

INSIDE A PSYCHIATRIC WARD

# PATIENTS RIGHTS UNDER MENTAL HEALTH ACT

Rights of Residents under the Mental Health Act, applicable to all residents of this psychiatric hospital:

- To maintain their dignity and self-respect
- To have the right to receive the highest quality treatment
- To be protected from neglect and abuse
- To have appropriate arrangements for legal counsel and redressal during admission
- To receive a proper and comprehensive explanation about the treatment after the diagnosis of the resident's illness
- Treatment of residents who require permission and are deemed incapable of consent will be carried out in the presence of their guardian or nearest relative
- Any complaint/grievance regarding treatment can be reported to the appropriate competent authority
- Residents will receive free food, water, clothing and other necessary items

By order of, Prof. Dr. Unnamed, Director

At the entrance to the psychiatric ward, a board (reproduced exactly on the left page) displays the rights of persons with mental illness under the Mental Healthcare Act, 2017.

The words are clear. They are printed in the local language of the state.

This zine begins just after that point of entrance where rights stay outside the ward.

It collates the **institutional practices** and *voices of people* living within the wards by juxtaposing them with one another.

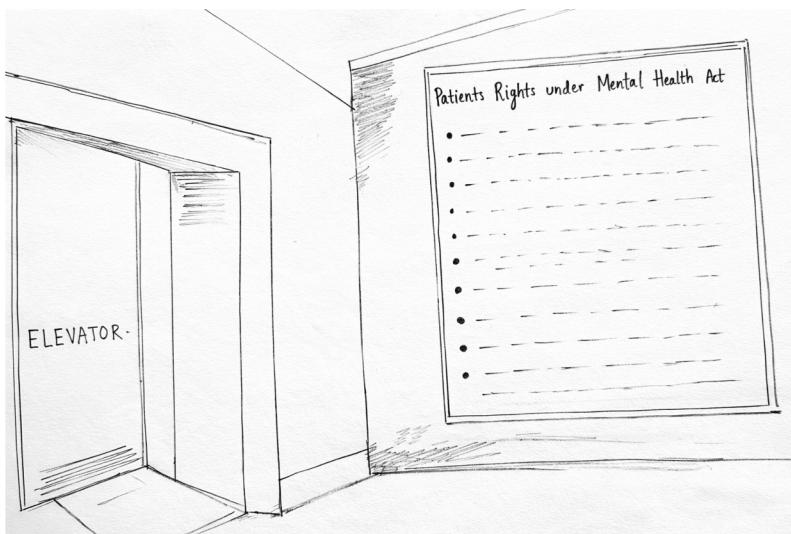
# **ADMISSION DOES NOT REQUIRE CONSENT OF THE PATIENT**

**Admission on the basis of guardian's  
consent**

“The doctor did not ask me if  
I wanted to stay here.”

“My husband brought me here.”

“They just left me here.”



**24x7**

**LOCKED  
GATES**

“Let me go home.”

“This feels like a prison. What have I done to get this treatment?”

“I really want to go outside.”

PATIENT

CONTINUOUS

SUPERVISION



“I can’t lie down right now, they  
are watching me.”

# Therapeutic Routine

Structured daily activities are designed to promote recovery, stability, and well-being

Participation is encouraged

Packaged as care, but practised like...

# **ENFORCED ROUTINE EVERYDAY**

**Daily schedule must be followed.**

**Non-participation will be noted.**

**Repeated refusal may delay discharge.**

**Medication**

**Medication**

**Medication**

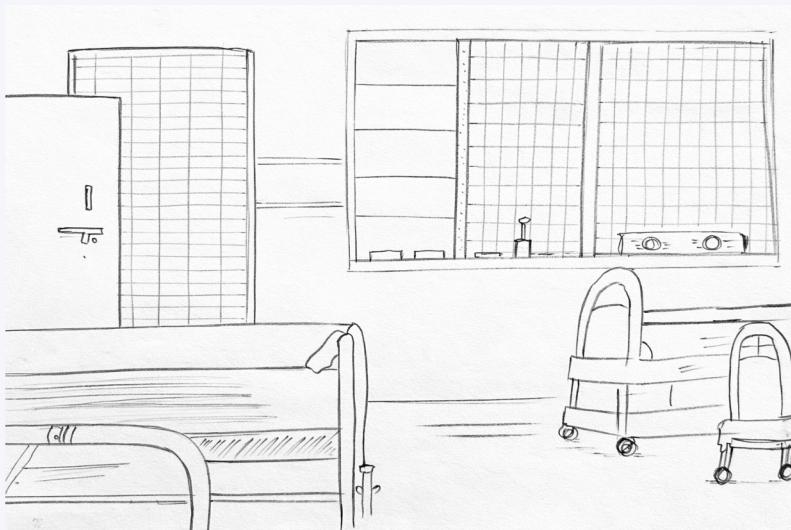
# **TREATMENT COMPLIANCE**

**Medication**

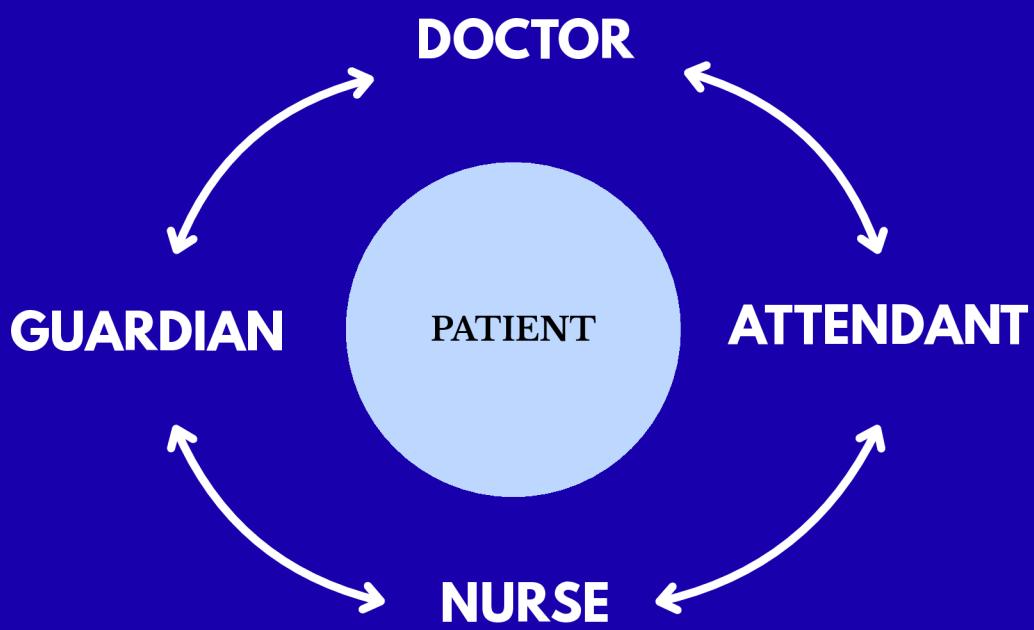
**Medication**

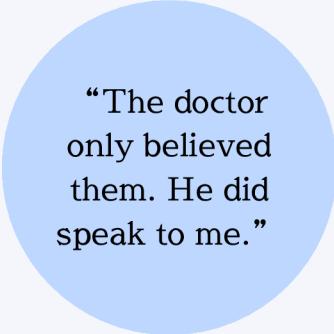
**Medication**

“I don’t know what these medicines are for.”



“I take the medicines but I don’t feel any different.”





“The doctor  
only believed  
them. He did  
speak to me.”

# CASE HISTORY ONLY AS PER GUARDIAN

- **Behavior** \_\_\_\_\_
- **Symptoms** \_\_\_\_\_
- **Duration** \_\_\_\_\_

Hospital records do not mention histories of familial conflict, abuse of any kind, or gender-based violence.

*Within the ward, the voices of service users shrink, are unheard, and forgotten behind. The institution dominates through mandates, regulations, and disciplinary mechanisms.*



.... a scribble on a ward wall

## Notes:

- Institutional practices are framed as care aimed at recovery. In everyday enactment, these practices often blur into a tension between care and control.
- Psychiatric hospitals are not inherently harmful. In moments of crisis, particularly when immediate safety is at risk, they may offer necessary safety and support
- This zine is based on interviews and observations conducted inside a psychiatric ward of a public hospital in India. All quoted voices belong to people institutionalised within the ward.

*Locked  
Unheard  
Forgotten*

**IS THIS WHAT MENTAL  
HEALTH CARE LOOKS LIKE?**

A zine on “Inside a Psychiatric Ward” by Neha Jain, supported by the Researchers in Global South Grant by the Society for the Psychological Study of Social Issues (APA Division 9).

Illustrations by Kesar Jain.