

[Shri K. Lakkappa]

Rs. 5,000 crores of arrears of income-tax from the monopoly houses. Why do you not collect it? What is the Government doing? For whom are you thinking of providing relief measures? Is it to the monopoly houses and blackmarketeers? You say that you cannot augment resources to provide relief to the unemployed graduates, engineers and agriculturists. You have not come forward with even one programme that is envisaged in the budget.

MR. CHAIRMAN: You have made your point. Now you have to conclude.

SHRI K. LAKKAPPA: This is not the problem of a political party. I am not forcing you to commit yourself to one particular line. It is a real problem which is facing the country, which cuts across all political parties. If you do not agree to this proposal, people will wonder whether there is any government at all which is functioning in the country. So, I say that you must concede this Bill. Show a good gesture and concede this Bill.

It is not a complicated Bill. You need not give doles to everybody. It is only for a short term till they get a job. If you have programmes and schemes for building agricultural and industrial infra-structure in all the villages where the unemployed people are living, they will at least have confidence in the future of the country.

MR. CHAIRMAN: Mr. Lakkappa, earlier you have agreed that a portion of your time may be given to Shri Basu. So, you should conclude now. It is not fair to prolong it.

SHRI K. LAKKAPPA: I want another three minutes.

MR. CHAIRMAN: Only one minute

SHRI K. LAKKAPPA: He has even gone to the extent of suggesting an amendment of the Constitution guaranteeing the right to work. So, this is not new thinking, this is progressive thinking developing in the

minds of the younger generation. I do not know how they are thinking in the Janata Party.

My hon. friend's arguments will not be conceded by any right-thinking person. If you do not accept my Bill, I think the Janata Party is not only not serving the nation, but you will also pay for it. There will be an upsurge against the Janata Party by the younger generation of this country, and there will be a total revolution to remove the Janata Party.

With these words, I request the hon. Minister to change his mind, to take a realistic and human approach to the problem. I hope he will accept my Bill.

MR. CHAIRMAN: The Minister had made a request that you withdraw the Bill. So, I would like to know whether you wish to withdraw the Bill.

SHRI K. LAKKAPPA: I hope he has changed his mind.

SHRI RAVINDRA VARMA: We will give full consideration to all the arguments he has advanced. I once again request him to withdraw the Bill.

SHRI K. LAKKAPPA: No, I will not withdraw the Bill.

MR. CHAIRMAN: Now, I put the Bill moved by Shri Lakkappa to vote. The question is:

"That the Bill to provide for compulsory payment of allowance to all unemployed persons in the country be taken into consideration."

*The motion was negatived.*

16.40 hrs.

#### MENTAL HEALTH BILL

DR. SUSHILA NAYAR (Jhansi): 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, be taken into consideration."

\*Moved with the recommendation of the President.

Madam, Chairman, I am very happy today that at last after more than 12 years this House has found time to discuss the Mental Health Bill—a Bill to take care of those people who are mentally ill, disturbed and to make arrangements for their treatment and proper care as well as for taking care of their properties, etc.

The mentally ill in our country, I regret to say, have not received proper attention. The law that governs their treatment and care has been allowed to become completely outmoded. The Indian Lunacy Act was passed in 1912 when very little was known with regard to the treatment of mentally ill people. They were just detained in so-called mental asylums which provided a custodial care. The idea was to protect them from society and to protect society from the mentally ill. Little was done beyond providing them with custodial care in these asylums. The atmosphere in these asylums was full of despondency and despair for the patients as well as for the staff. Hardly any patient who came into these institutions, left with the result that there was overcrowding and poor facilities. Madam, you must have read in the papers two years ago or perhaps last year that a large number of mentally sick people in the Mental Hospital in Srinagar died of cold. It was after that they started some sort of heating arrangement. The blankets provided for them were often stolen by the staff. Some steps have been taken to guard against that type of thing. I am just mentioning this incident to show how badly those in the mental asylums and mental hospitals have been neglected in the past. No doctor really wanted to go to work in these hospitals. Those who are posted there, took it as a punishment. There was hardly any training given to the doctors in the past for giving proper treatment and proper care to the mentally sick. In spite of all these handicaps, a patient did occasionally recover due to the sturdiness within

his own mind, there were endless difficulties in the discharge of the patient from the hospital, because the visitors who had to approve of his discharge often wanted to be perfectly sure that there was not the least bit of insanity left in the patient.

Not only was the discharge difficult, the admission to the hospitals was also equally difficult. There was a cumbersome procedure under which the magistrates had to make an order of detention and, sometimes, it so happened that there was an emergency, and the patient was very violent or very ill and needed immediate admission and treatment but it was not possible to get him admitted, so that it was an ordeal for the family of the mentally sick person. Because of the demoralisation that had set in the staff and because of the overcrowding, the conditions in these asylums went on deteriorating instead of improving. Nobody went to inspect them; nobody laid any standards as to the minimum requirements that must be met. If we really want to go into all these things and decide and determine how much harm and damage has been done, how much suffering has been caused, it may be necessary set up an inquiry commission to know fully the conditions of our existing mental hospitals and to become fully aware of the adverse results of the anachronistic Indian Lunacy Act of 1912 as it has been mirrored in these existing institutions.

I know, the hon. Minister is a very kind-hearted person. If he pays one visit to some of these hospitals, his heart will cry out for them....

AN HON. MEMBER: He will go mad!

DR. SUSHILA NAYAR: I do not think that he will go mad, but, I think he will surely do something for the mad people.

During the last four decades, a revolutionary change has come about

\*Moved with the recommendation of the President.

[Dr. Sushila Nayar]

in the treatment of the mentally sick. A great deal of progress has been made the world over and effective treatment methods, such as, an effective array of drugs and effective methodology of psycho-therapy and electric treatment are now available. Certain psycho-social therapeutic procedures both with the patients and with families and groups, what is known as group psycho-therapy and manipulations of social environment have also become available in the service of the mentally sick. The outcome of mental disorder is no longer as despondent as it used to be. In fact, a majority of the mentally sick, if they are taken care of at an early stage, complete recover. I know of several instances of brilliant young people who are very sensitive and highly intellectual who break down under the stress and strain of modern life but, with proper care and treatment, they fully recover and become valuable members of society.

It is necessary in the light of this our mentally ill people be enabled to receive treatment as expeditiously as possible and as competently as possible. Yet the old Lunacy Act stands in the way by making hospital admission a cumbersome procedure and out-patient treatment is not just available in the majority of cases.

"A large section of the mentally ill can now be treated at the out-patient department if proper facilities are provided. The old Act did not envisage that; similarly, the old Act did not envisage the possibility of providing nursing homes for the care of mentally sick.

The Bill that I am presenting before this hon. House for their consideration intends to remove some of these impediments and shortcomings. It lays emphasis on the provision of treatment and restoration of health to the mentally sick people. That is why, I have called this Bill "Mental

Health Bill and not Lunacy Act as it was done in the past. It seeks not only to consolidate and amend the law relating to the treatment and care of the mentally ill, but also lays down certain provisions with respect to their property and affairs, so that, property and affairs of the mentally sick can be taken proper care of. I came to know of a pathetic case three-four years ago. A woman wrote to me a letter saying that her father was mentally sick. He was a retired army officer. His pension was due to him. But in order to get his pension he had to go to sign the papers, which he was not capable of. So, he was not able to get his pension. The poor woman had been knocking from pillar to post for getting any relief. By the time I got a reply from the power that be, I did not know what had happened to her and her father. I lost all contacts from them and my letter came back undelivered.

Some of the outstanding points of this Bill are:

While it prescribes procedures for licensing of mental hospitals and nursing homes, it also provides for periodic inspections and certain minimum standards to be prescribed by the Government or by any agency that may be given this responsibility by the Government under the law. The periodic inspections are there to make sure that these provisions are met in actual practice, and the mentally sick are not being neglected. There is also penalty prescribed for establishing and maintaining such a hospital or nursing home in contravention of the requirements laid down in the law.

The Bill also seeks to provide for treatment facilities being made more easily available to the mentally sick, especially for emergency admission on the initiative of a doctor or a family member or friend for a period of 72 hours which may be extended upto 10 days at the discretion of the

Medical Officer in charge of the Mental Hospital or the nursing home.

It also provides for voluntary admission of the mentally sick. A person, who, in the early stage, knows or is aware that he is getting sick and he may seek assistance. Admission can be given at his request and he can also be discharged at his request, whereas the present procedure is that since there has to be detention order, it is necessary to get the release order. It is extremely difficult and it is a cumbersome procedure.

The Bill seeks to amend the procedure for obtaining a 'Reception Order', and also provides for an appeal against the order of a Magistrate. There are cases where vindictive relatives, who may have their eye on the property of a mentally sick person or of a person whom they would like to have declared as mentally sick, got fraudulent orders for the admission of a such person and in the past there was no way in which such a person or his friends could appeal against such a detention order. But under this new law, it can be done.

The Bill also makes it obligatory for the licensed mental hospitals and mental nursing homes to provide out-patient treatment facilities for those of the mentally ill whose condition does not warrant admission in the hospital and who can be taken care of as out-patients. Even for more sick people, who are not violent, there is a provision in several countries for day care centres, and that also can be arranged under this Bill.

The Bill also provides for powers for the police to initiate action—which they could not do in the past—for the care of the mentally sick people who may be cruelly treated by their families or relatives with whom they might be staying, and to ensure that they are taken proper care of and proper control is exercised.

This Bill attempts to rationalise and suitably amend the provisions in respect of the management of property and affairs of the mentally ill and matters connected therewith or incidental thereto. It is extremely important that this be done.

As such, it is a progressive legislation and a necessary measure which merits full consideration and early adoption.

In fact, I may say that this Bill is long overdue. The national and professional body of experts concerned with the care of the mentally ill, that is, the Indian Psychiatric Society, had prepared a Draft Bill and sent it to the Government of India as early as 1950. Almost every year since then, this Society has been urging on the Government, through various Resolutions passed in their meetings, to pass the Bill, but it is unfortunate that Parliament, over all these years, has not found the time to even introduce the Bill. This delay is unconscionable. I know, the Minister might say, 'Now, we propose to bring such Bill.' I may tell the Minister that, when I was sitting in that chair, I also said the same thing—"We are going to bring it". In fact, we had every intention to do so, but Parliament never found the time for it. It is for this reason that I have taken it upon myself to introduce it as a Private Member's Bill. May be, there are certain shortcomings; some improvements may be possible. But let us proceed, let us go at least a few steps forward from the present situation by adopting this Bill. It will give considerable relief to the mentally sick if the Bill, as I have introduced it, is passed. Amendments can be brought up later on. If the Minister is very keen that certain further improvements be made right now, the Minister can agree that we send it to a Select Committee but let him not tell me to withdraw it on the plea that

[Dr. Sushila Nayar]

they will bring an official Bill, because that will again be delaying tactics. It will not be fair to the mentally sick—the large number of mentally sick in this country.

17 hrs

Madam, I have had some close friends—brilliant young people—who have suffered. I have seen their suffering with my own eyes and I have seen what good and timely treatment can do for such sick people. It is for this reason and because I want all the people in the country, who can be benefited by adequate and timely treatment for mental diseases to get this facility and treatment benefit, that I am so eager and so anxious that this Bill be passed as expeditiously as is humanly possible. I am sure it will get sympathetic consideration from the Hon. Members of this House who, I am sure, are motivated by the highest humane considerations and compassion for those unfortunate among us who happen to be afflicted with mental illness.

Madam, there is a terrible stigma attached to mental illness. Mental illness is like any other physical illness: there is no reason why we should attach this stigma to mental illness. Any of us in this House may face the situation of a near and dear one getting mentally ill. Therefore, it is very necessary that this Hon. House adopts this Bill to ensure that there is proper care, early care and adequate care for the mentally ill and that they are given a chance to once again integrate themselves into normal healthy society. Many of them are, as I have said already, brilliant people and they can make considerable contribution for the good of the country, provided they are given a chance. We should make that possible to whatever extent it may be feasible with our limited resources. I know that our resources are limited but, if we use them wisely in the way proposed in this Bill, much more can be

done than we would be able to do otherwise.

With these words, I request the Hon. House to take the Bill into consideration.

MR. CHAIRMAN: 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 incidental thereto, be taken into consideration."

There is one amendment to the consideration motion by Mr. Yuvraj. But he is not here and so it lapses. Now, Dr. Saradish Roy.

DR. SARADISH ROY (Bolpur): At the outset I must congratulate madam Dr. Sushila Nayar for bringing forth such a Bill. In the last several years, during the term of the last Lok Sabha I personally tried to put certain questions in the House regarding the repealing of the Lunacy Act and bringing forth a Bill for Mental Treatment. On several occasions this matter was discussed in the Consultative Committee meetings and the Minister assured us that this was under active consideration. Sometimes it was said that the draft of the Bill has been prepared; sometimes it was said that it has been sent to the Legislative Department for the approval, and so on. During this regime of the present Health Minister also, I raised this point in the Consultative Committee meetings about the repeal of the Lunacy Act so that, for the treatment of the mentally ill, a proper Bill can be introduced in this House. But nothing happened. As Dr. Sushila Nayar has said, this has been the crying demand, not only from members of the Medical profession but also from members of the Bar. Only last year the Chief Justice of Calcutta High Court while opening a mental hospital strongly recommended the repeal of the Lunacy Act. It is derogatory and inhuman in

the sense that we should treat the mental patients in a humanly manner, but the Act does not envisage treating these persons in a human manner. This Lunacy Act is on the model of the British Act which was enacted some time in 1905-6 and in our country it was enacted in 1912. Since then during the last sixty-six years, only on three or four occasion, certain amendments were made to the Act here, whereas the Britishers have repealed their Lunacy Act and have brought another one taking into consideration the modern thinking about the treatment of the mental patients. In our country, however, we have not been able to get any time to think over this matter, though the specialists in the field and the judiciary have been repeatedly asking for repealing the old Lunacy Act. There has been a demand to have a model Act for treatment of these mental patients, but nothing has yet been done.

Now, that Dr. Sushila Nayar has introduced this Bill, I would suggest that this should be taken as a model Bill; Minister may accept that and a Joint Select Committee of both the House may be asked to consider it. We were told in the Consultative Committee that the Ministry has also prepared a draft Bill and we were also told about certain salient features of that Bill. I must confess that those features are very good. All those features may not be here in this Bill; I am not a legal person, but I think, this Bill should be given a proper consideration before we adopt it. I would request the Minister not to take it as a prestige issue because this is a non-official Bill, but accept it to refer this Bill to a Joint Select Committee of both the Houses along with the Government draft so that we have before us a well-considered Bill.

During the past many years since this Act is there, we have been treating the mental patients as lunatics, not as human beings. In West Bengal there are several thousands of such people; they are in the jails as lunatic convicts; they are not treated as

human beings. A large number of them are also loitering outside. When they become violent, they are put in the jails; the jails are overcrowded with them.

The present day advance in medical science has enabled us to acquire more knowledge to treat this disease scientifically. The number of mental patients now-a-days has also gone up due to the advance of technology and modern day strain and stresses as compared to the old days. We must treat these patients in a human manner so that they can recover to their normal life. The old Act does not treat such persons in a humane manner. There is a new provision in this Bill about the property rights etc, there are also certain restrictions as well. I do not know, how far these would be helpful. As I said, we must treat such persons at if suffering from a disease and treat them humanely. This stigma of lunatics must go.

I would request the hon. Minister to accept this Bill as a basis and refer it to a Joint Select Committee of the two Houses along with the Government draft so that the Committee considers it in all its aspects and comes out with a well-considered Bill.

With these words, I once again congratulate Dr. Sushila Nayar for bringing such a Bill in the House

श्री एच० एल० पटवारी : (मंगलदाई) :  
समापति सहोदय, मैं डा० सुशीला नयार जी के बिल का समर्थन करने के लिए खड़ा हुआ हूँ। उनका यह बिल बहुत ही समायोज्य है। हमारे देश में जब इस सम्बन्ध में पहला कानून पास किया गया था, उसका आधार मानवीय नहीं था। अंग्रेजों ने इसको बहुत महत्व नहीं दिया था, उनकी भावना ऐसी नहीं थी कि इस बात को देखा जाये कि मनुष्य किस कारण से इस बीमारी से ग्रस्त होता है।

[श्री एच० एल० पटवारी]

सोभाय्य मे हमारे पूर्वांचल मे, मेरे जिले मे एक ऐसा अस्पताल है, जिसे मेन्टल हास्पिटल कहते हैं और जिसने अभी हाल मे अपना 100 साल का जन्मोत्सव मनाया। उसमें मैं भी शामिल हुआ था और मैंने वहाँ देखा कि देश के बहुत से विद्वान लोग प्राये, जिन्होंने इस बात पर बल दिया कि अब हमारे देश मे मेन्टल रोग के रोगी को रोगी समझा जाय। अगर आप उस बात का पता लगाने की चेष्टा करेंगे कि हमारे देश मे यह रोग कैसे होता है—तो आपको मालूम होगा कि जो व्यक्ति समाज से प्रेम करता है जिसको समाज के प्रति माया है, देश के प्रति माया है, सिन्सीपेरिटी के प्रति माया है, सामाजिक श्रमला को बनाये रखने के प्रति माया है, ऐसा व्यक्ति जब किसी जुल्म को देखता है, तो वह उसे बरदाश्त नहीं कर पाता है और इसी वजह से उसको बीमारी हो जाती है।

अभी जैसे पिछले दिनों एमर्जेंसी मे हुआ—उस समय काफी लोग उन अत्याचारों को, उन जुल्मों का देख कर बीमार होने लगे थे। आज जिस देश मे समाज व्यवस्था टूट रही है, लोग न्याय से वंचित हो रहे हैं—वहाँ लोगों पर इसका प्रभाव पड़ना स्वाभाविक है। आज शङ्खलुड कांस्टम, शङ्खलुड ट्राइब्स और बकवर्ड क्लासेज के लिये रिजर्वेशन करने की बात हो रही है, लेकिन कुछ लोगों का कहना है कि रिजर्वेशन उन लोगों के लिये करना चाहिये जो इसका विरोध करने हैं। मेरे पास कुछ ट्राइबल लोग आए—उनका कहना था कि जैसे देश मे ब्राह्मण लोग हैं—उनके लिए रिजर्वेशन होना चाहिये। देश मे ब्राह्मणों की संख्या जितनी है, उस के हिसाब से रिजर्वेशन कर दीजिये, बाकी स्थान दूसरों को दिये जाने चाहिये। जो लोग रिजर्वेशन के लिये जिल्लाने हैं—होता क्या है? शङ्खलुड कांस्टम को 10 परसेंट दे दिया, बाकी का 60 परसेंट खुद ले जाते हैं। मैं पूछता हूँ—वे किसका हक खाते हैं। देश

की यही बीमारी है। इसलिये मैं समझता हूँ कि डा० नैयर का बिल बहुत महत्वपूर्ण है और मैं मंत्री मंडोबय से धनुरोध करता हूँ कि वे इसको जल्द स्वीकार करें। आप चाहें तो इसको सेलेक्ट कमेटी को भेज दें, जिसको डा० नैयर भी स्वीकार करती है।

मेरा विचार है कि देश की समस्या के साथ मेन्टल की बीमारी जुड़ी हुई है। इसके लिये किसको दोष देंगे? आज सबेरे ही हमारे साठ साहब ने कहा था—यूनिवर्सिटी मे क्या हो रहा है? मैं जिस घर मे रहता हूँ—उसने पीछे कल रात 11 महिलाओं को लाया गया और उनको ट्रेनिंग दी गई—“इन्दिरा जी जिन्दाबाद बहो, मोरारजी देसाई मुर्दाबाद कहो। जहाँ ऐसी ट्रेनिंग दी जाती है और वे लोग जो देश की और समाज को प्यार करते हैं—जब ऐसा सुनें तो आप बतलाइयें, उन पर हमका क्या प्रभाव पड़ेगा, वे बीमार नहीं होंगे तो क्या होगा? ये क्या करते हैं? रात को महिलाओं को लाकर ट्रेनिंग देने हैं कि यह कहा “इन्दिरा गांधी की जय। जब वे यह कहती हैं कि हम यह कैसे कहें क्योंकि और लोग उनकी बुराई करते हैं और उनको अच्छा नहीं कहते हैं, तब यह कहते हैं कि तुम ऐसा कहो और तुम्हारा कुछ बन्दोबस्त हो जाएगा। इस तरह की हवा ये देश में फैला रहे है।

स्वास्थ्य और परिवार कल्याण मंत्री  
(श्री राज नारायण) जो लोग ऐसा मिखाते हैं उनको कहा रखा जाए।

श्री एच० एल० पटवारी उस के लिये मेरा यह मुझाव है कि आप एक बिल लाए और उसको सेलेक्ट कमेटी में भेजें जिसमें एक मेन्टल होस्पिटल बनाने की व्यवस्था हो और उसमे इस तरह की ट्रेनिंग देने वालों को रखा जाए। इस तरह के जो लोग हैं, वे मेन्टली बीमार हैं, साठ साहब मेन्टली बीमार हैं और ये माननीय सदस्य भी बीमार हैं।

इस तरह की मेन्टल बीमारी को रोकने के लिए आपको कुछ करना होगा ।

SHRI C. M. STEPHEN (Idukki): Please note down how he is expressing

MR. CHAIRMAN: His point is, if you are put in the select Committee you can be cured.

श्री एच० एल० पटवारी : कुछ लोग कहते हैं हमारे यहाँ ला एण्ड आइर बिगड गया है लेकिन मेरा कहना यह है कि उन लोगों को भी हम मेन्टल बीमारी से सम्पर्क है । मैं आपको बताऊँ कि हमारे यहाँ ग्रामाम में भी माननीय मिकन्दर बहन गये थे । हमारे साथ उनको जाना था, इसलिए वे बेचारे हमारे गांव चले गये क्योंकि वहाँ पर लोग उनका इन्जार् कर रहे थे और उन से कहा गया कि अगर वे नहीं गए, तो मर जायेंगे । इसलिए उनकी जान बचाने के लिए वे चले गये लेकिन जब वापस आ रहे थे तो वहाँ पर 20, 20 हाथ के कंठे के पेड़ों को रास्ते में रख दिया गया और उनका रास्ता ब्लाक कर दिया गया । आप श्री मिकन्दर बहन जी से इसके बारे में पूछ लीजिए कि ऐसा हुआ है या नहीं । आज देश में ऐसी हालत में पैदा करने है । इस तरह के लोग मेन्टली बीमारी हैं । It is also a crime. मैं कोई तमाशा नहीं कर रहा हूँ, सही बात बता रहा हूँ । अच्छे व्यक्ति के विभाग में ऐसी बीज पदा नहीं हो सकती है । इसलिए मैं ऐसा समझना हूँ कि जो लोग देश से गहारी कर रहे हैं, उनको मेन्टल बीमारी की सजा देनी चाहिए । मैं यह भी कहना चाहता हूँ कि मेन्टल डिजिज का स्टडीकरण करना चाहिए कि मेन्टल डिजिज क्या है ।

Mental disease means the behaviour as was shown by Shri Sathe.

जो लोग देश के साथ गहारी करने हैं, उनको मेन्टल अस्तित्वों में रखना चाहिए और मैं समझता हूँ कि इस तरह का जो बिल है, उससे देश को लाभ होगा और बीमारी के प्रोटोकोल के लिए, उनको इस तरह की बीमारी

से कायदा पहुँचाने के लिए जो प्राविजन इस बिल में रखा गया है, वह समायोज्यगी है ।

मैं साथ साथ मैं मिनिस्टर साहब से अनुरोध करूँगा कि नेजपुर में जो मेन्टल होस्पिटल है, उसके इम्प्रूवमेंट की कोई व्यवस्था वे करें ।

इन शब्दों के साथ मैं समाप्त करता हूँ ।

PROF. P. G. MAVALANKAR (Gandhinagar): I rise to support the Bill which our esteemed colleague Dr. Sushila Nayar has brought before this House to-day. I do wish to support it by congratulating her warmly for her initiative—what she could not do while she was Health Minister from 1962 to 1967 she has at least been able to do now as a former Health Minister and a present private Member of this honourable House.

I am glad and I also congratulate once again for her bringing this from the archives of her own Ministry, from her own desk. She might be remembering where the Bill was lying. She brought it from the archives now in the form of a Private Members Bill. As a matter of fact, I feel that a Bill of this nature should have really come from the Government themselves. The intentions of the Janata Government are very good and very honest and we got the latest proof of this, this very day, about repealing MISA completely. So, we got this proof of their intentions. They are well-intentioned people. They sometimes do not administer efficiently, but they are well-intentioned people.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI RAJ NARAIN): Our two Bills are ready.

PROF. P. G. MAVALANKAR: This Bill should have come from the Government. But perhaps it is a good destiny that instead of Shri Raj Narain becoming the pilot of his Bill of mental Health, perhaps the former Health



[Prof P G Mavalankar]

Minister (Dr Sushila Nayar) should become the initiator of this very important Bill

श्री राज नारायण मैं आपका जानकारी दे दू कि सरकार यह बिल ला रही है। कबिनेट ने उसे पास कर दिया है।

MR CHAIRMAN The Minister can give the information at the time of the reply

श्री० पी० जी० मावलकर सभापति महोदया, भगवत यह चाहते हैं कि ऐसा बिल पास किया जाए ता राज नारायण जी कह दें कि हम सुगला जी का बिल स्वीकार करते हैं।

श्री राज नारायण जो बिल हम ला रहे हैं उसका कापी हमारे पास है।

MR CHAIRMAN May I request the Minister to enlighten the House at the time of his reply?

PROF P G MAVALANKAR Madam Chairman as I was telling you I would have liked the Government to bring this Bill but since the Bill has already been now on the anvil, coming as it does from a Private Member. I would request our esteemed Health Minister in all seriousness and in all earnestness that he should not stand on any established practice or prestige that all Bills must necessarily come from the Government. After all the real purpose of a Private Members Bill is, also to let the Private Member occasionally get the credit or having scored over the Government not in terms of intentions but in terms of bringing the Bill at a particular point of time. Government's intentions were good but they could not find time. Since the Private Members Bill has found the time for it by getting priority in the Ballot why should our Raj Narainji not accept this Bill and then suitably modify it on the basis of the Bill that he says he has got in his possession? That is my request to him. I would go a step further. I am

not saying that a Bill of this nature can immediately be passed. Certainly if the House accepts the main proposals at the consideration stage we can certainly move the motion for reference to a Select Committee. I have in my humble judgement collected twenty names and I thought that it would be useful to have this kind of a Committee—20 from this House and 10 from the Rajya Sabha. If the Minister wants I can pass this list of twenty names, for his consideration. These names could also be changed. I am not saying that that is the final thing. So Committee membership is not an important thing. But then this thing that the Bill goes to a Select Committee of both Houses, a Joint Select Committee will in itself be a kind of a small history in our Parliamentary Institutions and a good gesture a very generous gesture a very right gesture and perhaps Raj Narain Ji and the Janata Government will create a history in this Parliament that a Private Members Bill has been endorsed by the Government and it has allowed the Private Member now to carry on with that Bill further.

I will give you an instance. I am sure you know it that it was Mr A P Herberd who later on became Sir Alan P Herbert who introduced in the British House of Commons in 1937 a Bill with regard to the Laws of Marriage and Divorce. He was so successful fortunately that the then Government in Britain did not stand on any prestige on that. That is why it was successful. The Government accepted the principle the Government accepted the Bill the Government accepted the arguments put forward by Sir Alan P Herbert with the result that it went into all these various stages—first reading second reading Committee stage, Reports Select Committee etc and third reading getting passed by the House of Commons, and then by the House of Lords, and it became an Act.

**MR. CHAIRMAN:** And he became a very famous humorous writer—what is called sentimental humour.

**PROF. P. G. MAVALANKAR:** May I say also incidentally that he was a very good Independent Member of the British Parliament?

**MR. CHAIRMAN:** I was just wondering that all those Private Members become humorous only after the acceptance of their Bills.

**PROF. P. G. MAVALANKAR:** As I was telling you, he was successful in that because Government generously and graciously agreed to the idea and principle that occasionally a Bill could also be initiated by a Private Member and Government accept it.

To those who are interested, I may recommend a very fine book which he himself wrote, Sir Alan wrote, entitled "The Ayes have it" That is the title of the book and, in that book, Sir Alan detailed and described how the Bill is passed through various stages. With all the impediments and troubles he had, ultimately, he was able to get the Bill passed in both Houses of Parliament.

Perhaps, Shri Raj Narain Ji would remember that, and so let this private Member Bill be passed by us and this will be a history for us.

**MR. CHAIRMAN:** You do not draw his attention to this Book. Otherwise he may try to evade it.

**PROF. P. G. MAVALANKAR:** It would have been an obstacle for him but for the cooperation which the then Government gave to the Member of Parliament, Sir Herbert in this case. Madam, Chairman, you will see the objects and reasons given by Dr. Nayar. Of course she has very ably explained in broad details the objectives of this Bill. Obviously, she was doing it with competence and knowledge. That statement is very

brief. What does it say? It says three things—1) the Indian Lunacy Act was as old as 1912. We are now in 1978. Much water has flown under the bridges of Jamuna and Ganga and all the rivers of this country. The whole focus has changed; science has progressed; technology has advanced; society has gone ahead. Our attitudes have changed. Some of these patients are no longer so bad that we won't be able to treat them successfully and in a sufficiently balanced way. After all, the mentally diseased people are not mad people or lunatic people. They are also to be treated with a scientific approach, with a sympathetic approach, with a human approach, with a humane consideration and with all the advances, experiments, scientific tools and equipments available at the disposal of the psychiatrist. The mental health science in our country—in fact there are any number of individuals in this country—can stand on par shoulder to shoulder with the experts in the mental science and mental hygiene, the psychiatrists, in any part of the world.

Therefore, one thing is that many things have happened from 1912 to 1978: you will see that this Act of 1912 has become obsolete and anachronistic as she has rightly said I think she has used the word 'outmoded, out-of-date or obsolete'. It is very natural and, as my hon. friend Dr. Roy was saying, the whole attitude of the people and the administrators in charge of mental hospital from 1912 to 1932 was not changed. So, with the changing times, they consider the patients in the mental hospitals as lunatics or convicts or some people to be treated either cruelly or crudely or, perhaps, both crudely and cruelly. That is the attitude of these people. So, do we want to continue this? If you do not want to continue that attitude, the sooner this kind of Bill is brought to the statute Book the better it is. Therefore, I congratulate Dr. Nayar again for the nomenclature which she has given to this Bill, namely, "Mental Health Bill, 1977".

[Prof. P. G. Mavalankar]

Now, madam, the two titles themselves suggest two extremes. In 1912 what was called Lunacy, in 1978, we call it 'mental health'. This is the change. That is how it has progressed. If that is so, then I suggest that, in view of fact that when science has advanced, the society has progressed, and the attitudes have been revolutionised and, in short, the whole focus has changed then why not have this Bill passed as early as possible so that thousands of people who are to-day languishing in a most unfortunate and in a most cruel manner in these hospitals can be treated with a much better understanding and better sympathy? After all, they are the citizens of this country. It may be possible that some of them may be our own brothers and sisters or friends or relations. We cannot, therefore, take them for granted as lunatics and, as if for all times to come, they were permanently mad people. In fact, Madam, Chairman, why not, many of us are treated as occasionally mad? For example, some of us get very angry. Can we not say that when we are in extreme anger, we also tend to be lunatics and when the anger is restored to normalcy, in normal times, we again realise our mistakes and say 'yes' we have made a mistake and when we are normal people, our passions have subsided. As the saying goes, "when in anger count ten." When you get back to normalcy, there is an equilibrium. A certain equilibrium makes a man from sane to insane when he is abnormal and becomes normal, he becomes a sane person. again.

If that is so, then I want to suggest that we must not go about saying that thousands of people are insane. As a matter of fact, I would go one step further and look at this problem from another angle. And that is this. How many are under the old Act? Apart from those who are in the mental hospital, there are many more thousands outside the mental hospitals

and many more would be suffering from this disease because of the defective attitudes of those in authority. I am not saying in political authority but in every field of life; because people who are in the hospital, it they are to be treated as mad people, I wonder whether people who are not in the hospital can automatically call themselves as sane people!

MR CHAIRMAN: The Private Members' Business was taken up at 3.03 hours and the total time that was allotted to the hon. Members is two hours and thirty minutes. Since we have already taken the allotted time, now you have to conclude.

PROF. P. G. MAVALANKAR: So I was saying that he should also look at the problem from this angle whether those who are not in the hospital are necessarily or automatically sane people. Here I will narrate a small story of good humour as it is, which I read some years ago. There was a certain mental hospital in England where one patient had hallucination that he was the King of England and that he was King George. When one day it so happened that the King of Britain, King George himself was on a visit to this hospital, he was in advance informed about the patient. And when the patient was presented to the King, the patient at once retorted "oh, he thinks he is the King, when I am the King of England, King George, here." On hearing this, the King never felt offended or insulted. He took in good humor and treated the patient with sympathy and humaneness. So, my point is that those of us who are in the world and outside the mental hospitals should look at this problem and at these sick people with great sympathy and humaneness. I am concluding by saying that let Government not stand on prestige and let them accept this Bill and let it go to the Select Committee. I can give even the names—20 Members from this House and 10 Members could be suggested from the Rajya Sabha—and the whole thing should go to the Select

Committee. Then the House will have the credit of having referred this to the Select Committee and got it ultimately passed.

**SHRI PURNA SINHA (Tezpur):** Madam Chairman, the Bill that has come up before this august House has been brought forward by Dr. Sushila Nayar, who has been in the medical field for the last so many years. But there are certain practical aspects of the question of mental patients. Perhaps I may inform the hon. Members that I come from a place where there is a mental hospital which has been there for more than 105 years, as Mr. Patwari referred to. It is within a half furlong from my place. I have also been the President of the Workers Association of the Mental Hospital for fifteen years and I have some insight of the working of the mental hospital. The point is that a mental patient, when he is not taken care of, while remaining at large he is not only dangerous for himself but also dangerous to the society. When he is arrested by the Police and kept in judicial custody for a period of six months or so, waiting for accommodation after the District Magistrate's order for reception in the mental hospital, the patient who became insane for any reason temporarily, because of his detention for a long period of six months, he becomes mad and incurable. These are some of the practical problems which they face all the time. Then there are certain other constraints also. The local district magistrate must pass an order to admit a person into the hospital, then only he gets a seat. The resident of another district would not be admitted. Ours is a mental hospital which is concentrically contributed but it is a State Government run hospital under the Indian Lunacy Act of 1912. It was formerly an asylum for mental patients. It was subsequently converted into a mental hospital and it is still going on as a mental hospital.

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But what is done in those hospitals? After a person is taken to the hospital he is kept either in a cell if he is violent, or in some sort of a barrack if he is not violent. Now-a-days electric shock therapy is done; a shock is injected into him and he remains unconscious for some time and thereafter more shocks are given. After several such shocks either he comes round or he does not. If after the treatment there is a relapse he comes back and remains there for sometime and then sent back. After three times like this he is refused admission and he goes back to the society and remains a mental patient, may be he will be roaming all over the place doing mischief. What is the precaution for that? What should be done about that?

Then there are cases where people have entered mental hospital as patients and they have died there. There should be some official arrangement to keep them. They do not respond to any treatment; they remain there for 30, 40, 50 years; and they live a long life; they do not die quickly; they have to be confined to a hospital; they remain a burden on the State...

**MR. CHAIRMAN:** May I just interrupt you for a minute? Now that the time allotted for private Members' business, that is 2 and half hours, is over I should like to take the sense of the House whether they want to extend the time and sit or they want to adjourn now. You want to extend the time?

**DR. SUSHILA NAYAR:** Not today.

**MR. CHAIRMAN:** In that case Mr. Sinha may continue his speech next time.

17.38 hrs.

*The Lok Sabha then adjourned till Eleven of the Clock on Monday, March 27, 1978/Chaitra 6, 1900 (Saka).*