



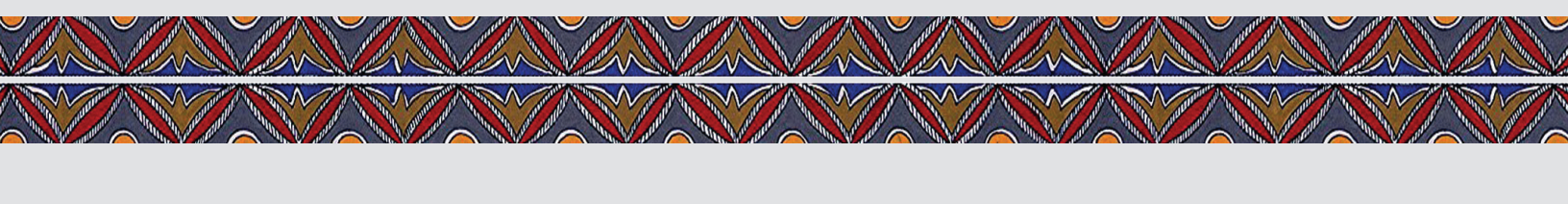
**Report on**

**National Conference  
Partnership to Scale up Innovative Solutions  
for Mental Healthcare in Bihar**

**Submitted by**

**The Centre for Health Policy (CHP), ADRI**

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## BACKGROUND

Prevalence of Mental Neurological and Substance-use (MNS) Disorders, popularly referred to as mental illness, is associated with high economic costs and disability impact that has detrimental consequences for any state, including Bihar. The current mental healthcare services in the state are inadequate to cater to its estimated population of 122 million.<sup>1</sup> The Government of Bihar has been unable to implement the Mental Healthcare Act (MHA) of 2017 and the National Mental Health Programme (NMHP)/District Mental Health Programme (DMHP) has been partially implemented in the state. The budget allocation and revenue expenditure on mental health in the state is negligible. After care services are absent and social welfare provisions for the vulnerable populations is limited.

In this context, the Centre for Health Policy (CHP) at the Asian Development Research Institute (ADRI) organized a National Conference on 'Partnership to Scale-up Mental Healthcare in Bihar' in collaboration with the Department of Health (DOH) and Department of Social Welfare (DSW) of the Government of Bihar, the Bihar Human Rights Commission (BHRC) and the Bihar State Legal Services Authority (BSLSA)<sup>2</sup>. The event took place on Saturday, March 9, 2019 in Patna, Bihar.

Each collaborating institution is an important stakeholder in the Mental Health System (MHS) of Bihar, with a unique role to play towards this strategic partnership. The DOH is the nodal institution for the implementation of the MHA (2017) and NMHP/DMHP in the state. The DSW is responsible for establishment of rehabilitation and reintegration (after care) services for persons with MNS disorders. The BHRC has the mandate to monitor all institutions that provide mental healthcare and protect and promote the human rights of individuals with MNS disorders. They adjudicate complaints of human rights violations. The BSLSA runs legal aid clinics through its institutional machinery present in all 38 districts of the state. Since the MHA (2017) dedicates an entire chapter to the rights of persons with mental illness, the role of BSLSA and BHRC has become even more pertinent.

The aim of this conference was to improve the inter linkages between these stakeholders by creating awareness about their ongoing efforts and to identify integration points for future collaborations. The other goal was to identify good practices in mental healthcare being implemented in other states of India that can act as examples of learning for the state government and better prepare Bihar's MHS to respond to the needs of persons with MNS disorders and their families within rural and urban settings.

The outcomes of the conference aim at informing policy makers and program implementers with the DOH and DSW on how to address the systemic barriers in access to and use of mental healthcare treatment and aftercare services in Bihar. The results will also be shared with the BHRC and BSLS for informed decision making and achieving efficiency in discharge of their roles and functions in respect of mental health.

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Economic Survey of Bihar (2018-19)  
This conference was supported by the Bill and Melinda Gates Foundation.

The inaugural session was followed by four technical sessions that were designed to address fundamental barriers in improving the condition of mental healthcare in Bihar. The technical sessions specifically analyzed:

1. the state obligations under the MHA (2017) and NMHP/DMHP.
2. barriers in implementation of the MHA (2017) and strengthening NMHP/DMHP.
3. need for integration of public health and social welfare institutions.
4. establishment of mental health aftercare services.

Over 70 participants attended, including health officials, social welfare officials, non-governmental organizations, mental health professionals, academicians, legal volunteers and students involved in mental health initiatives in Bihar.

The following report will provide the reader with the main messages of the key speakers, as well as the recommendations based on their presentations and post deliberations.

## INAUGURAL SESSION

The inaugural session of the conference was chaired by Mr. Mangal Pandey, Honorable Health Minister, Government of Bihar and Justice Samrendra Pratap Singh, Honorable Chairman, Consumer Protection Forum. Professor Prabhat P. Ghosh, Director of the Centre for Health Policy (CHP) at Asian Development Research Institute (ADRI) opened the conference with his welcome address. This was followed by the Presidential remark delivered by the Honorable Justice and the key note address delivered by the Honorable Health Minister. Ms. Apurva Srishti, Legal Specialist, CHP, ADRI concluded the session by offering her vote of thanks.

**Professor Prabhat P. Ghosh** welcomed the dignitaries and participants at the conference and thanked the Department of Health, Department of Social Welfare, Bihar State Legal Services Authority and Bihar Human Rights Commission for collaborating for the conference. Professor Ghosh noted that prioritizing mental health and treating it at par with physical needs of the community is a prerequisite for any healthy population. He explained how lack of awareness on mental illness and issues of stigma and discrimination surround the subject of mental health in Bihar. These barriers contribute to the current mental morbidity and high treatment gap, as also observed nationally. Limited mental health treatment services, the absence of aftercare services and the presence of informal providers are some of the other factors in the state, that pose as major barriers, serving the mentally ill. To tackle these barriers, a systems perspective for mental healthcare is needed, as it provides a broader framework that allows better integration of the already available services and improves the uptake of care for those with MNS disorders.

A systems perspective envisages the essential components of Bihar's Public Mental Health System (PMHS): the Health Department, Social Welfare Department, the State Human Rights Commission and the State Legal Services Authority that have come together to take this initiative. These institutions have a strategic role in promotion and delivery of mental healthcare to the public; they have the authority to monitor and evaluate all state mental health institutions for protecting the human rights of the mentally ill; and ensure mental health literacy and legal aid to mentally ill persons. Improved inter sectoral collaboration can increase the possibility of prevention and treatment of mental healthcare for the affected population. For providing mental healthcare to all who are in need, the Mental Healthcare Act (MHA) of 2017 has set the backdrop for change by introducing a right's-based approach to mental healthcare. Prof. Ghosh concluded by noting the importance of this collaboration between key stakeholders from the government and judicial institutions in the state and how it is reflective of their willingness to push this issue forward.

**Justice Samrendra Pratap Singh** delivered the Presidential remark in which he expressed his gratitude to the organizers, collaborating institutions and the participants. He highlighted the need for mental health awareness in the state and, in this regard, congratulated the participating institutions for successfully organizing the first national conference on mental health in Bihar. He was especially appreciative of the Department of Health and Department of Social Welfare for coming together to work towards providing

complete mental healthcare in the state. Justice Singh asked the participants to pay close attention to the definitions of mental illness and disability in order to understand how mental disability forms the bigger umbrella, encompassing mental illness, that has a huge disability impact on the individuals diagnosed with any mental illness and their care givers. We need to make a conscious effort to address the widespread ignorance among people regarding mental illness and disabilities. The new Mental Healthcare Act (MHA) of 2017 and Rights of Persons with Disabilities Act (RPWD) of 2016 which comprehensively defines who are 'mentally ill' and 'mentally disabled' persons.

The primary responsibility of health falls under the aegis of state government by virtue of the state list given in the Indian Constitution and it is the responsibility of the governments of the states to enact and implement appropriate laws in accordance with the circumstances of the state, while keeping in mind the Central legislation and its objective. Justice Singh further explained how the Bihar State Legal Services Authority (BSLSA) has an important role to play in the implementation of the MHA and RPWD. He described how the BSLSA operates at four levels; national, state, district as well as taluk or mandal, as provided under the Legal Services Authorities Act of 1987. These institutions are entrusted with the responsibility of ensuring that mentally ill and mentally disabled persons are able to access free legal services and that they do not face any form of discrimination. In this regard, he expressed his appreciation for the work done by the BSLSA and its affiliates, since his retirement as the Executive Chairman of the Authority. He congratulated the BSLSA officials who were present, for organising 148 camps in the community in the last 2 years, for mental health awareness and to provide legal aid to mentally ill and disabled individuals. Legal volunteers working with District Legal Services Authority (DLSA) present at the district level also play a crucial role as they help in identifying homeless individuals and bring them to the local police station. Thereafter the police is required to bring such individuals before the nearest magistrate who shall, thenceforth, decide accordingly in the best interest of the person.

Provision for legal clinics at institutions such as jails and mental healthcare facilities has also been made in some districts to provide easy access to legal aid for the mentally ill and disabled persons. But much more remains to be done. Regular check-ups are required within jails and steps need to be taken to move mentally ill individuals to a care home, if found imprisoned. He emphasized that it is not merely the responsibility of government or the judicial system, but NGOs and the society as a whole, need to take steps and bring such cases to the notice of legal volunteers and the police, so that they can be taken to appropriate places and are not subjected to inhumane practices.

**Mr. Mangal Pandey** in his key note address talked about the collaboration of the Government of Bihar with the Centre for Health Policy at Asian Development Research Institute to frame a health policy that makes health services more accessible for the people of Bihar. The honourable minister stressed on the importance of including specific provisions that aids the mentally ill and mentally disabled people. He expressed his concern towards inadequate mental health care services in both public and private sector in the state. He acknowledged that a substantial portion of the population of Bihar is suffering from mental health issues like depression, anxiety and developmental disabilities, particularly between the age group of 15-30 years, however, the mental health facilities in the state, at present are not adequate to cater to their treatment and aftercare requirements. The state of Bihar not only lacks hospitals but there is paucity

of psychiatrists as well. The disability impact and the economic burden associated with mental health disorders is detrimental for any state or nation and cannot be left unaddressed. This conference has been organized in recognition of the dire need to invest in mental healthcare and well being of the population of Bihar. An action plan in accordance with the Mental Healthcare Act, 2017, therefore needs to be framed, keeping in mind the needs of the people relating to mental healthcare. He concluded his address by assuring that the government of Bihar intends to spare no efforts or money in bringing about a state action plan that adequately addresses all the mental health concerns of the population of Bihar.

**Apurva Srishti** proposed a Vote of Thanks to conclude the Inaugural session. She expressed her heartfelt gratitude to the honourable dignitaries on the dais for gracing the occasion and the collaborating state institutions for their contribution towards organising this event. She further expressed her deep sense of appreciation to Dr. K.V. Kishore Kumar, Director, The Banayan and The Banayan Academy of Leadership in Mental Health (BALM), Chennai, Prof. Suresh Bada Math, Professor of Psychiatry at National Institute of Mental Health and Neuro Science (NIMHANS), Bengaluru, Dr. Soumitra Pathare, Director, The Centre for Mental Health Law and Policy, Indian Law School, Pune and Prof. Rajesh Kumar, Head of Psychiatry Department, Indira Gandhi Institute of Medical Sciences (IGIMS), Patna, for participating as speakers and providing technical assistance in the form of innovative solutions to scale up mental health care in the state of Bihar. Ms. Srishti expressed her gratitude to the Honorable Health Minister for supporting the need to prioritize mental health by the state and extended the support of CHP towards achieving the goal of improvement in overall health indicators of Bihar's population.

# TECHNICAL SESSIONS

## Technical Session 1

The first technical session was chaired by Dr. N. K. Sinha, State Project Officer-Mental Health, State Health Society (SHS), Department of Health (DOH), Government of Bihar. He introduced the session as Innovative Solutions for the Implementation of the Mental Healthcare Act (2017). He noted the urgent need to implement the 2017 Act in Bihar and denoted lack of technical expertise and human resource as an essential impediment in achieving desired implementation. As the Chair, Dr. N. K. Sinha introduced the speaker for the session, Prof. Suresh Bada Math, Professor of Psychiatry at National Institute of Mental Health and Neuro Science (NIMHANS), Bengaluru, and thanked him for sharing his technical expertise with the audience.

Prof. Suresh began his presentation by commenting on how the health system is not responding to the needs of mentally ill, in most parts of India. He noted that the state of Bihar needs to make a robust push for mental healthcare, through adequate funding for mental health awareness, employment of more mental health professionals, scaled up mental health service delivery and investment in overall development of the mental health system. The current system cannot cater to the needs of the society as per the figures presented by the National Mental Health Survey (NMHS) 2014- 16. Approximately 10 per cent of the population of Bihar has mental illness, with 1 per cent being severely mentally ill and requiring immediate and regular medication and treatment. The NMHS estimates treatment gap for mental disorders to range from 70-86 percent for different disorders. The availability of mental health professionals such as psychiatrist, clinical psychologist, psychiatric social worker and psychiatric nurse is very low compared to the desired numbers. Unavailability of medical education institutions providing these degrees/courses in the state, adds on to such adverse conditions. Under Scheme A (Centre of Excellence) of the National Mental Health Program (NMHP) there is provision of setting mental health centres across the country by upgrading the existing institutions. This includes a grant of Rs.30 crore for each centre and can be utilized to upgrade any existing Psychiatry Department in a Government Medical College and Hospital at Patna.

The Mental Healthcare Act, 2017 is a giant leap forward from the usual indifference of the government towards the issue of mental health. For the first time, a sincere attempt has been made by the government to alleviate the situation of mental health issues in the country; not only medications and ambulance has been made mandatory but also mental health care has been made justiciable, i.e., any person with a mental health problem or her/his representative can approach the court if she/he has not been provided mental health treatment by the government. The Act requires a range of mental health services to be made available to persons with mental health problems. These include In patient/Outpatient services at the community level, rehabilitation institutions; half-way home/sheltered/shared accommodation; family support services; child and geriatric services; and free medicines. If the state is unable to make these services available to the public, it is required to make rules regarding reimbursement of costs of treatment at such mental health establishment.



In light of the state's legal and economic obligations, Prof. Suresh urged the participants to seek expedited implementation of the Act. He went to explain various innovative solutions that are being implemented in the state of Karnataka and can be replicated in Bihar, despite the demographic and cultural differences between the two states. All these solutions have been developed by professionals at NIMHANS, to provide technical assistance to the Karnataka government in implementation of mental healthcare law, policy and programs. These good practices included 108 ambulance for mentally ill patients, 104 help line for providing information to the needed, and rehabilitation of chronically mentally ill patients through establishing after care facilities.

The speaker drew special attention to the steps taken by the Karnataka government to digitalise all the mental healthcare schemes and to effectively monitor the working of public mental health system. Under this digitized system developed by NIMHANS, complaints can also be filed via a smart phone application. A similar digital model can be considered for the state of Bihar. He further stressed on the need to urgently address the paucity of mental health professionals, by de-professionalising mental healthcare services, authorising AYUSH doctors to prescribe allopathic medicines in immediate and in general cases and training community workers in mental healthcare. He proposed that involvement of spiritual/faith healers in mental healthcare and their integration with the existing mental healthcare institutions in the private and public sector, is the only way forward. He concluded his presentation by urging all to be more empathetic to the conditions of mentally ill people.

At the end of the session, the chair summarised the proceedings of the first session and extended his appreciation to the speaker for disseminating innovative solutions for the implementation of the MHA of 2017 in Bihar. He further expressed his gratitude to the speaker for sharing innovative solutions/programs developed at NIMHANS and congratulated the team on achieving positive outcomes by implementing these mental health programs in the state of Karnataka.

## Technical Session 2

This session was chaired by Dr. Karuna Kumari, Additional Executive Director (Addl. ED), State Health Society (SHS), Department of Health (DOH), Bihar. She introduced the second technical session on Innovative Solutions for Improving Mental Healthcare through National Mental Healthcare Programme (NMHP)/District Mental Healthcare Programme (DMHP). The Chair shared her experiences of leading health programmes implementation at the state level and stressed on the relevance of this dialogue, in light of the low implementation of DMHP in Bihar. She introduced the speaker for the session Prof. Rajesh Kumar, Professor of Psychiatry at Indira Gandhi Institute of Medical Sciences (IGIMS), Patna.

Reiterating the views expressed in the first technical session, Prof. Rajesh said that mental healthcare needs urgent attention as there is a huge percentage of the population (around 10% of the total population) that has mental health problems as per National Mental health Survey (2016-17). It is time that we acknowledge the findings of report such as this survey and work towards implementation of mental healthcare schemes. While mental healthcare has evolved significantly over the years in law and policy, from the general indifference in 1946 to enactment of Mental Healthcare Act in 2017 which provides various rights to mentally sick people, the ground reality tells another story.

The stigma attached with mental health problems, unavailability of mental health professionals and the lack of funding allocated to mental health by the state government have obscured the effective implementation of schemes and legislations. This can be solved by decentralization of healthcare system, revising the District Mental Health Programme and integrating generic healthcare with mental health care. Further, awareness programmes must be organized to remove the stigma associated with mental illness in the minds of the people. He further emphasized that addressing the issue of ambiguity around the role of mental health professionals (MHP) and uniform coverage and reporting on the operation of Healthcare facilities where these MHPs work, shall pave the path for improved performance of the system. Lack of accountability acts as an impediment as far as optimum utilization of the existing fund is concerned, as a consequence of which, the laws and provisions related to mental health treatment that are already in place are not proving to be efficacious enough.

However, the singularly most significant aspect of mental health treatment is the financial expenditure incurred throughout the treatment, which necessitates the need for integration of mental healthcare treatment with primary healthcare, in order to bring down the prices to a reasonable threshold. He laid emphasis on raising awareness among the family members as well as the patients themselves, in respect of availability and accessibility to funds allocated by the Government and the procedural formalities related to applying for the same. There is growing evidence on primary, secondary and tertiary prevention measures that are effective in preventing mental and behavioural disorders, in lowering rates of prevalence and in reducing disability impact through enhanced rehabilitation and thereby prevent relapses or recurrences. Such measures need to be actively employed for mental healthcare in the state. Throwing open the mental healthcare sector to private stakeholders shall further enhance cost-effectiveness, accountability and reduce the over-reliance on public sector.

Prof. Rajesh concluded his presentation by urging the audience to take up initiatives and contribute towards enhancement of mental healthcare in Bihar. We need to focus on the socio-economic burden of mental illness on the patients and their family members. We cannot afford to be biased against them and need to take active measures to increase the level of mental health literacy in the state. The greatest leaps in the mental healthcare sector have to be initiated by the society working as a single living unit, as is already exemplified by the enactment of MHA of 2017.

The Chair expressed her gratitude towards the speaker and extended her support for taking steps for implementation of the suggested innovative solutions, after for scaling up DMHP in Bihar.

### **Technical Session 3**

Professor Prabhat P. Ghosh, Director, the Centre for Health Policy (CHP) at Asian Development Research Institute (ADRI), chaired the third technical session on Empowering People with Mental Health Problems; the Need for Community Mobilization. He introduced the speaker Dr. Soumitra Pathare, Director, the Centre for Mental Health Law and Policy, ILS, Pune and congratulated him for his role in formulation of the National Mental Health Policy (2014) and the Mental Healthcare Act (2017). The chair welcomed Dr. Soumitra Pathare to share his experiences of creating community mobilisation in mental healthcare through his projects.

The speaker began by categorising, scaling up of programs for mental healthcare service delivery, as one of the major barriers in proper functioning of the mental healthcare systems in most Indian states. According to Dr. Pathare, 'We have prototypes in our laboratories, what is required is taking these prototypes out of the laboratories and running them on Indian roads'. According to him, mental health needs to be taken out of the clinical health space and should be made more community-based, only then scaling up of mental healthcare programmes can be effectively done. The involvement of community is very crucial in these programmes and this has an added advantage of reducing stigma against individuals with mental health problems. Mental illness is caused by a variety of factors and is not merely a health issue, except for severe mental disorders like schizophrenia, all the other mental disorders are not totally dependent on medicine, therefore, more of an inter-sectoral psycho-social approach rather than treating it as pure health problem, is required. Long stay mental health services are expensive and necessitate a focus on informal community care and self-care. Further, current mental health services are designed to provide episodic care rather than continuing care. Thus, efforts should be made, to focus on continuity of care which can be achieved through a more service-led approach, rather than being need-based. Essentially, efforts should be made to make mental health services available and accessible in rural areas, especially considering the sizable rural population of Bihar (approximately 83% of the total population). Currently this is not the case and almost all the mental health services are centred only in urban areas of Bihar.

'Atmiyata' refers to self-awareness and is a programme developed by the Centre for Mental Health Law and Policy at Indian Law School, Pune. Its objectives and function are based on the concepts outlined above. Under this programme, people are trained to be 'champions' or 'mitra's', who are managed and supervised by project managers and project facilitators. 'Champions' are similar to ASHA workers in terms of their job description. Champions get 7 days of training and Mitra's get one day of training. One community facilitator supervises about 60 champions. There is 1 champion for 1000 people. Firstly, they identify people who have a mental health problem, then they provide them with 4-6 sessions of counselling and help them get access to social benefits. They use their smart phones to document the work that they do which is provided by the organization. This mobile phone has been a successful incentive for hiring these workers. The champions have been trained to do active listening and are well versed in advantages of good perception skills. They link people who have mental health problems with mental health services being delivered at district hospitals. A pilot programme based on this model was conducted in Nasik, Maharashtra, which reduced the common health problems prevalent in the area to half. This programme is already functioning in the state of Gujarat and an MoU has also been recently signed with the state government of Maharashtra. Since, Bihar has a robust panchayat system and the villages are homogenous in demographic characteristics, this programme would yield great results in the state.

## Technical Session 4

This session was chaired by Dr. Shivaji Kumar, Commissioner, Bihar State Disability Commission (BSDC). As the chair for the session, he introduced the topic, Changing the Realities of the Vulnerable Population; Going Beyond Treatment and highlighted its relevance in light of the absence of after care services for the mentally ill and disabled in Bihar. He reflected on the importance of special assistance to vulnerable populations, including homeless individuals, orphaned children, women subjected to domestic violence and commercial sexual exploitation, and persons of old-age. As the Commissioner of BSDC he explained

the role of the BSDC in mental healthcare in Bihar and discussed the relevant disability schemes being implemented by the Social Welfare Department. He went on to introduce the speaker of the session, Dr. K. V. Kishore Kumar as a widely acclaimed mental health expert and applauded his role in developing after care programs for the homeless mentally ill in Chennai, Tamil Nadu that aim at rehabilitation and reintegration of these individuals, within the society.

Dr. Kumar, in his presentation discussed about the plight of the homeless mentally ill and how these people need urgent attention. Studies have reported a higher prevalence of mental health problems in the homeless population in comparison to the general population, including major depression, schizophrenia and bipolar disorder. Statistics suggest the prevalence of mental health conditions in this population to be at least 25–30% of the street homeless. Five per cent of the population of India live in conditions of extreme poverty as per the World Poverty Clock and these people are very vulnerable to becoming homeless. By virtue of economic insecurity, they are at an increased risk of adverse health-related outcomes. These individuals lack basic resources, often leading to food insecurity, poor and unhealthy living conditions which makes them more prone to mental disorders. This situation has escalated due to rapid urbanization which has caused changes in family structures, manifesting as nuclearisation of families. People have no one turn to, in case of need and the level of social support is decreasing. But lack of investment of financial resources acts as the biggest hurdle in catering to the needs of the homeless mentally ill. There is no exclusive funding for care of homeless individuals except general funding for urban district mental health program. Despite the fact that community based mental healthcare is more cost-effective than long-stay hospital care, many homeless individuals end up in mental hospitals and psychiatry wards or even prisons.

The speaker went on to describe the operational model of the organisation, 'Banyan' which provides 'transit care facility' for the homeless mentally ill women, that are rescued from the streets of Chennai. The admissions to the care facility is done on an involuntary basis, by obtaining a reception order from the jurisdictional magistrate after furnishing appropriate papers: FIR from the police and a medical certificate indicating the current mental status of the person. These people are rescued from the streets based on the information from concerned individuals via hotline or other means. Care delivered at the facility includes proper attention to physical health, followed by identification of existing mental health problems and accordingly providing appropriate care. Banyan also works at reintegrating these individuals into the community. However, absence of family members; inability to trace them; unwillingness on the part of family members to take them back; lack of co-ordination between police, social welfare services, legal service authority and mental health service providers; and lack of legal provisions to protect rights of mentally ill in case of neglect by family members, pose as huge obstacles.

The work done at Banyan shows that, it is possible to provide shelter, initiate medical and psychiatric care and facilitate recovery for a large number of mentally ill homeless women. It requires identification of homeless individuals, involvement of the community, inter-sectoral co-ordination, and proactive engagement of all relevant stakeholders to facilitate rehabilitation and re-integration through low-cost housing and employment opportunities. Dr. Kumar concluded his presentation by urging the state government of Bihar to invest in creation of after-care services and pay special attention to the mental healthcare needs of the most vulnerable population, who are affected by the cyclic relationship between poverty and mental illness.

## VALEDICTORY SESSION

The valedictory session of the conference was chaired by Honorable Justice Mandhata Singh, Member of the Bihar State Human Rights Commission (BSHRC) and Dr. Pramod Kumar Singh, Director, Bihar Institute of Mental Health and Allied Sciences (BIMHAS) and Head of Department of Psychiatry, Patna Medical College and Hospital (PMCH).

**Justice Mandhata Singh** delivered his Valedictory remark to commemorate the successful completion of the one day conference. He conveyed his deep sense of appreciation to all the organisers, the collaborating institutions, government officials, academicians, development partners, mental health professionals and other attending individuals for their participation. In his address, the Hon'ble Judge recalled his encounters with individuals with mental health problems in his village and the discrimination met out to them due to the lack of awareness among the village residents. He described lack of mental health awareness as a major reason for the stigmatisation and discrimination surrounding access to and use of mental healthcare in Bihar. This can be done through awareness programmes as suggested by Prof. Rajesh Kumar in the second technical session.

He went on to discuss the role of State Human Rights Commission in protecting the rights of individuals with mental health problems. As per the directives of the Supreme Court of India, the Bihar Human Rights Commission has to monitor Mental Hospitals and Government Medical College and Hospitals (GMCH) that provide in-patient services. They have to ensure that the human rights of the admitted individuals is not violated. The Commission can also conduct awareness programs and other dissemination activities, on the availability of medical treatment at government-run facilities and social welfare schemes for the mentally disabled being provided by the government. He concluded his remark by conveying his gratitude to the organisers for inviting him to the conference and reiterated the support of the Bihar Human Rights Commission for this collaboration.

**Prof. Pramod Kumar Singh** in his address emphasised on the importance of working towards improvement of mental healthcare in Bihar. According to him, a lot of work is still left to be done in the area and we must pledge to continue to work together to uplift the standards of mental healthcare, before parting on our ways. Mental health is a component of health and depends on a large number of factors and therefore, there is a need for partnership with different stakeholders including public health institutions that provide general medical services under the scheme for improvement of mental healthcare. This can be done by training of medical and paramedical workers in mental health principles. Also, steps should be taken to strengthen the psychiatry education at the undergraduate level. Psychiatry must be made an independent subject in mainstream medical graduation which will have immediate and quantum increase in the available mental health care resources in the country.

The Mental healthcare Act (MHA) of 2017 is progressive in nature and is an applaudable endeavour on part of the government. Critiquing the MHA 2017, he described it as over-idealistic and rights-centric in its approach. If all the ideals are imbued with the power of law, anything less than ideal becomes illegal. This puts the practitioner in a conflicting situation. Law should indeed aim to achieve the ideal, however, at the same time, provision should be there for optimal and practical solution which can be applied by the majority of mental health practitioners. Also, while rights have been provided, duties of mentally ill patients should also be given. He concluded his address by saying that 'steps must be taken to make people aware of mental health and different disorders, so that there is no discrimination on any account against individuals with mental health problems.

**Ms. Apurva Srishti** in her concluding remarks thanked the collaborators, organising members of ADRI and all other participants for contributing to this event. She informed the audience that a conference report will be submitted with the collaborating institutions to take action on the proposed recommendations. This report will provide policy relevant recommendations to strengthen the mental health system in Bihar through steps for implementation of existing laws and policies.



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