

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI M.M. PALLAM RAJU): Sir, may I have the permission of the House to introduce the Bill? It is only introduction.

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): You had to do it at 2.00 p.m.

SHRI M.M. PALLAM RAJU: Sir, I apologize for it.

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): If the House agrees, I have no objection.

SOME HON. MEMBERS: Yes, yes.

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Okay. You may do it.

The Armed Forces Tribunal (Amendment) Bill, 2012

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI M.M. PALLAM RAJU): Sir, I beg to move for leave to introduce a Bill further to amend the Armed Forces Tribunal Act, 2007.

The question was put and the motion was adopted

SHRI M.M. PALLAM RAJU: Sir, I introduce the Bill.

The National Institute of Mental Health and Neuro-Sciences, Bangalore, bill, 2010-contd.

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Now, we will come back to discussion. Yes, Shri Basawaraj Patil.

श्री बसावाराज पाटिल (कर्णाटक): मान्यवर उपसभाध्यक्ष जी, यह भारत का एक अत्यंत महत्वपूर्ण हॉस्पिटल है, जिसको "निमहांस" नाम से सारे देश में और दुनिया में जाना जाता है। इस बिल के द्वारा इसमें अपग्रेडेशन करके इसे समग्र राष्ट्र के गौरव का एक स्थान देकर इस दिशा में सरकार जो काम लेने जा रही है, इसका मैं खुले दिल से स्वागत करता हूँ। साथ ही साथ, मैं सरकार से कुछ मांग करना चाहता हूँ। कर्णाटक सरकार और भारत सरकार ने मिल कर इतना बड़ा हॉस्पिटल "निमहांस" नाम से बनाया है। अगर इसकी कमेटी के अंदर कर्णाटक गवर्नमेंट के हेल्थ मिनिस्टर को शामिल कर लिया होता, तो यह सबसे अच्छा होता। सरकार को इसके ऊपर गौर करना चाहिए।

दूसरी बात यह है कि जब माननीय आज़ाद जी गत जनवरी महीने में बेंगलुरु गये थे, तब इन्होंने वहाँ सभा के अंदर एक बात का उल्लेख किया था कि जिस तरह से आने वाले रोगियों के ठहरने के लिए धर्मशाला जैसी चीज़ इंफोसिस ने बनवाई है, उसी तरह से इंफोसिस के एक शिवलाल ने ऐसे मानसिक रोगियों के लिए बन्नरघट्ट में स्वतंत्र रूप से एक आवासीय

[श्री बसावाराज पाटिल]

व्यवस्था करने की कोशिश की है। कोलकाता में "सेवक" नाम की एक संस्था कई सालों से काम कर रही है। आपने कमिटी की बॉडी के अंदर नाम जोड़ने का जो काम किया है, उस पर मेरी यह मांग है कि अगर इस फील्ड के प्रति श्रद्धा रख कर काम करने वाले कम से कम दो लोगों के नाम इसके अंदर जोड़ने का काम सरकार करेगी, तो इसकी गति और तेज होगी तथा **mentally affected** लोगों के लिए इस प्रकार की सेवा भावना से जो काम किया जा रहा है, उससे बहुत लाभ होगा।

तीसरी इम्पोर्टेंट बात यह है कि मानसिक रोगियों के संबंध में अपने देश के अन्दर जितने रिसोर्सज़ हैं, अगर सच कहा जाए तो उनमें से एक तिहाई रिसोर्सज़ हमारे पास है। मैं जिस गुलबर्गा शहर से आता हूँ, वहाँ की आबादी 10 लाख है, लेकिन मैंने यह विशेष अनुभव किया है कि कुछ जो बचपन से मानसिक रोगी होते हैं, अगर उनकी ट्रीटमेंट के 10 साल के अन्दर उनके माता-पिता को अच्छी ट्रेनिंग देकर समझाया जाएगा, तो 10 में से 8 बच्चों को **non-problematic** बनाया जा सकता है, लेकिन दुर्भाग्य से कम एक्सपर्ट लोग होने के कारण इस अभाव को पूरा नहीं किया जा रहा है। इसलिए, मैं माननीय सरकार से अनुरोध करता हूँ कि यह स्वतंत्र रूप से जो एक अकैडमिक इंस्टिट्यूशन बन रही है, उसमें कोर्स और सिलेबस बनाने के साथ-साथ टीचिंग और डिग्री देने का भी जो काम किया जाना है, तो अपनी इस कार्य योजना के अन्दर विशेष कर जो छोटी उम्र के बच्चे होते हैं, उनके माँ-बाप को प्रारम्भिक अवस्था में ट्रेनिंग दी जाए, ताकि बड़े होने के बाद वे जो परिवार और समाज के लिए प्रॉब्लम होते हैं, जिसे अपनी अनभिज्ञता के कारण माता-पिता नहीं समझ पाते हैं, इसको दूर किया जा सके। इसके लिए देश के सभी जिलों के अन्दर इस प्रकार के एक ट्रेनिंग सेंटर की व्यवस्था हो। अगर साल में हर राज्य में कम से कम दो-तीन यूनिट्स बना कर उनमें उन माता-पिता को उनके बच्चों के साथ पाँच-दस दिनों की ट्रेनिंग दी जाएगी और अगर आप यह पाँच-छः प्रमुख डॉक्टरों को साथ लेकर करेंगे, तो देश की बहुत बड़ी समस्या को दूर करने में सहायता मिलेगी। ऐसा सरकार की योजना में है, लेकिन मैंने ऐसे कई अस्पतालों और स्कूलों में जाकर अनुभव किया है कि इस दिशा में एक परफैक्ट टीम चाहिए, क्योंकि जब 10 लाख की आबादी के किसी हेडक्वार्टर में इसका अभाव देखने को मिलता है, तब छोटे-छोटे जिलों में क्या स्थिति होगी? इस प्रकार के मानसिक रोगियों की इस समस्या को दूर करने के लिए सरकार को विशेष रूप से ध्यान देना चाहिए, यह मेरी प्रार्थना है।

इसके साथ ही साथ, इसकी पूर्ति करने की दृष्टि से आवश्यकता पड़ने पर निमहान्स की अपनी जो पढ़ाई, सिलेबस या कोर्स है, उसको देश के अन्य भागों के अन्दर भी प्रारम्भ करके यह जाना जा सकता है कि हमारी आवश्यकता क्या है और किन-किन कोर्सज़ को चलाना होगा। अगर इसकी समुचित योजना बना कर सरकार इसमें काम करे और इस अभाव को जल्दी से जल्दी पूरा करे, तो देश के सामने आने वाले इन मानसिक और नस-संबंधित रोगों, जिनके कारण रोगी की समाज में एक विचित्र प्रकार की स्थिति हो जाती है और बड़े होने पर उसके विवाह के समय तथा अन्याय समय में भी कई समस्याएँ आती हैं, उसको दूर किया जा

सकता है। इधर मैंने अनुभव किया है कि हमारे देश के अन्दर जो शायियाँ होती हैं और उसके बाद जो डिवोर्स होते हैं, उनकी संख्या पिछले पाँच वर्षों में तेजी से बढ़ी है। और इसके अंदर कई प्रकार की पारिवारिक समस्याओं के कारण, अपने देश की रीतियों के कारण कई मानसिक रोगी निर्माण हो रहा है। इसी के साथ-साथ, हमारे देश के अंदर गत 10 सालों के अंदर सबसे अधिक कैंसर के पेशेंट बढ़ रहे हैं। कैंसर एक ऐसा रोग बन गया है कि अगर गरीब परिवार में इस बीमारी का इलाज नहीं कराएंगे तो वह भी नहीं चलेगा, कराने जाएंगे तो गरीब का परिवार बर्बाद हो जाएगा और उसके कारण कई पारिवारिक समस्याएं घर के अंदर प्रारम्भ होकर नए मानसिक रोगी बनने की स्थिति निर्मित हुई है। इस रोग के साथ निजात दिलाने के लिए एक फुलफुल्लेज्ड जो संस्थान बनाने की भारत सरकार ने सोची है, हम उसका खुले दिल से स्वागत करते हैं। इसको जो भी फाइनेंशियल सपोर्ट चाहिए, वह सरकार को खुले दिल से देनी चाहिए। आज जो लगभग 118 करोड़ की आर्थिक सुविधा है, इसको और बढ़ाकर, जैसा हमारी पार्लियामेंट्री स्टैंडिंग कमेटी ने भी कहा है, इन सारे सपनों को पूर्ण करने की दृष्टि से कदम उठाना चाहिए। कर्णाटक के अंदर अपने प्रवास के अंदर अपने इस सदन के सभापति आदरणीय मोहम्मद हामिद अंसारी जी ने भी कहा है कि हम केवल अपनी एक तिहाई आवश्यकता को पूर्ण कर रहे हैं, बाकी दो तिहाई में डॉक्टरों के उन 24 फील्ड्स के अंदर एक्सपर्ट लोगों की कमी है। उनको भर्ती करने की दृष्टि से नए सिरे से सरकार को सोचना चाहिए। साथ ही साथ स्टैंडिंग कमेटी ने और भी कुछ महत्वपूर्ण सलाह दी हैं, उनका भी ध्यान रखना चाहिए। मैं एक बार फिर सरकार से आग्रह करता हूँ कि यह जो कमेटी बनी है, जिस राज्य के अंदर यह हास्पिटल है, कर्णाटक सरकार की प्रारम्भिक भागीदारी से भारत सरकार की सारी शक्ति होते हुए भी आज यह हास्पिटल इतने बड़े स्थान पर गया है, मेरी यह प्रार्थना है कि उसका को-चेयरमैन, प्रेसीडेंट के नाते या किसी नाते जिस किसी भी राज्य में यह रहता है उस राज्य के हेल्थ मिनिस्टर को जोड़ना अत्यन्त आवश्यक है, ऐसा मैं मानकर चलता हूँ। ऐसी ही दो-चार प्रमुख बात रखते हुए कि एक बहुआयामी मल्टी फेसिलिटी और मल्टी डिसेज को फेस करने की दृष्टि से इस हास्पिटल को जो एक बहुत बड़ा दर्जा देकर देश का एक **prestigious** इंस्टीट्यूट बनाने की सरकार की सोच है, उस सोच का हम समर्थन करते हैं। साथ ही साथ, विशेषकर हर जिले के अंदर जो हजारों-हजार छोटे गरीब परिवारों में मानसिक रोगी जन्म लेते हैं, उनके बारे में मां-बाप को पता नहीं होता है कि वे क्या करें और समय के अंदर उनका ठीक से मार्गदर्शन नहीं होने के कारण वे परमानेंटली परिवार और समाज के लिए प्रॉब्लम बनते हैं। इसलिए, कोई ऐसी ठोस योजना सरकार अपने इस कार्यक्रम में जोड़े, ताकि हर साल भारत के पूरे 600 से अधिक जिलों के अंदर एक चैकअप की व्यवस्था होनी चाहिए और अगर मां-बाप मानसिक दृष्टि से उनको संभालेंगे तो वे **non-problematic** बच्चे बन सकते हैं। अगर इस तरह से योगदान करेंगे तो लाखों-लाख बच्चों को इसका लाभ होगा और समाज के निर्माण के मार्ग के अंदर बाधक के रूप में जो ये छोटे-छोटे बच्चे बनते हैं, उस बाधा को दूरे करने में सरकार की यह बहुत बड़ी उपलब्धि होगी। इस बात को सरकार अत्यन्त अधिक प्राथमिकता देते हुए और स्टैंडिंग कमेटी तथा हमारी भावनाओं को ध्यान में रखकर इस बिल को पास करे। इतना कहते हुए मैं अपनी बात को समाप्त करता हूँ।

श्री बलवीर पुंज (ओडिशा): उपसभाध्यक्ष महोदय, मैं आपका एक मिनट का समय लेना चाहता हूँ। मैंने आज नोटिस दिया था कि शून्य काल के अन्दर ...(व्यवधान)... मैं एक मिनट में अपनी बात पूरी करता हूँ। मुम्बई के अंदर शनिवार को जो हुआ तथा जहां पाकिस्तान के झंडे फहराये गए और निर्दोष लोगों की दुकानें जलाई गई और लोगों को मारा-पीटा गया तथा दो लोगों की डेथ हो गई। ...(व्यवधान)... उस विषय को उठाने की इजाजत मांगी गई थी। ...(व्यवधान)...

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Don't raise it here ...(Interruptions)... अभी नहीं उठा सकते। You should give a notice ...(Interruptions)...

श्री बलवीर पुंज: मुम्बई में इतना बड़ा साम्प्रदायिक कांड हुआ और जो ...(व्यवधान)... इन लोगों ने कोई आपत्ति तक नहीं की। ...(व्यवधान)... रांची के अंदर ...(व्यवधान)...

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Give a notice; don't raise it here ...(Interruptions)... You know the procedure ...(Interruptions)...

SHRI RAVI SHANKAR PRASAD (Bihar): Sir, I have to make only one request. Let the Bill be passed. We will fully cooperate. But what hon. Member, Balbirji, has raised is an important issue of communal conflagration in many parts of the country. I think, tomorrow, he should be allowed to raise this matter. ...(Interruptions)...

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Let him give notice. ...(Interruptions)... Please. ...(Interruptions)... Next speaker, Shri K. Rahman Khan. ...(Interruptions)...

श्री शान्ताराम नायक (गोवा): आपकी राम सेना ने कर्णाटक में पाकिस्तानी झंडा फहराया था ...(व्यवधान)...

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Please sit down. ...(Interruptions)...

SHRI K. RAHMAN KHAN (Karnataka): Mr. Vice-Chairman, Sir, I rise to support this Bill for giving statutory status to the National Institute of Mental Health and Neuro-Sciences, Bangalore. There has been a long-standing demand to declare this Institute as an institution of national importance.

Sir, this institute has a historical background. It began with tackling the mental sciences in the late nineteenth century. Then, the Government of Mysore established a mental hospital in 1924, and, the Government of India established an All-India Institute of Mental Health. In 1974, both these institutions were

amalgamated to form an All India Institute of Mental Sciences, and, from then onwards, it has been established as a society under the Societies Registration Act. In this period, spanning over more than three decades, the Institutes has attained national and international importance.

The Institute today is already an institute of excellence in the mental sciences. It has various programmes. It has become a deemed university also, which is awarding its own degrees and diplomas. The Institute has been recognized for its contribution in the field of research also.

Sir, I must congratulate the UPA Government for the steps it has taken to make this Institute an Institute of national importance in the last three years. In the clinical field, they have established a clinical service for setting up of a state-of-the-art neuro-imaging and interventional facility. This is a very important facility, and, such a facility is not available anywhere else in the country. It has set up a community centre for 'well-being' for prevention of mental illness. Sir, as rightly mentioned by my colleague, mental illness is going to be a big problem in the country, as the development takes place in the country. Because, 'mental illness' is as important as any other illness, we have to give a lot of importance to it, and, rightly so, this Institute has set-up a community centre called, 'NIMHANS Centre for Well Being'. This Institute also has a psycho-social intervention package for victims of natural disasters. This is an important area, which has been taken up by the institute. They have got tele-medicine facility for psychiatry. In the academic field, in the last three years, they have started DM in Child and Adolescent Psychiatry, post-Doctoral fellowships, a Centre for Public Health, and, also a PhD programme for medical doctors.

We have to give this institute the big responsibility of training doctors all over the country because you cannot have neuro centres everywhere. So, giving training to doctors for treating neuro diseases is very important and the Institute has rightly set up this programme for training the existing doctors in neurosciences.

Then, in the research side, they have excelled. Their research scholars have presented a number of papers of international standards which have been accepted all over the world. As the hon. Minister has rightly said, they have set up the only brain bank in the country. Then, they are having novel diagnostic technology for child diseases.

Sir, we are proud of the achievements of the NIMHANS. The Institute was an

[Shri K. Rahman Khan]

effort of both the Government of Karnataka and the Government of India. Now, the Institute is getting a statutory status. So far, the Institute was just a body registered under the Societies Registration Act.

In the composition, I see that the Chief Secretary of the Karnataka Government is also a member. I think there is no harm in having more members from the Karnataka Government because we have attachment for the Institute that the Government of Karnataka has set up. I hope the Minister will consider the request.

Sir, the objectives of the Institute are laudable. They have the responsibility to develop patterns of teaching in undergraduate and postgraduate programmes. At present, the Institute does not have an undergraduate training programme. I hope the Minister will explain whether any undergraduate programme is also going to be taken up by the Institute. They will have to set up, like AIIMS, NIMHANS-like institutions of excellence or its branches all over the country because it is not possible for everybody to reach Bangalore and have specialized treatment. Of course, through tele-medicine and updating the existing medical schools and colleges with neurosciences, the NIMHANS can also establish its branches and depute more trying teachers.

This Institutes needs a lot of financial assistance also. You are giving it a statutory status. It is already an Institute of national importance; I can say it is an Institute of international importance. The Institute has a laudable programme of collaborating with the international organisations and establishing its presence in the world. So, it needs a lot of expenditure, it needs a lot of research and it needs a lot of support from the Government. I am sure, being a statutory body, an autonomous body, this Institute will receive all the support from the Government. I must acknowledge the contribution of the doctors of NIMHANS. Today, it is serving lakhs of people. The doctors in NIMHANS are world famous. I have personal knowledge that this institution is better than any other private institution when we talk about services. The service is excellent. Being a person from Bangalore, I have intimate knowledge as to how this Institute is helping poor patients and patients from all sections of the society. I congratulate the hon. Minister for bringing this legislation to make it a statutory body and to give it a status of the Institute of national importance. Thank you.

श्री नरेन्द्र कुमार कश्यप (उत्तर प्रदेश): उपसभाध्यक्ष जी, राष्ट्रीय मानसिक स्वास्थ्य और

तंत्रिका-विज्ञान संस्थान, बंगलौर विधेयक, 2010 के माध्यम से इस संस्थान को राष्ट्रीय महत्व की संस्था घोषित करने के लिए यह बिल आज सदन में प्रस्तुत किया गया है। यह बात सही है कि इस संस्थान को AIIMS जैसी सुविधाओं वाले संस्थान के रूप में विकसित करने का इरादा सरकार ने ज़ाहिर किया है, जिसमें आप स्वयं पाठ्यक्रम बनाने का अधिकार भी इस संस्थान को दे रहे हैं। इसके अतिरिक्त डिग्री और डिप्लोमा प्रदान करने की शक्ति भी आपने इस बिल में निहित की है। गंभीर बीमारियों के इलाज के लिए, खास तौर से इस संस्थान को upgrade करने के लिए और इसे राष्ट्रीय महत्व की संस्था घोषित करने के लिए आपने यह बिल पेश किया है।

हमारे देश में इस संस्थान के अलावा दूसरे 40 major health institutes हैं, जो मानसिक रोगियों के इलाज के लिए राज्यों की सरकारों द्वारा संचालित हैं और मानसिक रोगियों के इलाज के लिए साढ़े चार हजार से ज्यादा डॉक्टरों की व्यवस्था हमारे देश में है, लेकिन फिर भी मानसिक रोगियों की संख्या में दिनों-दिन होती हुई वृद्धि आज देश के लिए चिंता का विषय बनी हुई है।

उपसभाध्यक्ष जी, जब भी हम सड़क से गुज़रते हैं, तो सुबह हो या शाम हो या दोपहर हो, हमें कोई न कोई मानसिक रोगी सड़क के बाएं या दाएं किनारे पर मिल जाता है। किसी के शरीर पर कपड़े नहीं होते, वह नंगा होता है और किसी मानसिक रोगी का हाल ऐसा होता है कि उसे देखकर कई बार ऐसा लगता है कि कहीं न कहीं हमारी सरकार और हमारा सिस्टम इन मानसिक रोगियों के रोग को कम करने में या खत्म करने में नाकाम साबित हो रहा है। आज हमारे सामने जो आंकड़े हैं, उनके मुताबिक हमारे देश में प्रत्येक पांच महिलाओं में से एक महिला मानसिक रोगी है, प्रत्येक 12 व्यक्तियों में से एक व्यक्ति मानसिक रोगी है और इससे ज्यादा दुःखद और कुछ नहीं हो सकता कि 1.8 लाख मानसिक रोगी प्रति वर्ष हमारे देश में कहीं न कहीं मौत के आगोश में समा जाते हैं। 1.8 लाख व्यक्तियों की प्रति वर्ष मौत, हर पांच महिलाओं में से एक महिला का मानसिक रोगी होना, हर 12 व्यक्तियों पर एक व्यक्ति का मानसिक रोगी होना, अगर ये सारे हालात आज भी हमारे सामने उपस्थित हैं, तो मैं सदन के माध्यम से सरकार से और माननीय मंत्री जी से इस बात का अनुरोध करूंगा कि इस भयावह स्थिति को समाप्त करने के लिए कोई न कोई ठोस नीति, रणनीति बनाने पर हमें विचार करना होगा और आज कोई न कोई ठोस कदम उठाने की जरूरत है। आज सर्वे कराया जाना चाहिए कि जब हमारे देश की आबादी 120 करोड़ से ज्यादा है, तो उनके लिए कितने मानसिक रोगी संस्थान हमारे देश में खुले हुए हैं? क्या उन संस्थाओं के जरिए इतनी बड़ी आबादी में रहने वाले मानसिक रोगियों का इलाज किया जाना संभव है? क्या सड़कों के किनारे घूमने वाले पागल व्यक्तियों का इलाज कराया जाना संभव है? कहीं न कहीं हमें इस चिंता और पीड़ा पर विचार करने की आवश्यकता है।

माननीय मंत्री जी, आपने निगमित निकाय के माध्यम से इस बिल में व्यवस्था दी और 22 ऐसे सदस्य नामित किए, जो निगमित निकाय को संचालित करने की व्यवस्थता करेंगे, लेकिन जब हमने बिल को पढ़ा और उसको जानने की कोशिश की, तो मंत्री जी, हमने पहले

[श्री नरेन्द्र कुमार कश्यप]

भी यह मुद्दा उठाया था और यह ऐसा पहला बिल नहीं है, जिसको आप राष्ट्रीय महत्व की संस्था घोषित कर रहे हैं। इससे पहले भी तकरीबन चालीस संस्थाओं को हमारे देश की सरकार राष्ट्रीय महत्व की संस्था घोषित कर चुकी है, लेकिन होता क्या है? हम लोगों ने कई बार पहले भी बिलों पर भी चर्चा की और अनुरोध भी किया कि बिल बनता है, राष्ट्रीय महत्व की संस्थाओं का आप संचालन भी करते हैं और बिल पास भी होता है, लेकिन भारतीय संविधान के अनुरूप आरक्षण की व्यवस्था पर कोई क्रिया, कोई प्रतिक्रिया बिल के अंदर नहीं की जाती। माननीय मंत्री जी, मैं आपसे अनुरोध करूंगा कि इस बिल के अंदर कृपया यह प्रावधान भी सुनिश्चित कीजिए कि जब राष्ट्रीय महत्व की संस्था आप बना रहे हैं, तो जो अनुसूचित जाति, अनुसूचित जनजाति के लोग हैं, पिछड़ी जातियों के लोग हैं, जिनको भारतीय संविधान में रिज़र्वेशन की व्यवस्था है, उनको इस संस्थान में रिज़र्वेशन देने पर भी आज सदन में अपना कोई वक्तव्य प्रस्तुत करें।

महोदय, चूंकि इस संस्था के द्वारा डी.एम. और एम.डी. जैसी डिग्रियां देने का provision भी माननीय मंत्री जी संभवतः इस बिल के ज़रिए आगे लाने वाले हैं, यह अच्छी बात है, लेकिन डॉक्टरों की जिस तरह की संख्या आज हमारे देश में है, वह साढ़े चार हजार मानसिक रोगियों के डॉक्टर इतनी बड़ी आबादी का इलाज नहीं कर सकते। चालीस संस्थान इतने बड़े देश की आबादी का इलाज नहीं कर सकते। मैं माननीय मंत्री जी से यह request करूंगा कि उत्तर प्रदेश आबादी की दृष्टि से बहुत बड़ा प्रदेश है और बिहार, राजस्थान और दूसरे बहुत से प्रदेश हो सकते हैं, जिनका आबादी के घनत्व के हिसाब से बहुत बड़ा महत्व है, तो क्या माननीय मंत्री जी ऐसी राष्ट्रीय महत्व की संस्थाओं वाले मसले पर क्या अन्य प्रदेशों में भी इन संस्थाओं के बनाने पर विचार करेंगे? महोदय, मैं उत्तर प्रदेश से आता हूँ और उत्तर प्रदेश बहुत बड़ा प्रदेश है, क्या उत्तर प्रदेश में भी वैसे संस्थानों के बनाने के बारे में मंत्री जी कोई विचार करेंगे? अगर ऐसा वे करते हैं, तो निस्संदेह जो मानसिक बीमारों या रोगियों की संख्या हमारे देश में लगातार बढ़ रही है, कहीं न कहीं उस पर अंकुश लगाया जा सकता है।

महोदय, एक बात और कहकर मैं अपनी वाणी को विराम देना चाहता हूँ कि दिल्ली में बहुत सारे संस्थान हैं, AIIMS भी है, राजीव गांधी कैंसर संस्थान भी है और देश में दूसरे बहुत सारे संस्थान हैं, लेकिन हम लोगों ने देखा है कि particularly जब भी weaker section के लोग, गरीब तबके के लोग, अनुसूचित जाति के लोग या किसी भी कौम के मज़लूम लोग अस्पतालों में इलाज के लिए जाते हैं, तो वहां उनको admission नहीं मिलता है। वे लोग Member of Parliament यानी हम लोगों के पास भी मदद के लिए आते हैं और कई बार हम उनको recommend भी करते हैं, लेकिन recommend करने के बाद भी कई बार बात यह कहकर खत्म कर दी जाती है कि अभी bed खाली नहीं है, तो इस तरह की समस्याएं हैं। चाहे चंडीगढ़ का अस्पताल हो, लुधियाना का हो या दिल्ली का हो, देश के बहुत सारे बड़े अस्पतालों और संस्थानों में आज भी देश के गरीब लोग जूझ रहे हैं। वे बीमार भी हैं, वे गरीब

भी हैं, उनके पास बी.पी.एल. कार्ड भी है लेकिन उसके बाद भी उनकी गंभीर बीमारियों के इलाज के लिए ये बड़े संस्थान गंभीर नहीं होते। वे बीमार लोग हफ्तो-हफ्तो अस्पतालों के बाहर पड़े रहते हैं, कुछ लोग तो बाहर ही मर जाते हैं, इसलिए कम से कम देश के गरीब तबकों की बीमारी के इलाज के संबंध में माननीय मंत्री जी कोई न कोई ऐसा निर्णय जरूर लें कि जब भी कोई **Member of Parliament** या और कोई जन-प्रतिनिधि किसी **patient** को **recommend** करे, तो कम से कम उसको **admit** कर लिया जाए और उसके इलाज पर ध्यान दिया जाए। अगर हम सारे लोग मिलकर इन गंभीर बीमारियों के इलाज के लिए चिंतनशील होकर लड़ेंगे, तो यह निश्चित है कि इस विधेयक का देश को फायदा मिलेगा और जो लोग मानसिक रूप से रोगी हैं, उनको इस रोग से मुक्ति मिलेगी। महोदय, आपने मुझे बोलने का मौका दिया, इसके लिए आपका बहुत-बहुत धन्यवाद।

DR. T.N. SEEMA (Kerala): Mr. Vice-Chairman, Sir, NIMHANS has been playing an important role in the development of mental health education in the country and in offering advanced clinical care for mental patients. As such, the proposal to make NIMHANS 'an institute of national importance' is most welcome. Sir, I support the Bill.

The Standing Committee has given its recommendations. Some of these recommendations have been accepted by the hon. Minister and some amendments have been circulated. However, some of the apprehensions pointed out by the Standing Committee still remain unaddressed. As per the Government amendment, the Central Government can nominate any member, other than the Director of the Institute, as the President. This shows that Government can still nominate the Union Health Minister, who is a Member, as the President of the Institute. If this is the Government's intention, it will go against the spirit of the Standing Committee's recommendation that the Minister should not be made the President of the institute. Hence, it will be better if the amendment in Clause 7 (1) may be worded as "President shall be a member other than the Director and the Ministers".

The Act provides for funding by the Central Government. But the apprehensions raised by the Standing Committee on the future of funding for the Institute are genuine. We can see reports on the ongoing discussions on the 12th Plan Documents on Health. The Planning Commission wants to entrust to the private sector the responsibility of providing healthcare to the people. It wants to reduce the Central Government funding and wants the burden to be taken by the State Governments and the private sector. This is a dangerous trend, Sir. It will kill the healthcare system in the country. So, what is the guarantee that the Central Government will not ask NIMHANS to raise its own resources and make more profit

[Dr. T.N. Seema]

to run its affairs? I urge the hon. Minister to give an assurance that this will not happen; that NIMHANS will not be converted into a profit-seeking venture; that Government will provide adequate funds for the growth of the Institute in the budget itself.

Thirdly, modern psychiatric care does not rely on drug-based treatment by the doctors alone. It involves a holistic approach, where a team consisting of a psychiatrist, that is, a doctor, a clinical psychologist and a psychiatric social worker, works together. Each takes care of the different aspects of treatment. The role of psychiatric-trained nurse is also important. But the Act does not give adequate importance to the growth of these disciplines. It talks about modern medicines only. I request the hon. Minister to include in Clause 13 specific provisions for 'teaching and research in the areas of clinical psychology, psychiatric social work and psychiatric nursing also'.

Finally, I would like to point out a small mistake in the amendment brought by the hon. Minister. In amendment No. 5 to Clause 5 (1), sub-clause (h), it is mentioned as "Chief Secretary to the Government of Karnataka or his nominee who shall not be below the rank of Secretary to that Government". However, the word, 'ex-officio' is missing in the original Bill. So, it should be added here.

I once again support the Bill. Thank you.

श्री बशिष्ठ नारायण सिंह (बिहार): महोदय, आज एक अत्यंत महत्वपूर्ण बिल पर सदन में चर्चा हो रही है। मैं मंत्री महोदय को धन्यवाद दूंगा कि वक्त की जरूरत थी, समय का तकाजा था और देश को इसकी आवश्यकता भी थी कि मानसिक रोगियों के इलाज के लिए उच्च स्तर की व्यवस्था की जाए। NIMHANS में इस ढंग की व्यवस्था करने की जिम्मेदारी सरकार ने ली है, इसको स्वरूप प्रदान करने का निर्णय किया है, इसके लिए निश्चित रूप से मंत्री बधाई के पात्र हैं। वैसे तो आज आम आदमी के स्वास्थ्य से संबंधी इतनी अधिक दिक्कतें देश में पैदा हो रही हैं कि वही एक बड़ी समस्या हो गया है, लेकिन मानसिक रोगियों की समस्या तो सबसे अधिक जटिल है क्योंकि इनका व्यवहार सामान्य नहीं होता। मानसिक रोगियों का इलाज भी बड़ा महंगा होता है।

उपसभाध्यक्ष (डा.ई.एम. सुदर्शन नाच्चीयप्पन) पीठासीन हुए।

महोदय, मैं एक घटना का उल्लेख करना चाहता हूँ। माननीय मंत्री जी इस बात को निश्चित रूप से ध्यान में रखेंगे कि जो गरीब लोग हैं, जो असहाय लोग हैं, जो निर्धन लोग हैं, जो सामान्य चिकित्सा का प्रबंध नहीं कर सकते हैं, उनके लिए इस तरह की मानसिक

बीमारी का प्रबंध करना तो बहुत ही कठिन है। उनके लिए इस NIMHANS में क्या व्यवस्था करने का प्रस्ताव किया गया है, क्या कोई कैटेगरीज़ किया गया है कि इतने परसेंटेज़ गरीब लोगों को भी NIMHANS में प्राथमिकता के तौर पर चिकित्सा का पबंध किया जायेगा? क्या बेंगलुरु के इंस्टीट्यूट की तरह दूसरे राज्यों में भी कोई छोटे स्तर पर इस तरह का इंस्टीट्यूट खड़ा किया जायेगा? महोदय, मैं एक उदाहरण देना चाहता हूँ कि 1992-93 में हमारे यहां का, बिहार का एक-एक आदमी, चाहे राजनीति से संबंधित हो, चाहे वह साइंस से संबंधित हो, वह उस व्यक्ति का नाम जानता है और उस व्यक्ति का नाम भी बशिष्ठ नारायण सिंह ही है। उस समय मैं बिहार का श्रम मंत्री था। बशिष्ठ नारायण सिंह एक अंतर्राष्ट्रीय स्तर के मैथमेटिशियन थे, वे मानसिक रूप से रोगी हुये और उस समय राज्य सरकार में, मैं मंत्री था, उस समय उनको मैंने ले जाने का काम किया था। उस समय मोइली साबह वहां के मुख्य मंत्री थे, जब मैं उनको लेकर जा रहा था, तो प्लेन में उनसे भेंट भी हुई और मैंने कहा कि इस तरह के व्यक्ति तो राष्ट्रीय धरोहर है। उन्होंने कहा कि मुझसे जो भी बन पड़ेगा, मैं करूंगा। हम जब वहां गये, तो तीन-चार महीने की चिकित्सा के बाद उनके स्वास्थ्य में इम्प्रूवमेंट भी हुआ। लेकिन उस दरम्यान अनुभव यही हुआ कि अब इस ढंग के कॉस्टली ऐक्सपेंडिचर न उनका परिवार bear कर सकता है और न कोई संस्था इतना खर्चा वहन कर सकती है। आज भी, वे वहां से चिकित्सा कराने के बाद, अपने घर पर हैं और इतनी बड़ी एक राष्ट्रीय धरोहर का कोई इलाज नहीं हो सका, चूंकि प्रिलोंग ट्रीटमेंट की व्यवस्था नहीं थी। हम मंत्री महोदय से निवेदन करते हैं कि कुछ ईयरमार्क किया जाये। जो गरीब और असहाय लोग हैं, क्या इनके लिए भी कुछ परसेंटेज़ रहेगा? ऐसे लोग भी इस बीमारी का शिकार होते हैं, जो जीनियस स्तर पर बड़ी-बड़ी जगहों पर जाते हैं और परिस्थिति के अनुसार टार्चरिंग के चलते या अन्य कारणों से जब वे बीमार पड़ते हैं, तो उनको चिकित्सा करवाने में काफी दिक्कत होती है। मैंने एक उदाहरण इसलिए दे दिया क्योंकि उसका मुझको स्वयं अनुभव है और उस अनुभव से मैं सदन को अवगत करा देना चाहता हूँ। मानसिक रोगियों की संख्या बढ़ती जा रही है। इसलिए यदि आप इस इंस्टीट्यूट को बड़ा स्वरूप या राष्ट्रीय महत्व का स्वरूप दे रहे हैं, तो इसमें एक फैक्टर और शामिल करने की कोशिश करिएगा कि संस्थान चले और हरेक वर्ष, प्रत्येक राज्य से दो-तीन मानसिक रोग का इलाज करने वाले डाक्टरों को वहां पर विशेष रूप से ट्रेनिंग देने की व्यवस्था की जाए या उस इंस्टीट्यूट में काम करने की सुविधा दी जाए तथा इसकी व्यवस्था की जाए कि जब वे अपने राज्य में वापिस लौटें, तो मानसिक रोगियों को उच्च स्तर की ट्रीटमेंट की सुविधा अपने राज्यों में दिलवा सकें।

महोदय, हम इसमें एक दूसरी बात और करवाना चाहते हैं कि इसके लिए सरकार के द्वारा एक और व्यवस्था करनी चाहिए कि मानसिक रोगियों का ट्रीटमेंट करने के लिए जो मेडिसिन्स हैं, वे कम्परेटिवली और मेडिसिन्स से महंगी पड़ रही हैं।

महंगी मेडिसिन को सस्ती दरों पर तैयार किया जाए, ताकि मानसिक रोगियों का इलाज कम पैसों में हो सके। हमें इस काम के लिए भी व्यवस्था करनी होगी। खासकर बेंगलुरु एक बड़ा शहर है। आज के समय में वहां आम आदमी का जीवन जीना मुश्किल हो गया है। बेंगलुरु में दस-पन्द्रह दिन के लिए जो लोग जाते हैं, उनका बहुत ज्यादा खर्चा होता है।

[श्री बशिष्ठ नारायण सिंह]

इसलिए उनके लिए अलग से व्यवस्था होनी चाहिए कि इस इंस्टीट्यूट में भर्ती होने वाले रोगियों की सहायता के लिए जो व्यक्ति गया है, वह कम दरों पर वहां रहकर रोगी की सहायता कर सके। इसके साथ ही उसको कम पैसों में वहां रहने की सुविधा प्राप्त हो सके।

महोदय, इस बिल को consider करने के लिए कुछ महत्वपूर्ण बिन्दू हैं। इस बिल का जो वर्तमान स्वरूप है, इसके bureaucratization की बहुत ज्यादा संभावना है, इसलिए मैं उन बिन्दुओं को आपके सामने रखना चाहता हूं। माननीय मंत्री जी consideration के समय इस पर ध्यान देंगे इसलिए गवर्नमेंट की दृष्टि में ये बातें आनी चाहिए और जो इसके महत्वपूर्ण इश्युज हैं, उन पर भी विचार किया जाना चाहिए। ...*(व्यवधान)*...

THE VICE-CHAIRMAN (DR. E. M. SUDARSANA NATCHIAPPAN): You have already taken seven minutes. Kindly conclude.

SHRI BASHISTHA NARAIN SINGH: The composition of the NIMHANS, including Ministers, Secretaries to the Government and Members of the Parliament, Institute indicates a very high degree of bureaucratization. These Secretary level officers, Ministers and Parliamentarians will not be able to devote adequate time, or have the necessary expertise to meaningfully engage in the management of the Institute. वहां इस तरह के लोग कामयाब नहीं हो सकते हैं। दूसरा बिन्दू, The Bill does not clearly indicate the composition of the Governing Body. Thirdly, the procedure to be followed by the Members of the Institute and the Governing Body (including quorum, minimum number of meetings, etc.) has not been included. Fourthly, the Bill does not clarify the position of the existing governing structure in the Institute, including the Registrar, Heads of Departments, Management Board, upon enactment of the Bill.

मैं समझता हूं कि इन बिन्दुओं पर ध्यान देना चाहिए और इसको पूर्ण स्वरूप प्रदान करने में भी सरकार को ध्यान देना चाहिए। मैं दो बातें पुनः दोहराना चाहूंगा कि गरीब लोग तथा जो अपना इलाज कराने में समर्थ नहीं हैं, इस बिल में ऐसे लोगों के लिए percentage फिक्स करने का काम भी होना चाहिए। धन्यवाद।

SHRI D. BANDYOPADYAY (West Bengal): Sir, I rise to support the Bill. The National Institute of Mental Health and Neurological Sciences, Bangalore, is already a *de-facto* institute of National importance. It is good that the Government is giving *de jure* recognition to it. People from all over the country, who have little money, rush to Bangalore for getting treatment which they cannot get in their State capitals. So, I fully support the Bill as it is being introduced. Sir, in the popular psyche, we do not accept mental illness like any other physical illness. Deficiency in mental

health is looked upon more as a mocking or taunting phenomenon, rather than treating it with sympathy and compassion. We do not accept any mental aberration as sickness till it converts itself into stark lunacy, when it is often beyond any medical intervention.

It is a tragedy, both for the sufferer and the sufferer's family. Earlier, we accept mental illness as a normal illness like any other sickness; the better it is for the afflicted person as well for the afflicted family.

Severe mental disorder include schizophrenia, bipolar disorder, organic psychosis and the most prevalent is major depression which affect nearly 20 per 1,000 population of course statistics are not very reliable. This 2 per cent mentally deficient people make a total figure of, roughly, 2.5 crores in a population of 1.2 billion. I am not very sure about the authenticity and veracity of these statistics; it is just an estimate.

We must credit the Government of India for recognizing mental illness as a national problem as early as 1982 when the National Mental Health Programme was started. During the Eleventh Five Year Plan, the Government provided for about Rs. 1,000 crores. Unfortunately, we do not have any impact assessment of what happened in the Eleventh Five Year Plan. Is the rate of mental deficiency going up or is it going down or has it stabilized at a stagnant rate? We do not know. It is time and I would urge the Government, through you, Sir, that they should make a statistical analysis of the total universe of mental illness in the country. We are all going by conjectures and on conjectures really we cannot make any planning.

Secondly, the Government of India, along with the State Governments, should try to endeavor to increase the member of clinical psychiatrists in the country and ensure its maximum or optimum spatial spread. Now, only a few clinical psychiatrists are available and they are available only in capitals or mostly in mega cities. My previous speaker has said that hardly there is anyone in districts or anywhere else who can recognize the phenomenon of mental aberration and give any direction. The Government should try to consider opening clinical training centres for psychiatrists whose basic qualification should be honours graduate in psychology or Master in Psychology. I am bringing in the concept of paramedics in this case, because unless we have such people who can recognize the early symptoms of mental illness, the cases go beyond treatment stage and one cannot run to Bangalore every time or even once in a lifetime.

3.00 P.M.

[Shri D. Bandyopadhyay]

Thirdly, while we appreciate the existence of national institute of excellence at Bangalore for mental health, the Government should try to increase its outreach. One institute, in one distant corner of the country, covering a population of 1.2 billion, is something which is unbelievable. Therefore, Sir, what I say is: Either the NIMHANS should open its branches-the objects does not provide for it-or it should have a right to recognize such institutes everywhere which can give proper diagnosis and treatment for early detection of such cases.

Sir, clinical psychiatry is a highly specialized subject. But, our medical students do not really get any exposure to that. Hence, I would request the Government, through you, Sir, to consider introducing psychiatry as a subject in MBBS course so that normal practicing doctors can, at least, detect the signs of mental aberration and request patient or patient's guardian to take him to a proper place for proper treatment.

I would urge the Government to remove all mentally-afflicted patients from jails. We have now mentally-afflicted persons in prison as if they are criminals. It is an affliction. It is a sickness. Why should they be in jail? All such people should be removed; and, the word 'asylum' should be taken away and it should be called 'hospital'.

Sir, I have got three specific points on the Bill. Firstly, I would request, through you, that among the members of the institute, in clause 5, at least add one social activist dealing with mental illness or one social psychologist dealing with mental illness who would be outside the medical profession and outside the ambit of Government so that he can directly bring his/her own experience of what happens elsewhere into the institute.

Secondly, this point has already been raised, why should the President, who is the Health Minister, get an allowance under clause 8? There is no reason. Every Government servant gets his normal salary and all that. He gets reimbursement of the expenses. But, no allowance should be given to him.

Thirdly, in the Statement of Objects and Reasons, it has been rightly stated, "Evolving strategies for enhanced service delivery, rehavilitation of patients with neurological and mental disabilities." It is a very good point; this should be our

objective. But, if you look at clause 12 of the Bill, it does not find any mention. The objects mentioned are all academic, academic-related and highly technical. So, I would urge that service delivery should be one of the major objectives, as given in the law.

With these words, I support the Bill. Thank you.

प्रो. राम गोपाल यादव (उत्तर प्रदेश): धन्यवाद श्रीमन्। निमहांस को एक राष्ट्रीय महत्व के संस्थान के रूप में स्थापित करने के लिए यह जो विधयेक लाया गया है, मैं उसका समर्थन करता हूँ, लेकिन कुछ बहुत महत्वपूर्ण बातें यहाँ उठाई गई हैं, खास तौर से श्री बशिष्ठ नारायण सिंह जी द्वारा, मैं उसकी तरफ माननीय मंत्री जी का ध्यान आकर्षित करना चाहूँगा। मैं इस संस्था में कुछ वर्ष पहले गया था, जब मैं उस हाउस में था, एग्रीकल्चर कमेटी के चेयरमैन के रूप में। हमारी कमेटी वहाँ गई थी और हमने इस संस्था को देखा था। यह बहुत अच्छी संस्था है। जिस तरह से **mentally retarded** बच्चों को वहाँ डाक्टर्स **treat** करके ठीक करने की कोशिश कर रहे हैं, वह प्रशंसनीय है। बशिष्ठ नारायण सिंह जी ने मानसिक रोगियों का मामला उठाया। उनके इलाज पर बहुत पैसा खर्च होता है। हमारे यहाँ आगरा में जो मेंटल हॉस्पिटल है, वहाँ ऐसे सैकड़ों मरीज हैं, जिन्हें परिवार के लोग भर्ती करा जाते हैं, जो ठीक हो जाते हैं, लेकिन उसके बाद वे उन्हें लेने नहीं आते हैं। अस्पताल उनको छोड़ना चाहता है, घर वालों को बुलाता है, लेकिन घर वाले लेने नहीं आते हैं। **It is a human tragedy.** यह एक बहुत बड़ी समस्या है। आप इस संस्था को इतना बड़ा रूप देने जा रहे हैं कि यह न केवल इलाज करेगी, बल्कि पैरा मेडिकल इंस्टीट्यूट से लेकर पढ़ाने का काम और नर्सिंग से लेकर **highest order** की डिग्रीज़ देने का काम भी करेगी।

यह शिक्षण और प्रशिक्षण, दोनों तरह के काम करेगी। इसके द्वारा दी गई डिग्रीज़ को हर जगह मान्यता प्राप्त होगी। इसकी सारी व्यवस्था आपने इसमें की है। उन मरीजों के लिए, जो भर्ती हो जाते हैं और ठीक भी हो जाते हैं, उनके लिए क्या प्रोविजन किया गया है? उनको आप रिहैबिलिटेड कैसे करेंगे? क्या इसमें इस तरह का कोई प्रोविजन है? किसी के परिवार वाले उसे भर्ती कराने के बाद चले गए, तो **humanitarian point of view** से अस्पताल उनको छोड़ नहीं सकता। ऐसे मामलों में मेरी राय यह है कि इन मरीजों पर जो खर्च होता है, इनका इलाज या मेडिसिन, वह पूरी तरह से मुफ्त होना चाहिए। क्योंकि, जब तक इन मरीजों का मुफ्त इलाज नहीं होगा, परिवार वाले इनको बोझ समझ कर अस्पताल में भर्ती करा देंगे और इनको दोबारा लेने कभी नहीं आएँगे। मेरा एक सुझाव तो यह है।

दूसरा, जब मैंने इस बिल को देखा तो पाया कि इसमें छः सीनियर आई.ए.एस. ऑफिसर्स हैं, जैसे इसमें सेक्रेटरी, चीफ सेक्रेटरी, पदेन सदस्य और सी.जी.एच.एस. के डायरेक्टर जनरल हैं। हमारे बगल में एन.के. सिंह साहब बैठे हुए हैं। ये सेक्रेटरी रहे हैं, बहुत सीनियर ऑफिसर रहे हैं। **With due apology to the senior IAS officers,** मैं यह कहना चाहूँगा कि जहाँ बहुत ज्यादा **bureaucratic interpretation** होता है, वहाँ हर मामले में डिस्क्रिशन लेने में

[प्रो. राम गोपाल यादव]

विलम्ब होता है। अगर आप डॉक्टर्स को रखें, बहुत बड़े renowned doctors को रखें, उसमें कुछ हैं भी। 21 सदस्यों की जो governing body है, उसमें कुछ ऐसे मेम्बर्स हैं, लेकिन यह संख्या मुझे कुछ ज्यादा लगती है। यह आपके लिए अपरिहार्य हो सकती है, लेकिन डॉक्टर्स की संख्या उसमें बेहतर हो, अच्छे किस्म के डॉक्टर्स हों, renowned doctors हों, उस क्षेत्र के डॉक्टर्स हों, तो अच्छा होगा। इसमें आपने तीन संसद सदस्य रखे हैं- दो लोकसभा के और एक राज्यसभा के। इनका क्या योगदान हो सकता है? मैं नहीं समझता हूँ कि कभी-कभी एकाध मीटिंग में जाएँगे। इनकी जगह अगर डॉक्टर्स ही बढ़ा दिए जाएँ, तो ज्यादा बेहतर हो सकता है। ...(व्यवधान)...

श्रीमती रेणुका चौधरी (आंध्र प्रदेश): नहीं, नहीं।

प्रो. राम गोपाल यादव: रेणुका जी इससे सहमत नहीं है।

SHRIMATI RENUKA CHOWDURY: It should be there. We should get the society involved in bringing policies in Parliament. अगर वहाँ जाकर हमें जानकारी नहीं होगी, तो हम यहाँ कुछ कह भी नहीं सकेंगे। बेहतर है कि एकाध ऐसे लोग वहाँ हों, जिनको, इसमें इंटरैस्ट हो। They should be there. ...(Interruptions)... The public representatives should be involved in it.

प्रो. राम गोपाल यादव: क्या आप मंत्री जी की तरफ से जवाब दे रही हैं?

श्रीमती रेणुका चौधरी: नहीं, सभा की तरफ से। ...(व्यवधान)... मैं हेल्थ की भूतपूर्व उप मंत्री थी, इसलिए इतना अधिकार तो मुझे है। ...(व्यवधान)...

प्रो. राम गोपाल यादव: मैं तो चाहता हूँ कि आप मंत्री हो जाएँ, तो ज्यादा अच्छा रहेगा। ...(व्यवधान)...

सर, मेरे कहने की मंशा सिर्फ यह है कि इसमें renowned doctors का प्रतिनिधित्व ज्यादा होना चाहिए, ताकि जिस उद्देश्य के लिए इसको नेशनल इन्स्टीट्यूट की संस्था बनाया जा रहा है, उस उद्देश्य को पूरा करने में यह सफल हो। Mentally retarded या psychiatric patients के जितने भी केसेज़ हैं, उनमें आपको बजट में प्रोविजन करना पड़े या आपको कुछ भी करना पड़े, लेकिन जब ऐसे लोग भर्ती हो जाएँ, तो उनकी दवा और उनके इलाज की व्यवस्था मुफ्त होनी चाहिए। अगर यह नहीं होगा तो इस संस्था से आप चाहे जितने बड़े-बड़े डॉक्टर्स और पैदा कर दीजिए, लोगों का ज्यादा लाभ नहीं हो सकता है। बहुत-बहुत धन्यवाद।

SHRI TIRUCHI SIVA (Tamil Nadu): Thank you, Mr. Vice-Chairman. Sir, I rise to support this Bill which proposes to make the National Institute of Mental Health and Neurosciences a statutory body corporate and to declare it as an institution of national importance under Entry 64 List 1 of the Seventh Schedule to the

Constitution to develop this as a high level institution of mental health and neurosciences on the pattern of AIIMS in New Delhi and JIPMER in Puducherry. Sir, this institute has to its credit many things and above all I have to add one more thing that this institute is the first in the world to have an integrated mental health and neurological and neurosurgical services, the first postgraduate centre in the country for mental health and neurological disorders, the largest neuropsychiatric centre for children and adolescents developing specially trained men and round the clock trauma care team headed by a senior faculty for prompt treatment and human brain bank, only one in India, to promote research in biochemical, molecular, biological and virological aspects, and a DNA bank for genomic and proteomic research. Sir, I would like to urge the Minister that the country needs a hospital of this model in every city. Nowadays accidents are increasing. Every year people who die due to accidents excel any other epidemic disease that may arise. Sir, I have heard about this hospital through various sources. Rahman Sahib was telling about the evolution of this institute, how it was once a mental asylum, and then how the Maharaja converted it into a mental hospital and now with affiliation of neurosciences how it has developed and all. Above all, I should complement the team of doctors and the people who are working there. This hospital is a role model to any Government hospital anywhere else in the country. The commitment and involvement of doctors make any patient confident once he gets admitted there. Sir, I think it is not out of place or an exaggeration if I say that this is uncommon in many Government hospitals. Sir, this hospital has proved to be a very big centre in the country especially for neurosurgical sciences. Nowadays in this developed society where the communication system has increased and people repose mostly on internet and other technological aspects, neurological diseases are quite common and people who are working in IT industry and many other areas who undergo some neurological problems, when they are in need of a good hospital, many of us are not aware, such a model institution which will set an example, is there in Bangalore. Now this Bill enables this institution to become an institution of national importance and empowers it with academic autonomy. Sir, I want to share with this House, through you, that in our public sector undertaking in the country, the industries are classified into different categories such as Navratna, Mini Navaratna and Maharatna. This status confers upon those industries to have financial autonomy and administrative autonomy. Once this power is entrusted with any organisation or any industry, this autonomous nature of the organisation helps them to develop more. We have heard across thorough many Government institutions and organisations saying that they

[Shri Tiruchi Siva]

are not able to take decision of their own whereas a private firm which thrives well-which lacks infrastructure than any other Government organisation-because it can take decisions of its own. So, when this autonomy is given to such institutions, decisions at the right time will help those people to take those institutions to the level they ought to reach. So, I feel very earnestly that by this proposal of making this an institute of national importance, giving it academic autonomy, enabling it to set new trends in mental health and neurosciences, award its own degrees and also to have appropriate delegated administrative and financial powers the Ministry has taken a right step at the right time. An institution of this category, of course, needs the support of the Government in all aspects. I want to congratulate, through this opportunity, all the team working in that hospital and all other concerned people. I have also heard that many neurological specialists, who are working across the country, have been graduated from this Institute. So, when such a reputed Institute, which exists in our country with all facilities, is conferred with such an autonomy of financial and administrative powers, I hope, this Institutes will work much better. I, once again, urge upon the hon. Minister to establish institutes in every State because, today, the neurological care is very much needed. Trauma care is not provided that much in many hospitals and people who meet with accidents are not able to get the required facilities. I have also heard how fast they treat the people at NIMHANS. I should again say that private sector institutes are posing a stiff competition to the public sector institutes; whereas, I have heard, many people have told me, and I have experienced that this Institute is posing a competitiveness to the private hospitals in the country. So, this Institute deserves all the support. I thank and congratulate the hon. Minister for this initiative. Thank you very much.

SHRI BAISHNAB PARIDA (Odisha): Sir, at the outset, I support the National Institute of Mental Health and Neuro-Sciences, Bangalore, Bill, 2010. Today, the number of neuro-psychological patients is increasing very rapidly. As some of my colleagues have mentioned, there are more than five crore people suffering from this disease. Out of these, two crore cases are very serious. But, in our country, the number of institutes is quite insufficient. As it is mentioned, only 43 institutes are there; and, there are only 2,600 beds in those institutes.

Sir, to develop an Institute of national importance-with highly sophisticated methods of treatment, research and analysis-is very, very essential for the country.

The hon. Minister has always been taking innovative steps. I congratulate him for this. This is one of the steps that he has taken. I hope, it would prove to be very much fruitful.

In some States, there are no institutes to treat the psychological and mental patients. In my State, Odisha, there is only a small unit in SCV Medical College, Cuttack. I would like to draw the attention of the hon. Minister towards this. There are only a few doctors who are working in this small unit. There is just one more small private unit in Rourkela, where not more than fifty patients can be admitted in those two units.

So, in a State having about 400 million population, only 50 beds are there to provide treatment facilities to such a large number of people. Therefore, I, like many other hon. Members, request that in every State—it may not be like the Institute which you are going to establish or develop in Bangalore—some sort of an institute should be there, a number of seats should be there, and some specialists should also be there. As far as Odisha is concerned, I urge the hon. Minister to give special attention to my request.

Sir, another point I want to bring to your notice is about the medical treatment of these patients. In India, medical treatment is very expensive, especially for those who come from the rural areas. In rural areas, if somebody goes mad, we can see how the illiterate people having no scientific approach to this disease treat him or her. People chain their legs and tie them with a cot or a post and put them in a dark room. They are meted with such an inhuman treatment. I have seen with my own eyes thousands of poor people in rural areas suffering like this. Especially those who belong to the Scheduled Castes, Scheduled Tribes or Backward Classes or *adivasis*, they do not have any access to the medical treatment. They are entirely dependent on quacks. This is the situation prevailing in our country. So, I think a few institutes like this are required to meet the urgent needs of the country. Sir, my another request is that the treatment should be very cheap. The medicines should be made available at a cheaper rate. Special concession should be given to the poor people who are unable to meet the high cost of treatment.

Another point is, since this is an institute of national importance, students from all the States, specifically from those States where such type of an institution is not there, particularly for this faculty, should be accommodated. That must be guaranteed.

[Shri Baishnab Parida]

Then, the doctors, working in some undeveloped States must be given a chance to learn highly-improved methods of treatment, the knowledge which they can get from this Institute.

My next point relates to composition of management. One of my colleagues also raised this question that the hon. Minister will not prefer to be the Chairman of this body. Instead of the IAS officers, highly-qualified doctors should be there in the management, so that there is no bureaucratic interference in this Institute. Then, a few number of political people will be better for the management of this Institute. This is my personal experience.

Then, as regards reservation, my friend also raised this question, the Government is trying to avoid giving an assurance about the reservation of SCs/STs/OBCs. This is an institute of national importance. They are trying to avoid giving any assurance that reservation will be provided to the Scheduled Castes, the Scheduled Tribes or the Other Backward Classes. With this, I wish this Institute serves the interest of the entire nation, particularly, of those States where there are no institutes of this kind. Thank you very much.

SHRI A.W. RABI BERNARD (Tamil Nadu): Mr. Vice-Chairman, Sir, I rise to register my views on the Bill, particularly, on the objects of the Institute and the functions of the Institute.

"Every normal person, in fact, is only normal on the average. His ego approximates to that of the psychotic in some part or other and to a greater or lesser extent" —says—Sigmund Freud.

In our country, one per cent of the population has severe mental illness, ten per cent of the population has common mental disorders, 5-7 per cent of the population has substance abuse. Every fourth persons in India suffers from some form of mental illness. But we have, at present, 20 psychiatrists per one crore population compared to a global average of 60. Hence, it is high time that we establish mental health neurosciences institutions not only in Bangalore but also in many rural areas of the country.

A serious systematic effort must be made to address the issues of stigma attached to the mental illness, and the rights of the mentally-ill people in society must be protected. A large number of epidemiological surveys done in India on

mental disorders have demonstrated the prevalence of mental morbidity in rural and urban areas of the country. Hence, the Institute in Bangalore must reach out to the entire country. Mental health trained people in our country are very limited and they are mostly based in urban areas. To a nation of our size, one institute at Bangalore is highly insufficient. Development of mental health services must be linked with general health services and primary healthcare. Training opportunities for various kinds of mental health personnel must be increased. Training, research and provision of clinical services to promote mental health in all sections of society must be taken up seriously.

Finally, Sir, the Institute of Mental Health in Chennai is 218 years old with a capacity of 1800 beds and outpatients average 500 per day. Like the Bangalore Institute, the Chennai Institute should also be supported with generous grants and research opportunities by the Central Government. There must be some branches of studies offered now in Chennai also. The two Institutions, one in Bangalore and the other in Chennai, must be tele-linked for daily operations.

With these words, I welcome the Bill.

DR. ASHOK S. GANGULY (Nominated): Mr. Vice-Chairman, through you, I wish to compliment the hon. Minister because, this is one of the most important Bills which has been introduced in this House in recent times, and I support the Bill.

I think, a number of speakers have said that mental illness has almost become an epidemic in this country, hon. Minister; and I think, recognizing NIMHANS as 'an institution of national importance' is a signal to the nation that we acknowledge that an important part of illness cannot remain in isolation.

Mr. Minister, I request you to consider the creation of a Indian Council of Medical Health and Neurosciences quite distinct from Indian Medical Council because if we constitute an Indian Council for Medical Health and Neurosciences, its importance in education, in training and giving assurance to people will be enormously enhanced.

From statistics quoted by the previous speaker, the point of the fact is, please do not consider mental illness as madness. There is a widespread mental illness epidemic in this country and my doctor friend tells me that it is as widespread as coronary disease, as widespread as cancer and as widespread as diabetes. It is growing everyday, but we do not recognize it. One of the principal reasons for its

[Dr. Ashok S. Ganguly]

growth is the break-up of the family structure in this country, the change in the living styles and aspirations of our people, some of which are very hugely misplaced. There is nothing much we can do about it. Another factor is the migration between rural India and urban India. So, this is the major challenge. Mr. Minister, through the Vice-Chairman, I suggest that you not only recognize NIMHANS as the institute of national importance but to recognize the mental challenge and mental illness as a national challenge also which requires far more acceptance, far more legitimization and far more resources. As a matter of fact, we talk about huge hospitals; we talk about health tourism, etc. I think the private sector is as much responsible as the Government sector in order to establish such institutions and if they need any support and if they need regulatory oversight, I think, we must prepare for it. Now, I request the Minister, when he replies to some of the questions that have been raised, to kindly acknowledge—I make a very humble request—the Government's seriousness in order to put mental health and neurosciences on a visible and important platform and then have institutional mechanism. This is the beginning of a Bill; this is the beginning of an effort. Let this be the first step in a number of steps we have to take so that the demographic dividend that we talk about does not become a demographic crisis. I thank you, Mr. Vice-Chairman, for giving me this opportunity, and I thank the hon. Minister once again for bringing this very important Bill to the floor of the House, which I fully support.

DR. BARUN MUKHERJI (West Bengal): Mr. Vice-Chairman, Sir, I rise to support this very important Bill. I must congratulate the hon. Minister for doing this great service not only to the medical science but also to the nation. It will be regarded as one of his best ministerial contributions to the nation that he has given utmost importance to one such issue which is regarded as one of the critical diseases at the moment. He has given all the importance to it by making an endeavour to make it a national institute for treatment of neurological patients or mental patients. It is because of the present-day socio-economic conditions that more and more mental pressure is created on people.

Apparently, we cannot recognise that many a people are moving around in the society, but they are facing so much of mental stress that majority of them are gradually becoming the victims of neurological problems. Everybody will definitely agree that it is a very specialised subject. Someone may be a very reputed general doctor, but very often, we find that it is beyond the scope of any general doctor. It

needs some specialised attention. So, making NIMHANS an Institute of national importance is a very good step. Incidentally, while supporting the Bill wholeheartedly, I would like to mention a few points here.

We also understand that some regular academic course will also be followed in this Institute. But, in case of such academic course, it has not been specified that it is the only Institute of national importance in the country at the moment. The academic courses of this Institute must be very important. So, what should be the methodology of admission in this Institute? That should be specified. We expect that the Minister will make some specific point over it that the students from other States will also get adequate seats for pursuing post-graduate studies in this Institute. This point should be mentioned in the Bill.

THE VICE-CHAIRMAN, PROF. P.J. KURIEN, in the Chair

Then, I would like to mention two things. In the Statement of Objects and Reasons, in the third paragraph, it is stated that this Bill will empower the Institute with academic autonomy to develop its own curriculum. So, this lays stress on autonomy of this Institute. But, we find contradiction to this point in clauses 25 and 26. For example, clause 26 States that in case, any dispute or difference arises between the Institute and the Central Government, the decision of the Central Government thereon shall be final. I think, it goes against the spirit of autonomy that is given to that Institute in all the respects. It is rather a strong word that has been used here. Why should we not follow a conciliatory approach? If we say that whenever there is any difference between the medical persons in this Institute and the Government, the version of the Central Government will be final, it appears to be a very hard word. It goes against the spirit of autonomy that has been so far given to the Institute. So, I think, the Minister would like to take note of it and make some suitable amendments, at least, in the words so that it goes hand in hand with the spirit of the Bill.

Lastly, I seek the indulgence of the hon. Minister to refer to some of my earlier discussions with the Minister. Please, allow me to mention that. I discussed about it many times with him. Perhaps, I gave him a letter in writing that for a vast country like India, one such Institute in one place will be very much inadequate. There, the Minister assured me that it was his plan to have, at least, four regional centres in the country—North, South, East and West. In that case also, I put forward to the Minister at that time, and again, I urge upon him to give

[Dr. Barun Mukherji]

consideration for the next priority to the Eastern zone. Particularly, I refer to Kolkata because there is no dearth of experienced hands there. Experts are there. Very good doctors are there. Manpower is definitely there. Also, I believe that the State Government will help in providing land and other infrastructure. So, while replying to the debate, if the Minister once more reiterates what he once referred to me earlier, if he can give me that assurance, I will feel very much obliged again that the Eastern zone will have the next priority to have an institute of national importance of this kind.

Again, I give my heartiest thanks and congratulations to the hon. Minister for bringing this important Bill and building up this very important national Institute.

SHRI M. RAMA JOIS (Karnataka): Mr. Vice-Chairman, Sir, at the outset, I support the provisions of the Bill. The National Institute of Mental Health and Neuro-Sciences, Bangalore was established as an autonomous body under the Societies Registration Act as early as 1974 but actually, even before Independence, His Highness the Maharaja of Mysore had established a mental hospital in Bangalore, which was a famous hospital. Subsequently, after Independence, in 1974, a society was formed and registered and the Institute of Mental Health was established. In fact, this Bill should have come much earlier but it is never too late to make amends. Now, after around 35 years, this Bill has come for giving it status of national importance. As pointed out by one of my learned colleagues, this Institute has already got a national as well as international reputation.

Sir, one most important thing is that every human has got three dimensions, namely, (i) physical body, which is physical strength, (ii) intellectual abilities, and, then, (iii) *manas*, which is mental strength. If even one of these is absent, man becomes useless. More particularly, if he has both physical and intellectual strength but is mentally ill, he is unable to do anything. Therefore, utmost importance has to be given to 'mental health', and, that is why, famous poet *Kalidasa* has said, "शरीरमाद्यम् खलु धर्मसाधनम्"... If you want to achieve anything in your life, you must maintain sound health and sound mind, because, then only, you will be a useful person for the society. From that point of view, establishment of this Institute is of utmost importance.

Sir, I have gone through the provisions of the Bill. Clause 16(1) says, "The Institute shall maintain a Fund to which shall be credited—(a) all moneys provided

by the Central Government and the State Government of Karnataka..." But when I read clause 5, I found that there is no representation of the State of Karnataka at all though they are required to provide funds. Therefore, I was thinking of moving an amendment. Actually, I had drafted the amendment—which I had given to the Notice Office—that the Minister of Health and Family Welfare Services of the State of Karnataka should be a Member. Now, when I see the amendment moved by the Minister, I find that same clause (aa), which I had added in my personal amendment, has been added by the hon. Minister. The amendment says, "The Minister of Health and Family Welfare (Medical Education), Government of Karnataka, ex-officio;" So, I thank the Minister for having made this amendment by himself.

Second thing is about the recommendations of the Parliamentary Standing Committee. The Standing Committee recommended that the Minister of Health and Family Welfare, Government of India should not be the President. There should be a provision for appointment of a person other than the Director. In respect of AIIMS and PGI etc. the recommendation was, "There shall be a President of the Institute who shall be nominated by the Central Government from amongst the Members other than the Director of the Institute." I found that in his amendment, this recommendation of the Standing Committee has also been accepted making it a part of the clause. Therefore, two of the important amendments, which I thought were necessary, have already been included in the official amendments, which shows that the Minister is very reasonable.

Apart from the medicines for mental health, counselling is of utmost importance. I have attended the function in the same Institute when the hon. Minister was present there. I have also attended other seminars which are conducted in the Institute. They don't depend on mere medicines for mental health. they are counselling, giving proper advice to the youths so that they may not become mentally ill. Such programmes are being taken up in this Institute. I have attended two or three programmes.

The Second thing is regarding clause 5. Nowadays, I would consider yogic science is of utmost importance which is more helpful for strengthening mental capacity of an individual instead of giving medicines. Hon. Minister is fully aware that there are several yogic experts, Dr. Nagendra and others, who are doing excellently in that field. Therefore, in clause 5, I would suggest that there should be provision for introducing an expert in yogic science as a member of the Institute. That would be of great help as far as curing the mental diseases of an individual are

[Shri M. Rama Jois]

concerned. For the reason prevention is always better than cure, so that no individual falls into mental weakness or mental diseases, preventive measures ought to be taken. That should become part of the activity institute itself. In the Institute, they should provide sufficient mental education for the youths and other mentally-weak individuals so that they may not become mentally ill. Today, because of so many bad habits for which youths have fallen, it has become extremely necessary to provide them good advice so that they do not become a liability to the State instead of becoming an asset. Thank you.

SHRIMATI RENUKA CHOWDHURY: Sir, thank you very much for giving me this opportunity to speak on this subject. let me start by congratulating the Minister on recognizing the need to make this very prestigious Institute a statutory body corporate and to declare it an Institute of national importance. I cannot think of a better time that we learn to recognize this benchmark institution. India along with her development and progress has also seen fragmentation of families as units, work-related stress, rise in diseases like autism in children, age-related dementia as well as Alzheimer, which we believed never came to India. We thought it existed only in the West. So, at this point, it is good to bring it into an integrated Institute which has multiple disciplines in which it actually establishes a threshold on which we learn to reach out and treat people. I don't like the word, the terminology 'mental disease' because it has been associated very derogatorily in our society. We should probably look at it as mental and mind science or something like that which gives it a little more dignity than what we are used to. People do not know there is a very fine line that goes into diagnosing border line cases and acute cases. Sometimes films which have depicted asperger's syndrome and all, have done huge service in educating people at a mass level. Even doctors in hospitals, private and other institutes rarely are able to make out one or two visits. It is imperative, because we are in an era of technology, that we go out and put courses online. This Institute can be empowered to put courses online, do tele-education and bring people in from all over the country for field experience as well as field counselling. Some of our hon. colleagues were talking about how it is imperative that it should be included in public health services. Absolutely true. Unless it goes down to the micro level, social practices, which discriminate against women, where women are hung because they believe to be witches, which is only a manifestation of hysteria which is misinterpreted by society, cannot be cut down.

If we recall, I think, we have had a famous case in Odisha where a certain gentleman actually declared his own daughter as lunatic in order to support his son-in-law to make money in a business deal. The Law Minister is here. I am going to take advantage of his presence. I am going to plead with him for the hundreds of women, who are undertrials, waiting for justice simply because they have been branded as lunatic or mentally ill, none of which is true, and they have been thrown in. If anyone of us in this House, irrespective of our age, has acute diarrhoea or vomiting, their sodium or potassium levels will drop or rise according to what they are doing and they will talk as if they have mental aberration. They will be ranting for a while till an astute doctor recognises that it is a potassium-sodium imbalance and once that is resorted they are able to get back to normalcy. Unfortunately, we don't have the capacity. There is an urgent need for capacity building. We need to have not just psychiatrists. There is a misnomer. People believe that any mental disease can be treated only by a psychiatrist. It is not true. Psychologists, counsellors and vocational guidance do help in reaching out to individuals systematically. I would like a representative from the educational institutions to be part of the governing body. There has to be sensitisation and awareness when we see the field throwing up more and more people who are supposed to be inflicted with mental aberrations because of day-to-day stress, performing pressures both in jobs and schools and subconscious pressures inflicted by parents on their children. All of this sometimes gives rise to behaviour aberration which can be marginalised or reduced and the impact can be defined by giving them timely help. Now there is a need for online counselling. A lot of people need venting. Women, who are living in abusive households, and men, who are under work pressure, need a venting. And it is imperative that this institute thinks of piggybacking on existing institutions till we set up other institutions. By the time you actually conceive it, get land and set up an institution, it is going to be far too late. It is urgent now that we use existing infrastructure of other universities and have affiliations to this institute. This will help in capacity building and ensure that patients get necessary care.

A very important factor was told by one of my hon. colleagues. We cannot make institutions like this as a centre where families go and leave and children or leave the adults and come back. It has to be inclusive in a family. And it is imperative that we educate the family as a unit on how to deal with people like this, what explanations to give socially, how to deal with social stress themselves, etc. Caregivers have an equal problem in dealing with these issues. It has to be inclusive. The Institute must have residential areas. Or it can ask for Public-Private

[Shrimati Renuka Chowdhury]

Partnership in which can keep people living there. They can learn to take the patients with them and work in the workshops in order to understand them. This will enable them to deal with these people. Inability to have children and social stigma have an impact on the mental health. Awareness of what is happening in our country should be there. I am very, very conscious of what I am saying at this point. There has to be someone from the food processing industry involved in it to inform the country and educate the people. A lot of sugar-rich drinks, foods and additives to milk are sold as energy food. There are over-the-counter tablets for children. They are being given without prescription. They say that this will enhance their mental level and help them write exams. I think that is a frightening, terrifying aspect of our society which needs to be clamped down ruthlessly. No one has established that you can do something like this without a physical and physiological evaluation of the individual.

Access to over the counter drugs, which are supposed to be mentally stimulating, is not good for the children. Today in the newspaper if you have read, you would have seen that there seems to be remarkable rise in mental strokes. Women are found to be more vulnerable than men. It is not just a lifestyle disease any more. So, you see a rise in the mental stroke. If you collaborate that with the kind of medication that is available over the counter, then, it is a self-inflicted injury. Pain killers which are administered are accountable for 40 per cent of kidney failures in this country because simply people just go and take Ibuprofen or Combiflam or any thing without checking the impact that it has on their livers and kidneys. The same thing is happening with their mind.

We also need the toy industry to come in, to be able to work out affordable board games which will help people at home to be able to keep the elders involved in keeping cognitive powers. There is no one who does cognitive assessment. It is very, very difficult to look in the country and find specialists who can actually do cognitive therapy to help people reinforce the memory trace by repeating the same course with encouraging results.

So, we need to look at the toy industry which will actually bring about design into these board games, etc., for the age-related diseases like dementia and Alzheimer. There is no course in this country in nursing or otherwise as yet which trains home care givers. Nursing doesn't encompass just the mental sciences. So, it

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is very, very imperative that we do it, not as a job provision, but as a social necessity to educate young girls. The Red Cross does some semblance service but not on mental sciences. We need to be able to educate these young people to be care givers where they will be given specific training on how to give care to the people with mental aberrations or challenges that they face. I don't like to use the words "mentally retarded". We don't use those terms any more. This is not as a criticism; I am just giving it as awareness. We call them "mentally-challenged people". It is very, very important that the society learns to be inclusive. There are no public places in this country where we can actually take people who have such afflictions which is rather sad. When we talk about comparing ourselves with other countries economically and socially developed, India has this tremendous system of joint families where we are able to look after people. There was a huge human resource existing within the families, the young widows, old widows, everybody was there to give a helping hand. Today, we don't have it. So, when you have fragmented families, the Government and the private sector have to come forward to ensure that we set up bench mark services and to be able to take care of our growing population of those who have mental aberrations in their mind sciences.

So, once again, I would like to congratulate the Minister; and I also want to say a word of appreciation to all my hon. colleagues who deemed this Bill as important, participated and gave valuable suggestions because this is going to give the necessary impetus and importance in the country. So I thank many of you who have sat here and participated in this. It is absolute urgent importance, as they say in advertising language, we needed this Bill yesterday. I am so glad that this has come about. Please do consider putting online teaching in the theory part and the practical part can be associated with the Institute in Bangalore. Thank you very much for giving me a patient hearing.

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Thank you very much Renukaji, Now, Shri D. Raja.

SHRI D. RAJA (Tamil Nadu): Mr, Vice Chairman, Sir, I rise to welcome the National Institute of Mental Health and Neuro-Sciences, Bangalore Bill, 2010. While welcoming it, I would like to congratulate the hon. Minister, Shri Azad for taking the initiative at an appropriate time. This Institute deserves to be recognised as an institute of national importance.

[Shri D. Raja]

This Institute has three broader objectives, that is, clinical services, academic pursuit and research. This can be a very inspiring model Institute for the entire country. In fact, as many hon. Members demanded, the Government should take steps to establish such kind of institutes in different regions, in every State. Sir, the duty of any Welfare State is to provide good healthcare to its citizens. When we say healthcare, it includes mental healthcare. As one of the previous speakers said, every fourth Indian is mentally sick. But in an informal conversation, a learned doctor told me that every third Indian was mentally sick. Whatever may be the data, India has the largest number of mentally sick people. This is posing a grave challenge to the nation. We will have to take all steps to fight this growing mental sickness. When social conflicts keep growing, in the given situation when the Government pursues certain policies which have a disastrous impact on social life, the mental sickness continues to grow. So, the Government should address this issue.

While welcoming the initiative of the hon. Minister, I would like to express some of my apprehensions. The Government spending on health sector is not growing. It was the promise made by the Congress led UPA-II Government, at some point of time, that two to three per cent of the GDP would be spent on health. Now I am asking the Health Minister: What is the actual amount that the Government has spent on public health? Public health continues to be one of the neglected and not so encouraged sectors in our country. This must be taken into consideration very seriously. Just now, one of the speakers referred to the 12th Five Year Plan. In fact, the 12th Five Year Plan prescribes 'PPP' model for higher education and for the health sector. This is disastrous. Don't go by what the Planning Commission says. The Planning Commission is presently prescribing all disastrous things for the Indian State. I do not want to go into all the details. How can you go in for 'PPP' model? In reality, 'PPP' model is a private thing. Are you going to privatize healthcare in this country? Does the State have any responsibility? India is considered to be a Welfare State. As a Welfare State, it has the responsibility towards its citizens to provide healthcare. That is where, I think, the 12th Five Year Plan prescription is totally wrong and disastrous. When you accord the status of national importance to any institution, how do you run that institution? Take the case of JIPMER in Puducherry. People of Puducherry are agitating. Why? JIPMER, after getting the status of national Institute, after becoming an autonomous body, started collecting

user charges from all sections of the society, particularly from the poor people. JIPMER issued two circulars categorizing how the user charges should be collected from the people. The user charges being collected by them are very high as compared to the user charges elsewhere. JIPMER is doing it. What is going to happen with the Bangalore Institute? Are you going to make a provision that the poor people will have access to free treatment in the Bangalore Institute because you are making it an Institute of national importance?

How does it serve the purpose of providing health care to poor people, needy people? That is what I am asking because JIPMER is a case before us. JIPMER, after getting the national importance status, has started collecting user charges from poor people, and people are agitating in Puducherry. Perhaps the Health Minister is aware of the ongoing agitation in Puducherry. People went there and burnt down the circulars issued by the JIPMER in Puducherry. In the case of the Bangalore Institute, I am raising this pointed issue as to whether the Government will ensure access to poor people for treatment in that Institute.

Then, Sir, the other issue relates to the policy of reservation. I keep raising this issue. Whenever an institution is accorded national importance status, the first casualty is reservation policy. The Minister must make it clear and give an assurance that reservation policy will continue even after that Institute gets the institute of national importance status. And, when I say 'reservation', it implies reservation in faculty and reservation for students. The Minister must make it very clear because it is becoming a real issue. Several institutions are being made institutions of national importance but reservation becomes a problem. So, the Minister must take note of this and he must make a categorical assurance on this floor that reservation, reservation in faculty and reservation for students, will continue. That will give confidence to the people who belong to the Scheduled Castes, the Scheduled Tribes and the OBCs that here is an institution to which we have access not only for studies but also for treatment. Sir, the Minister must give this assurance. Otherwise, everybody has a great regard for the Institute at Bangalore. They deserve our support. They deserve our congratulations. Doctors in Government hospitals, I must acknowledge, work with great dedication. Anybody, who goes to the All India Institute of Medical Sciences or the Safdarjung Hospital or the RML hospital or even the Jai Prakash Narayan Hospital in Delhi- they are all Government hospitals,— would see that doctors there work with dedication. We should look at the way these Government doctors serve the people! They attend to thousands of people

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without any frustration. They deserve our congratulations. In fact, the Bangalore Institute also deserve our congratulations. The doctors and the entire team deserve our congratulations. But I wish that institutions, after getting recognition as institutions of national importance, understand the national obligations, the national duties and their commitment to the poor people of this country in giving them free access to medical treatment as well as pursuit of studies in these institutes.

With these words, Sir, I would request the Minister to respond to the queries that I have raised and I welcome this Bill. Thank you.

SHRI KUMAR DEEPAK DAS (Assam): Sir, I would like to make three observations on this Bill, namely, the National Institute of Mental Health and Neuro-Sciences, Bangalore Bill, 2010. This is an old institution which was started in 1974. It is a tertiary care medical and academic institute. It is dedicated to the care of neurological, neurosurgical and psychiatric disorders and manpower development in super-speciality branches related to neurosciences including nursing and basic sciences. Now, the Bill, which is before us, will develop this Institute just like AIIMS, PGIMER, or JIPMER of Puducherry, and it also proposes to make the Institute as a statutory corporate body.

Sir, we welcome the decision of the Government, and I support the Bill. Sir, it needs some clarification with respect to some clauses like Clauses 26, 29(2) (a)—(b). Sir, in the Statement of Objects and Reasons, No. 3, it is stated, "This Bill will empower the Institute with academic autonomy to develop its own curriculum, set new trends in mental health and neuro sciences, award its own degrees and also enable it to have appropriate delegated administrative and financial powers. The conferring of statutory status on this Institute will enable it to grow into a model centre of excellence." Sir, it has been stated in Clause 26, "If in, or in connection with, the exercise of its power and discharge of its functions by the Institute under this Act, any dispute or difference arises between the Institute and the Central Government, the decision of the Central Government thereon shall be final". Again, coming to Clause 29(2)(a), (b) it is stated: "The manner of nomination of member under clause (i) of sub-section (1) of Section 5; and (b) the manner of filling vacancies of members under sub-section (8) of section 6." Sir, we think that it may create hindrance to maintain autonomy of the Institute because the Bill is for the empowerment of the Institute with autonomy to develop. So, I would like to request

the hon. Minister to have a re-look on such provisions or clauses in the Bill. Sir, coming to our Region, I belong to the North-Eastern Region which is underdeveloped. There is only one very old mental hospital at Tezpur, which needs more attention from the Government. The said hospital is in a very deplorable condition. The functioning of the Tezpur Mental Hospital needs a handful budgetary support from the Government of India as well as from the Ministry of Health and Family Welfare because it needs total renovation and may be developed as a high level institute of mental health. We need such an institute in the under-developed North-Eastern Region. The Tezpur Mental Hospital should be equipped with all modern technology. It needs to be developed as a dedicated tertiary medical care institute with rehabilitation facilities for patients with neurology and mental disability in the interest of development of the modern health facilities as well as education of North-Eastern Region, more particularly in mental health service. Sir, with these few words and observations, I again support the Bill, and I thank you for giving me time to raise some of my requests to the hon. Minister so that he can give some assurance in this regard. Thank you very much.

SHRI RANGASAYEE RAMAKRISHNA (Karnataka): Sir, I have one normal suggestion to the hon. Minister.

Sir, today, mental ill-health, particularly among the older people, is mainly due to abandonment of older people by their families and the total breakdown of joint family system. We are trying only the traditional method of carving out old age homes where the depression gets further accentuated, because they are thrown in the company of similarly placed old people. Now, what I would suggest is this. Almost every State Government has got a separate entity of old age homes and also has a separate entity of orphanages for young children. Now, why can the Government not mix these two together and create, actually, a family-like set up for old people and the young children to go together? I think, this can be a good adjunct to this institute which can experiment on this. This is the only suggestion I wish to make. Thank you.

SHRI GHULAM NABI AZAD: Sir, at the outset, I would like to thank the hon. Members, from left, right and the centre. I think, this is a very rare occasion.

SHRI RAVI SHANKAR PRASAD: You are at the centre, Mr. Minister.

SHRI GHULAM NABI AZAD: ...Where you find the entire House is unanimous on a particular subject. It is heartening to know...

श्री तरुण विजय (उत्तराखंड): सर, आपने मुझे दो मिनट के लिए कहा था, लेकिन आपने मुझे बोलने की अनुमति नहीं दी, जब कि मेरा नाम भी लिखा हुआ है।

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): No, no. You had withdrawn your name. You only requested to delete your name.

श्री तरुण विजय: नहीं, सर।

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): No, no. Tarunji, I allowed.

श्री तरुण विजय: सर, मुझे एक मिनट बोलने का मौका दे दीजिए। ...(व्यवधान)... मेरे कुछ सुझाव हैं। ...(व्यवधान)...

श्री गुलाम नबी आज़ाद: आप मुझे बता दीजिएगा, मैं आपको जवाब दे दूंगा।

श्री तरुण विजय: सर, मैं एक बात कहना चाहता हूँ ...(व्यवधान)...

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): No, no. Now, it is over.

SHRI TARUN VIJAY: Sir, I have only one suggestion for Uttarakhand.

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Mr. Tarun, how can it be?

SHRI TARUN VIJAY: Sir, I have only one suggestion to make for Uttarakhand. I just want to request the hon. Minister that this is a very good Bill. But, kindly extend these facilities to some other States also. I had seen the list. In the North-East, except Assam, Meghalaya and Tripura, not a single other State has got even a mental hospital. You have a small hospital in Rainawari in Srinagar. But, there is nothing in Kargil or Leh or in Ladakh area. This is my information.

Secondly, please provide facilities to those who are accompanying such patients to hospitals in railways and in air journeys.

Thirdly, मानसिक रोगियों को जादू-टोना, झाड़ू-फूंक या जंजीरों बांध कर इलाज का दावा करने वालों के विरुद्ध कानूनी कार्रवाई का प्रावधान होना चाहिए। ...(व्यवधान)...

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Tarunji, why did you withdraw your name then?

SHRI GHULAM NABI AZAD: Sir, I would not only thank the hon. Members but also congratulate them for showing very keen interest on the subject. This is the subject that needs the attention not only of the Government but also the entire nation, and more particularly the attention of Parliament. There are a number of areas which have been neglected and which were neglected over a period of time. I am

very happy, for the last few years, we are trying our best to overcome all those impediments and difficulties which were coming in the way of taking new initiatives. Like this initiative, the most talked about initiative, internationally and globally, is the issue of non-communicable diseases. So, India is the first to start screening of course, as a pilot project—of individuals, both for hypertension, diabetes, cancer and cardiovascular diseases. It is my firm belief and it is the policy of the Government that in this Five Year Plan we would like to screen the entire country for non-communicable diseases.

Similarly, this is another area which was neglected so far. Neglected in the sense it was not a core issue; it was not the area where the Government could have or should have given its thrust. But, this is the first time that we have taken up this major step. As I have said in the beginning, the NIMHANS is the largest neuropsychiatry centre in South Asia having a bed strength of 852. We are giving further impetus to the National Institute of Mental Health and Neurosciences so that it can take up new courses in the emerging areas of mental health and neurosciences such as Geriatrics, psychiatry, autism, spectrum disorder which are totally neglected so far.

Sir, I would like to congratulate the Prime Minister of Bangladesh and the UPA Chairperson, Smt. Sonia Gandhi, for having organized for the first time a conference of these neighbouring countries at Dhaka. Now, we are going to organize a similar conference in our country, in New Delhi. Maybe, this is for the first time that autism spectrum disorder has been brought into focus in this region. I have been attending other conferences across the globe. I did not find any fora for this particular disease. Perhaps, this particular region will be taking the lead in autism. Some young children born will have some disorder. Some children may be very intelligent, but they may not be able to take a decision; some children may be able to take a decision, but they may not be intelligent. So, some disorder is there. This also is going to be a part of our future programmes.

Sir, on epilepsy, we do not have much so far. There may be disorders. In neuro-rehabilitation, it is necessary to provide the institute greater administrative and academic autonomy for which it needs to be declared as an institute of national importance. Then, it would be able to develop new patterns of teaching and device new courses and syllabi and take up new courses that are not currently part of the Medical Council of India approved courses.

[Shri Ghulam Nabi Azad]

With the passing of the above Bill, along with its amendments, it will be possible to make the institute a statutory body corporate and declare it as an institution of national importance under the Entry 64 of List 1 of the Seventh Schedule of the Constitution so that it may develop as a high-level institution of mental health and neuro-sciences on the pattern of the AIIMS, the PGI of Chandigarh and the JIPMER of Puducherry.

Sir, I would like to mention that NIMHANS has already a deemed university status having good infrastructure. We have a land of about 135 acres. Construction is going on for almost 2-3 years. As a matter of fact, the coming Saturday, I am going to inaugurate another block. Almost every six or seven months, we are inaugurating, or laying the foundation stone of, a new block. It is an ongoing process. We are also going to have a helipad. To have 135 acres of land in Bangalore is not a small thing. So, we have the land available for infrastructure, for critical patients. If somebody is to be transported from airport to this institute, we would like to have a helipad too.

Sir, hon. Members have given a large number of suggestions. If I deal with all of the suggestions, it is going to take a lot of time. I think, we have another business and the House is going to be only up to 5 o'clock. My submission to hon. Members is that I intend to speak on just 5-10 most important points which have been raised by almost everybody. But, for the rest of the questions raised by the hon. Members, I assure that I would take the record of the House and, within a fortnight, I would reply all their queries made. But, at the moment, I would like to take the questions which have generally been raised by all the Members of Parliament.

Sir, a mention has been made about Dharmashalas. We have two Dharmashalas, one for 250 and another for 200. One was inaugurated by me only about 3-4 months back. There has been a mention that there is an acute shortage of human resource. Well, almost every second hon. Member of Parliament said that this institute should not be confined to only one corner of the country, that there should be many institutes—may not be of the same magnitude, maybe of smaller size—in different parts of the country.

Sir, at the moment, the problem with the Government of India, the Health Ministry, as a country is not only in the area of mental health but also in health, in

general. There is an acute shortage of human resource. While for the last seven-eight years we have been implementing the NRHM, the only stumbling block in our implementing all those facilities which we wanted to provide under the National Rural Health Mission is the acute shortage of human resource. Similarly, should we like to have many more institutes of smaller size or bigger size, the problem is of acute shortage of human resource. We have, at the moment, insofar as Psychiatrists are concerned, a requirement of 11,500, but the availability is only 3,800. So, there is a 67 per cent shortage of Psychiatrists in the country. As far as Clinical Psychologists are concerned, the availability is 898 whereas the requirement is 17,250. So, there is 94 per cent shortage of Clinical Psychologists. Then, in the case of Psychiatrist Social Workers, the shortage is 96 per cent; and in the case of Psychiatrist Nurses, the shortage is 50 per cent. You can imagine the shortage which we have here. This also makes my point much stronger that why we should have an institute of national importance. It is because any institute, at the moment, is guided by the rules and regulations of the Medical Council of India. They cannot increase the number of human resource and they cannot put their own syllabi. But once this Institute becomes an institute of national importance, an autonomous institute, they will have all these facilities and freedom to develop their own syllabi, and also increase the human resource. Knowing that the disease burden or the mental health burden is quite unexpected, not many people know it, it is in crores, therefore, in future, one of our items in the agenda would be that we would like to know as to how many mentally ill persons we have in the country. So, keeping that in mind, we shall have to have more centres in the country.

As one of the hon. Members pointed out here I had a discussion with him in the last Session—it would be my earnest desire to have many more institutes in other parts of the country. But, at the moment, we have the Central Institute of psychiatry at Ranchi. So, we would upgrade it immediately. We have drawn the programme for it. There is another Institute, *i.e.*, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health in Tezpur. We have already approved Rs. 26 crores for upgradation of this institute. These Institutes, both Ranchi and Tezpur, will also produce human resource in future.

Similarly, notwithstanding these two Institutes, we would also identify some regional medical colleges, maybe a few dozen of them, which we shall have to upgrade and give some money from the Government of India, and some training also. Of course, some doctors from the different parts of the country go to the NIMHANS for training and get back to their respective States. One of the

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suggestions had come that the doctors should be trained and then they should go back to their respective States. But going back to their respective States without any facility and without any proper institute is not possible. We shall have to select some medical colleges across the country, maybe in each region, for which we can provide some money from the Government of India, and the doctors from those particular institutes can go to NIMHANS and get training. That can be publicized across the country as to where the people shall have to approach.

There has been a mention about money. Sir, we are giving full attention to upgrading this institute and we can say that in 2004 the total amount of money from the Government of India was Rs. 26 crore under Plan and Rs. 20 crore under non-Plan whereas this year it is Rs. 109 crores under Plan and Rs. 80 under non-Plan. So, you can imagine that progressively the money is increased.

Sir, reservation is another is another area which has been mentioned by everybody. At the outset, I would like to say that there is no question of changing it. There is an apprehension as to what will happen to the present staff, what will happen to the pattern of reservation. Sir, the pattern of reservation is already there as in rest of the Government organizations in the country. So, existing arrangement will continue. Nothing is going to change; nobody is going to be changed right from peon to the Director. Everything will remain the same. Only we are giving it a status of national importance. So, reservation will continue as it is there, the staff pattern will continue, pay and emoluments will continue. There has also been a mention that the President should not be the Chairman. We have accepted the recommendation of the Standing Committee. But we have also not said outright that he may or he may not be. ...(*Interruptions*)...

SHRI TIRUCHI SIVA: Sir, the general apprehension is that when an institution is elevated to the status of national importance, the reservation status goes. We want you to please clarify it. ...(*Interruptions*)...

SHRI GHULAM NABI AZAD: It is not going to change. It will be there. There will be no change in the policy. In the policy the reservation will continue, nothing is going to change.

THE VICE-CHAIRMAN (PROF. P. J. KURIEN): It is very clear.

SHRI GHULAM NABI AZAD: It is very clear and there is no doubt about it. The President being Chairman, of course, has its own advantages and

disadvantages because the President is just to preside over when sometimes there is convocation, etc., otherwise, it is the Director who is the Chief Executive Officer who sits there. The President does not sit there. But, then we have the disadvantages also which are there. If you have other than the Health Minister or the President, then you have to give him a bungalow, you have to give a car, and you have to give him a house, so it is always a burden. I can see at the moment that out of all the institutes like we have seven or eight including the AIIMS, PGI and other institutes in the country, the Health Minister does not know, I do not know who told my hon. friend, that the Health Minister as the President takes the allowance and all that. There is no allowance, he does not get anything. As long as he is the Health Minister, he is paid as the Health Minister. He does not get any TA/DA or anything else. But we have only one example of JIPMER, Pondicherry where the Health Minister is not the President of the Institute. So, you have to give him the staff, you have to give him the house, you have to give him the car and you have to pay for that. I do not know whether you want this additional burden or no burden. Then the Health Minister is the Minister of the country. It is not a question of 'A', 'B' or 'C'. He knows about the entire supply and demand and he is also totally unbiased because he does not belong to a particular stream. His job is to take care of the health of the entire country. So, I don't think we should totally accept this demand. Of course, we have accepted the demand that it will be appointed by the Government of India but I do not think we should make it a prestige point because it has more pluses rather than minuses. Similarly, there was a demand by hon. Members that the Health Minister of Karnataka should also be a member. Earlier also he was a member, he was also Chairman. Whenever the Health Minister of India is the Chairman, then the Vice-Chairman is the Health Minister of Karnataka.

So, now, both, the Health Minister of India and the Health Minister of Karnataka, are going to be the *ex officio* members, and will be appointed by the Government of India. In case, the Health Minister of India is appointed as Chairman, the Health Minister of Karnataka will automatically be appointed as the Vice-Chairman.

Then, there was a mention by some hon. Members that too many outside members are there and too less doctors. I think, that perception is not right. Here, I would like to draw your attention to clause 5. There are seven persons, of whom one should be a non medical scientist, representing the Indian Science Congress. So, these seven are either doctors or scientists. Then, there are four representatives from the medical institutes of Indian universities. So, these are, again, doctors or

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scientists. That makes the number eleven. Then, there is the Director-General of Health Services, Government of India. He is the senior-most doctor of the country. No IAS officer becomes the Director-General of Health Services. He is the senior most Government doctor. Only he can become the Director-General of Health Services. So, it takes the number to eight. Then, there is the Vice-Chancellor of the Rajiv University of Health Sciences, Karnataka. He is also a scientist and doctor. Then, there is the Director of the Institute. No Person can become the Director of the Institute unless he is a scientist or a doctor. So, this number goes up to eleven. Then, the rest you have only the Chief Secretary, the Government of India Secretary, the Health Minister of India and the Health Minister of the State. They have to be there because they have to oversee the functioning and working of the Institute. After all, they are giving money and it is in that meeting wherein the members decide and request the Central Government and the State Government to give the money. If they are not there, then, who is going to recommend how much money should be given and what their demand and supply is? ...*(Interruptions)*...

SHRI V.P. SINGH BADNORE (Rajasthan): Do we have representatives from the Parliament also?

SHRI GHULAM NABI AZAD: Yes, we do have. It is on the same analogy as in the case of the PGI. We have three Members—two from the Lok Sabha and one from the Rajya Sabha. As rightly said by the hon. Member, they need to represent there because the Parliament represents the entire country. So, these representatives have to be there to take the calls of social nature from the entire country. As I said in the beginning, it will be very difficult to deal with each and every question raised by the hon. Members. But, I have promised that, within fifteen days, I will write to each individual Member regarding his question, the initiatives that we have already taken, and the initiatives that we are going to take. If any query left unanswered, I will reply to that.

SHRI D. RAJA: What about the access to poor people?

SHRI GHULAM NABI AZAD: Sir, there is already a 'free treatment scheme' for the people belonging to the BPL category and for poor people. It will continue.

With these words, I would request the hon. Members of the House to pass the Bill. ...*(Interruptions)*...

SHRI RAVI SHANKAR PRASAD: Mr. Minister, you had mentioned that 67 per cent vacancies are there. Are you making any kind of special effort to ensure that those vacancies are filled at the earliest?

SHRI GHULAM NABI AZAD: Sorry, I did not say 'vacancies'; I said 'availability and demand'. I had said that this much is available and this much is the demand.

SHRI RAVI SHANKAR PRASAD: Alright. Therefore, there is a substantial mismatch between the availability and the demand. What efforts are you going to undertake to ensure that this gap shortens?

SHRI GHULAM NABI AZAD: Sir, as there is an acute shortage of doctors and specialists in other streams also, we have, in the two years, taken path-breaking initiatives. As a result, in under-graduate, the number in two years has increased by more than 30 per cent. In post-graduate, the increase has been almost 75 per cent to 80 per cent. So, once this Institute becomes an Institute of excellence, I can assure you, as a member I may or may not be its President that this gap will be shortened. So far, we were guided by the Medical Council of India. The Medical Council of India has its own guidelines and parameters. Even if you wish or desire to increase it, it cannot be done unless you fulfil these criteria and all that. In the All India Medical Institute, the MCI is not applicable. So, they can go ahead with their own number. Similarly, once this is out of the ambit of the Medical Council of India, I think, it will be in a better position to increase the faculty. As I said, we shall have to develop many more other institutes, as I mentioned in Tezpur and Ranchi,, which also can produce human resource. Thank you, Sir.

श्री तरुण विजय: मंत्री महोदय, मैं आपसे एक छोटा सा प्रश्न पूछना चाहता हूँ
...(व्यवधान)...

SHRI D. BANDYOPADHYAY: Sir, clause 8 says, "The President and other members shall receive such allowances from the Institute as may be prescribed." I had quoted that.

SHRI GHULAM NABI AZAD: This is only in case when the Health Minister is not the President.

SHRI D. BANDYOPADHYAY: That is clear.

SHRI GHULAM NABI AZAD: No, it is not clear. It is, "The Government of India may appoint..." So, the Government of India may appoint the Health Minister or may not appoint the Health Minister. In case, it has appointed other than the

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Health Minister, then as President, as I mentioned, you have to give all the facilities to the president. You have to give him accommodation, you have to give him a car, you have to give him other facilities also.

SHRI D. BANDYOPADHYAY: Sir, one more point.

THE VICE-CHAIRMAN (PROF. P.J. KURIEN) No, That is all.

DR. ASHOK S. GANGULY (Nominated): Since it is going to be an Institute of national importance, the regulatory role or the supervisory role of the expansion that you are planning, the shortages that you will take care of, must have a regulatory oversight, so that properly qualified people are brought into the mainstream.

SHRI GHULAM NABI AZAD: That is always done in the Government bodies like we are doing in PGI and AIIMS. Even today, expansion is going on there. So, they have the full powers to decide there.

श्री तरुण विजय: उपसभाध्यक्ष जी, मैं एक प्रश्न पूछना चाहता हूँ ...(व्यवधान)... आप मुझे अनुमति दे दीजिए ...(व्यवधान)...

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): No, no. I allowed you one question. One cannot ask questions twice. No, no. I allowed you to ask one question. You cannot ask again. That is against the rules, Now, the question is:

"That the Bill to declare the institution known as the National Institute of Mental Health and Neuro-Sciences, Bangalore, to be an institution of national importance and to provide for its incorporation and for matters connected therewith or incidental thereto, be taken into consideration."

The motion was adopted

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): We shall now take up clause-by-clause consideration of the Bill.

Clauses 2 to 4 were added to the Bill

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Now we shall take up clause 5. There are three amendments (Nos. 3 to 5) by the hon. Minister.

Clause 5-Composition of Institute

SHRI GHULAM NABI AZAD: Sir, I move:

(3) That at page 2, line 16, *for* the word "President", the word "*ex-officio*" be *substituted*.

(4) That at page 2, after line 16, the following be *inserted* namely:-

"(aa) the Minister of Health and Family Welfare (Medical Education), Government of Karnataka, ex-officio;"

(5) That at page 2, *for* lines 28 to 34, the following be *substituted*, namely:-

"(h) the Chief Secretary to the Government of Karnataka or his nominee who shall not be below the rank of Secretary to that Government;

(i) Seven persons of who one shall be a non-medical scientist representing the Indian Sciences Congress Association and one each from biological; behavioural and physical sciences of repute from any University to be nominated by the Central Government in such manner as may be prescribed."

(j) four representatives of medical faculties of Indian Universities, of whom one shall be from National Institute of Mental Health and Neuro-Science, to be nominated by the Central Government in such manner as may be prescribed."

The questions were put and the motions were adopted.

Clause 5, as amended, was added to the Bill.

Clause 6 was added to the Bill

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): We shall now take up clause 7. There is one amendment (No. 6) by the hon. Minister.

Clause 7 - Powers and functions of President

SHRI GHULAM NABI AZAD: Sir, I move:

(6) That at page 3, *for* lines 15 and 16, the following be *substituted*, namely:-

"7(1) There shall be a President of the Institute who shall be nominated by the Central Government from amongst the members other than the Director of the Institute."

The question was put and the motion was adopted.

Clause 7, as amended, was added to the Bill

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): There is one amendment (No. 7) for insertion of new clause 7A by the hon. Minister.

INSERTION OF NEW CLAUSE 7A

SHRI GHULAM NABI AZAD: Sir, I move:

(7) That at page 3, *after* line 18, the following be *inserted*, namely:- "7A. There shall be Vice-President of the Institute who shall be nominated by the Central Government from amongst the members other than the Director of the Institute."

The question was put and the motion was adopted

Clause 7A was added to the Bill

THE VICE-CHAIRMAN (PROF. P. J. KURIEN): We shall now take up clause 8. There is one amendment (No. 8) by the hon. Minister.

Clause 8-Allowances of President and other members

SHRI GHULAM NABI AZAD: Sir, I move:

(8) That at page 3, line 19, *after* the word "President", the word "Vice-President" be *inserted*.

The question was put and the motion was adopted

Clause 8, as amended, was added to the Bill

Clause 9-11 were added to the Bill

THE VICE-CHAIRMAN (PROF. P.J. KURIEN) Now, we shall take-up clause 12. There is one amendment (No. 9) by the hon. Minister.

Clause 12-Objects of Institute

SHRI GHULAM NABI AZAD: Sir, I move:

(9) That at page 4, *after* line 29, the following be *inserted*, namely:

"(d) to evolve innovative strategies to offer diagnostic and comprehensive therapeutic service facilities in the field of mental health and neuro-sciences, utilizing the advances in information technology'

- (e) to make an in-depth study and research in the field of mental health, neuro-sciences and allied specialties."

The question was put and the motion was adopted.

Clause 12, as amended, was added to the Bill

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Now, we shall take up clause 13. There are two amendments (Nos. 10 and 11) by the hon. Minister.

Clause 13-Functions of Institute

SHRI GHULAM NABI AZAD: Sir, I move:

(10) That at page 4, line 43, *after* the word "education", the words "and conduct research" be *inserted*.

(11) That at page 4, line 44, *after* the word "hospitals", the words "to provide clinical services" be *inserted*.

The questions were put and the motions were adopted

Clause 13, as amended, was added to the Bill

Clauses 14-32 were added to the Bill

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Now, we shall take up clause 1. There is one amendment (No. 2) by the hon. Minister.

Clause 1-Short title and commencement

SHRI GHULAM NABI AZAD: Sir, I move:

(2) That at page 1, line 3, for the figure "2010", the figure "2012" be *substituted*.

The question was put and the motion was adopted

Clause 1, as amended, was added to the Bill.

THE VICE-CHAIRMAN (PROF. P.J. KURIEN): Now, we shall take up the Enacting Formula. There is no amendment (No. 1) by the hon. Minister.

Enacting Formula

SHRI GHULAM NABI AZAD: Sir, I move:

(1) That at page 1, line 1, *for* the word "Sixty-first", the word "Sixty-third" be *substituted*.

The Enacting Formula, as amended, was added to the Bill

The Title was added to the Bill

SHRI GHULAM NABI AZAD: Sir, I move:

That the Bill, as amended, be passed.

The question was put and the motion was adopted

SPECIAL MENTIONS

TE VICE-CHAIRMAN (PROF. P.J. KURIEN): Now, we take up Special Mentions. Those who want to lay them, they can lay them on the Table, and those who want to read them, they can read them also. Dr. Gyan Prakash Pilania, do you want to lay it or read it?

DR. GYAN PRAKASH PILANIA: Sir, I would like to read it. By nomenclature, it means that it should be mentioned.

Demand for taking steps to achieve 100 per cent target of institutional births in country

DR. GYAN PRAKASH PILANIA (Rajasthan): Sir, according to the Registrar General of India's latest Sample Registration System (SRS) 2010 data, less than two in ten women in India received medical attention by a qualified professional in 2010 while delivering at home. Contrary to the popular belief, fewer women in urban India (10.8 per cent) received medical attention while delivering at home than in rural India (16.2 per cent).

THE VICE-CHAIRMAN, DR. E.M. SUDARSANA NATCHIAPPAN, in the Chair

Nearly one in four births was attended by "untrained functionaries",— it's a matter of concern and, I think, the hon. Health Minister should give attention to it— with the percentage of such births varying from as high as 53.5 per cent in Jharkhand to as low as 0.2 per cent in Kerala. More women, almost double, delivered in Government hospitals (41 per cent) as against private hospitals (19.4 per cent). Kerala recorded the highest deliveries in private hospitals, while Odisha recorded the least. Tamil Nadu recorded the highest number of women who delivered in Government hospitals while Jharkhand recorded the least (19 per cent).