IN THE HIGH COURT OF JUDICATURE AT PATNA

Civil Writ Jurisdiction Case No.2805 of 2026

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Court on its own motion Regarding matter relates to the Inspection Report

... ... Petitioner/s

Versus

The State of Bihar & Ors.

... ... Respondent/s

==========

with

Civil Writ Jurisdiction Case No. 19702 of 2021

==========

Akanksha Malviya

... ... Petitioner/s

Versus

The Union of India & Ors.

... ... Respondent/s

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Appearance :

(In Civil Writ Jurisdiction Case No. 2805 of 2026)

For the Petitioner/s : Mr. Raju Patel, Amicus Curiae
Ms. Anukriti Jaipuriyar Amicus Curiae

For the Respondent/s : Mr. P.K.Shahi, Advocate General

For U.O.I. : Mr. D.R. K.N. Singh, Sr. Advocate, ASG
Mr. Kumar Priya Ranjan, Sr. Panel Counsel
Mr. Sandeep Kumar, Advocate

(In Civil Writ Jurisdiction Case No. 19702 of 2021)

For the Petitioner/s : Ms. Akanksha Malviya, In peson

For the Respondent/s : Mr. Dr. K. N. Singh (Asg), Sr. Advocate
Mr. Amish Kumar, Advocate

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CORAM: HONOURABLE THE CHIEF JUSTICE
and
HONOURABLE MR. JUSTICE HARISH KUMAR

ORAL ORDER

(Per: HONOURABLE THE CHIEF JUSTICE)

03 16-03-2026 This Suo Motu Public Interest Litigation was initiated pursuant to the report dated 17.02.2026 submitted by

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the learned Member Secretary, Bihar State Legal Services Authority (hereinafter referred to as “BSLSA”), which is an inspection report with respect to the shortcomings of mental health facilities in the State of Bihar as well as in Bihar State Institute of Mental Health and Allied Sciences (BIMHAS), Koelwar, Bhojpur.

2. After noting down the relevant parts of the report and the relevant sections of the **Mental Healthcare Act, 2017** (hereinafter referred to as “2017 Act”) so also the relevant provisions of the **NALSA (Legal Service to persons with Mental Illness and Persons with Intellectual Disabilities) Scheme, 2024**, and the decision of the Hon’ble Supreme Court in the case of ***Sukdeb Saha -Vrs.- State of Andhra Pradesh,*** reported in ***A.I.R. 2025 S.C. 3458*** and in ***Gaurav Kumar Bansal -Vrs.- Mr. Dinesh Kumar & Ors. (CONMT. PET. (C) No. 1653 of 2018 in W.P.(C) No. 412 of 2016)*** *vi*de order dated 25.02.2019, we issued notice to the **(i)** Principal Secretary, Health Department; **(ii)** Secretary, State Mental Health Authority, Bihar; **(iii)** Director, Bihar Institute of Mental Health and Allied Sciences (BIMHAS); **(iv)** DG of Police, Bihar; **(v)** I.G. of Prisons; and **(vi)** Union of India and asked the concerned authorities to submit their responses on the following aspects:-

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"**i)** Whether any Mental Health Review Board has been constituted in accordance with Section 73 of the 2017 Act?

ii) If so, what are the functions being discharged by such Board under section 82 of the 2017 Act?

iii) How Bihar Institute of Mental Health and Allied Sciences (BIMHAS) is performing its duties and carrying out its responsibilities relating to the admission and treatment of persons with mental illness? What provisions have been made by the Hospital Authorities for supplying free food to the patients and attendants, medicines and to maintain the cleanliness and hygiene of the hospital and to create a positive environment?

iv) DG of Police shall submit a report regarding the duties performed by police officers of different police stations of the State in respect of persons with mental illness and their protection as envisaged under section 100 of 2017 Act, and also, I.G. of Prisons in respect of the prisoners with mental illness as per section 103 of 2017 Act;

v) The Member Secretary, Bihar State

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Legal Service Authority (BSLSA) shall submit a report regarding the legal aid facilities provided to the persons with mental illness and particularly to those who are coming for treatment to BIMHAS;

vi) The Principal Secretary, Health Department shall submit a report regarding the steps taken by the government for rehabilitation of the persons with mental illness after their recovery and discharge from the Hospital;

vii) Report shall also be submitted by the State through a Responsible Officer regarding the steps taken to address the issues highlighted in the report of the Member Secretary, BSLSA.

3. In pursuance of such order, counter affidavit has been filed by the Additional Director, Health Services, Health Department, Bihar, Patna on behalf of Secretary, Health Department, Bihar, wherein it is stated as follows:-

"**4**. That the State Mental Health Authority has been constituted vide order number 277(11) dated 06/04/2022 under section 45 of the Mental Healthcare Act, 2017 and Rule

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3 of the Bihar Mental Healthcare (State Mental Health Authority) Rules, 2023.

The last meeting of SMHA under the chairpersonship of Health Secretary, Bihar was conducted on 19/12/2025. (Minutes of the meeting enclosed).

5. That the Mental Health Review Board (MHRB) has been constituted in all 9 divisions of Bihar under section 73 of the Mental Healthcare Act, 2017 and Rule 34(1) of the Bihar Mental Healthcare (State Mental Health Authority) Rules, 2023.

6. That the an order/letter has been sent to all Superintendent and Civil Surgeons to ensure that a dedicated facilities or wards is established for homeless (Lawaaris) individuals suffering from mental illness in all medical colleges and district hospitals of the state.

7. That the IPD data & OPD data year wise from 2022-2025 of BIMHAS, Koelwar, Bhojpur is being enclosed which shows a secular uptrend in the treatment of mentally ill persons.

Furthermore, in the year

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2019 ten female and seven male formerly mentally ill persons after their successful treatment were repatriated to their home after tracing their addresses.

In the year 2020 nine female formerly mentally ill persons after their successful treatment were repatriated to their home after tracing their addresses.

In the year 2021 four female formerly mentally ill persons after their successful treatment were repatriated to their home after tracing their addresses.

In the year 2022 six female formerly mentally ill persons after their successful treatment were repatriated to their home after tracing their addresses.

In the year 2023 eight female and three male formerly mentally ill persons after their successful treatment were repatriated to their home after tracing their addresses.

In the year 2024 eleven female and nine male formerly

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mentally ill persons after their successful treatment were repatriated to their home after tracing their addresses.

In the year 2025 fourteen female and ten male formerly mentally ill persons after their successful treatment were repatriated to their home after tracing their addresses.

In the year 2026 two female and three male formerly mentally ill persons after their successful treatment were repatriated to their home after tracing their addresses.

8. That with regard to supply of food to the patients and attendants and maintenance of cleanliness and hygiene at BIMHAS it is humbly submitted that free food is being supplied to the attendants and patients in Bihar State Institute of Mental Health and Allied Sciences and for supply of free food and maintenance of cleanliness and hygiene of the hospital a memorandum of understanding (MoU) has been signed between Bihar Rural Livelihoods Promotion Society and Bihar State

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Institute of Mental Health and Allied Sciences on 1st August, 2022 for five years with condition that subject to satisfactory performance the duration of the MoU may be further extended on mutually acceptable terms and conditions.

9. That the State Government took a decision vide Resolution contained in Memo No. 1729(12) dated 08/12/2022 to ensure the free supply of medicines to patients. In pursuance of the said decision 144 types of medicines have been included in the Essential Drug List (EDL) for the Bihar State Institute of Mental Health and Allied Sciences (BIMHAS). These medicines are supplied by the Bihar Medical Services Infrastructure Corporation Limited (BMSICL) as per the demands raised by BIMHAS and are provided to the patients free of cost as per requirement.

10. That to create a positive environment in BIMHAS Library Room with magazines and newspapers is available, facilities for indoor games (Ludo, Carrom Board and Chess) and outdoor games (Cricket, Foot-ball and

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Badminton) are available, materials for painting and drawing are available.. Television has also been provided.

11. That for performing its duties and carrying out its responsibilities relating to the admission and treatment of persons with mental illness at present six departments i.e. Psychiatry, Clinical Psychology, Psychiatric Social Work, Physiotherapy, Occupational Therapy and Pathology are working under which facilities of EEG, ECT, Pathology, Psychological Testing (IQ assessment, Psycho Diagnostics Testing. Personality assessment), Occupational Therapy. Physiotherapy is available for treatment of patients and a rehabilitation unit has also been established.

12. That at present number of available beds for Male, Female and Prisoners are 100, 60, and 20 respectively which would be enhanced in near future.

13. That in the State of Bihar, the National Mental Health Programme under National Health Mission was

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initiated in the year 2015. During the initial phase, the District Mental Health Program (DMHP) was implemented in 11 districts, namely Buxar, Aurangabad, East Champaran, West Champaran, Gopalganj, Kaimur, Rohtas, Muzaffarpur, Begusarai, Banka and Jamui. At present, the program has been expanded and is operational in 25 districts of the State, Vensuring wider accessibility of mental health services.

14. That under the Mental Health Program, during the last three financial years, counselling treatment has been provided to more than 99,000 individuals suffering from mental health problems. The details of patient services are as follows:-

PSYCHIATRIC PATIENT REPORT		
Fin. Year	New OPD of 25 District Hospitals	Follow-up OPD of 25 District Hospitals
2022-23	14503	13612
2023-24	15655	14449
2024-	20677	20219

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25		

Further, in the current financial year 2025-26, up to December 2025, a total of 23,494 persons suffering from mental health issues have received counseling treatment across 25 District Hospitals of the state.

15. That under the District Mental Health Program, OPD services and counselling facilities are being provided in district hospitals. In addition, awareness programmes regarding mental health disorders and suicide prevention are regularly conducted by district program teams in schools, colleges, engineering institutions and government polytechnic institutes with the support of the Departments of Education and Social Welfare.

16. That further, under Tele-Manas (Tele Mental Health Assistance and Networking Across States) program in Bihar, 3 Tele-Manas cells namely (1) IGIMS, Patna, (2)BIMHAS Koilwar and (3) JLNMCH Bhagalpur and one mentoring institute IGIMS Patna have been established.

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The objectives of the Tele-MANAS program are as follows:-

a. To provide accessible and timely mental health services through a tele-mental health support system.

b. To ensure continuity of mental health counselling and related services at the community level.

c. To facilitate timely referral for specialized care and ensure access to advanced treatment when required.

d. To strengthen mental health care capacity and networking at primary health care facilities and higher-level institutions.

Since November 2022, a total of 36,381 individuals suffering from mental health issues have received counselling through Tele-MANAS calls in the State of Bihar.

17. That additionally, one year training (two days onsite training on 10-11 April, 2026 at AIIMS Patna and online remaining ! continued training) on Diploma in Primary Care Psychiatry

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by NIMHANS Bengaluru, of 15 general medical officers and 38 nurses from districts is planned from 10th April, 2026 onwards.

18. That the Road Construction Department vide letter no. 135(11) dated 20/02/2026, Mining and Geology Department vide letter no. 131(11) dated 20/02/2026 and Youth Employment and Skill Development Department vide letter no 177 (11) dated 09/03/2026 had been apprised and sent a copy of the order of C.W.J.C No.-2805/2026 of the Hon'ble High Court dated 18-02-2026 and a report has been sought.

19. That the BMSICL & Director BIMHAS have been directed vide letter No. 132 (11) dated 20-02-2026 to undertake construction of rest house with sufficient capacity, repair of boundary wall, develop a play ground at BIMHAS and establish a park on the site of demolished old buildings.

20. That the Social Welfare Department vide letter No.-133 (11) dated-20-02-2026 had been apprised and sent a copy of the order of C.W.J.C No.-2805/2026 of the Hon'ble

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High Court dated 18-02-2026 and a report had been sought. Accordingly. the department has sent a detail report (report enclosed as annexure-I).

21.That the Forest Department vide letter no. 136(11) dated 20/02/2026 had been apprised and sent a copy of the order of C.W.J.C No.- 2805/2026 of the Hon'ble High Court dated 18-02-2026 and a report had been sought. The Department has reported that in January and February 2026 500 saplings has been planted within the campus. Further, the Department has a plan for plantation under the Miyawaki method under the scheme head for BIMHAS campus. (Report enclosed as annexure-J).”

4. The counter affidavit has been filed on behalf of Additional Director General (ADG), Weaker Section, C.I.D., Bihar, Patna, wherein, it is stated as follows:-

“**4**. That it is humbly submitted that report is being submitted in compliance of the order dated-07.11.2025 passed by the Division Bench of Hon'ble Patna High Court, whereby this Hon'ble Court was pleased to pass the following order for

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compliance at the level of D.G.P., Bihar:

"DG of Police shall submit a report regarding the duties performed by police officers of different envisaged under section 100 of 2017 Act."

5. That, in compliance of the said order of this Hon'ble Court, directions were given to all District SSPs/SPs to direct and sensitize all Police Stations within their jurisdiction to comply with the legal provisions of section 100 of chapter 13 of The Mental Healthcare Act, 2017 with full sensitivity and commitment and a compliance report was also called for, from them vide Letter No.09/Sr. Citizen Cell dated 06.03.2026 of this office.

6. That, it is further submitted that all SSPs/SPs were asked to submit report, if any action had been taken under their jurisdiction vide Letter No. 10/Sr. Citizen Cell dated 10.03.2026 of this office."

5. The D.G.P. of Police, Mr Vinay Kumar so also the Additional Director General, Weaker Section, Mr. A.K. Jain

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are present through virtual mode. Since we find that recently after the order was passed by us on 18.02.2026, letters have been issued under Annexure-A/1 to all the S.S.Ps/S.Ps to sensitize all the police stations within their respective jurisdiction to comply the legal provisions of Section 100 of the Mental Health Care Act, 2017, we expect the Additional Director General to collect information from all such District S.S.Ps/S.Ps on a regular basis regarding the steps taken by each of them in sensitizing the police station and the cases which are found out seeking their concern and the steps taken by them in terms of Section 100 of the Mental Health Care Act, 2017 for the treatment as well as rehabilitation of persons suffering from mental health issues.

6. The Additional Director General shall do the needful to give a Toll Free Number by way of public notice at important public places to raise public awareness through print and electronic media and also through prominent digital placement so that whosoever detects such a person who appears to be, *prima facie*, suffering from mental health issues and wandering on the streets can give information over such Toll Free Number to the Authority concerned which is to be made available 24x7 for providing emergency assistance and non-

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emergency support and immediately on getting the information, the concerned S.H.O./the police authorities shall be intimated by the authority to facilitate them to take necessary steps in accordance with Section 100 of the Mental Health Care Act, 2017.

7. Let an affidavit be filed by the next date indicating the steps taken by the different authorities in pursuance of the letter dated 06.03.2026 issued under Annexure-A/1, bringing on record the numbers of the cases detected, the public awareness notices issued in different areas with Toll Free numbers, the steps taken for providing treatment/rehabilitation to such persons having mental health issues in detail.

8. Mr. Pranav Kumar, the I.G. of Prisons appeared through virtual mode and stated that in terms of the order dated 18.02.2026 and in accordance with the provision under Section 103 of the Mental Health Care Act, 2017, some steps have already been taken and some are likely to be taken up at an earliest and he seeks further time to file his response in detail.

In view of such submissions, it is directed that the affidavit/response shall be filed well in advance giving copies to the learned *Amicus Curiae.*

9. In the order dated 18.02.2026, we also sought for

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response from the Bihar Institute of Mental Health and Allied Sciences as to how their institution is performing its duties and carrying out its responsibilities relating to the admission and treatment of persons suffering with mental illness and what provisions have been made by the hospital authorities for supplying free food to the patients, attendants, medicines and to maintain cleanliness and hygiene of the hospital and to create a positive environment.

In terms of such order, an affidavit has been filed by Dr. Jayesh Ranjan, Director, BIMHAS, Koilwar, who is also present virtually with the Health Secretary, in which, it is stated as follows:-

> "**6**. That the decision was taken in the fourth meeting of Managing Committee of Bihar State Institute of Mental Health and Allied Sciences held on 12-04-2012 to supply food to the patients and attendants.
>
> **7**. That with regard to supply of food to the patients and attendants and maintenance of cleanliness and hygiene of the hospital it is humbly submitted that free food is being supplied to the attendants and patients in Bihar State Institute of Mental Health and Allied Sciences and for

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supply of free food and maintenance of cleanliness and hygiene of the hospital a memorandum of understanding has been signed between Bihar Rural Livelihoods Promotion Society and Bihar State Institute of Mental Health and Allied Sciences on 1st August, 2022 for five years with condition that subject to satisfactory performance the duration of the MOU may be further extended on mutually acceptable terms and conditions.

8. That Rs.182.325/- per day per patient is being paid for supply 8. of free food with effect from 01-10-2025 and to this effect an order has been issued by the Director, Bihar State Institute of Mental Health and Allied Sciences vide Memo No. 704 dated. 31-12-2025.

9. That the State Government took a decision vide Resolution contained in Memo No. 1729(12) dated 08-12-2022 to insure free supply of medicines to patients and accordingly 144 types of medicines are being supplied to the Bihar State Institute of Mental Health and Allied Sciences which are being given to the patients free of cost as per

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requirement.

10. That to create a positive environment a Library Room with magazines and newspapers is available, facilities for indoor games (Ludo, Carrom Board and Chess) and outdoor games (Cricket, Foot-ball and Badminton) are available, materials for painting and drawing are available Television has also been provided.

11. That for performing its duties and carrying out its responsibilities relating to the admission and treatment of persons with mental illness at present six departments i.e. Psychiatry, Clinical Psychology, Psychiatric Social Work, Physiotherapy, Occupational Therapy and Pathology are working under which facilities of EEG, ECT, Pathology, Psychological Testing (IQ assessment, Psycho Diagnostics Testing, Personality assessment), Occupation Therapy, Physiotherapy are available for treatment of patients and a rehabilitation unit has also been established.

12. That after treatment the address of unknown patients are searched and they are sent to their home and those

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treated persons whose home could not be found they have been rehabilitated and sent to Half Way Homes. The details of patients sent to their home and rehabilitated patients are being brought to the notice of the Hon'ble Court for kind consideration.

13. That one Legal Aid Clinic has also been established in Bihar State Institute of Mental Health and Allied Sciences to provide free legal aid and consultations to needy patients.

14. That at present number of available beds for Male, Female and Prisoners are 100, 60 and 20 respectively which would be enhanced in near future.

15. That it is humbly submitted that due to proper treatment and healthy environment the number of patients are gradually increasing which would be evident from the annual report of 2025 of OPD and IPD patients who got treatment in previous years."

10. After going through the response filed by the State, though it appears that the persons after being cured from mental ailment are sent to half-way homes whose families are not coming out to receive them and they were provided with

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vocational training in the half-way homes, but it is not clear as to what sorts of vocational trainings are being imparted to them and what is the outcome of such training. If such persons are being trained in a particular skill, then the government should make necessary arrangement in providing them work and finance also so that they can make themselves self-sufficient reducing their dependency on others which would enable them to return to mainstream of the society.

Learned *Amicus Curiae* has pointed that there are only two half-way homes in the State of Bihar i.e. at Gayajee and Patna, where the vocational trainings are being imparted.

On the next date, the State shall submit a report disclosing the details of the vocational training imparted to the persons who were getting cured from the mental ailment and being lodged in such half-way homes and the finance and the work provided to them to make them self-sufficient and also for opening up such half-way homes in other parts of the State.

11. The learned *Amicus Curiae*, Mr. Raju Patel and Ms. Anukriti Jaipuriyar have filed their reports. Both the learned *Amicus Curiae* submitted that as per the order dated 18.02.2026, they visited the BIMHAS and accordingly they have given their suggestions in their reports, wherein, it is stated about ‘what are

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the duties of BIMHAS' which are as follows:-

> "BIMHAS must strictly enforce the statutory provisions of Mental Healthcare Act, 2017 to safeguard the patient autonomy, dignity, and human rights across all stages of care. This legal compliance guarantees informed consent, prevents abusive practices, and ensures independent judicial oversight via MHRBs. The primary provisions include:
>
> **Section 85 (Independent Admission):** Mandates that any adult capable of making mental healthcare decisions has the right to request independent admission to a mental health establishment, and the medical officer must admit them if the severity of the illness warrants it.
>
> **Section 86 (Independent Treatment):** Ensures independently admitted patients are not subjected to treatment without their informed consent, and they retain the right to direct their care.
>
> **Section 87 (Admission of Minors):** Dictates that a minor can only be admitted under the request of their nominated representative (guardian)

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and requires the medical officer to conduct regular reviews of the minor's condition to ensure continued hospitalization is absolutely necessary.

Section 88 (Discharge of Independent Patients): Establishes the absolute right of an independently admitted patient to be discharged immediately upon their request.

Section 89 (Supported Admission up to 30 Days): Governs involuntary admissions for patients with "high support needs" who are incapable of making treatment decisions. It mandates that such admission must be justified by two medical practitioners/psychiatrists and is strictly limited to a maximum of 30 days to prevent prolonged illegal detention.

Section 90 (Supported Admission Beyond 30 Days): Mandates that if a patient requires supported admission beyond the initial 30 days, the medical officer must explicitly apply to the Mental Health Review Board (MHRB) for an extension, ensuring judicial oversight for long-term institutionalization.

Section 91 (Leave of Absence):

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Allows a medical officer to grant a patient a temporary leave of absence to reside in the community, subject to specific conditions, to facilitate social reintegration.

Section 92 (Absence without Leave): Lays down the protocol for involving the police to safely return a patient who has absconded from the facility, ensuring their safety without criminalizing their absence.

Section 93 (Transfer of Patients): Strictly regulates the transfer of patients between different mental health establishments, requiring the consent of the patient or their nominated representative.

Section 94 (Emergency Treatment): Authorizes medical officers to provide emergency treatment without consent only for a maximum of 72 hours, and solely to prevent imminent death or irreversible harm..

Section 95 (Prohibited Procedures): Explicitly outlaws cruel and degrading medical practices. It completely prohibits chaining patients, performing Electro-Convulsive Therapy (ECT) without muscle relaxants and anaesthesia, and absolutely forbids the

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use of ECT on minors without prior MHRB permission.

Section 96 (Restriction on Psychosurgery): Mandates that psychosurgery can only be performed with the patient's informed consent and the explicit approval of the MHRB, preventing forced invasive brain surgeries.

Section 97 (Restraints and Seclusion): Strictly regulates physical restraints, dictating that they must never be used as a form of punishment or substitute for staff shortages. Restraints are only permitted to prevent imminent harm, must be authorized by a psychiatrist, and must be reported to the nominated representative within 24 hours.

Section 98 (Discharge of Supported Patients): Outlines the duty of the medical officer to discharge a patient under supported admission the moment they regain the capacity to make independent mental healthcare decisions."

12. The learned *Amicus Curiae* in their report have also pointed out the areas of concern to be looked into by the

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State as well as the BIMHAS, which are as follows:-

Areas of Concern

6.1 State

6.1.1. **Non-Compliance of holding periodic meetings within 6 months of Mental Health Review Boards (MHRBs)-** Firstly, The State has for the first time, in 2019 constituted the MHRB But, instead of holding statutory periodic meetings every six months, which is a statutory requirement, it has met once in 3 years of constitution.

6.1.2. **Failure to Establish a Functional State Mental Health Authority (SMHA)-** As per the tenet of the provisions, Despite the Mental Healthcare Act (MHA) passing in 2017, the State exhibited inordinate delays, only appointing a CEO in 2019 and erroneously nominating non-statutory "ex-officio" members instead of required non-official members. The State's initial attempts to constitute the State Mental Health Authority relied entirely on nominating government "ex-officio" members, bypassing the strict statutory mandate to include independent, non-official domain

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experts and civil society representatives.

6.1.3. **Failure to Establish Half-Way Homes-** In direct violation of Section 19(3) of the MHA and global directives for community-based care, the State has not funded or established less restrictive accommodations like supported living, group homes, or sheltered shelters for patients abandoned by their families.

6.1.4. **Failure to Publish a Mental Health Establishment Register-** The State has not published an accessible online register of all mental health establishments in accordance with Section 55 of the MHA, severely hindering transparency and public access to care.

6.1.5. **Non-Compliance of Section 29, MHA,2017 (Public Health Programs)-** Authorities have failed to provide the necessary plans, designs, or implementation strategies for preventive public mental healthcare programs and anti-stigma campaigns, which shows lack of will.

6.1.6. **Inadequate Inter Departmental Rehabilitation-** The State also in violation of section 32 of

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the Act, lacks synchronized policies between health, education, and social welfare departments to ensure access to supported employment, education, and social security benefits for persons with psychosocial disabilities, which is vital for a holistic recovery approach. Once, the patients are treated and transferred to their home districts, the District Health Volunteer should step in monitor the periodic reviews. Besides, the social security department should take over the plans and schemes for re-integration of the treated patients with their family and for providing employment opportunities as well periodic reviews and monitoring.

6.1.7. **Lack of adequate Mental Health Support in State Schools-** Zero percent of primary and secondary schools run by the state government employ a part-time or full-time mental health professional. This misses a critical opportunity for early intervention and mental health promotion among adolescents, who form a major percentage of the state's population.

6.1.8. High Out-of-Pocket

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Medication Costs- Even though all the medications are distributed free of cost in the BIMHAS facility, however, psychotropic drugs are largely unavailable at primary and secondary health centres, financial accessibility is a major barrier.

6.1.9. **Failure to Reintegrate Unclaimed Patients-** Police frequently drop off lawaris (unclaimed) patients at mental health facilities but refuse responsibility for their safe return, even when patients later recall their home addresses. This underscores an urgent need to sensitize law enforcement regarding their legal duties under the Mental Healthcare Act.

6.2. BIHAR STATE INSTITUTE OF MENTAL HEALTH AND ALLIED SCIENCES KOELWAR, BHOJPUR

6.2.1. **Operational Delay of the De-addiction Centre-** Although the physical construction of a dedicated De-addiction Centre within the BIMHAS campus is fully complete, it remains non-operational. Administrative lethargy has delayed its official handover to the hospital

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administration, depriving patients with substance abuse disorders of immediate and specialized care.

6.2.2. **Traffic & Environmental Congestion-** An active sand mining site (Balu Ghat) located approximately 3.5 km from the institution significantly disrupts the therapeutic environment of the facility as well as faces accessibility issue due to load of heavy traffic by trucks plying round the clock on the approach road of the hospital. The continuous movement of heavy trucks, along with associated noise and dust pollution, adversely affects the surroundings of the institution. This disturbance is not confined to the premises alone but also impacts the approach road leading to the facility, which is frequently used by patients and staff. As the same route is extensively used by trucks transporting sand, the safety of patients is compromised and the likelihood of accidents involving patients increases considerably. Hence, a diversion route for plying of trucks should be devised to ensure safe access to the Hospital and the patients which have a daily average footfall of

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more than 300-400 mentally ill-patients.

6.2.3. **Half-Way Homes (MI Home)-** The Mental Illness Cured Home (MI Home) is severely restricted to a capacity of just 50 male and 50 female beds. This bottleneck prevents the timely discharge and social rehabilitation of cured patients, leading to blocked hospital beds. Half way homes presently exist in only two district, it should increase to cater the needs of patients of all districts of Bihar.

6.2.4. **Missing Specialized Legal Units-** Although general legal aid services are currently being provided, the specialized "Mano Nyay Legal Services Clinic, mandated under the NALSA Scheme, 2024, has not yet been formally established at the institution. The non-establishment of this dedicated clinic represents a significant gap in the implementation of the scheme, which specifically envisages structured legal aid, rights protection, and focused legal support for persons with mental illness and intellectual disabilities.

6.2.5. **Statutory Void-** The most

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critical challenge is the failure to constitute the Mental Health Review Board (MHRB), stripping patients of their right to challenge involuntary admissions and report grievances.

6.2.6. **Open Manholes and Campus Safety Hazards-** The presence of open manholes across the hospital campus poses a severe and immediate physical hazard, particularly for psychiatric patients suffering from impaired spatial awareness or those under heavy sedation. To prevent fatal accidents, the executing agency (BMSICL/PWD) must be directed to immediately secure all open 33 shafts with heavy-duty, tamper-proof covers and conduct a rigorous, campus-wide safety audit.

6.2.7. **Dampness and Seepage in multiple rooms-** Severe dampness, peeling paint, and water seepage in the wards actively violate the statutory mandate for safe and hygienic living conditions under the Mental Healthcare Act. The hospital administration must urgently initiate structural waterproofing, repair internal plumbing leakages, and improve ward ventilation to prevent

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the proliferation of Mold and subsequent respiratory infections among the inmates.

6.2.8. **Absence of an Intensive Care Unit (ICU)-** The complete absence of an in-house Intensive Care Unit forces the administration to refer and transport acute medical emergencies to the nearby Sadar Hospital, resulting in a critical loss of resuscitation time. The Health Department must urgently sanction and establish a dedicated 5-bed emergency ICU within the BIMHAS campus, fully equipped with life-support ventilators and crash carts, to manage severe drug reactions, self-harm trauma, or acute comorbidities.

6.2.9. **Unavailability of a Dedicated Anaesthetist-** The facility currently lacks a full-time, dedicated anaesthetist, which severely bottlenecks the administration of Modified Electro-Convulsive Therapy (ECT)-a procedure strictly mandated by law to be performed only under muscle relaxants and anaesthesia. The State Health Society must immediately depute a permanent anaesthetist to the institute to ensure these crucial psychiatric interventions are

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conducted safely, legally, and without clinical delay.

6.2.10. **Deficient Afforestation and Eco-Therapy Measures-** Despite the vast campus area, there is a glaring lack of afforestation measures by the Department of Environment, Forest, and Climate Change, leaving the grounds barren and unsuitable for restorative care. A coordinated, large-scale plantation drive must be legally mandated to create a dense, therapeutic green belt that not only facilitates eco-therapy for the patients but also acts as a crucial natural sound barrier against the adjacent sand mining operations.

6.2.11. Lack of Community Outreach and Skill Training Programs- The absence of structured community outreach and vocational skill training programs severely paralyzes the social reintegration of recovered patients, directly contributing to prolonged, unnecessary institutionalization. The State Mental Health Authority must formally collaborate with the Skill Development Mission to integrate targeted vocational workshops within

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the facility and launch robust, district-level awareness campaigns to destigmatize mental illness and foster community acceptance.

6.2.12. Absence of Community-Based Transition Care- Operating predominantly on an outdated institutionalization model, the facility lacks the integrated community outreach, continuous peer-support networks, employment/living" transition mechanisms that are explicitly mandated by modern recovery-oriented human rights standards. and "supported

6.2.13. **High Occupancy Rates and Extended Stays-** BIMHAS operates under immense pressure, reporting occupancy rates of 89% in 2017 and 93% in 2018. The average length of stay is exceptionally high at 104 days per discharge, reflecting the burden of severe cases and the lack of alternative community discharge options.

6.2.14. **Lack of Dedicated Transportation Facilities-** The absence of a dedicated government bus service connecting the capital city to the facility in Koelwar, Bhojpur, significantly exacerbates distance as a

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> primary barrier to accessing care. This severe lack of direct public connectivity forces vulnerable patients and their caregivers to rely on fragmented and often expensive travel arrangements to reach the state's principal mental health institution.

The concerned authorities shall file their responses by the next date regarding steps taken to deal with and resolve the areas of concern as have been pointed out in the report of the learned *Amicus Curiae.*

13. The Member Secretary, State of Bihar, Legal Services Authorities is present and though as per the order dated 18.02.2026, he was supposed to submit a report regarding the legal aid facilities provided to the persons with mental illness and particularly to those who are coming for treatment to BIMHAS, but he seeks some more time to submit such report.

Let such report be filed within two weeks with the advance copy to the learned counsel for the State as well as the learned *Amicus Curiae.*

The Member Secretary, State of Bihar, Legal Services Authorities shall submit his response to the Clause 6.2.4 of the report of learned *Amicus Curiae* which deals with lack of specialized legal units and the legal aid provided from

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January 2025 to February 2026 as per the graph shown at page no. 19 of the such report of *Amicus Curiae.*

14. The report of the *Amicus Curiae* also contains suggestions and recommendations to facilitate the improvement of the BIMHAS so that it caters to the needs of the mentally ill/challenged persons. The suggestions and recommendations are quoted hereinbelow:-

SUGGESTIONS & RECOMMENDATIONS

"To cure the systemic administrative delays and strictly enforce the mandates of the Mental Healthcare Act, 2017 (MHA) and the NALSA Scheme 2024, the following actionable directives are recommended:"

1. **Mandatory Periodic Meetings of the Mental Health Review Boards (MHRBs):** While the Mental Health Review Boards (MHRBs) have been formally constituted under Section 73 of the MHA, they are failing to convene and function regularly. The SMHA and the Health Department are should be directed to enforce strict compliance ensuring that all designated MHRBs conduct

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mandatory review meetings at least once every six months. Regular convening is absolutely essential to actively review supported (involuntary) admissions, adjudicate patient grievances, and prevent illegal, prolonged institutionalization.

2. **SMHA Fund and Quality Audits:** The Chief Executive Officer of the SMHA must immediately activate the 'SMHA Fund' (Section 62, MHA) to financially empower the regulatory body and initiate structural and quality audits of all mental health establishments to enforce minimum care standards under Section 65.

3. Decentralization via District Mental Health Programmes (DMHP): The Health Department must conduct a comprehensive performance and financial audit of DMHPs across all 38 districts to intercept acute psychiatric cases locally, relieving the unsustainable burden on BIMHAS and fulfilling the statutory guarantee of geographically accessible care under Sections 18(5) and 33 of the MHA.

4. **Capacity Expansion of Mental Illness Cured Home (MI Home):**

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The Social Welfare Department must submit a time-bound blueprint to dynamically expand the capacity of the MI Home beyond its current 100-bed restriction to prevent the institutionalization of recovered patients and protect their right to indefinite community living under Sections 18(4) and 19 of the MHA

5. **Establishment of a Second Institute of Eminence':** The Health Department must formulate an administrative blueprint for a second tertiary psychiatric institute in Bihar, as it is mathematically and clinically impossible for BIMHAS alone to maintain the strict minimum standards required for statutory registration under Section 65 of the MHA given its current footfall.

6. **Designation of the 'Mano Nyay' Legal Services Clinic:** The BSLSA and DLSA, Bhojpur, must formally upgrade the existing legal aid clinic at BIMHAS to a designated 'Mano Nyay Legal Services Clinic' to comply with Para 5.3.1.1 of the NALSA Scheme, 2024, ensuring the right to free legal services under Section 27 of the MHA.

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7. **Diversion of traffic of heavy load Vehicles(like trucks) from the hospital approach road :** The District Magistrate and Superintendent of Police, Bhojpur, in strict coordination with the Mines Department, must permanently halt sand mining operations and heavy truck movement at the Balu Ghat adjacent to BIMHAS to protect the therapeutic environment and the patients' right to dignified care under Article 21 of the Constitution and Section 20 of the MHA. The truck movements causing severe noise and dust should be redirected to an alternate route that already exists.

8. **Execution of Pending Infrastructure:** BMSICL and the PWD must establish and adhere to strict, court-monitored timelines for completing the 140-bed hospital expansion, the attendants' rest house, boundary wall reinforcements, and the demolition of old structures to fulfill the State's duty to provide adequate mental healthcare facilities under Section 18 of the MHA.

9. **Establishment of ICUs:** The Health Department must urgently sanction and establish a dedicated 5-

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bed emergency ICU within the BIMHAS campus, fully equipped with life-support ventilators and crash carts, to manage severe drug reactions, self-harm trauma, or acute comorbidities.

10. **Integration of Digital Psychiatric Helplines:** The Health Department must formally integrate the existing '104 State Helpline' and 'e-Sanjeevani OPD' infrastructure with the national Tele-MANAS (14416) framework to provide 24/7 remote psychiatric consultation, thereby decentralizing access and mitigating the severe physical OPD burden on BIMHAS.

11. **Deployment of Frontline Workers for Grassroots Identification:** The State must actively deploy its previously trained workforce of 93,803 ASHAs and ANMs to proactively identify homeless (Lawaaris) and wandering mentally ill individuals at the Panchayat level, ensuring their immediate rescue and clinical intervention in strict compliance with the statutory duties under Section 100 of the MHA.

12. **Establishment of Psychiatric Wings in Prisons:** The Inspector

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General of Prisons must immediately commence the establishment of dedicated psychiatric wards within central and district jails. Relying solely on the 20-bed prisoner ward at BIMHAS is unsustainable and violates the mandate of Section 103 of the MHA, which requires medical wings in prisons for inmates with mental illness. Additionally, The Inspector General of Prisons must also institute a mandatory digital video-consultation linkage between the medical officers of all district jails and the expert psychiatric panel at BIMHAS. This ensures immediate, remote psychiatric assessments for inmates exhibiting distress, satisfying the custodial healthcare duties under Section 103 of the MHA without requiring physical transport of the prisoner.

13. **Urgent Recruitment of Specialized Mental Health Professionals:** The Health Department must initiate a special, time-bound recruitment drive exclusively for Clinical Psychologists, Psychiatric Social Workers, and Mental Health Nurses to correct the severe clinical disparity of having merely 11

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psychiatrists to manage over 100,000 annual patients at BIMHAS, fulfilling the capacity building mandate of Section 31 of the MHA.

14. **Facilitation of Advance Directives upon Admission:** The Director of BIMHAS must ensure that the institutional admission protocol mandates the medical and legal aid staff to actively counsel and assist every capable patient in drafting an 'Advance Directive' regarding their treatment preferences, ensuring strict compliance with the patient autonomy rights guaranteed under Section 5 of the MHA.

15. **Enforcement of Section 115 (Rehabilitation post-Suicide Attempt):** The Health Department must formulate a binding protocol to ensure that individuals brought to district hospitals following a suicide attempt receive immediate psychiatric care, counseling, and legal shielding from police harassment, enforcing the decriminalization and rehabilitation mandates of Section 115 of the MHA.

16. **Sensitization and Duty of Police Officers (Section 100):** The Director General of Police must mandate

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periodic sensitization training for all Station House Officers (SHOs) to strictly comply with Section 100 of the MHA, ensuring that wandering persons with mental illness are safely transported to the nearest public health facility rather than being subjected to unlawful detention in police lock-ups.

17. **Publication of SMHA Annual Reports (Section 64):** The SMHA must immediately publish its pending Annual Reports detailing all regulatory activities and facility audits, and the State Government must lay these reports before the State Legislature to ensure absolute transparency and legislative oversight as strictly required under Section 64 of the MHA.

18. **Integration of Psychiatric Wards in District Sadar Hospitals:** The Health Department must mandate the establishment of dedicated psychiatric inpatient wards within all District Sadar Hospitals to fulfill the Section 33 mandate of integrating mental healthcare into general healthcare, thereby terminating the unsustainable practice of funneling all acute cases exclusively to BIMHAS.

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19. **Statutory Public Awareness Campaigns (Section 30):** The State Government must launch continuous, state-wide multimedia campaigns in regional dialects to destigmatize mental illness and widely broadcast the rights of patients and the availability of free legal aid, fulfilling the explicit awareness-generation mandate under Section 30 of the MHA.

20. **Unhindered Access to Free Essential Medicines (Section 18):** BMSICL must endure timely-supply and guarantee of an uninterrupted inventory of all psychiatric drugs listed on the Essential Drug List to BIMHAS and district pharmacies, ensuring strict compliance with Section 18(10) of the MHA which guarantees free medication to all persons with mental illness.

21. **Issuance of Disability Certificates (UDID) for Severe Cases:** The Social Welfare Department, in coordination with BIMHAS, must establish a fast-track medical board to issue Unique Disability ID (UDID) cards for patients suffering from chronic,

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treatment-resistant mental illness or intellectual disabilities, ensuring they receive thell financial and welfare benefits guaranteed under the Rights of Persons with Disabilities (RPwD) Act, 2016.

22. **Protection of Maternal Rights in Custody (Section 21):** The hospital administration, supported by the Women and Child Development Corporation (WCDC), Bihar, must ensure the creation of child-friendly enclosures within the female wards to uphold Section 21 of the MHA, strictly ensuring that female patients are not separated from their children under three years of age and that such children receive mandated pediatric and nutritional care.

23. **Vocational Training for Social Reintegration:** The Bihar Skill Development Mission (BSDM) / Social Welfare Department can be directed to introduce targeted, certified vocational and skill-development programs within the Mental Illness Cured Home (MI Home). Merely housing recovered patients is insufficient; the State must actively facilitate their economic independence

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and social reintegration to prevent lifelong institutional dependency.

24. **Patient Data Privacy and Media Restriction (Sections 23 & 24):** The Director of BIMHAS and the local police must enforce a strict zero-tolerance policy against the unauthorized entry of media personnel into the wards. The administration must ensure strict compliance with Sections 23 and 24 of the MHA, prosecuting any individual or publication that releases patient photographs or clinical information without explicit, informed consent.

25. **Legal Aid for Property and Civil Rights:** The DLSA, Bhojpur, must mandate its Panel Lawyers at the BIMHAS legal clinic to actively identify and litigate cases where a patient's external civil rights such as property usurpation by relatives or matrimonial ☑ abandonment-are violated while they are institutionalized, ensuring holistic legal protection beyond mere admission issues.

26. **Quality Control of Outsourced Support Services:** The Health Department must conduct a bi-annual

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quality control audit of the Memorandum of Understanding (MoU) with JEEVIKA. The State/must guarantee that the outsourced food, hygiene, and laundry services strictly meet clinical and nutritional standards, and that the contractual workers handling these tasks receive appropriate hazard training for psychiatric environments.

27. **Expansion of Supported Community Accommodation (Sections 18 & 19):** The Social Welfare Department must formulate and fund schemes for 'Supported Group Accommodations' and 'Sheltered Homes' within local communities. This is necessary for recovered patients who have been permanently abandoned by their families but no longer require the intensive clinical supervision of the MI Home or BIMHAS, upholding their right to live in society under Section 19 of the MHA.

28. **Dedicated Public Transport Connectivity:** The Transport Department must immediately introduce a dedicated, regular bus service directly connecting the

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BIMHAS campus to the capital city of Patna and the nearest major railway stations. This is crucial to fulfill the geographical accessibility mandate of Section 18(5) of the MHA, ensuring patients and their attendants can safely commute without facing exorbitant private transport costs.

29. **Action Against Familial Abandonment of Discharged Patients:** The State must formulate a strict protocol invoking police assistance to trace and counsel capable families who deliberately refuse to take back patients deemed clinically fit for discharge. Enforcing familial responsibility prevents the unlawful "dumping" of relatives, which artificially blocks acute admission beds and violates the discharge protocols under Section 98 of the MHA.

30. **Exemption from Physical Court Appearances:** The State must issue advisories to all trial courts to utilize video-conferencing or appoint Court Commissioners to record statements or testimonies of severely mentally ill patients residing at BIMHAS. This protects patients from the severe

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trauma and relapse risks associated with physical court appearances in civil or criminal matters, fulfilling the reasonable accommodation mandate under Section 12 of the RPwD Act, 2016.

31. **Mental Health Integration in Educational Institutions (Section 29):** The Education Department must mandate the appointment of trained student counselors in all state-run secondary and higher secondary schools. Furthermore, mental health awareness and stress management must be integrated into the educational curriculum to promote early intervention and prevent adolescent suicides, executing the preventive health mandate of Section 29 of the MHA.

The concerned authorities shall go through the feasibility of the valuable suggestions and recommendations given in the report of the learned *Amicus Curiae* and file their responses as to how those can be implemented.

15. Ms. Akansha Malviya, the petitioner appearing in person in the connected matter i.e. CWJC No.19702 of 2021 has pointed out Rule 10 and 11 of **Mental Healthcare (Rights**

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of Persons with Mental Illness) Rules, 2018 which reads as follows:

> "**10**. **Method, modalities and procedure for transfer of prisoners with mental illness.-** 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 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.
> **11**. **Standards and procedures of mental health services in prison.-** The mental health establishment referred to in sub-section (7) of section 103 shall conform to the minimum standards and procedures as specified in Schedule."

16. The I.G. of Prisons submits that he will verify the prescribed modalities and procedures as per Rule 10 and 11 of the **Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2018** and submit his response about its

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compliance.

17. Ms. Akansha Malviya, has also highlighted section 123, which empowers the State Authority to make regulation under **Mental Healthcare Act, 2017**.

Let the learned counsel for the State apprise this Court on the next date whether any such regulations have been made and, if so, then the copy of the regulations shall be annexed to the response.

18. The Union of India through its Secretary, Ministry of Health and Family Welfare, Government of India, New Delhi, shall file the response in terms of the previous order dated 18.02.2026 and also today's order.

19. List these matters on **20.04.2026.**

20. On the next date, **(i)** the Principal Secretary, Health Department; **(ii)** the Secretary, State Mental Health Authority, Bihar; **(iii)** the Director, Bihar Institute of Mental Health and Allied Sciences (BIMHAS); **(iv)** DG of Police, Bihar; and **(v)** the I.G. of Prisons shall remain present virtually.

21. The sincere efforts of the learned *Amicus Curiae* in visiting the hospital as per the directions of this Court and preparing a comprehensive report giving their valuable suggestions are highly appreciated, and we also express our

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thanks to all the officers who appeared through the virtual mode and cooperated in the hearing.

22. The Member Secretary, Bihar State Legal Services Authority is directed to remain present on the next date of hearing.

(Sangam Kumar Sahoo, CJ)

(Harish Kumar, J)

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