



Maratha Vidya Prasarak Samaj's

KARMAVEER SHANTARAMBAPU KONDAJI WAVARE
ARTS, SCIENCE AND COMMERCE COLLEGE, CIDCO

Uttamnagar, Nashik- 422 008 (Maharashtra)

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Sr. No.	Title of the book/chapters published	Title of the paper	Title of the proceedings of the conference	Name of the conference	National / International	Year of publication	ISBN/ ISSN number of the proceeding	Affiliating Institute at the time of publication	Name of the publisher
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डॉ. वैशाली जाधव

कर्मवीर शांताराम बापू कोंडाजी वावरे महाविद्यालय, सिडको

मनुष्य समाजात राहतो आणि समाजातून त्याची जडणघडण होत जाते. समाजातील ज्ञान, आवडीनिवडी, विविध गुणांचा कलाविष्कार या आणि अशा अन्य बऱ्याच गोष्टी आपण आजूबाजूच्या समाजातील विविध घटकांमधून आत्मसात करत असतो. ज्ञानाच्या कक्षा वाढवितांना त्यात नेहमी संक्रमण होत राहते आणि त्या संक्रमणाचा भाग मनुष्य नेहमीच होत राहतो. ते ज्ञान एका पिढीकडून दुसऱ्या पिढीकडे संक्रमित होत असताना त्यात महत्वाचे माध्यम असते ती भाषा..

ज्यावेळी मुद्रणकला अस्तित्वात नव्हती त्यावेळी या ज्ञानाचे संक्रमण करताना मौखिक रूपाने केले जात असे. हळूहळू काळ बदलला तंत्रज्ञानाचा विकास होऊ लागला. माहितीचे आदान-प्रदान करण्यासाठी यातून अनेक माध्यमे कार्य करू लागले. ज्ञानाचा विकास करण्यासाठी अनेक कक्षा अनेक माध्यमे जोर धरू लागली या सगळ्यांचा केंद्रबिंदू झाली ती आपली मराठी भाषा. या भाषेतूनच अनेक गोष्टींचा विकास होत गेला. विविध प्रसारमाध्यमांतून मराठी आपला जोर धरू लागली. त्यामध्ये औपचारिक आणि अनौपचारिक अशा सगळ्याच प्रसारमाध्यमांच्या ठिकाणी भाषा आपले पाय रोवू लागली. या भाषेतूनच जनसंपर्क, लोकशिक्षण, ज्ञान यांसारख्या अन्य ठिकाणी तसेच दैनंदिन जीवनात भाषा आणि प्रसार माध्यमे या दोघांची गरज भासू लागली.

वृत्तपत्रे, आकाशवाणी, दूरदर्शन, वैचारिक माध्यम आणि ज्ञानात्मक प्रबोधनासाठी मराठी भाषेचा प्रसार वाढू लागला त्यामुळे मराठी भाषेचे एक महत्वाचे स्थान निर्माण झाले. राज्य राष्ट्र यामधील दैनंदिन जीवनातील घडणाऱ्या घडामोडी आपल्याला घरबसल्या मिळू शकतात ते विविध प्रकारच्या वर्तमानपत्रांमध्ये सुरुवातीच्या काळात नवाकाळ, केसरी तसेच आजच्या काळात सामना, पुढारी, लोकमत अशा अनेक वृत्तपत्रांमधून अनेक बातम्यांच्या वापरात मराठी भाषा दिसून येते.

जाहिराती मधून देखील वेगवेगळ्या जीवनावश्यक वस्तू, दैनंदिन जीवनातील अनेक बाबींच्या जाहिरातींमध्ये मराठी भाषेचा वापर सर्रास करताना दिसून येतो. या जाहिरातीची संहिता मसुदा लिहिताना प्रशासनिक मराठी आपला प्रभाव टाकत असते. ती जाहिरात अधिक प्रभावी बनण्यासाठी ही भाषा नेहमीच आपली भूमिका बजावत असते. जगातल्या विविध गोष्टींचे ज्ञान आपण घरबसल्या मिळवू शकतो कमीत कमी वेळेत जास्तीत जास्त लोकांपर्यंत पोहोचवण्याचे या माध्यमांतून केले जाते. पण हे सर्व करताना त्या ठिकाणी भाषेचे वाढते सामर्थ्य सांभाळणे ही तेवढेच महत्त्वाचे असते. औपचारिक भाषेचा वापर करणे भाषेची मांडणी त्यातील बारकावे टाळावयाच्या गोष्टी या सर्व गोष्टी भाषेला सांभाळाव्या लागतात. त्यासाठी एक नवी संधी प्रसार माध्यमातून भाषेला प्राप्त होते. कारण प्रसार माध्यमे जनसामान्यांवर जेवढा प्रभाव टाकत असते तेवढेच जनमत विघडवण्याचे कामही हे प्रसार माध्यमे करीत असतात हे भान असणे अत्यंत गरजेचे आहे.

दृक्श्राव्य माध्यमांमधून जनमानसावर जास्तीत जास्त प्रभाव पडत असतो. त्यात प्रामुख्याने दूरदर्शन व इतर वाहिन्या लोक मताला आकार देत असतात, विचारांना प्रवृत्त करीत असतात, चांगल्या वाईट याची समज देणे, त्याबरोबरच आपल्या सामर्थ्याचा प्रगल्भतेने आणि लोककल्याणासाठी वापर करण्याची जबाबदारी या माध्यमावर येऊन पडते. मनोरंजना बरोबर विविध कलागुणांना व्यासपीठ देण्याचे काम या माध्यमांचाद्वारे होत असते. यामध्ये मराठी विविध आव्हानांमधून समोर येते ते म्हणजे

मसुदा, संहिता, मथळा त्यातील आशय, स्थळ-काळानुसार बदलणारे संदर्भ या आणि अशा अन्य गोष्टींचा विचार भाषेला करावा लागतो. यामध्ये कायद्याचे, सामाजिक व्यवस्थेचे दडपण सांभाळावे लागते. तसेच भाषा वापरताना विश्वासाहर्ता आणि समाजातील त्या त्या वाहिन्यांची प्रतिमा याचाही परिणाम वातावरणावर होत राहतो. त्यातून अनेक घडामोडी घडत राहतात त्याही सांभाळाव्या लागतात.

आपण 21व्या शतकाकडे आणि तंत्रज्ञानाच्या युगाकडे वाटचाल करीत आहोत त्या काळामध्ये अगदी पावलोपावली प्रसार माध्यमे आपली भूमिका बजावत आहे इंटरनेटच्या भाषेच्या बाबतीत बोलायचे तर हे संदेशाच्या दळणवळणाचे एक महत्त्वाचे साधन असून त्यात बऱ्याच गोष्टी अधिक गरजेच्या असतात यामध्ये इंग्रजी बरोबरच मराठी भाषेचाही वापर सर्रास होताना पहावयास मिळतो जगातल्या कुठल्याही भागात असलेल्या मित्राशी आपल्याला सहजतेने आपल्या मातृभाषेतून बोलता येते. यामुळे आता जग जवळ आले असून अगदी छोट्या छोट्या गोष्टींचा आनंद, दुःख आपल्याला समजते तसेच सण, उत्सव, समारंभ हे साजरी करण्यासाठी या माध्यमातून एकमेकांना दूरदृश्यप्रणाली द्वारे सहभागी करून घेता येते. तसेच शाळा, महाविद्यालय, विविध शैक्षणिक उपक्रम यामध्ये देखील मराठीचा संगणकाच्या माध्यमातून वापर होतो. कार्यालयीन क्षेत्र, न्यायव्यवस्था,बँका,रेल्वे तसेच विविध क्षेत्रांमध्ये प्रसार माध्यमांच्या सहाय्याने मराठी वापरली जाते.

गतिमान व्यवहार आणि साधने यामध्ये मराठी भाषेची भर वाढली असून संपूर्ण जगभर जसा इंग्रजीचा वापर होतो.तसेच महाराष्ट्राच्या आर्थिक, सामाजिक आणि सांस्कृतिक क्षेत्रांमध्ये मराठीने आपले स्थान टिकवून ठेवले आहे. विविध प्रसार माध्यमांच्याद्वारे आजही मराठी भाषेचा वापर करून विज्ञानाचा प्रसार केला जातो.याच मराठी भाषेला ज्ञानभाषा बनवण्यासाठी डॉ.वसंत गोवारीकर, डॉ. जयंत नारळीकर रमेश सहस्रबुद्धे यांसारख्या विद्वानांकडून गती मिळत आहे.त्यांचे हे कार्य मराठी भाषेला विज्ञानात आणि प्रसार माध्यमात गती देणारे आहे.

याच गोष्टीचा आदर्श आजच्या तरुण पिढीने घेतला पाहिजे. मराठी भाषेला समृद्ध करण्यासाठी मनापासून प्रयत्नांची पराकाष्ठा करणे आवश्यक आहे तरच खऱ्या अर्थाने मराठी भाषा ही ज्ञानभाषा आणि प्रसार माध्यमांची भाषा बनवून समृद्ध होईल आणि प्रभावी होईल.

साहित्य: समाज आणि प्रसारमाध्यमे'

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Processing to Applications



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1 Introduction to Borate Phosphors

P. K. Tawalare and A. B. Gawande

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1.1 INTRODUCTION

The varied aspects of luminescence and the complex processes involved in the origin of light emission, offer interesting challenges for researchers in this field. This is one of the research fields, wherein diverse application area exists, which range from radiation monitoring for health and safety, phosphors for lamps and display purposes to X-ray imaging and other means of medical diagnostics.

Luminescence is a well-established field of scientific research. In 1652, Zechi made an important contribution to the understanding of photoluminescence. It is the emission of light, which persists after the excitation agency, is removed (luminescence). Moreover; he proved experimentally that the color of the phosphorescence light in a material is independent of the color of the exciting light and also clearly distinguished the phenomenon from scattering. About 200 years later, Stoke showed that the incident and emitted light differed in color and enunciated his well-known Stoke's law regarding the increase in wavelength, which accompanies photoluminescence. In 1867, E. Becquerel distinguished two types of phosphorescence or after-glow, which were attributed respectively to monomolecular and to bimolecular decay mechanism.

The last few decades have witnessed dramatic changes in research on luminescence. There has been a phenomenal growth in the subject, and a significant progress has been made in the field of luminescence research. Recent research is characterized by strong interaction among other branches of solid-state physics and between different areas of luminescence using inorganic and organic materials. Both experimental as well as theoretical approaches have been made.



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HUMAN RIGHTS

(CONTEMPORARY ISSUES)



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HUMAN RIGHTS

(Contemporary Issues)

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Mental Health Act
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Introduction

Mental illnesses are common. In most countries, more than one in three people say they have met the requirements for at least one at some point in their lives. At some point, 46% of Americans meet the criteria for a mental illness. The results of an ongoing survey show that anxiety disorders are the most prevalent in all but one country, followed by mood disorders in all but two countries, while substance use disorders and impulsivity disorders have consistently been less common. By region, prices varied.

A mental disorder must be proven to exist to be charged under any human rights-oriented mental health law, but the type and severity of the disorder that qualifies can differ depending on the jurisdiction. The severe likelihood of immediate or imminent danger to oneself or others and the need for treatment are the two most frequently used reasons for involuntary admission.

According to the World Health Organization, national mental health legislation is frequently out-of-date, often violates the rights of people with mental disorders, and in many cases does the opposite. The Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care were adopted by the United Nations in 1991 and set minimum human rights standards for conduct in the mental health industry.

Every person with a mental illness has the right to exercise all civil, political, economic, social, and cultural rights recognized in the Universal Declaration of Human Rights, the International Covenant on Economic, Social, and Cultural Rights, the International Covenant on Civil and Political Rights, and other pertinent documents, including the Declaration on the Rights of Disabled Persons and the Body of Principles for the Protection of All Persons under An International Covenant on Civil and Political Rights.

In particular, the rights to liberty and treatment have historically been severely violated or neglected for those suffering from mental disorders. Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, published by the UN in 1991,

served as the first comprehensive statement of the rights of people with mental illness. The following are essential guidelines:

- All people are entitled to receive most effective psychological state care accessible and be treated with humanity and respect.
- There ought to be no discrimination on the grounds of mental illness. All people with mental illness have a similar right to medical and social care as others.
- Everyone with mental illnesses has the correct to measure, work, and receive treatment within the community as far as potential.
- Mental health care ought to be supported internationally accepted moral standards.
- Each patient's treatment set up ought to be reviewed regularly with the patient.
- There shall be no misuse of mental health skills and information.
- Medication ought to meet the health desires of the patient and shall not be administered for the convenience of others or as a penalty.
- For voluntary patients, no treatment ought to be administered while not consent, subject to some exceptions.
- For involuntary patients, each effort ought to be created to tell the patient concerning the treatment.
- Physical restraint or involuntary seclusion ought to be used only by official guidelines.
- Records must be unbroken of all treatments.
- Mental health facilities must be fittingly structured and resourced.
- An impartial review body ought to, in consultation with psychological state practitioners, review the cases of involuntary patients.
- An impartial review body ought to, in consultation with psychological state practitioners, review the cases of involuntary patients.

The 1991 statement of principles was important not only for its specific provisions but also for its acknowledgement of a particular need to protect the rights of persons with mental disorders, especially persons with enduring mental disorders whose requests have been significantly ignored in the past. Against this background, the World Health Organization (WHO) articulated ten basic principles of mental health care law in 1996, further emphasizing many of the 1991 principles and distilling them into ten fundamental ones.

- All persons ought to like the most effective attainable measures to promote mental well-being and forestall mental disorders.

- All persons in want ought to have access to primary mental health care.
- Mental health assessments ought to be performed by internationally accepted medical principles and instruments.
- All persons with mental disorders ought to be given health care that is that the least restrictive attainable.
- Consent is required before any interference with an individual will occur.
- If a patient experiences difficulties appreciating the implications of a call, though not unable to make a decision, the patient shall benefit from the assistance of an appropriate third party of their alternative.
- There ought to be a review procedure for any decision made by official, surrogate or representative decision-makers and tending suppliers.
- For decisions touching integrity or liberty with a lasting impact, there ought to be automatic periodical review mechanisms.
- All decision-makers acting in an official or surrogate capability ought to be qualified to try and do therefore.
- All decisions ought to be created keep with the body of law in force in the jurisdiction involved and not on any other basis or an arbitrary basis.

India's Mental Health Care Bill 2013 noted in its preamble that the country signed and ratified the Convention on October 1, 2007. It is necessary to align and harmonies the country's current laws with the Convention above. Therefore, it was a clear goal of the 2013 Bill to bring India into compliance with the CRPD's requirements.

The measures outlined would go a long way toward promoting community-based treatment, ensuring access to care, increasing patient involvement in essential care decisions, and bolstering governance in the mental health system. The spirit and principles of the 2013 Bill were undoubtedly consistent with the CRPD. These would be significant and historic steps toward elevating the status of the mentally ill, advancing their rights, and enhancing their experiences with social justice and mental health care.

The second apparent discrepancy between the CRPD and India's Mental Health Care Bill 2013 relates to the 2013 Bill's use of mental capacity when deciding whether to provide involuntary care. The Rajya Sabha approved the Mental Health Care Bill 2013 in August 2016 after 134 official amendments. Despite the numerous problems with the CRPD, legal changes in mental health present genuine chances to

enhance the conditions and quality of life for those who are mentally ill and their families.

Indian laws regulating the treatment of persons with mental disorders

Many laws were swiftly passed to regulate the care and treatment of mentally ill people in British India after the British crown took control of the country's administration in 1858. These laws included the Military Lunatic Acts of 1877, the Indian Lunatic Asylum Act of 1858 (with amendments passed in 1886 and 1889), the Lunacy (Supreme Courts) Act of 1858, and the Lunacy (District Courts) Act of 1858.

During the first decade of the 20th century, public awareness about the pitiable conditions of mental hospitals was accentuated as a part of the growing political awareness and nationalistic views spearheaded by the Indian intelligentsia. As a result, the Indian Lunacy Act of 1912 was enacted. The 1912 Act guided the destiny of Psychiatry in India. Mental Health Act MHA-87 was finally passed in 1987 after a long and protracted course. The main features of the Act are as follows.

- A progressive definition of mental illness and the introduction of contemporary concepts for their care, placing more emphasis on care and treatment than custody.
- The establishment of the Central/State Mental Health Authority, which will control and oversee the psychiatric hospitals and nursing homes and provide guidance to the Central/State Governments on matters about mental health.
- Admittance under special conditions to psychiatric hospitals or nursing homes. The remaining clauses covered voluntary admission and admission per reception orders.
- Police and magistrates' responsibilities in cases involving wandering PMI and PMI who have been mistreated.
- Protection of PMI's human rights.
- Administration of PMI property guardianship.
- Provisions for penalties when the Act's rules are broken.

Indian contract laws

The Indian Contract Act of 1872 states that any person of sound mind may enter into a contract. A person is of sound mind to make a contract if, at the time of making it, he can understand it and come to a reasoned conclusion about how it will affect his interests, according to Section 12 of the Act. A person who is frequently of unsound mind but occasionally of sound mind can make a contract at that time. A person

who sometimes exhibits signs of insanity but is generally of sound mind is not permitted to enter a contract.

Marriage and divorce

The Hindu Marriage Act of 1955 specifies the following requirements to be met before the Act can legally consummate a marriage.

1. Neither party is incapable of giving legal consent due to mental incapacity.
2. Even if they can consent, they must not have any mental illnesses that would make them unfit for marriage and childbearing.
3. Must not experience recurrent schizophrenic attacks.

The term "mental disorder" refers to schizophrenia and mental illness, delayed or unfinished cognitive development, psychopathic disorder, and other mental impairments. The term "psychopathic disorder" refers to a persistent mental illness, whether or not it can be treated medically, that causes the other person to act in an abnormally aggressive or seriously irresponsible manner.

Marriages that violate the mental disorder provision fall under voidable marriages. Voidable marriages (under Section 12) may be declared null and void on the grounds specified, but they may also remain valid until the point at which they are declared null and void by an appropriate court.

By Section 13 of the Act, a person may obtain a divorce or judicial separation if they are incurably insane or have been continuously or intermittently afflicted with a mental disorder of such severity that they cannot reasonably expect to cohabitate with the respondent.

Conclusion

There has been a discussion of significant legal provisions relating to the PMI under Indian law. British influence is evident in the rules because most of them were either drafted during the colonial era or can be linked to it. As most of them are being revised to follow the CRPD-2006, laws about the PMI are currently at a crossroads. While psychiatrists support keeping the option for involuntary hospitalization in exceptional circumstances, human rights activists are pushing for the legal capacity to PMI in absolute terms. The welfare of the PMI and society should be the goal of any lawful provision; it must be emphasized.

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Psychological Disability and Human Rights

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Introduction

Disability is any condition that makes it harder for a person to engage with their surroundings or do specific tasks (socially or materially). Cognitive, developmental, intellectual, mental, physical, sensory, or several disorders or impairments may be present.

According to the Census of 2011, there were 2.68 crore people with disabilities, or 2.21 per cent of the country's population, whom the Department of Empowerment of Persons with Disabilities in the Ministry of Social Justice & Empowerment empowers. These people have any disability, including mental retardation, mental illness, multiple disabilities, hearing, speech, or motor impairments. India ratified the UNCRPD on October 1, 2007, after signing the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

Disability rights movement

The goal of the disability rights movement is to guarantee disabled people's rights and equal chances. Accessibility and safety in transportation, architecture, and the physical environment are the campaign's specific demands. Equal opportunity for jobs, education, housing, and independent life; freedom from mistreatment, negligence, and infringements on patients' rights. It is hoped that significant civil rights laws will protect these chances and rights.

The medical paradigm of disability, which focused on treating or curing disabled individuals so that they would conform to social norms, predominated the early disability rights movement. However, in the 1960s, rights organizations started to adopt the social model of disability, in which discrimination is seen as a cause of impairment, opening the door for rights organizations to pursue equality through the legal system.

Psychological Disabilities

The conditions that fall under the umbrella of psychological disability are numerous and may include the following:

Depression: Hopelessness, sleeplessness or hypersomnia, decreased or increased appetite, lethargy, sobbing spells, anger, and guilt are all symptoms of depression.

Bipolar Disorder: Mood swings from excessively ecstatic/manic and occasionally irritable to depressed and hopeless are symptoms of bipolar disorder, formerly known as manic depression.

Generalized Anxiety & Panic Disorder: Recurrent panic attacks and excessive worry are symptoms of generalized anxiety and panic disorder.

Obsessive Compulsive Disorder (OCD): Uncontrollable thoughts and repetitive behaviours are symptoms of OCD.

Post-Traumatic Stress Disorder (PTSD): PTSD symptoms include difficulties concentrating, hypervigilance, trouble falling and staying asleep, and anger.

Schizophrenia: Hallucinations, delusions, disordered thinking and speech, and a lack of emotional expression is a symptom of schizophrenia.

Eating disorders :excessive obsession with food and weight, purging, bingeing, and calorie restriction, frequently resulting in physical health issues.

The onset of Psychological Disabilities

- Most mental health and mood issues initially manifest themselves in late adolescence or early adulthood (ages 18-25)
- When students first experience the symptoms of a psychological handicap, such as a depressive episode, manic episode, or panic attack, they may not know how to get help or what services are available.
- After being initially diagnosed, there may be an adjustment phase; frequently, a student may experiment with various drugs before settling on the proper dosages and combinations. Lethargy, suppressed effect (lack of expression of feelings and emotions), dry mouth, irritability, and disruptions with sleep and food are a few of the adverse effects frequently experienced while adjusting to the medication.

The Mental Health Act, 1987

The following rights are accorded to mentally ill people by the Mental Health Act of 1987:

- A right to admission, treatment, and care in a mental hospital, mental nursing home, or mental convalescent home that the government or another party has built or is maintaining for the care of mentally ill people (other than the general hospitals or nursing homes of the Government).
- Even mentally ill inmates and minors have a right to treatment in government-run psychiatric hospitals or nursing homes.
- Minors under 16 years, persons addicted to alcohol or other drugs which lead to behavioural changes, and those convicted of any offence are entitled to admission, treatment.

HEALTH & HUMAN RIGHTS

- People who are mentally ill have a right to receive coordinated, guided, and regulated mental health care from the government. For such regulation and the issuance of licenses for constructing and operating psychiatric institutions and nursing homes, the Central Authority and the State Authorities established under the Act are in charge.
- Treatment at Government hospitals and nursing homes mentioned above can be obtained either inpatient or outpatient.
- Mentally ill persons can seek voluntary admission in hospitals or nursing homes, and minors can seek admission through their guardians. Access can be sought by the relatives of the mentally ill person on behalf of the latter.
- The police are obliged to take into protective custody a wandering or neglected mentally ill person, inform his relative, and produce such a person before the local magistrate for reception orders.
- Mentally ill persons have the right to be discharged when cured and entitled to 'leave' the mental health facility per the Act's provisions.
- Where mentally ill persons own properties, including land which they can, not themselves manage, the district court, upon application, has to protect and secure the management of such properties by entrusting the same to a 'Court of Wards' by appointing guardians of such mentally ill persons.
- The costs of maintenance of mentally ill persons detained as in-patients in any government psychiatric hospital or nursing home shall be borne by the state government concerned unless such charges have been agreed to be paid by the relative or other person on behalf of the mentally ill person and no provision for such maintenance has been made by order of the District Court.
- Mentally ill persons cannot be used without valid consent for research purposes, though they could receive their diagnosis and treatment.
- Mentally ill persons entitled to any pay, pension, gratuity or any other form of allowance from the government cannot be denied such payments. The person in charge of such a mental person or his dependents will receive such costs after the magistrate has certified the same.

The Rehabilitation Council of India Act, 1992

This Act offers guarantees to guarantee the high quality of services provided by various rehabilitation specialists. The list of these guarantees is as follows:

- To guarantee the maintenance of minimum standards of education required for recognition of rehabilitation qualification by universities or institutions in India.

- To guarantee the maintenance of standards of professional conduct and ethics by rehabilitation professionals to protect against the penalty of disciplinary action and removal from the Register of the Council.
- To guarantee the regulation of rehabilitation professionals' profession by a statutory council under the control of the central government and within the bounds prescribed by the statute.

The national trust for welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities act, 1999

- The Central Government is obligated to set up, in by Act and for the benefit of the disabled, the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability in New Delhi.
- It is an obligation on the part of the Board of Trustees of the National Trust to make arrangements for an adequate standard of living for any beneficiary named in any request received by it and to provide financial assistance to the registered organizations for carrying out any approved program for the benefit of disabled.
- Disabled persons have the right to be placed under guardianship appointed by the 'Local Level Committees' by the provisions of the Act. The appointed guardians will be obliged to be responsible for the disabled person and their property and be required to be accountable for the same.
- A disabled person has the correct to possess his guardian removed under certain conditions. These include abuse or neglect of the disabled or misappropriation of the property under care.
- Whenever the Board of Trustees cannot perform or has persistently made default in their duties, a registered organization for the disabled can complain to the central government to have the Board of Trustees superseded and reconstituted.
- Constitution of India Equality, dignity, autonomy and liberty are the creation principles on that international human rights law is premised. These values have sufficiently influenced the fundamental law of democratic polity and are reflected in the Constitutions of most democratic States, including India.

The lives of those with disabilities have not yet improved in India despite efforts to promote equality for those with disabilities by guaranteeing them fundamental social, economic, and cultural rights and implementing several affirmative and special measures to achieve true equality. Perhaps the biggest obstacles to mainstreaming disability in the development agenda are people's persistent faith in charities and a welfare-first mentality. The movement toward a paradigm shift away

from welfare and toward human rights offers hope for overcoming the prejudice, apathy, and cultural barriers that prevent people from seeing the unique skills of the disabled.

As people's appreciation and affirmation of disabled people's rights grow, so does our understanding of disability. It is transitioning from being a charitable issue to involving human rights and fair chances for everyone. The new approaches to disability are demonstrated through policies such as universal access, education for everyone, equal opportunities, and anti-discrimination laws. If someone is charged with any crime, he is entitled to a fair trial and full consideration of his level of mental responsibility.

Finally, psychologists may help by making sure that human rights protection takes into account issues related to mental health. In the following paragraphs, "human rights defenders" will be referred to as both a method of carrying out human rights work and a role that psychologists can play in this area.

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