

BY SPEED POST

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National Human Rights Commission
JD(R) Unit, PRP & P Division

Date: 24 October 2017

A meeting of the Core Group on Mental Health was held on 1 September 2017 at 10.30 am in the premises of the Commission under the Chairmanship of Shri S.C Sinha, Member, NHRC.

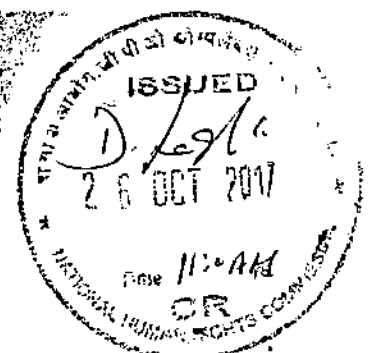
The minutes of the meeting are enclosed for kind information and necessary action please.

(J.S Kochher)
Joint Secretary (T&R)

To:-

1. Dr. L.D. Mishra, Former Special Rapporteur, NHRC, Anupam Cooperative Group, Housing Society, Dallupura, Chilla, B-13, Vasundhra Enclave, Delhi-110096.
2. Shri C.K. Mishra, Secretary, Ministry of Health & Family Welfare, 'C' Wing, Nirman Bhawan, New Delhi-110001.
3. Ms. Anita Agnihotri, Secretary, Ministry of Social Justice & Empowerment, Shastri Bhawan, Dr. Rajendra Pradesh Road, New Delhi-110001.
4. Prof. B.N. Gangadhar, Director, National Institute of Mental Health & Neuro-Sciences, Hosur Road, Bangalore-560029.
5. Prof. Sudhir Kumar, Director, Institute of Mental Health & Hospital, Billochpura, Mathura Road, Agra-282002.
6. Dr. Jyoti Bindal, Director, Gwalior Mansik Arogyashala, Jail Road, Gwalior-474009.

etc



7. Dr. Subhash Soren, Director, Ranchi Institute of Neuro – Psychiatry & Allied Sciences, Kanke, Ranchi-834006.
8. Ms. Indu Malhotra, Advocate, Supreme Court of India, 59, Lawyers Chamber, Supreme Court Compound, New Delhi-110001.
9. Shri Sandeep Chachra, Executive Director, Action Aid India, R-7, Hauz Khas Enclave, New Delhi-110049.
10. Dr. Tapas Kumar Ray, Chief Functionary, SEVAC Mental Hospital & Rehab. Centre, 135A, Vivekanand Sarani, Thakurpurkur, Kolkata-700063.
11. Dr. Rajesh Sagar, Professor, Department of Psychiatry, AIIMS, Ansari Nagar, New Delhi-110029
12. Dr. Nimesh G Desai, Director, IHBAS, Post Box No 9520, Jhilmil, Dilshad Garden, Delhi-110095,
13. Dr. Ajay Chauhan, Medical Superintendent, Hospital for Mental Health (HMH), Shahibaug Road, Ahmadabad- 380004
14. Ms. Vandana Gopi Kumar, The Banyan Adalkalam, 6th Main Road, Mugappir Eri Scheme, Mugappair West, Chennai, Tamil Nadu
15. Dr. J Radhakrishnan, Principal Secretary, Department of Health & Family Welfare, 4th Floor, Fort St. George, Secretariat, Chennai – 600009, Tamil Nadu
16. Smt. S. Jalaja, Special Rapporteur, NHRC, House No. 1596, Sector-46, Near Amity International School, Gurgaon-122001
17. Dr. K.V. Kishore Kumar, Director, The Banyan, Chennai- 600037
18. Ms. Merry Barua, Founder and Director,

Action for Autism
Jasola Vihar, New Delhi 110 025

19. Dr. Anil Kumar Sisodia, Associate Professor,
Institute of Mental Health and Hospital,
Agra, U.P.-282002

20. Shri. Oma Nand, Director,
Ministry of Health and Family Welfare,
Nirman Vihar, Delhi-110011

21. Deepak Malhotra, Section Officer,
Ministry of Health and Family Welfare,
Nirman Vihar, Delhi-110011

Minutes of the Meeting of Core Group on Mental Health held on September 1, 2017

The meeting of the Core Group on Mental Health was held on 1 September 2017 at 10.30 am in Commission. The meeting was chaired by Shri S.C Sinha, Member, NHRC. The list of participants is annexed (**Annexure-I**).

Agenda Item No. 2: Treatment and Rehabilitation of Mentally Ill Persons Languishing in Faith Healing Religious Places

2. Shri J.S Kochher, Joint Secretary (T&R) welcomed all the participants and initiated discussion on agenda item no. 2. He drew the attention towards the issue of the mentally ill persons who are languishing in the faith healing religious places sometimes in appalling conditions. He invited participants to give their views on issues of faith healing and intervention by NHRC if any, which is required.

3. Dr. Ajay Chauhan, Medical Superintendent, Hospital for Mental Health (HMH), Ahmedabad informed about the Dava Dua project started in Mira Datar Dargah, Gujarat. He stated that faith healing practices of this Dargah cannot be stopped because it provides livelihood for roughly 1000 people and employed 400 people. He further apprised that HMH has trained faith healers on medical aspects of mental health issues so that they can refer patients to the clinic established by the State Government where doctors treat the patients by prescribing medicine, behavior modification and then they are sent back. The clinic is within the Dargah where they have a psychiatrist, two psychologists, four social workers and three counselors. The medicines are provided by the State Government and Dargah have 80 rooms to house patients. As a result of this project, 50 percent to 60 percent of the faith healers also believe in the simultaneous intervention of medicine and consequently they are supporting it as well.

4. Shri S.C Sinha, Member, NHRC asked all the Members of Core group that by such activity as practiced in Ahmedabad, firstly, whether we are perpetuating these faith healing practices and secondly, if we are perpetuating, do we believe that there is some substance in the practice of faith healing.

5. Dr. L. D Mishra, Former Special Rapporteur, NHRC, strongly disagreed with the faith healing practice by stating that it would be disastrous to compare modern psychiatry medicine with faith healing. To support his view, he highlighted about the vulnerability of children by mentioning the case of Baba Raghav Das (BRD) Hospital in Gorakhpur, U.P where children have been dying due to Japanese Encephalitis because of illiteracy and helplessness. He stated that people turn towards faith healers to get their children treated and in this process the disease get worsened and then ultimately they bring these children to BRD hospital when the case has already become severe, which results in unfortunate death of children and those who survive became victims of mental retardation.

6. Dr Nimesh G Desai, Director, IHBAS stated that in 2002, the Supreme Court directed States to shut down such faith healing places which did not happen. Dr. Desai proposed the terminology of compulsion which is an amalgamation of compulsion and persuasion to stop such faith healing practices. He was of the view that there is a need to use the help of police and persuasion together. On this point, Dr. Sandeep Chachra, Executive Director, Action Aid India stressed on the adoption of pragmatic approaches for provision of mental health care services and negated the compulsion approach.

7. Dr. Rajesh Sagar, Professor, Department of Psychiatry, AIIMS, stated that the cause for mental illness is attributed to "upari chakar" by majority of people

who visit faith healing places. There is also a stigma attached in visiting a psychiatrist and such people find it convenient to visit a temple. Therefore, alarmingly only 10 percent seek psychiatric help and rest 90 percent opt for other alternate options available such as faith healing places. The long term plan should be made to create awareness and educate people.

8. Dr. K.V. Kishore Kumar, Director, The Banyan, explained due to absence of mental health facilities, people with mental health problem travel long distance to receive the treatment but later, due to various reasons return back to their native place where there is an absence of mental health care services and hence, mental illness relapses. Dr. Kishore narrated an intervention done by The Banyan in Kollam, Chennai where they worked very close to Dargah. The number of people who go to Dargah for the treatment of mental illness is much less due to the round the clock availability of mental health service within 1 km of Dargah. Therefore, it is important to integrate mental health with general health services and simultaneously strengthening district mental health program by creating awareness.

9. Dr. S.K Chaturvedi, Dean of Faculty of Behavioural Science, NIMHANS, pointed out that firstly, faith healing exists even in modern sciences. Secondly, it is a normal pathway as we are religious faith endorsing country. Thirdly, in 1970's lot of studies have been done in places like Bangalore, Chandigarh etc. where they tried to link up with the faith healers, and as a result, found out 75 percent of person with mental illness actually recovered in the course of faith healing. Therefore, people visit these places due to lack of facilities and its effectiveness for them. Likewise, people find institution like NIMHANS, IBHAS etc quite effective and therefore it is visited by 1000 patient per day.

10. Shri. Sinha inquired how many got healed because in any case over a period of time, due to nature of illness he would have got healed. Dr.

Chaturvedi mentioned that there is definitely a sizeable percentage of such patients who get healed without treatment. He informed that in randomized trial for medicines, 10 to 20 percent schizophrenia patients got treated due to placebo effect and 60 percent depression patient got treated without antidepressants. Therefore there are definitely a sizeable percentage of such patients who get healed without treatment.

11. Dr. Jyoti Bindal, Director, Gwalior Mansik Arogya Shala, strongly disagreed with the use of faith healing practices. She stated that it is important to identify famous so-called faith healing places and establish a psychiatric clinic over there. Dr. Bindal suggested that as in the case of pregnant women, where ASHA workers visit every home in order to find pregnant women for taking them to hospitals. Services of same ASHA worker can also be used to create awareness about mental illness and its treatment.

12. Dr. Tapas Kumar Ray, Chief Functionary, SEVAC Mental Hospital and Rehab Center, stated that there is a gross human rights violation in each case of faith healing especially, the cruel way they treat these patients. He suggested that there should be a psychiatric help near such faith healing places. People would then come to seek out for help from mental health professionals. He also stated that based on his experiences while working in the religious places, he has observed that the State Government are reluctant in their approach for providing mental health care service in the faith healing places. He mentioned about the Club-house Model that offers persons with mental illness hope and opportunities to reach their full potential and thus could be adopted for rehabilitation of the mentally ill persons who are languishing in various custodial institutions like jails, beggar homes, nari-niketan etc. Dr. Chaturvedi differed on this and mentioned an indigenous model for the rehabilitation of mentally ill persons is more appropriate for our society. Shri Sinha requested Dr. Ray and Dr.

Charurvedi to provide notes on the Club-house model and indigenous model respectively.

13. Ms. Merry Barua, Founder and Director, Action for Autism, stated that such faith healing places should not be closed because India is a country of religious belief. Therefore, it would be difficult to convince the people to radically shift from faith healers to mental health professionals.

14. Shri. S.C. Sinha, concluded the discussion stating that people go to such faith healing places because of non-availability of mental health care service. If the State Government is able to provide the mental health services at PHC level, the number will gradually go down and ultimately people will stop going to faith healers or faith healing places. He however, requested that members of Core Group may send a note on this issue to the Commission highlighting significant areas which could be additionally recommended /pursued by NHRC.

Agenda Item No. 3: Training of general medical practitioners and nurses in mental health.

15. Shri J.S Kochher, Joint Secretary (T&R), NHRC stated that NHRC has recently filed an affidavit in Supreme Court in WP (CRL) No. 1900 of 1981. He mentioned that NHRC requested the Hon'ble Supreme Court to issue directions on all the shortcomings related to existing mental health situation in the country to all concerned authorities including Ministry of Family and Health Welfare (MFHW), State Governments etc.

16. Shri S.C Sinha, briefly explained some of the directions sought by NHRC from the Supreme Court as per the following:

- i. Psychiatry should be made compulsory subject at the MBBS level.
- ii. All MBBS doctor in Provincial Medical Services and CGHS must undergo 4 weeks training programme on mental healthcare/psychiatry which will

enable them to provide basic mental health services at PHC, CHC and District Hospital level.

- iii. In-service training need to be carried out which should be completed by 2021 and the training curriculum for the same to be designed by NIMHANS.
- iv. Enhancement of seats in psychiatry and clinical psychology is required so that more trained man power is available.
- v. There is a need to create more Apex level institution similar to NIMHANS in other parts of country also i.e. Northern region, Western region and Eastern region.
- vi. Mental health budget is not shown separately in state health budget. It should be shown separately so that the expenditure on mental health care is known.

17. Dr Jyoti Bindal, Director, Gwalior Mansik Arogya Shala, suggested that people who are involved in the in-service training should be getting formal certificate. She informed that they are already giving one month training on mental health to many district health officers.

18. Shri. Oma Nand, Director, Ministry of Health and Family Welfare, stated that after receiving order from Supreme Court in last November, they have prepared and submitted a road map before the Supreme Court. He also informed that Directorate General of Health Services has prepared training modules and has also organized three days Training of Trainer (TOT) programmes covering eighteen states. NIMHANS is also engaged in in-service training. Dr. Rajesh Sagar, Professor, Department of Psychiatry, AIIMS, stated that he is also associated with these training modules. Dr. Sagar further stated that there is a need to include psychiatry as a subject in M.B.B.S course, so that such training is not required in future.

19. Shri Oma Nand, Director, Ministry of Health & Family Welfare stated that 21 Centres for Excellence in the field of mental health have been approved but

the funds for the same have not been disbursed owing to non-receipt of Utilization Certificates. He also informed that there are 444 districts covered under District Mental Health Programme. The States of Gujarat, Odisha, Chandigarh and Karnataka are doing well in implementation of DMHP. He was requested to give a note on the implementation of District Mental Health Programme (DMHP). He further informed that Lokopriya Gopinath Bordoloi Regional Institute (LGBRI) is to be upgraded to provide neurosurgical and neurological facilities on the patterns of NIMHANS.

20. Shri S.C. Sinha, Member, NHRC, stated that the training should be of at least of three to four weeks, instead of three days in order to impart knowledge of mental illness.

21. Dr. S.K Chaturvedi, informed that NIMHANS has modernized training by providing virtual training which is readily available on phone or on tablet. At the end of the program, the participants get a certificate. Even people abroad can have access to these Virtual Learning Centres (VLC) just by clicking on the link (<http://vlc.nimhans.ac.in/>). Their picture will appear in NIMHANS where a person can ask question and clear their doubts. Approximately 120 people can log in at a time.

22. Shri S.C. Sinha, Member, NHRC enquired whether there have been improvement on the ground level from 2014 onwards, after the Supreme Court intervention.

23. Dr. K.V. Kishore Kumar, stated that no significant changes have been taken place. Funds have not been utilized by the State Government. There is no monitoring by GOI, and States do not have any budget to invest funds in the area of mental health. The States are largely dependent on Central Government funds and even the money received by them has not been utilized.

24. Dr. Tapas Kumar Ray, stated that money which is being received by the State Government is not fully utilized. There is no improvement in ground situation.

25. Dr. Ajay Chauhan, Medical Superintendent, Hospital for Mental Health (HMH), Ahmadabad, stated that Gujarat Government has invested in providing mental health care facilities in Mehsana district, Amreli and Rajkot. All the psychotropic drugs are made available in PHC's and CHC's. Rs. 3 Crore is earmarked to mental health in state budget from which the State Government supports NGO's, hospital, suicide prevention programme, street children etc.

26. Dr. Subash Soren, RINPAS, stated that in the State of Jharkhand, not many changes have taken place.

27. Dr. Jyoti Bindal, Director, Gwalior Mansik Arogya Shala, stated that no significant changes have taken place. However, in GMA they have started M.Phil in Social Psychology with 16 seats.

28. Dr. S.K Chaturvedi, stated that in Karnataka situation is good, DMHP has been implemented in 28 districts out of 32 districts. These districts have psychologist and social workers. He stated that they have carried out training programs in NIMHANS to sensitize the State government doctors on mental health.

29. Dr. Nimesh. G. Desai, Director, IBHAS stated that in Delhi DMHP is being implemented in 5 out of 11 districts. He further apprised there are two mobile Mental Health Units to bridge the gap in the treatment of the mentally ill. He also stated that half Way Homes that provide rehabilitation facility for the mentally ill have been operationalized for helping them to reintegrate in the society. Dr. Desai was requested by member, Shri S. C Sinha to give a note on the role of Mobile Mental Health Units for the homeless and homebound mentally ill.

Agenda Item No. 1: The Mental Health Care Act, 2017- The way forward

30. On the issue of Mental health Care Act, 2017, Shri. Oma Nand, Director, Ministry of Health and Family Welfare, stated that the Ministry has constituted a committee under Shri Keshav Desiraju, to form Rules under the Mental Health Care Act, 2017 and shortly it will finalize the same.

31. Shri S.C Sinha, Member, NHRC, requested the members of the Core Group to give their views on any special feature in the Act where NHRC can emphasize on its implementation to the States and are whether there any major shortcomings in the Act.

32. Ms. Merry Barua, Founder and Director, Action for Autism stated that in the definition of mental illness they have excluded mental retardation, whereas they should also clearly exclude all the developmental conditions such as autism spectrum condition and cerebral palsy so that people do not get confused and consequently get wrongly diagnosed for severe mental health illness.

33. Shri Sandeep Chachra, Action Aid India drew attention towards the Section 18(2) of the Mental Health Care Act which states that "The right to access mental healthcare and treatment shall mean mental health services of affordable cost, of good quality, available in sufficient quantity, accessible geographically, without discrimination on the basis of gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class, disability or any other basis and provided in a manner that is acceptable to persons with mental illness and their families and care-givers". He stated that the word 'affordable' in the said section will dilute the right to access to mental health care. Dr. Chaturvedi differed and stated that the intention of section is to make mental health care treatment affordable for patients as such will not dilute the rights. Dr. K.V Kishore was of the view that it refers to affordability of State to

provide such services. It was decided that more discussion is required in the matter and it could be discussed once Rules under the Act are notified.

34. Dr. Nimesh G Desai, Director, IHBAS, pointed out that insurance companies do not give medical coverage to mentally ill patient. There should be an inclusion of mental health in general health insurance. This insurance would primarily help the poor. He suggested that Insurance and Regulatory Development Authority (IRDA) could be asked to ensure inclusion of mental illness under general health insurance cover.

35. Shri L. D Mishra, Former Special Rapporteur, NHRC, stated that the Act does not explicitly mention about the women, children, adolescent and elderly mentally ill persons, although there is a Section 87 dedicated to children. There should be an amendment in the Act to make separate chapter for them because Rules would not be enough to take of all these mentally ill persons.

36. Dr. Ajay Chauhan, stated that in the Act, all major responsibilities have been given to Central or State Mental Health Authority. He suggested that the Authority should be provided with sufficient budget, manpower and office space to complete the task given to them under the Act. It was suggested that the Department of AYUSH be also associated with the Committee of Experts in the field of mental health constituted for framing Rules under the Mental Health Care Act. It was decided to ask M/o Health and Family Welfare to involve AYUSH in the Committee framing Rules.

37. Dr. Kishore Kumar, pondered over three key concerns, firstly, whether Act covers topic of guardianship, secondly, increasing neglect by family members towards these mentally ill persons and thirdly, large number of people continue to live in the hospital and refuse to leave. He also suggested that in order to tackle the situation of homeless mentally ill, we need to provide Shared Housing. He was requested to give a note on the same

38. The meeting was concluded by Shri. S.C Sinha where he requested the Members of Core Group of Mental Health to provide notes on the following:

- a) Dr. Tapas Kumar Ray, Chief Functionary, SEVAC will send a note on 'Club-house Model'.
- b) Dr. S.K Chaturvedi, Dean, Faculty of Behavioural Science, NIMHANS will send a note on the indigenous model for the rehabilitation of mentally ill persons.
- c) Dr. L. D Mishra, Former Special Rapporteur, NHRC will send a note on 'Australian Model' for treatment and rehabilitation of women and children with mental illness
- d) Members of Core Group will send a note highlighting significant areas which could be additionally recommended /pursued by NHRC on the issue of treatment and rehabilitation of the mentally ill persons languishing in faith healing places.
- e) Dr Nimesh. G. Desai, Director, IHBAS will send a note on the role of Mobile Mental Health Units for the homeless and homebound mentally ill.
- f) Shri Oma Nand, Director, Ministry of Health and Family Welfare will send a note on the implementation of District Mental Health Programme & Status of development of LGB Regional Institute of Mental Health, Tezpur towards a Centre for Excellence and its future plan.

39. The recommendations emanating from the meeting are as follow:

- a) **Awareness:** There is a need to create awareness and educate about mental health and illness and reducing stigma associated with mental illness. At district level, ASHA workers that are already trained to deliver other social work services can be used to create awareness about mental illness and its treatment.

- b) **Availability of mental health services at PHC level:** With the growing burden of mental health issues and the stigma attached to these illnesses continues to prevail, and prevents people from receiving the required treatment. It was suggested that existing PHC systems should be empowered to deliver essential mental health care to the community and thus reaching out even to remote and rural areas.
- c) **Involving AYUSH in the Committee of Experts framing Rule under the Act:** A Committee of Experts comprising of persons representing various stakeholders in the field of medical health has been constituted for framing rules and regulations under the Mental Healthcare Act, 2017. It was suggested that the Ministry of Health and Family Welfare should be asked to involve AYUSH in the Committee constituted for framing Rules under the Mental Health Care Act, 2017.
- d) **Health Insurance to mentally ill:** Insurance companies do not give medical coverage to mentally ill patients. Section 21(4) of the Mental Healthcare Act, 2017 clearly mentions that all the insurers make provisions for medical insurance for treatment of mental illness on the same basis, as is available for the treatment of physical illness. It is suggested that Insurance and Regulatory Development Authority (IRDA) should be asked to expand the reach of its insurance cover by ensuring inclusion of mental illness under general health insurance cover. This insurance would primarily help the poor.

The meeting ended with a vote of thanks to the Chair.

List of Participants

Members of Core Group on Mental Health

1. Dr. L.D. Mishra, Former Special Rapporteur, NHRC
2. Dr. Jyoti Bindal, Director, Gwalior Mansik Arogyashala, Gwalior, M.P
3. Dr. Subhash Soren, Director, Ranchi Institute of Neuro –Psychiatry & Allied Sciences, Ranchi
4. Shri. Sandeep Chachra, Executive Director, Action Aid India, Delhi
5. Dr. Tapas Kumar Ray, Chief Functionary, SEVAC Mental Hospital & Rehab. Centre, Kolkata
6. Dr. Rajesh Sagar, Professor, Department of Psychiatry, All India Institute of Medical Sciences
7. Shri. Oma Nand, Director, Ministry of Health and Family Welfare, Delhi
8. Dr. A.K Sisodia, Associate Professor, Institute of Mental Health, U.P
9. Dr. Nimesh G Desai, Director, IHBAS
10. Dr. Ajay Chauhan, Medical Superintendent, Hospital for Mental Health (HMH), Ahmedabad
11. Dr. K.V. Kishore Kumar, Director, The Banyan
12. Ms. Merry Barua, Founder and Director, Action for Autism
13. Dr. S.K Chaturvedi, Dean, Faculty of Behavioural Science, NIMHANS, Bangalore
14. Deepak Malhotra, Section Officer, Ministry of Health and Family Welfare, Delhi

National Human Rights Commission

1. Shri S.C Sinha, Hon'ble Member, NHRC
2. Shri J. S Kochher, Joint Secretary (T & R), NHRC
3. Shri. Nishith, Research Assistant
4. Ms. Pritika Sejwal, Junior Research Consultant
5. Ms. Papari Saikia, Junior Research Consultant