K. Bhowmick, Chief Legislative Committee Officer  
Shri K. S. Rajpal, Senior Examiner of Questions

#### REPRESENTATIVES OF THE MINISTRIES *Ministry of Health and Family Welfare*

Shri P. R. Das Gupta, Joint Secretary  
Dr. D. B. Bisht, Director General, Health Services

## MINISTRY OF LAW AND JUSTICE

Shrimati V. S. Rama Devi, Additional Secretary

Shri B. S. Saluja, Deputy Legislative Counsel.

2. The Chairman welcomed the Members of the Committee and apprised the members of the work done by the previous Joint Committee on the Bill.

3. The Committee decided that—

- (i) the work done by the earlier Joint Committee form part of work of this Committee;
- (ii) the Memoranda received by the earlier Joint Committee be treated as having been received by this Committee; and
- (iii) the oral evidence recorded by the earlier Joint Committee be treated as evidence recorded by the present Joint Committee

4. The Chairman requested the Members to suggest the names of individuals/representatives of organisations and institutions whom they would like to be considered for being invited to give oral evidence before the Committee within a period of ten days.

5. The Committee, thereafter, considered its future programme of sittings. The Committee was of the opinion that for proper consideration of the Bill, the Committee should visit a few places outside Delhi to make an on the spot study of the Mental Health Institutions so that Members may have an idea about the requirements of Mental Patients and whether these requirements are being sufficiently covered by the proposed legislation or not. The Members suggested the names of four places, i.e. (i) Srinagar (ii) Goa (iii) Bombay and (iv) Madras for the purpose of visits. The Committee decided that Members may also suggest their choice of names/places for the visits to the Mental Health Institutions within a period of ten days and authorised the Chairman to seek the necessary permission of Hon'ble Chairman, Rajya Sabha and chalk out a suitable tentative programme for visits to a few places during the last week of June or in the first week of July, 1985.

The Committee then adjourned at 5.15 P.M.

## II

## SECOND MEETING

The Committee met at 3.00 P.M. on Monday, the 12th August, 1985.

## PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

## MEMBERS

(*Rajya Sabha*)

2. Shri Sukhdev Prasad

3. Shri Kishor Mehta

4. Shri Natha Singh

5. Shri Era Sambasivam

6. Shri Jagdambi Prasad Yadav

(*Lok Sabha*)

7. Shri Pratapsinh Baghel

8. Shri H. N. Nanje Gowda

9. Dr. V. Rajeshwaran
10. Shri D. N. Reddy
11. Shrimati Kishori Sinha

SECRETARIAT

Shri R. N. Bhardwaj, Chief Legislative Committee Officer

Shri K. S. Rajpal, Senior Examiner of Questions

MINISTRY OF HEALTH AND FAMILY WELFARE

Shri P. R. Dasgupta, Joint Secretary

MINISTRY OF LAW AND JUSTICE

Shri B. S. Saluja, Deputy Legislative Counsel

EXTENSION OF TIME FOR PRESENTATION OF REPORT

2. Members were of the view that it would not be practicable for the Committee to complete the study and finalise its Report before the 31st of October, 1985 i.e. the time earlier prescribed for presentation of the Report. The Committee, therefore, decided to seek extension of time up to the first day of the last week of the Hundred and Thirty-sixth Session of the Rajya Sabha for presentation of its Report and authorised the Chairman or in his absence Shri Kishor Mehta or Shri Nāthā Singh to move the required motion seeking extension of time for the purpose in the House.

VISIT TO SRINAGAR

3. The Committee recalled that it had been decided with the approval of the Chairman, Rajya Sabha, to visit Panaji and Srinagar in connection with the examination of witnesses in relation to the provisions of the Bill. The visit to Panaji having already been undertaken in July, 1985, the Committee decided to visit Srinagar sometime during 2nd or 3rd week of September, 1985. The Committee authorised the Chairman to fix the Schedule of the visit.

PROGRAMME OF MEETINGS

4. The Committee decided to meet at New Delhi prior to its proposed visit to Srinagar for the purpose of recording oral evidence of certain witnesses.

The Committee then adjourned at 3.25 P.M.

III

THIRD MEETING

The Committee met at 11.00 A.M. on Monday, the 16th September, 1985.

PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

MEMBERS

(*Rajya Sabha*)

2. Shri Sukhdev Prasad

3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shri Era Sambasivam
6. Dr. Bapu Kaldate
7. Shri Jagdambi Prasad Yadav
8. Shri Leonard Solomon Saring

(Lok Sabha)

9. Shri Keyur Bhushan
10. Shri Narayan Choubey
11. Shri H. N. Nanje Gowda
12. Shri Seth Hembrom
13. Ch. Rahim Khan
14. Shri K. Pradhani
15. Shri Prabhu Lal Rawat
16. Shri Ajit Kumar Saha
17. Shrimati Kishori Sinha
18. Dr. Chandra Shekhar Tripathi
19. Dr. Golam Yazdani
20. Shrimati Mohsinha Kidwai

SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary.

Shri T. K. Bhowmick, Chief Legislative Committee Officer.

Shri K. S. Rajpal, Senior Examiner of Questions.

REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*

Shri P. R. Das Gupta, Joint Secretary.

MINISTRY OF LAW AND JUSTICE

Shrimati V. S. Rama Devi, Additional Secretary

Shri B. S. Saluja, Deputy Legislative Counsel

WITNESSES

- (i) Dr. V. S. Rastogi, Psychiatric Department,  
Safdarjung Hospital,  
New Delhi.
- (ii) Dr. Ram Kumar Sharma,  
Chairman, Ayurvedic Committee,  
Central Council of Indian Medicine,  
New Delhi.
- (iii) Dr. Jugal Kishore,  
Ex-Director of Homoeopathy,  
Health and Family Welfare,  
New Delhi.



2. The Committee heard the oral evidence tendered by the following witnesses:—

- (i) Dr. V. S. Rastogi;
- (ii) Dr. Ram Kumar Sharma; and
- (iii) Shri Jugal Kishore.

A verbatim record of the evidence was kept.

3. The Committee then adjourned at 12.20 P.M.

#### IV

#### FOURTH MEETING

The Committee met at 3.00 P.M. on Tuesday, 15th October, 1985.

#### PRESENT

- 1. Shri Bhuvnesh Chaturvedi—*Chairman.*

#### MEMBERS

*(Rajya Sabha)*

- 2. Shri Sukhdev Prasad
- 3. Shri Kishor Mehta
- 4. Shri Natha Singh
- 5. Shrimati Ila Bhattacharya

*(Lok Sabha)*

- 6. Shri Narayan Choubey
- 7. Shri Lala Ram Ken
- 8. Ch. Rahim Khan
- 9. Shrimati Kesharbai Kshirsagar
- 10. Shri U. H. Patel
- 11. Dr V. Rajeshwaran
- 12. Shrimati Kishori Sinha
- 13. Dr. Chandra Shekhar Tripathi
- 14. Shrimati Mohsina Kidwai

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri T. K. Bhowmick, Chief Legislative Committee Officer  
 Shri K. S. Rajpal, Senior Examiner of Questions.

#### REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*

Miss C. Cintury, Deputy Secretary  
 Dr. S. P. Aggarwal, A.D.G. (N.C.D.)

*Ministry of Law and Justice*

Shri B. S. Saluja, Deputy Legislative Counsel

## WITNESS

Shrimati Leela Damodara Menon, Ex-M.P.

2. At the outset, the Committee discussed its future programme of sittings and decided to hold its next series of meetings on the 28th, 29th and 30th October, 1965 for general discussion on the various provisions of the Bill/clause-by-clause consideration of the Bill.

The Chairman informed the members that the Committee would visit the Hospital for Mental Diseases at Shahdara in Delhi, on 17th October, 1965 for making an on-the-spot study of the functioning of the said hospital.

3. The Committee thereafter heard the oral evidence tendered by Shrimati Leela Damodara Menon, Ex-M.P. on some provisions of the Bill.

A verbatim record of the evidence was kept.

4. The Chairman requested that Members desirous of giving notices of amendments to the Bill should send the same so as to reach the Rajya Sabha Secretariat by the 24th October, 1965.

The Committee then adjourned at 3.50 P.M. to meet again at 11.00 A.M. on Wednesday, the 16th October, 1965.

## V

## FIFTH MEETING

The Committee met at 11.00 A.M. on Wednesday, the 16th October, 1965.

## PRESENT

1. Shri Bhuvnesh Chaturvedi—Chairman

## Members

(Rajya Sabha)

2. Shri Sukhdev Prasad

3. Shri Kishor Mehta

4. Shri Natha Singh

5. Dr. Bapu Kaldate

6. Shri Leonard Solomon Saring

(Lok Sabha)

7. Shri Narayan Choubey

8. Shri H. N. Nanje Gowda

9. Shri Lala Ram Ken

10. Ch. Rahim Khan

11. Shrimati Kesharbai Kahirsagar

12. Shri U. H. Patel

13. Shrimati Kishori Sinha

14. Shri S. Thangaraju

15. Dr. Chandra Shekhar Tripathi

16. Dr. Golam Yezdani

## SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri T. K. Bhowmick, Chief Legislative Committee Officer  
 Shri K. S. Rajpal, Senior Examiner of Questions.

## REPRESENTATIVES OF THE MINISTRIES

## MINISTRY OF HEALTH AND FAMILY WELFARE

Dr. S. N. Mukherjee, Additional, Director, General Health Services  
 Dr. R. M. Varma, Mental Health Adviser  
 Miss C. Cintury, Deputy Secretary  
 Dr. S. P. Aggarwal, Assistant Director General (N.C.D.)

## MINISTRY OF LAW AND JUSTICE

Shri B. S. Saluja, Deputy Legislative Counsel

2. The Committee held a general discussion on the various provisions of the Bill in the light of the evidence recorded and the memoranda received by it. The discussion was not concluded.

3. The Chairman reminded the members to give notices of their amendments to the Bill so as to reach the Rajya Sabha Secretariat by 24th October, 1965.

The Committee then adjourned at 12.15 P.M.

## VI

## SIXTH MEETING

The Committee met at 3.00 P.M. on Monday, the 28th October, 1965.

## PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

## MEMBERS

(Rajya Sabha)

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Era Sambasivam
5. Dr. Bapu Kaldate
6. Shri Jagdambi Prasad Yadav

(Lok Sabha)

7. Shri Narayan Choubey
8. Shri Seth Hembrom
9. Shri Lala Ram Ken
10. Ch. Rahim Khan
11. Shrimati Kesharbai Kshirsagar
12. Shri K. Pradhani
13. Shri Prabhu Lal Rawat

14. Shrimati Kishori Sinha
15. Dr. Chandra Shekhar Tripathi
16. Dr. Golam Yazdani
17. Shrimati Mohsina Kidwai

#### SECRETARIAT

Shri T. K. Bhowmick, Chief Legislative Committee Officer.  
Shri K. S. Rajpal, Senior Examiner of Questions.

#### REPRESENTATIVES OF THE MINISTRIES

##### MINISTRY OF HEALTH AND FAMILY WELFARE

Dr. D. B. Bisht, Director General, Health Services  
Dr. S. N. Mukherjee, Additional Director General, Health Services  
Dr. R. M. Varma, Mental Health Adviser  
Miss C. Cintury, Deputy Secretary  
Dr. S. P. Aggarwal, Assistant Director General (N.C.D.)

##### MINISTRY OF LAW AND JUSTICE

Shrimati V. S. Rama Devi, Special Secretary  
Shri B. S. Saluja, Deputy Legislative Counsel

2. The Chairman observed that at its meeting held on 15th October, 1965 the Members of the Committee were requested to send notices of amendments to the Bill, if any, by 24th October, 1965. As no notice of an amendment had so far been received from the Members, the Committee could not take up clause-by-clause consideration of the Bill and the Chairman requested the Members to initiate a general discussion on the various provisions of the Bill. He, however, requested the Members to confine the discussion within the scope of the Bill.

3. Some Members felt that the Committee should seek further extension of time for presentation of its Report as, being new Members, they could not study the memoranda submitted by various organisations/individuals and also the Statement circulated by the Ministry. There was a general feeling amongst the Members that the Committee should make some more study visits outside Delhi after the Winter Session of Parliament. On this point the Minister of Health and Family Welfare observed that while there was no objection in seeking further extension of time for presentation of the Report of the Committee, the Officers and staff of her Ministry as well as of the Ministry of Law and Justice would be busy during the Budget Session and that keeping this in view the remaining work of the Committee should be completed as early as possible.

4. The Committee thereafter held a general discussion on the various provisions of the Bill. The discussion was not concluded.

The Committee then adjourned at 4.30 P.M. to meet again at 11.00 A.M. on Tuesday, the 29th October, 1965.

## VII

## SEVENTH MEETING

The Committee met at 11.00 A.M. on Tuesday, the 29th October, 1985.

## PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

## MEMBERS

(*Rajya Sabha*)

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Era Sambasivam
5. Dr. Bapu Kaldate
6. Shri Jagdambi Prasad Yadav

(*Lok Sabha*)

7. Shri Keyur Bhushan
8. Shri Narayan Choubey
9. Shri Seth Hembrom
10. Shri Lala Ram Kan
11. Ch. Rahim Khan
12. Shri U. H. Patel
13. Shri K. Pradhani
14. Shri Prabhu Lal Rawat
15. Shri D. N. Reddy
16. Shrimati Kishori Sinha
17. Shri S. Thangaraju
18. Dr. Chandra Shekhar Tripathi
19. Dr. Golam Yazdani
20. Shrimati Mohsina Kidwai



## SECRETARIAT

Shri T. K. Bhowmick, Chief Legislative Committee Officer

Shri K. S. Rajpal, Senior Examiner of Questions.

*Ministry of Health and Family Welfare*

Dr. D. B. Bisht, Director General, Health Services.

Dr. S. N. Mukherjee, Additional Director General, Health Services

Dr. R. M. Varma, Mental Health Adviser

Miss. C. Cintury, Deputy Secretary.

Dr. S. P. Aggarwal, Assistant Director General (N.C.D.)

## Ministry of Law and Justice

Shri B. S. Saluja, Deputy Legislative Counsel

2. At the outset, the Chairman requested the Members to express their view points on the statement circulated by the Ministry of Health and Family Welfare, showing the provisions in the Mental Health Bill, 1981, comments thereon of specialists/evidence tendered before the Joint Committee, the views of Government and proposed official amendments.

Before the commencement of the general discussion on the various provisions of the Bill, Shri J. P. Yadav pointed out that unless the Government amendments to the Bill were received, the Committee could not proceed with the clause-by-clause consideration of the Bill. The Chairman clarified that although technically, the procedure had not been followed, the statement referred to above was adequate for the Members to express their view points on the various provisions of the Bill.

3. Thereafter the Committee resumed general discussion on the various provisions of the Bill.

The Chairman again requested the Members to send their notices of amendments to the Bill, if any, as early as possible. He also expressed and hope that Government would also come forward with their amendments to the Bill, if any, as early as possible.

The discussion was not concluded.

The Committee then adjourned at 12.15 P.M. to meet again at 3.00 P.M. On Wednesday, the 30th October, 1985.

## VIII

## EIGHTH MEETING

The Committee met at 3.00 P.M. on Wednesday, the 30th October, 1985.

## President

1. Shri Bhuvnesh Chaturvedi—Chairman

## Members

(Rajya Sabha)

2. Shri Sukhdev Prasad

3. Shri Era Sambasivam

4. Dr. Bapu Kaldate

5. Shri Jagdambi Prasad Yadav

6. Shri Leonard Solomon Saring

---

(Lok Sabha)

7. Shri Keyur Bhushan
8. Shri Narayan Choubey
9. Shri Seth Hembrom
10. Shri Lala Ram Ken
11. Ch. Rahim Khan
12. Shrimati Kesharbai Kshirsagar
13. Shri U. H. Patel
14. Shri K. Pradhani
15. Shri Prabhu Lal Rawat
16. Shri D. N. Reddy
17. Shrimati Kishori Sinha
18. Shri S. Thangaraju
19. Dr. Chandra Shekhar Tripathi
20. Dr. Golam Yazdani
21. Shrimati Mohsina Kidwai

SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
Shri T. K. Bhowmick, Chief Legislative Committee Officer  
Shri K. S. Rajpal, Senior Examiner of Questions.

*Ministry of Health and Family Welfare*

Dr. D. B. Bisht, Director General, Health Services  
Miss C. Cintury, Deputy Secretary  
Dr. S. P. Aggarwal, Assistant Director General (N.C.D.)

*Ministry of Law and Justice*

Shri B. S. Saluja, Deputy Legislative Counsel

2. The Committee resumed its discussion on the various provision of the Bill. The Chairman observed that, as the Bill was going to replace the Indian Lunacy Act, 1912 it would require revision and further examination by Government. He also requested the Minister of Health and Family Welfare to give some guidelines to the Committee so that the Members would be able to give their amendments in that light.

In so far as Government amendments were concerned, the Minister stated that after Members would give their notices of amendments to the Bill, Government would also come forward, with their amendments to the Bill, if so felt necessary.

The Chairman, thereafter, requested that Members desirous of giving notices of amendments to the Bill should send the same so as to reach the Rajya Sabha Secretariat by the 30th November, 1985. He also hoped that the Government's amendments, if any, should also reach

the Secretariat by the same date. Chairman also requested those Members who had given notices of their amendments before the previous Joint Committee to give fresh notices of amendments in the proper form so as to reach the Secretariat by the date mentioned above.

Some Members pointed out that the Committee should visit some more places in the country for making on-the-spot study of the functioning of some Mental Hospitals so as to enable them to give suggestions on the basis of their study visit. The Chairman observed that a decision in this regard would be taken by the Committee at its next meeting.

3. The Committee, thereafter, decided to seek further extension of time up to the first day of the last week of the Hundred and Thirty-eighth Session of the Rajya Sabha for the presentation of its report and authorised the Chairman or in his absence Shri Sukhdev Prasad or Shri Jagdambi Prasad Yadav to move a motion in this regard in the House.

4. The Committee authorised the Chairman to fix the dates for the next series of meetings of the Committee.

The Committee then adjourned at 3.50 P.M.

## IX

### NINTH MEETING

The Committee met at 3.30 P.M. on Tuesday, the 14th January, 1966.

#### PRESENT

1. Shri Bhuvnesh Chaturvedi—Chairman

#### MEMBERS

(Rajya Sabha)

2. Shri Sukhdev Prasad

3. Shri Natha Singh

4. Shrimati Amarjit Kaur

5. Shri Era Sambasivam

6. Dr. Bapu Kaldate

7. Shri Leonard Solomon Saring

(Lok Sabha)

8. Shri Seth Hambro

9. Shri Lala Ram Ken

10. Ch. Rahim Khan

11. Shri U. H. Patel

12. Shri Prabhu Lal Rawat

13. Shri D. N. Reddy

14. Shri Ajit Kumar Saha

15. Shrimati Kishori Sinha



16. Dr. V. Venkatesh
17. Dr. Golam Yazdani

## SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary.

Shri T. K. Bhowmick, Chief Legislative Committee Officer.

Shri K. S. Rajpal, Senior Examiner of Questions.

*Representative of Ministry of Health and Family Welfare*

Shri P. R. Dasgupta, Joint Secretary.

Dr. S. N. Mukherjee, Additional D.G. (M)

Miss C. Cintury, Deputy Secretary.

Dr. S. P. Aggarwal, Assistant Director General (N.C.D.).

*Representative of Ministry of Law and Justice*

Shri A. C. C. Unni, Joint Secretary and Legislative Counsel

Shri B. S. Saluja, Deputy Legislative Counsel.

## WITNESS

Shri Baharul Islam, M.P.

2. The Committee heard the oral evidence tendered by Shri Baharul Islam, M.P.

A verbatim record of the oral evidence was kept.

- 3 The Committee then adjourned at 4.35 P.M. to meet again at 11.30 A.M. on Wednesday, the 15th January, 1986.

सत्यमेव जयते

## TENTH MEETINGS

The Committee met at 11.30 A.M. on Wednesday, the 15th January, 1986.

## PRESENT

1. Shri Bhuvnesh Chaturvedi—Chairman

## MEMBERS

(Rajya Sabha)

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Amarjit Kaur
6. Shri Era Sambasivam
7. Dr. Bapu Kaldate

(Lok Sabha)

8. Shri Seth Hembrom
9. Shri Lala Ram Ken

10. Ch. Rahim Khan
11. Shri U. H. Patel
12. Dr. V. Rajeshwaran
13. Shri Prabhu Lal Rawat
15. Shri Ajit Kumar Saha
15. Shri Ajit Kumar Saha
16. Shrimati Kishori Sinha
17. Dr. Chandra Shekhar Tripathi
18. Dr. V. Venkatesh
19. Dr. Golam Yazdani

#### SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
 Shri T. K. Bhowmick, Chief Legislative Committee Officer  
 Shri K. S. Rajpal, Senior Examiner of Questions  
*Representatives of the Ministry of Health and Family Welfare*  
 Shri P. R. Dasgupta, Joint Secretary  
 Miss C. Cintury, Deputy Secretary  
 Dr. K. B. Sharma, Dy. Director-General (M)  
 Dr. S. P. Aggarwal, Assistant Director General (N.C.D.)

#### MINISTRY OF LAW AND JUSTICE

Shri A. C. C. Unni, Joint Secretary and Legislative Counsel  
 Shri B. S. Saluja, Deputy Legislative Counsel

2. The Committee resumed general discussion on the various provisions of the Bill.

3. The Chairman thereafter informed the Members about the permission granted to the Committee by Hon'ble Chairman, Rajya Sabha to visit Madras and Trivandrum.

4. The Committee then adjourned at 12.10 P.M. to meet again at 3.30 P.M. on Thursday, the 16th January 1986.

#### XI

#### ELEVENTH MEETING

The Committee met at 3-30 P.M. on Thursday the 16th January, 1986.

#### PRESENT

1. Shri Bhuvnesh Chaturvedi—Chairman

#### MEMBERS

(Rajya Sabha)

2. Shri Sukhdev Prasad
3. Shri Natha Singh
4. Shri Era Sambasivam
5. Dr. Bapu Kaldate
6. Shri Jagdambji Prasad Yadav

## (LOK SABHA)

7. Shri Lala Ram Ken
8. Ch. Rahim Khan
9. Shri U. H. Patel
10. Dr. V. Rajeshwaran
11. Shri Prabhu Lal Rawat
12. Shri D. N. Reddy
13. Shri Ajit Kumar Saha
14. Shrimati Kishori Sinha
15. Dr. Chandra Shekhar Tripathi
16. Dr. Golam Yazdani
17. Shrimati Mohsina Kidwai

## SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary.  
 Shri T. K. Bhowmick, Chief Legislative Committee Officer.  
 Shri K. S. Rajpal, Senior Examiner of Questions.

*Representatives of Ministry of Health and Family Welfare*

Shri P. R. Dasgupta, Joint Secretary.  
 Miss C. Cintury, Deputy Secretary.  
 Dr. K. B. Sharma, Dy. Director-General (M).  
 Dr. S. P. Aggarwal, Assistant Director General (NCD).

*Ministry of Law and Justice*

Shri A. C. C. Unni, Joint Secretary and Legislative Counsel.  
 Shri B. S. Saluja, Deputy Legislative Counsel.

2. After some discussion, the Committee took up clause-by-clause consideration of the Bill.

Clause 2—the clause was adopted without any amendment.

3. The Committee authorised the Chairman to decide its future programme of sittings and its proposed visit to Madras and Trivandrum.

The Committee then adjourned at 5-00 P.M.

## XII

## TWELFTH MEETING

The Committee met from 11.00 A.M. to 1.25 P.M. and from 3.00 P.M. to 4.05 P.M. on Monday, the 3rd February, 1986.

## PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

## MEMBERS

## (RAJYA SABHA)

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta

4. Shrimati Amarjit Kaur
5. Dr. Bapu Kaldate
6. Shri Jagdambi Prasad Yadav

## (LOK SABHA)

7. Shri Lala Ram Ken
8. Ch. Rahim Khan
9. Shri U. H. Patel
10. Dr. V. Rajeshwaran
11. Shri D. N. Reddy
12. Shri Ajit Kumar Saha
13. Shrimati Kishori Sinha
14. Dr. V. Venkatesh
15. Dr. Golam Yazdani
16. Shrimati Mohsina Kidwai

## SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary.  
 Shri T. K. Bhowmick, Chief Legislative Committee Officer.  
 Shri K. S. Rajpal, Senior Examiner of Questions.

*Representatives of the Ministries**Ministry of Health and Family Welfare*

Shri P. R. Dasgupta, Joint Secretary.  
 Dr. S. N. Mukherjee, Additional Director General, Health Services.  
 Dr. S. P. Aggarwal, Assistant Director General (N.C.D.), Health Services.

*Ministry of Law and Justice*

Shri A. C. C. Unni, Joint Secretary and Legislative Counsel.  
 2. The Committee resumed clause-by-clause consideration of the Bill.

## Clause 3

The Clause was adopted without any amendment.

## Clause 4

The Clause was adopted without any change.

## Clause 5

Sub-clause (1)—After some discussion, further consideration of sub-clause (1) of clause 5 was held over.

Sub-clause (2)—sub-clause (2) of clause 5 was adopted without any amendment.

## Clause 6

The Clause was adopted without any change.

Clause 7

The Clause was adopted without any change.

Clause 8

The Clause was adopted without any change.

Clause 9

The Clause was adopted without any change.

Clause 10

The Clause was adopted without any change.

Clause 11

The Clause was adopted without any change.

Clause 12

The Clause was adopted without any change.

Clause 13

The Clause was adopted without any change.

Clause 14

The Clause was adopted without any change.

Clause 15

The following amendment was accepted:—

page 8, lines 43 and 44—

for "may make an application in that behalf in the the prescribed form" substitute "may request"

The Clause, as amended, was adopted.

Clause 16

The following consequential amendment was accepted:

Page 9, lines 3 and 4

for "may make an application in that behalf in the prescribed form" substitute "may request"

The Clause, as amended, was adopted.

Clause 17

After some discussion, the following amendments were accepted:

Page 9, line 6,

for "On receipt of an application" substitute "on receipt of a request"

Page 9, line 7,

for "medical officer in charge shall make such inquiry as he may deem fit"

substitute "medical officer in charge shall make such inquiry as he may deem fit within a period not exceeding 24 hours".

The Clause, as amended, was adopted.

Clause 18

After some discussion, further consideration of the clause was held over.

Clause 19

The clause was adopted without any amendment.

Clause 20

The Clause was deleted.

Clause 21

The Clause was deleted.

Clause 22

The Clause was adopted without any amendment.

Clause 23

The Clause was adopted without any change.

Clause 24

The Clause was adopted without any change.

Clause 25

After a brief discussion, the Legislative Counsel was directed to furnish a revised draft amendment for the consideration of the Committee.

Further consideration of Clause 25 was held over.

Clause 26

The Clause was adopted without any change.

Clause 27

After a brief discussion, further consideration of the clause was held over.

Clause 28

The Clause was deleted.

Clause 29

The Clause was adopted without any change.

Clause 30

The Clause was adopted without any change.

Clause 31

The Clause was adopted without any change.

Clause 32

The Clause was adopted without any change.

Clause 33

The Clause was adopted without any change.

## Clause 34

The Clause was adopted without any change.

## Clause 35

The Clause was adopted without any change.

## Clause 36

The Clause was adopted without any change.

## Clause 37

The Clause was adopted without any change.

## Clause 38

The Clause was adopted without any change.

## Clause 39

The Clause was adopted without any change.

## Clause 40

After some discussion, the following amendments were accepted:—

Page 20, line 40—

*After* "The State Government"

*insert* "or the Central Government, as the case may be".

Page 20, line 43

*after* "a psychiatrist"

*add* "and two social workers".

Page 20, line 44

*after* "the head of the Medical Services of the State".

*insert* "or his nominee, preferably a psychiatrist".

The clause, as amended, was adopted.

## Clause 41

The following amendment was accepted:

Page 21 *after* line 17, *add*—

"Provided that if any of the Visitors does not participate in the inspection of the hospital or hospitals alongwith his/her Committee consecutively for three months, his/her membership will terminate automatically and new member will be nominated in his/her place as per rules."

The Clause, as amended, was adopted.

## Clause 42

The following amendment was accepted:

Page 21, line 25

*after* "all or any three of the Visitors"

*insert* "including at least one social worker".

The Clause, as amended, was adopted.

Clause 43

The following amendment was accepted:—

Page 22, lines 5 and 6

for "working in that hospital or nursing home"

substitute "one of whom should preferably be a psychiatrist"

The Clause, as amended, was adopted.

Clause 44

The Clause was adopted without any change.

Clause 45

The Clause was adopted without any change.

Clause 46

The Clause was adopted without any change.

Clause 47

The Clause was adopted without any change.

Clause 48

The Clause was adopted without any change.

Clause 49

The Clause was adopted without any change.

Clause 50

The Clause was adopted without any change.

Clause 51

The Clause was adopted without any change.

Clause 52

The Clause was adopted without any amendment.

Clause 53

The Clause was adopted without any change.

Clause 54

The Clause was adopted without any change.

Clause 55

The Clause was adopted without any change.

Clause 56

The Clause was adopted without any change.

Clause 57

The Clause was adopted without any change.

Clause 58

The Clause was adopted without any change.



## Clause 59

The Clause was adopted without any change.

## Clause 60

The Clause was adopted without any change.

## Clause 61

The Clause was adopted without any change.

## Clause 62

The Clause was adopted without any change.

## Clause 63

The Clause was adopted without any change.

## Clause 64

The Clause was adopted without any change.

## Clause 65

The Clause was adopted without any change.

## Clause 66

The Clause was adopted without any change.

## Clause 67

The Clause was adopted without any change.

## Clause 68

The Clause was adopted without any change.

## Clause 69

The Clause was adopted without any change.

## Clause 70

The Clause was adopted without any change.

## Clause 71

The Clause was adopted without any change.

## Clause 72

The Clause was adopted without any change.

## Clause 73

The Clause was adopted without any change.

## Clause 74

The Clause was adopted without any change.

## Clause 75

The Clause was adopted without any change.

## Clause 76

The Clause was adopted without any change.

**Clause 77**

The Clause was adopted without any change.

**Clause 78**

The Clause was adopted without any change.

**Clause 79**

The Clause was adopted without any change.

**Clause 80**

The Clause was adopted without any change.

**Clause 81**

The Clause was adopted without any change.

**Clause 82**

The Clause was adopted without any change.

**Clause 83**

The Clause was adopted without any change.

3. The Committee then adjourned at 4.05 P.M. to meet again at 11.00 A.M. on Tuesday, the 4th February, 1966.

**XIII****THIRTEENTH MEETING**

The Committee met at 11.00 A.M. on Tuesday the 4th February, 1966.

**PRESENT**

1. Shri Bhuvnesh Chaturvedi—*Chairman*

**MEMBERS****(RAJYA SABHA)**

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Amarjit Kaur
6. Dr. Bapu Kaldate
7. Shri Leonard Solomon Saring

**(LOK SABHA)**

8. Shri Lala Ram Ken
9. Ch. Rahim Khan
10. Shrimati Kesharbai Kshirsagar
11. Shri D. N. Reddy
12. Shri A. H. Kumar Saha
13. Shrimati Kishori Sinha
14. Dr. Chandra Shekhar Tripathi

15. Dr. V. Venkatesh
16. Dr. Golam Yazdani

SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary  
Shri T. K. Bhowmick, Chief Legislative Committee Officer  
Shri K. S. Rajpal, Senior Examiner of Questions

*Representatives of the Ministries*

*Ministry of Health and Family Welfare*

Shri P. R. Dasgupta, Joint Secretary  
Dr. S. N. Mukherjee, Additional Director General, Health Services  
Dr. S. P. Aggarwal, Assistant Director General (N.C.D), Health Services

*Ministry of Law and Justice*

Shri A. C. C. Unni, Joint Secretary and Legislative Counsel.

2. The Committee resumed clause-by-clause consideration of the Bill.

Clause 84

The following amendment was accepted:—

page 32 omit lines 26 to 32

The Clause, as amended, was adopted.

Clause 85

The Clause was adopted without any change.

Clause 86

The Clause was adopted without any change.

Clause 87

After a brief discussion, the consideration of the Clause was held over.

Clause 88

The Clause was adopted without any change.

Clause 89

The Clause was adopted without any change.

Clause 90

The Clause was adopted without any change.

3. The Committee then adjourned at 11.55 A.M.

## XIV

## FOURTEENTH MEETING

The Committee met at 3.30 P.M. on Tuesday, the 1st April, 1986

## PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

## MEMBERS

*Rajya Sabha*

2. Shri Kishor Mehta
3. Shri Natha Singh
4. Shrimati Amarjit Kaur
5. Shrimati Ila Bhattacharya
6. Shri Era Sambasivam
7. Dr. Bapu Kaldate
8. Shri Jagdambi Prasad Yadav

*Lok Sabha*

9. Shri Narayan Choubey
10. Ch. Rahim Khan
11. Shri U. H. Patel
12. Dr. Chandra Shekhar Tripathi
13. Dr. Golam Yazdani
14. Shrimati Mohsina Kidwai

## SECRETARIAT

Shri J. P. Singh, Joint Secretary

Shri T. K. Bhowmick, Chief Legislative Committee Officer

## REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*

Shri P. R. Dasgupta, Joint Secretary

Dr. S. N. Mukherjee, Additional Director General, Health Services

Miss Chandrakala Cintury, Deputy Secretary

Dr. S. P. Aggarwal, Assistant Director General (N.C.D.) Health Services

*Ministry of Law and Justice*

Shri A. C. C. Unni, Joint Secretary and Legislative Counsel

Shri Y. P. Sud, Deputy Legislative Counsel

2. The Committee resumed clause-by-clause consideration of the Bill.

## Clause 91

The clause was adopted without any change.

*Clause 92*

The following amendment was accepted:—

Page 34, for lines 23 to 27,

"The medical officer in charge of a psychiatric hospital or psychiatric nursing home wherein any mentally ill person is detained under the provisions of this Act, shall, once in every six months, make a special report regarding the mental and physical condition of every such person to the authority under whose orders the person is so detained."

*Substitute* "The medical officer in charge of a psychiatric hospital or psychiatric nursing home shall, as soon as may be, after any Mentally ill person detained therein has been discharged, make a report in respect thereof to the authority under whose orders such person had been so detained."

The clause, as amended, was adopted.

*Clause 93*

The clause was adopted without any change.

*Clause 94*

The clause was adopted without any change.

*Clause 95*

The clause was adopted without any change.

*Clause 96*

The clause was adopted without any change.

*Clause 97*

After a brief discussion, further consideration of the clause was held over.

*Clause 98*

After a brief discussion, further consideration of the clause was held over.

*Clause 99*

The clause was adopted without any change.

*Clause 100*

The Clause was adopted without any change.

*Clause 101*

The clause was held over.

3. The Committee then adjourned at 5.20 P.M. to meet again at 4.00 P.M. on Wednesday, the 2nd April, 1936.

**XV**  
**FIFTEENTH MEETING**

The Committee met at 4.00 P.M. on Wednesday, the 2nd April, 1966.

**PRESENT**

1. Shri Bhuvnesh Chaturvedi—*Chairman*

**MEMBERS**

*Rajya Sabha*

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shri Natha Singh
5. Shrimati Ila Bhattacharya
6. Shri Era Sambasivam
7. Dr. Bapu Kaldate
8. Shri Jagdambi Prasad Yadav

*Lok Sabha*

9. Shri K. Pradhani
10. Dr. Chandra Shekhar Tripathi
11. Dr. Golam Yazdani
12. Shrimati Mohsina Kidwai

**SECRETARIAT**

Shri J. P. Singh, Joint Secretary

Shri T. K. Bhowmick, Chief Legislative Committee Officer.

**REPRESENTATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE**

1. Shri P. R. Dasgupta, Joint Secretary.
2. Dr. S. N. Mukherjee, Additional Director General, Health Services.
3. Miss Chandrakala Cintury, Deputy Secretary.
4. Dr. S. P. Aggarwal, Assistant Director General (NCD), Health Services.

*Ministry of Law and Justice*

1. Shri A. C. C. Unni, Joint Secretary and Legislative Counsel.
  2. Shri Y. P. Sud, Deputy Legislative Counsel.
2. The Committee resumed clause-by-clause consideration of the Bill.

*Clause 5*

(Vide para 2 of the Minutes dated the 3rd February, 1966)

Consideration of this clause was re-opened.

The clause was adopted without any amendment.

## Clause 18

(Vide para 2 of the Minutes dated the 3rd February, 1986)

Consideration of the clause was re-opened.

After a brief discussion, the Legislative Counsel was directed to furnish a revised draft for the consideration of the Committee.

## Clause 25

(Vide para 2 of the Minutes dated the 3rd February, 1986)

Consideration of the clause was re-opened.

After a brief discussion, the Legislative Counsel was directed to furnish a revised draft amendment, incorporating the views expressed by the Members, for the consideration of the Committee.

3. The Committee then adjourned at 5.15 P.M.

## XVI

## SIXTEENTH MEETING

The Committee met at 3-30 P.M. on Monday, the 14th April, 1986.

## PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

## MEMBERS

(Rajya Sabha)

2. Shri Sukhdev Prasad
3. Shri Kishor Mehta
4. Shrimati Amarjit Kaur
5. Shri Era Sambasivam
6. Dr. Bapu Kaldate
7. Shri Jagdambi Prasad Yadav

## MEMBERS

(Lok Sabha)

8. Shrimati Kishori Sinha
9. Dr. Chandra Shekhar Tripathi
10. Shrimati Mohsina Kidwai

## SECRETARIAT

Shrimati K. K. Chopra, Additional Secretary.  
Shri T. K. Bhowmick, Chief Legislative Committee Officer.  
Shri K. S. Rajpal, Senior Examiner of Questions.

## REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health & Family Welfare*

Shri P. R. Dasgupta, Joint Secretary  
Dr. S. P. Aggarwal, Assistant Director General (NCD)

*Ministry of Law and Justice*

Shri A. C. C. Unni, Joint Secretary & Legislative Counsel

Shri Y. P. Sud, Deputy Legislative Counsel.

2. The Committee resumed clause-by-clause consideration of the Bill.

*Clause 18*

(Vide para 2 of the Minutes dated 2nd April, 1986)

Consideration of the clause was re-opened.

The following amendment was accepted:

Page 9, lines 16 to 37

for 18(i) The medical officer in charge of a psychiatric hospital or psychiatric nursing home shall, on an application made in that behalf by any voluntary patient, and, in the case of a minor voluntary patient, by the guardian of the patient, grant unless such medical officer initiates action under sub-section (3) of Section 20, within twenty-four hours of the receipt of such application, leave of absence to the patient for such period as the medical officer may deem necessary or discharge the patient from the psychiatric hospital or psychiatric nursing home:

Provided that the total number of days, for which leave of absence may be granted to a patient under this sub-section shall not exceed sixty days.

- (2) Where a minor voluntary patient, who is admitted as an in-patient in any psychiatric hospital or psychiatric nursing home, attains majority, the medical officer in charge shall as soon as may be, intimate the patient that he has attained majority and that, unless an application for his continuance as an inpatient is made by him within a period of one month of such intimation, he shall, subject to the provisions contained in sub-section (3) of section 20 be discharged, and if before the expiry of the said period, no application is made to the medical officer in charge for his continuance as an inpatient he shall [unless such medical officer initiates action under sub-section (3) of section 20] on the expiry of the said period, be discharged."

Substitute "18(1) The medical officer in charge of a psychiatric hospital or psychiatric nursing home shall, on a request made in that behalf by any voluntary patient and, in the case of a minor voluntary patient, by the guardian of the patient, grant within twenty-four hours of the receipt of such a request discharge of the patient from the psychiatric hospital or psychiatric nursing home unless the medical officer is of opinion that such discharge will not be in the interest of the voluntary patient. If the Medical Officer is of such an opinion he shall immediately constitute a Committee consisting of two Medical Officers and take further steps to treat the patient in the institution in accordance with the recommendations of the Committee. This period may not exceed 90 days at a time.

- (2) Where a minor voluntary patient, who is admitted as an in-patient in any psychiatric hospital or psychiatric nursing home attains majority, the Medical officer in charge shall, as soon as may be, intimate the patient that he has attained majority and that, unless a request for his continuance as an inpatient is



made by him within a period of one month of such intimation, he shall be discharged. In case it is felt that such discharge will not be in the interest of the voluntary patient the procedure as outlined in sub-clause 11 would apply.

The clause, as amended, was adopted.

*Clause 25*

(Vide para 2 of the Minutes dated the 2nd April, 1966)

Consideration of the clause was re-opened:—

The following amendment was accepted:—

Page 14, lines 13 to 31 for "25(1) Every officer in charge of a police station,—

- (a) may arrest or cause to be arrested any person found wandering at large within the limits of his station whom he has reason to believe to be so mentally ill as to be incapable of taking care of himself, and
- (b) shall arrest or cause to be arrested any person within the limits of his station whom he has reason to believe to be dangerous by reason of mental illness.
- (2) No person arrested under sub-section (1) shall be detained in police custody without being informed, as soon as may be, of the grounds for such arrest, or where, in the opinion of the arresting officer, such person is not capable of understanding those grounds, without his relatives or friends, if any, being informed of such grounds.
- (3) Every person, who is arrested and detained in custody under this section, shall be produced before the nearest Magistrate within a period of twenty-four hours of such arrest excluding the time necessary for the journey from the place of arrest to the Court of the Magistrate and shall not be detained in custody beyond the said period without the authority of the Magistrate."

Substitute "25(1) Every officer in charge of a police station,—

- (a) may take or cause to be taken into protection any person found wandering at large within the limits of his station whom he has reason to believe to be so mentally ill as to be incapable of taking care of himself, and
- (b) shall take or cause to be taken into protection any person within the limits of his station whom he has reason to believe to be dangerous by reason of mental illness.
- (2) No person taken into protection under sub-section (1) shall be detained by the police without being informed, as soon as may be, of the grounds for taking him into such protection or where, in the opinion of the officer taking the person into protection, such person is not capable of understanding those grounds, without his relatives or friends, if any, being informed of such grounds.
- (3) Every person who is taken into protection and detained under this section shall be produced before the nearest Magistrate within a period of twenty-four hours of taking him into such protection excluding the time necessary for the journey from the place where he was taken into such protection to the Court

of the Magistrate and shall not be detained beyond the said period without the authority of the Magistrate."

The clause, as amended, was adopted.

*Clause 27*

(*Vide* para 2 of the Minutes dated the 3rd February, 1986)

Consideration of the clause was re-opened.

The following amendment was accepted:—

Page 15, line 44

for "one thousand rupees"

substitute "two thousand rupees"

The clause, as amended, was adopted.

*Clause 87*

(*Vide* para 2 of the Minutes dated the 4th February, 1986)

Consideration of the clause was re-opened.

The following amendment was accepted:—

Page 33, line 30

for "five hundred rupees"

substitute "two thousand rupees"

The clause, as amended, was adopted.

*Clause 97*

(*Vide* para 2 of the Minutes dated 1st April, 1986)

The consideration of the clause was re-opened.

The following consequential amendments were accepted:—

Page 36, omit lines 35 to 38.

Page 36, omit lines 41 to 46.

Page 37, omit lines 26 and 27.

The clause as amended was adopted.

*Clause 98*

(*Vide* para 2 of the Minutes dated 1st April, 1986)

The consideration of the clause was re-opened.

The following amendment was accepted:—

Page 37 after line 40

add "(2) Every rule made by the State Government under this Act shall be laid, as soon as may be, after it is made, before each House of the State Legislature where it consists of two Houses or where such Legislature consist of one House before that House".

The clause as amended was adopted.

## Clause 101

(Vide para 2 of the Minutes dated 1st April, 1986)

The consideration of the clause was re-opened.

The clause was adopted without any amendment.

The Committee then adjourned at 5.35 P.M. to meet again at 4.00 P.M. on Tuesday, the 15th April, 1986.

## XVII

## SEVENTEENTH MEETING

The Committee met at 4.00 P.M. on Tuesday, the 15th April, 1986.

## PRESENT

1. Shri Bhuvnesh Chaturvedi—*Chairman*

## MEMBERS

(*Rajya Sabha*)

2. Shri Sukhdev Prasad
3. Dr. Bapu Kaldate
4. Shri Jagdambji Prasad Yadav

(*Lok Sabha*)

5. Ch. Rahim Khan
6. Shri D. N. Reddy
7. Shri Ajit Kumar Saha
8. Shrimati Kishori Sinha
9. Dr. Chandra Shekhar Tripathi
10. Dr. Golam Yazdani
11. Shrimati Mohsina Kidwai

## SECRETARIAT

Smt. K. K. Chopra, Additional Secretary  
Shri T. K. Bhowmick, Chief Legislative Committee Officer  
Shri K. S. Rajpal, Senior Examiner of Questions.

## REPRESENTATIVES OF THE MINISTRIES

*Ministry of Health and Family Welfare*

Shri P. R. Dasgupta, Joint Secretary  
Miss C. Cintury, Deputy Secretary.

*Ministry of Law and Justice*

Shri A. C. C. Unni, Joint Secretary and Legislative Counsel  
Shri Y. P. Sud, Deputy Legislative Counsel.

2. The Committee resumed clause-by-clause consideration of the Bill.

*Clause 1, Enacting Formula and the Title.*

The Committee took up for consideration Clause 1, Enacting Formula and the Title and adopted the same, subject to the following amendments:—

Page 1: Line 1, for "Thirty-Second" substitute "Thirty-Seventh".

Page 1: Line 5, for "1981" substitute "1986".

3. The Committee decided to hold the next meeting on Thursday, the 24th April, 1986 at 12.30 P.M. to consider and adopt its draft report.

4. The Chairman announced that the Report of the Committee would be presented to Rajya Sabha and laid on the Table of the Lok Sabha on Friday, the 2nd May, 1986.

5. The Chairman directed the Legislative Counsel, Ministry of Law and Justice, to prepare a manuscript copy of the Bill, as amended by the Committee, and get it printed after approval of the Chairman for circulation to Members of the Committee prior to placing the same before the Committee for its consideration and approval at its next meeting.

6. The Committee authorised the Legislative Counsel to correct patent errors, if any, and to carry out amendments of verbal and consequential nature in the Bill.

7. The Committee also decided that the evidence rendered before the present Committee should be got printed.

8. The Committee then decided that:—

- (i) the evidence tendered before the Committee be laid on the Tables of both Houses of Parliament; and
- (ii) two copies of the memoranda containing comments/suggestions received from various organisations/individuals etc. be placed in the Parliament Library, after the report had been presented, for reference by the Members of Parliament.

The Committee then adjourned at 5.00 P.M.

**XVIII****EIGHTEENTH MEETING**

The Committee met from 12.30 P.M. to 1.00 P.M. and from 5.30 P.M. to 6.00 P.M. on Thursday, the 24th April, 1986.

**PRESENT**

1. Shri Bhuvnesh Chaturvedi—*Chairman*

## MEMBERS

(Rajya Sabha)

2. Shrimati Amarjit Kaur
3. Shri Era Sambasivam
4. Dr. Bapu Kaldate
5. Shri Jagdambi Prasad Yadav
6. Shri Leonard Solomon Saring

(Lok Sabha)

7. Shri Narayan Choubey
8. Shrimati Kesharbai Kshirsagar
9. Shri U. H. Patel
10. Shri K. Pradhani
11. Shri D. N. Reddy
12. Shri Ajit Kumar Saha
13. Dr. Chandra Shekhar Tripathi
14. Dr. V. Venkatesh
15. Dr. Golam Yazdani
16. Shrimati Mohsina Kidwai

## SECRETARIAT

Shri J. P. Singh, Joint Secretary

Shri T. K. Bhowmick, Chief Legislative Committee Off

Shri K. S. Rajpal, Senior Examiner of Questions.

## REPRESENTATIVES OF THE MINISTRIES

## (i) Ministry of Health and Family Welfare

1. Shri P. R. Dasgupta, Joint Secretary
2. Dr. M. D. Saigal, Director General, Health Services
3. Kum. C. Cintury, Deputy Secretary
4. Dr. S. P. Aggarwal, Assistant Director General (NCD).

## (ii) Ministry of Law and Justice

1. Shri A. C. C. Unni, Joint Secretary & Legislative Counsel
2. Shri Y. P. Sud, Deputy Legislative Counsel.

2. The Committee considered and adopted the Bill as amended.

3. The Committee then took up for consideration the draft report a adopted the same with some changes.

4. The Committee authorised the Chairman or in his absence Shri Jagdambi Prasad Yadav to present the Report and lay the record of Evidence on the Table of the Rajya Sabha on Friday, the 2nd May, 1986.

5. The Committee authorised Dr. Chandra Shekhar Tripathi or in his absence Shri K. Pradhani to lay the report of the Joint Committee and record of Evidence on the Table of the Lok Sabha simultaneously on Friday, the 2nd May, 1986.

6. The Committee placed on record its appreciation for the assistance rendered by the Minister of Health and Family Welfare (Smt. Mohsina Kidwai) during the course of its deliberations.

7. The Committee also placed on record its appreciation for the co-operation and assistance rendered by the Legislative Counsel and the officers of the Ministry of Health and Family Welfare.

8. The Committee also placed on record its appreciation and thanks to the officers and staff of the Rajya Sabha Secretariat for the valuable assistance rendered by them to the Committee in all its work.

8A. The Committee also placed on record its appreciation for the co-operation and assistance rendered by the ex-Union Health Ministers who were earlier connected with the Bill and also by the ex-Chairman of the earlier Committees.

9. The Chairman while associating himself in thanking the above-mentioned officers, also thanked the Members of the Committee for extending their full co-operation to him in conducting the proceedings of the Committee in a very cordial atmosphere.

10. The Minister of Health and Family Welfare (Smt. Mohsina Kidwai) while associating herself with the views expressed by the Chairman, also appreciated the work done by the Committee and the officers of the Rajya Sabha Secretariat, Legislative Counsel and her Ministry.

11. The Members of the Committee placed on record their sense of high appreciation and thanks to the Chairman (Shri Bhuvnesh Chaturvedi) for his very able and impartial way in conducting the proceedings and guiding the deliberations of the various stages of the Bill.

The Committee then adjourned.