

**MINUTES OF NATIONAL LEVEL REVIEW MEETING ON MENTAL HEALTH**  
**HELD AT INDIA INTERNATIONAL CENTRE, NEW DELHI**  
**ON 7 AUGUST 2019**

The National Human Rights Commission organized a National Level Review Meeting on Mental Health at India International Centre on 7 August 2019. The meeting was inaugurated by **Justice Shri H.L. Dattu, Hon'ble Chairperson, NHRC** in presence of **Justice Shri P.C. Pant, Hon'ble Member, NHRC**. The list of other attendees is **annexed**.

**Inaugural Session**

2. At the outset, **Shri Dilip Kumar, Joint Secretary (A&R), NHRC**, welcomed all the esteemed guests present in the meeting and reminded everyone how it has been more than a year since Mental Healthcare Act, 2017 came into force and still many States have to notify their respective Mental Healthcare Rules and constitute State Mental Health Authority and Mental Health Review Board. Thereafter, he laid out the structure of the National Level Review Meeting by briefly elucidating the three technical sessions which were to unfold. He expressed his ardent hope that the outcomes of the meeting would help in realizing the rights of persons with mental illness.

3. **Shri Jaideep Govind, Secretary General, NHRC**, also welcomed all the esteemed dignitaries and participants present in the meeting and expressed his pleasure to see representatives from State Governments' in such large numbers. Elaborating upon NHRC's engagement with the rights of persons with mental illness, he mentioned how it regularly redresses complaints related to persons with mental illness and the mental healthcare system, and also organizes various sectoral conferences to bring forth the various issues of importance. He further stated that the objective of the National Level Review Meeting is to encourage the State Governments' to implement the various provisions present in the Mental Healthcare Act, 2017. Reiterating the Goal number 3 of Sustainable Development Goals, Shri Jaideep Govind highlighted that the National Level Review Meeting is a step towards NHRC's commitment to ensure healthy lives and promote wellbeing of all ages. He concluded his address by hoping that the States utilize the platform to share their best practices which would further lead to creation of certain achievable outcomes.

4. **Shri Sanjeeva Kumar, Special Secretary, Ministry of Health and Family Welfare**, stated that the initiative of NHRC has opened an opportunity

to deliberate and share best practices with the representatives of States, technical experts towards implementation of the Mental Healthcare Act, 2017. Elaborating on the concept of mental health, Shri Sanjeeva Kumar said that mental health is a holistic concept which enables people to build a happy, content and optimistic life. As every healthy body needs a healthy mind, it is important to ensure that people are able to respond to stress, receive adequate care and support at the right time. He further highlighted that mental illnesses such as depression, anxiety disorders, mood disorders, substance use disorders, etc., are emerging as a major cause for morbidity in the country. Nearly, 10.6% of the Indian adult population suffer from mental disorders, with 1 in 20 persons having depression. Thereafter, he enumerated some of the initiatives undertaken by the Ministry of Health and Family Welfare to improve mental health services in the country. The Ministry implements National Mental Health Programme (NMHP) to increase availability of mental health workforce, to make mental healthcare more accessible. Under NMHP, 25 centers of excellence have been supported to provide comprehensive tertiary mental health services. 47 Post-graduation departments have been supported to provide specialty training in psychiatry, clinical psychology, psychiatric social work and nursing. The District Mental Health Programme is supported by the Ministry in all 36 states and UTs covering 655 districts. Further, he highlighted that synergy in action of the government and people working in the sector would be required to translate the progressive legal framework into reality.

5. **Justice Shri H.L. Dattu, Chairperson, NHRC**, began his inaugural address by expressing his pleasure to address a gathering which intends to review the status of implementation of Mental Healthcare Act, 2017. He stated that the National Human Rights Commission (NHRC), soon after its inception, was asked by the Supreme Court to monitor the mental hospitals at Agra, Gwalior and Ranchi. Subsequently, on its own initiative, the NHRC commissioned a project to review the mental health situation in the country particularly in the mental hospitals. It has taken up several issues related to hospital and community mental health care. The commission and its representatives have made several visits to a number of hospitals in the country. It has initiated dialogue with State authorities and constantly reviews the ground situation to make sure that its recommendations on mental health are implemented in spirit. Further he mentioned that on the Commission's recommendation to relax Medical Council of India's Post-Graduate standards from the present norm of 'one Professor for one student' in Psychiatry to 'one

Professor and two students, increased the number of seats in MD (Psychiatry) in the country.

6. The Hon'ble Chairperson also mentioned how, as a background to organize the National Level Review Meeting on Mental Health, a questionnaire was circulated by the Commission seeking information from all States/UT's and also, information was sought the Union Ministry of Health & Family Welfare. He also expressed his hope that the Review Meeting would initiate deliberations on the challenges in the delivery of mental healthcare services in India, the gap between the human resource and growing demand for mental health services and the road ahead. He further highlighted the Commission's concern over the care and protection of rights of the prisoners with mental health issues and stated that the Mental Healthcare Act, 2017 is a step forward in this regard. He concluded by saying that if the issues in the areas of mental health were not addressed, the indirect costs in terms of loss of wages from the person's illness and consequent disability and the intangible costs of social isolation, burden, stigma and psychological strain would be enormous.

7. In vote of thanks, **Dr. M.D.S. Tyagi, Joint Director (Research), NHRC**, thanked the Hon'ble Chairperson for his inaugural address and highlighted the need for concerted efforts by all stakeholders towards protecting the human rights of persons with mental illness. He expressed his delight on the fact that all stakeholders i.e. representatives of Union Ministries, State Governments, Mental Health Institutions and State Human Rights Commission, domain experts and Civil Society Organizations were present in the National Level Review on Mental Health. He further mentioned that NHRC has always had a close association with the Ministry and its allied institutions who have been very open to the suggestions and recommendations of the Commission, and expressed his hope for future collaboration.

#### **Technical Session-1: Status of Mental Healthcare in India**

8. This session was chaired by Justice Shri P.C. Pant, Hon'ble Member, NHRC, and co-chaired by Shri Ambuj Sharma, Special Monitor (Health & Mental Health), NHRC.

9. The first Speaker for this session was **Shri Luv Aggarwal, Joint Secretary, M/o Health and Family Welfare, Government of India**. He informed that so far the Ministry has not received any proposals from the

States for reimbursement of funds meant for progress at field level under various mental health schemes. This conveys the ground reality that the progress of implementation of mental health schemes is extremely slow. State Governments need to monitor this situation and also ensure provision for services like digital academy which is a virtual platform for promoting mental health services and addressing the issue of manpower shortage.

10. The second speaker for this session was Dr. **Pratima Murthy, NIMHANS**. She highlighted that a lot of changes have been witnessed in the area of mental health especially after Erwadi Tragedy in which Supreme Court of India helped to shift the focus beyond institutional care to accessible and affordable care followed by latest mental health policy. However, when NHRC formulated a Technical Committee and collated the information submitted in affidavits by various State governments, a lot of deficiencies and bottlenecks were noted. Further, treatment gaps were also observed via the survey conducted by NIMHANS in 2016. It was mentioned that essential lessons could be learnt from some of the exemplary examples of delivery of mental healthcare services on the ground, namely, 104 Arogyavani, Manasadharas/Manasakendras, Manochintana, Legal aid, Mental health awareness and E-monitoring programmes in Karnataka, Dawa-Dua and psychological first aid programmes in Gujarat, Community mental health separate budget in Kerala, Suicide prevention training in Sikkim etc. However, human resource remains the major bottleneck in this field.

11. She further stated that facilities for training post-graduates in psychiatry and other disciplines, university affiliations, potential issues with regulatory bodies, undergraduate training in psychiatry, and Mental health care training to health care professionals are some of the major areas of concern. Hence, there is a huge treatment gap i.e., 70-75.5% for severe mental disorders (NMHS 2016). It was suggested that as different strokes are required for different folks, similarly, mental health programmes must be developed along a developmental continuum moving from a unitary adult-centric approach to an approach which caters to different needs of children, Women, Elderly, Homeless Mentally Ill etc. In order to achieve this, inter-sectoral participation beyond the health sector like social welfare, education, labour, focusing on rehabilitation, re-integration of the victims in society is required.

12. Dr. **Reena Nayyar, Addl. Secretary, Medical Council of India**, expounded that the reported number of psychiatrist in India are at 9000 and counting. About 845 psychiatrists graduate every year. Going by this figure,



India has 0.85 psychiatrists per 100,000, which in itself is very conservative as compared to the figure of 6 psychiatrists per 100,000 population in the high income countries. Further, taking three psychiatrists (per 100,000 population) as the desirable number 36,000 is the number of psychiatrists required to reach the population of the country. Therefore, annually there is requirement of 2,700 new psychiatrists to fill the gap in the next 10 years.

13. In order to augment the trained specialty health manpower, by an amendment to the regulations on Postgraduate Medical Education, the ratio of permissible against a postgraduate teacher holding the rank of Professor from existing 1:1 has been altered to 1:2. As a result of the said statutory alteration which came to be notified from the academic year 2010-11, the number of seats in MD (Psychiatry) and post graduate Diploma in Psychiatry which were 368 (254 degree and 1214 diploma) in the said year were increased to 522 (393 degree and 129 diploma). In the academic year 2013-14, 27 seats were increased, in academic year 2014-15, 12 seats were increased, in academic years 2015-16, 19 seats were increased in the academic years 2016-17, 110 seats were added in academic year 2017-18, 36 seats were added in academic year 2018-19 and 61 seats were increased in the academic year 2019-20 and currently, there are 761 degree seats and 84 diploma seats in the Department of Psychiatry in the country.

14. She opined that treatment gap is the major problem as large number of persons with mental illness does not receive treatment. The costs of long term treatment, including consultation and medication costs, travelling costs to treatment centers and stay in hospital all contribute substantially to the economic burden of mental illness. In this scenario, community based care could provide substantial benefits to patients and families by providing affordable healthcare services, thereby reducing the economic burden of mental illness.

15. The fourth speaker of the session was **Dr. D.C. Katoch from the Union Ministry of AYUSH, GoI**, who is an advisor of Ayurveda. He shed light on how AYUSH is working in the field of Mental Health and has Ayurveda Yoga Centres in NIMHANS. There are currently 700 AYUSH colleges which impart degree courses that include mental health in their curriculum. He explained certain non-pharmacological interventions that can be helpful in treating mental illnesses, such as "Shirodhara" and "Panchakarma" that aim at mind-body healing & detoxification. He told that there exists a diploma course on Mental Health and AYUSH doctors should be made eligible to take it. This would help

in addressing the manpower shortage for patients with mental health problems. He also said that AYUSH services should be integrated into the conventional medical services through formation of an inter-sectoral working group which would encourage the flow of knowledge and experience required in treating the patients effectively.

16. **Dr. K Reddemma, Nodal Officer, National Consortium for Ph.D. in Nursing (Representative of Indian Nursing Council), Delhi**, mentioned that that there has been a drop in people taking up the Degree course in Doctor of Nursing Practice (DNP) and M.Sc. Nursing as there are very low incentives in our country than abroad. Hence, a considerable amount of brain drain has been taking place. She mentioned that B.Sc. Nursing (4 year course) curriculum has rich content in respect of Mental Health. She stressed on the matter that registered nurses be allowed to register again as Psychiatric mental health registered nurses. She urged NHRC to sensitize the public through media campaigns, especially the families of Mental Health Patients to not discriminate and see the condition as a disease instead of deliberate behaviour.

17. **Prof. Tanuja Manoj Nesari, Director, All India Institute of Ayurveda (AIIA)**, said that the ultimate aim is the holistic approach towards mental health which could be described in 3 stages, i.e., from "illness to wellness to happiness". She presented a pictorial chart that outlines an effective method to achieve this "happiness" which showed that prevention and promotion of treatment of mental health patients comprising following steps:

- Proper diet, as it helps bringing a positive effect in cognitive function
- Follow a daily regimen regularly
- Sufficient amount of sleep, since sleep deprivation can lead to depression
- Behavioral Code of Conduct, that needs to be included in Mental Health Institutions

She says that research in Preventive medicine might play a huge role in curing Mental Health patients. She also mentioned some natural remedies such as amla, brahmi, etc., known as neuro cognitive enhancers which needs to be incorporated in the diet as a health promoter.

#### **Technical Session -2: Status of Implementation of Mental Healthcare Act, 2017: Best Practices and Bottlenecks**

18. **Ms. Preeti Sudan, Secretary, Ministry of Health and Family Welfare, Government of India**, initiated by highlighting that only 19 states have

constituted State Mental Health Authority. She stated that the Ministry of Health and Family Welfare, in order to expand access to Comprehensive Primary Health Care (CPHC), Sub Health Centres (SHCs) and Primary Health Centres (PHCs) are being strengthened as Health and Wellness Centres (HWCs). The HWCs are to provide preventive, promotive, rehabilitative and curative care for an expanded range of services encompassing reproductive and child health services, communicable diseases, non-communicable diseases, palliative care and elderly care, oral health, ENT care, and basic emergency care. Further, the Ministry of Health, through National Institute of Mental Health and Neuro Sciences, Bengaluru (Institute of National Importance), is initiating programmes for training of healthcare service providers across the country to deliver quality mental healthcare services. NIMHANS has established infrastructure for starting a Digital Academy to provide large scale training to healthcare service providers like Medical Officer, Psychologists, Social Workers and Nurses to deliver quality mental healthcare services throughout the country with the objective of exponentially increasing skilled capacity in mental health in the country. She stressed that there is a lot of felt need for peer learning and therefore, the present meeting holds prospects for the same.

19. Following States apprised the Union Ministry and all the participants about their status of implementation of Mental Healthcare Act, 2017, and also about the issues they are facing:

**a) Odisha**

20. **Dr. B.K. Brahma, Special Secretary, Health and Family Welfare Department, Government of Odisha**, informed that State Mental Health Authority was reconstituted in 2018 under the chairmanship of Health Secretary of Health and Family Welfare Department. So far, three meetings have been conducted. A separate website as "Mental Health Odisha" would be created for public for obtaining information on (i) SMHA rules 2019, (ii) SMHA regulations, (iii) Central NMHC Act 2017, (iv) procedure to apply for online registration of MHE, (v) prescribed formats of applying and (vi) fee structure, minimum standards of MHE, (vii) list of Mental health professionals, (viii) list notified Mental Health Boards, IEC materials.

21. As far as training is concerned, he apprised that 1737 MOs have been trained on 3 days training on NMHP in 2018-19 in 4 phases. Further, 37 MOs have been trained in 3 months course on DMHP at Mental Health Institution

(COE), Cuttack in 3 phases. Also, 348 PHC MOs trained in 3 days training on Mental Health. Further, State Mental Health Draft rule 2018 has been duly vetted by law department and at present it has been submitted to Govt. of India for final approval.

**b) Maharashtra**

22. **Dr. Pradeep Vyas, Principal Secretary, Public Health Department, Government of Maharashtra**, apprised that as per section 45 of the Mental Health Care Act, 2017, State Mental Health Authority (SMHA) was established in Maharashtra vide Government Notification, dated 20th October 2018. So far two meetings of the State Mental Health Authority have been convened. In the last meeting, draft Mental Healthcare Rules for Maharashtra were presented for necessary modification and approval. Further, it was also decided to constitute 8 Mental Health Review Boards in first phase, as per section 73 of the Mental Health Care Act, 2017. In the second phase, more MHRBs would be formed as per the workload and need. As the approval of Maharashtra Mental Healthcare Rules and Regulations is under process, the state is registering Mental Health Establishments under Mental Health Act 1987. Development of norms for quality and service provision of different types of Mental Health Establishments in Maharashtra state is under process. Total 175 Mental Health Professionals including CS, ACS, DHO, ADHO, Psychiatrists, Clinical Psychologists, Psychiatric Social Workers and Psychiatric Nurses are provided with sensitization training in Mental Health with the help of NIMHANS.

**c) Bihar**

23. **Shri N.K. Sinha, SPO Mental Health, Government of Bihar**, apprised that under the District Mental Health Programme (DMPH), 20 additional districts (total 31 out of 38) have been added and human resource recruitment for the same is in process. Due to shortage of psychiatric nurses, 29 General Nursing and Midwifery (GNM) from 29 districts have been provided the onsite & online trainings at NIMHANS, Bengaluru for up-dation & new skill development regarding first aid treatment & better counseling of psychiatric patient.

**d) Madhya Pradesh**

24. In the state of M.P., the issues of health are being dealt by two departments viz. Department of Public Health and Family Welfare and the Department of Medical Education. Most of the Mental Health Services are

covered by the Department of Medical Education. Therefore, Mental Healthcare Act, 1987, was enforced by the same department. NMHP is being implemented by the Department of Public Health & Family Welfare and now Mental Health Care Act, 2017, also being enforced by the same department. For the strategizing the implementation of Mental Healthcare Act, 2017, a meeting was convened in 2019 wherein a decision has been taken for the submission of press to Cabinet regarding the implementation of MHCA-17. In the same meeting it was also decided that the responsibility of CEO of State Mental Health Authority would be owned by the MD, National Health Mission (NHM) M.P. He apprised that the State Mental Health Authority (with official and nonofficial members) would be formed till the month of November, 2019.

**e) Jharkhand**

25. **Dr. C.K. Oraon, Addl. Secretary, Health Department**, informed that the State Mental Health Authority has been constituted in March 2019. In the first meeting, draft of the State Mental Healthcare [Rights of persons of Mental illness] rules, 2019, State Mental Healthcare [State Mental Health authority and Mental Health Review Board] rules, 2019 and the State Mental Health Authority Regulations 2019 were discussed. In the second meeting, the schedule has been approved for training for law enforcement officers, health professionals, and mental health professionals. He further apprised that the State Mental Healthcare [State Mental Health authority and Mental Health Review Board] rules, 2019 is under the process of notification. After notification of the said rules, the state mental health review boards would be constituted. The norms for quality service provision of different type of mental health establishments in the state would be developed after the State Mental Health Authority Regulations, 2019.

**f) Andhra Pradesh**

26. **Dr. S. Radha Rani, Professor of Psychiatry, Superintendent, Govt. Hospital of Mental Healthcare, State Nodal Officer of Mental Health**, mentioned that the Mental Health Rules, 2018, have been made and submitted to the Central Mental Health Authority (CMHA) and the approval for the same is awaited. However, Mental Health Review Boards have not been constituted. So far two meetings of the State Mental Health Authority have been convened during which the draft rules were presented.

**g) Himachal Pradesh**

**27. Dr. Sanjay Pathak, CEO, Himachal Pradesh State Mental health Authority,** mentioned that six District Review Boards have been notified. In the first meeting of the SMHA, it was decided that rules notified by the central government would be adopted. Further, the draft regulations of the central government for the state would also be adopted by the SMHA. As far as manpower is concerned, presently, there are 26 psychiatrists in the government and private sector and there is a paucity of the clinical psychologists, PSW, Psychiatric Nurses.

**h) Sikkim**

**28. Dr. Riazia Dhaan, Addl. Director, Health & Family Welfare Department, Government of Sikkim,** mentioned that Sikkim State Mental Health Authority had been constituted in 2018. The state government has allocated Rs. 5 lakhs as State Mental Health Authority Fund for the State Mental Health Review Board. Further, Sikkim State Mental Health Rules have been drafted and is under process for approval. As far as District Mental Health Programme is concerned, it has been implemented in all the four districts. In order to develop the human resource development i.e. Capacity building of Primary Care Givers (Medical doctors, Counsellors, ASHAs, Health Workers) and also to extend mental health care and services to the community level, emphasis has been laid on increasing the skill and capacity of health workers and MOs at the primary care level by Psychiatrists and Psychologists. Till December 2018, 4339 training programs have been conducted across the districts to enable the identification of mental health and substance use problems among people in the community, providing services where necessary and linking them to tertiary centres.

**29.** In view of the high rates of suicides and substance abuse in the state, Health Department in partnership with NIMHANS Bangalore, has taken the step to strengthen and maintain the efforts towards suicide prevention in Sikkim by initiating the programme called Sikkim Suicidal Behavior Prevention Action Network (SPAN). The program would improve the efficacy of general health care service responses in relation to individuals with suicidal ideation, suicidal behaviour, substance abuse/dependence by enhancing skills for early identification and risk assessment for suicide.

**i) Tamil Nadu**

**30. Dr. Poorna Chandrika, Director, Institute of Mental Health, Chennai** apprised that the State Mental Health Authority has been constituted. The first meeting of the SMHA was held in July 2019. State Mental Health Authority Fund has been created with an amount of Rs 20,00,000. Tamil Nadu State Mental health care regulations (different types of Mental health establishments norms) have been drafted and approved by the SMHA, and is in the process of notification. She further stated that registration of mental health establishments would commence once the regulations are notified. Till now, thirteen Mental Health Review Boards have been sanctioned.

**j) Manipur**

**31. Dr. A. Angowacha Singh, Senior Psychiatrist, Health Services Manipur**, stated that there is a problem in release of funds. Despite Centre releasing the funds on time, State is unable to process it further on time.

**k) Andaman & Nicobar**

**32. Shri K.R Meena, Principal Secretary, UT Administration of Andaman & Nicobar** apprised that the State Mental Health Authority would be constituted within a month. In respect of the Mental Health Rules, a decision has been taken to adopt the rules framed by the Central Government. Further, the DMPH has been launched in three districts. He mentioned that the UT suffers from the shortage of psychiatrists.

**l) Assam**

**33. Dr. N. Lalsim, Addl. Director, Health Services, Guwahati, Assam**, informed that the SMHA has been formed and the first meeting was held in the month of August, 2019. Draft Mental Health Rules have been submitted to the Union Ministry of Health and Family Welfare. So far 18 districts have been covered under the DMHP. There are 26 psychiatrists in State but they are not uniformly distributed. Further, there are only 17 clinical psychologist in the State. . As far as training is concerned, 14 MBBS doctors have been provided training. The State is also facing problem in respect of Mental Health Nurse, therefore, 13-14 nurses have been trained but there is no proper mechanism to place the trained nurses in the mental health programme.

**m) Haryana**



**34. Dr. Aditya Kaushik, Deputy Director, Health, Haryana,** mentioned that the State Mental Health Authority has not been constituted in the State. However, certain illegal drug de-addiction centers have been detected. Currently, as per the directions of the High Court, an AYUSH guideline for de-addiction has been followed. However, there is a requirement of a standardized protocol.

**n) Kerala**

**35. Dr. Bindu Mohan, Addl. Director of Health Services,** apprised the participants that the State Mental Health Authority has been constituted but no meeting has been convened so far. Further, Norms for Quality and Service provisions have not been established. Also, Mental Health Establishments have not been registered under the Mental Healthcare Act, 2017. However, trainings have been conducted for psychiatrists of all Govt. Mental Health Centres and Medical colleges.

**o) Karnataka**

**36. Shri Javed Akhtar, Principal Secretary, Karnataka,** there is shortage of clinical psychologist and very few places the course is being conducted. He suggested that ASHA should be trained for identification of psychiatric diseases. UGC has approved the PG Diploma in psychological counseling, which should be made of 4 years by providing training in hospital.

**p) Telegana**

**37.** State mental health authority has been constituted and the other provisions under the Mental Healthcare Act, 2017 are under process. Under the District Mental Health Programme (DMPH), out of the 33 districts, 20 districts have been covered. Apprised that field visit to Kerala and Karnataka have been undertaken to understand the details of the mental health programme.

**q) Gujarat**

**38. Dr. Ajay Chauhan, CEO, State Mental Health Authority.** It was apprised that psychotropic drugs are being supplied at PHCs level through medical colleges. They have also been successful in rehabilitating 5000 patients in four years. They also have a very successful project namely, Atmiya

Project in which they have Atmiya Mitra and Atmiya Experts for community mental health work.

**r) Chhattisgarh**

**39.** Under the District Mental Health Programme (DMPH), there is a deficiency of psychiatrists, so far only two psychiatrists have been tied up with NIMHANS and got trained.

**Technical Session-3:**

**Panel Discussion on Access to Mental Healthcare-Integration of Mental Health Services into General Healthcare Services**

**40.** This session was chaired by **Shri Ambuj Sharma**, Special Monitor (Health & Mental Health), NHRC and co-chaired by **Shri Vinod Aggarwal**, Special Rapporteur, NHRC.

**41. Prof. Pratima Murthy, NIMHANS, Bangalore,** suggested that there is dire need for expanding the scope of mental health services at different levels of society. Medicine has always looked at only chronic problems. Epidemic of non-communicable diseases especially mental health problems have been exaggerated by lifestyle malpractices. She suggested that Government need to work more in the area of awareness generation and training especially of solo practitioners.

**42. Prof. Rajesh Sagar, Psychiatrist, AIIMS,** stated that the psychiatry departments get referrals from various other departments like Cardiology, gastroenterology etc. Therefore, there is a strong need for integration of mental health services into general health care services failing which mental health problems go unreported. He suggested that all medical officers in public healthcare establishments and in prisons and jails need to be trained to provide basic and emergency mental healthcare. In support of his views, he also shared his research paper, namely, 'Hospital in Northern India: Implications of Integration of Mental Healthcare at Sub-district level'. It was further suggested that setting up of mental health units only at district hospital might not be a sufficient health system's approach as has been envisaged under the District Mental Health Program.

**43. Dr. Soumitra Pathare, ILS, Pune,** recommended that Government needs to build a broader public health perspective and society need to think

beyond psychiatrist and tertiary healthcare. Most poorly paid person like ASHA workers should not be burdened regarding each and every scheme or programme. Moreover, the trained professionals should be mentored and supervised otherwise training is all wasted. In this regard, social capital needs to be tapped effectively. Further, digital technology should be leveraged in a context where access to qualified psychiatrists is difficult.

**44. Dr. K.V. KISHORE, BANYAN, Chennai,** emphasized that integration is the only way for mental healthcare services to be made available at village level. Mental health professionals to work as facilitators and mentors to strengthen the capacity of General Physician or a primary care doctors. He also emphasized on strengthening undergraduate training on mental health issues, chalking out Interventions for all persons with mental health problems in the community, empowering families to care as well as administer medication, and Development of telemedicine facilities to disseminate knowledge, skills is of paramount importance.

**Panel Discussion on Strengthening of Manpower in the area of Mental Healthcare**

**45. Dr. Nimesh Desai, Director, IHBAS,** highlighted that both National Mental Health Programme, 1982 and Mental Healthcare Act, 2017 seems to be indifferent to each other. He suggested that there should be synergizing of the National Mental Health Programme, 1982, with Mental Healthcare Act, 2017, through National Mental Health Policy, 2014. He further highlighted that the human resource condition across the mental health institutions is not good and for the range of services, manpower is required at different levels. He opined that the need of the hour is to utilize the existing resource efficiently rather than just pining on the shortage of human resources and funds.

**46. Quoting the data from World Mental Health Atlas, 2014, Dr. S.K. Deuri, LGBRIMH, Tezpur,** stated that there are 0.3/100,000 Psychiatrists in India. Further, as per the National Mental Health Survey (2015-16), the availability of psychiatrists varied from 0.05 -1.2/100,000. Highlighting the weakness of the National Mental Health Programme, Dr. Deuri stated that the said programme emphasized on curative rather than promotive aspects of Mental Health and lacks comprehensive teamwork. Further, community resources like family was not given importance.

**47. Dr. Tapas Kumar Ray, Founder, Secretary, SEVAC Mental Health Facility** stated that whenever mental patients are being talked about, only those people are mentioned who come under the purview of psychiatric care. However, naked and half naked mental patients who wander around the streets all over the country as subhuman beings as well as the mental patients who are dumped in different Correctional Homes like subhuman beings are often being ignored. He mentioned that for long 15 years his organization is running a Psychiatric Clinic at a State General Hospital of West Bengal. Around 100 patients turn up on each clinic everyday. Unfortunately, by the hospital authority not a Single Board has been put up to make the people aware about the existence of this clinic. Again, sufficient medicines are never available.

**48.** He suggested that each State Government must orient all the medical officers in Psychiatry. They should see the mental patients in the OPD. Further, it is to be ensured that adequate medicines are available. Lastly, he stressed that how long Minimal Care would be ignored in the name of Quality Care.

#### **Valedictory Session**

**49.** The daylong meeting was concluded with remarks from **Justice Shi P.C. Pant, Hon'ble Member, NHRC**. He stated that the State Governments needs to put concerted efforts in place to revamp the Mental Healthcare delivery system in the country. Utmost emphasis should be placed on fulfilling the demand of human resource for effective delivery of Mental Healthcare services. The objective of the meeting was to bridge the gap between the legislation and its implementation. The various technical sessions were chalked out for this meeting with the aim of acquainting participants from Union Ministries and States to civil society organizations and domain experts with the rhetoric and realities of Mental Health Rights.

**50. After intensive deliberations, the following recommendations/suggestions emanated from the meeting:**

- i. Inter-Sectoral participation:** There is a huge treatment gap i.e., 70-75.5% for severe mental disorders (NMHS 2016). It is suggested that mental health programmes must be developed along a developmental continuum moving from a unitary adult-centric approach to an approach which caters to different needs of children, women, elderly, homeless mentally ill etc. In order to achieve this, Inter-Sectoral participation

beyond the health sector (Social Welfare, Education, Labour) focusing on rehabilitation, re-integration of the victims in society is required.

- ii. **Integration of AYUSH services in the conventional medical services:** Considering that there are various diploma courses available on Mental Health, the AYUSH doctors should also be given the opportunity and eligibility status to pursue such courses/specializations. This would help in increasing the manpower required for addressing mental health issues. Further, AYUSH services need to be integrated in the conventional medical services and thus leading to formation of an inter-sectoral working group which would encourage the flow of knowledge and experience among different domain experts in treating patients effectively.
- iii. **Promoting research in preventive medicine:** It is suggested that there is a need to promote research in preventive medicine which would play a huge role in preventing mental health disorders in the first place. In this regard, interventions from the domain of Ayurveda, Siddha, Unani and Homeopathy must be encouraged and advocated.
- v. **Community based care for providing affordable healthcare services:** Burden of mental illness contributes significantly to the treatment gap in India. The costs of long term treatment, including consultation and medication costs, travelling costs to treatment centres and stay in hospital all contribute substantially to the economic burden of mental illness. It is suggested that community based care could be promoted in order to provide substantial benefits to the patients and families by providing affordable healthcare services, thereby reducing the economic burden of mental illness.
- vi. **Taking up mental health issues at Gram Sabha level:** It is suggested that mental health issues may be taken up in the Gram Sabha meetings in order to understand mental health issues at this level. This would further help in generating awareness and reducing stigma associated with mental health diseases.
- vii. **Advocacy and sensitization programmes:** Advocacy and sensitization programmes must be organised for community workers, panchayats, faith healers, teachers, police, ASHAs and Anganwadi Workers who are key resource people at village level and act as community gatekeepers.

- viii. **Incorporation of mental health in training curriculum:** Incorporation of mental health in training curriculum of Police Training Centres and DIETs under Education Dept. can organise training of school teachers as Nodal teachers for Mental Health.
- ix. **Continuous mentoring and supervision of trained professionals in mental health domain:** The professionals including law enforcement officials, mental health professionals and other health professionals should be mentored, and supervised at regular intervals. In order to do so social capital needs to be tapped effectively.
- x. **Optimum usage of digital technology in delivering mental health services:** Digital technology should be leveraged in far flung areas and in a context where access to qualified psychiatrists is difficult.
- xi. **Addressing the Shortage of manpower in the domain of Mental Health:** To address the shortage of qualified mental health professionals it was thought necessary to have dedicated manpower development schemes in addition to continuing with the community care approach adopted under District Mental Health Programme. These schemes must aim at increasing the PG training capacity in the mental health specialties of psychiatry, clinical psychology, psychiatric social work and psychiatric nursing. Also, states having shortage of trained professionals can invite professionals from other states. Further, proper mechanism is required in certain States to place the trained mental health nurses in mental health programme.
- xii. **Efficient utilization of available human resource:** Already there is acute shortage of mental health staff be it psychiatrists, clinical psychologists or psychiatric nurses. Moreover, the already available human resource is not being utilized efficiently. It is recommended that a proper monitoring mechanism need to be developed for efficient utilization of available human resource.
- xiii. **Requirement of a Standardized protocol for Drug-De-addiction Centers:** In order to address the issue of illegal drug de-addiction centers, a standardized protocol need to be developed for drug de-addiction centers.

- xiv. Strengthening efforts towards Suicide Prevention:** States need to develop programmes to improve the efficacy of general healthcare services in relation to individuals with suicidal ideation, suicidal behavior, substance abuse/dependence by enhancing skills of the concerned professions for early identification and risk assessment for suicide
- xv. Development of Norms for Quality and Service provision:** As stated in the MHA, 2017 development of Norms for Quality and Service provision for different types of Mental Health Establishments are required to be initiated at the earliest.

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