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GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH
(Hospital Building), Sector 32-B, Chandigarh-160030 (Ph.0172-2665253-59. Fax: 0172-2608488)
(ESTABLISHMENT BRANCH-IV)



21 NOV 2017

Endst. No.: GMCH/EIV/EA3(24/1)2017/ 47704-07 Dated, Chandigarh the,

A copy of letter No. MHI/DA/2017/35167 dated 23.10.2017 alongwith a copy of minutes of the meeting of Core Group on Mental Health Held on 30.11.2016 from the National Mental Health Programme, GMCH-32, Chandigarh received through Academic Branch is forwarded to the followings for information with the request to send the action taken report on the issues pertaining to their respective branch directly to the State Nodal Officer at their own level, please:

1. The Office Superintendent (HA-I & HA-II), GMCH, Chandigarh.
2. The Office Superintendent (Estate Branch), GMCH, Chandigarh.
3. The Office Superintendent (Estt. Branch-I), GMCH, Chandigarh.
4. The System Analyst, IT Centre, GMCH with a request to e-circulate/email the same to concerned.

Encls: As above.


Superintendent (Estt-IV)
for Additional Director (Admn.)


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23/11/17

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2991/14/11/17
MHC
2530
25/10/17
MENTAL HEALTH INSTITUTE, SECTOR-32, CHANDIGARH

To

✓ The Professor-In charge,
Academic Department,
GMCH, Chandigarh.

No.MHI/DA/2017/
Dated, Chandigarh, the

35162
23 OCT. 2017

Subject:- Action taken on the recommendations of NHRC Meeting on Mental Health held on 30.11.2016.

Kindly refer to this office memo No.MHI/DA/2017/28826, dated 08.09.2017 on the subject cited above.

Please find enclosed herewith the photocopy of the minutes of the meeting of Core Group on Mental Health Held on 30.11.2016.

It is therefore, you are requested to take the action and send the action taken report so that AA, MOHFW, Govt. of India and NHRC may be apprised accordingly

Encl As above

State Nodal Officer,
National Mental Health Programme

Endst. No. MHI/DA/2017/

Dated:

A copy is forwarded to the following for information and necessary action:

1. Sh. Jaideep Singh Kochher, Joint Secretary (Training & Research), National Human Rights Commission, Manav Adhikar Bhawan, C-Block, GPO Complex, INA, New Delhi-110023, India w.r.t. this office memo No. MHI/DA/2017/28827, dated 08.09.2017.

State Nodal Officer,
National Mental Health Programme

RA for name
23.10.17

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Contents of Minutes of the meeting of
 Care Group may kindly be perused. The subject matter
 with regard to teaching of Psychiatry subject during
 NRBS course pertains to TA I. Section, hence if
 approved may return the for in original to TA I (Vg)
 section. pl.

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Reference contents of the for, the copy of
 the poc has been retained to deal with the
 Academic Issues. However for rest of the points
 allow to send the for in original to DS E-IV for
 making endorsement to the concerned branches
 for compliance please

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DS/E-IV

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No. OMC-Geno/ARA/...
 Dated 13/11/17

Minutes of the Meeting of Core Group on Mental Health Held on
30 November 2016

1. The meeting of the Core Group on Mental Health was held on 30 November 2016 at 3.00 p.m in NHRC. The meeting was chaired by Shri S.C Sinha, Member, NHRC. The meeting was attended by Dr. Satya N. Mohanty, Secretary General, NHRC and Dr. Savita Bhakhry, Joint Director (Research), NHRC. The list of participants is annexed (Annex-A).

2. Dr. Savita Bhakhry welcomed all the participants and gave a brief background on the agenda items for discussion in the meeting.

Agenda Item No- I - To Finalize Comments of NHRC on the Road Map Prepared and Submitted by Ministry of Health and Family Welfare in Supreme Court Case No. WP (CRL.)No.1900 of 1981 Dr. Upendra Baxi Vs State of UP & ORS

Agenda II - Shortage of Psychiatrists in the Country

3. Initiating the discussion on the above two agenda items, Dr. Satya N. Mohanty emphasized that the Road Map prepared by the Ministry of Health and Family Welfare is elaborate but it needs to be more focussed. He opined that enhancing resources for mental healthcare is the crux of the issue to be discussed in the meeting. He also stated that increasing the professor vis- a- vis student ratio in MD (Psychiatry) from 1:1 to 1:2 as per amendments in Post Graduate Medical Association Regulation, 2000 solves only a part of the challenges faced in the mental health care.

4. Dr. Rajesh Sagar stated that the Mental Health Policy, 2014 of the Government of India was released alongwith an action plan but nothing much seems to have been done in this respect. He suggested that the Mental Health Policy should be linked with Mental Health Care Bill, 2013 since it has a full chapter on the duties of the government. If the Bill is passed by the Parliament then the Policy needs to be modified in terms of identification of the priority areas. Dr Sagar suggested that adequate funds should be given for expansion of manpower and, development of courses. He also suggested that Diplomate of National Board should be encouraged in some hospitals. He advocated strengthening of knowledge about psychiatry by including a separate paper on Psychiatry in MBBS curriculum which would serve the purpose.

5. Shri S.C Sinha, Member, NHRC stated that the Road Map prepared by the M/o Health and Family Welfare and submitted to the Supreme Court is deficient in terms of goals, targets and time bound action plan. He suggested that though the Mental Health Care Bill (2013) has been passed in Rajya Sabha and

the same is placed in Lok Sabha, the Ministry of Health and Family Welfare should start acting on the assumption that the Bill would become an Act, and work on the budget for the mental health care under different heads/categories wherever it is required. He further added that Psychiatry should be taught as a separate paper at the under-graduate level and not as a part of medicine paper in MBBS course as this is not taken seriously by students.

6. Shri Sinha referring to the report of Shri S.P. Agawal, former DGHS submitted in 2003, stated that even today India has not been able to reach the level which has been mentioned in the report in terms of number of Psychiatrists and Clinical Psychologists available in the country. He suggested that Ministry of Health and Family Welfare could discuss this with the State Governments and ask them to submit a Road Map for the next 10 years so that at the end of 10 years India at least would reach the level of mental health care experts as laid down in the report of Dr Aggarwal.

7. He requested the Ministry of Health to have a meeting with Medical Council of India so that a separate paper of Psychiatry is introduced in the undergraduate curriculum. He also stated that even if a separate Psychiatry paper is introduced today, its effects will be visible after 4-5 years when the first batch of MBBS students will pass out from the medical colleges. As such, there is also an urgent need to give training in Psychiatry to the existing medical doctors working at the Primary Health Centers, Community Health Care Centers as well as in the district hospitals.

8. Shri Sinha, Member, NHRC asked the Ministry of Health and Family Welfare to pursue the goal of imparting training in Psychiatry to existing government medical doctors in a mission mode by involving the State Governments. He inquired whether NIMHANS could develop a one to two month capsule course in Psychiatry for training of doctors working in various state medical services. Dr. Pratima Murthy agreed to the suggestion.

9. Shri S.C. Sinha stated that some of the measurable goals of the Mental Health Policy should be :

(i) Every medical college in the country both government and private, should have a separate Department of Psychiatry so that Psychiatry is taught in each and every medical college of the country.

(ii) In the next 4 years, i.e., by 31.12.2020 each and every medical doctor in the service of various State Governments and Central Government would be imparted training in Psychiatry for him/her to be able to deal with mentally ill people.

(iii) Institutions like NIMHANS would be established in every part of the country and for that matter rather than creating institutions from the scratch, existing mental health institutions would be identified having the capability for up-gradation and they shall be upgraded into national level teaching and treating institutions in mental health care. He advised Shri Lav Aggarwal, Joint Secretary, Ministry of Health and Family Welfare to immediately hold a detailed meeting with various stakeholders viz., the State Governments, M.C.I., AIIMS and NIMHANS, etc. in this regard.

10. Prof. Pratima Murthy opined that the penetration of mental health care must reach to the places where it is required. She added that presently the distribution of mental health care experts across the country is not uniform. Prof. Pratima Murthy also pointed towards the fact that lot of medical graduates are not retained in the government sector but move to private mental health care services and there is no mapping of the existing 6,400 psychiatrists working in the country. As such, there is a need to have a proper mapping of the current status of area-wise availability of Psychiatrists, Psychologists, Psychiatric Social Workers as was done in 2003 through the report of Dr. S.P. Agarwal. Shri Sinha suggested that the Ministry of Health and Family Welfare could coordinate in this survey. Dr. Satya N. Mohanty suggested that this could be included in our Supreme Court intervention.

11. Shri Lav Aggarwal, Joint Secretary, Ministry of Health and Family Welfare stated that presently a 3 day module is being used to train MBBS doctors in Mental Health and till now 707 doctors have been trained. Dr. Mohanty pointed out that the number of doctors trained is far less than what is required to fill the gap to provide quality mental health care services in the country. The Joint Secretary, Ministry of Health and Family Welfare stated that shortly a meeting with the State Governments will be organized wherein this issue would be taken up. Besides, he requested the NHRC to organize the meeting with State Governments which would assist in pushing the agenda of mental health to the forefront. Shri Sinha agreed that the Commission will consider organizing a meeting on mental health in February 2017 to review the implementation of DMHP and all other issues discussed above.

12. Shri Sandeep Chachra suggested that there is a need to give prioritization to the conflict affected States and perhaps in the future road map higher importance needs to be given to these areas. While referring to Point 15. of the road map of the Ministry of Health and Family Welfare, he emphasized that in addition to addressing the issue of children with special needs, a program for women should also be included.

13. Dr. Subhash Soren stated that the States must be categorized and priority may be given to the States wherein there is an acute shortage of Psychiatrists.

14. Dr. Jyoti Bindal stated that out of the 35 points of the Road Map, 10 points could be implemented immediately. She suggested dividing the road map into categories and coming out with the priority areas for purposes of budget allocation.

Agenda III - Treatment and Rehabilitation of Mentally Ill Persons Wandering on the Streets and in Faith Healing Religious Places

15. Dr. Tapas Ray stated that the issue of mentally ill persons wandering on the streets and in faith healing religious places is a serious issue. While referring to the Hanuman Temple in Chindwada and the temple in Balaji, he stated that as of today, no psychiatric services are being provided to the mentally ill people at these places. He also mentioned that in many mental hospitals in the State of West Bengal the inmates are kept in inhuman conditions.

16. Shri Sandeep Chachra suggested that a team from the NHRC could be sent to West Bengal to enquire into the ground situation. He mentioned that his organization had filed a petition in the Hon'ble Supreme Court on homeless people that has consequently led to opening of shelter homes in the country as per the directions of the Hon'ble Supreme Court. He also mentioned that he has been appointed as a National Advisor for Homeless to Supreme Court Commissioners. He added that Supreme Court has passed an order concerning homeless men, women, disabled and mentally ill persons. He was asked to send a copy of the petition filed in the Hon'ble Supreme Court by their organization to NHRC.

17. The Joint Secretary, Ministry of Health and Family Welfare suggested that the Ministry of Urban Development should be roped in to monitor and create a road map for the persons wandering on the streets so that it could be identified whether the persons wandering are beggar or mentally ill. He further suggested that the NIMHANS could come up with a model plan for people wandering on the streets.

18. Dr. Jyoti Bindal requested NHRC to intervene in the matter relating to the budgetary allocation to Gwalior Mansik Aargyashala. She was asked to send a note on this issue to the Commission.

19. After extensive discussions it was decided to make the following recommendations to the Ministry of Health & Family Welfare, Government of India and all the State Governments -

1. The roadmap prepared by the Ministry of Health & Family Welfare for the improvement in mental health services in the country is elaborate. However, it is deficient in terms of fixing a timeline or a target date for achieving the various milestones which find place in the roadmap. For instance, under the first head in the roadmap viz. Strengthening Human Resources Mental Health, the first goal is "Develop short duration in-service training modules for the psychologists, social workers, nurses and medical doctors, to equip them with knowledge and skills to provide mental health care services." However, the roadmap is totally silent as to in what time frame will the in-service training for Medical Doctors, Psychiatrists, Social Workers and Nurses shall be completed. Similar shortcoming is observed with regard to all other goals mentioned in the roadmap.
2. It is recommended that among the goals which find mention in the roadmap, those which are more important and therefore, deserve to be acted upon immediately should be identified and for all such goals timelines for achieving them should be specified in the roadmap itself. This may necessitate consultation with the other stakeholders such as the State Governments, the Medical Council of India (MCI) and the Ministry of Finance being the controller of purse strings. Such a meeting should be held to finalize the timelines and time lines incorporated in the roadmap.
3. A very important step towards bringing about a quantum change in the state of mental healthcare in the country is enhancing the component of teaching of Psychiatry at the level of undergraduate medical degree programme i.e., MBBS degree. Presently psychiatry forms a part of the medicine paper in the MBBS degree programme. Psychiatry should be carved out from the medicine paper and should be taught as a separate subject, qualifying which should be an essential requirement for the MBBS degree to be conferred on a student.
4. Every Medical College in the country, both Government and private, should have a separate Department of Psychiatry so that psychiatry is taught in each and every Medical College of the country. All the Medical Colleges where the Department of Psychiatry does not exist at present, should be identified and they should be made to open a separate Department of Psychiatry in their respective College w.e.f. academic year 2018-19. Wherever Psychiatry Department already exists and Post-Graduate courses in psychiatry are being conducted, seats in the same should be increased as accepted/approved by the MCI.
5. In the next four years i.e., by 31.12.2020, each and every Doctor in service in the State and Central Government must be imparted training in

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Psychiatry, to be able to treat mentally ill patients in the country. A suitable training module for these in-service Doctors may be guided/devised by the Ministry of Health & Family Welfare with the help of NIMHANS, Bengaluru of a duration not less than one month.

6. In the same way, timeline for increasing the number of Clinical Psychologists, Psychiatrists, Psychiatric Social Workers and Psychiatric Nurses should also be initiated in coordination and consultation with Rehabilitation Council of India and Indian Nursing Council. They may also be associated for developing training programmes for Nurses already working in healthcare sector so that they are trained as Psychiatric Nurses.
7. While strengthening of the three Central Mental Health institutions should be done in a time bound manner is a laudable idea, it is a fact that there is distinct level of difference between the NIMHANS, Bengaluru on the one hand and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) & Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Jharkhand on the other. Immediate steps may therefore be taken to upgrade these latter two institutions to the level of NIMHANS in terms of availability of beds and mental healthcare experts. They may also be renamed as National Institute of Mental Health & Neuro Sciences on the lines of some of the existing engineering colleges being renamed as Indian Institute of Technology.
8. As there is a felt need for similar national level institutions in other parts of the country i.e., in North India and West India, hence institutions like NIMHANS, Bengaluru may be created in these parts of the country as well. For this, even the existing institutions such as IHBAS, Delhi could be considered for upgradation. Similarly, hospitals even though they may be in control of State Government in Western India, could be considered for being taken over and upgraded or else a new institution could be created. Efforts could be made to complete the task of upgradation of the existing institutions by the beginning of the academic year 2018-2019.
9. In view of uneven regional dispersion of Psychiatrists, it was felt that there is a need to carry out the mapping of availability of Psychiatrists, Psychologists, Psychiatric Nurses, Psychiatric Social Workers, Mental Health Counsellors, Community Mental Health Workers in different regions of the country, so that additional funds are allocated and additional effort is made in the commissioning of a mental healthcare network in those parts of the country where the mental healthcare infrastructure and the number of Psychiatrists is found to be less vis-a-vis other regions. The survey may be got carried out by the Ministry of Health & Family Welfare in

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Annex.-A

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List of Participants

Shri Lav Agarwal
Joint Secretary (Health)
Ministry of Health & Family Welfare
New Delhi

Shri Oma Nand
Director
Ministry of Health & Family Welfare
New Delhi

Prof. Pratima Murthy
Professor of Psychiatry,
NIMHANS, Bangalore

Dr. Jyoti Bindal
Director
Gwalior Mansik Arogyashala
Madhya Pradesh

Dr. Subhash Soren
Director
Ranchi Institute of Neuro -Psychiatry & Allied Sciences
Jharkhand

Shri Sandeep Chachra
Executive Director
Action Aid India
New Delhi

Dr. Tapas Kumar Ray
Chief Functionary,
SEVAC Mental Hospital & Rehab. Centre
Kolkata

Dr. Rajesh Sagar
Professor of Psychiatry
All India Institute of Medical Sciences
New Delhi