

INTERFACE OF LAW AND PSYCHIATRIC PROBLEMS OF CHILDREN

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Children are the most important asset and wealth of a nation. Healthy children make a healthy nation. The children under 15 years of age constitute about 40% of the population and school aged children i.e. 6 to 14 years age constitute 22% of children population¹. The child is not a miniature, but an individual in his own right. The quality of childhood one has lived will determine the ultimate nature of adulthood. The foundations of child's social attitude and skills are laid in the home. Now a days, because of the rapid industrialization and urbanization, majority of young couples are employed, so unavoidably they get less time to look after their children. Under these circumstance, emotional, behaviour and psychiatric problems are on the rise².

Country	0-14 years		15-64 years		65 years and older		Total
	Male	Female	Male	Female	Male	Female	
India	175,228,164	165,190,951	324,699,562	301,821,383	23,925,371	23,138,386	1,014,003,817

Source: Census of India 2001

In India, the earliest document to record child development was Ayurveda. The study of child psychopathology was considered as a downward extrapolation of psychopathology of adults. Thus, the growth of child psychiatry in India has occurred following the growth of adult psychiatric services. Though in the Western world, child mental health services were started about eight decades ago, In India, its origins can be traced back to only about four decades. This is probably because psychiatry was introduced in India by the former colonial powers having a different cultural background and language than that followed by the Indians. There were no opportunities of mental health care for children, as their development rested with the local socio-cultural milieu. It was only when native psychiatrists emerged and were able to understand the existing conditions as a result of communication with the local population that they began some services for the children³

Epidemiology

Epidemiological studies at the community level were initiated about two decades ago. In a multicentric WHO sponsored study of childhood mental disorders in primary health care in four developing countries, Giel et al (1980)⁴ reported that 12% - 29% of children attending a primary

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health care facility in Columbia, India, Senegal and Sudan had identifiable psychiatric disorders of which 80%-90% are consistently missed.

In the urban areas, studies by Sethi et al (1967),⁵ Verghese et al (1974)⁶ and Lal and Sethi (1977)⁷, revealed a prevalence rate of 9.4%, 8.2% and 17.2% respectively, whereas in the rural areas, studies by Sethi et al (1972)⁸ and Nandi et al (1975)⁹ revealed a prevalence rate of 8.09% and 2.5% respectively. Clinic based studies conducted on individual child psychiatric disorders have shown a wide variation in prevalence of behavior disorders, ranging from 3-36% (36% Bassa, 1962¹⁰; 13% Chacko, 1964¹¹; 3.3% Murthy et al, 1974¹²; 3% Praveen et al, 1988¹³; 4.6% Singh and Gupta, 1970¹⁴); and neurotic disorders ranging from 3.7%-54% (Chacko, 1964¹¹; Manchanda and Manchanda, 1978¹⁵; Nagaraja, 1966¹⁶; Praveen et al, 1988¹⁷; Raju et al, 1969¹⁸; Sharma et al, 1980¹⁹). A study conducted on school children by (1981)²⁰, reported a prevalence rate of psychiatric disorders in 20.7% children and the common disorders reported were enuresis (8.8%), mental retardation (5.9%), stammering (2.1%) and emotional problems (1.7%). Another study on school children conducted by Deivasigamani (1990)²¹ reported the prevalence of psychiatric disorders in 33.7% children, and the common disorders were enuresis (14.3%), conduct disorder (11.1%), mental retardation (2.9%) and hyperkinetic syndrome (1.7%)³

In a cross sectional study conducted by Deptt. of psychiatry and Deptt. of community medicine ,PGIMS, Rohtak(2003-07) the **prevalence** of Psychiatric disorders in children was found to be 16.5%. **Conduct disorder** was the most common psychiatric disorder observed (4.5%) in these children followed by **mental retardation** (3.25%). Prevalence was more in male children (18.37%) than in female children (14.44%)¹

Table III: Prevalence of psychiatric problems amongst children.

Problem	Rural (n=400) No.(%)		Urban (n - 400) No.(%)		Total (n - 800) No.(%)	
	No.	%	No.	%	No.	%
Mental retardation (MR)	16	(4)	10	(2.5)	26	(3.25)
Conduct disorder (CD)	19	(4.75)	17	(4.25)	36	(4.5)
Anxiety (Anx.)	7	(1.75)	16	(4)	23	(2.87)
Depression (Dep)	1	(0.25)	2	(0.5)	3	(0.37)
Psychotic symptoms (Psy - Dis)	8	(2)	7	(1.75)	15	(1.87)
Enuresis	5	(1.25)	4	(1)	9	(1.13)
Somnambulism	3	(0.75)	6	(1.5)	9	(1.13)
Pica	2	(0.5)	5	(1.25)	7	(0.88)
Somatization (SOM)	1	(0.25)	3	(0.75)	4	(0.5)
Total	62	(15.5)	70	(17.5)	132	(16.5)

Jaipur study: In a epidemiological study on mental illnesses prevalent in urban and rural population it was found that over all rates of mental disorders was 10.2% of the total population. The child psychiatric morbidity was found higher in the migrant urban population (Gautam & Gahlot 1983-an ICMR Study).

INTERFACE OF LAW AND PSYCHIATRIC PROBLEMS OF CHILDREN- ISSUES RELATED TO TREATMENT AND REHABILITATION

India's Commitment Towards Children's Rights

In India, the post-independence era has experienced an unequivocal expression of the commitment of the government to the cause of children through constitutional provisions, policies, programmes and legislation. The Constitution of India in Article 39 of the Directive Principles of State Policy pledges that "**the State shall, in particular, direct its policy towards securing that the health and strength of workers, men and women, and the tender age of children are not abused, and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength, that children are given opportunities and facilities to develop in a healthy manner, and in conditions of freedom and dignity, and that childhood and youth are protected against exploitation, and against moral and material abandonment.**"

As the responsibility of children's nurture and proper growth is bestowed on the Government, children's programmes have occupied a prominent place in the national plans for human resource development.

The Government of India ratified the Convention on the Rights of the Child on 2nd December, 1992. Accordingly, the government is taking action to review the national and state legislation and bring it in line with the provisions of the Convention.

Review of international literature

CONVENTION ON THE RIGHTS OF THE CHILD ADOPTED AND OPENED FOR SIGNATURE, RATIFICATION AND ACCESSION BY GENERAL ASSEMBLY, UNITED NATIONS

RESOLUTION 44/25 OF 20 NOVEMBER 1989²³

The United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. In the Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance.

The family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community. Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child, Recognizing the importance of international cooperation for improving the living conditions of children in every country, in particular in the developing countries have Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989.

In relation to the interface of law and psychiatric problems of children, the following 5 out of 54 articles of the resolution 44/25 of 20 November 1989 are acknowledging mental health of the child as an important issue which has been addressed .

Article 17

States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and **mental health**.

Article 19

States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or **mental violence**, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Article 23

States Parties recognize that a **mentally** or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Article 25

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or **mental** health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

Article 32

States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, **mental**, spiritual, moral or social development.

The Indian laws

Three important legislations have been enacted by the govt. of india in relation to issues pertaining to rights of children suffering from psychiatric disorders which have direct implications on their psycho-social rehabilitation.

- 1) **The persons with disabilities (equal opportunities, protection of rights & full participation) act, 1995**²⁴.
- 2) **The juvenile justice (care and protection of children) act, 2000**²⁵
- 3) **The national trust for the welfare of persons with autism, Cerebral palsy, mental retardation and multiple Disabilities act, 1999**²⁶

The Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995²⁴ .

"The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995" has come into force on February 7, 1996. This law is an important landmark and is a significant step in the direction of ensuring equal opportunities for people with disabilities and their full participation in the nation building. The Act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, job reservation, research and manpower development, creation of barrier-free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc.

Main Provisions of the Disabilities Act :

- Preventions and Detections of Disabilities
- Education
- Employment
- Non-Discrimination
- Research and Manpower Development
- Affirmative Action
- Social Security
- Grievance Redressal

Prevention and early detection of disabilities

- Surveys, investigations and research shall be conducted to ascertain the cause of occurrence of disabilities.
- Various measures shall be taken to prevent disabilities, Staff at the Primary health Centre shall be trained to assist in this work.
- All the Children shall be screened once in a year for identifying `at-risk' cases.
- Awareness campaigns shall be launched and sponsored to disseminate information.
- Measures shall be taken for pre-natal, perinatal, and post-natal care of the mother and child.

Education

"Right to free Education"

- Every child with disability shall have the rights to free education till the age of 18 years in integrated schools or special schools.
- Appropriate transportation, removal of architectural barriers and restructuring of curriculum and modifications in the examination system shall be ensured for the benefit of children with disabilities.
- Children with disabilities shall have the right to free books, scholarships, uniforms and other learning material.
- Special School for children with disabilities shall be equipped with vocational training facilities.
- Non-formal education shall be promoted for children with disabilities.
- Teacher's Training Institutions shall be established to develop requisite manpower.
- Parents may move to appropriate fora for the redressal of grievances regarding the placement of their children with disabilities.

Employment

1. 3% of vacancies in government employment shall be reserved for people with disabilities, 1% each for persons suffering from :
 - Blindness or Low vision
 - Hearing Impairment
 - Locomotor Disability & Cerebral Palsy
2. Suitable schemes shall be formulated for
 - The training and welfare of persons with disabilities
 - The relaxation of upper age limit
 - Regulating the employment
 - Health and safety measures and creation of a non-handicapping environment in places where persons with disabilities are employed.
3. Government Educational Institutes and other Educational Institutes receiving grant from Government shall reserve at least 3% seats for people with disabilities.
4. All poverty alleviation schemes shall reserve atleast 3% for the benefit of people with disabilities.
5. No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay and condition. No promotion can be denied because of impairment.

Affirmative Action

1. Aids and Appliances shall be made available to people with disabilities.
2. Allotment of land shall be made at concessional rates to the people with disabilities for :
 - House
 - Business
 - Special Recreational Centres
 - Special Schools
 - Research Schools
 - Factories by Entrepreneurs with Disability

Non-Discrimination

- Public buildings, rail compartments, buses, ships and air-crafts will be designed to give easy access to disabled people.
- In all public places and in waiting rooms, toilets shall be wheel chair accessible. Braille and sound symbols are also to be provided in lifts.
- All the places of public utility shall be made barrier-free by providing ramps.

Research and Manpower Development :

Research in the following areas shall be sponsored and promoted :

- Prevention of Disability
- Rehabilitation including CBR
- Development of Assistive Devices
- Job Identification
- On site Modifications of Offices and Factories

Financial assistance shall be made available to the universities, other institutions of higher learning, professional bodies and non-government research units or institutions, for undertaking research for special education, rehabilitation and manpower development.

Social Security

- Financial assistance to non-government organisations for rehabilitation of persons with disabilities.
- Insurance coverage for the benefit of the government employees with disabilities
- Unemployment allowance to people with disabilities registered with the special employment exchange for more than a year and who could not be placed in any gainful occupation.

Grievances Redressal

In case of violation of rights as prescribed in that act, people with disabilities may move an application to :

- Chief Commissioner for Persons with Disabilities in the Centre or
- Commissioner for Persons with Disabilities in the States.

THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT, 2000²⁵

To provide for the care, protection, treatment, development and rehabilitation of neglected or delinquent juveniles and for the adjudication of certain matters relating to, and disposition of, delinquent juveniles the Juvenile Justice Act, 1986 (53 of 1986) was enacted by Parliament. The Government of India, having ratified the United Nations Convention on the Rights of the Child, has found it expedient to re-enact the existing law relating to juveniles bearing in mind the standards prescribed in the Convention on the Rights of the Child, the United Nations Standard Minimum Rules for the Administration of Juvenile Justice, 1985 (The Beijing Rules), the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (1990), and all other relevant international instruments. To achieve this objective the Juvenile Justice (Care and Protection of Children) Bill was introduced in the Parliament. It came on the statute book as the juvenile justice (care and protection of children) act, 2000 (56 of 2000).

The main highlights of the act are

1. Chapter-1: **PRELIMINARY**
 1. **Short title, extent and commencement.**- (a) This Act may be called the Juvenile Justice (Care and Protection of Children) Act, 2000.
(b) it extends to the Whole of India except the State of Jammu and Kashmir.
 2. definitions of various terms pertaining to the act.
 3. provide guidelines pertaining to continuation of Inquiry in respect of juvenile who has ceased to be a juvenile.
2. Chapter-2: **JUVENILE IN CONFLICT WITH LAW**
 1. It deals with the constitution of the Juvenile Justice Board.
 2. Describes procedure, etc. in relation to Board.
 3. Describes powers of Juvenile Justice Board.
 4. Describes procedure to be followed by a Magistrate not empowered under the Act.
 5. Provide guidelines to the state for establishment and maintenance of observation homes for the temporary reception of any juvenile in conflict with law during the pendency of any inquiry regarding them under this Act.
 6. Provide guidelines to the state for establishment and maintenance of special homes in every district or a group of districts, as may be required for reception and rehabilitation of juvenile in conflict with law under this Act.

7. Provide guidelines for apprehension of juvenile in conflict with law
 8. Provide guidelines for control of custodian over juvenile
 9. Provide guidelines bail of juvenile
 10. Provide guidelines pertaining to providing information to parent, guardian or probation officer Where a juvenile is arrested
 11. Describes the procedure of Inquiry by Board regarding juvenile
 12. Provide guidelines pertaining to Orders that may be passed regarding juvenile
 13. Provide guidelines pertaining to Orders that may not be passed against a juvenile
 14. States that no juvenile shall be charged with or tried for any offence together with a person who is not a juvenile.
 15. States that a juvenile who has committed an offence and has been dealt with under the provisions of this Act shall not suffer disqualification, if any, attaching to a conviction of an offence under such law.
 16. Gives special provision in respect of pending cases
 17. Strictly prohibits publication of name, etc., of juvenile involved in any proceeding under the Act
 18. Provision of punishment for cruelty to juvenile or child
 19. Provision of punishment for Employment of juvenile or child for begging
 20. Provision for penalty for giving intoxicating liquor or narcotic drug or psychotropic substance to juvenile or child
 21. Provision for punishment for exploitation of juvenile or child employee
- 3) Chapter-3: **CHILD IN NEED OF CARE AND PROTECTION**
1. This chapter deals with the constitution , working, powers and management and regulation of Child Welfare Committee
 2. Provide guidelines to state govt.for establishment and maintenance either by itself or in association with voluntary organisations, children's homes, in every district or group of districts
 3. Provide guidelines to the State Government may to recognise, reputed and capable voluntary organisations and provide them assistance to set up and administer as many shelter homes for juveniles or children as may be required.
- 4) Chapter-4: **REHABILITATION AND SOCIAL REINTEGRATION**
1. It states that the rehabilitation and social reintegration of a child shall begin during the stay of the child in a children's home or special home
 2. The rehabilitation and social reintegration of children shall be carried out alternatively by (i) adoption, (ii) foster care, (iii) sponsorship, and (iv) sending the child to an after-care organization. This chapter provide guidelines for the same.
- 5) Chapter-5: **MISCELLANEOUS**
- The chapter**
- i. Directs any competent authority before which a juvenile or the child is brought under any of the provisions of this Act, may, whenever it so thinks fit, require any parent or guardian having the actual charge of or control over the juvenile or the child to be present at any proceeding in respect of the juvenile or the child

- ii. Directs the competent authority to dispense with his attendance and proceed with the inquiry in the absence of the juvenile or the child if the attendance of the juvenile or the child is not essential for the purpose of inquiry.
- iii. directs the competent authority to send the juvenile or the child to any place recognised to be an approved place in accordance with the rules made under this Act for such period as it may think necessary for the required treatment of juvenile or child suffering from dangerous diseases
- iv. directs the competent authority to make due inquiry so as to the age of that person and for that purpose shall take such evidence as may be necessary (but not an affidavit) and shall record a finding whether the person is a juvenile or the child or not, stating his age as nearly as may be.
- v. Directs the competent authority , if satisfied after due inquiry to , send the juvenile or the child back to a relative or other person who is fit and willing to receive him in the case of a juvenile or the child, whose ordinary place of residence lies outside the jurisdiction of the competent authority before which he is brought
- vi. Guidelines regarding procedure in inquiries, appeals and revision proceedings
- vii. Provide guidelines pertaining to transfer of juveniles, children between different children homes, transfer of juvenile or child of unsound mind or suffering from leprosy or addicted to drugs
- viii. Provide guidelines regarding release and absence of juvenile or child on placement
- ix. Provide guidelines pertaining to establishment and functioning of Central, State, district and city advisory boards
- x. Provide guidelines for formation and working of 63. Special juvenile police unit in every police station
- xi. Directs the State Government to, by notification in the Official Gazette, make rules to carry out the purposes of this Act.

**THE NATIONAL TRUST FOR THE WELFARE OF PERSONS WITH AUTISM,
CEREBRAL PALSY, MENTAL RETARDATION AND MULTIPLE
DISABILITIES ACT, 1999²⁶**

To provide for the constitution of a body at the National level for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities and for matters connected therewith or incidental thereto, the following Act of Parliament received the assent of the President on the 30th December, 1999 and is hereby published for general information.

- 1) Chapter-1: **preliminary**
 - a) Definitions of various terms pertaining to the act
 - b) It extends to the whole of India except the State of Jammu & Kashmir
 - 2) Chapter-2:
 - a) describes the constitution of the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability, etc
- (1) With effect from such date as the Central Government may, by notification, appoint there shall be constituted, for the purposes of this Act, a body by the name of the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, which shall be

- a body corporate by the name aforesaid, having perpetual succession and a common seal, with power, subject to the provisions of this Act, to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall, by the said name, sue or be sued.
- (2) The general superintendence, direction and management of the affairs and business of the Trust shall vest in a Board which may exercise all powers and do all acts and things which may be exercised or done by the Trust.
 - (3) The head office of the Trust shall be at New Delhi and the Board may, with the previous approval of the Central Government, establish offices at other places in India.
 - (4) The Board shall consist of-
 - (a) a Chairperson to be appointed by the Central Government from amongst the persons having expertise and experience in the field of autism, cerebral palsy, mental retardation and multiple disability;
 - (b) nine persons to be appointed in accordance with such procedure as may be prescribed from amongst the registered organisations out of which three members each shall be from voluntary organisations, associations of parents of persons with autism, cerebral palsy, mental retardation and multiple disability and from associations of persons with disability, members; Provided that initial appointment under this clause/shall be made by the Central Government by nomination;
 - (c) eight persons not below the rank of Joint Secretary to the Government of India nominated by the Government to represent the Ministries or Departments of Social Justice and Empowerment, Women and Child Development, Health and Family Welfare, Finance, Labour, Education, Urban Affairs and Employment and Rural Employment and Poverty Alleviation, Members, ex officio;
 - (d) three Persons to be nominated by the Board representing the associations of trade, commerce and industry engaged in philanthropic activities, members;
 - (e) The Chief Executive Officer, who, shall be of the rank of Joint Secretary to the Government of India, Member-Secretary, ex officio.
 - (5) The Board may associate with itself, in such manner and for such purposes as may be determined by regulations, any person whose assistance or advice it may desire for carrying out the objects of the Trust.
 - i. Provided that such person shall have a right to take part in the discussions relevant to that purposes but shall not have a right to vote at a meeting of the board and shall not be a member for any other purposes.
 - ii. Provided further that the maximum number of persons so associated shall not exceed eight and so far as possible persons so associated shall belong to the registered organizations or from the professionals.

The chapter also

- ✍ defines term of office of Chairperson and Members, meeting of Board, etc.
- ✍ describes the functioning of the board.

1) Chapter-3: **OBJECTS OF THE TRUST**

- a) to enable and empower persons with disability to live as independently and as fully as possible within and as close to the community to which they belong;
- (b) to strengthen facilities to provide support to persons with disability to live within their own families;
- (c) to extend support to registered organisations to provide need based services during period of crisis in the family of persons with disability;
- (d) to deal with problems of persons with disability who do not have family support;
- (e) to promote measures for the care and protection of persons with disability in the event of death of their parents or guardians;

- (f) to evolve procedure for the appointment of guardians and trustees for persons with disability requiring such protection;
 - (g) to facilitate the realisation of equal opportunities, protection of rights and full participation of persons with disability; and
 - (h) to do any other act which is incidental to the aforesaid objects.
- 4) Chapter-4: **POWERS AND DUTIES OF THE BOARD**
- a) to receive from the Central Government a one-time contribution of rupees one hundred crores for a corpus, the income whereof shall be utilised to provide for adequate standard of living for persons with disability;
 - b) to receive bequests of movable property from any person for the benefit of the persons with disability in general and for furtherance of the objectives of the Trust in particular;
 - c) receive from the Central Government such sums as may be considered necessary in each financial year for providing financial assistance to registered organisations for carrying out any approved programme. The approved programmes are
 - ? any programme which promotes independent living in the community for
 - ? persons with disability by-
 - (i) Creating a conducive environment in the community;
 - (ii) Counseling and training of family members of persons with disability;
 - (iii) Setting up of adult training units, individual and group homes;
 - ? any programme which promotes respite care, foster family care or day care service for persons with disability;
 - ? setting up of residential hostels and residential homes for persons with disability;
 - ? development of self-help groups of persons with disability to pursue the realisation of their rights;
 - ? setting up Local Level Committee to grant approval for guardianship; and such other programmes which promote the objectives of the Trust.
- 5) Chapter-5: **PROCEDURE FOR REGISTRATION**
- a) it states that any association of persons with disability, or any association of parents of persons with disability or a voluntary organisation whose main object is promotion of welfare of persons with disability may make an application for registration to the Board.
 - b) defines the procedure and eligibility criteria for application for registration
- 6) Chapter-6: **LOCAL LEVEL COMMITTEE**
- a) provide guidelines for constitution of local level committees
 - b) provide guidelines for appointment of guardianship and states the duties of guardian and procedure for removal from guardianship
- 7) Chapter-7: **ACCOUNTABILITY AND MONITORING**
- a) describes the provisions for accountability of the books and documents in the possession of the Board shall be open to inspection by any registered organisation.
 - b) states that the board should monitor and evaluate the activities of the registered organizations who are receiving financial assistance from the Trust.
- 8) Chapter-8: **FINANCE, ACCOUNTS AND AUDIT**
- a) deals with funding accounting and auditing of the trusts.
- 9) Chapter-9: **MISCELLANEOUS**

Implications

The above mentioned three laws empower the children suffering from psychiatric disorders for equal opportunities in comparison to other physically disabled children.

A provision has also been made to provide justice to the juvenile offenders so that they may be brought back to the mainstream of the society by psycho-social rehabilitation and counseling measures

Sufficient amount of budget has been provided under the national trust act for rehabilitating children with cerebral palsy, autism and mental retardation with a provision of providing them **financial and social security**.

The reservation policy suggests 3% reservation for handicap persons. The type and nature of employments should be identified for different levels of disability and it should be enforced

All these laws have been enacted from 1995 to 2000 which shows the amount of socio-political awareness which has generated towards these special sections of the child population which need special attention for **rehabilitation and social integration**.

These laws on one hand provide opportunities to the children they also provide a **psychological protection to the suffering parents** who live in an apprehension as to what is going to happen to their children after their lifetime.

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