

भरत लाल
महासचिव
Bharat Lal
Secretary General



राष्ट्रीय मानव अधिकार आयोग
मानव अधिकार भवन, सी-ब्लॉक,
जीपीओ कम्पलेक्स आईएनए, नई दिल्ली-110 023 भारत
National Human Rights Commission
Manav Adhikar Bhawan, C-Block,
GPO Complex, INA, New Delhi-110023 India

No. R-18/ 6/ 2023 - PRPP(RU-3) dated 10th October, 2023

Advisory on Mental Health

Under the Protection of Human Rights Act, 1993, the National Human Rights Commission (NHRC) is entrusted with the responsibility of protecting and promoting human rights of all human beings in the country. In this regard, one of the primary concerns of the Commission is about the challenges faced by persons with mental health issues in the country.

2. The Commission has been proactively working for the welfare of the persons with mental health issues and is deeply concerned about the implementation of the Mental Healthcare Act, 2017, on ground, and challenges faced by the persons with mental health issues and their families.
3. To address these challenges, the Commission has approved an 'Advisory on Mental Health' to the Union and State governments, containing a set of recommendations, to promote the welfare and rights of persons with mental health issues.
4. All concerned authorities of the Union/ State Government(s)/ UT Administration(s) are advised to implement the recommendations made in the advisory in letter and spirit, and to send an Action Taken Report (ATR) within two months to keep the Commission informed of the progress in implementing the advisory.

[Bharat Lal]
Secretary General

Enclosed: Advisory on Mental Health

1. Secretary, Department of Health and Family Welfare, Ministry of Health, Govt. of India
2. Chief Secretaries/ Administrators (all States & UTs)

National Human Rights Commission, India

08th October, 2023

Advisory on Mental Health

Mental health is the foundation for well-being and leads to a meaningful and productive life. In Mental Health Institutions, the emphasis is often placed on medication and therapy alone. Integrating mental health care into the community creates opportunities for individuals to engage with peers, participate in meaningful activities, and contribute to society.

The Mental Healthcare Act, 2017, is 'An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto'.

The Commission is concerned about the implementation of the Mental Healthcare Act 2017 on the ground and is actively working to identify and address the lacunae. To address the same, the Commission issues this Advisory, containing a set of recommendations, for the welfare and rights of persons with mental illnesses.

1. Implementation of existing laws and policies

- i.) All States/ UTs must prioritize constituting Mental Health Authority, Mental Health Review Boards and framing Rules and Regulations as mandated under sections 45, 73, 121 and 123 of the Mental Healthcare Act, 2017 (Act, 2017).
- ii.) Insurance policies and schemes should include treatment of mental illnesses to increase accessibility and affordability to mental health care.
- iii.) (a) As envisaged in the National Mental Health Programme (NMHP), State Governments may emphasize public-private partnerships in the Mental Health sector and Public awareness generation activities to deal with social stigma, discrimination and lack of awareness about mental illness in society.
(b) A structured programme for every district called the District Mental Health Programme (DMHP) may be prepared, involving community workers.
- iv.) To boost accessibility to treatments for mental disorders for financially disadvantaged populations, it is necessary to include mental illness in the "Aayushman Bharat" scheme.
- v.) In States where the State Mental Health Authority (SMHA) has been constituted and Mental Health Review Boards (MHRBs) have been set up, allocated funds may be provided to the Authorities to ensure effective functioning.
- vi.) All Mental Health Establishments (Establishment) must be registered as mandated under Sections 65 and 66 of the Act, 2017. If the minimum standard has yet to be



specified as envisaged under Sections 65 (3) and 65 (4), the same be done expeditiously.

vii.) Provisions contained under Section 103 (6) of setting up of Establishment in one prison in each State/ UT are complied with expeditiously.

2. Infrastructure and amenities

i.) (a) Most Establishments are timeworn. Therefore, it is necessary that they be restructured as per the contemporary requirements of technology, amenities and services

(b) Establishments be maintained and enhanced in general amenities, including number of beds, water, sanitation, food, bedding, clothing, provision of recreational activities, etc.

ii.) Capabilities with special care for the geriatric population with mental illness be created in all Establishments.

iii.) A separate ward for children and adolescents should be provided in all Establishments.

iv.) As mandated under Section 18 (5)(a) of the Act, 2017, efforts be made to integrate mental health services and general health services.

v.) Community care should be ensured by all Establishments as specified in Section 19 of the Act, 2017. Patients should not be kept in isolation or locked up conditions in Establishments. They should be provided with group entertainment and be engaged in other activities. Every effort should be made to take the patients for outings at least once a week.

vi.) Emergency ward units in Establishments should have necessary equipment and medicines as mandated under Section 21 of the Act, 2017. Facilities of immediate transfer to special medical facilities in nearby hospitals and vice versa should be available.

vii.) CCTVs at appropriate places should be installed and maintained regularly.

viii.) Cleanliness, hygiene, sanitation, proper ventilation, clean bedding, pillows, clothes, and clean drinking water must be ensured at all times at all Establishments. Bathrooms should be at a distance from the wards, and foul smells from the wards should be eliminated with utmost priority. Essential basic amenities should be provided to all the patients with modernized facilities.

ix.) Balanced and nutritional food containing appropriate calories should be provided to all the patients.

x.) Establishments need to consider increasing the number of family wards to provide better mental healthcare to the patients in proximity to their families, ensuring adequate support.

- xi.) Digitized record keeping be developed duly ensuring the patient's right to privacy. Data security and confidentiality be maintained at all times.
- xii.) Facilities like diagnostic and pathological labs should be established in-house.
- xiii.) All Establishments must have availability of medicines and necessary equipment.
- xiv.) Grievance redressal cells be established in Establishments, and a record of every complaint and outcome should be maintained digitally.

3. Human resources

- i.) More PG seats be created in proportion to the requirements, including DPM, MD, DNB, MPhil, PhD in Psychiatry, Psychology, PSW, and DPN and other diplomas, degrees, fellowships, etc. As mandated under Section 31(3) of the Act, 2017, efforts must be made to meet internationally accepted guidelines for a number of mental health professionals based on population by 2027.
- ii.) As a separate subject, psychiatry be included in the undergraduate medical curriculum. Every opportunity must be utilized to train doctors in basic psychiatry.
- iii.) Training modules be developed to train non-psychiatric doctors, ASHA workers, and other frontline workers in basic diagnosis. Community health officers, services providers at health and wellness centres, frontline workers, ASHA workers and they be trained to acquire mental health first-aid skills.
- iv.) The requisite professionals, the availability of Psychiatrists, Clinical Psychologists, Counseling Psychologists, Psychiatric Social Workers, and Psychiatric Nurses be ensured.
- v.) A proper human resource plan may be developed and implemented by concerned government agencies.
- vi.) All professionals involved in the healthcare system should be sensitized to various mental health problems, especially common mental illnesses, for timely diagnosis and treatment.
- vii.) Meeting of Review Boards and Mental Health Authorities be held regularly.
- viii.) The vacant positions, including doctors and other staff, in all Establishments should be filled up immediately.
- ix.) Security personnel employed in the Establishments should be sensitized towards patients' rights. 24x7 security personnel, including women, may be posted to provide better security to patients and staff.
- x.) Occupational therapists be ensured in all Establishments.
- xi.) Posts of counsellors with qualified staff must be filled expeditiously at the school/ college level and also at the NMPH/ DMPH level by the Government.



4. Outreach and community services

- i.) (a) Efforts to be made to create yoga awareness and educate the general public on mental health issues.
(b) Yoga therapy should invariably be provided to patients.
- ii.) A common web portal for registering all mental health professionals be provided in the public domain so that to facilitate the target under Section 31 (3) of 10 years is achieved.
- iii.) Norms for Apps and other virtual services imparting mental health advice be framed and scrupulously observed.
- iv.) Digital programs, such as tele-psychiatry and tele-counseling be provided to persons with mental health issues.
- v.) Awareness about Tele-MANAS and other programmes be made available to the public, especially patients with mental illnesses and their families.

5. Rehabilitation of recovered patients

- i.) To expeditiously provide the halfway homes system, as mandated by Section 19 (3) of the Act 2017, rehabilitation efforts must be coordinated with multiple departments.
- ii.) 'Mental Health' may also be included as a subject matter to which Corporate Social Responsibility Funds may be given under Schedule VII (i) of the Companies Act, 2013.
- iii.) A more comprehensive approach should include physical exercise, Yoga, meditation, psychological counseling, medicine, and drug treatment. A comprehensive SOP should be developed for constructing a multi-modal approach to treatment.
- iv.) Patients should not be retained in Establishments even for a day after declaring fit for discharge.
- v.) As per Section 18 of the Act 2017, rehabilitation provisions for geriatric patients should be provided because many patients above 60 years remain in the hospital even after they have recovered. In order to provide essential services within the framework of appropriate legal rules and policies, rehabilitation provisions for geriatric patients need to be revised.
- vi.) To strengthen rehabilitation activities, it is recommended that audio-visual activities be included with the recreational activities in the Establishments to provide the necessary positive stimulus to patients.
- vii.) The development of new abilities and involvement in occupational activities should be promoted in patients, helping a speedy recovery and social rehabilitation.

6. Services of the states

- i.) A person should be specified in each establishment to ensure free legal aid is provided, as mandated under Section 27 of the Act, 2017.



- ii.) Camps may be organized and set up in Establishments to provide Aadhaar cards to patients and to update their details mandatorily.
- iii.) It has been observed that opening bank accounts and obtaining Aadhaar cards for patients who cannot recall their names is difficult. Consequently, they don't get benefits from the Government in the absence of bank accounts/ Aadhaar cards. This may be taken up with the concerned authority, and appropriate decisions must be taken. Help be provided to patients to open their bank accounts/ obtain Aadhaar cards, and they should be made aware and facilitated with various social benefits.
- iv.) All fatalities on the premises of a hospital, institution, sheltered home, shared housing, rehabilitation home, halfway house, mercy house, etc., must be reported to the local police within 24 hours and to NHRC within 48 hours of the death.
- v.) Establishments should not be used as cover-up institutions to delay the trial.

7. Mass awareness and sensitization

- i.) Mass awareness and sensitization must be carried out via campaigns, television, newspapers, and other media in all local languages to increase public awareness of issues relating to mental health.
- ii.) Appropriate help be provided to patients and their family members to open their bank accounts and they should be made aware and facilitated with various benefits and social schemes.

