

Forensic Psychiatry

- **Psychiatry –**

It deals with study of mental illness with particular reference to diagnosis, treatment & prevention of mental disorders.

- **Forensic Psychiatry –**

It deals with application of knowledge of psychiatry in the administration of law & justice.

- **Insanity (lunacy, mental unsoundness, mental derangement or mental disorder)** is defined as a disease of mind or the personality in which there is derangement or impairment of mental or emotional processes.
- Indian Lunacy Act 1912 – **lunatic** as an idiot or person of unsound mind
- Mental Health Act 1987 – **mentally ill person defined** as a person who is in a need of treatment by reason of any mental disorder other than mental retardation.
- IPC 84 – act of a person of unsound mind
- **Psychiatric disorders** – disturbance of cognition (thought) conation (action) or affect (feeling)

Classification of Psychiatric disorder

ICD-10 (International classification of diseases, injuries & health, 10th edition, 1992)

I.	Organic mental disorders	✓ Delirium ✓ Dementia
II.	Disorders d/t psychoactive substance abuse	✓ Alcohol, cannabis, cocaine, LSD, ✓ phencyclidine, amphetamine
III.	Schizophrenia, Schizotypal & Delusional disorders	✓ Schizophrenia ✓ Persistent delusional disorders ✓ Acute psychotic disorders
IV.	Mood (Affective) disorders	✓ Mania ✓ Depression ✓ Bipolar affective disorder ✓ Persistent mood disorder

V.	Neurotic, Stress related & Somatoform disorders	✓ Anxiety ✓ Phobia ✓ Obsessive-compulsive disorder ✓ Stress & adjustment disorder
VI.	Behavioral syndromes associated with physiological & physical disturbances	✓ Eating disorder ✓ Sleeping disorder ✓ Sexual dysfunction ✓ Puerperal psychiatric condition
VII.	Disorders of Adult personality & Behaviour	✓ Personality disorder ✓ Impulse control disorder ✓ Gender identity disorder
IX.	Mental retardation	✓ Mild ✓ Moderate ✓ Severe ✓ Profound
X.	Disorders of psychological development	✓ Speech & language disorder ✓ Developmental disorder
XII.	Unspecified mental disorders	

Symptoms of mental illness

Disorder of thought - Delusion

- **False & firm belief** in something which is not a fact & which persists even after its falsity has been clearly demonstrated.
- Medicolegal importance –
 - Affect the conduct of a person
 - May commit suicide, homicide or other crime
 - Cannot be held responsible

Types

1. Delusion of grandeur:

-Imagines that he is rich but in fact he is poor.

e.g. Schizophrenia , Mania

2. Delusion of poverty

- Imagines that he is poor but in fact he is rich.

e.g. Depression

3. Delusion of persecution

– The person thinks that people are harm him or may kill him.

– The person remains suspicious and depressed and may commit some crime.

e.g. Paranoid schizophrenia

4. Delusion of reference:

- Imagines that people/events relate or refer to him in some special way.
- **The** person thinks that everybody is thinking about him only, and this may put him in conflict with the world.

5. Delusion of influence/control

-Imagines that his thoughts & actions are controlled by some external agency.

6. Delusion of infidelity

-Imagines that his spouse is unfaithful

7. Delusion of self-accusation

-Keeps blaming himself for trivial accidents which occurred in the past.

8. Delusion of nihilistic

- In this, the person does not believe that the world exists and may commit suicide or kill others

9. Hypochondrial delusion:

- Imagines that he had some disease
e.g. Depression

10. Erotomania (Clerambault-Kandinsky complex)

- Usually seen in women; imagines that particular individual is in love with her

Disorder of perception

1. Hallucination
2. Illusion

● **Hallucination:** False perception without any real external stimulus.

● **Types:**

1. Auditory (common in schizophrenia, severe depression)
2. Visual
3. Olfactory
4. Gustatory
5. Tactile (common in cocaine use)
6. Lilliputian (Micropsia): perceiving objects to be smaller than they are
7. Synesthesia e.g. visualizing music, hearing colors
8. Psychomotor: feeling of movement of part of body

- **Auditory**

- Here, the person hears voices of known or unknown persons.
- They are quite common in schizophrenia.
- In some cases a person hears a command from God or Satan to do certain acts which may land up the person in conflict with law.

- **Visual hallucinations**

- The person may see lights or images or scenes.
- Such hallucinations are quite common in schizophrenia, epilepsy and drug withdrawal syndromes.

- **Olfactory and gustatory hallucinations**

- Such hallucinations involving smell and taste are quite common in organic brain disease, depression, etc.

Medicolegal importance

- Person may commit crime or violent act under hallucination
- Not responsible or guilty for the unlawful act

ILLUSION

- **Misinterpretation** of real external object or stimulus.
 - E.g. person seeing dog and mistakes it for tiger
 - Rope as snakes
 - Bird voices as human voices
 - Tree - ghost
 - Self shadow - ghost

Impulse control disturbance(Impulse)

- Sudden & irresistible force compelling a person to the conscious performance of an action without any motive or forethought.

Types

- Kleptomania
 - Irrestible impulse to steal articles of little value.
- Pyromania
 - Irrestible impulse to set fire objects
- Mutilomania
 - Irrestible impulse to hurt animals
- Dipsomania
 - Irrestible impulse to drink alcohol
- Trichotomania
 - Irrestible impulse to pull out one's own hair.
- Sexual impulse
- Suicidal and homicidal

Obsessive – Compulsive disorder

- Obsession - Single idea or thought constantly entertained by the patient, which is irrational, but persists in spite of all efforts to drive it from the mind.
- Compulsion – it is the behavior that follows the obsession.
- E.g. repeated hand washing , lock checking.

- **Affect :**

Subjective & immediate experience of emotion at a given time.

- **Mood :**

Pervasive emotion or feeling which is sustained.

- **Cognition**

Refers to higher mental functions like

- consciousness

- orientation (time/place/person)

- attention

- concentration

- memory

- intelligence

Disorder of consciousness & higher functions

- **Confusion** –thinking process lacks clarity & coherence
- **Clouding of consciousness** – mild impairment of intellectual cognitive functions along with decrease awareness of environment
- **Delirium** – clouding of consciousness & disorientation associated with decrease attention span & distractibility.
- **Twilight state** – field of consciousness is narrowed with decrease interest in environment followed by amnesia.
- **Fugue** – state of altered awareness during which an individual forget part or whole of and wanders away.
- **Confabulation** – false memory that the pt. believes to be true

Disorder of emotion

- **Anxiety** – a fear for no adequate reason
- **Panic** – Acute, intense, overwhelming episode of anxiety
- **Insight**: Awareness of one's own mental condition.
- **Confabulation**:
False memory that the patient believes to be true.
- **Déjà vu**:
Sense of familiarity with unfamiliar surrounding

Phobia

Definition: Irrational fear of an objects, situation or activity often leading to persistent avoidance of the feared objects, situation or activity .

- Claustrophobia: fear of inside closed place.
- Agoraphobia: fear of open space.
- Acrophobia: fear of heights.
- Nyctophobia: fear of darkness.
- Mysophobia: fear of uncleanness.
- Hydrophobia: fear of water.
- Zoophobia: fear of animals

- **Psychopath:**

Essentially normal individuals who has deep rooted abnormality of personality as a result of which he is unable to perform the conventional standards of behavior.

- **Abreaction:**

Emotional reaction as seen in narcoanalysis d/t memorization of past painful experiences.

- **Depersonalization:**

Person not believes in his own existence or identity.

e.g. schizophrenia

- **Euphoria**: Exaggerated sense of wellbeing.
- **Apathy** :Abnormal lack of activity or interest.
- **Preservation**: Inability to change the idea about something, though the matter is changed.
- **Mannerism**: Constantly repetition of trick or gesture or speech.

- Echopraxia :

Repeating the act of another.

- Echolalia:

Repeating the words uttered by another person.

- Neologism :

Coining or using new meaningless words.

- Negativism :

Doing just the opposite of what he asked to do.

- Circumstantiality :

Going into unnecessary details of incident/things.

- **Psychosis:** Psychiatric disorder in which patient loses touch with reality.
- **Neurosis:** Emotional disorder in which patient does not loses touch with reality.

features	Psychosis	Neurosis
Severity	Major	Minor
Insight	Absent	Present
Contact with reality	Absent	Present
Personality	Impaired	Preserved

Lucid interval in insanity

- Temporary period of resolution of symptoms in mentally unsound individuals.
- MLI: During this period,
 1. He will be held responsible for his acts.
 2. He can make a valid will
 3. He can give evidence
 4. He can make a contract

Lucid interval in head injury

- Lucid interval usually seen in sub-acute variety of EDH.
 - The interval between two periods of unconsciousness.
 - It is seen in approx.27%cases.
- MLI:
 - a) If the pt. discharged from the hospital during this period & died at home, then the doctor may be charged for negligence.
 - b) The condition resembles to drunken person, so the person may die in police custody.

Delirium

- Acute confusional state characterized by clouding of consciousness, restlessness, disorientation, incoordination & others such as hallucination, delusion, illusion.

Diagnostic criteria

- Clouding of consciousness
- At least two of the following:
 - 1) Perceptual disturbances
 - 2) Incoherent speech
 - 3) Disturbance of sleep-wake cycle
 - 4) Altered psychomotor activity
- Disorientation & memory impairment
- Acute/sub acute variations

Causes

- Acute infectious diseases i.e. high fever state
- Head injury
- As a result of drugs /in alcoholics
 - In alcoholics d/t - Sudden withdrawal
 - Acute intoxication
 - Injuries & infections
- Others:
 - Endocrine dysfunction
 - Diseases: hepatic/uremic encephalopathy, CO narcosis
 - Vitamin deficiency: thiamine
 - Electrolyte imbalance
 - Epilepsy
 - Post-operative state

Dementia

- Impairment of mental faculties.

- Types:

Organic: d/t lesions in brain

Senile: in old age d/t atherosclerotic changes

Dementia paralytica (GPI)

Intelligence quotient (I.Q)

- Intellectual capacity of an individual in relation to his chronological age expressed as percentage.
- $$\text{I.Q.} = \frac{\text{Mental age}}{\text{Chronological age}} \times 100$$
- Normal-90-110
- Mental age calculated by 'Binet-Simon test':
Here, subject's performance compared with average performance at that particular age.
- Previously MR were categorized as idiot, imbecile & moron.

Grading (WHO)

1. Mild (Feeble minded/Moron)-----I.Q.50-70
2. Moderate (Imbecile)-----I.Q.35-49
3. Severe-----I.Q. 20-34
4. Profound (Idiot)-----I.Q.0-20

- Mental sub-normality (Amentia):

State of arrested / incomplete development of mind.

- Mental retardation:

Defined as significantly sub average general intellectual functioning associated with significant deficit or impairment in adaptive functioning which manifests during the developmental period before 18yrs of age.

Automatism

- Conscious performance of an action is impaired to such an extent that the person does not remember anything subsequently.
- **Types:**

Insane	Non- insane
1. Catatonic 2. Epileptic 3. Toxic/drug induced	1. Narcolepsy: 2. Post-traumatic automatism 3. Post-hypnotic automatism 4. Somnambulism (sleep-walking) 5. Toxic/drug induced

Insane

1. Catatonic:

Usually seen in catatonic schizophrenia & elicited in response to simple commands.

2. Toxic/drug induced:

alcohol intoxication :acute/chronic

atropine/datura induced:

Characteristically manifests itself in picking of imaginary threads or aimless rushing about.

Epileptic

- Automatism is d/t the result of epileptic interference of connections between midbrain-diencephalic centers & those parts of cerebral cortex which are related to memory & other intellectual functions.
- It may be pre/per/post epileptic.
- Generally more pronounced after an attack of petit mal than grand mal.
- Automatic action tends to occur after each fit & of the same type in each attack.
- The action is either habitual action or similar thereto.
- There is usually total amnesia/rarely faint blurred memory for the act.

Non-insane

1. Narcolepsy:

Def: Sleep disorder caused by CNS abnormality of REM-inhibiting system.

- Incidence: 4/1000, shows some familiar tendency.

- Most common symptom:

Sleep attacks often associated with cataplexy (sudden loss of muscular tone) resulting in sleep paralysis.

Dangerous: automobile/industrial accidents

2. Post-traumatic automatism:

Here, person may speak or act in an apparently purposeful manner but has no recollection about it afterwards.

Grossly: no structural damage, sometimes petechial haemorrhages seen.

Microscopically: features of diffuse neuronal injury.

3. Post-hypnotic automatism:

Defined as a form of attentive, receptive focal concentration with a sense of parallel awareness & constriction of peripheral awareness.

This sleep-like trance induced in a person by way of suggestion.

4. Somnambulism (sleep-walking):

- Motor activity during sleep.
- Precipitating factors:
 - i) extreme fatigue/previous sleep deprivation
 - ii) large bedtime doses of tranquilizers / antidepressants.
- -Characteristic features:
 - i) Primarily disorder of childhood.
 - ii) Associated with nightmares & nocturnal enuresis.
- Somnolentia:
 - Condition midway between sleep & wakefulness.

5. Toxic/drug induced:

- i) Hypo/Hyperglycemia
- ii) Barbiturates
- iii) Phenothiazines & other psychotic drugs

Criminal responsibility and automatism

- In case of the insane automatism, if it is conclusively prove that the automatic behavior was the result of mental disease, the person is absolved of criminal responsibility; provided that drug induced automatisms do not arise from voluntary/self induced intoxication.
- The same applies to non insane automatism, provided that the person concerned did not willfully risk automatism by deliberately neglecting to take prescribed medicine

Causes of Mental illness

- Heredity
- Genetic
- Perinatal causes
- Acquired physical disorders in childhood
- Organic
- Traumatic
- Endocrinal
- Metabolic
- Nutritional
- Others

Schizophrenia

- Bleuler's symptoms:(also called 4 A's of Blueeler)
 1. Ambivalence: Inability to decide for or against.
 2. Autism : Withdrawal into self.
 3. Affect disturbances : Disturbances of feeling.
 4. Association disturbances : Loosening of association, thought disorder.
- Clinical Features:
 1. Thought and speech disorder consist of: autistic thinking, thought blocking, Neologism, mutism, echolalia verbigeration, delusion.

2. Disorders of perception and consist of auditory or visual hallucinations.
 3. Disorder of affect
 4. disorder of motor behavior.
- Types of schizophrenia:
 1. paranoid 2. Hebephrenic 3. catatonic 4. Residual
 5. Simple 6. Undifferentiated.
 - Medicolegal Importance:
 1. under influence of delusion, schizophrenic person may do unlawful act or criminal act.
 2. A person doing unlawful act under delusional ideas can not be held responsible for unlawful act.

Mental illness & responsibility

- Responsibility : Means liability of sane person for his actions & consequent
- Punishment if such actions are contrary to law.

1) Civil

2) Criminal

Civil Responsibility

1. Marriage
2. Business contract
3. Management of property
4. Capacity to depose as a witness
5. Testamentary capacity
6. Validity of consent
7. Guardianship

Criminal Responsibility

- 1) M'Naughton's Rule
- 2) Sec.84 IPC
- 3) Durham's rule (1954)
- 4) Curren's rule (1964)
- 5) American Law Institute test(ALI)(1970):
- 6) Irrepressible impulse test (New Hampshire Doctrine)(1857):

1. Marriage

- If one of the party is insane at the time of marriage, then such marriage declared as “null & void”.
- If insanity develops after the marriage, then it may ground for divorce only.
- **Note:** Mental illness not cured after continuous treatment for a period not less than 3yrs.

2. Business contract

As per Indian Contract Act, 1872

- If one of the party is insane at the time of signing a contract, then such contract becomes legally invalid.
- If insanity develops after signing a contract & if it is found that the continuation of such contract will not be harmful for either party, then its continuation will be legal
- But if it is harmful, then its continuation will not be valid.

3. Management of property

- If court feels that mentally ill person is incapable of looking after himself or his own property, then an order can be issued for appointing a guardian.
- If it feels that the person can look after himself but is unable to manage his own property, then a manager can be appointed.
- Manager will prepare inventory of the property within 6 mths of his appointment. He does whatever is best for the management of the property of the mentally ill with the knowledge & under the guidance of the court.
- He is paid for his service from the property of the mentally ill person.

4. Capacity to depose as a witness

As per sec.118 of IEA,

- An insane person is not competent to give evidence, if he is incapable of understanding the questions put to him or giving rational answers to them.

5. Testamentary capacity

- Def: Capacity of a person to make a valid will.
- Will: Document detailing the disposition of a property owned by a person, which is prepared by him during his lifetime, but takes only after his demise.
- The person who makes his will is testator.
- It can be changed at any no. of time during his lifetime.

Eligibility for making a will

As per Indian Succession Act of sec.59, the following persons are eligible for making a will:

- Every person of sound disposing mind who is over 18yrs of age.
- An insane person can not make a will, unless he is in lucid interval.
- An intoxicated person can not make a will, unless it is certified by a doctor that he is in possession of his senses.
- A deaf, mute & blind person can make a will, if he can communicate properly.
- Convicts are not debarred from making a will.

Conditions while making a will

A person should

- Have sound disposing mind.
- Have thorough knowledge about his wealth & property.
- Be free from undue influence or fraud.
- Do it voluntarily.
- Understand the nature & consequences of the act.

Procedure

- The will must always be in writing exception are members of Armed forces who are engaged in warfare. They can make a oral will (Privileged will).
- There is no particular format for a will as per law. In fact, it need not even be executed on a stamp paper. Typing is desirable, but not essential.
- The testator can write a will himself using a fountain pen or ball pen (Holograph will).

Procedure

- The will must be witnessed by at least two witnesses, neither of whom can be beneficiaries. It is preferable that one of them should be a doctor.
- The signature/thumb impression of the testator himself is mandatory & both the witnesses also sign in presence of each other & of the testator.
- Will in extremis:
 - Will made by seriously ill person or old person in his death bed.
 - Less importance as some suspicious arises regarding his sound disposing mind.

6. Validity of consent

As per Sec.90 IPC, Consent of insane person:

Consent is not valid, if such consent is given by a person who, by reason of unsoundness of mind / intoxication, is unable to understand the nature & consequence of that to which he gives his consent.

7. Guardianship

- Insane person can not acts as legal guardian of minor.

Criminal Responsibility

- 1) M'Naughton's Rule
- 2) Sec.84 IPC:
- 3) Durham's rule (1954):
- 4) Curren's rule (1964)
- 5) American Law Institute test(ALI)(1970):
- 6) Irrepressible impulse test (New Hampshire Doctrine)(1857):

Criminal responsibility

- Insanity & Murder

Plea raised in case of murder

1. To avoid conviction.
2. To avoid trial.
3. To avoid capital punishment.

McNaughton Rule

- According to this rule, to establish the defence on the ground of insanity, it must be clearly shown that
 - 1) At the time of commission of an offence, the accused was of unsound mind &
 - 2) That unsoundness of mind was of degree & nature which rendered accused incapable of knowing the nature of the act & that he was doing what was either wrong or contrary to the law.

McNaughton

- McNaughten was a person suffering from psychotic disorder (paranoid schizophrenia-delusion of persecution)
- He shot & killed Mr. Drummond, Private Secretary of Prime Minister of England, Sir Robert Peel at Charring Cross in 1843 by mistake for Sir. Robert Peel.
- He was acquitted on the ground of insanity.

Sec.84 IPC

- Sec. 84 IPC- Act of a person of unsound mind
- Nothing is an offence which is done by a person who, at the time of committing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to the law.

Both the McNaughten rule & Sec.84 IPC has 4 basic defect

- Emotional aspects (neurotic disorders) related to unsoundness of mind are not given due weightage.
- They are based on oversimplified & obsolete concepts of human mental processes & mental disease; that the human mind divided into three separate watertight compartments i.e. volition, cognition & emotion.
- They expect from physician pronouncements on the issue of right & wrong, which is basically a moral judgment, & therefore outside the scope of their training, experience & competence.
- In assessing the criminal responsibility of mentally abnormal offenders, they treat delusions if they were real, while discounting his underlying mental condition, of which the delusions are themselves evidence, which is absurd.

Sec.85 IPC

- Act of a person incapable of judgment by reason of intoxication caused against his will:
 - Nothing is an offence which is done by a person who, at the time of committing it, by reason of intoxication, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to the law; provided that the thing which intoxicated him was administered to him without his knowledge or against his will.

Sec.86 IPC

- Offence requiring particular intent or knowledge committed by one who is intoxicated:
 - In cases where an act is done is not an offence unless done with a particular intent or knowledge, a person who does the act in a state of intoxication shall be liable to be dealt with as he had the same knowledge as he would have had if he had not been intoxicated, unless the thing which intoxicated him was administered to him without his knowledge or against his will.

- **Doctrine of partial/diminished responsibility:**
- If a person who has committed a crime is suffering from weakness of mind though not completely insane, he is not fully but only partially responsible for his act.
- Thus, charge of murder reduced to culpable homicide not amounting to murder

Durham's rule (1954):

A person is not held criminally responsible if his unlawful act was the **product of mental disease or mental defect**.

Curren's rule (1964):

A person is not held criminally responsible, if at the committing the act as a result of mental disease or mental defect, he **did not have the capacity to regulate his conduct** to the requirements of the law.

- **American Law Institute test(ALI)(1970):**

A person is not held criminally responsible, if at the committing the act as a result of mental disease or mental defect, he lacks in adequate capacity either to appreciate the criminality of his conduct or to conform his conduct to the requirements of the law.

- **Irrestible impulse test (New Hampshire Doctrine)(1857):**

A person is not held criminally responsible, even when he knows the nature & quality of his act & that it is wrong, but he is **incapable of restraining** himself from committing it due to destruction of his free will to control him as a result of the mental disease.

- Legal test of insanity:

It means assessment as well as fixing up of responsibilities for commission of some criminal act.

- Unfit to plead:

When a person commits a crime as a result of disease of mind & is unable:

- I. To understand the nature of proceedings in the court.
- II. To distinguish between a plea of guilty & not guilty.
- III. To examine the witnesses; to instruct the lawyer to act on his behalf.
- IV. To follow the steps of trial.

Role of MO:

- Look for the following points:
 1. Mental h/o accused, his physical condition & present condition at the commission of crime.
 2. Lack of motive
 3. Lack proof preplanning/forethought
 4. Absence of accomplices
 5. No attempt to destroy evidence or to flee from the scene of crime.

	True insanity	Feigned insanity
Onset	Gradual	Sudden
Motive	Absent	Present
Precipitating factors	Present (like stress, financial loss etc)	Absent
Symptomology	Simulating to particular type of mental disorder	Not specific
Continuence of signs & symptoms	Does not care whether being observed by others or not	Expressions exaggerated in presence of others
Facial expression	Vacant & fixed	Frequent changes
Skin, lips tongue	Dry, fissured, dirty	Almost normal
Personal hygiene	Does not pay attention to his hygiene	Pays attention to his personal hygiene
Insomnia	Present	Can not withstand lack of sleep
Fatigue	Can withstand fatigue	Can not withstand fatigue
Frequent examinations	Does not mind	Resents since he fears detection

Mental Health Act,1987

Mental Health Act,1987

- Came into effect in April 1992, in all states & Union territories of India.
- It replaces Indian Lunacy Act, 1912 which replaces the Indian Asylums Act, 1858.
- It is divided into 10 chapters.

Chapter I

Deals with definitions.

- ✓ The term mentally ill person is used instead of lunatic
- ✓ The term mentally ill prisoner is used instead of criminal lunatic.
- ✓ The term psychiatric hospital is used instead of mental hospital.

● Mentally ill person:

A person who is in need of any treatment by reason of any mental disorder other than mental retardation.

● Mentally ill prisoner:

One who has committed a crime by reason of his mental illness or becomes mentally ill while undergoing sentence in jail for some offence.

Chapter II:

Mental health authorities at Centre & State level.

Chapter III:

Guidelines for establishments & maintenance of psychiatric hospitals & nursing home.

- Private psychiatric hospitals & nursing homes can be run only on a valid license which is to be renewed for every 5yrs.
- Provision of an Inspecting officer who will inspect the psychiatric hospitals & nursing homes to prevent any irregularities.
- Special hospitals for
 - Under the age 16yrs.
 - Addicted to alcohol & other drugs.
 - Mentally ill prisoners.

Chapter IV:

- Deals with procedure of admission, detention & discharge of mentally ill person in psychiatric hospitals & nursing homes. (Restraint of Insane)

Chapter V:

- Deals with inspection, discharge, leave of absence & removal of mentally ill person.
- **Leave:** Medical officer in charge of the hospital can grant leave of 60days.
- Removal of mentally ill person:
- In case of removal from one center to another inside the state, approval of the state Govt. is necessary.
- In case of removal from one state to another state, permission from that another state is necessary

□ Chapter VI:

Judicial inquisition regarding mentally ill person possessing property.

□ Chapter VII:

Liability to meet the cost of maintenance of mentally ill person detained in psychiatric hospital/nursing home.

□ Chapter VIII:

Protection of human rights of mentally ill person

□ Chapter IX:

Deals with penalties & procedure

□ Chapter X:

Miscellaneous sections

Procedure of admission, detention & discharge of mentally ill person in psychiatric hospitals & nursing homes.

(Restraint of Insane)

Admission

1. Immediate
2. Voluntary admission
3. Admission under special circumstances
4. Reception order on application
5. Reception order without application
6. Admission as inpatient after judicial inquisition
7. Admission as mentally ill prisoner

1. Immediate:

- An insane person dangerous to himself or to others.

2. Voluntary admission:

- On pts.request, if he is major
- On guardians request, if he is minor.

3. Admission under special circumstances

- Type of involuntary hospitalization, when a mentally ill person can not express his willingness for admission, then a friend/relative can apply in writing for the admission, enclosing two medical certificates in support of mental illness of a person (one of which shall be by a MO in Govt. service); then the medical officer in charge of the hospital can do so, if he is satisfied that the admission would be in the best interests of the patient.
- The duration of admission can not exceed 90days.
- If application is without medical certificates, then the medical officer in charge of the hospital may arrange the examination of the person by two medical officers of the mental hospital & if the findings of the two are supportive of mental illness of the person; then he admit the person.

4. Reception order on application

- The medical officer in charge of the hospital may make an application to the concerned magistrate for detention of patient, if the mentally ill person undergoing treatment under temporary treatment period is suffering from mental disorder of such nature & degree that his treatment requires to be continued for more than 6 mths or that it is necessary to the interests of the patient.
- Husband/wife/relative (major) can apply to the magistrate for passing a reception order in favour of the mentally ill person. To be valid, the application should be accompanied by two medical certificates (one of which shall be by a MO in Govt.service). It is also necessary that the applicant must have seen the mentally ill person within 14 days prior to submitting the application.
- Then after going through the application, if magistrate thinks that it is necessary for the interest of the person, then he does so. But if he thinks that the matter requires further consideration, then inquiry is to be held where the magistrate may require the presence of applicant, alleged mentally ill person, a person appointed by mentally ill person & any other person if magistrate thinks it fit.
- After the enquiry, the magistrate either passes reception order in favour of mentally ill person or dismisses the application.

5. Reception order without application

✓ Wandering/dangerous mentally ill person:

- An officer in charge of P.S. is authorized to arrest a wandering or dangerously mentally ill person & can produce him before the magistrate within 24 hrs of taking the person into protection. Then if magistrate thinks that to proceed further, he may get him examined by a MO & passes a reception order for his detention as an inpatient in psychiatric hospital. Such person can be sent to any licensed psychiatric hospital if a friend/relative undertakes to pay the maintenance charges & the MO in charge of the hospital consents to admit him.
- **Dangerous lunatic:** A lunatic who is dangerous to himself/to others.
- **Wandering lunatic:** A lunatic who aimlessly roams on the road.

✓ **Ill-treated/neglected by any relative:**

- An officer in charge of P.S./any other person can make a report to the magistrate. The magistrate on his satisfaction on the submitted report, summons the relative/guardian of the person & directs him to take proper care of the person & not to neglect/ill-treated him. If guardian fails to carry then the magistrate may impose a fine upto Rs.2000/-
- If the mentally ill person has no guardian, then he passes reception order in favour of the mentally ill person for his detention & treatment in psychiatric hospital/nursing home.

6. Admission & detention of mentally ill person under judicial inquisition

7. Escaped mentally ill prisoner:

- If a person, not being mentally ill prisoner, admitted to psychiatric hospital under any order, escapes from such hospital, he may, by virtue of such order, be retaken as an inpatient, by any PO/servant of such hospital, by MO in charge of the hospital within a period of 1mth.from the date of his escape.
- In case of mentally ill prisoner he can be retaken at any time.

Discharge

- A voluntary patient must be discharge within 24hrs of receipt of request for discharge.
- When a minor voluntary patient attains majority, the MO intimate such fact to the patient & shall discharge within 1mth.from such intimation unless a request for his continuance as an inpatient made by the patient.
- A mentally ill person admitted on the request of the relative/friend, can be discharged on the request of the relative/friend.
- Except in case of voluntary patient & mentally ill person, the medical officer in charge of the hospital can discharge of any inpatient, on the recommendation of two MOs (of which one should be a psychiatric).
- A friend/relative of the mentally ill person can make an application for his discharge, even if he is not fully cured, provided that he is not dangerous to others. In such cases, the patient can be discharged on the guarantee of the relative/friend that he would take care of the patient .Execution of the bond attesting to this is necessary.
- If a person who was detained in a psychiatric hospital after a judicial enquiry, is found to be a sound mind & that he was admitted there wrongly, then he is released forthwith.

□ Provisions & guidelines in connection with reception & detention of mentally ill person:

1. Applicant may be husband/wife/any relative of mentally ill person.
2. Applicant must be major.
3. Applicant must have seen the person within 14 days prior to submitting the application.
4. Two medical certificates (of which one should be by the doctor from the Govt. service.)& medical certificate must have not been issued more than 10days before the date of application.
5. When the reception order can be issued against an application, the applicant is authorized to carry the mentally ill person from the place of his stay to the psychiatric hospital/nursing home where the patient is to be admitted.

6. If there is no vacancy in the psychiatric hospital/nursing home, then the medical officer in charge of the hospital will first the patient there & then inform the magistrate who has issued the order. Then the magistrate will take further action on the matter.
7. The validity of the reception order ceases if the patient is not admitted to the psychiatric hospital/nursing home within 30days from the date of issue of the order.
8. The validity of the reception order also ceases when after reception in the said hospital/nursing home, the patient is discharged from the centre on valid ground being cured.
9. The magistrate issuing the reception order shall send a copy of the order to the concerned hospital/nursing home.
10. Magistrate can not issue reception order for a psychiatric hospital/nursing home located in a state other than where he serves. Bu8t with special order from the Govt.he can do so.

Duties of RMP in matter of certification under MHA

- It must be issued in prescribed form. Two medical certificates are required (of which one should be by doctor from the Govt. service).
- Each doctor must examine the patient separately without consulting to each other & form his opinion on his observations.
- Each certificate should clearly state that the patient is suffering from mental disorder of such nature & degree as to warrant his detention in a psychiatric hospital/nursing home & that such detention is necessary in the interests of the patient.
- If it is not possible to form an opinion on the mental status of the person who is mentally ill & brought before a magistrate, the magistrate may permit observation of such person in observation ward of hospital/nursing home/any suitable place for a period of 10 days, which may extend to a maximum of 30 days.
- A doctor who is not in Govt. service is not under compulsion to examine the mentally ill person but he does so; he should do it with care.
- A doctor who issues a false certificate is liable to face serious consequences.

Diagnosis of Mental Illness

- Preliminaries
- History
 - Present complaints
 - Family history
 - Personal history
- General condition
- Mental condition

Personal history

- Birth history
- Infancy & childhood
- School going age
- Occupation & place of work
- Menstrual history (in case of female)
- Sexual history
- Marital history
- Personal habits
- h/o previous illness
- h/o mental illness-

General condition

- General disposition
 - Manner of dressing
 - Gesture
 - Ticks
- Parameters: Ht., Wt., Pulse, Resp., B.P.
- Facies: masked facies/looking vacant/always masking facies
- Facial expression:
depressed/dejected/anxious/delighted
- Skin: dry/wrinkled/dirty

● Mental condition

- Habits
- Talk: talkative/irrelevant/aphonia
- Speech: stammering/slurring/aphasia
- Writing: rational intelligent ideas/irrelevant unintelligent word collection/insulting language/obscene language
- Mood: apathic/irritable/euphoric
- Behaviour: impulsive/stereotypy/reservative/obedient
- Sleep: insomnia/somnambulism/Somnolentia
- Memory: good/bad
- Thought content: delusion/hallucination/illusion
- Gait: staggering/normal/slow/hurried
- Attention: attentive/over-reactive

- Lab. Invest:
 - Blood & urine analysis
 - X-ray of skull
 - CSF analysis
 - EEG
- Opinion: It includes following
 - Whether suffering from unsoundness of mind/not
 - Whether restrain required/not.

Note: It is required to observe at least 3 separate observations consisting of 10 days for each.