

NATIONAL HUMAN RIGHTS COMMISSION

Minutes of a Meeting of the Core Group on Health and Mental Health, held on 22.12.2021 at 11.00 AM in Room No. 508, Manav Adhikar Bhawan To Discuss Issues Relating to Covid-19 and Mental Health

1. **Justice Mahesh Mittal Kumar**, Hon'ble Member, National Human rights Commission (NHRC) chaired the Meeting. List of participants is enclosed as **Annexure-I**.
2. The session began with an introductory address by **Shri Bimbadhar Pradhan**, Secretary General. He said that the COVID-19 has created a global crisis which has casted a huge impact on work, education, family dynamics, physical and mental health, *etc.* Talking of mental disorders, he informed that a significant part of the disability-adjusted life years (DALY) is contributed by depressive disorder and anxiety disorder affecting 45.70 million and 45.7 million residents of the country respectively. India is however spending a mere 0.5% of its total health budget on the mental health. He further informed that that India's total healthcare budget in 2018 was Rs. 52,800 crore, out of which a mere Rs. 50 crore was earmarked for mental health. The allocation for the mental health was further reduced to Rs. 40 crore in 2019. He suggested that there is a need for collective efforts by all the stakeholders including health practitioners, community health workers, persons affected by mental illness and their family members, school teachers, workplace management, police and policymakers for prevention, minimisation and management of mental health problems in the country.
3. In his inaugural address **Justice Shri MM Kumar**, Hon'ble Member, NHRC stated that objective of this meeting of the Core group is to bring all stakeholders on a common platform to discuss and formulate practical and implementable strategies to improve accessibility timely treatment and medical care to persons affected by mental disorders during the difficult time of Covid-19 pandemic. He mentioned that due to variety of reasons such loss of a loved ones, loss of job, quarantine or isolation has affected each person in some way or the other, problem of mental health has affected several persons during the Covid-19 pandemic. He further stated that in-spite of steep increase in cases of mental health during the pandemic availability of health care facilities to such persons has actually reduced due to diversion of

physical and human resources in the health care sector for management of the pandemic. Serious efforts are therefore needed to bridge the gap.

4. Technical session started with a presentation on “**Effect of COVID-19 pandemic on mental health**” by **Prof. Pratima Murthy** from National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore. She stated that gap in facilities for treatment of mental health has substantially widened during the pandemic. Significant disruptions were seen in outpatient and inpatient care and rehabilitation services, etc. She informed that during the period from March 2020 to December 2021 NIMHANS received nearly 6 lakh calls at its helpline number. She drew attention of everyone to severe scarcity of trained professionals to offer psychological services in India.

5. **Ms. Neyamat Singh**, Psychotherapist, in her presentation, made straight from her hospital ward, on ‘**Effect of COVID-19 pandemic on mental health of children and adolescents**’ shed light on the impact of pandemic as a major challenges in developmental environment, disruption of structured services for ‘at risk’ groups and increased risk of exposure to family related violence and child maltreatment. She also suggested ways minimise and manage the adverse impacts of COVID-19 pandemic on mental health of children and adolescents.

6. **Dr. Rajesh Sagar** from AIIMS, New Delhi made a presentation on a very crucial and contemporary issue of ‘**Impact of COVID-19 on mental health of frontline workers**’. He stated that due to long working hour, fear to catch infection and isolated working environment in quarantine centres the frontline workers involved in management of Covid-19 experienced several mental health issues such as burnout, insomnia,, increased psychological distress, mental health disorders and increased substance use.

7. In a presentation on ‘**Availability and accessibility of mental health services**’, **Dr. K.V. Kishore** from a Civil Society Organisation named ‘The Banyan’ stated that gap for various mental health treatment services in India ranges from 70.40% to 86.30%. He further stated that the gap in availability of these services for the vulnerable sections/groups such as homeless, migrant community, residents of informal settlements, workers who deal with biomedical waste, landless agricultural labourers *etc.*, is even much higher compared to the general population. He further stated that a survey undertaken in 130 countries shows the devastating impact of COVID-19 on access to mental health services and underscores the urgent need to subsentially for increased funding. He shared statistics of how the pandemic had caused disruption of mental health services to the needy and the vulnerable.

8. **Dr. Sujata Satapathy** from AIIMS, New Delhi in a presentation on ‘**Stigma and Discrimination**’ explained in detail the cognitive aspects of stigma and discrimination faced by the persons suffering from the mental health issue. She stated that stigma and discrimination has huge impact on physical health of the persons suffering from mental health. She further stated that stigma and discrimination not only adversely affect recovery but also exacerbate the mental health of the existing patients. stated that it further exacerbates mental health During the pandemic, stigma and discrimination was directed largely towards two groups – patients and their families and healthcare professional group. Lack of information contributes to these attitudes, and therefore gradually when people started getting awareness and information about the virus and its effect, stigma and discrimination also started to decrease.

9. In the interactive, open house platform, **Dr. Abhay Shukla**, Public Health Specialist, highlighted the need for a closer monitoring of implementation of Advisories on Health and Mental Health and Patient Rights Charter issued by the NHRC.

Prof. T Sundararaman from TISS highlighted the issue of increasing number of contractual and temporary workers and their social insecurity.

Dr. Anil Kumar, Additional Deputy General, Central Leprosy Division, MoHFW, shared that the Ministry has issued various guidelines and advisories on these issues and a copy thereof are available on the website. He mentioned that during the pandemic the DMHP provided services to the persons affected by mental health through tele-help and *e-sanjeevini* portal. He also acknowledged that there is shortage of trained manpower to deal with mental health issues in the country.

Dr. Santosh Kumar Kraleti from a Civil Society Organisation named ‘*Saksham*’ stated that in many States like Telangana, most of the COVID-19 deaths were recorded/ reported as deaths caused by cardiac arrest or due to some other reasons. Next of kin of such deceased persons are finding it difficult to avail compensatory benefits for COVID death. Issue of data transparency therefore needs to be addressed on a priority basis.

10. **Important recommendations emerged from the meeting are as below:**

- (i) Tele-medicine and tele-therapy need to be employed on a larger scale to bridge gaps in mental health services.

- (ii) Psychosocial support needs to be an essential component of the national COVID-19 response plan.
- (iii) Investment on mental health services, especially at taluk, district and state levels, needs to be increase significantly.
- (iv) Number of trained manpower to deal with mental health issues such as Psychiatrists, Psychiatric nurses, Personal Support Workers (PSWs), Clinical Psychologists, Psychologists *etc.* needs to be increased substantially.
- (v) District Mental Health Programme (DMHP) services need to be reviewed annually to identify and bridge the gaps.
- (vi) State-wise directory of services for acute care and tele-care facilities, help-lines, rehabilitation centres and NGOs working in the mental health sector needs to be maintained and periodically updated.
- (vii) Awareness programs by involving print and electronic media, grass root level functionaries and civil society organisations need to be launched to create awareness among the public that mental disorder is a health issue which can be cured with proper medical care and family support. Awareness programs may also highlight that persons affected by mental health needs support from the family and the society and any discriminatory treatment against them may further exacerbate their health. The same needs to be included in school curriculum too
- (viii) Periodic survey needs to be undertaken to maintain an updated district-wise database of persons affected by mental health. Such updated database needs to be prominently displayed on website of each State Government/Union territory Administration and all concerned Ministries in the Central Government. Grass root level organisations, civil society organisations and school children may be involved in such surveys
- (ix) The doctors and paramedical staff may desist from any discriminatory, rude or inhuman behaviour while examining and treating persons suffering from mental distress. Special care should be taken to ensure that women patients are treated in a dignified and non-discriminatory manner.

- (x) Regular trainings and awareness programs on issues relating to mental health need to be organised for community workers.
- (xi) Mandatory sensitisation of judicial officers/ police, administrators or department of health, social services and other relevant departments on the issues relating to mental health needs to be undertaken.
- (xii) Mental health professionals may be employed in the core leadership of mental health care programs.
- (xiii) A statute to provide for stringent punishment for violence against or ill treatment of doctors and other front line health workers needs to be enacted.
- (xiv) Advisories on Health and Mental Health and Patient Rights Charter issued by the NHRC need to be closely monitored to ensure their effective implementation.
- (xv) Contractual or temporary workers in the mental healthcare sectors may be covered under ESI (Employee State Insurance) or similar other scheme.
- (xvi) A special program needs to be initiated to provide counselling to the persons affected from mental health and their family members, especially children, to help them overcome the stigma.
- (xvii) Strategies to ensure data transparency on Covid deaths and other related issues need to be developed and effectively implemented.

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

List of Participants

NHRC Officers/ Officials

1. Justice Shri. Mahesh Mittal Kumar, Hon'ble Member
2. Smt. Jyotika Kalra, Hon'ble Member
3. Shri Rajiv Jain, Hon'ble Member
4. Shri Bimbadhar Pradhan, Secretary General
5. Shri H. C. Chaudhary, Joint Secretary
6. Dr. M.D.S Tyagi, Joint Director (Research)
7. Shri Sudesh Kumar, Senior Research Officer
8. Dr. SeemiAzam, Research Officer
9. Ms. Aakanksha Sharma, Junior Research Consultant
10. Ms. Saaniya Srivastava, Junior Research Consultant
11. Ms. Lakshmi, Junior Research Consultant

Representatives from the Ministry of Health and Family Welfare

1. Dr. Anil Kumar, Additional Deputy General, Central Leprosy Division
2. Prof. Sanjay Gupta, National Institute of Health and Family Welfare
3. Dr. Harmeet Singh, Joint Secretary
4. Dr. Rinku Sharma, Additional Director General

Core Group Members

1. Dr. Abhijit Das, Director, Centre for Health and Social Justice, New Delhi
2. Dr. Abhay Shukla, Public Health Specialist
3. Prof. T. Sudararaman, TISS
4. Dr. Santhosh Kumar Kraleti, Saksham
5. Dr. K.V. Kishore, The Banyan
6. Dr. Santosh Kumar Sah, Central Jail Hospital, Tihar
7. Prof. Pratima Murthy, NIMHANS

Special Invitees

1. Shri Ambuj Sharma, Special Monitor on Health and Mental Health, NHRC
2. Dr. Rajesh Sagar, AIIMS, New Delhi
3. Dr. Sujata Satapathy, AIIMS, New Delhi
4. Ms. Nikita Sarah, The Leprosy Mission Trust India
5. Mr. Ashutosh Prabhavalkar, Head, Leprosy Programme, ALERT-INDIA
6. Shri Suresh Dhongde, The Leprosy Mission Trust India
7. Ms. Neyamat Singh, Psychotherapist