



# Mental Health Act

## Chapter One *General Decrees*

### **First article:**

In accordance with the decrees of first and third article of public health law of Islamic Republic of Afghanistan this act has been enacted to ensure mental health services.

### **Second article:**

At any case it is not permitted to treat healthy person with psychiatric medicine.

### **Third article:**

In consideration with medical standards to possible extent persons with mental disorders are not being isolated from family and society.

### **Fourth article:**

Health establishments and all related foundations are bound to consider decrees of this article and all legislative documents in their behaving towards people with mental disorders.

### **Fifth article:**

The fourth coming terms of this act carry following meanings:

#### 1. **Mental disorder:**

all forms of mental illnesses such as mental retardation and severe personality disorder.

#### 2. **Treatment:**

All curative and professional cares and activities for betterment of mental disorder.

#### 3. **Optional treatment:**

Treating patient according to his/her wish

#### 4. **Treatment without opposition:**

Includes the case wherein the person is being treated without his/her wish but she/he also doesn't oppose it.

#### 5. **Involuntary treatment:**

It is type of treatment applied according to medical standards and decrees of legislative documents in presence of his/her persistence.

#### 6. **Treatment facilities:**

It implies location and equipments where treatment for needy people is being managed and applied.

**7. Psychiatrist:**

S/he is the person with valid document in medicine and worked in field of diagnosis and treatment of mental disorders.

**8. Relatives:**

Includes wife, husband, daughters, sons, mother, father, sister, brother, grand mother, grand father and grand child.

**9. Interested:**

That person who has closed live with mental patient and has familiarity and intimacy with him/her.

**10. Emergency case:**

It is a situation wherein a person with mental disorders creates a critical condition in living, working environment and all places whereby he/she put himself/herself and others in danger.

**11. Restrictive treatment foundation:**

Therapeutic centers of incarcerations and prisons.

**12. Severe personality disorder:**

It is perseverance and irresponsible behavior of a person which needs treatment.

**13. Mental growth disorder:**

It is retardation of brain development exists in different stages since birth or in early infancy (from idiocy to mental disability)

**14. Proxy or :**

That person that collects treatment equipment and protect from arrangement adaptable law of mental patient he/she chose by he/she is family and court

**15. Commission:**

Commission for supporting people with mental disorders.

## **Chapter Two**

### ***Organogram, functions and authorities of mental health organizations***

**Sixth article:**

Mental health organizations are:

1. Mental health coordination council
2. Central mental health administration and its related foundations
3. Commission

**Seventh article:**

Mental health coordination council is being established for management and bolstering mental health services and to consolidate efforts of all ministries, governmental committees and committees of local executive councils, representatives of people, governmental, private and mixed administrations and foundations and social and cooperative organizations.

**Eighth article:**

Mental health coordination council is working under leadership or ministerial council of Islamic Republic of Afghanistan as consultancy and supervisory organization with regard to management of mental.

**Ninth article:**

Council of ministers of Islamic Republic of Afghanistan determines director and members for mental health coordination council.

**Tenth article:**

The main tasks of mental health coordination council are:

1. To coordinate activities of ministries, governmental committees, executive committees of local councils, representatives of people, and of governmental, mixed and private administration and foundations and social and cooperative organizations in field of mental health services.
2. Provision of guidance and required assistance with central mental health administration to ensure provision of comprehensive mental health services.
3. Getting support from political, governmental units and social organization for provision of facilities to deliver better mental health services.
4. Taking proper decision for treatment and prevention of people with mental disorders and supervision of its implementation via relevant organizations.
5. Modulation cooperating of mental health department with WHO and deferent international organizations and the most effective cooperating prepared.

**Eleventh article:**

Mental health coordinating council enjoining following authorities for execution of its assigned tasks:

1. Getting financial aid for ensuring mental throughout the country.
2. Supervising performance of central administration of mental health and commission.
3. Providing consultations for the sake of correction and improvement of mental health services.
4. Deliberation of views concerning design of legislative documents in relation with mental health issues.
5. Assessing and approval of national program which is prepared through central administration of mental health.
6. Resolving issues concerning mental disorders presenting specific suggestion to ministerial council of Islamic Republic of Afghanistan.

**Twelfth article:**

1. Executive orders of mental health coordinating council are being executed through its secretariat.
2. Way of performance and type of activities of mental health coordinating council is being regulated by ToR (term of reference).

**Thirteenth article:**

For ensuring mental health services throughout the country central administration of mental health operates within organogram of ministry of public health of Islamic Republic of Afghanistan.

#### **Fourteenth article:**

Obligation:

Central mental health administration has the following obligations and authorities:

1. Organizing preventive, treatment and rehabilitation services of people with mental disorders and efforts have been made for their improvement and development in accordance with needs and existing social, economical condition and contemporary advancement of knowledge.
2. Training professional health functionaries in mental health conducting in service seminars and courses and interactive cooperation with relevant educational organization in arranging continuous educational and capacity building programs for health professionals in mental health.
3. Collecting facts and information concerning mental health and cases of mental disorders based on researches.
4. Participation in academic researches of regional countries and world in frame of academic programs and technical assistance of World Health Organization and all relevant international organizations and friend countries.
5. Designing national mental health programs and presenting it for getting approval of mental health coordinating council and attracting cooperation of relevant organizations in its implementation.
6. Evaluating implementation of national mental health program and presenting its results to mental health coordinating council.
7. Providing counseling in social affairs that relates to mental health taking into consideration betterment of social services and effectiveness of affairs in provision of productive, social services and development of mental health services and development of mental services in balanced manner both in center and provinces of the country and expansion of such services from urban to rural areas.
8. Designing and identifying mental health related functions based on academic researches, conducting conferences, seminars, collective discussions of scholars and heads of relevant departments.
9. Regulating mental health services and administrative affairs.
10. Playing active and stewardship role in campaign against abuse of psycho-stimulant and narcotic drugs and alcoholic drinking through enlightening populace concerning its adverse effects and also treatment of addicts through assistance of relevant organizations.
11. Active participation in implementation of mental health act with the cooperation of related organizations.

#### **Fifteenth article**

Academic consultative psychiatric center in frame of central administration is being established for improvement and development of research issues and promotion of psychiatric knowledge.

**Sixteenth article:**

For the sake of preventing and treatment of people with mental disorders ministry of public health is equipping the central administration of mental health with physical facilities and professional personnel as per the need of the day.

**Seventeenth article:**

For protection of benefits of people with mental disorders a commission composed of representatives from Supreme Court, attorney general, ministry of public health and executive committee of parliament and psychiatrist is being established in capital and provinces of the country.

**Eighteenth article:**

The commission has the following authorities and obligations:

1. Listening to complaints of people with mental disorders, providing care to them and taking decision about them.
2. Assessing improvement in psychiatric condition of criminals with mental disorders and of people who are put under involuntary treatment.
3. Demanding ascertaining prices (?) through court for mentally retarded people.
4. Assessing reports of involuntary treatment of people with disorders from centers of psychiatric services.

**Nineteenth article:**

The commission performs its responsibilities according to “guideline which is being approved through mental health coordinating council”.

**Chapter Three*****Treatment*****Twentieth article:**

1. Voluntary treatment is the desired form of treatment of person with mental disorders.
2. Islamic Republic of Afghanistan prepares requisite and possible facilities for free of cost treatment according to the medically accepted standards in related centers.
3. It is the responsibility of health functionary to welcome clients for voluntary treatment in humanly manner within existing facilities and possibilities.

**21<sup>st</sup> article:**

Whenever a person is being treated voluntarily in accordance with twentieth article of this act, if patient discontinues his/her treatment without permission of doctor so the proxy, kinfolks or referring organization of the patient should be informed.

**22<sup>nd</sup> article:**

In emergency cases based on request of closest relative or interested person of the patient and a written certification of a psychiatrist up to 3 days the patient is being treated

involuntarily in a suitable place.

**23<sup>rd</sup> article:**

Based on written recommendation of a psychiatrist if it is required to continue involuntary treatment of the person according to 22<sup>nd</sup> article of this act then 24<sup>th</sup> article is applicable on him/her.

**24<sup>th</sup> article:**

Due to mental illness if a person is dangerous to him/her and others and cannot forecast consequences of his/her actions so based on request of his/her closest relatives or interested persons and written certification of a psychiatrist that should receive appropriate treatment involuntarily till 3 weeks.

**25<sup>th</sup> article:**

If after examination and written recommendation of two medical doctors while one of them should be a psychiatrist the person as stated in 23<sup>rd</sup> and 24<sup>th</sup> article still needs involuntary treatment so this treatment can be extended till other three months.

**26<sup>th</sup> article:**

After examination and written certification of two medical doctors one must be a psychiatrist the duration of involuntary treatment can be extended till 6 months. After passing expiring this duration and reexamination and written certification two medical doctors and agreement of head of relevant health organization this duration can be extended for next 6 months.

**27<sup>th</sup> article:**

If according to decrees of 23, 24, 25 and 26 articles of this act a mentally ill person is admitted for involuntary treatment who is regularly being examined by responsible psychiatrist who should switch the treatment to voluntary type in first possible opportunity.

**28<sup>th</sup> article:**

Treatment of mentally ill person cannot be put off according to law for the reason of his/her accusation with crime, court or imprisonment.

**29<sup>th</sup> article:**

The criminal who needs treatment for his/her mental illness according to view of experts and decree of court or he gets mental disorders during imprisonment should receive treatment in restrictive therapeutic foundations.

**30<sup>th</sup> article:**

Therapeutic conditions and instruction of recurrent criminals and the ones with mental disorders or severe personality disorders including children with paraphilia are being regulated according to a guideline.

**31<sup>st</sup> article:**

According to direction of a doctor treatment of mentally ill person is preferably being applied in his/her residence or other location and in case of necessities in restrictive therapeutic foundations.

**32<sup>nd</sup> article:**

In case of treatment with anti-convulsion or performing surgery or other examinations whereupon possibility of adverse effects does exist so avoiding prior informed consent of the patient or his/her relatives is must

**Chapter Four**

***Rights of people with mental disorders and responsibilities of their relatives(proxy)***

**33<sup>rd</sup> article:**

Persons with mental disorders have the rights to utilize curative, preventive and rehabilitative services free of cost as other patients voluntarily and can cut the treatment upon their wish except for the cases as stated in 22, 23, 24 and 25 articles.

**34<sup>th</sup> article:**

The person with mental disorders while getting treatment has the right to complain to commission in person or through his/her relatives or proxy

**35<sup>th</sup> article:**

In cases where person with mental disorders is accused of a crime or civil defendant according to the decrees of law view of psychiatrist as a scholar is received.

**36<sup>th</sup> article:**

A proxy can assigned for persons with mental disability based on direction from mental health administration or court in accordance with decree of law in this act.

**37<sup>th</sup> article:**

Person with mental disorders who receives involuntary treatment enjoys the right inside the hospital to have access to telephonic, postal facilities and means of writing and reading and maintain contact with his/her relative, proxy, advocate and commission.

**38<sup>th</sup> article:**

The person with severe mental disorders until social rehabilitation- which is verified upon certificate of central health commission- is temporarily exempted from individual and social responsibilities while person with mental disabilities is permanently exempted from such responsibilities.

**39<sup>th</sup> article:**

1. Proxy of the person with mental disorder is responsible to check the treatment and care of the mentioned person and report to the commission.
2. Proxy is held responsible for his performance towards commission.

## **Chapter Five**

*Final Decrees*

**40<sup>th</sup> article:**

Files and records of persons with mental disorders are kept completely confidentially but exceptionally after getting agreement of commission will be presented to relevant departments.

**41<sup>st</sup> article:**

1. In-patient mentally ill person without guardian after treatment and discharge from hospital if s/he does not have residence on the discretion of commission should be admitted to asylum (Marastoon) and the issue should be informed to the administrations wherefrom the person was referred for treatment.

2. Persons stated in the first item of this article if has the ability to work should according to discretion of commission be introduced to placement in work and **social affair** committee.

**42<sup>nd</sup> article:**

Security forces and all healthy people whenever come across with persons with mental disorders are responsible to hand them over to their proxies or closest relatives without delays to take them to therapeutic centers for treatment.

**43<sup>rd</sup> article:**

This act is applicable after its publication in gazette.