

**MENTAL HEALTH ACT,
B.E. 2551 (2008)**

BHUMIBOL ADULYADEJ, REX;
Given on the 13th Day of February B.E. 2551;
Being the 63rd Year of the Present Reign.

His Majesty King Bhumibol Adulyadej is graciously pleased to proclaim that:
Whereas it is expedient to have a law on mental health;

This Act contains certain provisions in relation to the restriction of rights and liberties of a person, in respect of which section 29 in conjunction with section 32 and section 33 of the Constitution of the Kingdom of Thailand so permit by the virtue of law;

Be it, therefore, enacted by the King, by and with the advice and consent of the National Legislative Assembly, as follows:

Section 1. This Act is called the “Mental Health Act, B.E. 2551 (2008)”.

Section 2. This Act shall come into force as from the day following the date of its publication in the Government Gazette.¹

Section 3. In this Act:
“mental disorder” means a symptom of mental disorder manifesting itself through behaviour, emotion, thought, memory, intellect, awareness, perception of time, place or person, including mental disorder caused by alcohol or any other psychotropic substances;

* Translated by Mrs. Thararut Hanlumyung, under contract for the Office of the Council of State of Thailand's Law for ASEAN project. – Initial Version – pending review and approval by the Office of the Council of State.

¹ Published in the Government Gazette, Vol. 125, Part 36 a, Page 37, dated 20th February B.E. 2551.

“physician” means a medical practitioner according to the law on medical profession;

“psychiatrist” means a physician who is certified or approved in writing to be a knowledgeable and skillful person in practicing medicine in psychiatry or child and adolescent psychiatry;

“nurse” means a nursing practitioner according to the law on nursing and midwifery profession;

“patient” means a person with mental disorder who should receive treatment;

“criminal case patient” means a patient who is under an investigation, a preliminary examination or consideration in a criminal case where the investigating officer or the Court orders for the patient to be examined or treated, including the patient that the Court orders to be treated after passing judgment in a criminal case as well;

“dangerous condition” means a behaviour exhibited by the mentally disordered person which is likely to cause a threat to the life, body or property of oneself or of others;

“compulsory treatment requirement” means the condition of the patient who lacks the capacity to consent to receive treatment and who requires treatment urgently in order to prevent or to ease the mental disorder from progressing or to prevent danger from happening to the patient or to others;

“treatment” includes medical and social care and assistance for a patient;

“treatment facility” means mental health treatment facility prescribed by the Minister, in accordance with this Act;

“detention” means the restriction of rights and freedom of a person by virtue of the law, through custody, control, hold, retention, lockup, confinement, incarceration and imprisonment;

“Commission” means the National Mental Health Commission;

“Treatment Facility Commission” means the Mental Health Commission at a treatment facility level;

“competent official” means a person having the qualifications in accordance with the regulations prescribed by the Commission and appointed by the Minister for the execution of this Act;

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“Director-General” means the Director-General of the Department of Mental Health;

“Minister” means the Minister having charge and control over the execution of this Act.

Section 4. The Minister of Public Health shall have charge and control over the execution of this Act and shall give the power to appoint a competent official and issue regulations and notifications for the execution of this Act.

Such regulations and notifications shall come into force upon their publication in the Government Gazette.

CHAPTER I THE COMMISSION

Section 5. There shall be a National Mental Health Commission consisting of:

(1) the Prime Minister, or Deputy Prime Minister assigned by the Prime Minister, as a Chairperson;

(2) the Minister of Public Health as a Deputy Chairperson;

(3) the Permanent Secretary of the Ministry of Social Development and Human Security, the Permanent Secretary of the Ministry of Interior, the Permanent Secretary of the Ministry of Justice, the Permanent Secretary of the Ministry of Labour, the Permanent Secretary of the Ministry of Education, the Permanent Secretary of the Ministry of Public Health, the Attorney-General, the Commissioner-General of the Royal Thai Police and the Secretary-General of the National Human Rights Commission as members;

(4) representatives of the non-governmental organisation, who are legal persons and have objectives in the protection and care of a person with mental disorder, of which four shall be selected among themselves, as members;

(5) six qualified persons appointed by the Minister from experts who have apparent experience and accomplishments in the medical fields of psychiatry, clinical psychology, medical social welfare, nursing in mental health and psychiatry, therapy and law; one from each field shall be appointed as members.

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The Director-General shall be a member and a secretary and two civil servants of the Department of Mental Health appointed by the Director-General shall be assistant secretaries.

The selection and appointment of the members under (4) and (5) shall be in accordance with the regulations prescribed by the Minister.

Section 6. A member under section 5 (4) and (5) shall have the qualifications and none of the prohibited characteristics, as follows:

- (1) being of Thai nationality;
- (2) being no less than twenty years of age;
- (3) not being an incompetent or quasi-incompetent person;
- (4) not having been sentenced by a final judgment to imprisonment, except for the offence committed through negligence or a petty offence;
- (5) not being a person holding political office, a member of the local assembly or local administrator, a director or a person holding a position of responsibility in the administration of a political party, an advisor to or an officer of a political party.

Section 7. A member under section 5 (4) and (5) shall hold office for a term of three year and shall not be in office for more than two consecutive terms.

In a case where the member under paragraph one vacates office at the expiration of the term, a new member shall be appointed within ninety days. During the time where a new member is still yet to be appointed, the member vacating the office shall remain in office to continue his work until the newly appointed member takes office.

In a case where the member under paragraph one vacates office before the expiration of the term, a replacement member shall be appointed within ninety days from the date that the office becomes vacant and the person appointed shall be in office for the remaining term of office of the member he or she replaces.

In a case where the remaining term of the member under paragraph one who vacates office before the expiration of the term is less than ninety days, the appointment of the replacement member may or may not be made, and in this case the Commission shall comprise of the remaining members.

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Section 8. Apart from vacating office at the end of the term, a member under section 5 (4) and (5) vacates office upon:

- (1) death;
- (2) resignation;
- (3) the Commission passing a resolution, with no less than two third of the whole of the existing members, for the removal of the member due to negligence, disgraceful conduct or lack of ability;
- (4) being disqualified or having the prohibited characteristics in accordance with section 6.

Section 9. At a meeting of the Commission no less than half of the members must attend in order for a quorum to be constituted.

The Chairperson shall preside over the meeting. In a case where the Chairperson does not attend the meeting or is unable to perform his or her duty, the Deputy Chairperson shall preside over the meeting. If the Deputy Chairperson does not attend the meeting or is unable to perform his or her duty, the attending members shall select one member among themselves to preside over the meeting.

The decision of the meeting shall be taken by majority votes of the attending members. Each member shall have one vote to cast. In case of the votes being tied, the person presiding over the meeting shall cast an additional vote as a casting vote.

Section 10. The Commission shall have the powers and duties as follows:

- (1) to prescribe policies and measures for the protection of the rights of a person with mental disorder and access to mental health service, including social co-habitation;
- (2) to lay down criteria and procedures for consultation, advice and co-ordination with state and private agencies in relation to the protection of the rights of a person with mental disorder and access to mental health service, including social co-habitation;
- (3) to inspect and monitor the performance of the Treatment Facility Commission;
- (4) to prescribe the format of the treatment consent form in accordance with section 21;

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(5) to determine the assistance and welfare agencies in accordance with section 40 (2);

(6) to lay down regulation or notification for the execution of this Act;

(7) to carry out any other operation as prescribed in this Act or other law or as prescribed by the Council of Ministers.

Section 11. The Commission shall have the power to appoint an advisor or a sub-committee to operate as assigned by the Commission.

The provisions in section 6, section 8 and section 9 shall apply to the advisor and the sub-committee *mutatis mutandis*.

CHAPTER II THE TREATMENT FACILITY COMMISSION

Section 12. Each treatment facility shall have a Treatment Facility Commission appointed by the Director-General, consisting of a psychiatrist attached to the treatment facility as a Chairperson, a physicist, a psychiatric nurse, a lawyer and a clinical psychologist or a medical social welfare worker as members.

Section 13. The Treatment Facility Commission shall have the powers and duties as follows:

(1) to diagnose and assess symptoms and issue an order in accordance with section 29;

(2) to consider and give opinion on treatment and treatment results in accordance with this Act.

Section 14. The provisions in section 6, section 7, section 8, section 9 and section 11 shall apply to the advisor and the Treatment Facility Commission *mutatis mutandis*.

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CHAPTER II PATIENT'S RIGHTS

Section 15. A patient enjoys the following rights:

- (1) to be given treatment in accordance with the medical standards, with due regard to his or her human dignity;
- (2) to have his or her confidentiality protected with regard to the illness and the treatment, except where the provision of the law allows for a disclosure;
- (3) to be protected from research in accordance with section 20;
- (4) to be protected, in an impartial and equal manner, within the health care and social security system and other state-provided systems.

Section 16. No person shall disclose health information of a patient in such a way that is likely to cause damage to the patient, except:

- (1) in a case where harm may be caused to the patient or to others;
- (2) for the safety of the public;
- (3) where there is a special law prescribing for the disclosure.

Section 17. Treatment by physical restraint, confinement or separation of the patient shall be prohibited, except where it is necessary to protect harm from being caused to the patient's own self, to other persons, or to properties of others; and such treatment must be under close supervision of the person giving treatment in accordance with the professional standard.

Section 18. Electroconvulsive treatment, actions to be performed on the brain or nervous system, or any other forms of treatment which may result in a permanently irreversible physical condition shall only be done in the following cases:

- (1) in a case where the patient gives a written consent for treatment and the patient has acknowledged the reasons and necessity for the treatment, the risks of seriously harmful complications which may occur or which may result in an irreparable and irreversible physical condition, and the benefit of the treatment;

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(2) with the unanimous approval of the Treatment Facility commission, in a case where there is an extreme emergency or critical necessity for the patient own benefit which to be left untreated would be fatal to the patient's life;

the provisions of section 21 paragraph three shall apply to the giving of consent under (1) *mutatis mutandis*.

Section 19. Sterilisation of a patient shall be prohibited, except where it is permitted in accordance with section 18 (1).

Section 20. Any research on a patient may only be carried out with a written consent from the patient and must be given approval to by a committee responsible for the human research ethic of the relevant agency. The provisions in section 21 paragraph three shall apply to the given of consent *mutatis mutandis*.

The patient may withdraw his or her consent under paragraph one at any time.

CHAPTER III MENTAL HEALTH TREATMENT

PART 1 PATIENT

Section 21. Treatment may only be given upon the patient having been given explanation on the necessity, the details and the benefits of treatment and that consent is given from the patient, except for patient under section 22.

If the patient needs to be admitted to the health care facility of the state or a treatment facility, the consent under paragraph one must be done in writing and shall necessarily be signed by the patient.

In a case where the patient is under eighteen years of age, or lacks the capacity to decide to give consent for treatment, his or her spouse, parent, descendant, guardian, protector and carer or a person who takes charge and care of such person, as the case may be, to be the person giving consent under paragraph two instead.

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The written consent under paragraph two and paragraph three shall be in accordance with the format prescribed by the Commission as published in the Government Gazette.

Section 22. The person who has a mental disorder in one of the following cases is a person whose treatment is compulsory:

- (1) being in a dangerous condition;
- (2) having a compulsory treatment requirement.

Section 23. Any person, who finds a person whose behaviour may reasonably be believed that the person is of the characters under section 22, shall notify the competent official, administrative or police officer without delay.

Section 24. When a competent official, administrative or police officer has been notified in accordance with section 23 or that a person whose behaviour may reasonably be believed that the person is of the characters under section 22 is found, such person shall be taken to a nearby state health care facility or treatment facility without delay in order to receive initial examination and assessment of the symptom in accordance with section 27, with or without the person's carer accompanying him or her.

The taking of the person under paragraph one to a state health care facility or treatment facility by physically restraining such person shall be prohibited, except where it is necessary in order to protect such person from danger to his or her own self, to others or to properties of others.

Section 25. When a person responsible for a place of detention or welfare agency or a probation officer finds the person under his or her official responsibility as having such behaviour which may reasonably be believed that the person is of the characters under section 22, the person shall be transferred to a nearby state health care facility or treatment facility without delay in order to receive initial examination and assessment of the symptom in accordance with section 27.

The transfer of the person under paragraph one shall be in accordance with the regulations prescribed by the Commission.

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Section 26. In case of emergency, when a competent official, an administrative or police officer has been notified in accordance with section 23, or a person whose behaviour may reasonably be believed that he or she has a mental disorder with a dangerous condition and poses an imminent threat, the competent official, administrative or police officer shall have the power to take the person or enter into any place in order to take the person to a nearby state health care facility or treatment facility without delay in order to receive initial examination and assessment of the symptom in accordance with section 27.

If the person obstructs or escapes or attempts to escape, the administrative or police officer shall have the power to exercise methods to the extent that is appropriate and necessary to the behaviour, in order to take the person to a state health care facility or treatment facility under paragraph one.

Section 27. At least one physician and one nurse who are stationed at a state health care facility or treatment facility shall complete, without delay, the initial examination and assessment of the symptom of the person brought in under section 24, section 25 or section 26, within forty-eight hours from the time of arrival of the person to the state health care facility or treatment facility.

In the initial examination and assessment under paragraph one, the physician shall have the power to give examination and treatment only to the extent that is necessary, according to the severity of the symptom, for the benefit of the person's health.

In a case where the examination under paragraph one shows that the person needs to receive a detailed examination and symptom assessment by the Treatment Facility Commission, the competent official shall transfer the person, with a report on the initial examination and symptom assessment's results, in order to be admitted for the detailed examination and symptom assessment under section 29.

The criteria and procedure for reporting the initial examination and symptom assessment's results under paragraph three shall be in accordance with the regulations prescribed by the Commission.

Section 28. In a case where a physician has found that a person has the characteristics under section 22, such person shall be transferred, with the initial examination and symptom assessment's results, to be admitted for the detailed examination and

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symptom assessment under section 29. The provisions under section 27 paragraph two and paragraph four shall apply *mutatis mutandis*.

Section 29. When a treatment facility admits the person, brought in by a competent official in accordance with section 27 paragraph three or by a physician in accordance with section 28, as the case may be, the Treatment Facility Commission shall give detailed examination and symptom assessment within thirty days from the date the person is admitted. In a case where the Treatment Facility Commission is of the opinion that the person has the characteristics under section 22, one of the following orders shall be issued:

(1) for the person to be admitted for compulsory treatment in a treatment facility;

(2) for the person to receive compulsory treatment at a place other than in a treatment facility when the person no longer has a dangerous condition; any condition necessary for the treatment may also be prescribed for the person or the carer of the person to comply with.

The provisions under section 27 paragraph two shall apply to the examination and symptom assessment under paragraph one, *mutatis mutandis*.

The criteria and procedure for the consideration and the issuance of order under paragraph one shall be in accordance with the prescription by the Commission, as published in the Government Gazette.

Section 30. In the patient's admission order for treatment under section 29 (1), the Treatment Facility Commission shall prescribe the procedure and period of treatment according to the severity of the mental disorder. However, the period must not exceed ninety days from the date of issuance of the order. The period may be extended for no more than ninety days each, from the date of issuance of the first or the subsequent order.

The Treatment Facility Commission shall consider the treatment results in order to issue an order in accordance with section 29 (1) or (2), as the case may be, at least fifteen days before the expiration of each treatment period under paragraph one.

Section 31. During the treatment under section 30 paragraph one, when the treating physician is of the opinion that the patient has received treatment to the extent that

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the mental disorder has been treated or improved and the patient no longer has a dangerous condition, the physician shall discharge such patient from the treatment facility and shall report the treatment's result and the patient's discharge to the Treatment Facility Commission without delay. In this regard, the physician shall follow up on the treatment result periodically.

The criteria and procedure for reporting the treatment results, discharging patient and the following up of treatment under paragraph one shall be in accordance with the regulation prescribed by the Commission.

Section 32. In a case where a patient or a carer of a patient does not comply with section 29 (2) or that the treatment is not successful or the behaviour causing the order under section 29 (2) to be issued has changed, the Treatment Facility Commission may amend or withdraw an order or issue an order for the patient to be admitted for treatment in accordance with section 29 (1).

In a case where the patient under section 29 (2) cannot look after himself or herself and there is no carer, the provision under section 40 (2) shall apply.

Section 33. In a case where a patient escapes from the vicinity of a state health care facility or treatment facility, a competent official shall co-ordinate with an administrative or police officer and the patient's relatives in order to pursue the person and bring him or her back to the state health care facility or treatment facility. In this regard, the period that the person escapes shall not be included in the prescribed period under section 27, section 29 or section 30, as the case may be.

The provision under section 46 shall apply to the pursuit of the escaped patient under paragraph one, *mutatis mutandis*.

Section 34. For the benefit of the patient's treatment, the Treatment Facility Commission shall have the power to order the transfer of a patient to receive treatment in another treatment facility, in accordance with the regulations prescribed by the Commission.

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PART 2
CRIMINAL CASE PATIENT

Section 35. Subject to section 14 paragraph one of the Criminal Procedure Code, an investigating officer or the Court shall transfer a suspect or an accused, with the details on the circumstance of the case, to be examined at a treatment facility.

When the treatment facility admits the suspect or the accused, a psychiatrist shall examine the mental disorder and prepare an opinion to be used as part of the consideration of the investigating officer or the Court whether the suspect or the accused is fit to stand trial. The result of the examination and the assessment of the capability to stand trial shall be reported to the investigating officer or the Court within forty-five days from the date that the suspect or the accused is admitted; the period may be extended for no more than forty-five days.

For the benefit of the assessment of the capability to stand trial, the treatment facility shall have the power to request the documents concerning the suspect or the accused from other health care facilities.

The provisions under section 27 paragraph two shall apply to the examination of mental disorder under paragraph two, *mutatis mutandis*.

In a case here the suspect or the accused is detained and there is a need for the suspect or the accused to be admitted to the treatment facility for observation, examination, treatment and assessment of capability to stand trial, the treatment facility may request for the investigating officer or the Court to prescribe methods of prevention of escape or danger.

The criteria and procedure for reporting the results of the diagnosis and the assessment of the capability to stand trial under paragraph two shall be in accordance with the regulation prescribed by the Commission.

Section 36. Subject to section 14 paragraph two of the Criminal Procedure Code, a treatment facility shall admit a suspect or an accused to be controlled and treated without consent being given from the suspect or the accused, until the suspect or the accused is cured or improves and is fit to stand trial, except where the investigating officer or the Court issues an order otherwise or where the law provides otherwise.

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The treating psychiatrist shall prepare a report on the result of the treatment and submit it to the investigating officer or the Court within one hundred and eighty days from the date that the suspect or the accused is admitted. In a case where the psychiatrist is of the opinion that the suspect or the accused is not yet fit to stand trial, the results of the treatment shall be reported every one hundred and eighty days, except where the investigating officer or the Court issues an order otherwise.

During the treatment, when the treating psychiatrist is of the opinion that the suspect or the accused has received treatment to the extent that his or her mental disorder has been cured or improved and he or she is now fit to stand trial, the result of the treatment shall be reported to the investigating officer or the Court without delay.

The criteria and procedure for the report of the treatment results under paragraph two and paragraph three shall be in accordance with the regulation prescribed by the Commission.

Section 37. In a case where the Court issues an order for the criminal case patient to be transferred in custody of or treated at a health care facility in accordance with section 48 and section 49 paragraph two of the Penal Code or in accordance with section 246 (1) of the Criminal Procedure Code, the Court shall send a copy of the order with the criminal case patient and the treatment facility shall admit the criminal case patient to be controlled and treated without having to receive the criminal case patient's consent.

The treating psychiatrist shall report the treatment results and his or her opinion to the Court within one hundred and eighty days from the date that the criminal case patient is admitted. In a case where the psychiatrist is of the opinion that it is necessary to continue treatment for the criminal case patient, the report on the treatment results and his or her opinion shall be given to the Court every one hundred and eighty days, except where the Court issues order otherwise.

In the control and treatment, the treatment facility may request for the Court to prescribe methods of prevention of escape or danger.

The criteria and procedure for the report of the treatment results under paragraph two shall be in accordance with the regulation prescribed by the Commission.

Section 38. During the treatment in accordance with section 37, when the treating psychiatrist is of the opinion that the criminal case patient has received treatment to

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the extent that his or her mental disorder has been cured or improved and there is no longer a dangerous condition, the psychiatrist shall report the treatment result and his or her opinion in order to discharge such criminal case patient from the health care facility to the Court without delay and shall report such treatment result and opinion to the Treatment Facility Commission.

The criteria and procedure for the report of the treatment result and the preparation of opinion under paragraph one shall be in accordance with the regulation prescribed by the Commission.

Section 39. In a case where the Court prescribes a condition in accordance with section 56 paragraph two (4) of the Penal Code, the Court shall transfer the criminal case patient, with a copy of the judgment, to the treatment facility.

The treating psychiatrist shall report treatment results and his or her opinion to the Court within ninety days from the date that the criminal case patient is admitted. In a care where the psychiatrist is of the opinion that it is necessary to continue treatment for the criminal case patient, the report on the treatment results and his or her opinion shall be given to the Court every ninety days, except where the Court issues an order otherwise.

The provisions under section 37 paragraph three and paragraph four and section 38 shall apply, *mutatis mutandis*.

PART 3 REHABILITATION

Section 40. In a case where the Treatment Facility Commission issues an order in accordance with section 29 (2), the head of the treatment facility shall have the duties as follows:

- (1) to inform the patient's carer to take the patient under his or her care;
- (2) in a care where there is no carer, to inform agencies, in both the public and private sector, concerning assistance and welfare, as prescribed by the Commission;
- (3) to notify the competent official to follow up on, co-ordinate in and provide assistance to the process of rehabilitation of the patient under (1) and to the agencies under (2), then report to the Treatment Facility Commission.

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Section 41. When the detainee who receives treatment while being in detention reaches his or her discharge date, the head of the detention facility shall have the duties to act in accordance with section 40.

CHAPTER IV APPEAL

Section 42. In a case where the Treatment Facility Commission issues an order in accordance with section 29 (1) or (2) or issues an order to extend the treatment period in accordance with section 30, the patient or his or her spouse, parent, descendant, guardian, protector and carer or a person who takes charge and care of the patient, as the case may be, shall have the right to appeal in writing to the Appeal Commission within thirty days from the date of receipt of the written notification of such order.

The appeal under paragraph one is not a cause for the stay of the execution of the order, except where the Appeal Commission is of the opinion that it is appropriate to stay the execution of the order temporarily.

The Appeal Commission shall finish its appeal consideration within thirty days from the date of receipt of the appeal. The decision of the Appeal decision shall be deemed final.

The criteria and procedure for submitting an appeal and the appeal procedure shall be in accordance with the regulations prescribed by the Commission.

Section 43. There shall be an Appeal Commission consisting of:

- (1) the Director-General, as the chairperson;
- (2) three representatives of non-governmental organisations which are legal persons having the objectives concerning the protection of person with mental disorder, who are selected among themselves, as members;
- (3) five qualified person whom the Minister appoints from persons with knowledge and experience in the medical fields of psychiatry, clinical psychology, medical social welfare, nursing in mental health and psychiatry, therapy and law; one from each field shall be appointed as members.

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The Deputy Director-General or the head of the treatment facility appointed by the Director-General shall be a member and a secretary.

The selection and appointment of members under (2) and (3) shall be in accordance with the regulation prescribed by the Minister.

Section 44. The Appeal Commission shall have the powers and duties as follows:

- (1) to consider appeals in accordance with section 42;
- (2) to report operational results to the Commission at least once a year.

Section 45. The provisions under section 6, section 7, section 8, section 9 and section 11 shall apply to the Appeal Commission, *mutatis mutandis*.

CHAPTER V COMPETENT OFFICIAL

Section 46. In the execution of this Act, the competent official shall have the powers as follows:

- (1) to enter into a dwelling or any place during the hours of sunrise and sunset in order to bring the person having such behaviour which may reasonably be believed that the person is of the characters under section 22 to receive treatment in a state health care facility or a treatment facility where there is a reasonable cause to appropriately suspect that such person is in that dwelling or place; and that there is a reasonable cause to believe that because of the delay in obtaining a search warrant, the person would escape or that there is an emergency since the person has a dangerous condition and poses an imminent danger;
- (2) to ask any person in order to acquire information concerning the health, illness, behaviour and family as well as community relationships of the person under (1);
- (3) to issue a written inquiry or to request any person to give verbal statement, submit written explanation or submit relevant document or evidence to be examined or to be a part of the consideration.

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In the performance of (1), the competent official may request for assistance from the administrative or police officers. In this regard, the competent official shall comply with the regulations prescribed by the Commission.

Section 47. In the execution of duties under this Act, a competent official must present his identification card to the relevant person.

An identification card of a competent official shall be in accordance with the format prescribed by the Minister.

Section 48. In the execution of the competent official's duties under section 46, the relevant person shall facilitate as appropriate.

Section 49. In the execution of duties under this Act, the competent official shall be an officer in accordance with the Penal Code.

CHAPTER VI PENALTY PROVISIONS

Section 50. A person in violation of section 16 shall be liable to imprisonment for a term not exceeding one year or to a fine not exceeding twenty thousand baht, or to both.

If the commission of the offence under paragraph one was done through advertisement or publication through public broadcast or any form of public media, the offender shall be liable to imprisonment for a term not exceeding two years or to a fine not exceeding forty thousand baht, or to both.

Section 51. A person who give a false statement to a competent official, administrative or police officer under section 23, with the intention to maliciously cause damage to any particular person shall be liable to imprisonment for a term not exceeding one year or to a fine not exceeding twenty thousand baht, or to both.

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Section 52. A person who does not comply with the competent official's written inquiry under section 46 (3) without reasonable cause shall be liable to imprisonment for a term not exceeding six months or to a fine not exceeding ten thousand baht, or to both.

Section 53. A person who does not reasonably facilitate a competent official in the execution of his or her duties under section 48 shall be liable to imprisonment for a term not exceeding one month or to a fine not exceeding ten thousand baht, or to both.

TRANSITORY PROVISIONS

Section 54. At the initial stage, the Commission shall consist of members in accordance with section 5 (1), (2), (3) and the Director-General and shall perform the duties of the Commission under this Act in the meantime, until there is a member under section 5 (4) and (5), which the period must not exceed one hundred and twenty days from the date that this Act comes into force.

Countersigned by
General Surayud Chulanont
Prime Minister

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