

1. After passing through Gaya district in the state of Bihar, the river Falgu enters Nalanda district where it is called the Lokayan river. This river creates havoc during the rainy season and destroys crops on thousands of acres of fertile land in the Islampur, Ekanagar Sarai Hilsa and Chandi subdivisions of Nalanda district.

The farmers of this area can be saved if strong embankments are erected on both the sides of the Lokayan river in Nalanda district. But this is not possible for the State Government. The Central Government may consider to taking up this project without delay.

2. Nalanda district in the State of Bihar comes under the category of industrially backward districts where there is unemployment on a large scale among the educated and uneducated youth.

It is very necessary to establish a big industry in this district so that it could help in removing poverty from this poor district. It has high potentials for textile or agricultural industry. The Central Government should consider to open these industries in this area.

SHRI SHANTI DHARIWAL (Kota) : The following matter may kindly be included in the next week's List of Business :

The problem of slums is on the increase in the cities. A national Slums and Jhonpar-Patti Removal policy should be framed to deal with this problem effectively.

This suggestion may kindly be accepted.

SHRI M. L. JHIKRAM (Mandla) : Mr. Deputy Speaker, Sir, the following matter of urgent public importance may be included in the next week's List of Business :

The tribal trainees undergoing training in the Industrial Training Institute at district Headquarters, Mandla in Madhya Pradesh get a scholarship at the rate of Rs. 120/- per month which is quite less keeping in view the price rise. It is my submission that the amount of scholarship to all the trainees of all the Industrial Training Institutes of the Madhya Pradesh may be increased to Rs. 300/- per month so that the Trainees may

continue their studies after making proper arrangements for their boarding, course books and maintenance. The Government of Madhya Pradesh may be directed to do accordingly.

[English]

MR. DEPUTY SPEAKER : Madam, do you want to say something ?

SHRIMATI SHEILA DIKSHIT : Sir, I have noted the submissions made by the Hon Members and we would consider them in the business of the next week. Sir, I may also take this opportunity to suggest that the Mental Health Bill at item No. 23 of the List of today's Business may be given priority over the item No. 22, namely, Infant Milk Foods and Feeding Bottles (Regulation of Production, Supply and Distribution) Bill.

MR. DEPUTY SPEAKER : I think the House agrees to this.

SEVERAL HON. MEMBERS : Yes, yes.

MR. DEPUTY SPEAKER : We will now take up the Mental Health Bill at item No. 23 for discussion and passing. Now, the Hon. Minister may move the Bill.

14 25 hrs.

MENTAL HEALTH BILL, 1986 - *Contd.*

[English]

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) : I beg to move :*

"That the Bill to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto, as passed by Rajya Sabha, be taken into consideration."

Sir, this Mental Health Bill first was introduced in this august House in May.

*Moved with the recommendation of the President.

[Kumari Saroj Khaparde]

1978. The Bill lapsed with the dissolution of the Lok Sabha. Later it was introduced in the Rajya Sabha on the 14th December, 1981.

The basic object of the Bill is to repeal the antiquated and outmoded Indian Lunacy Act, 1912 and to replace it by a legislation to meet the present needs of the society. The Bill eschews inappropriate and undesirable terms like lunatics, asylums, etc. used in the Indian Lunacy Act, 1912. The present Bill uses words and phrases which are more humane and in harmony with the modern insights into the subject of mental illness. The Bill represents an attempt to introduce the latest concepts and knowledge in this field so as to conform to current thinking.

Sir, the Bill was referred to the Joint Committee of both the Houses. The esteemed Committee held 12 meetings at different places and recorded evidence of a large number of experts and other interested persons. The Committee presented its report on 2nd May, 1986.

In their report the Committee have recommended *inter alia* certain amendments to some clauses of the original Bill. In brief, the main impact of these amendments as suggested would be as follows :

1. The admission procedure of voluntary patients and minor patients would be more easy and less rigid.
2. The procedure for discharge of voluntary patients would become less isksome.
3. The association of a magistrate with the cases of admission in psychiatric hospitals and psychiatric nursing homes has been kept to the minimum and types of admission have also been reduced.
4. Some words provided in the Indian Lunacy Act, 1912, or proposed in the Mental Health Bill, 1981, which smacked of stigma or conveyed wrong impressions have been shed off.

5. Penalty of persons responsible for maintaining mentally ill persons or the manager appointed for the property of such persons if found guilty, have been enhanced to make such penalty more deterrent.
6. Powers to discharge any person other than a voluntary patient are proposed to be regulated with a view to safeguard the interests of mental patients.
7. The system of reporting by the Medical Officer-Incharge of a psychiatric hospital or psychiatric nursing home once in every six months regarding the mental and physical condition of every such person to the authority under whose order the person is so detained is proposed to be dispensed with and instead such authority will be informed as soon as may be after the release of the mentally ill person.

Sir, Government have carefully considered the report of the Committee with particular reference to the amendments recommended by the Committee. The Government are completely in agreement with the same.

The Bill as reported by the Joint Committee was considered by the Rajya Sabha on 25th and 26th November, 1986, and was passed by that House on 26th November, 1986. A copy of the Bill was laid on the Table of this august House on 27th November, 1986.

Sir, now I would solicit the cooperation of Hon. Members for considering the Bill as passed by the Rajya Sabha and for its being passed with the consequential amendments due to the change of the Calendar year and the year of Republic.

MR. DEPUTY SPEAKER : Motion moved :

"That the Bill to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or inci-

dental thereto, as passed by Rajya Sabha, be taken into consideration."

Now, Shri Shantaram Naik may speak.

SHRI SHANTARAM NAIK (Panaji) : Mr. Deputy Speaker, Sir, this Bill, I would say in brief, has come at a very right moment for the simple reason that whenever Bills like National Security Act or Essential Services Maintenance Act come, we always assure the Hon. Members of the Opposition that 'this Bill shall not be used against them because they are always scared of the apprehension that such a Bill shall be used against them. So, on the Government side there is always an assurance which is coming that ESSMA will not be used against them or the National Security Act will not be used against them. But as far as this Bill is concerned, I do not think the Government can very well assure, knowing the behaviour of some of our Members these days, that the Bill when it becomes an Act shall not be used against them. It is up to them to see whether to come within the jurisdiction of this Bill or not.

SHRI RAM SINGH YADAV (Alwar) : Some of them may voluntarily seek the protection of the Bill also.

SHRI SHANTARAM NAIK : As far as the structure of the Bill is concerned, the Bill is very much exhaustive and a Bill of this nature was very much required. Now, the Bill provides for Central Authority for Mental Health Services. At the State level, also, it provides for State Authority for Mental Health Services. Now, clause 3(2) of the Bill reads :

"The Authority established under sub-section (1) shall be subject to the superintendence, direction and control of the Central Government."

Mr. Deputy Speaker, Sir, now whenever we establish authority or corporation for a particular purpose, then our aim should be that that authority should be vested with as much power as possible for that purpose. We try to give them independence. That is why, authority has been established. Otherwise the matter would have ended up with any of the Department of the Government. The Authority has been created simply

because we would like to give them some independence, some autonomy in that matter. If we read sub-clause (2) of clause 3, it says that the Authority shall be subject to superintendence, direction and control. If we exercise these three things, what is the power or autonomy left with the Authority? Therefore, I would like you to consider that the power of superintendence, direction and control should be exercised to a very limited extent and this Authority must be given autonomy. The question of control may arise in course of time. After one or two years, if you find that this Authority does not manage its affairs in a proper manner, then you have got power to exercise your superintendence, direction and control. But for the first two years, the trial credit should be given to them and see how things are managed. Only when they are not able to manage the affairs properly, then this clause should be invoked.

At the State level also, you are creating the State Authority of Mental Health Services. From State level, I suppose, there is a provision also to call for reports and in these cases, I would say, the control and superintendence to an extent over the bureaucracy or management is most required, because the persons who are admitted in such hospitals are not normal persons but persons who are mentally ill and mentally retarded. Therefore, there are instances in this country where lady inmates who are mentally retarded were unduly taken advantage of and unnecessarily raped etc. Therefore, I would say that your superintendence should be direct as far as these things are concerned so that female mentally retarded are not taken undue advantage of. It should be strictly seen to that effect.

Secondly, I would say that whenever such instances occur, I have not heard much of the conviction in these cases. Whenever such things occur, prosecution must be launched immediately and prosecution should be expedited and persons who are found guilty should be convicted as early as possible. We find that many such cases had happened but we never read in the newspaper that the persons who have taken undue advantage of have been convicted and imprisoned. We have never heard of such thing in the same proportion as we hear the

[Shri Shantaram Naik]

incidents. Therefore, I earnestly request you to look into this also and keep a strict watch over this.

Another aspect that I would submit is this. The procedure which is provided for admission of a person in any hospital under this Bill should be as simple as possible because that person who is admitted is insane and he will not come on his own to be admitted. Somebody has to come in, perhaps social worker or others to get him admitted. If they find the procedure to be cumbersome, then they will not come forward to get the mentally retarded persons admitted in hospital.

Therefore, the procedure should be simpler and enquiries also should be limited and those concerned must not lay the burden of proving this thing or that thing on that person alone but, these authorities should investigate the matter, whether a person is really mentally retarded etc., on their own, so that the person who comes with that person, should not have to go from one office to the other.

Lastly, I would make a submission in general. Ultimately who is mentally retarded person? The definition given here is :

"A mentally ill person means a person who is in need of treatment by reason of mental disorder."

I do not know. I am not an expert in medical terminology. But the expression does not seem to be exhaustive. It contains nothing except to say that the person is in need of a treatment for reasons of any mental disorder. If this definition suffices, the medical requirement is fine. But it appears that it is not very exhaustive. I am on that point. Who is ultimately sane? In this world, are we sane? Can we say that a person today in this world—I am speaking a bit in general terms—those who are sitting on the warheads, those who want this entire world to be liquidated, the Presidents of big nations who want to push button at any opportune moment to liquidate this world, can we call them sane? This average man who is there in the world moving about, if

he has some roaming on the road, we call him mentally retarded.

Ultimately this definition also has got some broader aspect. In fact, I may say all persons who are at the helm of affairs, who wage wars, who wage communalism, who instigate others, to kill others, are all mentally retarded persons. If any treatment is required to be given to these persons who are mentally retarded, it should be given.

[Translation]

SHRI KALI PRASAD PANDEY (Gopalganj) : Mr. Deputy Speaker, Sir, I support the Mental Health Bill introduced by the Hon. Minister in the House. The Hon. Minister while informing about the aims in this regard has stated in her speech that this Bill has been brought to make the old Act of 1912 more comprehensive. If you pay attention to the Budget speech of the Hon. Prime Minister you would find that he has emphasised on the use of new technology but it is regretted that those who have been entrusted with the responsibility of the functioning of this Department since 1912, have never paid attention to this area and have never made any study of the fact as to what will happen to the country in case its people become mentally ill. Hence, the Hon. Minister deserves our congratulations for having paid attention to the old Act of 1912 and for adding some new provisions to it. This Bill is directly connected with mental health. However, no provision has been made for cases where a person is deliberately declared as mentally ill. If he reads some recent decisions of the Supreme Court and the High Courts, he will find that in one of the cases a military official not only dismissed one of his subordinate but imprisoned him also after declaring him insane. The Bill should also contain provisions which should enumerate the action that will be taken against the big people who victimise the small people or their subordinates. Such culprits also must be punished. One of the reasons for this is that in our villages, 75 per cent of the people do not resort to slogan shouting to press for their demands. Nor they are able to approach the leaders on account of their being poor. Similarly, there are cases where the elder brother declares his younger brother insane and grabs the entire property of the family. There must

be some provision in the Bill to take care of such situations.

In regard to the condition of prisons my friend Shri Naik has submitted some points. I am speaking from my personal experience. I had been in Ranchi for 11 or 12 years and I witnessed that the Mental Hospital there, is run with the help of funds provided by 3 or 4 States including Orissa and Madhya Pradesh. The Minister is aware that it is in a very poor condition. If a surprise inspection is conducted it would be found that every kind of misdeed flourishes there. I am saying all this with full responsibility. As a result of all this when its employees went on strike, 156 inmates escaped. If any patient wants to get himself admitted he has first to bribe the Sentry and then the Superintendent. If someone goes there carrying a small amount he is not admitted because he cannot bribe the officials with that amount. If somehow he is able to get admitted he will find the conditions inside horrible because the contractor for work inside the jails colludes with the Superintendent and the policemen and with their assistance forces the comparatively lesser mentally ill inmates to work as labourers all day long.

Just now my friend was right in saying that the female inmates are living under very bad conditions. There is a provision for 3 or 4 wards but in some jails this facility is not available. Wherever it is so, the male and female prisoners are kept in one courtyard. Hence, I would request that if the Minister is genuinely interested in the welfare of mental patients through this Bill and wants that they should get proper treatment then a committee comprising of Members of Parliament should be constituted and a provision should be made in the Bill empowering the local M.L.A. or M.P. to inspect the Mental Hospital. This would bring about a radical change in the system.

The condition of these hospitals is such that common people do not want to get admitted there. As we all prefer private schools, so is the case with these hospitals. If any of the member of a family is mentally ill they will not like to get him treated in these hospitals. The system changes according to situation. But if the system itself is worn out then there can be no scope for improvement or change. The intention with

which this Bill has been brought after the Act of 1912, should be fulfilled further by formulating a programme which would rectify the system.

There are many persons who are detained in prisons inspite of their being under treatment. You and all the Hon. Members of the House may be knowing about the story of Shri Vashishtha, a student in Bihar. When he went abroad, he answered a question of the foreign Government in 18 different ways. The result is that today he is in the mental hospital due to his having some brain trouble. But there is so much disorder in the hospital that he has been beaten by prisoners. Today such a fertile brain of India is lying in the mental hospital. The Government of Bihar wanted to bring some change in this system, but Madam, you will find that those Superintendents, specially those who run these Homes, have political approach to such an extent that we have not been able to bring improvements in the above disorderly situation, although we wished it sincerely. In addition, there is shortage of doctors also who treat mental patients.

Today computerisation has been introduced in the Railways at many places. But a man who makes computers is in a miserable condition. You should treat him properly and utilise his brain in computers so that the system may change and he may not turn a lunatic.

I am sincerely grateful to you for the Bill that has been brought here and I hope that the objectives of this Bill will certainly be fulfilled.

SHRI GIRDHARI LAL VYAS (Bhilwara) : Mr. Deputy Speaker, Sir, I support the Mental Health Bill, 1986. The purpose for which this Bill has been brought, the intention with which this has been brought are very good, but it is necessary to see the manner in which we are going to enforce it. The first of the objectives is as follows :

[English]

‘The attitude of the society towards persons afflicted with mental illness has

[Shri Girdhari Lal Vyas]

changed considerably and it is now realised that no stigma should be attached to such illness as it is curable, particularly, when diagnosed at an early stage."

[Translation]

It has not been felt that this disease is curable. The Minister has brought this Bill with a view to take care of those cases which are curable. It is indeed a welcome step. Secondly,

[English]

"Thus the mentally ill persons are to be treated like any other sick persons and the environment around them should be made as normal as possible."

[Translation]

Sometimes, it so happens that somebody suffers from a simple ailment but if the surrounding atmosphere is bad, he becomes mentally retarded. Therefore, the objective is welcome. You have made this arrangement to provide proper treatment to such persons which is also a welcome step.

The old Act of 1912 was a product of the foreigner rule and it was a very old and obsolete one. You are presenting it as Mental Health Bill. The language was very old and the terminology was *rotten* and was not at all suitable. The new system for which you have brought this Bill, is a very nice one.

[English]

"With the rapid advance of medical science and the understanding of the nature of malady, it has become necessary to have fresh legislation with provisions for treatment of mentally ill persons in accordance with the new approach."

[Translation]

For this the new approach you are adopting through this Bill is definitely very good.

I would like to submit a few things in this connection. In this law one danger is, as has been said by Mr. Naik, that its definition is not appropriate. I cannot say as to what should be its definition, but the definition you have given is :

[English]

"mentally ill person" means a person who is in need of treatment by reason of any mental disorder other than mental retardation."

[Translation]

This definition does not appeal. Therefore, you may get it redefined by some knowledgeable person as to what should be the definition of mentally ill persons and it is necessary to adopt it in a definite manner. This definition is not suitable and does not serve the purpose. Therefore, this needs to be changed.

At many places private mental hospitals have also been opened these days. For example, if a doctor of any of the mental hospitals retires, he opens his own nursing home thereafter. Whether he takes licence or not, there is no complete information on it. What arrangements he would make for the case of the mental patient, how he will treat him, and who will bear his expenses? What is the financial condition of his family and in which manner he will recover the amount spent on his treatment, there is no such provision in this regard also. The terms and conditions for issuing licences have also not been stipulated in it. How the mentally ill person will be treated and what arrangements will be made for his boarding and lodging by the retired person who is going to open a hospital has also not been elaborated in this Bill.

It is my submission that such private persons should not be allowed to open this type of mental hospitals, because these are mostly misused. Sons of rich persons because of their bad company or drug addiction, sometimes become mentally retarded. How are you going to ensure that the property and other valuables of these persons are not misused? If they have got any enemy who wants to grab his property he can join hands with some authority and

arrange such a medical certificate which may declare him mentally ill or mentally retarded or in collusion with the police may get him admitted in the hospital. Though there is a provision for an attestation by the magistrate but we know about the magistrates also. They too indulge in earning money by illegal means. As you have constituted medical boards at other places, you should make similar arrangements here also. We have come across several such cases where just to grab property, a wrong case was instituted or some persons were declared mentally ill. You must make some provision in your Bill to check all these things. As it is, you have provided for licensing but only those persons who are experts and are in know of the entire system should get licences. We have come across several such cases where people were made blind after their eye treatment. The people become doctors with little knowledge and poor villagers fall victim to their tricks. In my state of Rajasthan also they blinded several people. In this connection a few persons are caught and ultimately no action is taken against them. These types of cases must be checked. Strict action should be taken against such persons and severe punishment should be given to those persons who are running such nursing homes. It is mostly the responsibility of the Government to look after such mentally ill persons. Even if licences are issued to private nursing homes, the responsibility to look after the patients admitted in them should be of the State Government or the Central Government and the Government should also bear the expenses incurred on them. You must make such a provision in it. If this provision is made, one of its advantages will be that those people who are entrapped in a wrong way can be saved and secondly, those poor people who cannot get themselves admitted in good nursing homes can also get good treatment. It has also come to notice that there is nobody to look after some rich persons. With this arrangement those rich persons will also be benefited. Therefore, such a provision must be made.

15.00 hrs.

Just now Shri Naik said a lot about the conditions prevailing in mental hospitals. We have seen their conditions at Jaipur and Agra. The condition of those mentally ill persons who are staying there is very bad. They are not able to get any facility. There

is no arrangement to keep the male and female persons separately. You must make such a provision so that they are kept separately, so that crimes are not committed against female inmates and proper treatment is also given. You are aware that certain incidents take place in hospitals where doctors, nurses and other people work. When the mentally ill female patients are admitted in hospitals, the doctors, compounders and other staff ill-treat them. No provision has been made in this Bill to check ill-treatment of female patients. It gives rise to apprehension as to what step will be taken to rectify the situation.

Similarly, there is a lot of difficulty at the time of getting admission into the hospitals. Shri Pandey has said that on account of the rush, there is considerable trouble during admissions. The population has also increased considerably. We have a population of 75 crores but number of mental hospitals is quite less. One is at Ranchi, the other is at Jaipur and there is one at Agra and perhaps there are 3 or 4 more. We have only 5 or 6 hospitals to cater to the needs of such a huge population which are not sufficient. Consequently, it leads to malpractices and corruption in admissions. When a poor man goes to the hospital to get any member of his family admitted, admission is not granted. The doctor discharges the patient after a superficial check-up. On the one hand you are framing a law by which a mentally-ill person if apprehended by the police, would be admitted in the mental hospital, on the other hand, if someone goes to get such patients admitted, he is denied admission. The situation is contradictory. The Hon. Minister should consider this point especially. You know that there is a dearth of mental hospitals in the country. You are aware that as prosperity increases, the number of mentally ill persons will also increase. As, we know, is the case in America. It is due to large scale poverty in the country that we do not have many mentally ill persons. As more and more people become prosperous in this country, more cases of mental illness will surface. It is mostly rich people who get mentally deranged. They are also the ones who mostly go mad. They are the people who mostly get shocks as well. The poor people do not have to bear many shocks in life. Hence, with animprovement

[Shri Girdhari Lal Vyas]

in the economic conditions of the people, mental illness will also increase. Therefore, I want to request that you should start taking precautionary measures now itself. Our country is making efforts to achieve rapid progress and our economic condition has also improved. A little while ago our Hon. Prime Minister said that our economic position was very strong. We would make continuous progress. If we make such a progress and we have a sound economic system then we will also have more people suffering from mental illness. Hence, you should take some step to see that proper treatment is given to mentally sick people.

[English]

MR. DEPUTY SPEAKER : Are you not interested in the development of this country now ?

[Translation]

SHRI GIRDHARI LAL VYAS : ** because their economic condition is somewhat better than that of ours.

[English]

MR. DEPUTY SPEAKER : Because they have developed very well. According to the logical statement, the south developed very well.

[Translation]

SHRI GIRDHARI LAL VYAS : That is why the number of mentally ill persons is increasing. Hence, I would request the Hon. Minister to rectify the situation in mental hospitals.

I want to make one submission in regard to giving licences to private hospitals.

(Interruptions)

[English]

MR. DEPUTY SPEAKER : I am expunging your reference to the North and to the South.

**Expunged as ordered by the Chair.

[Translation]

SHRI GIRDHARI LAL VYAS : I was just trying to compensate because you do not allow me to speak on other subjects... (Interruptions)...I was submitting as to whether it would be ensured before issuing licences to private hospitals that they are well equipped and necessary machinery is available there ? It has not been provided here and I am emphasizing because people are making money by dubious means these days. They open nursing homes after they have amassed enough wealth from such activities. Therefore, we must put some check on them to ensure proper functioning.

Similarly, you have provided for inspection every 6 months. This period is too long. It should be reduced. Inspection of hospitals and nursing homes should be done after 3 months so that shortcomings are removed because shortcomings are prevalent everywhere. There should be a monitoring system to remove the shortcomings completely. Without it, your checking will not be effective. Hence, inspection should be done at the earliest. If it cannot be done every month then it should be done once in 3 months.

I want to submit that the number of mental cases has increased considerably but there are only a few hospitals and medicines, etc. are also not usually available in them. The poor people should get the benefit of treatment without incurring any expenditure. Hence the Government should provide maximum number of hospitals so that people affected with this disease are treated properly.

With these words, I support the Bill

DR. CHANDRA SHEKHAR TRIPATHI (Khalilabad) : Mr. Deputy Speaker, Sir, I support the Mental Health Bill, 1986. There are certain points in this Bill to which I want to draw the attention of the Hon. Minister. Many Hon. Members have objected to the definition provided in the Bill because mental retardation has not been clearly defined. It is not clear from the definition that at what stage a patient will be treated as mentally retarded. Drug addiction, insomnia, delirium, non-concentration of mind on a particular point are all diseases.

[English]

This all comes under the purview of mental illness. Therefore, a specific provision should be made in law to define at what stage a patient will be treated as sane or lunatic or insane to be sent or detained in an asylum.

[Translation]

This definition is not clear. I want to submit that it should be made clear to ensure against misuse of this law by those people who would get the responsibility of executing it after the Bill is passed.

Secondly, a very good provision has been made in chapter 5. A Visitors Board would be set up for the inspection of the hospitals and for looking into their working. Provisions have been made to include only bureaucrats in the Board. Mental illness may afflict any individual in the society. A representative of the people is responsible to the people for every sort of work. Consequently, I would request the Hon. Minister that out of the 5 non-official members; at least 2 should be representatives of the people who should be vigilant about the implementation of the law. They would be able to present the entire details to the country and society as to how the work is progressing.

Secondly, it is provided in clause 33 that :

[English]

"No Magistrate or District Court shall pass a reception order for the admission as an in-patient to, or for detention of an, mentally ill person in, any psychiatric hospital or psychiatric nursing home outside the state in which the Magistrate or the District Court exercises jurisdiction."

[Translation]

Again, the law is not clear here. There are two kinds of courts in the district. One is the court of the District Magistrate and the second is the court of the District Judge. As the intention of the law is not very clear so I want that in place of 'District Court'

it should be 'District Judge's Court' because the District Magistrate is already overburdened and he will not be able to pay attention to this important point with the result that there would be enough scope for its misuse. Hence, I would request that this section should be made clear.

The provisions made regarding the appointment of a manager is a laudable step because when mentally ill persons are admitted, their property and other financial matters would be looked after by the manager. It is a good thing. It was not provided in the Indian Lunacy Act of 1912. It has been provided in the present Bill. But the powers given for disposing of the property of mentally ill persons should be regulated. Otherwise, if the Manager is not earnest he can dispose of the property worth Rs. 1 lakh for Rs. 10,000 only. Hence, it should be made clear to make the provision of this section effective. Since it is essential to appoint a manager in this connection, his powers should be limited and there should be some legal restrictions on him so that he may not transgress his powers.

I differ from Shri Vyas that permission should not be granted for opening private nursing homes. In India, asylums, mental hospitals, psychiatrists, are so less in number and there are so few units in the Medical Colleges that lakhs of people whom we call mentally retarded, insane or lunatics roam about in streets freely. Even the violent types who create law and order problems, are denied admission in these institutions due to shortage of space. If the above law is enforced then private persons will not be allowed to treat such persons. Evidently, when lakhs of people would be denied treatment those ill treated persons would roam about in streets and create a challenge to society. It is true that there is plenty of corruption in private nursing homes. But there is corruption in Government hospitals as well. The performance of the nursing homes as well as of the hospitals is satisfactory. The people with a particular way of thinking only say that hospitals are good and nursing homes are not good. In India where hospitals and psychiatric units are inadequate in number, there is need to permit nursing homes also. It is also men-

[Dr. Chandra Shekhar Tripathi]

tioned in the law, that licences will be issued to the psychiatrists, the experts in their field. In my opinion there exists no lacuna here. It ought to be ensured that only experienced and very well learned persons are given licences for private nursing homes so that licences are not misused.

Similarly, it has been said that there is corruption in admissions. But I have seen in all the asylums and mental hospitals of our country that people are forcibly admitted, and are declared insane, it is particularly true in the case of women. They have been staying there for 10 to 15 years and no one is prepared to accept them back. There are even such people who in spite of being cured and discharged from hospitals are not able to return to their respective homes because they are not being accepted by their relatives and friends. We have emphasised enough on this point.

I would like to submit to this august House as well as the Hon Minister that as he has made arrangements for the rehabilitation of mentally retarded persons in other areas, he should also make arrangements for those violent persons, who have been staying in the hospitals for 10 to 15 years, who were got admitted either by the police or by some other persons and have now become normal but are not being accepted by the society or their families. Otherwise how will they maintain their lives? The question of their rehabilitation should also be considered because after their release, they will not get any job. They will not have any property and there will be nobody to look after them. They will again become insane and their mental condition will deteriorate. The issue of rehabilitation is very important. I would like to submit that a provision for their rehabilitation must be brought in this legislation.

With these words, I support this Bill.

SHRI MANOJ PANDEY (Bettiah) :
Mr. Deputy Speaker, Sir, I rise to support the Mental Health Bill, 1986. A very comprehensive Bill has been brought. It is a matter of great pleasure that our Govern-

ment has brought this comprehensive Bill after due thinking. Its background is also very old. Unfortunately, under the present changed circumstances, while we are proceeding towards development, as has been told by other Hon. Members earlier, we are facing the problem of mental illness. Today we find ourselves far behind in spite of much progress. Sir, it is a matter of great concern and it was discussed in this House earlier also. On the one hand we face the increasing menace of drug addiction—and several powers are engaged in encouraging evils like the drug addiction—and on the other hand we have our young friends and other persons who come under its grip and who keep on ruining themselves in drug addiction from dawn to dusk. It was discussed in detail during the last few days and I am happy to learn that in this Bill also problems of the drug addicts and alcoholics have been discussed. We term drug addiction and alcohol addiction as mental illness. Sir, the situation is such that the scope of definition we have given to mentally ill patients should, in my opinion, be enlarged. As a matter of fact, medico-legally—I myself also belong to that profession and I know about it—we have not been able to define the word sanity. What is sanity? To call anybody a sane person, to understand its definition is very difficult. Sanity is a relative word keeping in view the things that are taking place today. We cannot draw a dividing line between sanity and insanity. Everybody is a sane and also an insane person. It is our nature, it is the human nature that we are sane as well as insane persons and if we look at this definition, which is given below, from this point of view a very important point will come before us :

[English]

"mentally ill person means a person who is in need of treatment by reason of any mental disorder other than mental retardation."

[Translation]

Sir, mentally retardation is a congenital term. The process of mental retardation starts before as well as after birth. There is a drug induced mental retardation also. In this connection I have to say one thing that the word mental retardation should be

specified a little more in it. If there is a case of mental retardation due to drug inducement, it can cause mental illness later on. No provision has been made for these patients in our Bill. If the mental retardation is congenital, we can understand that and include it in the list. But if the mental retardation is drug induced, then such patients also can be called as mentally ill persons. We have indicated towards one thing in it but as regards second thing, it is that drug is being used in different ways these days. One of its very significant results is that the number of mentally ill patients is increasing in our country. We have also found for the last several years that although a lot of money has been spent on equipment, etc. to check these patients, we have not been able to achieve as much success as we have been able to achieve in medical field. It is my submission that we should post psychiatrists at the district level. We know that such cases are on the increase in every district. There is need to allocate special funds for this purpose. Through you, I would like to submit to the Hon. Minister that if it is not possible in this Budget this provision should be made in the next Budget because psychiatrists can provide maximum benefit to them as out patients at the district level. This Bill is meant for only those patients who come for admission, but there are a number of such cases who do not need admission. During my medical profession I have seen that there have been cases in which if a patient has undergone continuous treatment for 6 or 7 months, then he automatically becomes a mental case and such cases happen due to chronic illness. A patient knows that an ailment is not curable. For example, when aged persons come with legs austio-arthritis complaints they have to remain admitted for quite a long period. Thereafter when they come to know that they cannot be cured, then they automatically become mental cases. We should provide separate facilities to deal with such cases, preferably in the hospital itself or at some other place. People who become cases of mental illness because of such chronic illness should also be dealt with. The best thing that has been said here is about the appointment of managers to look after the property of the mentally ill persons and to safeguard the interests of those persons whose mental condition is not good. It is a very good step and I welcome it.

Simultaneously, I draw your kind attention towards a few more things. Managers should be recruited, but it has not been mentioned as to what salary he will get, what provision has been made for this and where from the money will come.

This Bill is not at all clear in this regard. When you are recruiting the manager, this thing needs to be specified as to how they will be paid—whether payment will be made from his property or from Government funds. When such a time comes, it will be better if none of his blood relation is recruited as manager. You know that there are a number of problems in the joint families, and many cases have come to our mental hospitals in which patients have been admitted here for 15 to 20 years due to family tension. In between, such periods come when they become normal but none of their relations come to take them back. It is an evil prevailing in the society. If any woman or any other member of our family is admitted once in the mental hospital and when he comes back after becoming normal, the people do not look upon him with the same feeling as he should be looked upon. The Hon. Minister and all of us should collectively endeavour to eradicate this evil. For this, volunteer organisations should be formed so that we may help the patients in recovering fully. It will be a good step. However I welcome the provisions made in the Bill and conclude.

[English]

SHRI RAM SINGH YADAV (Alwar) : I rise to support The Mental Health Bill, 1981. I congratulate the Minister for introducing this Bill which is very much relevant for the present social set up keeping in view the much prevalent practice of drugs addicts and the persons who are indulging in other offences which may be anti-social offences.

I also congratulate the Minister for providing in Section 5 of this Bill that there will be a separate nursing home or a medical institution for the persons who are below the age of sixteen years those who are addicted to drugs also; and those who are hard criminals. But the Minister has not provided that there will be a separate nursing home for ladies, there should be a separate nursing home and hospital for females. I hope the Hon. Minister will provide for it.

PROF. MADHU DANDAVATE (Rajapur) : There are always separate wards for them.

SHRI RAM SINGH YADAV : But he has not mentioned about it here. You have mentioned about infants; you have also mentioned about hard criminals; you have also mentioned about drug addicts and alcohol us but you have not mentioned about female patients.

In the Financial Memorandum, the government has not come forward in so many clear words whether they have conducted any survey at the national level as to what is the average population which is suffering from mental disorder; how many persons are there in each and every State or Union Territories who are suffering from mental disorder. Keeping that population in mind you can provide nursing homes or the medical institutions. That is very much necessary. At present, there are only three institutions which are run by the Union Government. One is at Ranchi. The second one is at Shahdara in Delhi; and the third one is at Panaji in Goa.

KUMARI SAROJ KHAPARDE : There are many institutions.

SHRI RAM SINGH YADAV : You have mentioned only three here. Now, how many other institutions are to be set up by the Union Government? The Union Government should have a clear mind on this point. At present, what is the need of the present society, because in the Financial Memorandum you have said that there will be no need to have more money, because the amount which has been allocated for the Department, will continue.

MR. DEPUTY SPEAKER : Now it is 3.30 P.M. The House will take up Private Members' Business. If you can finish your speech within one or two minutes, you can do so; otherwise, you can continue next time (*Interruptions*)

MR. DEPUTY SPEAKER : We now take up Private Members' Business.

15.30 hrs.

**COMMITTEE ON PRIVATE MEMBERS
BILLS AND RESOLUTIONS**

[*English*]

Thirtieth Report

SHRI DIGVIJAY SINGH (Surendranagar) : I beg to move the following :

"That this House do agree with the Thirtieth Report of the Committee on Private Members' Bills and Resolutions presented to the House on the 12th March, 1987."

MR. DEPUTY SPEAKER : The question is :

"That this House do agree with the Thirtieth Report of the Committee on Private Members' Bills and Resolutions presented to the House on the 12th March, 1987."

The motion was adopted.

15.31 hrs.

**CONSTITUTION (AMENDMENT)
BILL, 1987***

[*English*]

(*Substitution of New Article for
article 54, etc.*)

PROF. MADHU DANDAVATE (Rajapur) : I beg to move for leave to introduce a Bill further to amend the Constitution of India.

MR. DEPUTY SPEAKER : The question is :

"That leave be granted to introduce a Bill further to amend the Constitution of India."

The motion was adopted.

PROF. MADHU DANDAVATE : Sir, I introduce the Bill.

*Published in Gazette of India Extraordinary, Part II Section 2, dated 13.3.1987.