

In pursuance of the provision of clause (3) of article 348 of the Constitution of India, the Governor is pleased to order the publication of the following English translation of Notification No. 139621/XXVIII-3-2023-E file No-31629, dated July 24, 2023 for general information.

Government of Uttarakhand
Medical Health and Medical Education Department Section-3

No. 139621/XXVIII-3-2023-E file No-31629

Dated Dehradun, July 24, 2023

NOTIFICATION

In exercise of the powers conferred by sub-section (2) of section 121 of the Mental Healthcare Act, 2017 (10 of 2017), the State Government with the previous approval of the Central Government, makes the following Rules, namely:-

THE UTTARAKHAND MENTAL HEALTH CARE (RIGHTS OF PERSONS WITH MENTAL ILLNESS) RULES, 2023

CHAPTER— I PRELIMINARY

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| Short title, extent and commencement | 1. 1) These rules may be called the Uttarakhand Mental Health care (Rights of Persons with Mental Illness) Rules, 2023. 2) They shall come into force on the date of their publication in the Official Gazette. |
| Definitions | 2. (1) In these rules, unless the context otherwise requires (a) "Act" means the Mental Health care Act, 2017 (10 of 2017); (b) "Form" means a Form appended to these rules; (c) "half way homes" means a transitional living facility for persons with mental illness who are discharged as inpatient from a mental health establishment, but are not fully ready to live independently on their own or with the family; (d) "hospital and community based rehabilitation establishment" means an establishment providing hospital and community based rehabilitation services; (e) "hospital and community based rehabilitation service" means rehabilitation services provided to a person with mental illness using existing community resources with an aim to Promote his reintegration in the community and to make such person independent in all aspects of life including financial, social, relationship building and maintaining; |

- (f) "schedule" means the Schedule annexed to these rules;
- (g) "section" means section of the Act.
- (h) "sheltered accommodation" means a safe and secure accommodation option for persons with mental illness, who want to live and manage their affairs independently, but need occasional help and support;
- (i) "supported accommodation" means a living arrangement whereby a person, in need of support, who has a rented or ownership accommodation, but has no live-in caregiver, gets domiciliary care and a range of support services from a caregiver of an agency to help him live independently and safely in the privacy of his home.
- (2) The words and expressions used here in and not defined, but defined in the Act or, as the case may be, in the Indian Medical Council Act, 1956 (102 of 1956) or in the Indian Medicine Central Council Act, 1970 (48 of 1970), in so far as they are not inconsistent with the provisions of the Act, shall have the meanings as assigned to them in the Act or, as the case may be, in those enactments.

CHAPTER-II

RIGHTS OF PERSONS WITH MENTAL ILLNESS

Provision
half-way
homes,
sheltered
accommodation
and supported
accommodation

- of 3. (1) The Central Government or the State Government, as the case may be, shall establish such number of half-way homes, sheltered accommodations and supported accommodations at such places, as it deems fit, for providing services required by persons with mental illness, having regard to the following, namely:—
- (a) The expected or actual workload of the facility to be established;
- (b) The number of mental health establishments existing in the State;
- (c) The number of persons with mental illness in the State;
- (d) The geographical and climatic conditions of the place where such facility is to be established.
- (2) The half-way homes, sheltered accommodations and supported accommodations established by the Central Government, State Government, local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person shall follow the minimum standards specified by the Authority under sub-section (9) of section 18 or sub-section (6) of section 65 of the Act, as the case may be.

Hospital
community
based

- and 4. (1) The State Government, shall establish such number of hospital and community based rehabilitation establishments, as it deems fit, for providing rehabilitation services required by persons with mental illness, having

rehabilitation
establishment
and services

regard to the following, namely:—

- (a) The expected or actual workload of the facility to be established;
- (b) The number of mental health establishments existing in that State;
- (c) The number of persons with mental illness in that State;
- (d) The geographical and climatic conditions of the place where such facility is to be established.

(2) The hospital and community based rehabilitation establishments established by the Central Government, State Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person shall follow the minimum standards specified by the Authority under sub-section(9) of section 18 or sub-section(6) of section 65 of the Act, as the case may be.

Reimbursement
of the
intermediary
costs of
treatment at
mental health
establishment

5. (1) Till such time as the services under sub-section (5) of section 18 of the Act are made available in a health establishment established or funded by the State Government, in the district where a persons with mental illness resides, such person may apply to a Chief Medical Officer of such District for reimbursement of costs of treatment at such mental health establishment.

(2) The Chief Medical Officer, on receipt of the application for reimbursement of the costs of treatment from the person referred to in sub-rule (1), shall examine the application and issue an order to reimburse such costs by the officer in-charge of the Directorate of Health Services of that State Government:

Provide that the cost of reimbursement shall be limited to the rates specified by the State Government from time to time.

Right to access
basic medical
records

6. (1) A person with mental illness shall be entitled to receive documented medical information pertaining to his diagnosis, investigation, assessment and treatment as per the medical records.

(2) A person with mental illness may apply for a copy of his basic inpatient medical record by making a request in writing in Form-BB, addressed to the medical officer or mental health professional in-charge of the concerned mental health establishment.

(3) Within fifteen days from the date of receipt of the request under sub-rule (2), basic inpatient medical records shall be provided to the applicant in as shown in Form-U.

(4) If a mental health professional or mental health establishment, as the case may be, is unable to decide, whether to disclose information or provide basic inpatient medical records or any other records to the applicant for ethical, legal or other sensitive issues, he or it may make an application to the

Mental Health Review Board stating the issues involved and his or its views in the matter with a request for directions in the form of a written order.

(5) The Board shall, after hearing the concerned person with mental illness, by an order, give such directions, as it deems fit, to the mental health professional or mental health establishment, as the case may be.

**Custodial
institutions**

7. The person in charge of custodial institution, including prison, police station, beggars homes, orphanages, women's protection homes, old age homes and any other institution run by Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where any individual resident is in the custody of such person, and such individual resident is not permitted to leave without the consent of such person, shall display signage board in a prominent place in English, Hindi and local language, for the information of such individual or any person with mental illness residing in such institution or his nominated representative informing that such person is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and shall also provide the contact details of the availability of services.

CHAPTER—III

FORMS FOR ADMISSION, DISCHARGE AND LEAVE OF ABSENCE

**Form for 8.
admission and
discharge**

A request for admission to, or discharge from, a mental health establishment shall be made by the persons specified in column (2) of the Table below, for the purpose specified in the corresponding entry in column (3), in the Form specified in the corresponding entry in column (4), namely:

| S.No. | Request to be made by | Purpose of Request | Form |
|-------|--|--|---------|
| (1) | (2) | (3) | (4) |
| (i) | Any person who is not a minor and who considers himself to have a mental illness | admission as an independent patient | Form-C |
| (ii) | Nominated representative of the minor | Admission of the minor | Form-D |
| (iii) | Nominated representative of a person | admission of a person with mental illness, with high | Form- E |

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|------|---|--|--------|
| | | support needs under section 89 of the Act | |
| (iv) | Nominated representative of a person | continuation of the admission of a person with mental illness, with high support needs under section 90 of the Act | Form-F |
| (v) | Person admitted as an independent patient or a minor admitted under section 87 of the Act who attained the age of 18 years during his stay in the mental health establishment | Discharge from a mental health establishment | Form-G |
| (vi) | Nominated representative of the minor | Discharge of the minor | Form-H |

Forms for leave of absence and request to the police officer

9. A request for leave of absence from a mental health establishment and for taking into protection of a prisoner with mental illness found to be absent from a mental health establishment without leave or discharge by a Police Officer shall be made by the person specified in column (2) of the Table below and for the purpose specified in corresponding entry in column (3), in the Form specified in the corresponding entry in column (4), namely:-

Table

| S. No. | Request to be made by | Purpose of Request | Form |
|--------|--|---|--------|
| (1) | (2) | (3) | (4) |
| (i) | nominated representative of the person with mental illness admitted in a mental health establishment | Grant of leave to such person | Form-I |
| (ii) | Medical officer or mental health professional in-charge of such mental health establishment | request for taking into protection by a Police Officer of a prisoner with mental illness found to be absent from a mental health establishment without leave or discharge | Form-J |

CHAPTER — IV
PRISONERS WITH MENTAL ILLNESS

Method, modalities and procedure for transfer of prisoners with mental illness

10. Transfer of a prisoner with mental illness to the psychiatric ward of the medical wing of the prison or to a mental health establishment set up under sub-section (6) of section 103 of the Act or to any other mental health establishments within or outside the State shall be in accordance with the instructions issued by the Central Government or State Government, as the case may be.

Standards and procedures of mental health services in prison

11. The mental health establishment referred to in sub section(7) of section 103 of the Act shall conform to the minimum standards and procedures as specified in Schedule.

Schedule

See Rule 11

Minimum standards and procedures for mental health care services in prisons

1. Prompt and proper identification of persons with mental health problems should be done.
2. Screening of all inmates during the time of entry to prison including the following:
 - a. Mandatory physical and mental status examination
 - b. Questionnaire screening for substance use
 - c. Urine testing for common drugs of abuse
 - d. Periodic random urine drug testing
3. Identification of persons with serious mental illness and proper treatment and follow-up for this group.
4. Ensuring the availability of minimum psychiatric medication in the prison to facilitate prompt treatment (Antipsychotic medication, antidepressant medication, anxiolytic medication, mood stabilizers, anticonvulsant medication, etc).
5. Availability of psycho-social interventions for prisoners with a range of mental health problems.
6. Protocols for dealing with prisoners with suicidal risk, with behavioral problems and crises related to mental illnesses as well as to prison life.
7. Suitable rehabilitation services for prisoners with mental illness. Specific attention to the aftercare needs of prisoners with mental illness including providing medication after release, education of family members, steps to ensure treatment compliance and follow-up, vocational arrangements, and for those without families, arrangements for shelter.
8. Implementing of National Mental Health Program inside the central prisons
9. Dealing with the psychological stress of prison life:
 - a. Counseling for stress needs to be provided to all prisoners in both individual and group settings.
 - b. Prisoners must be encouraged to proactively seek help for any emotional problems, substance use problems or physical health problems.
 - c. Training the prison staff in simple counseling skills. Empowering some of the sensitive, motivated convicted prisoners to be effective peer counselors.
 - d. One to one counseling upon entry, during periods of crises and upon need or request.
10. Addressing substance use problems and urine drug screening.
 - a. Detoxification services and making suitable pharmacotherapy available for detoxification.
 - b. For persons with dependence, making available long-term medication as well as motivational and relapse prevention counseling.
 - c. Specific interventions to be made available including the following:
 - i. Tobacco cessation services, behavioral counseling, nicotine replacement therapy; other long-term tobacco cessation pharmacotherapy.
 - ii. Alcohol—benzodiazepines for detoxification, vitamin supplementation for associated

nutritional problems, counseling and long-term medication.

- iii. For Opiates — buprenorphine or clonidine detoxification, long-term medication including opioid substitution (methadone/buprenorphine; opioid antagonists like naltrexone).
- iv. All drug users need to be evaluated for injecting use, for HIV/STI (including Hepatitis Band C screening) and appropriately treated.
- v. There is a need for urgent human resource enhancement.

11. Professional Human Resources in the Prison. [All central prisons must ensure the presence of at least]:

- i. 1 doctor for every 500 inmates. In addition, every prison must have one each of the following specialists providing care—physician, psychiatrist, dermatologist, gynecologist and surgeon, at least part-time and on-call.
- ii. 2 nurses for every 500 prisoners.
- iii. 4 counselors for every 500 prisoners. These trained counselors (with a degree in any social sciences/any recognized degree with counseling experience (medical counseling/ legal counseling/ psychosocial counseling/rehabilitation/education) can carry out the following tasks:
 - a. Assessment.
 - b. Counseling.
 - c. Crisis intervention (family crisis, bail rejection, verdict pronouncement, interpersonal difficulties, life events, serious physical or psychiatric illness).
 - d. Legal counseling, pre-discharge counseling.
 - e. Rehabilitation counseling.
 - f. Substance use counseling.
 - g. Training prison staff and peer counselors.

12. In-patient services

At least a 20-bedded psychiatric facility should be established for every 500 prisoners in the prison.

13. Prison after-care services

- a. All prisoners should have pre-discharge counseling on coping strategies, healthy life style practices and support systems they can access.
- b. For persons with mental illness they shall be referred to any mental health establishment for aftercare in community.

14. Documentation

- a. Computerized data base and tracking system for all prisoners.
- b. Surveillance of health conditions on a regular basis with adequate emphasis on confidentiality and proper information regarding these procedures to the Prisoners.

- c. Health records for prisoners with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice at release
- d. This information must be given to the prisoner to facilitate continuing healthcare after release.

15. All central prisons shall have dedicated tele-medicine services to provide healthcare.

16. Following medicines shall be made available

Risperidone, Olanzapine, Clozapine, Haloperidol, Chlorpromazine, Trihexyphenidyl, Imipramine, Amitriptyline, Fluoxetine, Sertraline, Paroxetine, Valproate, Carbamazepine, Lithium, Clonidine, Atomoxetine, Lorezepam, Diazepam, Oxazepam, Disulfiram, Naltrexone, Acamprosate, Nicotine Gums, Varenicline, Inj Fluphenazine, Inj Haloperidol, Inj. Flupenthixol, Inj Lorezepam, Inj Diazepam, Inj Promethazine, Inj Thiamine/Multivitamin.