

**MENTAL HEALTH CARE ACT**

Act 24 of 1998 – 5 June 1999

ARRANGEMENT OF SECTIONS

SECTION

- |   |  |
|---|--|
| <b>PART I – PRELIMINARY</b>                               | 25. Rights and freedoms of patients                          |
| 1. Short title  | 26. Trained staff  |
| 2. Interpretation   | 27. Appointment of guardian                                  |
| <b>PART II – ADMINISTRATION</b>                           | 28. Follow up of discharged patients                         |
| 3. Mental Health Board                                    | 29. Patients' accounts                                       |
| 4. Functions of Board                                     | 30. Personal expenses  |
| 5. Mental Health Commissions                              | 31. Unspent balance  |
| 6. Functions of Commissions                               | 32. Annual accounting  |
| <b>PART III – EXAMINATION, ADMISSION AND REVIEW</b>       | <b>PART VI – PATIENTS FROM COURTS</b>                        |
| 7. Examination of patient                                 | 33. Conveyance and detention of persons unfit to stand trial |
| 8. Admission of patient                                   | 34. Periodic reports   |
| 9. Verification of identity                               | 35. Remit to Court of trial                                  |
| 10. Record of patient                                     | 36. Report to Commission and Minister                        |
| 11. Steps to be taken on admission                        | 37. Discharge of security patient                            |
| 12. Review by psychiatrist                                | <b>PART VII – OFFENCES AND PENALTIES</b>                     |
| 13. Procedure following admission                         | 38. False declaration  |
| 14. Validation by Magistrate                              | 39. Neglect, abuse or cruelty                                |
| 15. Automatic review                                      | 40. Permitting escape of patient                             |
| <b>PART IV – TREATMENT, LEAVE AND DISCHARGE</b>           | <b>PART VIII – MISCELLANEOUS</b>                             |
| 16. Treatment of patients                                 | 41. Police assistance  |
| 17. Consent of security patients                          | 42. Central Secretariat                                      |
| 18. Plan of treatment                                     | 43. Appeal   |
| 19. Special treatment                                     | 44. Regulations  |
| 20. Transfer of patients                                  | 45. – 48. –  |
| 21. Temporary leave                                       | FIRST SCHEDULE   |
| 22. Discharge of patients                                 | SECOND SCHEDULE  |
| <b>PART V – PROTECTION OF PATIENTS AND THEIR PROPERTY</b> | THIRD SCHEDULE   |
| 23. Patients' units                                       | FOURTH SCHEDULE  |
| 24. Living conditions and treatment                       |  |

## **MENTAL HEALTH CARE ACT**

### **PART I – PRELIMINARY**

#### **1. Short title**

This Act may be cited as the Mental Health Care Act.

#### **2. Interpretation**

In this Act—

“Board” means the Mental Health Board referred to in section 3;

“care” means diagnostic and therapeutic interventions for the benefit of health, including institution-based treatment, community-based treatment and measures designed for social integration and rehabilitation;

“centre” means a mental health care centre providing mental health care in a hospital, or in any other place, which, by notice published in the Gazette, has been declared by the Minister to be a mental health care centre;

“Commission” means a Mental Health Commission referred to in section 5;

“informed consent” means consent obtained freely, without threat or improper inducement, after disclosure to the patient or his next of kin of adequate and understandable information in a form and language understood by the patient or his next of kin on—

- (a) the diagnostic assessment;
- (b) the purpose, method, likely duration and expected benefit of the proposed treatment;
- (c) alternative modes of treatment, including those less intrusive; and
- (d) possible pain or discomfort, risks and side effect of the proposed treatment;

“medical officer” means a medical practitioner who, registered in Mauritius with not less than 5 years’ post-qualification experience, performs his duties under the general supervision of a psychiatrist;

“mental disorder” means a significant occurrence of a mental or behavioural disorder exhibited by symptoms indicating a disturbance of mental functioning, including symptoms of a disturbance of thought, mood, volition, perception, orientation or memory which are present to such a degree as to be considered pathological;

“Minister” means the Minister to whom responsibility for the subject of health is assigned;

“Ministry” means the Ministry responsible for the subject of health;

“next of kin”, in relation to a patient—

- (a) means his spouse, child, father, mother, brother, sister, grandparent, grandchild, uncle, aunt, nephew or niece; and
- (b) includes any person with whom he ordinarily resides or under whose responsibility or control he lives or has been placed;

“patient” means any person who is suffering from a mental disorder;

“patients’ rights” means the rights and freedoms specified in the Fourth Schedule;

“security patient” means a patient who—

- (a) is unfit to stand trial by reason of mental disorder;
- (b) has been found not to be guilty by reason of mental disorder;
- (c) is suspected of having committed a criminal offence; or
- (d) is in the custody of the police or is a detainee in a reform institution referred to in the Reform Institutions Act;

“Superintendent” means the Superintendent, or other person in charge of, a centre.

## PART II – ADMINISTRATION

### 3. Mental Health Board

(1) There shall be for the purposes of this Act a Mental Health Board.

(2) The Board shall consist of—

- (a) a Chairperson who has special knowledge and wide experience in the field of mental health;
- (b) the Permanent Secretary of the Ministry or his representative;
- (c) the Permanent Secretary of the Ministry responsible for the subject of social security or his representative;
- (d) 2 Government medical specialists in the field of psychiatry;
- (e) the Solicitor-General or his representative;
- (f) a Magistrate;
- (g) a person qualified in the field of clinical psychology or occupational therapy;
- (h) a psychiatric nurse having not less than 10 years’ experience in the field of psychiatric care;
- (i) a person having wide experience in the field of social work.

(3) The members of the Board other than ex officio members shall—

- (a) be appointed by the Minister; and
- (b) hold office for a period of 2 years and be eligible for reappointment.

(4) The members of the Board shall be paid such fees or allowances as the Minister may determine.

(5) No member of the Board shall be deemed to hold a public office by reason only of his appointment.

(6) (a) The Board shall meet at least once every 3 months.

(b) The Board also meet on request, in writing by, not less than 3 members.

(7) At any meeting of the Board, 5 members, including a Government medical specialist, shall constitute a quorum.

(8) The Board shall regulate its meetings and proceedings in such manner as it may determine.

(9) In this section—

“member” includes the Chairperson.

#### **4. Functions of Board**

(1) The Board shall be responsible to the Ministry for—

- (a) the planning and management of mental health care;
- (b) the promotion of standards of good practice and the efficiency of mental health services;
- (c) the protection of patients’ rights;
- (d) the promotion of the physical and mental health of patients;
- (e) the promotion of measures to ensure that patients are given appropriate care;
- (f) recommending measures for the occupational health care of patients;
- (g) recommending measures on continuing education and training of nursing and paramedical staff;
- (h) the investigation of complaints and grievances of patients, patients’ next of kin, visitors and staff;
- (i) recommending measures for the sound financial management of mental health services.

(2) The Board shall furnish a yearly report of its activities to the Ministry and such other information with respect to the activities of the Board as the Ministry may require.

(3) For the purpose of carrying out its functions, the Board shall inspect a centre at intervals of not less than 6 months and may interview any person in the centre in the course of an inspection.

## 5. Mental Health Commissions

(1) There shall be for the purposes of this Act a Mental Health Commission in respect of each centre.

(2) Each Commission shall consist of—

- (a) a Chairperson who shall be a public officer holding the office of Regional Health Director;
- (b) a Government medical specialist in the field of psychiatry;
- (c) 2 Government medical practitioners, one of whom shall have not less than 5 years' experience in the field of psychiatry;
- (d) a member with special knowledge in clinical psychology or occupational therapy;
- (e) a member with wide experience in the field of social work or nursing;
- (f) a barrister-at-law of not less than 5 years' standing at the Bar.

(3) The members of every Commission shall—

- (a) be appointed by the Minister; and
- (b) hold office for 2 years and be eligible for reappointment.

(4) Every Commission shall meet not less than twice weekly at the centre or at such other place as the Ministry may determine.

(5) (a) Subject to paragraphs (b) and (c), the decision of a Commission shall be taken by a majority of all votes of all the members present and voting.

(b) Three members, one of whom shall be a medical practitioner, shall constitute a quorum and, in the event of an equality of votes, the Chairperson shall have a casting vote.

(c) No member of a Commission shall have the right to vote on any matter in relation to which he has been involved as a treating doctor.

(6) The members of a Commission shall be paid such fees or allowances as the Minister may determine.

(7) No member of a Commission shall be deemed to hold a public office by reason only of his appointment.

(8) In this section, "member" includes the Chairperson.

## 6. Functions of Commissions

(1) Every Commission shall—

- (a) review matters relating to admission, treatment, leave, discharge and continued treatment of patients;
- (b) bring to the notice of the Board any breach or suspected breach of discipline, professional misconduct or violation of patients' rights;
- (c) refer to the Police any suspected offence under this Act;

- (d) report to the Board any problem relating to the living conditions and the standard of care at a centre;
- (e) have such other functions and powers as are specified in this Act.

(2) Where a Commission receives a complaint that a patient is being admitted or kept at a centre against his will, the Commission shall inquire into it immediately.

(3) Every Commission shall—

- (a) keep a record of all its proceedings and decisions;
- (b) furnish to the Board every 6 months a report of all its decisions and such other information as the Board may require.

### **PART III – EXAMINATION, ADMISSION AND REVIEW**

#### **7. Examination of patient**

(1) A medical officer or a psychiatrist shall examine a person where—

- (a) he appears to be suffering from a mental disorder;
- (b) his case necessitates an examination; and
- (c) he or his next of kin consents to an examination.

(2) Where the medical officer or the psychiatrist is informed, or has sufficient reason to believe, that a person has been brought to a centre coercively or against his will, he shall not admit or treat the person in a centre unless he has reasonable ground to believe that the person constitutes a danger for the safety of himself or other persons as a consequence of a mental disorder.

#### **8. Admission of patient**

No person shall be admitted in a centre unless—

- (a) he suffers from a mental disorder requiring admission; and
- (b) he or his next of kin consents to the admission.

#### **9. Verification of identity**

(1) No person shall be examined, admitted or treated in a centre unless—

- (a) his identity is satisfactorily established; or
- (b) where the person is under the age of 18, the identity of his next of kin is also satisfactorily established.

(2) Notwithstanding subsection (1), a person may be examined, admitted or treated without his identity being immediately established, where his mental condition necessitates urgent care or treatment.

(3) (a) Where it is not possible to establish the identity of a person specified in subsection (1), the Superintendent shall give an identifying reference to the person before he is examined.

(b) Where the identity of the person is later established, the Superintendent shall amend his records and substitute the identifying reference by the identity of the person.

#### **10. Record of patient**

(1) Every centre shall keep a complete record in respect of each patient or security patient.

(2) Every medical officer, psychiatrist or nurse attending to a patient or a security patient shall enter into the patient's record all matters that concern the patient, including those necessary to enable the Board and the Commission to have adequate information about the patient's mental condition, any treatment administered, any refusal of examination, treatment or admission.

#### **11. Steps to be taken on admission**

(1) Where a patient is admitted to a centre, the medical officer or psychiatrist admitting him shall—

- (a) perform a general medical examination of the patient;
- (b) whenever practicable, inform the patient or his next of kin of the reasons for his admission;
- (c) enter the specific reasons for admission in the patient's record;
- (d) file an admission report in the form specified in the First Schedule in the patient's record and send a copy of the report to the Commission.

(2) Subsection (1) (d) shall not apply to a person ordered by a Court to be confined under section 74 or 115 of the Criminal Procedure Act.

#### **12. Review by psychiatrist**

(1) Where a medical officer attends to a patient, a psychiatrist shall re-examine the patient and review the admission and treatment of the patient within 24 hours of admission.

(2) Where the psychiatrist is of opinion that the admission is warranted, he shall confirm the admission.

(3) Where the psychiatrist finds that the admission is not warranted or that the admission is no longer necessary, he shall discharge the patient.

(4) This section shall not apply to a patient ordered by a Court to be confined under section 74 or 115 of the Criminal Procedure Act.

**13. Procedure following admission**

(1) Subject to subsection (3), the Superintendent shall, in respect of—

- (a) a security patient, within 48 hours of his admission;
- (b) a patient other than a voluntary patient, within 24 hours of his admission,

forward to the Magistrate of the District where that patient ordinarily resides a copy of the admission report with a request for validation of the admission in the form specified in the Second Schedule.

(2) The Superintendent shall, in respect of every patient, enter the name, date of birth and such other particulars as the Superintendent deems appropriate in a register kept for that purpose.

(3) Subsection (1) shall not apply to—

- (a) a person ordered by a Court to be confined under section 74 or 115 of the Criminal Procedure Act;
- (b) a person discharged under section 12.

(4) In this section “voluntary patient” means a patient who, in the opinion of the medical officer or psychiatrist examining him at a centre, requires treatment in a centre, is capable of giving consent and in fact gives his consent to his admission and treatment.

**14. Validation by Magistrate**

(1) Where a District Magistrate is satisfied that a request for validation of admission under section 13 is in order, the District Magistrate shall issue an order for validation of the admission in the form specified in the Third Schedule.

(2) A copy of an order issued under subsection (1) shall be forwarded to the Superintendent.

(3) (a) Where the Magistrate is not satisfied that the procedure under this Act has been followed or where he is in presence of information that the detention of a patient is contrary to section 7 or 8, he may make such inquiry as he thinks fit and for this purpose require the production of such further evidence as he considers necessary.

(b) After making an inquiry under subsection (3) (a), the Magistrate may validate or refuse to validate the admission.

(4) The Clerk of the Court in which the Magistrate sits to consider a request for validation of admission under section 13 shall keep the original of the proceedings and documents produced in a separate file.

**15. Automatic review**

(1) The Commission shall review the case of every patient—

- (a) at its first meeting after the admission;



- (b) every fortnight thereafter for 3 months;
- (c) every 4 months thereafter for 3 years;
- (d) once a year subsequently.

(2) On a review, the Commission shall determine whether—

- (a) the continued stay of the patient is necessary;
- (b) the treatment and living conditions of the patient are satisfactory.

(3) The Superintendent shall communicate the result of the review to the patient or his next of kin.

#### **PART IV – TREATMENT, LEAVE AND DISCHARGE**

##### **16. Treatment of patients**

(1) No person shall be administered treatment at a centre unless—

- (a) he suffers from a mental disorder; and
- (b) he or his next of kin consents to treatment.

(2) Where a person is unable to give his consent and his next of kin cannot be traced or refuses to give consent, the treating psychiatrist shall submit the treatment plan specified in section 18 forthwith to the Commission for approval before any treatment is given.

##### **17. Consent of security patients**

(1) A security patient may be administered treatment with his consent or the consent of his next of kin.

(2) Where the security patient is unable to give his consent and his next of kin cannot be traced or refuses to give consent, a treatment plan shall be submitted to the Commission for approval before any treatment is given.

##### **18. Plan of treatment**

(1) The Superintendent shall assign responsibility for a patient or security patient to a psychiatrist.

(2) The psychiatrist shall draw up an individual treatment plan in respect of every patient or security patient, as soon as practicable after his admission, for submission to the Commission for approval.

(3) The patient or security patient or his next of kin may participate in the formulation of the treatment plan.

(4) The plan shall include—

- (a) the nature, side effects and expected duration of the treatment proposed and any alternative treatment;
- (b) the nature and duration of any other non-psychiatric treatment that may be required.

(5) Where a treating psychiatrist considers that it is urgently necessary to administer treatment to a patient under section 16 (2) or a security patient under section 17 (2) in order to prevent immediate or imminent harm to the person or patient or any other person, as the case may be, he may administer such treatment prior to the submission of a treatment plan under this section.

### **19. Special treatment**

(1) No treatment by way of psychosurgery or electroconvulsive therapy or any non-psychiatric treatment shall be administered to any person without—

- (a) the informed consent of the person and the consent of his next of kin; and
- (b) the advice of the treating psychiatrist.

(2) Where a person is under the age of 18, the informed consent of his next of kin shall be sufficient for the purpose of the treatment specified in subsection (1).

(3) Where the person is unable to give informed consent and his next of kin cannot be traced or refuses to give informed consent, the treatment plan shall be submitted to the Commission for approval before any treatment is administered.

(4) Any treatment administered under this section and the details of any informed consent shall be explicitly recorded in the record of the person receiving the treatment.

### **20. Transfer of patients**

(1) A patient may be transferred for treatment to another centre where—

- (a) he requests a transfer and the available resources allow the transfer; or
- (b) the Superintendent deems it necessary.

(2) This section shall not apply to a patient ordered by a Court to be confined under section 74 or 115 of the Criminal Procedure Act.

### **21. Temporary leave**

(1) The Commission may grant leave to a patient for a period of not more than 3 months where the Commission is satisfied that—

- (a) the patient does not represent any danger to himself and to others; and
- (b) adequate family or community support is available for the patient.

(2) The Superintendent may grant a special leave not exceeding 3 days to a patient where he is satisfied that—

- (a) the patient has to attend to an emergency or the leave is justified on compassionate grounds; and

- (b) the patient does not present a danger to himself or to others.

(3) If a patient fails to return to the centre where he was admitted after the expiry of his leave or after the revocation of his leave by the Commission, the Commissioner of Police shall, on being informed in writing by the Superintendent that the apprehension and conveyance of the patient to the centre is necessary for the purpose of his care or treatment or the protection of the community, apprehend and convey the patient to the centre.

## **22. Discharge of patients**

(1) Subject to sections 35 and 37, the Superintendent shall discharge a patient admitted to a centre as soon as reasonably practicable where—

- (a) the Commission is satisfied that the condition of the patient is such that his continued stay for treatment in the centre is no longer necessary;
- (b) the District Magistrate has, under section 14, refused to validate the admission of the patient; or
- (c) the Superintendent is in presence of a decision on appeal under section 43 discharging the patient.

(2) No patient who is suspected of having committed an offence or who is in the custody of the Police or of a reform institution shall be discharged without giving the Police or the reform institution, as the case may be, 24 hours' notice.

## **PART V – PROTECTION OF PATIENTS AND THEIR PROPERTY**

### **23. Patients' units**

(1) There shall be a separate unit for each of the following categories of patients—

- (a) security patients;
- (b) patients suffering from a severe mental disorder;
- (c) elderly patients;
- (d) patients under the age of 18.

(2) There shall be, for all categories of patients, a separate unit for male and female patients.

### **24. Living conditions and treatment**

The Superintendent of a centre shall ensure that every patient is—

- (a) provided with health care and is kept in living conditions conducive to human dignity and proper treatment; and
- (b) protected from danger to himself and others.

## 25. Rights and freedoms of patients

A medical officer or a psychiatrist shall inform every patient or his next of kin of the patient's rights and freedoms, as specified in the Fourth Schedule, in a language which he understands.

## 26. Trained staff

Nursing and paramedical staff trained in handling patients suffering from mental disorder shall be available at every centre.

## 27. Appointment of guardian

(1) Where on a review under section 15, the Commission is of the opinion that a patient is likely to stay at a centre for a period exceeding 6 months and that the patient has significant assets which need protection, the Commission shall forward a report to that effect to the Ministère Public.

(2) On receipt of a report under subsection (1), the Ministère Public shall cause an inquiry to be made and, where necessary, apply to the Judge in Chambers for an *ouverture de tutelle* and, subsequently, for the appointment of a *tuteur* and a *subrogé tuteur* in respect of the patient under articles 494 and following of the Code Civil Mauricien.

## 28. Follow up of discharged patients

(1) Nursing and paramedical staff trained in handling patients suffering from a mental disorder shall be made available—

- (a) to keep in touch with and monitor the health and welfare of any patient discharged from a centre;
- (b) to review and maintain the health of any person believed to be suffering from a mental disorder.

(2) A nurse or a member of the paramedical staff specified in subsection (1) may refer a patient to a centre where he thinks such a course is necessary.

## 29. Patients' accounts

(1) (a) For the purposes of maintaining and administering an individual account for each patient, there shall be a committee to be known as the Accounts Committee.

(b) The Accounts Committee shall consist of such members, and shall conduct its business in such manner, as may be prescribed.

(2) Every account shall include any—

- (a) money belonging or any monetary benefit accruing to the patient, including any funds made available for the patient by his next of kin or any other person;
- (b) benefit accruing to the patient under the National Pensions Act;

- (c) allowance paid to the patient in consideration for work performed during his stay at the centre.

(3) All money, benefits and allowances referred to in subsection (2) may be invested in such manner as the Accounts Committee may, with the approval of the Minister, decide.

(4) There shall be credited to the account of each patient such portion of the income derived from any investment made under subsection (3) as corresponds to the amount of the patient's money invested.

### **30. Personal expenses**

(1) Where the *tuteur* or in the absence of a *tuteur*, the next of kin of a patient requires a certain sum of money from the account of the patient to meet reasonable expenses for the patient, his family or dependants, he may apply to the Superintendent setting down the reasons for his application.

(2) The Superintendent shall refer an application made under subsection (1) to the Accounts Committee and the Committee may, after considering it, authorise the payment of the sum requested or such other sum as is considered reasonable in the circumstances to the *tuteur* or the next of kin.

(3) Notwithstanding subsection (2), the Superintendent may, upon being satisfied that an application is made under subsection (1) to meet an emergency, authorise the payment of the sum requested or such other sum as is reasonable in the circumstances and submit his authorisation to the Accounts Committee for covering approval.

(4) Subsections (1), (2) and (3) shall apply notwithstanding any other enactment.

### **31. Unspent balance**

The Accounts Committee shall transfer any unspent balance standing to the account of a patient to—

- (a) the patient on his discharge from the centre; or
- (b) the succession of the patient if he dies during his stay at the centre.

### **32. Annual accounting**

(1) On or before 31 January of each year the Accounts Committee shall send to the Commission an annual report on patients' accounts.

(2) The report shall specify in respect of each account—

- (a) the opening balance;
- (b) the operations on the account; and
- (c) the closing balance.

(3) The Commission shall examine the report and may call for further information from the Accounts Committee.

(4) Where the Commission suspects that an irregularity has been committed in respect of a patient's account, it may refer the matter to the Board and the Police.

## **PART VI – PATIENTS FROM COURTS**

### **33. Conveyance and detention of persons unfit to stand trial**

(1) Where a Court finds that any person charged with an offence is unfit to stand trial under section 74 of the Criminal Procedure Act and makes an order for the confinement of the person in a centre, the order shall be sufficient authority for the Police to convey the person forthwith to the centre specified in the order.

(2) On receipt of an order under subsection (1), the Superintendent shall immediately inform the Commission of the confinement and shall detain the person referred to in the order as a security patient.

### **34. Periodic reports**

The Commission shall forward a report to the Court assessing the accused's ability to stand trial every 4 months for a period of 4 years.

### **35. Remit to Court of trial**

(1) Where during the detention of a person under section 33 the Commission is satisfied that the person can properly be tried, the Commission shall remit the person to the Court of trial.

(2) On arrival at, and appearance before, the Court, the order made under section 74 of the Criminal Procedure Act shall cease to have effect.

### **36. Report to Commission and Minister**

(1) Where a person is confined pursuant to an order under section 115 of the Criminal Procedure Act, the Superintendent shall immediately inform the Commission of the confinement and the person shall be detained as a security patient.

(2) The Commission shall submit to the Minister a report on the mental health of the person as early as possible but not later than 12 months of the confinement and thereafter at intervals of 12 months.

### **37. Discharge of security patient**

A person who is confined pursuant to an order under section 115 of the Criminal Procedure Act shall be discharged on the written order of the Minister following a report from the Commission that the person has fully recovered from his mental disorder and no longer constitutes any danger to himself and to other persons.

## **PART VII – OFFENCES AND PENALTIES**

### **38. False declaration**

Any person who knowingly makes a false declaration as to the state of mind of any other person with intent to cause the admission of that person in a centre or the removal of that person from a centre shall commit an offence and shall, on conviction, be liable to imprisonment for a term not exceeding 10 years.

### **39. Neglect, abuse or cruelty**

Any medical officer, psychiatrist, officer or other employee of a centre who commits any act of abuse or cruelty towards any patient or security patient shall commit an offence and shall, on conviction, be liable to a fine not exceeding 5,000 rupees and to imprisonment for a term not exceeding 2 years.

### **40. Permitting escape of patient**

Any person who allows, induces, facilitates or connives at the escape of a patient or security patient from a centre shall commit an offence and shall, on conviction, be liable to imprisonment for a term not exceeding 5 years.

## **PART VIII – MISCELLANEOUS**

### **41. Police assistance**

(1) The Police shall intervene promptly to assist in the conveyance of a person to a centre where—

- (a) the next of kin of the person has reasonable ground to believe that the person is suffering from a mental disorder and is resisting removal to a centre; or
- (b) a request for the conveyance is made by a centre stating that the person has escaped from the centre.

(2) The Police may take a person specified in subsection (1) into custody and convey him to a centre.

(3) For the purpose of subsection (1), the Police may apprehend and convey to a centre any person reasonably suspected to be suffering from a mental disorder where such apprehension and conveyance is necessary for the purpose of his care, treatment or the protection of the community.

### **42. Central Secretariat**

(1) A Central Secretariat shall be maintained in the Ministry.

(2) The Central Secretariat shall coordinate the activities of all the centres and extra-mural services provided under this Act.

#### **43. Appeal**

(1) Any patient or his next of kin, who is dissatisfied with the admission, refusal to admit, treatment, discharge or living conditions of a person at a centre, may lodge a complaint with the Superintendent.

(2) Where the Superintendent fails to intervene or where the patient or his next of kin is dissatisfied with the intervention of the Superintendent, following a complaint under subsection (1), the patient or his next of kin may appeal to the Commission.

(3) An appeal to the Commission shall be heard at its first sitting following the filing of the appeal.

(4) (a) Where the patient or his next of kin is dissatisfied with the decision of the Commission, he may appeal to the Magistrate for the district where the centre is situated within 21 days from the decision of the Commission.

(b) The Magistrate shall hear an appeal made under paragraph (a) according to the procedure provided in respect of the hearing on a plaint with summons.

(5) The patient or his next of kin may appeal from the decision of the Magistrate to the Supreme Court.

(6) Section 37 of the District and Intermediate Courts (Civil Jurisdiction) Act shall apply to an appeal under subsection (4).

#### **44. Regulations**

(1) The Minister may make such regulations as he thinks fit for the purposes of this Act.

(2) Without prejudice to subsection (1), the Minister may make regulations for the licensing of private mental health care centres and the imposition of fees in respect of those centres.

(3) Regulations made under subsection (1) or (2) may provide that any person who contravenes them shall commit an offence and shall, on conviction, be liable to a fine not exceeding 5,000 rupees and to imprisonment for a term not exceeding 6 months.

**45. – 48. —**

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**FIRST SCHEDULE**

[Sections 11 and 13]

**MENTAL HEALTH CARE ACT**

**ADMISSION REPORT**

Mental Health Care Centre: .....  
Name of patient: .....  
Address of patient: .....  
Age: ..... Date of birth: ..... Sex: .....  
Occupation: .....  
Civil status: .....  
Name of next of kin: .....  
Address of next of kin: .....  
Telephone No. of next of kin: .....  
Relationship to patient: .....  
Grounds for request of admission: .....  
Reasons for admission: .....  
Full names of doctor admitting the patient: .....  
.....

Signature of doctor .....

Date: ..... Time: .....

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**SECOND SCHEDULE**

[Section 13]

**MENTAL HEALTH CARE ACT**

**REQUEST FOR VALIDATION OF ADMISSION**

Mental Health Care Centre: .....  
Name of patient: .....  
1. The patient has been admitted for treatment in the abovementioned Mental Health Care Centre on .....

**SECOND SCHEDULE—continued**

2. I certify that the admission has been made in accordance with the Mental Health Care Act for the reasons specified in the annexed Admission Report.
3. I undertake to take the patient to the Commission for his case to be periodically reviewed in accordance with the Mental Health Care Act and I apply for the validation of his admission.

.....  
Name of Superintendent

.....  
Signature of Superintendent

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**THIRD SCHEDULE**

[Section 14]

**MENTAL HEALTH CARE ACT**

**ORDER FOR VALIDATION OF ADMISSION**

I, ..... District Magistrate, have taken cognisance of the request for validation of the admission of—  
Mr/Mrs.....  
of .....  
and the admission report in the form specified in the First Schedule to the Mental Health Care Act in support of the request.  
I validate/refuse to validate the admission.

.....  
Signature of Magistrate

Date: .....

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**FOURTH SCHEDULE**

[Sections 2 and 25]

**PATIENTS' RIGHTS**

The patient shall receive treatment in accordance with his health condition and medical needs.

The patient may participate in the formulation of his treatment plan.

The patient shall be treated with humanity and respect for the inherent dignity of the human person.

The patient may receive visitors at visiting hours.

The patient may communicate with other persons in and outside the centre.

The patient shall not be subject to restrictions other than those necessitated by his health condition and those for the proper management of the centre.

Where a patient is dissatisfied with his living conditions or treatment, or where his next of kin is so dissatisfied, the patient or the next of kin, as the case may be, may file a complaint with the Superintendent.

The patient may appeal against any decision of the Superintendent to the Commission, and then to a Magistrate and the Supreme Court.

The patient may refuse to participate in any research project.

The patient may receive a sum of money, from an account kept on his behalf, to meet reasonable expenditure for himself, his family and dependants.

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