



Bill Summary

The Mental Health Care Bill, 2013

The Mental Health Care Bill, 2013 was introduced in the Rajya Sabha on August 19, 2013. The Bill repeals the Mental Health Act, 1987.

The Statements of Objects and Reasons to the Bill, state the government ratified the United Nations Convention on the Rights of Persons with Disabilities in 2007. The Convention requires the laws of the country to align with the Convention. The new Bill was introduced as the existing Act does not adequately protect the rights of persons with mental illness nor promote their access to mental health care. The key features of the Bill are:

- **Rights of persons with mental illness:** Every person shall have the right to access mental health care and treatment from services run or funded by the government. The right to access mental health care includes affordable, good quality of and easy access to services. Persons with mental illness also have the right to equality of treatment, protection from inhuman and degrading treatment, free legal services, access to their medical records, and complain regarding deficiencies in provision of mental health care.
- **Advance Directive:** A mentally-ill person shall have the right to make an advance directive that states how he wants to be treated for the illness during a mental health situation and who his nominated representative shall be. The advance directive has to be certified by a medical practitioner or registered with the Mental Health Board. If a mental health professional/relative/care-giver does not wish to follow the directive while treating the person, he can make an application to the Mental Health Board to review/alter/cancel the advance directive.
- **Central and State Mental Health Authority:** These administrative bodies are required to (a) register, supervise and maintain a register of all mental health establishments, (b) develop quality and service provision norms for such establishments, (c) maintain a register of mental health professionals, (d) train law enforcement officials and mental health professionals

on the provisions of the Act, (e) receive complaints about deficiencies in provision of services, and (f) advise the government on matters relating to mental health.

- **Mental Health Establishments:** Every mental health establishment has to be registered with the relevant Central or State Mental Health Authority. In order to be registered, the establishment has to fulfill various criteria prescribed in the Bill.

The Bill also specifies the process and procedure to be followed for admission, treatment and discharge of mentally ill individuals. A decision to be admitted in a mental health establishment shall, as far as possible, be made by the person with the mental illness except when he is unable to make an independent decision or conditions exist to make a supported admission unavoidable.

- **Mental Health Review Commission and Board:** The Mental Health Review Commission will be a quasi-judicial body that will periodically review the use of and the procedure for making advance directives and advise the government on protection of the rights of mentally ill persons. The Commission shall with the concurrence of the state governments, constitute Mental Health Review Boards in the districts of a state. The Board will have the power to (a) register, review/alter/cancel an advance directive, (b) appoint a nominated representative, (c) adjudicate complaints regarding deficiencies in care and services, (d) receive and decide application from a person with mental illness/his nominated representative/any other interested person against the decision of medical officer or psychiatrists in charge of a mental health establishment.
- **Decriminalising suicide and prohibiting electro-convulsive therapy:** A person who attempts suicide shall be presumed to be suffering from mental illness at that time and will not be punished under the Indian Penal Code. Electro-convulsive therapy is allowed only with the use of muscle relaxants and anaesthesia. The therapy is prohibited for minors.

DISCLAIMER: This document is being furnished to you for your information. You may choose to reproduce or redistribute this report for non-commercial purposes in part or in full to any other person with due acknowledgement of PRS Legislative Research ("PRS"). The opinions expressed herein are entirely those of the author(s). PRS makes every effort to use reliable and comprehensive information, but PRS does not represent that the contents of the report are accurate or complete. PRS is an independent, not-for-profit group. This document has been prepared without regard to the objectives or opinions of those who may receive it.