

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

Subject: Visit Report of Smt. Jyotika Kalra, Hon'ble Member, NHRC in respect of the Institute of Human Behaviour and Allied Sciences, Delhi, and the State Government Mental Hospital, Bareilly (U.P.)

Smt. Jyotika Kalra, Hon'ble Member, NHRC, visited the Institute of Human Behaviour and Allied Sciences, Delhi on 11th April 2019 and the State Government Mental Hospital, Bareilly (U.P.) on 28th May 2019 for an on the spot review of the functioning of these institutions. The detailed reports in respect of the visits are placed at Annex-1 and Annex-2 respectively. The Major recommendations emanating from visit reports are as under:

Institute of Human Behaviour and Allied Sciences, Delhi:

1. **Challenges in reinstating the patients back to their families:** It has often been observed that families don't want to take these people back, the causes for this may be the economic burden people with mental illness have on the family, the fear of dealing with them, the stigma of mental illness.

Recommendation: Rehabilitation program for such women should be evolved. Section 19 (1) of the Act, provides that even if the family is not accepting back the patient, the Institution should arrange rehabilitation for them outside the mental health establishment

2. **No provision for Complaints Registration:** No board could be found explaining the process of registering complaint about the deficiencies in provision of services of the Mental Health Institution.

Recommendation: As per section 28 (1) of the Act, any person with mental illness or his relative should have right to complain regarding deficiencies in provision of care. Accordingly, such boards should be put at the conspicuous place as to where can the complaint be lodged.

3. **False victimization of women as mentally ill:** An interaction with a woman in Semi open female ward of IBHAS revealed that she was left at IBHAS by her husband after a quarrel with him and she has been in the institution ever since his husband is not willing to take her back.

Recommendation: Such cases should be carefully identified and be reported. Moreover, the necessary help should be provided to the victims in order to enforce their legal rights.

4. **Denial of legitimate economic rights of persons with mental illness:** IHBAS does help such people with legal services to deal with the situation, however the victims have not been able to get their rights.

Recommendation: As required under section 27 (1) of the Mental Healthcare Act, 2017, Free and quality legal aid be ensured to the inmates.

State Government Mental Hospital, Bareilly

1. **Shortage of staff:** There were around 156 patients in the hospital and two doctors to supervise them. Sanctioned post requires to be filled up as soon as possible because there is shortage of staff. There is a requirement of more clinical psychologist, psychiatric social worker, and psychiatric nurses. These posts perform an important role in recording clinical data, performing counseling and discharging rehabilitation services

Recommendation: Sanctioned posts need to be filled on immediate basis and if required, more such posts to be sanctioned by the State to run the Mental Hospital properly. **Concerned – Ministry of Health State of U.P.**

2. **Requirement of Mother and Child Care Unit:** As specified in the Mental Healthcare Act, 2017 in Section 21(2)-
A child under the age of three years of a woman receiving care, treatment or rehabilitation at a mental health establishment shall ordinarily not be separated from her during her stay in such establishment

Recommendation: There should be a mother and child care unit in the premises with all the safeguards possible. This also helps in emotional recovery of the patient admitted. **Concerned – Ministry of Health State of U.P.**

3. **Patients from other States:** Patients are admitted from neighboring states especially Uttrakhand but there are no clear guidelines by the State authority regarding this. As per the Govt. policy, the hospital was not allowed to admit patients from any other State

Recommendation 1: The State government must issue clear guidelines in order to accommodate patients coming from neighboring States, especially Uttrakhand.

Recommendation 2: Appropriate technology must be used to trace and track the patient's identity and his/her native place. **Concerned – Ministry of Health State of U.P.**

4. **Skill Training for long stay patients**: Long stay patients are mostly the ones who are abandoned by their families, therefore, they need to be trained in some skills in order to earn and live independently after recovery.

Recommendation: Delhi's Asha Kiran (A Home for mentally challenged abandoned Men/ women) skill training center could be taken as model centers to promote skill training among long stay patients. This helps as an effective way of rehabilitation of the inmate after discharge. **Concerned – Ministry of Health State of U.P.**

5. **Legal Aid**: As specified in the Mental Healthcare Act, 2017 in Section 27 (1)&(2):
(1) A person with mental illness shall be entitled to receive free legal services exercise any of his rights given under this Act.

Recommendation: Medical Officer or Mental Health professional must inform the person with mental illness about his or her entitlement to free legal services and provide guidance about the necessary course of action. Free Legal Aid must be made available to the inmates. **Concerned – Ministry of Law and Justice.**

The visit report is placed before the Commission for consideration and directions please.



(Dilip Kumar)
Joint Secretary (T&R)

File No. 11/17/2019-PRP&P

NATIONAL HUMAN RIGHTS COMMISSION

Member (JK) Sectt.

Ms. Jyotika Kalra, Hon'ble Member, NHRC paid a visit to Institute of Human Behaviour and Allied Sciences (IHBAS) on 11/04/2019 for an on the spot review to evaluate the functioning of the institution. The Hon'ble Member was assisted in the process by Sh. K. K. Srivastava, Assistant Registrar, Sh. Kulbir Singh, Deputy Superintendent of Police, Smt. Manju Rani, PPS to Member and Ms. Tanya, Research Consultant.



Director, IHBAS, Prof Nimesh G. Desai welcomed the member and officers of the NHRC. The initial meeting was held at 10 am in the Office of Director, IHBAS. The purpose of the visit was to have a look at the working condition of the Hospital and whether the working is in accordance with the principles of Human Rights and the rights of Persons with mental illness are protected.

During meeting Dr. Nimesh briefed about the journey of the mental illness and establishment of the Institution

1. History of the concept of mental illness in India and IHBAS

- India after its independence dealt with mental illness through custodian mechanisms, i.e. imprisonment. People with mental illness were subjected to imprisonment and inhuman treatment (such as chaining) due to the social perception of them being 'danger to the society'. In Delhi, as informed by Dr. Desai, the only place for persons with mental illness then was Tihar Jail's mental ward. With advancement of medicine and psychiatry, the concept of mental illness transitioned to a medical model where mental illness was deemed curable within the institutional boundaries of mental hospitals. However, this institutional medical model was still custodian in nature as the caretakers in these institutions were called superintendents (a term used in prisons) and subjected its patients to inhuman medical procedures such as electro convulsive therapy etc. Around this time in 1966, Hospital for Mental Diseases (HMD), the predecessor of IHBAS, was established in Delhi.
- Thereafter, the concept of mental illness shifted to human rights based approach, where mental illness was considered to be like any other health issue, which needed medical and social intervention to enable the person to function in the society. This understanding was non-custodian in nature and deemed

rehabilitating the person with mental illness back into his/her community important. The understanding was strengthened by the International Covenant on Economic, Social and Cultural Rights, 1966, which stated that right to health included mental health as well and promoted the need to integrate of mental health care services with primary health care system.

- The human rights approach to mental healthcare initiated judicial activism wherein Public Union of Civil Liberties (PUCL) filed a Public Interest Litigation in 1983 stating that the Hospital for Mental Diseases engaged in activities which violated the rights of persons with mental illness. The PIL documented cases of rape, abuse, starvation, insufficient provision of clothing to the patients. Subsequently, two committees were formed to investigate the matter and give recommendations. In 1993, the erstwhile Hospital for Mental Diseases was converted to the Institute of Human Behaviour and Allied Sciences (IHBAS) in compliance with the directives of the Hon'ble Supreme Court in response to PIL.

2. Strength of the hospital.

IHBAS is Government of India's Centres of excellence in Mental Health under National Mental Health Programme (NMHP). It is the first government run specialized Neuropsychiatric Institute to achieve full NABH accreditation for quality assurance and patient safety. It has recently received the commendation award for the Kayakalp Programme, among the hospitals of Delhi.

IHBAS provides OPD, inpatient and 24x7 Emergency services. It also runs specialty clinics like Child & Adolescents Psychiatry, Mental Retardation, Tobacco Cessation, Epilepsy, Marital & Psychosexual, Neuro behaviour clinic and Drug Abuse Treatment clinic etc. The courses which are offered at IHBAS include MD in Psychiatry, DM in Neurology and MPhil in the field of Clinical Psychology

3. Physical Infrastructure and Location

The hospital is located in East Delhi at a distance of 35 kms from Airport, 16 & 18 kms from New Delhi and Old Delhi Railway Station respectively, 12 kms from ISBT terminus and 2 kms from Shahdara Delhi Metro Railway Station. It is situated between Guru Teg Bahadur Hospital (GTBH) and Swami Daya Nand Hospital (SDNH), to the North of the GT Road. IHBAS is spread out over an area of 111.69 acres of land.

IHBAS is equipped with state of the art infrastructure including a centrally air-conditioned academic block, a diagnostic block, two new buildings of Neurology block and psychiatry block with ICUs and private wards, a neurosurgery block with two operation theatres, waiting hall, toilet facilities for ladies, gents and physical disabled persons and provision of dharamashala (Vishramsadan), OPD block, admin and engineering block, Kitchen, rehab block with Occupational and physiotherapy services.

4. Admission procedures and Total Strengths of patients and sanction strength in the Hospital

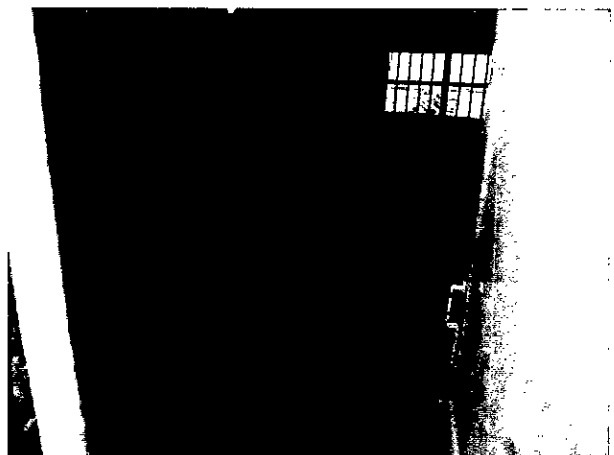
The admissions at IHBAS are carried out as per the provision of Mental Health Care Act 2017. There are 297 Beds in hospital in three clinical departments (Psychiatry, Neurology and Neurosurgery). The total sanction strength of the hospital is 500 beds. There are separate wards for males and females; minor and major. The family is encouraged to stay with the patients in the wards. For the destitute patients, IHBAS provides the attendants (from govt. expenses) to assist and take care of the activities of daily living of patients.

5. The team visited the following areas in the hospital Campus.

- | | |
|----------------------------|----------------------------|
| a) Old/ | |
| b) Not in use Wards | g) Mother Child Care unit |
| c) Semi-open Ward (Female) | h) Emergency |
| d) Semi-open Ward (Male) | i) OPD |
| e) Open Wards | j) Saksham- Half way homes |
| f) Psychiatric ICU | k) Ashram Sadan |

6. Old/ Unused Wards:

- This Ward is the vestige of the 1966 Hospital for Mental Diseases which subjected its patients to inhuman treatment.
- The structure is not used and has been kept for visit purposes. It is used a visual aid to the times when mental health was guided by custodian conceptions and inhuman treatment.
- It was a small building with six-seven rooms in it. The single rooms consisted of two parts, one was a cemented platform which was probably the sleeping area and the other being separated by a wall to be used as bathroom. The whole room had one small window.



7. Semi-Open Ward- Female

- Semi-open Wards are wards which have curfew hours in which the gates of the building are closed, in this case from 8:00 P.M. to 8:00 A.M. However, during the curfew hours the patients are free to move around inside the designated closure.
- Relatives are also allowed to visit the patients from 8:00 A.M to 8:00 P.M.
- The Ward's structure was: a courtyard around which there were several rooms.
- The courtyard of this ward had several cooler kept and on enquiry it was told that they are in the process of being installed as the weather is hot.
- One room was visited where 7 women had gathered around a carrom board and playing carrom.
- The room had 17 beds and its sheets were clean. The beds did not congest the room and there was enough space to move around.
- The room also had an attached toilet which was probably for the use of women occupying the room.
- The room was clean and did not have any smell.
- The above-mentioned room also had a small room within it which had files and medicines. A nurse was also seen stationed in the room,
- Interactions with two women in the ward, one of who claimed to be holding an MBA degree and the other who was brought to the institution after a fight with her husband, revealed that they were treated well by the authorities.
- Dr. Desai also mentioned that the structure was old and needed renovation and the administration has initiated the process for the same.

8. Semi-open Ward- Male

- Semi-open male ward A and B were visited.
- These wards were structurally similar to the semi-open women's ward, but the building was newly constructed.
- There were several rooms around the courtyard. While some were rooms where several patients lived together, there were special rooms for people who needed a little more isolation than others. There were also group rooms which were used for group therapies.
- The structure also had a common area with tables and chairs. During the visit it was observed that patients were engaging in drawing activities under supervision.
- One room was visited which had 19 beds and the room was not congested. The sheets on the bed were clean. The room also had a toilet in it. There also was a small room inside it which stored files and medicines.
- There were patients in the room and some patients were also accompanied by their relatives. There was also a cushioned bench in the room for these relatives to rest during the visiting hours.
- There also were police stationed in the room. On enquiry, it was told that they were keeping an eye on the undertrial prisoner who had to be shifted to IHBAS for the treatment for his mental illness.

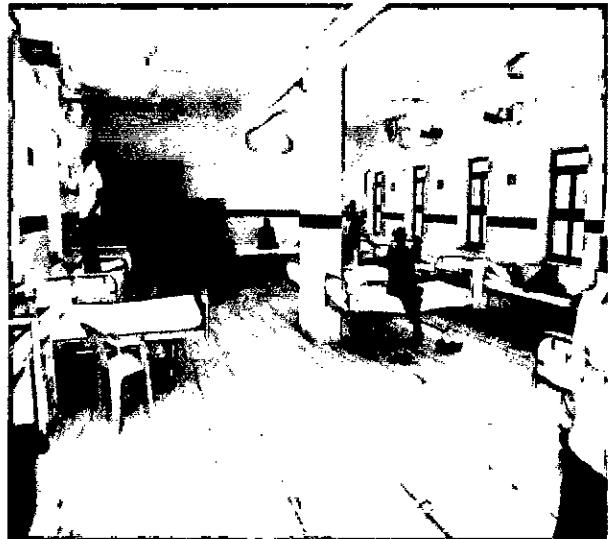
- Interaction with patients in the room suggested that:
 - a) Most of the people wanted to go back home because they missed their families.
 - b) They did get to watch TV in the wards
 - c) One patient wanted to be designated a single room as he was disturbed by all the shouting in the room by others.
 - d) Many people in the room were graduate degree holders and some showed interest in reading books. On enquiring whether they had access to books, Dr. Desai informed that there is a library and a gym in the premises of the institute but not in these wards.

9. Some general observations about the Semi-open Ward- Male & Female

- The wards were clean.
- A very light music played through the speakers in the common areas of the ward. According to Dr. Desai, this was started initially on a pilot, but he has received positive feedback about it from the staff.
- The wards had water purifier which dispensed cold water.
- It was also informed that people in the wards engaged in celebration of festivals and picnics.

10. Open Wards

- These wards have no curfew hours.
 - While it is often reported that people flee from these wards and the staff does not look into the matter, Dr. Desai clarified that IHBAS practices restrictive and not custodian care. This means that while they can restrict people in the semi-open and isolated wards, it is not the same in case of open wards. The doctors cannot coerce patients to remain admitted in open wards.



- There were water coolers which dispense cool water

11. Psychiatric ICU

- These wards are for people who are extremely violent and need constant supervision. Another feature is that it does not resemble a general ICU which is technology intensive, rather it is supervision based.
- Psychiatric ICU had the following sections: 1) the reception area with 4-5 beds, 2) A single room, 3) Interview room, 4) protected supervised care room

- Dr. Desai explained that the ICU was for patients who had extreme symptoms and needed isolation. He further explained that the protected supervised care room is used after a patient is administered with medicines to restraint their violent activities. As medicines takes time to calm the patient, in order to keep them out of harm's way, they are kept in protected supervised care rooms. The room's walls are padded, sound proof and are equipped with CCTV which is monitored by a doctor sitting outside the room.
- Dr. Desai further added that never is a patient tied or chained in the room.
- There were two patients accompanied by their relatives in the psychiatric ICU.

12. Mother and Child Care Unit

- Mother and child care unit is ward where mothers with mental or neurological illness are allowed to be with their children aged up to 6 years.
 - The unit is based on the idea that no child should be separated from their mother.
 - Women admitted to this unit are given attendants for themselves as well as their children.
 - During the visit, one woman was seen in the unit with her child and her relatives. There also were rooms adjacent to the unit where children were seen playing.
 - Dr. Desai added, that every mental health institution must have a mother child care unit as it helps in better treatment of the mother and development of the child.



13. Out Patient Department

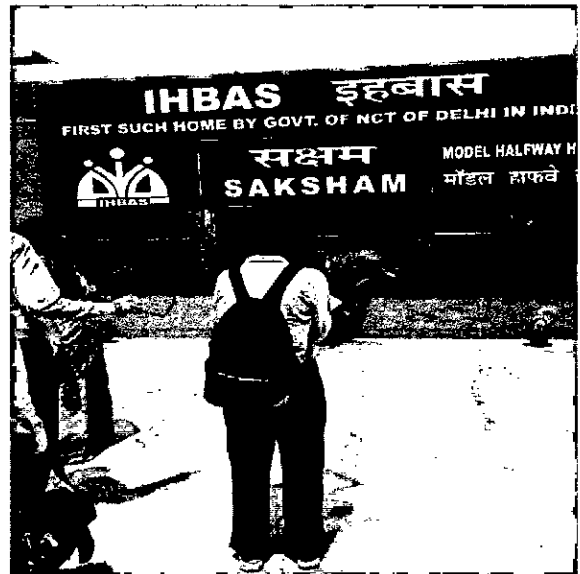
- Dr. Desai informed that IHBAS' OPD is the largest in the world.
- 1200-1300 patients are register in it daily. Only 1% of them get admitted and the average length of stay is 2-3 weeks.



- The OPD is a huge building and outside of it is a waiting area where token is collected for OPD. The waiting area is properly shaded. Inside the building, there are various rooms designated for specific services.
- Inside the OPD, there is also a senior citizen counter for assisting elderly citizens through the OPD process.

14. Saksham- Half way homes

- Half way home was established in the year 2017 as pilot project for people who were in no way accepted back to their families or were homeless.
 - It is called half way home because it only 'replicates' the living environment of a locality and is not really a locality. Further it is managed by staff and its gates are locked for certain hours during night. The establishment is managed by medical social worker of IHBAS.
 - The premise of half way home has two buildings, one designated for women and the other for men.



- Both the buildings have courtyard at the centre. It has dining cum common room with Television installed in it.
- Rooms are allotted on a double sharing basis and they were extremely clean with curtains on the window.
- The rooms did not have attached toilet.
- During the visit to men's half way home, the residents were having food and the dining area was clean. It was also observed that some residents were having food in their rooms, indicating that the staff served the residents food according to their preferences.
- During the visit to the women's half way home, most women were indoors as it was their resting hour. Some of them were sitting in the common area.
- Apart from the courtyard and the common area, there was enough open space in the front of the building.
- It was observed that the people in the half way homes belonged to the elderly population.

15. Ashram Sadan

- This establishment is allocated for the relatives of people admitted in the hospital. It consists of two building with three floors each.
- During the visit, the premises of the Ashram Sadan looked desolate. On enquiring about whether it is used by people, it was informed that currently 4 families live in the facility. However, during visit no one was found in the rooms.

16. Statutory Licenses

- The firefighting equipment in the institute are well placed and up to date with re-filling and testing. The NOC i.e. Fire safety Certificate valid upto June 2019 from Chief Fire Officer is obtained and enclosed.
- NOC from the State Pollution Control Board (DPCC) is also attached
- The licenses for operating the lifts in the Institute have also been procured
- Other relevant

17. Electricity and water supply

The requirement of regular electricity supply in institute is fulfilled from BSES. For any shortage and breakdown in electricity supply institute has two DG sets each of 625 KVA capacity, installed in hospital premise.

The main source of drinking water is Delhi Jal Board supply. Institute has already installed 02 nos. of RO plants each of 10000 lph capacity for clean and hygienic water. The filter of RO plants are replaced after interval of every three months, however back wash is done twice in a day. For further quality control water purifiers are also installed at several locations in premise. The filters of these purifiers are replaced after every 03 months, and cleaning of filters is done after a gap of every three days.

18. Drainage system of waste water

Drainage system in IHBAS premise is well planned, having 07 nos. of Rain Water Harvesting Systems at different location along with grid network of drainage pipelines connecting building with Rain Water Harvesting pits, according to catchment area.

19. Cost of treatment for patients at IHBAS

Except for a nominal charge for registration of Rs. 10/- in the OPD, all the user charges including investigations, admission charges etc for the patient have been waived off. All the patients get treatment (including medicines) free of cost. Only the patients admitted in the private ward need to pay the charges.

20. Facility for staying of relatives/visitors of the patients

There is extended visiting hours in the hospital for the patients relatives. The patient's family members are provided settee in the wards for taking rest. They are also provided facility of waiting hall near the emergency and ICUs. There is 20 rooms Vishramsadan (Dharamshala) for family of patients visiting from outstation.

21. Novel initiatives of the home

(a) Mobile Mental Health Unit (MMHU)

Mobile Mental Health Unit (MMHU) programme is being run under the technical and administrative control of IHBAS since January 2011 under which two MMHU teams are operating. The Mobile Mental Health Unit (MMHU) Programme is a unique and innovative programme being run for the first time in the public sector in the country since January 2011. It provides crucial mental health services (Pre Hospital Care) to the most underprivileged and neglected population of mentally ill homeless and homebound persons. The Annual Reports have been frequently presented and discussed in various professional and policy forums and also the newspapers have frequently highlighted the benefits of the unique services of MMHU.

Each MMHU teams consists of a Mobile Patient Transport Ambulance with a team consisting of one Medical Officer, one Counselor, one Staff Nurse, one Nursing Orderly and a Driver. There is a central Mobile Mental Health Unit (MMHU) Helpline no. - 011-22592818 on which MMHU can be contacted by the community and a call can also be made on mobile no. 9868396910 and 9868396911. MMHU team has been consistently reaching out to the mentally ill persons in difficult situation of both homeless and homebound nature and helping them to engage into treatment with the help of police and magistracy with full legal and ethical consideration.

(b) Clinic for Homeless Mentally ill

- "Health Initiative Group for Homeless (HIGH)" was started at Jama Masjid in November 2000 along with NGO Ashray Adhikar Abhiyan(AAA) and
- The Delhi State Legal Services Authority(DSLSA) Since 2008
- The clinic is held twice a week on Monday and Thursday by a team of Mental Health Professionals from IHBAS and members of NGO's like AAA, Sahara and volunteers of the homeless community.

(c) Operationalization of the Model Halfway Home (Saksham) in IHBAS Campus

The opening of Half Way Home / Long Stay Home (HWH/LSH) at IHBAS premises, as a temporary arrangement has taken place in the background of the direction of Hon'ble High Court dated 14th December, 2016 and decision taken in the meeting held by the Chief Secretary, GNCT of Delhi on 9th January, 2017. In its submission of status report,

Currently 37 patients have been housed at the Saksham. The HWH at IHBAS are currently being managed with staff in a diverted capacity from IHBAS (Housekeeping and Security services are provided through outsourced agency). The process for recruitment of specialized manpower is currently being undertaken as per the approvals by the competent authority of the Institute. The formal inauguration of the HWH/LSH took place on 3rd march 2017 by the Hon'ble Health Minister Shri Satyender Jain in the august presence of the Shri

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Rajendra Pal Gautam, Hon'ble MLA Seemapuri and Shri Madhup. Vyas,
Secretary Health & Family welfare, GNCTD.

22. Dr. Nimesh Desai, Director IHBAS also flagged the following issues that he observed in the area of mental health in his 30 years of engagement:

- (a) **False victimization of women as mentally ill:** Women are often deemed mentally ill and brought to mental health institutions when they are unable or don't perform their household responsibilities and roles. Dr. Desai mentioned of having seen several such cases in his career at IHBAS. During the visit, an interaction with a woman in Semi-open female ward of IHBAS revealed that she was left at IHBAS by her husband after a quarrel with him and she has been in the institution ever since as his husband is not willing to take her back.
- (b) **Challenges in reinstating the patients back to their families:** Be it homeless patients or otherwise, the locus of treatment at IHBAS is to transform people from 'in-patients to out patients'. In case of homeless people, the institution through the help of NGOs and its social workers trace the person's family and send them back after treatment. Similarly, people who come to the institution with family support, they are sent back after treatment. However, it has often been observed that families don't want to take these people back. According to Dr. Desai, the causes for this may be the economic burden people with mental illness have on the family, the fear of dealing with them, the stigma of mental illness which may have implications on the family in term of prospects of marriage of other family members and also the ostracization that the person with mental illness and the family would have to face in the community. There is a challenge that the institution faces in trying to transit a patient from 'destitution to reintegration'. However, Dr. Desai added that in the last 25 years, 4,500 patients have been registered and the reintegration rate is about 85%.

23. **Observations :-**

- i. During the discussion with the Hon'ble member, NHRC and her team, the Director, IHBAS and the HODs shared the difficulties in the expansion of new services, providing disability certification to large numbers, as well as assisting the judicial and quasi judicial agencies with limited mental health professionals and supportive staff. In this regard it was suggested that IHBAS should take up the necessary steps recruitment & promotional avenues for the staff so as to ensure the following.
- Staff for expansion of new /specialized areas in Mental Health.
 - HR needs (e.g. Counselors, Clinical Psychologists) for Disability Certification
 - Manpower needs (e.g. legal consultants) for Assistance to Judicial and Quasi- judicial agencies.
 - Recruitment of 05 quality Managers and 05 quality Assistants.

- ii. It was also came to notice that in some cases economic rights of persons with mental illness are denied despite judicial orders to the Commission for its perusal and further action.

24. Recommendation:-Following important issues were flagged during visit of IBHAS and R (Recommendation) :

- i. **False victimization of women as mentally ill:** An interaction with a woman in Semi-open female ward of IBHAS revealed that she was left at IBHAS by her husband after a quarrel with him and she has been in the institution ever since as his husband is not willing to take her back.
- ii. **Challenges in reinstating the patients back to their families:** It has often been observed that families don't want to take these people back, the causes for this may be the economic burden people with mental illness have on the family, the fear of dealing with them, the stigma of mental illness .

R : Rehabilitation program for such women should be evolved. Section 19 (1) of the Act, provides that even if the family is not accepting back the patient, the Institution should arrange rehabilitation for them outside the mental health establishment.

- iii. **Denial of legitimate economic rights of persons with mental illness:** IBHAS does help such people with legal services to deal with the situation, however the victims have not been able to get their rights.

R : As required under section 27 (1) of the Mental Healthcare Act, 2017, Free and quality legal aid be ensured to the inmates.

- iv. **Problem in the legal term 'unsoundness of mind':** Several laws in India, contain the term unsoundness of mind and existence of it in a person can be used as grounds for divorce, reduction of legal capacities etc. In this context, Dr. Desai explained that people often come to IBHAS to ascertain someone's unsoundness of mind, which is impossible as there are no rational parameters defining unsoundness of mind.

R : The concerned Ministry be asked to consider defining "unsoundness of mind" -

- v. **No board could be find explaining the process of registering complaint about the deficiencies in provision of services of the Mental Health Institution.**

R : As per section 28 (1) of the Act, any person with mental illness or his relative should have right to complain regarding deficiencies in provision of care. Accordingly, such boards should be put at the conspicuous place as to where can the complaint be lodged.