



## राष्ट्रीय मानव अधिकार आयोग

### NATIONAL HUMAN RIGHTS COMMISSION

मानव अधिकार भवन, सी-ब्लॉक, जीपीओ कम्प्लेक्स, आईएनए, नई दिल्ली-110 023

Manav Adhikar Bhawan, C-Block, GPO Complex, INA, New Delhi-110 023

Fax : 011-24651329, 24651332

E-mail : cr.nhrc@nic.in, Website : www.nhrc.nic.in

File No. R-17/8/2020-PRP&P –Part (1)

8<sup>th</sup> October, 2020

**Subject: Human Rights Advisory on Right to Mental Health in context of Covid-19 pandemic**

National Human Rights Commission (NHRC) is mandated by the Protection of Human Rights Act, 1993 to promote and protect the human rights of all in the country. Towards fulfilment of its mandate, the Commission is deeply concerned about the rights of the vulnerable and marginalised sections of the society which have been disproportionately impacted by the COVID-19 pandemic and the resultant lockdowns.

2. In order to assess the impact of the pandemic on realization of the rights of the people, especially the marginalised / vulnerable sections of the population, the NHRC constituted a Committee of Experts on impact of Covid-19 pandemic on Human Rights and Future Response including the representatives of the Civil Society Organizations, independent domain experts and the representatives from the concerned ministries / departments.

3. After due consideration of the impact assessment and recommendations made by the Committee of Experts, the Commission hereby issues an advisory on “Right to Mental Health in context of Covid-19 pandemic”, as enclosed.

4. All the concerned authorities are requested to implement the recommendations made in the advisory and to submit the action taken report for information of the Commission.

Encl: As above

(R.K. Khandelwal)

Joint Secretary (A&R)

To,

1. Secretary,  
Department of Health and Family Welfare,  
Ministry of Health and Family Welfare  
Govt, of India, Udyog Bhawan,  
New Delhi-110011

2. The Chief Secretaries of all States/UTs



## National Human Rights Commission

### Advisory on Right to Mental Health in Context of Covid-19 Pandemic

#### Background

The Covid-19 pandemic has created an unprecedented crisis in recent times placing huge demands on the health care system of the country resulting in socio-economic instability. It is now recognized as causing a mental health pandemic, with a range of mental health problems occurring during different phases of the Covid-19 pandemic, which requires immediate recognition and intervention. Further, the prevention of mental health crisis in the wake of the consequences of each phase of the pandemic also requires urgent attention.

As per the 'Policy Brief on COVID-19 and the Need for Action on Mental Health' issued by the United Nations. The COVID-19 as the pandemic has disrupted services around the world. Many people are distressed due to the immediate health impacts of the virus and the consequences of physical isolation, dying, and losing family members. Millions of people are facing economic turmoil having lost or being at risk of losing their income and livelihoods. The key factors affecting services are: infection and risk of infection in long-stay facilities, including care homes and psychiatric institutions, mental health staff being infected with the virus, frequent misinformation and rumours about the virus and the closing of mental health facilities to convert them into care facilities for people with COVID-19. Outpatient mental health services around the world have also been severely affected.

Mental health issues following Covid-19 pandemic emerge from the general population either because of exposure to the overwhelming situations, or because of pre-existing mental health conditions, which may get exacerbated during the pandemic. The country already has a very huge treatment gap of over 75% for severe mental illness. Even those persons with severe mental illness like schizophrenia, bipolar mood disorders and severe depression who were earlier receiving treatment and were stable are likely to decompensate due to lack of access to services for follow-up and continuation of medication and psycho-social services. Their necessities include not just acute and maintenance treatment, but also needs of housing, food, care and rehabilitation.

#### **Increase in mental morbidity:**

As per WHO, during the Covid-19 Pandemic people are introduced with working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues. Studies have indicated that there could be a multitude of symptoms like uneasiness, anxiety, low mood, difficulty in sleep, appetite disturbances, as well as severe mental illnesses and substance use and abuse. One in 3 to 4 persons may experience symptoms of common mental disorders like depression or anxiety, according to recent surveys. The severity would be intense in cases of children, elderly, pregnant women, people with pre-existing mental illness, people living alone and families of those who have died due to Covid-19. Vulnerability to mental health issues are high for front-line personnel, including Health workers

and police, as they are in continuous contact with infected patients, have long working hours and inadequate resources.

It is also recognized that Covid-19 could present with neuropsychiatric manifestations and that new psychiatric symptoms can also develop post Covid-19. Therefore, it is extremely crucial to address the pandemic in the context of mitigating its impact on mental health.

## **1. Right to Information:**

**1.1 Providing Information to Patients with Mental Illness (PMIs):** Information and awareness regarding prevention from Covid-19 and Rights of Patients should be provided to all patients of mental illness and their caregivers in a language that is understandable to them.

**1.2 24x7 Helpdesk:** All State Governments may operate a 24x7 centralised call centre facility, linked with nodal person(s) designated in each district for helping the patients and their caregivers, and also for providing the information on availability of beds in hospitals.

**1.3 Sharing Health Status with Caregivers:** Caregivers or families of the admitted Covid or Non- Covid PMIs should be contacted and updated regarding the health status of the PMI on a regular basis.

## **2. Right to Access Mental Health Care:**

**2.1 Accessibility:** Every patient with any mental health condition shall be provided access to mental healthcare, treatment and minimum mental health services, run or funded by the State or Central Government.

**2.2 Affordability:** Mental health care and treatment need to be made affordable and available to all during the Covid-19 pandemic for which the charges for treatment of Patients with Mental Illness (PMIs) in private hospitals / clinics may be regulated.

**2.3 Availability:** A range of appropriate mental health services such as acute mental healthcare, halfway homes, sheltered accommodation, community based rehabilitation services, medicines and psychiatric emergency and OPD services may be made available at community health centers and public health systems and underserved areas. Suitable, feasible, Isolation ward or facility should be made available in every Mental Health Establishments (MHE), so as to avoid and minimize the spread to other inpatients till the test reports are awaited.

**2.4 Tele-psychiatry:** Provision of tele-psychiatry services may be ensured for continuity of mental health services for patients who are accessible through telephone or internet based communication at a regulated cost.

**2.5 Screening:** All PMIs attending OPD and/or emergency services should be screened for Flu like Illness (FLI) symptoms and tested for Covid-19 as per ICMR Guidelines. All patients being admitted to Mental Health Establishments (MHEs) should also be tested.

**2.6 Homeless Persons:** Policy should be made for testing and treatment of homeless/ destitute persons with mental illness. If a Photo ID of the person is not available, it may not be insisted upon. Mental healthcare for homeless PMIs in the streets should be ensured, by taking the area Police into loop.

**2.7 Non-discrimination:** Mental healthcare services should be given without discrimination on the basis of gender, sex, 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.

**2.8 Unconditional treatment:** No PMI should be denied treatment in a public or private hospital due to the lack of a negative Covid-19 test result. Covid-19 test may be facilitated by the hospital if considered necessary on clinical grounds.

**2.9 Quality Assurance:** It should be ensured that the mental health services are of equal quality to other general health services and no discrimination be made in quality of services provided to persons with mental illness and the minimum quality standards of mental health services to patients with mental illness affected by Covid-19 and non-Covid shall be as specified by regulations made by the State Authority.

**2.10 Inpatient care for psychiatric illness:** It should be ensured that treatment of PMIs in the ward is not denied and continued even during Covid-19 period.

**2.11 Health Insurance:** Insurance Companies of the private/ public sector should make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness, keeping in mind the increased spread of mental illness during Covid-19 period. Government may operationalise and implement insurance for mental health problems as part of "Ayushman Bharat".

### **3. Covid Treatment Facilities:**

**3.1 Attending PMIs with other physical illnesses:** Access to appropriate physical care must be ensured for PMIs as they may also have co-occurring physical health problems.

**3.2 Supervising Committees:** The hospitals treating PMI should have an appropriate committee to advise them on the precautions to be taken to prevent and address COVID infection.

**3.3 Ensuring care:** The hospitals may ensure standards of care for testing prior to admission, quarantining of patients awaiting testing, isolation of PMI who may turn positive and their appropriate management or referral to a COVID treatment facility.

**3.4 Recreational Activities:** keeping all precautions in place, adequate recreational activities may be provided for inpatients to reduce their stress and sense of isolation. For similar purposes, patients with COVID, with or without mental illness, may be provided access to video/ audio calls with their family/ friends.

4. **Right to Protection from cruel, inhuman and degrading treatment:**

**4.1 Safety of Patients affected by COVID-19:** Any patients with Mental Illness (PMI) should be protected from cruel, inhuman or degrading treatment (such as use of force during transferring the patient to the quarantine centre, etc.).

**4.2 Sanitation and Hygiene:** Sanitation and hygiene of PMIs should be ensured in the Covid Care Centers or Hospitals. Also, women's personal hygiene should be adequately addressed by providing access to items that may be required during menstruation patients with mental illness affected with COVID-19. Adequate sanitary and hygienic conditions shall be maintained in all health care centers.

**4.3 Living Conditions in Mental Health Institutions:** All Mental Health Institutions may ensure adequate living conditions, with proper sanitation and hygiene and availability of basic resources like food, clean linen, safe drinking water for the patients.

5. **Right to Confidentiality:**

**5.1 Informed Consent** Informed consent of the PMI or person nominated by the PMI must be duly taken during all medical procedure and treatment.

**5.2 Confidentiality:** A person's right to confidentiality shall be ensured during care or treatment with the following exceptions, namely:—

- a. Release of information to the nominated representative to enable him to fulfil his duties.
- b. Release of information to other mental health professionals and other health professionals to enable them to provide care and treatment to the person with mental illness.
- c. Release of information if it is necessary to protect any other person from harm or violence.
- d. Only such information that is necessary to protect against the harm identified shall be released.
- e. Release only such information as is necessary to prevent threat to life.
- f. Release of information upon an order by concerned Board or the Central Authority or High Court or Supreme Court or any other statutory authority competent to do so; and
- g. Release of information in the interests of public safety and security.

**5.3 Respect and Dignity:** Human dignity of every patient in all situations must be maintained, with no **stigmatizing** or **public labeling** of COVID-19 patients or PMI.

**5.4 Restriction on release of information in respect of mental illness:** No photograph or any other information relating to a person with mental illness undergoing treatment at a mental health establishment/ institutions shall be released to the media without the consent of the person with mental illness.

**5.5 Right to Access Medical Records:** The right to access all medical records, discharge summary or death summary along with original copies of all investigations,

including COVID-19 test report, which have been performed during the hospital stay, may be ensured. Civic bodies may consider sharing test results online in a confidential manner, whereby patients can check their status through confidential test ID cards provided only to the patient. It may be done through a printed test report, email, or SMS message and it may be given only to the patient or designated caregiver.

## **6. Promotion of Mental Health and Preventive Programmes:**

**6.1 Creating Awareness:** District wise awareness programmes regarding mental health issues, symptoms, policies and rights should be conducted on a quarterly basis in urban as well as rural areas of the country wherein people should also be made aware to undergo mental health assistance/ treatment under a registered and certified mental health professional only.

**6.2 Promoting Community Based Assistance:** Participation of volunteers and / Civil Society Organizations may be encouraged with adequate precautionary measures taken for them, to provide logistical help and support.

**6.3 Promoting Mental Health Programmes for Frontline health workers:** It may be ensured that the front line health care workers have access and availability of mental health services since they work in close contact with patients, have long working hours, etc., making them more vulnerable to mental health concerns

## **7. Right to Make Complaints about Deficiencies in Provision of Services:**

**7.1 Grievance Redressal Mechanism:** All states may establish an effective and accessible mental health grievance redressal mechanism including provision of Appellate authority and a designated grievance redressal official, to whom patients and caregivers can approach to register their concerns and complaints.

**7.2 Complaint Database:** A state level, live, dynamic dashboard for publicly-accessible databases may be maintained of all the complaints received with details of the status of complaints (resolved or pending).

**8. Filling of Vacancies:** Adequate arrangement for filling up of the vacancies should be made by the appropriate government so that availability and quality of treatment during covid period is maintained in MHEs.

## **9. Extending Outreach of Mental Health Support:**

**9.1 Telephonic Counseling:** Telephonic outreach or video-consultation services for COVID or psychiatric/ psychological difficulties, by mental health professionals such as counseling psychologists, clinical psychologists, rehabilitation psychologists should be promoted.

**9.2 Counseling for Families of the Deceased Persons:** Counseling services may be provided to families and caregivers of the deceased persons to control the probability of

occurrence of mental health issues such as Depression, Post Traumatic Stress Disorder (PTSD) and development of suicidal tendencies.

**9.3 District Mental Health Programme (DMHP):** Functioning of the programme should be monitored on a regular basis by the appropriate authorities. Staff of the DMHP should be trained to provide awareness and support for mental distress.

**9.4 Mobile Mental Health Units:** A mobile van with a multidisciplinary team to identify homeless PMIs in the community and take them for care, treatment and rehabilitation at the appropriate establishment must be promoted.

**9.5 Mental Health First Aid (MHFA) and Psychological First Aid (PFA) Training:** Training of people in MHFA and PFA should be promoted in order to promote community mental health and immediate / emergency mental health service. All front-line personnel may be appropriately trained in the mental health support during COVID.

**10. Police Personnel:**

**10.1 Sensitizing and Training For Police Personnel:** Police personnel should be trained and sensitized to be empathetic and compassionate towards patients with mental illness with or without Covid-19.

**10.2 Mental Health Support For Police Personnel:** Services of one psychologist may be provided in each district specifically to provide Mental Health Support for police personnel to deal with their mental health issues during the period of Covid-19.

**11. Post Covid- Management:**

**11.1 Counseling for patients recovered from Covid-19:** All recovered patients of COVID-19 should have the access to counseling, in the language of their choice, either in person or over telephone, regarding their issues like apprehensions, fear, anxiety, stress, or any other.

**11.2 Follow-Up Procedure:** Follow up procedure including occurrence of any symptoms of Covid-19 for PMIs affected by Covid-19 must be made by the concerned health care unit.

**11.3 Post Covid Preventions:** It should be ensured that the Post Covid Management Protocol issued by the Ministry of Health and Family Welfare is properly implemented at the ground level.

**12. Promoting Research:** Since the novel corona virus has no prior history of its genesis, spread and cure; therefore, research on the effect of Covid-19 on Mental Health, following all ethical standards, should be promoted.