

REPORT ON NATIONAL SEMINAR

ON

**“MENTALLY ILL WOMEN-
IS DESTITUTION THE ONLY ANSWER?”**

HELD ON 8TH AND 9TH MARCH 2007

AT

FICCI AUDITORIUM

TANSEN MARG

NEW DELHI

- **BACKGROUND**

“Discarded by families or wandering further and further away from home, their real selves are lost or submerged under layers of dirt and idiosyncrasies-handicaps both primary and secondary. They become non-persons, consciously ignored or worse, paid unhealthy attention. Women are particularly prone being easy targets of sexual abuse. The mentally ill destitute comprise a largely forgotten and unthought-of section of the homeless. Lacking protection by law there are no government plans / programmes for these people who by law simply do not exist” (Out of mind, Out of sight; 2002)

More women than men, the world over, are said to suffer from mental disorders. While women's organizations across the world have been active against gender based violence, the one aspect which has not been accorded the required attention is that of the mentally ill women.

Mental ill-health and its profound stigmatization carry with it a burden of human suffering that at times is not only incalculable, but incomprehensible to the non afflicted onlookers. The situation can be much worst if the affected person is woman. Mental health is recognized globally as being of enormous social and public health importance. Mental health problems currently are said to constitute about eight per cent of the global burden of disease and more than 15 per cent of adults in developing societies are estimated to suffer from mental illness.

Women's mental health need to be considered in the context of social, political and economic realities. In addition to the critical gap between availability and accessibility of the health care services, various social, legal and ethical issues need to be looked at in the care of mentally ill women. Recent research has demonstrated the impact of social circumstances upon women's private experiences and actions. Whether it is denial of economic resources,

education, legal and health services deprivation, lack of physical and mental nurturance, exhaustion from overwork or sexual and other forms of physical and mental abuse across the life span, research corroborates that it is women who are at the greatest risk. These issues not only fall within the fabric of human rights, but also are those which understandably affect mental health. In addition, the routine of women's lives render them at risk to experience more stress than men. This reflects the greater number of social roles women fulfill as wife, mother, daughter, care-giver and an employee. Furthermore, women's reproductive role as bearer and nurturer of children produces unique potential for stress related effects. Thus, the well-documented higher morbidity in women's health across the life span has clear biosocial underlying causes.

There is accumulating evidence that links mental disorders with poverty, powerlessness and alienation, conditions most frequently experienced by women. There is serious gap in the literature on health of the marginalized women. Homelessness has been well known consequence as well as cause of the mental illness and disability. For many women, homelessness follows years of violence and abuse which undermines their self esteem, contributes to the pain of powerlessness, and reinforces the social invisibility of their lives. The multiple implications and the magnitude of the problem, calls for an urgent attention, of all the service provider and policy makers. In India "consciousness raising" exercise is now mandatory.

The National Commission for Women, on eve of International Woman's day endeavored to address the issue, its adverse effects on women and possible solutions by organizing a seminar cum workshop dealing with the issue.

Day 1:

8th March 2007

**Welcome Address by Dr. Girija Vyas, Chairperson
National Commission for Women**

Extending a warm welcome to all the dignitaries present on the dais especially H.E. Dr. A.P.J. Abdul Kalam, Dr. Vyas described the Honorable President as a great scientist and above all an exemplary human being with great compassion.

Despite legislation on the issue, the mental health problem faced by women is a neglected area amongst policy makers and the concerned ministries. Citing the example of a mentally disturbed woman, standing near a temple, being ridiculed by children as one of the many examples of stigma and discrimination faced by this group, Dr. Vyas reiterated that mental health of women is a problem that needs to be seriously looked into by the government and the voluntary sector.

On the occasion of International Women's Day the National Commission for Women has decided to deliberate on a very important topic- Mentally ill Women- Is Destitution the Only Answer? Their lonely struggle for survival makes them vulnerable to sexual abuse and other kind of exploitation. Another area of concern is that there is no reliable data on the number of women suffering from mental ailments.

Homelessness is a crucial issue for women who are suffering from mental illness. It is estimated that of the 10 million affected population about 50,000 to 1 lakh are homeless. The city of Delhi has about 3000 mentally ill women who are on the streets and have nowhere to go. Mental health hospitals are in a deplorable condition where only a meager amount is spent for the care and rehabilitation

of the inmates. There is an acute shortage of psychiatrists in the country. There are only two psychiatrists for a 10 lakh population as against 150 in USA. Similarly patients do not have proper beds, hospital care and facilities.

In conclusion Dr. Vyas suggested that five pillars are needed to combat this problem. First there should be a strong law. The Mental Health Act, 1987 dealing with this subject needs to undergo revision. Second, is the sensitization of the police and law enforcement agency. Third, is awareness programs by the woman commission, NGOs and civil society groups, the fourth pillar is the role of civil society in bringing about attitudinal change and the last is the crucial role that the media should play in ethical reporting and giving due priority to the subject.

Address by Dr. Ramadoss, Honorable Minister,

Health and Family Welfare:

Expressing his pleasure for being part of the International Women's Day celebrations, Dr. Ramadoss welcomed His Excellency, the President of India, Chairperson of the National Commission for Women Dr. Girija Vyas, members of the commission, delegates and representatives from the NGOs.

According to the Minister , though India has come a long way and has been progressing on the economic front with a growth of about 9.2% GDP the other side of the coin cannot be ignored. There are social issues like education, poverty and unemployment and problems in the health sector which demand our immediate attention.

Women's empowerment is just a word in today's context. Women have come a long way today, and are actively participating in all walks of life be it education, employment or politics. The National Commission for Women under the able guidance of Dr. Girija Vyas, has achieved a lot towards the advancement of women's rights. The NCW along with the Ministry of Health, has been playing a dual role in bringing a lot of issues in the forefront like the declining female sex ratio and HIV/AIDS.

In India, the concept of mental health disorder itself is nonexistent. This seems to be the state of things even in the Health Ministry where the mental health component is the least performing amongst all the programs initiated by the Ministry. It is estimated that about 7 to 8 per cent of the population have some sort of mental health disorders. People suffering from severe mental health disorders is estimated to be about 1.5 to 2 percent of the population. The country has about 36 mental health institutions which are in a deplorable condition. Efforts are on to establish six national institutions based on the concept of community participation.

The Mental Health Act is also under review and the National Mental Health Program will now reach to the Primary Health Centre Level where medicines on mental-health disorders would be made available at that level itself. Covering about 100 districts of the country, this comprehensive programme will train MBBS doctors on diagnosing simple mental-health disorder patterns of treatment. The Ministry is planning to cover 400 districts in this next three years and the target is that all 600 districts will be covered under the National or District Mental Health Program.

The interlinked problem of mental health disorder and suicide will also be covered by this Program. It is estimated that approximately 600,000 people attempt suicide a year because of mental disorders. Both the Ministry of Health and Social Justice and Empowerment will be working in tandem on this issue.

Another major source of concern is the stigma and discrimination faced by these women. Homelessness of mentally ill patients is also another big challenge and the Ministry hopes that with support of the National Commission for Women and various NGOs working in this field a proactive intervention will be possible.

**Inaugural Speech by The President of India - His Excellency
Dr. A.PJ Abdul Kalam**

“In your entire lifetime if you can save or better someone's life, your life is a success, recalling Gandhiji's mother's advice to her son, H.E. Dr. Kalam appreciated the efforts put together by the National Commission for Women for organizing this seminar which has an important societal focus. The seminar proposes to highlight the dilemma and difficulties in the lives of mentally ill women who face critical issues like stigma, discrimination and homelessness. The Commission's effort towards drawing up a holistic plan for their care and welfare is a step in the right direction. This plan of action, however, has to be a coordinated endeavor between the government and the non-government organization.

Coping with mental illness is severe enough not only for the women themselves but also for their family. The issue of adequate shelter becomes critical especially if they are disowned and abandoned by their families. A study conducted in Delhi with a population of 70 million is found to have nearly 2500 mentally ill women who have no hope to live and are virtually on the street. If you extrapolate for the whole nation, the country will have nearly 150,000 mentally-ill destitute women. Statistics provided by the Ministry of Social Justice and Empowerment revealed that out of nine lakh families nearly 2.8 lakh fall in the age of group 10 to 29 and about 2.8 lakh fall in the age group 30 to 50 years. There is a need to carry out research why people of this age group are vulnerable to mental illness. The research findings could help the Commission to develop some prevention strategies to overcome this problem. Three ministries are involved in providing care to such persons. They are the Ministry of Health and Family Welfare, Ministry of Social Justice and Empowerment and Ministry of Women and Child Development. The three ministries along with the National Commission for Women should work out a strategy of addressing the problem of 150,000 shelterless mentally ill women in different parts of the country. They

should also mobilize the support of all the state Governments, NGOs such as the Banyan and the corporate sector."

Giving an example of Shakti Masala Limited, a corporate which has contributed significantly to the development of differently able employees, H.E. Dr. A. P. J Abdul Kalam opined that the corporate sector should be involved as much as possible. For example, Shakti Masala Limited produces curry powder, papad, pickles, and other food products and has over the last decade been actively recruiting disabled people in their establishment. Today, one third of the employees in the company are differently abled. The company also runs a rehabilitation center, a home which provides specialized training and physiotherapy especially for children. Children with cerebral palsy, multiple disabilities are treated free of cost.

The National Commission for Women can definitely persuade the corporate located in different states to take up the mission of treating and rehabilitating the homeless mentally ill women on the Shakti Masala model. The Commission need not be based in Delhi but can move to various rehabilitation homes and study the condition of rehabilitation homes for mentally ill patients. Strategies which can prevent mentally ill women from destitution include not only finding out who are mentally ill but also rehabilitating them and acknowledging their contribution to societal growth.

NCW, can create a website where societal members can report about the destitute when they come across on a day-to-day basis once The information about the website must be made available to all state Governments and women organization so that authentic data about these women in different parts of the country, can be made accessible.

The Commission can also seek the assistance of police department, scouts, and guides, NCC cadets and members of the Red Cross society of India for collection of data and creation of database of women suffering from mental disorder. The aim should be to bring out an updated data of destitute women who need help and also the number of institution available in the country for meeting that need.

The NCW along with the government departments, state women commissions, NGOs and the corporate sector can work for creation of rehabilitation center and after care homes and halfway homes in different parts of the country every year. The initial organizational and trainer support needed for the creation of these centers can be provided by the people who are trained in organization like the Banyan or the Institute of Human Behavioral and Allied Sciences. The program should also include welfare of the children of affected person and counseling for the family.

While working on the rehabilitation aspect it is essential to prevent homelessness among the mentally ill particularly the women. Awareness generation among parents and relatives to come forward and state the problem so that the illness can be detected early leading to full cure should be made a crucial component of any program. The senior members of the local bodies, women *sarpanch*, Panchayat Board Presidents, Municipal Councillor, Members of the Rotary and Lion Club can also work together in promoting awareness among the people for screening and detecting the illness at an early stage. The students of medical colleges in the nearby colleges also can participate in this important societal mission.

A homeless mentally-ill woman is extremely vulnerable and needs urgent support and care from both Government and non-government organization.

The police personnel can be sensitized during the training process to take proactive action, to report the existence of persons with mental illness who are found in their jurisdiction to the nearest rehabilitation center or the non-government organization taking care of the mentally-ill women. This can become a part of the duty for the police personnel. They can also advise the relatives of the mentally ill person to take the individual to their homes, provide shelter and approach the rehabilitation center for treatment.

In conclusion, H.E Dr. A.P.J Abdul Kalam reminded the August gathering that the developed status of the society is indicated by the respect the society gives to its womanhood. We have to respect the womanhood especially when they are mentally ill and they are not able to look after themselves. This should be treated as a mandatory societal requirement of all citizens of the country. By tradition, in our country and elsewhere there is a hesitation to accept mental problem as an illness. This has to be tackled with proper education, creating adequate number of psychiatrist by our education system.

NCW has initiated some research work on this subject and that should be extended to the entire country in collaboration with state women commission, Red Cross, and State mental health institutions. This research should enable generation of accurate statistic and provide ground level solution for yearly detection of the problem areas related to mental health supplement. The research can also suggest corrective action through creation of a treatment center, rehabilitation center, and periodic review of illness and the role of the different member of the society such as relatives, neighbors, general citizen, psychiatrist, and societal platforms.

**Vote of Thanks by
Smt. Yasmin Abrar,
Member National Commission for Women**

Greeting all the dignitaries present on the dais, Smt. Yasmin Abrar expressed her sincere gratitude to H.E. Dr. A.P.J. Abdul Kalam for spending his valuable time for this important national seminar on Mentally ill women- Is destitution the only answer? Highlighting the work done by the Commission on the problem of women suffering from mental illnesses, NCW under the able guidance of Dr. Vyas has established direct contact with the rural masses through its *Chalo Gaon ki Aur programme* which has become very popular throughout the country.

Smt. Abrar thanked the Minister for Health and Family Welfare Shri Ramadoss for participating in the function on the occasion of International Women's Day and for his valuable views.

Concluding, Smt. Abrar specially thanked all the NGO participants, media persons and all those people who have worked to make this National Seminar a huge success.

Day 2
9th March, 2007

Welcome Speech by
Dr. Girija Vyas, Chairperson,
National Commission for Women

Dr. Girija Vyas welcomed the Honorable Minister for Social Justice and Empowerment, Ms. Meira Kumar and requested her to address the August gathering.

Address by Ms. Meira Kumar, Honorable Minister
Social Justice and Empowerment:

Welcoming all the dignitaries on the dais, Honorable Minister, Meira Kumar applauded the Commission's initiative to organize a seminar on the very important issue relating to rehabilitation of mentally-ill women.

The problem of mental illness has been generally increasing in societies and is growing at an alarming rate. The problem of the mind unlike physical ailments is far more complicated and usually takes a long time to heal. Nevertheless, from a human rights perspective also persons with mental illness have equal right to treatment as others. The society has the responsibility to ensure that every mentally ill person gets the proper treatment so that he may lead a normal healthy life.

Women need even more protection; therefore, it is the responsibility of the government to take a program so that women with mental illness get proper treatment and care at the earliest. Destitution, whether for men or women with mental illness, should not be tolerated in any civilized society.

The government of India has been handling the subject of mental illness through two major legislations- The Mental Health Act of 1987 and Persons with Disabilities Act 1995 (PWD Act). Mental Health Act primarily deals with the

treatment aspect of mentally-ill persons but the Persons with Disability Act (PWD) deals with their rehabilitation.

The Mental Health Act which deals with treatment comes within the domain of the Health Ministry and PWD Act of 1995 is the responsibility of the Ministry of Social Justice and Empowerment. For the treatment of mentally-ill person, the government and the Ministry of Health and Family Welfare has taken up various programs and has been supporting various institutions for treatment and rehabilitation.

The Ministry of Social Justice and Empowerment has been focusing on rehabilitation of mentally ill person. Major problem for mentally-ill person is that even after successful treatment and recovery they are stigmatized and not considered normal even by their own family members. To address this problem, a scheme to set up ten halfway home has been initiated for the care and welfare of those persons who are not accepted within their families.

The Ministry has been encouraging NGOs to come forward and take initiatives to set up more such homes to provide services. Persons with mental illness are eligible to various benefits under the PWD Act which includes reservation in educational institution, preferential allotment of land, and reservation in poverty alleviation program. In the recent financial budget the finance minister has also announced that apart from reservation in government sector even private sector should employ persons with disability.

In February 2006, the UPA government announced the national policy for person with disabilities. Specific focus has been given to the problem of mentally ill person in this policy and women who are disabled and suffering from some mental illness will be provided with assistance to look after their children. The Ministry has also been encouraging district level Panchayati Raj institution for setting up of mental health care homes for severely mentally-ill persons with the involvement of NGOs. Alternatively, family support groups are also to be

encouraged to set up custodial care institution for persons with mental disabilities who are without community or family support.

Measures will be taken at the village level to set up residential rehabilitation centers for providing vocational and social skills to persons with mental disabilities. The NGOs and civil society have to play a significant role in the rehabilitation of mentally ill persons. The problem is huge since services have to be provided to approximately 11 lakh persons with mental illness in the country out of which 3.5 lakh are women. It is estimated that 2.5 lakhs women suffering with some kind of mental illness resides in rural areas.

In conclusion, the Honorable Minister, Smt. Meira Kumar reiterated that it is important to go the source of the problem, which is the way we treat our girl child. The abhorrent practice of sex selection in this country speaks volumes about the discriminatory practices adopted towards the girl child. Later, she is subjected to other forms of gender violence like rape, domestic violence, sexual harassment which makes the woman feel insecure and may manifest in some kind of mental health problem.

- **RECOMMENDATIONS AND OBSERVATIONS**

- i. **Working Group I**

Theme: - Quality and standard of care in institution and deinstitutionalization and decustodialization

Group I, which comprised of participants from all spheres of life – medical as well as legal fraternity, NGOs, Professors – evolved a ‘mission statement’, by considerable discussion, that catered to both, the ‘quality and standard of care’ in the institution and ‘deinstitutionalization and decustodialization’

The discussion proceeded in three stages:

1. Identification of the current status/current problem areas.
2. Laying down the goals/standard benchmarks.
3. Making recommendations to bridge the gap between ‘*what is*’ and ‘*what ought to be*’.

CONVENOR : Ratna Boli Roy

FACILITATORS : Ms. Bulbul Dass

Dr. Rupali P. Shivalkar

Identification of current status/problem areas:

- (i) Inadequate capacity of the existing situation
- (ii) Inadequate Staffing – Both Qualitative and Quantitative
- (iii) Poor quality of services
- (iv) Inadequate half –way homes; no provision for essential care facilities
- (v) There is no communication between the different bodies
- (vi) Absence of any monitoring committee which can hold the service
- (vii) Dual licensing policy_ is confusing for people who want to initiate setting up of treatment/rehabilitation centre

1. The following Goals were laid down by the group, which should be the prescribed standards, to be met through legislative, administrative and personal intervention

- (i) Upgradation of quality of care and service, and staffing.
- (ii) There is an argent need to deinstitutionalise the patients – this should be done in a phased manner and in a process so that the women are not left to end up as destitutes.
- (iii) There should be smooth transition from one stage to the other in the medical cycle of the patients.

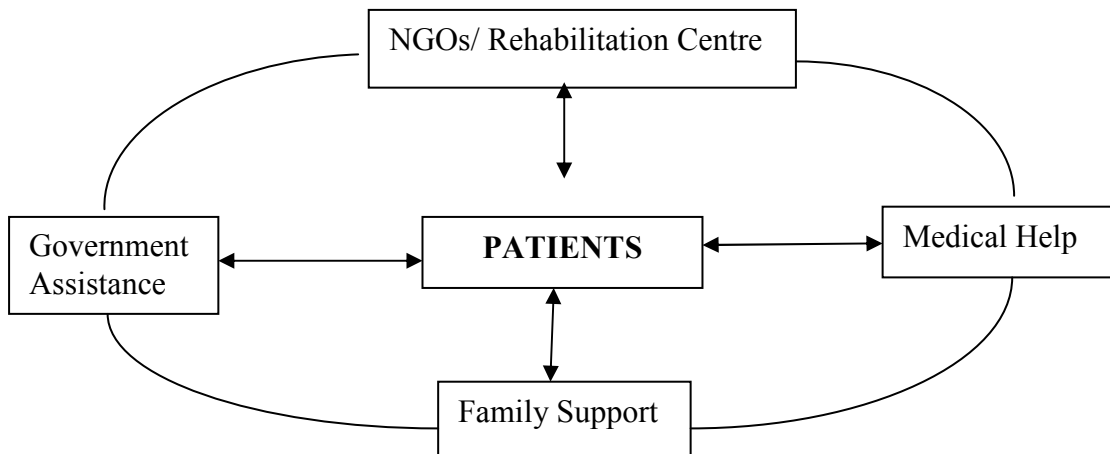
Family → Institute/Hospital → Half-way home → Family

- (iv) Effective monitoring system should be put in place – all members of the community to participate in it.

2. Recommendations

Following recommendations were made to reach the above identified goals:

- (i) NHRC report should be looked into. The suggestions made in the report, entent of implementation, persisting gaps etc. should be identified and reasons for deviation identified, before taking corrective measures.
- (ii) There should be active networking between all sectors. A unique “link system” should evolve to ensure that ensures continuity of care to the patients who is at the centre of such system



The complex needs of mentally ill patients will be met not solely by medical assistance. There is a constant need of government assistance (e.g. Pension schemes, disability allowances), family care and support, guidance and assured

rehabilitation by NGOs. It is to be noted that patient is the centre of this system and all the concerted effort should converge upon him. There is also a two-way communication between all the individual identities of the system to ensure effective co-ordination and faster disposition of information about patients' need, status of recovery, any special requirements etc.

(iii) Smooth transition from one stage to the other in the medical cycle of the patient would be ensured if every stage renders maximum support and service towards rapid recovery of the patient.

(a) Family →Institute/Hospital:

Family should be made aware about the mental illness of patients. Gender sensitivity should be introduced as women are often neglected so far as mental distress etc. are concerned (as is evident from the fact that not many females are admitted to treatment centres for medication).

- Admission in hospitals should be encouraged to prevent the illness from taking a severe form.
- The institute/hospital should ensure availability of staff to cater to the needs of the patients.
- Different types of facilities are needed – long stay/short stay homes.
- Staffing is a major concern considering the grossly inadequate manpower. Manpower should be increased, including link workers and occupational therapists. An army of trained personnels is needed for which introduction of short term training courses (on mental illness-identification, treatment, and care) is warranted.
- More social workers and NGOs should be attached to the hospitals which will act as a constant bond between the professional assistance and personal support of family – making patient the beneficiary.
- Within these institutes, a life-cycle approach should be adopted during the care. This means that patients with different needs should be given different treatment; according to each one's personal requirements, the services should be provided.

For instance: Nursing mothers with mental illness definitely require special facilities like staff to take care of the child, gynecological assistance etc. Needs of a pregnant woman, a young girl and an old woman would vary and should the services provided to them.

(b) Institute/Hospital → Half way homes:

This second shift from hospital to half way homes is crucial. This is the stage which forms the foundation of reintegration back in society and thus the patient should be more carefully handled here.

The ideas of 'Deinstitutionalisation' and 'Decustodialisation' would turn true only if the stigma is erased at this stage. The patient needs to be imparted skill which ensures that she is not alienated from the society.

Rehabilitation centres need to be more gender sensitive in their rehabilitation programmes and imparting of skills. Female-oriented activities should be encouraged so that recovered patients don't feel any gap between 'self' and 'society'.

(c) Half-way homes → Family:

The role of NGOs/rehabilitation centres is crucial for a patients, for these ensure their family to understand the patients' future needs. The family should be made aware about the patients' state of health completely, including any special sensitivities, medical visits, medication etc. Any relapse should be reported as soon as possible and an attitudinal shift is to be effected in a family-as the present scenario reveals that the treatment is not followed, re-lapses go unreported, re-occurrence of illness provided with medical assistance etc. Post discharge monitoring is essential by the case worker.

3. Continuous involvement of family – key to deinstitutionalization

Patients, no matter how acute the mental status is, should at no point be alienated from the family. Family must necessarily maintain touch with the patient. Family members must be allowed to stay / visit the patient, which would ensure their faster recovery.

Deinstitutionalization is a concept which requires continuous involvement of the family at every stage of recovery. The idea of family empowerment would be fruitful in this regard.

Following measures are noteworthy:

- Quicker certification of disability.
- Disabled I-card (PWD card) to be easily issued
- Government assistance/ schemes (e.g. pensions etc.) operating to address the financial need of the patients should be made public.
- Legal aid should be made easily available to mentally disabled.

STAGES IN PATIENT'S MEDICAL LIFE

Family → *Institute/Hospital* → *Half-way home* → *Family*



4. Encouragement of private sector

Private sector should be encouraged to set up specialized treatment/rehabilitation centres, with adequate facilities. The government should provide ***incentives*** to the private sector to set up such centres by way of concession, subsidies etc. Private players need to be integrated in the mammoth task so that demand is met adequately.

5. Effective co-ordination is sought for between different Ministries of the Government

- Ministry of *Health and Family Welfare*
- Ministry of *Social Justice and Welfare*
- Ministry of *Women and Children*
- Ministry of *Law*
- Ministry of *Labour and Education*

6. **State commission for women** should be made more active *vis-à-vis* mentally ill women. State commissions should act as monitoring authority for state-run institutions so that human right violations can be checked.

7. An **independent monitoring authority** to be made operational. Composition should be diverse and should involve Government, Civil society players, Rehabilitation council, National Commission for Women.

8. Other recommendations

- Dual licencing should be done away with for procedural simplification.
- Minimum standards of quality for women and children are laid down by NHRC. These should be extended to mentally ill.
- Encouragement to be given to self help groups (which may include the recovered patients and families).
- Hospitals run by NGOs and family members, to be encouraged and provided incentives.
- Short term training programmes, specialized courses in mental illness and psychiatry to be encouraged. Basic psychiatric nursing courses to be supplemented by short term training courses for general nurses to meet the deficit.
- A comprehensive “Rehabilitation policy” to be evolved by the government, which helps in integration of patient back in society.

ii. Working Group II

**Convener ⇒ Dr. Amita Dhandra Professor of Law
NALSAR, University of Law**

The group discussed the malady of mental-illness and to chalk out possible remedy against it. The convener clarified in the very beginning the purpose of the brain-storming – to cull out the relevant points in the legal framework and suggest filling up of lacunas in law and reformation, where it is warranted. The group decided to divide the topic into two parts so that appropriate time may be allotted to both the issues, i.e.

- i) Survey of Relevant Laws and
- ii) Human Rights Violations

I. **Survey of Relevant Laws**

- (1) **The Mental Health Act '1987** contemplates either institutionalization or nothing. The Act of 1987 only talks in terms of entry or exit from the Mental Health Hospital. The important point is that exit from the hospital requires a “cured” certificate from the doctors. Alternatively, discharge from the Mental Hospital can take place if the family of the patient is willing to take him/ her back.

Here it is noteworthy that willingness of family to take back the mentally-ill patient is much more in cases of male patients as compared to their female counterparts. Females are abandoned and are left to themselves once they are mentally ill. This observation is corroborated by the fact that lesser number of visitors, come to visit female patients whilst they are in the hospitals. Therefore, this biased societal behaviour adds up to female misery as they languish in the Hospital unless they are “cured”. In this sense females ends up being at the receiving end of this legislation.

If the Act is to be informed with feminine experiences then it is important that it should not be governed by the formulae of institutionalization or nothing. The Act needs to fill in the gap existed herein as it doesn't contemplate any connection within Mental Hospital and other lower Community Services. Thus, the group recommended a discharge provision in the Act whereby exit can be allowed to lower community services which are urgently needed to be linked up with hitherto isolated Mental Hospitals which serve as an island in themselves and near imprisonment for socially abandoned female patients.

Therefore, Law can serve as an effective instrument for change as it can help in facilitating the linkage or connection between Mental Hospitals and other wide range of services.

(2) Evidence Procured Destroys Civil Rights

The next very important and epitomical observation which came out unanimously by the group, guided by expert study and research of the learned Prof. Amita Dhanda was as follows:

Institutionalisation of women under the Mental Hospitals is done not for the purposes of treatment of women rather for procuring the evidence against her. Such evidence can be effectively employed against the woman in depriving her from the property, divorce proceedings or denying her in obtaining custody for children.

This approach reinforces the stereotype and attaches stigma to mental-illness rather than treating it at par with any other disease like stress, which can be cured. This specifically contributes in stigmatizing the mentally ill patient and it becomes a good recourse for those who want to get rid of her.

The group submitted unanimously that one of the most poignant and important step which is needed to be taken is to bring in an amendment so that 'Proceedings under the statute need not be used as Evidence anywhere else'. Such incorporation would serve twin-purpose. Firstly, it would ensure that Civil Rights of the Mentally-ill persons shall not be denied to them merely on the pretext of their mental-illness. Non-denial of Civil Rights like matrimony, child-custody would destigmatise the mental-illness and would further help in creation of better public-opinion.

Secondly, Non-denial of Civil Rights would enable mentally-ill people to access to treatment without any inherent fears as they would do for any other disease which is curable.

(3) Mentally ill Women – Beggar's Home

Dr. Madhumita Puri made an observation that most of the mentally-ill women are kept in Beggar's home. She further accentuated that such practice is rampant and increasing. Her concern was shared by the entire group seriously.

Such a practice undoubtedly is unfair and deserves condemnation. A special provision is desiderated whereby special Homes for such women may be created as women are vulnerable due to the fact that they can be sexually abused and maltreated.

In a Nutshell, the aforesaid guidelines should serve as cynosure of legislative scrutiny in order to engender the Mental Health Act '1987 and to ensure a better state for Mentally-ill women.

II. Human Rights Violations

At this juncture, Sushma, member of an NGO, "Naari Shakti" (Rohini based) posed a question relating to attitude of the Society towards mentally ill. The learned convener took it as an opportunity to shift the discussion to the second broader issue dealing with the Human Rights.

Mr. Hari Haran, an Ex-IAS Officer argued that families should be compelled to take care of incapable people. To this, the convener retorted that the entire discourse of incapacity is open to question, and rather than forcing the family to provide love the group may put its focus on inherent dignity of the mentally-ill patient to be safeguarded.

The first vital point of agreement to which the entire group agreed despite initial disagreements was that lack of Judgement making power may not be used against the Mentally-ill person in a way that anything and everything can be done unto her. Tersely put, Mental illness is not anti-thetic to Basic Human Dignity. However, such an approach has been followed till now.

It was explained that how an ordinary patient suffering from a disease is persuaded in many ways to undergo treatment. Emphasis was on the fact that she/he always is vested with choice to refusal to treatment. However, a fairly decent manner to convince works in most cases. On the contrary, there is a complete absence of any such 'persuasion-discourse' while dealing with mentally-ill patients. Due to the presumed incapacity of the mentally-ill patient, a violent and coercive treatment somehow is justified. Does that mean a mentally-ill person is presumed conclusively not to have any choice or free-will? Such a presumption was submitted to be in violation of Human Rights of the victim.

A dissenting note is struck by other members as they argued that the very incapacity due to mental-illness mandates cessation of choice, i.e. it is required that mentally-ill person can't be left to her choice. However, the majority agreed that if basic dignity of choice is denied then little will be done in safeguard of Human Rights of Mentally-ill as respect for free-will and dignity is the very cornerstone of the Human Rights discourse. Special emphasis was put on absence of 'persuasion discourse'.

With an agreement seemingly reached on this point (with minor dissents of Mr. Hari Haran), the next issue cropped up.

Dilbag, from the J & K Police Force, argued that failure to access to treatment is a major issue needed to be addressed. In the broad rubric of access to treatment

he suggested that 'Therapeutic Homes' at district level are needed to be established and a Legal Aid Cell at the district level was suggested to be made whereby, any person may be allowed to inform the Cell and the patient may be picked up and provided treatment.

At this juncture, due to paucity of time and broad canvass of Human Rights discourse, the convener decided to come up with a charter of Human Rights for mentally disabled. She ardently suggested that the same may be added to the 'Human Rights Chapter' in the Mental Health Act 1987.

To ensure the participation of all the present members, the convener decided that everyone should suggest one Right which they would like to be procured for a Mentally-ill person. A synopsis of different suggestions made is hereinafter enumerated.

- One member argued that as the roots of this problem lie also in adverse socio-cultural environment to women, there is a dire need to emphasize upon psychological support. Medicalising the problem without grappling with the adverse social realities would evade the proper understanding of the issue. The fact should always be remembered that women live in a socially oppressive environment...: psycho-social support must be made an entitlement of the mentally-ill.
- Right to choice must be there. For instance, it was argued by one of the group members that difference of opinion of psychiatrists may be a sufficient reason for the patient to decide whether she wants to remain in the hospital or not.
- Many voices converged on the fact that to ensure human dignity one may ensure that after being treated they should be able to pursue their lives on their own accord and without being dependent in any manner or other. In this context, a right to be reinstated in the community and vocational guidance may be extremely useful.
- As a unanimous decision, right to non-denial of the Civil Rights was accepted once again as Basic Human Right. In this context, it was argued that there must be a right against alienation of property.

Here, the Convener of the Group observed that if a extended economic package is appended as maintenance if the mentally-ill woman is divorced, then it would serve a long way in mellowing down the number of divorce cases against mentally-ill women. This would be a great relief to the patients suffering from mental-illness which can be granted without tinkering with the existing Marriage and Divorce Laws of the Land.

This remained the basic theme of the discussion on Human Rights. Although, group members formulated their opinions in various phraseology but the thematic content of them could be traced in the aforesaid guidelines. For instance, members argued for Right to live independently, Right to safety, Right to rehabilitation, Right to choice, Right to livelihood and survival, Right to subsequent maintenance etc.

To sum up the discussion, the members of the group delineated a charter of Human Rights for mentally disabled persons. The Charter is a list of entitlements and not mere administrative grace and is mentioned hereunder:

Charter of Rights for Mentally-ill Women

1. Respect for her human dignity irrespective of mental illness
2. Voluntary access to local health care and support
3. Right to womanhood
4. Right to vocational guidance and recreation
5. Right against denial of Civil Rights (includes right against alienation of property)
6. Psycho-social support
7. Sustainable livelihood
8. To seek community rehabilitation

The closing comments of the group convener were that these would serve as signals to change the laws contributing to destitution of mentally-ill and to empower them with entitlements. This would be the first step against destitution and chill penury of mentally-ill women.

Recommendations

1. Law must provide a link between mental institutions and lower community services. Institutionalism or nothing approach must be discarded.
2. Treatment of mental-illness should not serve as evidence to destroy Civil Rights of the victims.
3. Special homes for mentally-ill women must be made.

iii. Working Group III

Convener: Ms Shubda Maitra ,TISS

Facilitator: Ms Paramjeet Kaur

Dr. Jahanara

Discussing the issue of homeless mentally ill women and mobilizing public opinion and community initiative of the same pondered on the causes of homelessness of mentally ill women and how public sensitization and community initiative can play a better role in improving the condition of such women. Various NGO's, representatives from various Government organizations, self help groups, social activists participated in the discussion and brought about various key issues to the main frame

Recommendations

- Aggressive media campaign should be launched through television channels, radio, newspapers, etc. (all electronic, print and entertainment media). Street plays should be used as a media to clarify the myths and ignorance on the issue. NGOs engaged with the rehabilitation of mentally ill women should be provided financial assistance similar to the field of HIV AIDS, because that will attract more number of NGOs to work in the field.
- There should be a core group led by National Commission for Women to monitor the mass media campaign. The core group should also look for the contents of various media to reduce negative image on the issue of mental illness of women. The group unanimously felt that it is the basic need of the present time to instill hope and dignity in the life of mentally ill women.
- Increase in the number of night shelters with the help of Ministry of Social Justice whose management should be followed up by an organization like National Commission for Women. Such shelters should provide reservation up to 25% for mentally ill homeless women.
- Vocational training should be imparted for the rehabilitation of such women patients. Instead of teaching them to stitch blouse and petticoats they should be taught such vocational skills which can turnout to be commercially to be more beneficial to them. Reference was given to the President's speech in which he

talked about the efforts of shakti masala, which gives employment to such women.

- Reservation in employment was also suggested for such women after the recovery. Imposition of cess was also recommended by the group for the betterment in the condition of mentally ill women.
- Concession to the attendants of such mentally ill patients should be provided by the Railways at the time of their commutation for the treatment.

Recommendations made by schizophrenia research foundation (SCARF), INDIA:

- We must recognize that the group of mentally ill, separated/divorced women constitute a very vulnerable group in society, who sans adequate protective systems could become subjects of physical, emotional, sexual abuse and in the process suffer considerable neglect. This is the cross they bear not for any fault of theirs but only because they have had the misfortune to be afflicted by a mental illness, akin to any other chronic physical illness. Therefore they must be the beneficiaries of welfare programmes shaped to respond to their special needs.
- As a start up measure, a core, working group could be formed with representatives from mental health agencies, department of health and welfare in the states, legal consultants, women's organizations and families of the mentally ill. Some sensitive patients who can articulate their need should also be included.

Priority should be given to:

1. Setting up at least a few centers for such women who have no protective umbrella where they can also be trained in some vocation.
2. Some existing centres for disadvantaged women should be sensitized to this problem and requested to include this group among their residents.

3. The legal process of redressal culminating in the women obtaining some maintenance from their husbands should be simplified.
4. Public awareness about mental illness must be taken up on a war footing so that symptoms of mental illness are recognized early and myths and misconceptions about them are gradually dispelled.

- **WRAP UP**

Group I has tried to suggest deinstitutionalization of the patient by recommending measures which aim for '*re-integration*' and start at the entry point itself, and continue till the patient is recovered – multidisciplinary staffing, spiritual counseling, constant linkage between different sectors, effective rehabilitation programmes that prevent de-skilling and incorporate gender sensitivities, continuous family involvement, accountability etc. There is also a need to raise the qualitative standards which can be done by encouraging private players, NGOs in providing services and by governmental efforts in introducing new courses in the field and ensuring effective monitoring of the institutions.

Group II suggested that existing laws contained in the legislations contribute to destitution of the mentally-ill. It is warranted that the same laws must be moulded so as to serve for women who suffer from mental-illness. Further, Entitlements of Human Rights is desiderated. Mental illness is not anti-thetic to enjoyment of Basic Human Rights of free-will and choice nor disentitlement of other Rights.

Group III unanimously felt that mental illness amongst majority of women is a major cause of homelessness. This situation can be most effectively dealt with the active participation of the government and private bodies. The group made various recommendations like aggressive media campaigns, effective management of shelter houses providing vocational training, etc. for the betterment of destitute women.

**Vote of thanks by Smt. Nirmala Venkatesh , Member
National Commission for Women :**

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