

भी इस में काम कर रही है। सर, अहमद हुसैन साहब ने name of the group involved in the incident के बारे में पूछा है। अभी तक जो मोटी-मोटी जानकारी आ रही है और समाचार-पत्रों में प्रकाशित हुई है, मैं अभी निश्चित तौर पर नहीं कह सकता कि किस insurgent group का इस में हाथ है। उसकी छानबीन हो रही है और पूरे मामले की जांच-पड़ताल वहां की स्टेट गवर्नमेंट कर रही है। वहां के कोकराझार पुलिस स्टेशन में एफआईआर दर्ज हुई है। डिप्टी चेयरमैन सर, उस की investigation इस समय चल रही है। हम यह देखेंगे कि यदि investigation ठीक तरीके से नहीं हो पा रही है, तो वहां की राज्य सरकार के परामर्श से यदि आवश्यक हुआ, तो हम एनआईए को पूरी-की-पूरी investigation सौंपने को तैयार हैं। मैं सदन को यह विश्वास दिलाना चाहता हूं।

सर, मुआवजा बढ़ाने की भी बात कही गयी है। मैं समझता हूं कि इस प्रकार के compensations प्रायः स्टेट गवर्नमेंट ही देती है। यह स्टेट गवर्नमेंट का jurisdiction है और मैं इस संबंध में कुछ नहीं कहना चाहूंगा, लेकिन जैसा माननीय सदस्यों ने सुझाव दिया है, मैं एक बार वहां के मुख्य मंत्री से चर्चा जरूर करूंगा।

डिप्टी चेयरमैन सर, मुझे इतना ही कहना है और मैं सदन को पुनः यकीन दिलाना चाहता हूं कि चाहे उग्रवाद की समस्या हो या आतंकवाद की समस्या हो, इनसे जूझने के लिए केवल सरकार ही पर्याप्त नहीं है बल्कि सब के सहयोग से ही हम इस बड़ी चुनौती का सामना कर सकते हैं और इस पर विजय प्राप्त कर सकते हैं।

SHRI BHUBANESWAR KALITA: What about migrant illegal workers?

श्री राजनाथ सिंह: मैंने बोल दिया है।

MR. DEPUTY CHAIRMAN: It is okay. Now, Shri Jagat Prakash Nadda to move the Mental Health Care Bill, 2013.

GOVERNMENT BILL

The Mental Health Care Bill, 2013

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Sir, I move:

That the Bill to provide for mental health care and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental health care and services and for matters connected therewith or incidental thereto, be taken into consideration.

The question was proposed.

DR. T. SUBBARAMI REDDY (Andhra Pradesh): I am on a point of order.

MR. DEPUTY CHAIRMAN: What is your point of order?

DR. T. SUBBARAMI REDDY: Sir, 134 amendments have been proposed by the Minister and the Government. Why should we have 134 amendments? In 50 years no Bill had so many amendments. It is happening for the first time in history. Why couldn't you bring a new Bill? How much time would it take to consider 134 amendments? It would take, at least, six hours to sit here and speak on every amendment. I gave notice for ten amendments.

SHRI D. RAJA (Tamil Nadu): Sir, he has a point.

MR. DEPUTY CHAIRMAN: Do you want to say something?

SHRI JAGAT PRAKASH NADDA: Not now. Later, Sir. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Shri Madhusudan Mistry. You have 15 minutes. Your Party has given 15 minutes.

श्री मधुसूदन मिश्री (गुजरात): उपसभापति जी, सबसे पहले तो मैं उस समय की यूपीए सरकार को, खास कर श्री गुलाम नबी आज़ाद साहब को, अभिनंदन देना चाहता हूँ, जो उस समय Health Minister थे और उन्होंने यहां पर, यह बिल 7 अगस्त, 2013 को प्रस्तुत किया था। यूनाइटेड नेशन्स के Rights of Persons with Disabilities, उसको जब सरकार ने recognise किया, तो 2007 में ratify करके एक बिल तैयार किया। उस बिल के हिसाब से, 2013 का यह बिल, आज 2016 में लाने के लिए मैं मिनिस्टर साहब का भी धन्यवाद करता हूँ। This Bill was long overdue, मेरे हिसाब से, लेकिन finally, it has seen the light of day. Thank you very much for bringing it.

Sir, the Statement of Objects and Reasons suggests that while this Bill recognizes that: (i) Persons with mental illness constitute a vulnerable section of society and are subject to discrimination in our society; (ii) Families bear financial hardship, emotional and social burden of providing treatment and care for their relatives with mental illness; (iii) Persons with mental illness should be treated like other persons with health problems and the environment around them should be made conducive to facilitate recovery, rehabilitation and full participation in society. आज इन तीनों की बहुत जरूरत है। हर एक स्टेप पर देखा गया है कि जिनको यह बीमारी होती है, उस बीमार आदमी को, लड़की को, औरत को एक सोशल स्टिग्मा के तरह देखा जाता है। कई बार लोग उन्हें पागल समझने लगते हैं कि ये पागल लोग हैं। मेरी फैमिली ने इससे बहुत सफ़र किया है। मैं आपको, अपने अनुभव की जितनी बातें बता रहा हूँ, वे आज भी चालू हैं। वे ऐसे अनुभव रहे हैं — जैसे कि, जब मैं लोक सभा में था, तो मैंने सवाल पूछा था, इस बार भी सवाल पूछा है, लेकिन सरकार के पास mental illness का कोई डाटा नहीं है कि इस देश के अंदर, कितने लोग इस बीमारी से परेशान हैं। मैंने ऐसा कोई प्रयत्न नहीं किया है, लेकिन जो एक मोटी-मोटी फ़िगर मिलती है, वह यह है कि one per cent population of this country is suffering from mental illness. ऐसा बार-बार कहा गया है।

Depression, खास कर 18 से 40 साल के बीच की जो यंग generation, उसमें तरह-तरह के ऐसे रोग पाए गए हैं। इसमें Schizophrenia बहुत widespread है। Schizophrenia का जो पेशेंट है — पहली बात तो यह है कि जिस फैमिली में यह पेशेंट होता है, उस फैमिली को इसके बारे में पता ही नहीं होता, क्योंकि बहुत कम लोगों को इसका पता है। उस फैमिली को बहुत अरसे के बाद पता चलता है कि वाकई मेरे बेटे या बेटी को schizophrenia है। यह रोग बहुत इंटेलिजेंट और क्रिएटिव लोगों को होता है, सोचने वालों को होता है, पढ़ने वालों को होता है, लिखने वालों को होता है। हमारे जैसे आदमी, जिन्हें पहले पता नहीं था कि Schizophrenia क्या होता है, जब हम पढ़ते थे, तो बूढ़े लोग बोलते थे कि ज्यादा मत पढ़ा कर, मगज़ फेल हो जाएगा। मगज़ फेल हो जाएगा, यह क्या है? यह Schizophrenia है। ऐसा लगता है कि मगज़ फेल होने के साथ जो बात लिंक की जाती है, वह बात इसके साथ लिंक की जाती है।

यह जो एक प्रकार की population है, यह अपने आप में, अपनी एक दुनिया बना लेती है। यह inward and outward दोनों होती है। वे violence में भी होते हैं, वे कितनी जगहों पर बहुत बुरी तरह से violent होते हैं, कितनी जगहों पर ऐसे कितने ही पेशेंट inward हो जाते हैं। कुछ भी बोलो, तो वे सिकुड़ जाते हैं। उन्हें suspicion हो जाता है। घर के लोगों के ऊपर शक हो जाता है। उन्हें मारने की साजिश की जा रही है, इस तरह के डर से हमेशा वे परेशान रहते हैं। वे बाहर नहीं जाते हैं, किसी के साथ full confidence से बातचीत नहीं करते। खाना, hygiene, नहाना-धोना, कपड़े बदलना वगैरह, उनके साथ ये सब बड़ी problems होती हैं। उनकी suicide mentality होती है। बहुत से young generation के लोगों में से कोई नस काटने का प्रयत्न करता है, तो कोई ऊपर से jump मारता है। इसकी वजह से घर के अन्दर जो knife वगैरह होते हैं, उन्हें घर के अन्दर सँभाल कर रखना पड़ता है, उनसे दूर रखना पड़ता है, ताकि वे उनके हाथ में न पड़ जाएँ। अगर कोई भी दो आदमी कोई बातचीत कर रहे होते हैं, तो उनको ऐसा लगता है कि ये सब मेरी बात कर रहे हैं। आप घर में कुछ भी करते हैं, तो उनको ऐसा लगने लगता है कि इन सब जगहों पर कैमरे लगाए हुए हैं, बाथरूम में कैमरा है, घर में कैमरा है, कम्प्यूटर में कैमरा है। वह ऐसा सोचता है कि मैं जो कुछ कह रहा हूँ, वह सब लोग सुन रहे हैं, जान रहे हैं, नहीं तो उनको कैसे पता चला। ये सब इसके बहुत बड़े symptoms हैं।

महोदय, सबसे ज्यादा हैरानी की बात यह है कि सोसायटी और सरकार, दोनों का इनके प्रति जो attitude है, जो sensitivity है, अगर मैं इसको बिल्कुल ज़ीरो कहूँ, तो भी चलेगा, ऐसी स्थिति है। ये जो पूरे patients हैं, उनको treat करने के लिए जो डॉक्टर्स चाहिए, जो social workers चाहिए, जो qualified psychiatrists चाहिए, उनकी कमी है। इनको treat करने के लिए हॉस्पिटल में वातावरण चाहिए। पहला सवाल तो यह है कि हॉस्पिटल्स ही बहुत कम हैं। बंगलुरु में आपका एक हॉस्पिटल है, वहां psychiatrists वगैरह हैं। अगर वहां किसी भी patient को ले जाएँ, तो उसको तीन महीने के लिए वहां रखना पड़ता है। वहां पर एक ही आदमी को रहने दिया जाता है, दूसरे किसी को रहने नहीं दिया जाता। पूरे Western Region के अन्दर कोई हॉस्पिटल नहीं है। कितने private rehabilitation centres और treatment centres हैं, जिनको regulate करने के लिए आपने structure वगैरह खड़ा किया है, मैं इसमें नहीं जाना चाहता हूँ। इसके लिए जो qualified psychiatrists वगैरह चाहिए, आपको रखने पड़ेंगे, जो qualified social workers चाहिए, वहां रखने पड़ेंगे। हॉस्पिटल में इतनी-इतनी सुविधा होगी, हॉस्पिटल को register करवाना पड़ेगा, डॉक्टर ऐसा होगा, उसका बोर्ड होगा, review होगा, अगर किसी के पास family में कोई

[श्री मधुसूदन मिश्री]

नहीं होगा, तो उसकी जानकारी के लिए वह अपने आपको independently दाखिल करा सकेगा, उसकी permission ली जाएगी, वगैरह-वगैरह, मैं उस structure में नहीं जाना चाहता, लेकिन जो दोनों treatments हैं, उन दोनों treatments में दो disciplines करके, एक curative और जो दूसरा discipline है, community, उनको साथ लेकर उसकी ज्यादा से ज्यादा counselling कीजिए, जिससे वह ठीक हो जाए। Curative treatment में मैंने देखा है कि आज भी डॉक्टर्स shock therapy का इस्तेमाल करते हैं, which is completely inhuman. मैं तो मानता हूँ कि इस देश के अन्दर इसको ban करना चाहिए। दुनिया के अन्दर बहुत सारी movements चल रही हैं कि यह जो shock therapy है, इसमें shock देने की जो पूरी प्रक्रिया है, उससे इन patients को मुक्त करना चाहिए। Counselling की प्रक्रिया ज़रा जटिल है, क्योंकि समय देना पड़ता है। मैं मिनिस्टर साहब को बताना चाहता हूँ कि qualified doctors की कमी तो है ही, साथ ही साथ social workers की भी कमी है, counselling करने वालों की भी कमी है। वे नहीं मिलते हैं। जो गरीब तबके के आदमी हैं, उनको वाकई में पता नहीं चलता। ऐसे examples पढ़ने को मिलते हैं कि किसी को चेन से बांधा जाता है कि वह कहीं चला न जाए। यह बात भी सही है। रास्ते में आपको कितने ही लोग ऐसे मिलेंगे, जो schizophrenia से पीड़ित होंगे, लेकिन रास्ते में भिखारी की तरह या पागल की तरह जीवन जीते होंगे। मैंने पटना का एक बहुत बड़ा किस्सा पढ़ा था कि एक बहुत बड़े recognized scientist थे, वे garbage से खाना ढूँढ़ रहे थे। उनकी ऐसी हालत के बारे में मैंने पढ़ा था। जॉन नैश नाम के एक बहुत बड़े mathematician और scientist थे, जिनको नोबेल प्राइज मिला, वे भी इसके शिकार हुए थे। अभी अमेरिका में एक accident में उनकी मौत हुई। उन्होंने mathematics के अन्दर game theory दी। पूरी दुनिया के अन्दर आज अमेरिका और दूसरे देश उस game theory का इस्तेमाल कर रहे हैं। महोदय, यह ऐसी population है, जो creative है, intelligent है, जो इस रोग से suffer कर रही है, लेकिन उनको treat करने के लिए हमारे पास आज भी कोई सिस्टम नहीं है। मैं फिर से बता रहा हूँ कि ऐसा कोई हॉस्पिटल नहीं है, जहां ऐसी व्यवस्था हो। काफी घूमने के बाद मैंने देखा है कि डॉक्टर्स में जो sensitivity चाहिए, social workers में जो sensitivity चाहिए, patients की बात सुनने के लिए जो तैयारी चाहिए, वह दिखाई नहीं देती, फिर यह भी देखा जाए कि ऐसे आदमी उसकी counselling करें, जो उसके उसकी intelligence के साथ match कर सकें, लेकिन इसकी भी कोई व्यवस्था नहीं है। इस सबकी बहुत बड़ी कमी है और लोग बिल्कुल आम patient की तरह उनको treat करते हैं, जिसकी वजह से वे कभी extreme violence की तरफ चले जाते हैं या फिर स्वयं में सिकुड़ जाते हैं। आप उनको घर में अकेले नहीं रख सकते। हॉस्पिटल्स के अन्दर ऐसा वातावरण नहीं होता और न ही ऐसी स्थिति होती है, जिससे वे अच्छी तरह से cure हो सकें। सबसे पहले यह बताया जाता है कि यह disease cure नहीं हो सकती है, आप इसको diabetes की तरह control कर सकते हैं और इसकी ऐसी कोई मेडिसिन भी नहीं बनी। उनके मुँह के अन्दर से पानी गिरता रहता है, इसलिए लोग कभी उस मेडिसिन को लेते हैं, कभी नहीं लेते हैं। Patient को ध्यान में रख कर दवा दी जाती है। उसके पीछे 24 घंटे एक या दो आदमी उसका ध्यान रखने वाले चाहिए, यह ऐसी स्थिति वाला रोग है। मुझे पता नहीं आप इसको किस तरह कराएँगे, क्योंकि आपने structure और पैसे जो कुछ भी इसमें लिए हैं, उसमें कमीशन हो गया, बोर्ड हो गया, तो उसमें कौन आदमी आएगा, कौन नहीं आएगा? फिर इसमें आगे की क्या स्थिति होगी, डॉक्टर्स

का पैनल होगा या एक्सपर्ट्स का पैनल होगा? इसमें ये सब चीजें हैं, फिर treatment के बारे में क्या provision है, मैंने इसमें यह भी नहीं देखा है। आप treatment को किस तरह से effective बनाएंगे? ज्यादातर लोग, जो इस disease से पीड़ित हैं, वे फैमिली के साथ रहते हैं। सरकार उनकी फैमिलीज़ को क्या सपोर्ट करना चाहती है? जो फैमिली अपने patient को अच्छी तरह से treat करती है, मैं उसकी बात नहीं करता हूँ, लेकिन जो मध्यम वर्ग के लोग हैं, जो upper middle class के लोग हैं या even lower middle class के लोग हैं, जिनके लिए compulsorily ऐसी स्थिति हो जाती है कि न तो फैमिली वहां से move कर सकती है, न उसको साथ ले जा सकती है। अगर फैमिली के लोग कहीं बाहर जा रहे हैं, तो उसके पास 24 घंटे के लिए एक आदमी रख कर जाओ, ऐसी परिस्थिति होती है।

ऐसी diseases की दवाइयां भी महंगी होती हैं। साइकैट्रिस्ट घर पर नहीं आते और न ही लोग साइकैट्रिस्ट के पास जाना चाहते हैं। अगर जाते हैं, तो वहां पर जो दूसरे लोग होते हैं, उनके सामने ये लोग स्वयं को ऐसा समझने लगते हैं कि मैं पागल हूँ, इसीलिए मुझे यहां लाया गया है, इससे उनकी तबियत और भी बिगड़ने लगती है। इस ट्रीटमेंट का जो पूरा प्रॉसेस है या एक individualistic family के अंदर ऐसे व्यक्ति के ट्रीटमेंट में जो समस्याएं आती हैं, वे सब इस बिल के अंदर नहीं दी गई हैं।

आपका जो second ratification है, वह यह बता रहा है कि families bear financial hardship, emotional and social burden of providing treatment and care for their relatives with mental illness, लेकिन स्थिति यह है, मैंने कुछ लड़कियों की हालत देखी है, लोग उनके लिए यह सोचने लगते हैं कि अब इनके साथ शादी कौन करेगा? मां-बाप के मर जाने के बाद इनका ध्यान कौन रखेगा? क्या इस बिल के अंदर ऐसे लोगों के लिए सरकार की कोई व्यवस्था है? क्या सरकार ऐसे पेशेंट्स के लिए कोई rehabilitation centre बनाना चाहती है अथवा sponsor करना चाहती है? जो लोग trust चला रहे हैं, क्या सरकार उनको मदद करना चाहती है या नहीं? मैंने मुम्बई और पूना के अंदर ऐसे rehabilitation centre देखे हैं, जहां एक-एक महीने के अंदर एक लाख रुपये का खर्च हो जाता है। इतना खर्च कौन bear करेगा? कई बार दो, तीन या चार पेशेंट्स को एक ही साथ ठहराया जाता है। इसकी जो वास्तविक परिस्थिति है, मैं उसके ऊपर हेल्थ मिनिस्टर साहब का ध्यान दिलवाना चाहता हूँ। मैं बाकी सब मैम्बर्स से भी रिक्वेस्ट करूंगा कि प्लीज़, वे मेरी बात को ध्यान से सुनें। मैं उन चीजों की तरफ आपका ध्यान दिलाना चाहता हूँ, जो इस बिल में नहीं हैं। आप इस बिल के माध्यम से सिर्फ एक structure खड़ा कर रहे हैं, लेकिन मैं यह मानता हूँ कि उस structure के अंदर यह regulate भी होना चाहिए। मैं यह भी मानता हूँ कि इस पूरे profession को ही regulate करने की बहुत जरूरत है, लेकिन साथ-साथ उसको treat करने के लिए manpower की और social workers की भी बहुत जरूरत है। इन सबको regulate करना काफी जरूरी है। फिर आप एक प्रतिशत patients की जो बात कह रहे हैं, आपके पास उनका कोई data नहीं है। क्या आप वह data इकट्ठा करेंगे?

महोदय, आज सभी जगह पर drugs की बीमारी आ गई है। देखा यह गया है कि इस drugs की बीमारी में से कितने ही लोगों में इस प्रकार की समस्याएं पैदा हो जाती हैं, उसको आप कैसे कंट्रोल करेंगे? इस बीमारी के अंदर वह स्थिति पैदा हो जाती है, जो खत्म नहीं होती है, आप

[श्री मधुसूदन मिश्री]

कानून जरूर बना देंगे। इसमें दो चीजें हैं, एक तो curative है, आप खुद Medical Association के पास जाकर Medical Council of India के माध्यम से इसको बनाएंगे या फिर आप कुछ और करना चाहते हैं? आपके यहां सरकार की ओर से कोई अवेयरनेस प्रोग्राम नहीं है कि किस तरह इनका स्टिग्मा दूर किया जाए।

MR. DEPUTY CHAIRMAN: Please conclude.

श्री मधुसूदन मिश्री: सर, मैं खत्म कर रहा हूँ, ज्यादा टाइम नहीं लूंगा। यह स्टिग्मा किस तरह दूर किया जाए, इस तरफ तो सरकार का कोई प्रोग्राम नहीं है, न कोई ऐसा एनाउन्समेंट है, न कोई ऐसा एडवर्टाइजमेंट है। मेरी आपसे विनती है कि अगर आप यह बिल पास करें, तो इसको आप एक मिशन मोड के ऊपर ले लीजिए, देखिए कि पूरे देश के अंदर इसके बारे में जागृति हो, क्योंकि करोड़ों मां-बाप को मालूम ही नहीं होगा कि मेरे बेटे या मेरी बेटी को Schizophrenia है या यह मेंटल इलनेस है।

सर, मैं इसको होल हार्टेडली सपोर्ट करता हूँ और मेरी आपसे विनती है, आपको और भी सजेसंस चाहिए होंगे, तो दूंगा, क्योंकि 17 साल से हम भुगत रहे हैं। इसके अंदर जो कुछ इंफॉर्मेशन चाहिए, हम आपको देंगे, लेकिन इस बिल के अंदर आप थोड़े से चेन्जेज करिए। पेशेंट के ऊपर ज्यादा ध्यान दीजिए, ट्रीटमेंट के ऊपर ज्यादा ध्यान दीजिए, रेगुलेट आप जरूर करिए, रेगुलेट करने के लिए आप रजिस्टर करवाइए और जहां फैसिलिटीज नहीं हैं, उन पर आप पेनल्टी लगाइए। जो कुछ भी आपको करना है करिए, लेकिन उससे पेशेंट की स्थिति नहीं सुधरेगी और जिन फैमिलीज के अंदर ऐसे पेशेंट्स हैं, उनकी हालत के अंदर सुधार नहीं होगा। उनको दवाइयां फ्री में मिलनी चाहिए, ऐसा मैं मानता हूँ।

MR. DEPUTY CHAIRMAN: Please conclude. ...(Interruptions)... Please sit down.

श्री मधुसूदन मिश्री: फिर से मैं बोल रहा हूँ, क्योंकि टाइम है। मैंने समय लिया। मैं आपको यह बिल लाने के धन्यवाद देता हूँ। यह वाकई ऐसा बिल है, तो देश में ऐसा वातावरण खड़ा करिए जिसकी वजह से एक पॉजिटिव एटीट्यूड सभी पेशेंट्स की ओर अपनाया जाए और जो हमारी यंग जनरेशन है, जो इसकी विक्टिम है, उसको बचाया जाए, धन्यवाद।

SHRI JAIRAM RAMESH (Karnataka): Are you rushing through the Bill, Sir?

MR. DEPUTY CHAIRMAN: Not at all. ...(Interruptions)... His party has four speakers, and his party has allotted time for each Member. ...(Interruptions)... Let me complete. So, 15 minutes have been allotted by his party to him. So, I have to adhere to that. What do you want?

SHRI JAIRAM RAMESH: Sir. Dr. Subbarami Reddy has raised a very important point.

MR. DEPUTY CHAIRMAN: Yes; I never said it is unimportant.

SHRI JAIRAM RAMESH: Sir, there are 132 amendments; and I hope the Minister will explain the need for 132 amendments. Many of these amendments are procedural, I understand. But some of the amendments are very substantive amendments. And I hope you won't rush through the Bill.

MR. DEPUTY CHAIRMAN: How do you think that?

श्री मधुसूदन मिश्री: सर, सिर्फ एक मिनट और। ...*(व्यवधान)*... एक चीज रह गई है, सर।

MR. DEPUTY CHAIRMAN: No, no; your speech is over. Now, you don't speak. That is not fair. No, no. ...*(Interruptions)*... That is absolutely against the rule. No, you cannot speak. Your speech is over. Sit down. You cannot speak. ...*(Interruptions)*... No, no; you can't do that. Your speech is over. Now, you don't speak.

Jairam Rameshji, why do you go on pre-conceived notions? Nobody is going to rush through. When the amendment is moved, at that point of time, you can ask the rationale of the amendment, which the hon. Minister will certainly clarify to you. Especially when a person like you asks, do you think the Minister will ignore you? Nobody can ignore you.

SHRI JAIRAM RAMESH: Sir, Dr. Subbarami Reddy is also ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Yes, Dr. Subbarami Reddy's point of order is very valid. He asked as to why there are 146 amendments. The Minister will explain it at that point of time.

DR. T. SUBBARAMI REDDY: Sir, it is 50 years' record; no Bill had so many amendments. This is Mr. Nadda's record.

MR. DEPUTY CHAIRMAN: See, that only shows that the hon. Minister is amenable to the suggestions from Members and others. So, after drafting the Bill, whatever opinions and suggestions the hon. Minister got, especially from Members like you, he is accepting. You should thank him for that. He is not very adamant that 'no, what Bill I brought, I will stick to that; no change.'

DR. T. SUBBARAMI REDDY: Sir, the Minister is smiling.

MR. DEPUTY CHAIRMAN: Yes, the Minister is susceptible. I appreciate that, I tell you. Now, Dr. Vikas Mahatme.

DR. VIKAS MAHATME (Maharashtra): Hon. Deputy Chairman, Sir, when we talk about health, we always think of physical health. But I feel this Bill is very important because the WHO defines health as mental, physical and social well-

[Dr. Vikas Mahatme]

being. Sir, it is also very important that whenever we are mentally healthy, then only we can work fruitfully and meaningfully. We can contribute to the community when we are mentally healthy. Even if we are physically healthy, but mentally not healthy, then, our work will not be fruitful. So, I personally feel that mental health is more important than physical health and that is why I feel that this Mental Health Care Bill is very important and, moreover, it has been brought, nearly, after three decades. The previous Bill came in 1987 and now it has come in 2016. Sir, many times, we feel and people say, "I am healthy. I am not mad." 'मैं पागल नहीं हूँ, यानी मैं mentally healthy हूँ।' But this is not true. He may be suffering from too much stress or anxiety. मानसिक तनाव या चिन्ता उसे खा रही हो सकती है। 'यदि मैं बहुत चलता हूँ या किसी exhibition में काफी देर खड़ा रहता हूँ, तो मेरे पैरों में दर्द होता है। मुझे कोई बड़ी बीमारी नहीं रहती, लेकिन दर्द तो रहता ही है।' तो हम इसे क्या कहेंगे? इसे बीमारी नहीं कह सकते हैं, disease नहीं कह सकते हैं, लेकिन इसे हम distress कहते हैं। यदि यह stress, चिन्ता या anxiety वैसे ही ज्यादा रही, तो हम अच्छा काम नहीं कर सकते। इसका भी इलाज इसी में होना चाहिए, ऐसा मुझे लगता है। For that, counsellors are there and caregivers are there and in this Bill, for the first time, the counsellors, caregivers and mental health professionals are given due respect and due favour. We have recognised their work. I shall come to the caregivers afterwards also.

If we think of mental disorders, in India, around seven per cent of our population — it is not one per cent or less than one per cent — is suffering from these mental illnesses. W.H.O says that 27 per cent of population of India suffers from depression, and for treating these patients we have, in India, 5,000 psychiatrists. So, for 125 crore people, for treating seven per cent of our population, we have only 5000 psychiatrists. For this reason, the Bill has appropriately considered it necessary to increase the number of psychiatrists and take the help of mental health professionals. This has been done for the first time. This includes psychologists and caregivers. So, what are caregivers actually? Caregivers are persons who take care of mentally ill patients, who need prolonged treatment. Just now, the hon. Member said that such a patient needs prolonged treatment in the house also. Then they even support the tobacco, alcohol and drug- addicted people for deaddiction. This also needs prolonged follow up. They can be family members, friends, relatives or anybody else. This needs 24-hour monitoring. This Bill, for the first time, recognises the efforts of these people and has created an environment to train all those who manage such important problems or diseases. So, this has been included in this Bill and I congratulate the hon. Minister for that.

As far as increasing the number of psychiatrists is concerned, I have said that the number of psychiatrists, psychologists and mental health professionals is very less.

This Bill provides support to institutions like the National Institute of Mental Health and Neurosciences, Bangalore. A similar institute is there in Ranchi, Tezpur and now six more institutions are being added in different parts of the country, which will definitely increase the number of psychiatrists and mental health professionals. These are all called as centres of excellence. So, all six additional centres of excellence will be created through this Bill. In addition to this, six additional medical colleges will have mental health professionals, which is mentioned in this Bill. हमारे देश में एक और परेशानी है, जिसके बारे में अभी ऑनरेबल मेम्बर ने बताया था कि nobody wants to expose his anxiety, depression, stress, psychosis, schizophrenia or other diseases, because it has got a social stigma. Family members also do not want to disclose it to others. हम यह नहीं मानते हैं कि जैसे किसी को एसिडिटी हो सकती है, डायबिटीज हो सकता है, हार्ट डिजीज़ हो सकता है, वैसे ही किसी-किसी को मेंटल इलनेस हो सकता है। यह एक इलनेस है और यह इलनेस ट्रीटमेंट से कंट्रोल में भी आ सकता है। And, to reduce this social stigma, there is a robust system of using the district hospitals. क्योंकि मैं जानता हूँ कि काफी लोग उपहास से बोलते हैं कि क्या पागलखाना में जा रहे हो? या लोग पेशेंट के साथ पागलखाना में जाने से कतराते हैं। इस तरह से कैसे होगा? The district hospitals are where all types of patients are treated, the mental health treatment will also be done in those district hospitals. So, this will relieve you of some part of the stigma, at least. I think, still, we will have to work on it. But, it will take care of some part of social stigma.

Sir, unless and until there is community participation, we will not be able to provide proper sustainable mental health care. For this, the Bill has taken a proper care. And, I think, there is a provision in the Bill on Central Mental Health Authority, State Mental Health Authority and District Mental Health Programme. The District Mental Health Programme will be operational through PHCs. So, community participation will, automatically, be there. Sir, I feel, scarcity of mental health professionals will be less once community starts participating in it.

I personally feel, in this Bill, involvement of voluntary organizations is not given anywhere. I personally have experience that there are institutions, especially in Maharashtra. There is an institute for psychological health which is working for the last 25 years in this field. But, it finds difficult to collaborate with the Government to serve many more people. I am saying this, because unless and until there is collaboration it is difficult and, without any financial burden on the Government, these people want to work. But, it becomes very difficult. I personally feel that there should be some amendment so that it will take care of all the voluntary organizations working there.

Sir, any health care will not be complete unless and until it supports research

[Dr. Vikas Mahatme]

3.00 P.M.

and survey. In this Bill, survey to assess burden of mental illness is there. This is definitely a major problem that we don't know about the percentage of diseases in detail. We know that there is around 7 per cent of mental illness. But, we don't know how much per cent of each disease we have. Then, we also don't know about addiction. We don't know how many tobacco, alcohol or drug addicts we have. So, all this will be covered under this Bill as survey. This is very important to know and to plan further strategy. So, in brief, I would like to inform the hon. Members, through you, Sir, after nearly three decades, this Bill has revolutionized the mental health. There will be increase in the number of psychiatrists and quality mental health professionals. This will establish the Centre of Excellence, Government Medical Colleges for mental health services. There is a systematic approach, so that all the Schemes will be implemented nicely. The Central Mental Health Authority, State Mental Health Authority and District Mental Health Programme become successful only when there is community participation.

All this together, and many other points, in brief, will say that this Bill is multifaceted, will take care of all the important aspects of mental health and there are details about the execution.

So, I personally feel, everybody in this House should support this Bill, so that we take India to a mentally healthy India.

श्री विशम्भर प्रसाद निषाद (उत्तर प्रदेश): माननीय उपसभापति महोदय, मानसिक स्वास्थ्य देखरेख विधेयक, 2013 में माननीय मंत्री जी जो 134 संशोधन लाए हैं, उस पर मुझे समाजवादी पार्टी की तरफ से बोलने के लिए मौका मिला है। माननीय मंत्री जी ने इस विधेयक में जो व्यवस्थाएं की हैं, वे बड़ी सराहनीय हैं। मैं उनका समर्थन करता हूं। मैं समझता हूं बिल में अभी कुछ कमियां हैं, जिसमें और व्यवस्था होनी चाहिए। हमारे माननीय मिश्री साहब ने और हमारे डॉक्टर साहब ने अपने ख्यालात रखे हैं। महोदय, इस विधेयक से काफी राहत मिलेगी। जिला स्तर पर जो मानसिक स्वास्थ्य समीक्षा आयोग और बोर्ड, एक अर्द्धन्यायिक निकाय होगा, जो अग्रिम निर्देश देने की एक प्रक्रिया और बोर्ड की समय-समय पर समीक्षा करेगा और मानसिक रूप से अस्वस्थ व्यक्तियों के बारे में सरकार को परामर्श देगा। आयोग राज्य सरकार की सहमति से राज्य के जिलों में मानसिक स्वास्थ्य रक्षा बोर्ड का गठन करेगा। इस तरह से इसमें बहुत सी चीजें दी गई हैं। लेकिन हम लोग देखते हैं कि आज जो समाज में व्यवस्थाएं हैं, सबसे बड़ी दिक्कत तो यह है कि संयुक्त परिवार टूट रहे हैं और फ्लैट सिस्टम हो रहा है। एक फ्लैट में पति-पत्नी रह रहे हैं और उनके बच्चे भी हैं। पति-पत्नी नौकरी करने चले गए और बच्चे अकेले रह गए। बच्चे मानसिक रोग का शिकार हो रहे हैं। अगर कोई भी इस बीमारी से पीड़ित व्यक्ति डाक्टर को अपनी पीड़ा बताना चाहता है, हिम्मत करना चाहता है कि मैं डाक्टर के पास जाकर उसको अपनी पूरी बात बताऊं, लेकिन उनको यह डर, भय बना रहता है कि मैं डाक्टर साहब के पास

जाऊंगा तो कहीं वे अगर मुझे पागल घोषित कर देंगे, तो मैं समाज से अलग कर दिया जाऊंगा, जंजीरों में बांध दिया जाऊंगा या मुझे पागलखाने में भेज दिया जाएगा। इस कारण भी बहुत से लोग डाक्टरों के पास जाने की हिम्मत नहीं जुटा पाते और उनसे अपनी बात नहीं कह पाते। आज बड़ी विसंगतियां हैं। एक सबसे बड़ी कमी यह है कि जो लोग गरीबी में पड़े हैं, उनके लिए और दिक्कतें हैं। एक तो शिक्षा का अभाव और जानकारी का अभाव है। वे डाक्टर के पास तक पहुंच नहीं पाते हैं। जो गांव के नीम-हकीम हैं, जो झाड़-फूंक करने वाले हैं, वे कह देते हैं कि इनको कोई भूत-प्रेत चढ़ गया है। हम देखते हैं कि पूरे देश में बहुत सी ऐसी तमाम जगहों हैं, जहां ओझा लोगों ने अपनी-अपनी दुकान खोल रखी है। ऐसे मानसिक रोगियों को तरह-तरह से वे अपना करिश्मा दिखा रहे हैं और उनको प्रताड़ित करते हैं, महीनों तक उनको बांधकर रखते हैं और उन पर अपना प्रयोग करते रहते हैं, जिससे बहुत से लोगों की मृत्यु हो जाती है। इस विधेयक के आने से इसमें काफी राहत मिलेगी। हम यह कहना चाहते हैं कि इस बिल में जो कमियां हैं, उन पर माननीय सदस्यों के जो भी सुझाव आए, मंत्री जी उन पर गौर करने का काम करें। हम देखते हैं कि जो शोध करने वाले छात्र हैं, जो बच्चे पढ़ रहे हैं, सैकड़ों की तादाद में आत्महत्या कर रहे हैं, उस पर कभी आपने गौर किया है? अभी सरकार के पास कोई आंकड़े नहीं हैं कि देश में जिलेवार कितने रोगी हैं, किस प्रकार के हैं, बहुत से अच्छे लोग भी हैं। अगर थोड़ी सी शुरुआत होती है, तो उनको सीधे पागलखाने भेज दिया जाता है, तो वे पूरी तरह से रोग से विक्षिप्त हो जाते हैं। इस पर भी विचार करने की आवश्यकता है कि जिले-जिले में इसके उपचार की व्यवस्था होनी चाहिए। जहां तक डॉक्टरों की कमी की बात है, हम देख रहे हैं कि पूरे देश में डॉक्टरों की बहुत ज्यादा कमी है। आपके पास मशीनें नहीं हैं। डब्ल्यूएचओ ने अपने एक पूर्वानुमान में बताया है कि वर्ष 2020 तक भारत की 20 प्रतिशत जनसंख्या किसी न किसी प्रकार की मानसिक अस्वस्थता से पीड़ित होगी। यह दर्शाता है कि हमारे यहां डॉक्टरों की कमी है, हमारे यहां गरीबी है। हमारे यहां सबसे बड़ी समस्या तो गरीबी है, क्योंकि ज्यादातर गरीब आदमी ही बीमारियों का शिकार होता है, चाहे वह कैंसर की बीमारी ही क्यों न हो। आज इस देश में कैंसर की बीमारी सबसे बड़ी बीमारी है, जो लाइलाज है। उसके इलाज के लिए आपके पास न तो डॉक्टरों हैं और न ही मशीनें हैं। आज देश में केवल 3,500 मनोचिकित्सक हैं, जबकि एक सर्वे में बताया गया है कि देश में 8,500 मनोचिकित्सक, 6,750 मनोवैज्ञानिक तथा 2,100 योग्य नर्सों की कमी है। यह आँकड़ा तो बहुत कम है, लेकिन इनकी कमी इससे भी अधिक है। एम्स ने ऑटिज्म की बीमारी की पहचान के लिए एक ऐप बेस्ड डायग्नोस्टिक टूल लांच किया है। मैं समझता हूँ कि भारत में अन्य जगहों पर भी इसकी आवश्यकता है। एम्स जैसे अस्पताल में जो सुविधा है, वैसी सुविधा सब जगहों पर होनी चाहिए।

आज हम देखते हैं कि जो मानसिक रोग से बीमार लोग हैं, उनकी अपेक्षा अन्य रोगियों की संख्या कम है। जो रूरल एरिया है, वहां जब कोई बच्चा तीन-चार साल की उम्र में इस बीमारी से पीड़ित हो जाता है, तो सबसे ज्यादा उसकी मां को suffer करना पड़ता है। उसका पिता तो फ्री रहता है, लेकिन उसकी मां उसके बालिग होने तक उसकी देखरेख में अपना पूरा जीवन न्यौछावर कर देती है, यह हम लोगों ने देखा है। कानपुर में संजीव जैन की बेटी, भावना इस रोग से पीड़ित थी। उसके मां-बाप ने उसकी 18 साल तक सेवा की, लेकिन वह खत्म हो गई। वह देख नहीं पाई, बोल नहीं पाई, लेकिन उसने अपनी आँखें दान कर दीं, जिससे दो लोगों

[श्री विशम्भर प्रसाद निषाद]

को आँखें मिलीं और वे दुनिया को देख पाए। हम उनके कार्यक्रम में गए थे। अपने देश में ऐसे तमाम मानसिक रोगी हैं।

मैं माननीय मंत्री जी से यह निवेदन करना चाहता हूँ कि हमारे प्रधान मंत्री जी तो मन की बात कर लेते हैं और पूरे देश के लोग उनको सुनते हैं, लेकिन मानसिक रोग से पीड़ित लोग अपने मन की बात कैसे करें? इसके लिए डॉक्टर्स का इंतजाम होना चाहिए, जिले-जिले में चिकित्सकों का इंतजाम होना चाहिए, उनसे वे अपने मन की बात करें, ताकि वे इस बीमारी से निजात पाएँ। मैं आपसे यही गुजारिश करते हुए इस बिल पर बल देता हूँ और अपनी बात खत्म करता हूँ, धन्यवाद।

[THE VICE-CHAIRMAN (DR. SATYANARAYAN JATIYA) *in the Chair*]

SHRI A. K. SELVARAJ (Tamil Nadu): Respected Vice-Chairman, Sir, I thank you very much for allowing me to speak on an important subject, concerning the patients who are suffering from mental disorders. The Bill was, originally, introduced in this august House on 19.8.2013, and the same was referred to the Standing Committee on Health and Family Welfare on 20.8.2013 for examination and report within three months. The Committee submitted its report within the time period. I am happy that the Bill has been taken up now for consideration and passing.

Now I would like to put forward some of my views and suggestions on the Bill. Sir, the Government of Tamil Nadu, under the leadership of our hon. Chief Minister, Dr. Puratchi Thalaivi Amma, had set up a State Mental Health Authority, Tamil Nadu way back in 1994.

Probably, Tamil Nadu was the first State for setting up of such an Authority to reduce the burden of mental illness and behavioural disorders of persons, their families and care-takers, and the Authority was mandated to regulate, develop and coordinate mental health services and to deal with all matters which come under the Mental Health Act.

Today, under the dynamic leadership of our hon. Chief Minister, Dr. Puratchi Thalaivi Amma, the State is in the forefront as far as the steps towards mental health are concerned. Tamil Nadu is the only State that has at least one psychiatrist in each district, something unique when compared to other States.

In spite of having taken many steps, the number of psychiatrists in the country still does not exceed 4,000 and there is a great need to add on the number of psychiatrists, and there is a need to increase the institutes as well as the courses at the level of post-graduation in the medical colleges. There is just one psychiatrist for four lakh Indians and 80 per cent of our districts do not have even one psychiatrist in public service.

India devotes less than one per cent of its health budget to mental health compared to 10 per cent, 12 per cent, 18 per cent in other countries. Ironically it is in urban areas where medication and psychiatrists are available but in rural areas neither the medication is available nor are the psychiatrists.

The primary health centers don't stock medication, and huge populations of people with major mental illness do not have access to either treatment or to medication. Most Government hospitals have relegated their worst wards, with the fewest beds, to mental-illness wards in the most neglected area, even near the mortuary, and this is the discrimination that is shown to the mentally-sick people who are discriminated against in employment and in society. Sir, at least, 5 per cent of our population lives with a mental illness, which accounts to over 50 million people. These numbers have a close bearing with the rate of suicides. Nearly half of those with severe mental diseases are not treated and of those with less severe versions, nearly 9 in 10, go uncared for. About one in 5 persons in the country need counselling, either psychological or psychiatric.

Depression, the most prevalent form of mental illness, is estimated to exist in 3 of every 100 in urban areas like Mumbai, etc., and, of this, one in 3 are severely neurotic.

Thus, India without a massive mental health movement will see a lot of homeless destitute patients. The burden of mental illness will increase more rapidly in India than over the next 10 years.

In India, only about one in ten persons with mental health disorders are thought to receive evidence-based treatment. By 2025, in India, 38.1 million people's life will be lost to mental illness which will be an increase of 23 per cent compared to the previous figures. The mentally-ill patients are also discriminated against in giving insurance facilities. The insurance companies do not provide medical insurance to the people who are admitted in hospitals with mental illnesses. Admission to a good hospital is out of reach for some because of this. It is sad that a patient in the ICU is billed a few lakhs of rupees, but there is no insurance just because it is mental illness. We need to look into this urgently and Clause 21(2) of the Bill must be made tough by suitably amending it.

Generally, people desire that their medical treatment should always be a secret, to be disclosed only to their near and dear ones and to their doctor. However, Clause 23(2) of the Bill deals with the right to secrecy in respect of a person with mental illness. Any ambiguity in the Clause would defeat the purpose of this Clause to keep as confidential all such information that has been obtained during care or treatment by health professionals providing care or treatment to a person with mental

[Shri A. K. Selvaraj]

illness. Therefore, in order to maintain that secrecy, this important Clause should be carefully framed with clear intentions so as to avoid conflict and confusion at the implementation stage.

It is a well-settled and generally accepted norm that only professionals in the relevant field can come up with valid suggestions and solutions to a field related or relevant to him or her. Clause 80 provides for setting up of a Mental Health Review Board and Clause 81 provides for composition of the Board. Therefore, both the members of the Mental Health Review Board proposed under the above Clause should be Psychiatrists; as a Psychiatrist, being a specialist, is better equipped to protect the interests of the patient.

The Standing Committee, in its Report on the proposed Bill, has suggested many things which can be incorporated and implemented, so that the country can take care of a growing number of mentally ill patients.

Sir, with this, I conclude and I support the Bill.

SHRI AHAMED HASSAN (West Bengal): Sir, on August 6, 2001, a fire broke out in an asylum in Yervadi, Tamil Nadu. More than 25 patients were burnt alive. They could not escape the blaze as they had been chained to posts or beds. The Supreme Court stated that the Mental Health Act, 1987, is not at all implemented by the concerned authorities and there is a failure on the part of the Central and State Governments to implement the 1987 Act. Thus, there is an urgent need to introduce and implement sweeping reforms in this regard in the country.

Sir, the National Human Rights Commission has conducted detailed studies of patients in mental health institutions and the conditions they live in. They found numerous instances of cruel treatment and people being chained, being beaten and being denied any kind of dignity.

Sir, there are around 4,000 psychiatrists in India and many of them are in private practice. Thus, there is a huge shortage of psychiatrists in the public sector and in the rural areas. This has led to a large number of people requiring mental healthcare remaining undiagnosed. As per NCRB data, 1,31,666 people had committed suicide in India in 2014. Depression is the leading cause of suicides around the world and needs to be treated by healthcare professionals.

Sir, there is a need to eliminate the social stigma associated with mental disorders. Access to mental health services in India continues to be a major challenge as up to 40 per cent of the patients travel more than 20 kilometres to have access to the

District Mental Health Programme services. Coming to the Mental Health Care Bill, 2013, it has some good provisions. Any person, with or without mental illness, can make an Advance Directive (AD) stating how he or she wishes to be treated for a future mental illness and also how he does not wish to be treated. Such an AD can also be challenged by families, professionals, etc. De-criminalization of suicide is a much-needed reform. A person attempting suicide shall be considered to be under severe stress and will not be liable to be prosecuted under Section 309 of the Indian Penal Code. The Government should provide care, treatment and rehabilitation to all such persons.

The Bill states that it is the obligation of the Central and State Governments to build halfway homes and community caring centres, among other things, for the mentally-ill persons. Such services should be affordable, of good quality and available without discrimination. This Bill also provides protection to patients from cruel, inhuman and degrading treatment. In this new Bill, some treatments, currently being practised, will be prohibited, most importantly, the Electro-Convulsive Therapy (ECT), given without anaesthesia, and the practice of chaining patients to their beds.

However, there are some issues with the Bill, which I would like to raise. The provision of appointing a nominee, and then all subsequent decisions being taken by the nominee, may lead to damaging the goodwill and bonding in a family. Furthermore, a person can only be admitted to a mental health care facility after being reviewed by the MHRC. This might cause undue delay in the treatment and it will make the entire process more complicated. These reasons might discourage families from playing a proactive role in seeking treatment.

Sir, the MHRC has six Members, out of which, only one is a psychiatrist and another is a mental health care professional. This will lead to crucial decisions being taken in the field of mental health by non-experts.

The Bill allows for ECT on minors, in case the psychiatrist advises it, with the consent of the guardian and prior permission of the Board. However, due to its extreme side effects and its controversial practice in the treatment of mental illness in minors, a blanket ban on ECT for minors should be implemented, as recommended by the World Health Organisation.

Sir, it is surprising that the Bill provides for only one District Board for the eight North-Eastern States of India, covering an area of 2,62,230 square kilometres. This would make it inaccessible to a majority of the people in these States, who face difficulties in connectivity.

[Shri Ahamed Hassan]

I would urge upon the Government to look into these issues and make the necessary changes so that India gets a progressive law on mental health care, which would work towards raising awareness and eradicating the stigma attached to the mentally-ill people.

THE VICE-CHAIRMAN (DR. SATYANARAYAN JATIYA): I am here to remind that word-to-word reading is not allowed. I am not going to disturb anybody, but according to the Parliamentary etiquette, word-to-word reading is not allowed. So, please note this. Now, Shrimati Kahkashan Perween.

श्रीमती कहकशां परवीन (बिहार): उपसभाध्यक्ष महोदय, आपने मुझे मानसिक स्वास्थ्य देखरेख विधेयक, 2013 पर बोलने का मौका दिया, मैं आपका और अपनी पार्टी के नेताओं का शुक्रिया अदा करती हूँ। मैं साथ ही साथ माननीय मंत्री जी को भी मुबारकबाद देती हूँ कि उन्हें यह बिल लाने का मौका मिला। 2014 में पूर्व केंद्रीय स्वास्थ्य मंत्री, जनाब हर्षवर्धन साहब ने आगरा के मानसिक स्वास्थ्य संस्थान में एक बात कही थी कि वे बहुत जल्द एक बिल लाने जा रहे हैं, जो गरीबों के लिए होगा। शायद वे इसी बिल की चर्चा कर रहे थे। उन्होंने कहा था कि इस बिल का उद्देश्य मानसिक रूप से अस्वस्थ व्यक्तियों पर दोष मढ़ने के खिलाफ जागरूकता फैलाना होगा।

महोदय, यह बिल मानसिक रूप से अस्वस्थ व्यक्ति को भर्ती करने, उनका उपचार करने और उपचार के बाद उन्हें discharge करने में अपनायी जाने वाली प्रक्रिया को भी स्पष्ट करता है। इस बिल में कहा गया है कि मानसिक स्वास्थ्य केंद्र में भर्ती होने का निर्णय, जहां तक संभव हो, अस्वस्थ व्यक्ति का होना चाहिए, केवल उस स्थिति को छोड़कर जब वह स्वतः निर्णय लेने की स्थिति में असमर्थ हो या कोई ऐसी परिस्थिति हो, जिसमें किसी और के द्वारा रोगी को भर्ती करना अनिवार्य हो।

माननीय मंत्री महोदय, मेरी कुछ आशंकाएं हैं, जो मेरी दिल में आ रही हैं, उन्हें मैं आपके सामने रखना चाहूंगी और चाहूंगी कि जब आप अपना जवाब दें, तो इनका जवाब भी जरूर दें। मंत्री महोदय, आपके अनुसार मानसिक रूप से अस्वस्थ depression के शिकार व्यक्ति हैं, आपके अनुसार मानसिक रूप से अस्वस्थ Schizophrenia के शिकार व्यक्ति हैं, आपके अनुसार मानसिक रूप से अस्वस्थ bipolar syndrome के शिकार व्यक्ति हैं। मैं माननीय मंत्री जी से कहना चाहूंगी कि आप का ध्यान उन गरीबों की तरफ नहीं गया, आपका ध्यान उन मज़लूम औरतों की तरफ नहीं गया, जो सड़कों पर, रेलवे स्टेशनों पर, बस अड्डों पर या गली-कूचों में घूमती रहती हैं और उनके तन पर सही कपड़े भी नहीं रहते और खाना भी, जैसा कि अभी पूर्व सांसद महोदय ने कहा, garbage में से ढूंढ़कर खाती हैं। महोदय, मुझे ऐसा लगता है कि इस बिल में उन अमीरों की ओर ज्यादा ध्यान दिया गया है, जोकि ऐसी बीमारियों से ग्रस्त हैं। ये Schizophrenia और bipolar syndrome जैसी बीमारियां रईसों जैसी बीमारियां हैं, लेकिन हम गरीब तो इन सब बीमारियों को लेकर पैदा होते हैं। जब अमीर व्यक्ति को कोई contract नहीं मिलता है, जब वे अपनी खाहिश पूरी नहीं कर पाते हैं, तो वे depression में चले जाते हैं, लेकिन हमें दो वक्त की रोटी नहीं मिलती, हम इस वजह से depression में होते हैं। आप Schizophrenia की बात करते हैं, हम लोग आम बोलचाल की भाषा में उसे झुंझलाहट कहते हैं। Schizophrenia तो झुंझलाहट

ही है। महोदय, इस विधेयक में यह भी कहा गया है कि आत्महत्या का प्रयास करने वाला व्यक्ति उस वक्त मानसिक रूप से ग्रस्त माना जाएगा और भारतीय दंड संहिता के तहत उसे दंडित नहीं किया जाएगा। इस से आत्महत्या का प्रयास करने वाले रईस व्यक्ति अपने को depression का शिकार बताकर इस दंड से बच जाएंगे, लेकिन मेरी चिन्ता उन औरतों की है, जो ससुराल में प्रताड़ित की जाती हैं और प्रताड़ना से ग्रस्त होकर आत्महत्या करने को मजबूर हो जाती हैं। उनकी ससुराल वाले इस बिल के माध्यम से अपना बचाव ढूँढ़ लेंगे।

माननीय मंत्री जी, मैं आपके बिल की अच्छी बातों का स्वागत करती हूँ, लेकिन आप जब जवाब दें तो इन सब बातों पर जरूर रोशनी डालें ताकि यह बिल गरीबों के ऊपर अत्याचार न बन जाए। इस पर ध्यान देने की जरूरत है। मंत्री जी, आपने इस बिल में कहा है कि आयोग अस्वस्थ व्यक्ति के अधिकार संरक्षण पर सरकार को परामर्श देगा और वह राज्य सरकार की सहमति से राज्य के जिले में मानसिक स्वास्थ्य समीक्षा बोर्ड का गठन होगा। इस के लिए मैं आपका स्वागत करती हूँ, लेकिन आप बताएं कि आप इनके गठन के लिए कितनी राशि राज्य सरकार को देंगे? जो कमियां हैं, आप उन कमियों को वक्त-वक्त पर पूरा करेंगे। आप जानते हैं कि ये घटनाएँ इतनी ज्यादा घट रही हैं, बहुत सारे लोग इन घटनाओं से परेशान हो रहे हैं, लेकिन सरकार का ध्यान उस तरफ नहीं जा पा रहा है।

मैं आपको एक वाक्या बताती हूँ। यह भागलपुर का ही वाक्या है। जब मैं भागलपुर में थी, तो एक पत्रकार बंधु ने मुझे फोन किया कि मैडम, आपके ही इलाके में, आपके ही क्षेत्र में, शहर के बीचों-बीच एक निर्वस औरत घूम रही है और इसकी देखरेख करने वाला कोई नहीं है। इत्तेफ़ाक से उस वक्त, वहां की जो एस.पी. थीं, वह एक महिला थी, जो सिविल सर्जन थी, वह भी महिला थी। मैंने एस.पी. को फोन किया और उनको बताया कि इस तरह की एक महिला निर्वस घूम रही है। तब उसको सिविल सर्जन के यहां महिला थाने की कांस्टेबल के साथ भेजा गया और उसका इलाज कराया गया। लेकिन इससे कुछ नहीं होता है, पहले सरकार को यह आंकड़ा देना होगा कि कितने ऐसे लोग हैं, जो मानसिक रूप से विक्षुब्ध हैं और मंत्री जी, हमें इन दोनों के बीच का फ़र्क बताने का काम करेंगे। इसके साथ ही मैं इस बिल का समर्थन करती हूँ, आपका बहुत-बहुत शुक्रिया।

श्री दिलीप कुमार तिकी (ओडिशा): सर, आपको बहुत-बहुत थैंक यू। हमारी मेंटल हेल्थ के बारे में यू.एन. के समझौते पर 2007 में हस्ताक्षर किए गए थे। उसके बाद से दस साल हो गए, हम आज, दस साल के बाद यह कानून लेकर आ रहे हैं। इससे हमें मालूम पड़ रहा है कि हम mental illness पर कितने सीरियस हैं! महोदय, आज हमारे देश में लगभग 5 करोड़ मेंटल प्रॉब्लम्स हैं, जिनमें से 2 करोड़ मेंटली इल हैं, जो कि काफी दुख की बात है। हमारी 125 करोड़ की आबादी के लिए सिर्फ 43 मेंटल हॉस्पिटल्स हैं, यानी 3 करोड़ की आबादी पर एक हॉस्पिटल है, जो कि काफी कम है। आज देश की उन्नति के लिए, देश के डेवलपमेंट के लिए psychiatrists की सख्त जरूरत है। जहां तक मेरी जानकारी है, हमारे देश में सिर्फ 6,000 डॉक्टर्स हैं, जो कि काफी कम हैं। इस हिसाब से उनको डॉक्टर्स नहीं कहा जाता, उनको डॉक्टर consider भी नहीं किया गया है। यहां तक कि इनको पद्म अवार्ड के लिए भी consider नहीं किया जाता है। तब वे डॉक्टर कैसे बनेंगे? जैसा कि मैंने कहा, मैं भी स्पोर्ट्स में रहा हूँ, मैंने देखा है कि हम हारने के बाद, failure होने के बाद psychiatrist ढूँढ़ते हैं। ऐसे कई cases हैं। क्यों न हम failure होने

[श्री दिलीप कुमार तिकी]

से पहले इसका इंतजाम करें? मैं इसीलिए कहता हूँ कि हमारे जितने भी स्कूल्स, colleges और universities हैं, इनमें जितने भी यूथ मेंटल प्रेशर में, डिप्रेशन में suicide करने के लिए जाते हैं, वे ऐसा इसलिए करते हैं, क्योंकि उनमें मेंटल स्ट्रेस लेने की इतनी ताकत नहीं होती है।

महोदय, हम सभी जानते होंगे कि फॉरेन में रिच से भी रिच आदमी, धनी आदमी अपने बेटे को अपनी पॉकेट मनी कमाने के लिए भेजता है। वे लोग ऐसा इसलिए करते हैं, ताकि कल को उनका बेटा, मेंटल स्ट्रेंथ लेकर अपने पैरों पर खड़ा हो। जब वे लोग यह सिखाते हैं, वे बच्चे अपने परिवार से यह सब सीखते हैं, तब हमारे यहां पर भी यह नियम लागू होना चाहिए कि 18 ईयर्स के बाद के हमारे जितने यूथ हैं, उनको मेंटली स्ट्रांग कैसे बनाना है। इसके बारे में सोचने की जरूरत है।

हमारे भारत में जितने भी ऑफिस हैं, डिपार्टमेंट्स हैं, उनमें कई सारी मेंटल प्रॉब्लम्स से ग्रसित लोग भी हैं। कई बार उनके साथ बेइज्जती जैसे बर्ताव से बात करते हैं, ठीक से बात नहीं करते हैं, उनको इग्नोर कर देते हैं, जिनकी वजह से उनके अंदर और ज्यादा परेशानी बढ़ जाती है। इसलिए मैं चाहूंगा कि जितने भी डिपार्टमेंट्स हैं, उन डिपार्टमेंट्स में एक सैक्शन ऐसा होना चाहिए - definitely सभी डिपार्टमेंट्स में यह प्रॉब्लम है, लोग डिप्रेशन में ऑफिस आते हैं, आकर वापस जाते हैं, उनको टेंशन रहती है, बहुत सारी परेशानियां रहती हैं, यह तो होता ही है, इसलिए मेरे ख्याल से हर एक डिपार्टमेंट में एक ऐसा सेल — जैसे महिलाओं के लिए वूमन सेल है, वैसे ही हर एक डिपार्टमेंट में यह जो mental illness की प्रॉब्लम है, इसके लिए भी एक सेल बनाया जाए, ताकि वे वहां अपनी complaint कर सकें और कुछ सुधार हो सके। एक और बात सामने आई है कि हमारी जितनी भी इंश्योरेंस कंपनीज हैं, ये इंश्योरेंस कंपनीज भी, उन लोगों को, जिनको यह प्रॉब्लम होती है, इंश्योरेंस देने से मना कर देती हैं, जैसे कि उनको जीने का हक नहीं है। महोदय, मैं यही कहूंगा कि इंश्योरेंस कंपनीज के ऊपर भी इस बात के लिए दबाव डाला जाए कि इस प्रॉब्लम की वजह से इंश्योरेंस कंपनीज उनको ignore न करें, क्योंकि वे treatment से ठीक हो सकते हैं।

महोदय, आखिरी में मैं इतना ही कहना चाहूंगा कि हमारे जितने भी हॉस्पिटल्स हैं, हमारी जितनी भी institutes हैं, वहां पर निर्सिंग की जरूरत पड़ेगी। हमें अच्छी तरह से उनकी care करने की जरूरत है, तभी हमारे यहां जितनी भी mental problems हैं, उनको solve किया जा सके गा। Thank you so much, Sir.

उपसभाध्यक्ष (डा. सत्यनारायण जटिया): श्री सिद्धार्थ अशोक। आपके पास 5 मिनट हैं।

श्री सिद्धार्थ अशोक (उत्तर प्रदेश): माननीय उपसभाध्यक्ष महोदय, मैं आपका आभारी हूँ कि आपने मुझे इस महत्वपूर्ण बिल पर बोलने का अवसर प्रदान किया। मैं अपनी पार्टी की राष्ट्रीय अध्यक्ष एवं देश के सबसे बड़े सूबे, उत्तर प्रदेश की चार-चार बार मुख्य मंत्री रही परम आदरणीया बहन जी का भी हृदय से आभार व्यक्त करता हूँ कि उन्होंने मुझे अपनी पार्टी की तरफ से इस बिल पर बोलने का अवसर प्रदान किया।

मान्यवर, हमारे सम्मानित साथियों ने अभी बिल के पक्ष में अपनी बात रखने का काम किया है, मैं भी इस बिल के हक में बोलने के लिए खड़ा हुआ हूँ। कितनी हास्यास्पद बात है कि आजादी के

70 सालों के बाद हम 2016 में इस बिल को लाने का काम कर रहे हैं, जबकि आज आबादी का एक बड़ा हिस्सा, देश की आबादी का कुल 7 प्रतिशत अवाम किसी न किसी प्रकार के मानसिक असंतुलन का शिकार है। इसमें schizophrenia, bipolar syndrome, depression, चिन्ता जैसी मानसिक बीमारियां हैं, जिनसे देश का बड़ा अवाम पीड़ित है। मान्यवर, यह भी सत्य है कि मानसिक रोग से पीड़ित लोग शहरों की अपेक्षा गांवों में ज्यादा रहते हैं। ऐसे लोग गांवों में ज्यादा क्यों पाए जाते हैं, उसका सबसे बड़ा कारण है गरीबी, उसका सबसे बड़ा कारण है बेरोजगारी, उसका सबसे बड़ा कारण है गांवों में रहने वाले लोगों के स्वास्थ्य की उचित देखभाल न करना।

मान्यवर, WHO की एक रिपोर्ट आई, जिसके अनुसार भारत में 36 प्रतिशत लोग अवसाद से पीड़ित हैं, जो दुनिया के सर्वाधिक अवसाद पीड़ित देशों में से एक है। सबसे ज्यादा जो देश depression के शिकार पाए जाते हैं, schizophrenia के शिकार पाए जाते हैं, bipolar syndrome के शिकार पाए जाते हैं, उनमें सबसे ज्यादा भारत में 36 प्रतिशत लोग इनके शिकार पाए जाते हैं। WHO की दूसरी रिपोर्ट आई, जिसमें उसने अनुमान के तौर पर यह कहा कि वर्ष 2020 तक भारत की लगभग 20 प्रतिशत आबादी किसी न किसी प्रकार की मानसिक अस्वस्थता की शिकार हो जाएगी। मान्यवर, मतलब स्पष्ट है कि भारत में मानसिक रोग से पीड़ित लोगों की संख्या लगातार बढ़ रही है। ऐसे आँकड़े किसी भी देश के लिए अच्छे नहीं कहे जाएँगे, जहां 4 में से एक महिला और 10 में से एक पुरुष किसी न किसी प्रकार के मानसिक रोग से पीड़ित हैं। यह इस बात से प्रमाणित भी होता है कि जो मानसिक रोग से सम्बन्धित बीमारियां हैं, चाहे वह bipolar syndrome की हो, चाहे schizophrenia की हो या अन्य प्रकार की depression की शिकायत हो, इनकी दवाइयों की जो बिक्री बढ़ी है, वह पिछले 10 सालों में लगभग 528 प्रतिशत बढ़ी है। यह इस बात को प्रमाणित करता है कि हमारे देश के लोगों का मानसिक स्वास्थ्य ठीक नहीं है।

मान्यवर, अगर हम एक समाजशास्त्री के नज़रिए से देखें, तो यह प्रवृत्ति हमारे सामाजिक ताने-बाने को बिखेरने की ओर इशारा कर रही है। बढ़ते शहरीकरण और एकल परिवारों की बढ़ती संख्या के कारण लोगों में अकेलापन बढ़ रहा है। सम्बन्धों की डोर कमजोर हो रही है। ...**(समय की घंटी)**... तेजी से बदलती दुनिया में विकास के मायने, सिर्फ आर्थिक विकास ही रह गए हैं।

महोदय, इस बिल को जिन लोगों ने समर्थन देने का काम किया है और जो amendments बताने का काम किया है, मैं उस ओर आपका ध्यान आकर्षित करना चाहता हूँ। भारत में आज मनोचिकित्सकों की जो कमी है, उसको हम कैसे पूरा कर सकते हैं? इस काम को हम केवल इच्छाशक्ति से ही पूरा कर सकते हैं। मैं आपको इसका एक प्रमाण देना चाहता हूँ। उत्तर प्रदेश में 2007 से 2012 तक, जब परम आदरणीया बहन जी की पूर्ण बहुमत की सरकार थी, उस सरकार ने गरीबी और बेरोजगारी को दूर करने के साथ-साथ आदरणीया बहन जी ने विकलांगों को गुणवत्तापरक शिक्षा प्राप्त हो सके, इसके लिए डा. शकुंतला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय खोलने का काम किया।

मैं सरकार से निवेदन करना चाहता हूँ कि आबादी के हिसाब से हमारे देश का सबसे बड़ा प्रदेश, उत्तर प्रदेश है, लेकिन वहां पर ऐसी बीमारियों के इलाज के लिए, आगरा, बरेली और लखनऊ, मात्र ये तीन अस्पताल हैं। चूंकि उत्तर प्रदेश की आबादी देश में सबसे अधिक है, इसलिए मैं आपके माध्यम से सरकार से निवेदन करना चाहता हूँ कि उत्तर प्रदेश में इस तरह के अस्पतालों और डॉक्टरों की संख्या बढ़ाई जाए। इसके लिए नये डॉक्टरों को भर्ती किया जाए,

[श्री सिद्धार्थ अशोक]

paramedical staff को भर्ती किया जाए, ताकि गांवों में जो गरीब लोग इन बीमारियों से पीड़ित हैं, उनको सही और समुचित इलाज मिलने का काम हो सके। आपने मुझे बोलने का समय दिया, इसके लिए मैं आपका आभारी हूँ, धन्यवाद।

SHRI D. RAJA: Sir, India is one country, which has the largest number of mentally ill persons. But there is no proper data. The reason is the social stigma, where cases go unreported. Sir, the Government spending, on healthcare, in general, and on mental healthcare, in particular, is very low. The Standing Committee, noted and I quote: "Public healthcare is a State subject. States will have to incur expenditure to implement the provisions of the Bill." However, the Financial Memorandum of the Bill does not provide for the necessary allocation. Therefore, the Committee recommended that since States are under financial constraints, the Central Government must ensure funds to States for the implementation of the Bill. I do not know whether the Centre is willing to extend financial assistance to the State Governments, if at all, the Centre has the conviction to implement this Bill.

Sir, the Bill repeals the Mental Health Care Act, 1987. That, amongst other things, provided details regarding guardianship of mentally ill persons and management of their property and other decisions. The Mental Health Care Bill, the present Bill, does not include any provision related to guardianship of mentally ill persons. These are all provided in the other Bill, that is, Right to Persons with Disabilities Bill. Sir, the Health Minister should take note of it. These have been provided in the Right to Persons with Disabilities Bill, which is pending before the Rajya Sabha. We do not know when the Government will bring that Bill before the House. The issue is that if this Bill is passed, there will be a legal vacuum with no provisions in law for guardianship of mentally ill persons. In such a situation, is it proper to pass this Bill in haste? The Government must think over it. Sir, the Bill contains 136 clauses. The Minister has moved 134 amendments and my good friend, Dr. T. Subbarami Reddy, has moved five amendments. If you put everything together, it becomes a new Bill. The Government should have brought a new Bill and referred it to a Select Committee for further scrutiny. So, we are trying to do something in haste. The Government should think as to whether it is proper.

Sir, we have the Medical Council of India. We have the Dental Council of India. But, why not have a Mental Health Council of India? I am suggesting this to the Government. I do not think there is any separate Department for mental health. There is a separate Department for Homoeopathy. There is a separate Department for *Ayurveda*. But, is there any separate Department for mental health? Why can't the Government think of having a separate Department or, say, a Mental Health Council

of India? Sir, amongst the people who are affected by mental sickness and mental illness, many are poor people living in rural parts of our country. They have no access to mental healthcare and, here, comes the role of Central Government and State Governments. They must have adequate mechanism to provide access to the poor people to enable them mental healthcare. I think, the Government will have to think over on many such issues before passing this Bill in haste. Thank you.

श्रीमती विप्लव ठाकुर (हिमाचल प्रदेश): उपसभाध्यक्ष महोदय, आपने मुझे समय दिया, शुक्रिया। मैं इस बिल के लिए, विशेषकर आज़ाद साहब को बहुत-बहुत धन्यवाद देती हूँ, क्योंकि उन्होंने साल 2013 में इसकी रूपरेखा बनाई थी और जिसे नड्डा जी आज इस हाउस में लेकर आए, इसके लिए मैं उनको भी बधाई देती हूँ। मैं समझती हूँ कि यह जो मानसिक रोग है, इसकी हम लोग व्याख्या नहीं कर सकते हैं, न इसको हम किसी चीज में बांध सकते हैं। यह एक बहुत बड़ा और विस्तार से भरा एक ऐसा मसला है, जिसे समझने की जरूरत है, जिसे जानने की जरूरत है और इसके पीछे के वातावरण को परखने की जरूरत है। केवल इतना कहने से कि यह मानसिक तौर से रोगी है, इससे बात नहीं बनती है। मैंने जब बिल को पढ़ा, तो देखा कि कहीं पर भी इसमें वातावरण की चर्चा नहीं है, कहीं भी ऐसा नहीं कहा गया कि यह जो व्यक्ति बीमारी से ग्रसित है, इसका वातावरण कैसा था, क्यों वह ऐसा हुआ, क्या कारण थे, जाना जाए। जब तक हम इसके पीछे के वातावरण में नहीं जाएंगे, तो हमें कुछ पता नहीं चलेगा। मैंने ऐसे केसेज़ देखे हैं, जिनमें लोग जॉब कर रहे हैं, बच्चे कॉलेज में पढ़ रहे हैं, एम.एससी. कर रहे हैं, स्कूलों में पढ़ रहे हैं, वे अपने आपको एकदम अलग कर लेते हैं, अपने आपसे पीछे हट जाते हैं, जैसा मिस्त्री जी ने कहा, वे कंपनी में नहीं रहना चाहते, लोगों से नहीं मिलना चाहते, उनमें एक किस्म का डर सा पैदा हो जाता है कि मालूम नहीं यह मुझे क्या कहेगा, अगर मैं बात करूंगा तो कहीं मेरा मजाक तो नहीं बनाएगा। जो ऐसी भावनाएं उनमें आ जाती हैं, उनको समझने की बहुत जरूरत है। इसके लिए आपने कहा है कि हम मीडिया के थ्रू, हम टेलीविजन के थ्रू, इनके थ्रू लोगों को बताने की कोशिश करेंगे, लेकिन वे कहां जान पाएंगे? अभी कहा गया कि गांवों में और शहरों में भी आपको इसके लिए ऐसा एक प्रोग्राम बनाना चाहिए, इस बिल में भी रखना चाहिए, जिसे अवेयरनेस कहते हैं। आपको छोटे-छोटे कैम्प लगाने पड़ेंगे, लोगों को समझाना पड़ेगा कि यह क्या रोग है, इसे हमें समझने की क्यों जरूरत है? पहले जमाने में क्या होता था कि अगर लड़की को यह थोड़ा सा अवसाद हुआ, तो कहते थे कि इसकी शादी कर दो, यह ठीक हो जाएगी। अगर किसी लड़के को होता था, तो कहते थे कि इसकी शादी कर दो, यह ठीक हो जाएगा। क्या ऐसे वे ठीक हो पाते थे? इसलिए मैं कह रही हूँ कि इन चीजों को जानना बहुत जरूरी है। आज एक ऐसी स्थिति आ गई है कि हमारे भारत में जो आपने आंकड़े दिए हैं या बताए गए हैं, उनसे कहीं ज्यादा लोग मानसिक तौर पर ग्रस्त हैं।

मैं दूसरी बात यह कहना चाहूंगी कि आपको communities को इन्वॉल्व करना पड़ेगा, उनके साथ interaction करना पड़ेगा। मैंने ऐसे कई एनजीओज़ को इन्हें चलाते देखा है, जहां पर बच्चे आते हैं और जब उनके बीच में interaction होता है, उनका डर दूर होता है, तो वे रेगुलर भी हो जाते हैं, वे ठीक भी हो जाते हैं और वे जॉब में भी चले जाते हैं। उनको एक तरह का अटेंशन चाहिए। उनके पास बैठ कर उनसे कोई पूछने वाला चाहिए कि क्या बात है। उनको यह बताने की जरूरत नहीं है, उनको बार-बार यह आभास कराने की जरूरत नहीं है कि तुम बीमार हो।

[श्रीमती विप्लव ठाकुर]

इसलिए आपने जो psychiatrist की बात कही, आपने बहुत कुछ कहा, लेकिन वह कहां पर है? उसे कहां से लाएँगे, इसका आपने कोई प्रावधान नहीं किया है, कुछ नहीं बताया है। आज आपके पास कितने psychiatrists हैं, कितने counsellors हैं, कहां पर आपके clinical psychologists हैं? वे बिल्कुल नहीं हैं। आप उनको कहां से लाएँगे, उनकी पूर्ति कहां से करेंगे? आप कैसे इस बीमारी का समाधान कर सकेंगे, निदान कर सकेंगे, जब आपके पास apparatus ही नहीं है, जब आपके पास डॉक्टर्स ही नहीं हैं? एक हॉस्पिटल में psychiatrist faculty जरूर है, लेकिन वहां पर कितने लोग जा पाते हैं? आपने कहा कि हम इसे डिस्ट्रिक्ट तक लेकर जाएँगे, यह बहुत अच्छी बात है, लेकिन उस डिस्ट्रिक्ट में कौन बैठेगा? आप कहां से नर्सिंज लाएँगे? क्या उनकी ट्रेनिंग के लिए आपने कोई स्पेशल कुछ ढूँढ़ा है? क्या उनके लिए स्पेशल नर्सिंज कॉलेजेज खोले हैं, जो केवल इसी बात के लिए उनको डील करेंगे? आपने अथॉरिटी बना दी, आपने बोर्ड बना दिया, रिव्यू बोर्ड बना दिया, रिव्यू काउंसिल बना दी, लेकिन सबमें आपने ब्यूरोक्रेसी को भर दिया है। क्या वह उसको जान पाएगी? आपको specialists रखने चाहिए। जो हेल्थ सेक्रेटरी है या कोई भी है, चाहे वह चीफ सेक्रेटरी ही हो, वह कितना टाइम दे पाएगा या वह उस बात के लिए कितना काम कर पाएगा? तो specialists होने बहुत जरूरी हैं। अभी राजा साहब ने ठीक कहा, उसके लिए आप स्टेट्स को कितना फंड देंगे? आपका हेल्थ का जो बजट है, वही कम हो रहा है। तो आप कहां से स्टेट्स को पैसा देंगे? आपका इतना बड़ा यह जो बिल है, जिसमें आपने काफी चीजें शामिल की हैं, उनको पूरा करने के लिए फाइनेंसिंग कहां से आएँगे? क्या आप भी गडकरी जी की तरह PPP से करेंगे? आप इसे कैसे करेंगे, पैसे कहां से लाएँगे, कैसे उस डिपार्टमेंट को या उस काम को पूरा करने की कोशिश करेंगे?

एक बात तो मैं यह कहना चाहूँगी कि यह 'mental hospital' नाम ही खत्म कीजिए। जैसे अभी इन्होंने कहा कि यह रांची में है, बरेली में है, आगरा में है या कहीं भी है, तो उससे एक ही बात दिमाग में आ जाती है कि यह तो 'पागलखाना' है। कोई वहां नहीं जाना चाहता, दिमाग वैसे ही व्याकुल हो जाता है। इस चीज को भी आपको बदलना पड़ेगा, अगर उन लोगों का विश्वास करना है। आज सबसे बड़ी कमी यही है कि वे अपने आपको नेगलेक्टेड समझते हैं, इसलिए यह बीमारी ज्यादा से ज्यादा हो रही है और इसीलिए मैंने environment की बात कही है। चाहे मां-बाप दोनों काम कर रहे हैं, तो बच्चे नेगलेक्ट हो रहे हैं या अगर कोई व्यक्ति कहीं जॉब कर रहा है, तो वहां उसको कोई धक्का लगता है, वहां उसके साथ कोई ऐसी बात हो जाती है, तो वह अवसाद में चला जाता है। सबसे बड़ी बात यह है कि आज मां-बाप को एक ही फिक्र है। मैं वहां गई हूँ और मैंने देखा है। एक लड़की है, उसके मां-बाप को यही फिक्र है कि हमारे जाने के बाद हमारी बच्ची को कौन देखेगा, कौन इसका साथ देगा? इसलिए आपको यहां rehabilitation centers नहीं, ऐसे homes बनाने चाहिए। जो बड़े-बड़े इंडस्ट्रियलिस्ट्स हैं, उनसे आप सहायता लीजिए या जिनसे भी हो सकता है, मदद लीजिए, पब्लिक से मदद लीजिए। ऐसे homes बनाइए, जिनमें उन बच्चों को, उन लोगों को, चाहे वे लेडीज हैं या जेंट्स हैं या नौजवान लड़के-लड़कियां हैं, उनको रखा जा सके, उनकी देखभाल हो सके। आज मां-बाप की सबसे बड़ी worry यही है कि हमारे बाद हमारे बच्चे को कौन देखेगा, हमारी लड़की को कौन देखेगा, हमारे लड़के को कौन देखेगा? मैंने यह भी देखा है कि अगर उनको community में रखते हैं, अगर वे एक-दूसरे

के साथ interaction करते हैं, एक-दूसरे के साथ मिलते हैं, तो वे ठीक भी हो जाते हैं। यह कोई लाइलाज बीमारी नहीं है। इसके लिए कोई प्रॉपर मेडिसिन नहीं है, इसलिए आप इस पर रिसर्च करवाइए। आप उनको 15-15, 16-16 गोलियां खिलाने के लिए दे देते हैं, anti-depressant दे देते हैं, इससे वे सो जाते हैं, लेकिन इससे बीमारी तो नहीं खत्म होती है। वे escape जरूर कर जाते हैं। मैं यह सोचती हूँ कि यह भी एक escape ही है कि हम reality से दूर भागने की कोशिश करते हैं, उनसे डरते हैं, उनसे घबराते हैं। मंत्री जी, मैं यह कहना चाहूंगी... नक्रवी जी, प्लीज, यह बहुत सीरियस मामला है, आप मंत्री जी को मेरी बात तो सुनने दीजिए। मैं यह कहना चाहूंगी कि आप इसके बारे में गंभीरता से सोचें। आप इस बिल को इतनी जल्दी में लेकर आए हैं और इसमें इतने अमेंडमेंट्स कर दिए हैं। यह कोई ऐसा मामला नहीं है। यह एक बहुत गंभीर समस्या होने जा रही है और है, जिसका हमें सामना करना है। आज घर-घर में इससे कोई न कोई, कहीं न कहीं शिकार है। हमारा समाज इससे बिल्कुल परेशान हो रहा है। अगर हम पंजाब में ड्रग्स की बात करते हैं या कहीं और के लिए बात करते हैं, तो हो सकता है कि यह unemployment की वजह से हो, जिसके कारण वे इस तरफ भागना चाह रहे हैं। मैं आपसे यह निवेदन करूंगी कि आप जहां इतना कुछ कर रहे हैं, इतने बिल लेकर आ रहे हैं, वहीं आप इसमें ऐसे लोगों के वातावरण को देखने का भी प्रावधान रखिए ताकि जिसको भी यह बीमारी है, चाहे वह बच्चा हो या औरत हो, उसका environment कैसा है, उसके घर का वातावरण कैसा है, यह देखा जा सके। उसके बाद यह सोचा जाए कि उसको किस तरह से ठीक किया जाए। वह स्कूल का वातावरण हो सकता है, कॉलेज का वातावरण हो सकता है, वर्किंग प्लेस का वातावरण हो सकता है, जिसके कारण मजबूर होकर वह इस तरह से बन गया है, जैसा कि वह पहले नहीं था। मैंने 20-20, 22-22 साल के बच्चे, जो बहुत brilliant थे, उनको इस बीमारी से ग्रसित होते हुए देखा है। ऐसा क्यों हो रहा है? मंत्री जी, आपको इस 'क्यों' का जवाब ढूंढना है। उसको इस बिल में लाना है। **...(समय की घंटी)...** बिल तो पास हो जाएगा, लेकिन इसका implementation कैसे होगा? इसके लिए आपके पास क्या साधन है? अथॉरिटी, कमिशन और बोर्ड बनाने से इसका implementation नहीं होने वाला है, जब तक कि आप जनता, एमपीज़, एमएलएज़ और पंचायत को इसमें भागीदार नहीं बनाएंगे। उनको आप कैसे भागीदार बनाएंगे? **...(समय की घंटी)...** मैं आपसे यह कहना चाहूंगी कि आप इस पर गंभीरता से सोचिए और इसको कीजिए। यह कोई छोटा मामला नहीं है। मैंने खुद ऐसे लोगों को देखा है, ऐसे लोगों के मां-बाप के दर्द को देखा है, उनको इससे जूझते देखा है। उन बच्चों से मिली हूँ, जो इससे ठीक होकर काम पर भी लग गए हैं, लेकिन जो आज भी इससे ग्रसित हैं, वे चाहते हैं कि हमारी बात सुनी जाए, हमें निराशा में न रखा जाए, हमें आशा की किरण दिखाई जाए। ऐसा करने से वे आगे बढ़ सकते हैं। इन्हीं शब्दों के साथ मैं आपको धन्यवाद करती हूँ।

DR. PRABHAKAR KORE (Karnataka): I thank you, Mr. Vice-Chairman, Sir, for giving me this opportunity to speak on this very important and long-overdue Mental Health Care Bill, 2013. The psychiatrists, particularly, had been waiting for this law for a very long time. Actually, the Mental Health Act had come into force in 1987 but it could neither do much to protect the rights of persons with mental illness nor did it help the doctors much. After that, we had the United Nations Convention on the Rights of Persons with Disabilities, which was ratified by the Government of

[Dr. Prabhakar Kore]

4.00 P.M.

India in October, 2007. This Convention has made it obligatory on the Government to align the policies and laws of the country with the Convention to protect the rights of persons with mental illness. Now, my Government has brought before the House this detailed Bill. I am especially thankful to the Government of India and I wholeheartedly support this Bill.

Mr. Vice-Chairman, Sir, the mental health care is the most neglected area in the country. According to a Psychiatrists' Conference held here, more than 20 crore people are mentally ill in our country. Out of those 20 crore, two crore people are very serious.

Out of them, two crore people are very serious. They require various types of treatment inside the hospital as well as outside the hospital. In fact, I do not want to go into the details of this Bill which the hon. Minister has brought forward in this House. My colleagues have spoken at length about this Bill. I think, there are so many factors which are responsible for the mental illness of these patients. They are biological factors, life experience like trauma or abuse, family health problems. Sometimes, there is an example of a lady who is quite normal before delivery, but after delivery, she has to undergo this treatment. There are many examples of such mental patients. This is a typical problem and the medical care facilities in this respect in this country are very, very limited. For instance, in Bangalore, there is one hospital where patients suffering from this problem come from the whole of India, and even to get an appointment from the doctor, it takes a lot of time. This is the problem. Nowadays, many children are suffering from this disease and so many children need treatment as in-patient and out-patient. So, compared to the magnitude of this illness in this country, the number of psychiatrists in this country is very minimal. Forget about Taluka or a small place, there are no psychiatrists even at the district level at some places. Due to the absence of these doctors even at the district level, people suffering from this disease are the worst sufferers. In every district, there is a department. But if you visit the department at the district level, you will find that there is no psychiatrist, there is no doctor. If the doctor is available, then there is absolutely no facility available in the hospital. And once a person pays a visit to such hospitals, after seeing the atmosphere of these hospitals, he himself becomes a mental patient. This is the situation prevailing in these hospitals. So, I request the hon. Minister to think of starting a separate department for mentally ill patients, separate from the district hospital in every district. Why don't you think on those lines because there are so many problems in the district hospitals? They have a medical college, they have the department where the patients are admitted,

there is a common place. These patients sometimes go to the general wards. But, the patients in the general wards, don't want to go to these mentally ill patients. They say that this is a mental hospital. So, this is a very serious problem. So, I request the hon. Minister to give a thought to this problem and set up a separate mental hospital for these patients as is the case with the tuberculosis patients, for whom, we have a separate tuberculosis hospital in small places and at the district level, you can also have a separate hospital for mentally ill patients on those lines which will not affect the other patients. ...*(Interruptions)*...

SHRIMATI RENUKA CHOWDHURY (Andhra Pradesh): May I intervene? First of all, our own perception of what is mental illness and disease, that needs to be understood. Unless they are absolutely maniac or they are in a maniac state or mental disease is not a contagious disorder, isolating them aggravates the condition. It is important that people remain in normal atmosphere and it is supposedly the normal people who should be actually knowing how to conduct themselves with them. That is very important. Tuberculosis is a contagious disease. That is why we keep patients in isolation. But, in this, you cannot afford to do that. You have to keep them integrated with normal society, and woman post-delivery, known as postnatal depression, is a temporary phase because hormones change after delivery. That cannot be listed as a mental illness. It is not a mental illness. It is a normal cyclical change of a delivery. So, we must understand that. I am just pointing it out because no decision should be taken....

THE VICE-CHAIRMAN (DR. SATYANARAYAN JATIYA): Okay, please.

SHRIMATI RENUKA CHOUHDURY : Sir, just a moment. While I am on this, I would like to draw the Minister's attention that it is not just these issues about doctors, lawyers, etc. What you need, Sir, is someone who will actually execute the legal rights of these citizens because your mental hospitals are full of normal women, who are thrown in there, saying that they are mentally challenged, to deprive them of their properties. And a person, who is actually challenged, to whom do they go to in this country to see that their rights are protected? If something happens to the parents of a retarded child, then the child is on the road. That is what we need to look at. Thank you, Sir.

DR. PRABHAKAR KORE: Sir, I agree with the suggestion that there should be a separate Department in hospital. But what I am saying is that all illnesses are not serious. But some of the mentally ill patients in the night disturb the other patients, especially, in nights, by their violent activities. I know that when they are out of the hospital, they need four to five people to protect them. But this affects the other patients. That is why I am saying this, and not that I am against them.

[Dr. Prabhakar Kore]

As I told you, there are more than 20 crores of people who are affected by this illness, but not all are very serious patients. The condition of some of the patients is serious and they have some kind of problems but they are not going for treatment to hospitals. At the same time, I would like to bring to the notice of the Minister to the issue of doctors. There are so many private hospitals and NGOs that have been established in districts and at smaller places in my State, Karnataka. But, in places where they are not getting sufficient funds, as the patients are not able to pay the hospital fees because the background of most of the patients is very poor, even when anybody starts a private hospital there, it is very difficult to maintain it also. So, I just request the hon. Minister that when some of the NGOs and even some of the *maths*, I mean, the Swamijis, are doing a very good job in providing treatment to the poor people, why doesn't the Government support them and give them some aid so that they are able to do their job efficiently.

With these words, I want to give some suggestions to the Government. Firstly, as the hon. Member stated about serious patients who need care, there are also so many normal patients also who require treatment after every one week or ten days. So, rehabilitation centres are very much needed. Unless and until every district has a rehabilitation centre, this problem of mental illness cannot be solved. So, I request that in every district there should be a rehabilitation centre where these patients can be treated. There should also be a separate Rehabilitation Department. Also, Sir, there is a need for bringing about certain regulations for effective implementation of this Bill. For example, a child who requires shock treatment may sometimes have to be given anesthesia for this treatment. But, as per the law, a child cannot be given anesthesia unless a child is suffering from a major disease or an emergency treatment is required. So, you have to incorporate such a clause in the new Bill. There are some patients who fall ill after getting poor treatment and this is also a big problem. So, you have to look into this thing. And in the Bill, you have made provision for State Committee, District Committees, and Taluka Committee. I welcome these Committees. I only request you to see to it that non-professional persons are not put on the job; you must appoint qualified doctors like a psychiatrist. These patients could be working in private sector and living in areas where there are no Government hospitals with psychiatrists present there. So, my request is, at least, two such persons should be there in the Committee who can guide the Committee for the treatment. Sir, I have already said about the nursing home problems. There are no trained nurses and trained helpers. That is a very big problem; and to work in that scenario, people are not coming forward. So, I request that the Government should, at least, train some people in this Department where they can work with

people suffering from mental illness.

Sir, before I conclude my speech, I have one more point which is very important. Sir, there should be a rehabilitation centre for mentally retarded people, drug addicts and people suffering from serious mental illness. For these people, we need a very good rehabilitation centre in every district. Sir, with these words, I support and welcome the Bill. Thank you, Sir.

SHRIMATI KANIMOZHI (Tamil Nadu): Sir, at the outset, I welcome this Bill. In spite of things which have been pointed out — and there are a number of amendments and other things — I am happy that, at least, now this Bill has come before the House. We have been waiting for a very long time for this Bill. I would like to congratulate our LoP, who was the Health Minister, for initiating this, and the present hon. Minister for Health for bringing in this Bill. Sir, it is a very progressive Bill. Sir, this Bill is a very ambitious Bill. It puts a great financial burden and responsibility on the Central and the State Governments.

Sir, according to the WHO, India spends a meagre 0.06 per cent of its total health budget on mental healthcare. With this budget, what does the Minister actually plan to do or promise to do? Sir, as many hon. Members here have pointed out, our country has shortage of psychiatrists. We have one psychiatrist per three-and-a-half lakh people. We cannot increase this number overnight. This whole programme relies very heavily on the present public healthcare system as they have not got a different infrastructure put into place for mental healthcare as yet. I think we should start having continuous training for the existing doctors in the PHCs and the nurses. This is not the best. But, at the moment, for the present, I think they may be able to identify the problem. It is very important to identify the problem when there is depression or need for mental healthcare. I think identifying it is very important, especially in a developing nation, where there is acute poverty. The distress from poverty, in many cases, has been read as depression or mental health issues. We cannot legislate poverty and do away with it. But many patients who are distressed are depressed because of that. They do not have the energy or do not have the will power even to assess the welfare schemes given by the State Government to them. So, it is very important for the doctor to identify these patients. The doctors should be trained enough to identify these patients. In many cases, there are medicines given to PHCs, but the doctors are not used to prescribe these medicines; they don't know how to prescribe these medicine. In spite of medicines being available, it does not reach the people when they need it. So, I think, there should be continuous training of doctors till the time we are really able to meet the ideal target of psychiatrists needed in our country. I think that should be taken into consideration and it should

[Shrimati Kanimozhi]

be looked into. Sir, you are trying to set up boards, bring in new people, but already, you have a lot of financial constraints and not much of Budget allocation is there. Is it possible to use the social workers, who are already there in the healthcare system, to be included to support this? The Bill does not talk about disability allowance.

(MR. DEPUTY CHAIRMAN *in the Chair*.)

Already when there are people with physical disabilities, support does not reach them and you need a doctor to certify the percentage of disability they have. In these cases, it is very tricky and very difficult to identify that because in many cases, these people are not able to work, and it is a great financial burden to take care of these patients by the family. So, definitely, we should think about giving an allowance to these people. The important thing is to reintegrate these people into the society. It is not just enough to actually treat these people, to give them medication. That is not enough. You should give them the confidence. You should show them the way to take care of themselves. Shrimati Renuka Chowdhury also spoke here. She brought up a very important point that many parents are worried about the future of their children. Once they are no more, there is nobody to take care of their children. There is no support today. We see that sometimes there is zero support in the society for patients with mental illness. We even think of tying them up or chaining them up. It is okay if there is no injury or harm to them. Do you think that it is perfectly all right? There are instances where they take these patients to temples and other places of worship, but even they do not have the medical wherewithal to support them. They also do the same thing of tying them up or keeping them chained. This is the way our society treats these people. I think, we should put in a proper system very fast to take care and to solve this issue. I appreciate that you are talking about advance directive in this Bill, but then, we have to take it very cautiously also. In India, there are a lot of family and social pressures. A person cannot make the right choice even when he is in a mental state to make a choice about how they should be treated and who should take care of them. A woman and her family cannot name somebody else. She can't name somebody outside her family. She is expected most probably to name her in-laws or her husband even if she knows that they will not give her the best treatment. So, in a situation like this, I think we have to approach this very cautiously. Yes, this is a very progressive idea, an advanced directive and the patient can decide. Not many people are educated enough to know which is the best for them also. I think, we have to approach this advanced directive and psychiatric care in a very, very cautious way though it is a very good thing. In our circumstances, I think, it can be a double-edged weapon. I appreciate the step taken to decriminalise suicide.

It is the need of the hour and I really support it. I think, one of the most important things that we should be looking at is to reintegrate them back into the society to support themselves and give them back their dignity. That is what this Bill should be working towards. Thank you, Sir.

SHRI JAIRAM RAMESH: Sir, I am on a point of order.

Sir, this is a very serious Bill. Please take my point very seriously.

MR. DEPUTY CHAIRMAN: Is the point of order serious; or, Bill is serious?

SHRI JAIRAM RAMESH: Sir, if you look at Clauses 57 and 77, a doubt arises in my mind whether this Bill is a Money Bill. How did you allow this Bill to come? Under which definition of 'Money Bill' you gave a ruling on Friday and disallowed...

MR. DEPUTY CHAIRMAN: I did not give anything.

SHRI JAIRAM RAMESH: ...a Private Member's Bill? By that same definition, this Bill is a Money Bill. How can you have a *?

MR. DEPUTY CHAIRMAN: Let me first clarify. Let me first correct. I did not define a Money Bill. I am no authority to define a Money Bill. My ruling was, to decide whether a Bill is Money Bill or not is the prerogative of the hon. Speaker. That is all what I said.

SHRI JAIRAM RAMESH: But, Sir, you referred the Bill to the hon. Speaker!

MR. DEPUTY CHAIRMAN: Yes. I referred the Bill to the Speaker.

SHRI JAIRAM RAMESH: Why did you not refer this Bill to the Speaker?

SHRIMATI RENUKA CHOWDHURY: There is a doubt on this. Call the hon. Finance Minister.

SHRI JAIRAM RAMESH: So, call the hon. Finance Minister and get clarification.

SHRI K. RAHMAN KHAN (Karnataka): Sir, once a Bill is introduced, objection should have been taken before introduction of that Bill. After a Bill is introduced, it cannot be treated as Money Bill.

SHRI JAIRAM RAMESH: At any stage.

MR. DEPUTY CHAIRMAN: No. There is a rule saying that at any stage an objection can be raised.

*Expunged as ordered by the Chair.

SHRI K. RAHMAN KHAN: What was the Government doing then? At the time of introduction what the Government had done?

SHRI JAIRAM RAMESH: Sir, my request is: Call the hon. Finance Minister and Leader of the House and get us a clarification why this Bill is not a Money Bill and how the Andhra Pradesh Reorganisation (Amendment) Bill became a Money Bill?

MR. DEPUTY CHAIRMAN: And, you want to make it a Money Bill?

SHRI JAIRAM RAMESH: No, no. I am confused with the confused ruling.

SHRIMATI RENUKA CHOWDHURY: Sir, we are not getting the Special Category Status because of treating that as a Money Bill. Now, the House seeks your indulgence, as my colleague has said, to clarify this. I request Mr. Jaitley to come and clarify this.

SHRI JAIRAM RAMESH: Sir, I respect what you say.

MR. DEPUTY CHAIRMAN: My ruling was that...(Interruptions)...

SHRI JAIRAM RAMESH: Sir, the point is ...(Interruptions)...

MR. DEPUTY CHAIRMAN: Are you raising a serious objection?

SHRI JAIRAM RAMESH: Yes, Sir.

SHRIMATI RENUKA CHOWDHURY: Yes, Sir.

SHRI JAIRAM RAMESH: Yes, Sir.

SHRIMATI VIPLOVE THAKUR: We are serious, Sir.

SHRIMATI RENUKA CHOWDHURY: We want to know why that was a Money Bill and why this is not a Money Bill.

SHRI JAIRAM RAMESH: I want to know why *?

SHRIMATI RENUKA CHOWDHURY: We want to know whether money for this is coming from the Consolidated Fund of India or not.

SHRI D. RAJA: Sir, all Bills are Money Bills, if you go by that definition. All Bills are Money Bills. Whether this House has the power to discuss such Bills is the issue.

SHRI JAIRAM RAMESH: Sir, you gave a ruling on Friday. You disallowed AP Bill.

*Expunged as ordered by the Chair.

MR. DEPUTY CHAIRMAN: Why do you want to make a self-goal? Jairam Rameshji is on a self-goal.

SHRI JAIRAM RAMESH: Sir, on Friday, you disallowed me from speaking. You disallowed a Private Member's Bill. And, now, you are saying that this is not a Money Bill. This is a complete *

MR. DEPUTY CHAIRMAN: Jairamji, I disallowed you from speaking, because, at that point of time, discussion on the Bill was over and that was the time for voting. That is number one.

Secondly, I am nobody to decide whether a Bill is Money Bill ...(Interruptions)...

SHRI MADHUSUDAN MISTRY: How did you decide then? ...(Interruptions)...

SHRI JAIRAM RAMESH: Sir, there is a dispute.

SHRI MADHUSUDAN MISTRY: Any money going from the Consolidated Fund of India is a Money Bill ...(Interruptions)...

SHRIMATI KANIMOZHI: We don't want you to send this Bill back to hon. Speaker ...(Interruptions)...

SHRI JAIRAM RAMESH: Sir, Article 110 of the Constitution says that in case of a dispute, the decision of the hon. Speaker is final. There is a dispute. We are saying that this is a Money Bill. You refer it to the hon. Speaker and get a ruling.

MR. DEPUTY CHAIRMAN: You know when was this Bill introduced?

SHRI JAIRAM RAMESH: Why did you refer a Private Member's Bill and you are reluctant to send this Bill to hon. Speaker?

MR. DEPUTY CHAIRMAN: No, no. You cannot question all those. Jairamji, you should understand one point. As per the Constitution, a Private Member's Bill or any other Bill is a Bill. With regard to the Government Bill, the person moving the Bill is Minister. But, he is also a Member. So, 'Bill' means, whether it is Private or Government, it is same for the Chair and is same as per the Constitution. So, that question does not arise.

Secondly, why did I give that ruling at that time? I need not explain it to anybody. But, I need not explain it to you also. But, however,...

SHRI JAIRAM RAMESH: But, the question I am raising is, by the definition of the hon. Leader of the House, on Friday, this Bill is a Money Bill. The Government

*Expunged as ordered by the Chair.

does not think that this is a Money Bill. We think that it is a Money Bill. There is a dispute. Therefore, according to Article 110, you are bound to refer this to the hon. Speaker.

MR. DEPUTY CHAIRMAN: No. I told you that it is only a self-goal, because do you know when this Bill was introduced. You know. A Cabinet in which you were also a Member cleared this Bill and it was introduced in the House.

SHRI JAIRAM RAMESH: Sir, I will tell you why ...(*Interruptions*)... I will tell you why ...(*Interruptions*)... The Government of which I was a part did not want to completely bypass and subvert the Upper House which is what this Government has been doing. That is why I have raised this question. By the definition of the hon. Leader of the House, this Bill is a Money Bill.

MR. DEPUTY CHAIRMAN: The Leader of the House has not defined that as Money Bill.

SHRI JAIRAM RAMESH: Sir, he defined it.

MR. DEPUTY CHAIRMAN: No. He only raised an objection.

SHRI JAIRAM RAMESH: Sir, he defined it on Friday. ...(*Interruptions*)... He defined it on Friday. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: No, he raised an objection. ...(*Interruptions*)... He raised an objection. ...(*Interruptions*)... Are you raising an objection? ...(*Interruptions*)...

SHRI JAIRAM RAMESH: Yes, I am raising an objection. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Okay. Then, please sit down. I will tell you. ...(*Interruptions*)... You are raising an objection ...(*Interruptions*)... You are raising an objection whether this Bill is a Money Bill or not. ...(*Interruptions*)... That is the point. ...(*Interruptions*)... Did you read my ruling of that day? Do you remember it?

SHRI JAIRAM RAMESH: Yes, Sir.

MR. DEPUTY CHAIRMAN: Fully remember?

SHRI JAIRAM RAMESH: Yes, Sir.

MR. DEPUTY CHAIRMAN: Okay. Then, I will read it out to you. ...(*Interruptions*)... I will read it out to you. ...(*Interruptions*)... Since Jairam Rameshji is a very serious Member, a Member with a lot of potential and knowledge and ...(*Interruptions*)... Please listen to me. ...(*Interruptions*)... Listen to me. ...(*Interruptions*)... I am reading it for your benefit. I read, You know the matter was raised by the hon. Leader of

the House that it is a Money Bill. Now, you are raising an objection. But, please see the last paragraph of my ruling. I read, Since the matter is not free from doubt...
...(Interruptions)...

SHRI JAIRAM RAMESH: Yes, the matter is not free from doubt. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: For whom? Let me make it clear. I quote, Rule 186, sub-clause 8, If the Chairman has any doubt.... The doubt is for the Chair. ...(Interruptions)... Please listen to me. ...(Interruptions)... When you raise a matter, if the Chair has a doubt ...(Interruptions)... Let me complete, please. ...(Interruptions)... If you could convince the Chair by way of your argument, and if the Chair feels that there is some substance in what you are saying and it may be a Money Bill, only then does the Chair refer it. ...(Interruptions)... But, you could not convince me. ...(Interruptions)... I have no doubt. ...(Interruptions)... I have no doubt. ...(Interruptions)...

SHRI JAIRAM RAMESH: Sir, if you want me to convince ...(Interruptions)... If you want me to convince you, I will convince you. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: But, I have no doubt. ...(Interruptions)... I have no doubt. ...(Interruptions)...

SHRI JAIRAM RAMESH: Sir, please look at clause 57 and clause 77. Expenditure from the Consolidated Fund of India is ...(Interruptions)...

THE MINISTER OF STATE OF THE MINISTRY OF MINORITY AFFAIRS;
AND THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY
AFFAIRS (SHRI MUKHTAR ABBAS NAQVI): Hon. Deputy Chairman has already given his ruling. अब उनकी रूलिंग के बाद कोई doubt नहीं रहता। उन्होंने अभी रूलिंग दे दी।
...(व्यवधान)... Hon. Deputy Chairman has given his ruling. ...(Interruptions)... Now, you are disturbing the House. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: Jairam ji, I have no doubt. ...(Interruptions)...

SHRI MADHUSUDAN MISTRY: Sir, not only this Bill, if you read the Financial Memorandum of this Bill ...(Interruptions)... Sir, you please read the Financial Memorandum of the Bill. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: No, I need not read that. ...(Interruptions)... There is no need of reading that. ...(Interruptions)... I need not read that. ...(Interruptions)...

SHRI MADHUSUDAN MISTRY: However, the expenditure, whether recurring or not recurring, will be made out of the Consolidated Fund of India. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: All right. ...*(Interruptions)*... Okay. ...*(Interruptions)*... Mistryji, please listen to me. ...*(Interruptions)*... Please listen to me. ...*(Interruptions)*...

श्री मुख्तार अब्बास नक़वी: आपके logic से तो हम यहां कोई बिल discuss ही नहीं कर पाएंगे। आप इस तरह का logic मत दीजिए कि राज्य सभा किसी बिल पर discuss ही न करे। ...*(व्यवधान)*... डिप्टी चेयरमैन साहब ने अपनी रूलिंग दे दी है, इसलिए यह इश्यू close होता है।

MR. DEPUTY CHAIRMAN: Now, listen to me, please. ...*(Interruptions)*... I will come to you. ...*(Interruptions)*... Listen to me. ...*(Interruptions)*... Rule 186(7) says, On a Bill being introduced in the Council or at a subsequent stage, if any objection is taken that the Bill is a Money Bill, within the meaning of Article 110, and should not be proceeded within the Council, the Chairman shall, if he holds the objection valid. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Here, I don't hold the objection valid. ...*(Interruptions)*.. I don't hold the objection valid. Okay, now proceed. Next is, Mr. Rajeev Gowda. ...*(Interruptions)*.. I don't hold the objection valid.

SHRI JAIRAM RAMESH: No, no, Sir, it is *.

MR. DEPUTY CHAIRMAN: The words * are expunged. That is an aspersion on the Chair.

SHRI JAIRAM RAMESH: Sir, aspersion is not on you; it is on the Government.

MR. DEPUTY CHAIRMAN: Okay. Now, Shri Rajeev Gowda.

PROF. M. V. RAJEEV GOWDA (Karnataka): Sir, as I rise to speak on the Mental Health Care Bill, 2013, my mind goes back to a childhood memory. I was a young child and I saw a naked woman with a young boy throwing stones at her. I asked the person who was with me as to what was going on. The older boy, who was with me, said, "She is a *hoochi*", which means she is a mad woman, and that woman is running away. That is the kind of treatment the poor people with mental illness get and this is the situation all over the country and they are still suffering in various parts. This Bill is a humane Bill. This Bill is a part of the UPA's efforts to empower people with rights, and in this case, it empowers those with mental illness with the right to dignity, the right to treatment, the right to autonomy and to make their own choices with regard to their treatment. Sir, for this, I want to congratulate Shri Ghulam Nabi Azad, the Leader of the Opposition now, and who was the then Health Minister, who had the foresight to bring forward this Bill and also to make India's legislation in consonance with the UN Convention on the Rights of Persons With Disabilities. Sir, we are worried about the growth of infectious diseases, we are

*Expunged as ordered by the Chair.

worried about the growth of non-transmissible diseases like diabetes, heart diseases and things of that sort. But the other ticking time bomb in this country is mental illness. Today, we don't really have exact numbers on the nature and the extent of mental illnesses of different sorts, but, fundamentally, there are numbers that are out there. One such number says that mentally ill in India already constitute 6.5 per cent, and by 2020, just in the next four years, that percentage may go up all the way to 20 per cent of Indians. We are living in a much more stressful world. We are living in a world where economic pressures are causing innumerable stresses on people and also on families. We are living in a world where urbanisation is seeing millions of people seeking migration and difficulties of adjusting to a new situation. We are seeing families change from being a support system to people being on their own. Even more importantly, Sir, what we are seeing today is the rise of hate speeches towards different communities and people being targetted in such a way that people growing up in these communities wonder what have they done to incur this hate and to be the targets. This will cause stress and mental illness in its own way.

Sir, our Constitution talks about our desire to provide equality of opportunity. But equality of opportunity will not happen if a person does not have the capacity to fully utilise his or her potential. And, the kinds of mental illnesses that we have talked about today — depression, anxiety, bipolar disorders, schizophrenia — all these are barriers to people being able to fulfil their own potential. Sir, there are many, many good things in this Bill, and one of the most important is the fact that it decriminalises suicide. Other speakers have also spoken about that. When a person attempts to take his or her own life, that person is crying for help. That person is not some one who should be treated as a criminal and thrown behind bars. We need to reach out to them and find a way to overcome the problems that have caused that kind of action. So, in this context, the Health Minister is not here — but the other Ministers may please convey — media has an important role to play. We need to urge the media to develop some kind of a code of conduct for itself. Everyday, in every newspaper, on the second or third page, you will find stories about people committing suicide. When other people, who are vulnerable, who are wavering on how to cope with their own crisis, when they see such stories, that can break them and cause them to indulge in a copy-cat act. So, I urge upon the Health Minister to reach out to the media and suggest to them that just like they cover communal clashes in a much more temperate manner, they should also find a way to not stress upon suicides the way they do currently, which creates a signalling effect that might affect numerous others. Sir, when we think about suicides, there is so much that can be done in terms of outreach, in terms of counselling, in terms of prevention. Shri Nadda is the President of the NIMHANS institution. I am the Rajya Sabha

[Prof. M. V. Rajeev Gowda]

Member in that institution, and we have spent time together talking about how much more the institution needs to do in terms of outreach, in terms of counselling and this is something that needs to be done in the particular context of farmers' suicides as well. We know that sometimes crops are failing, we know that people are under stress. If we reach out to the banks ahead of time, we may find out who is unable to pay. There are so many early warnings that we can catch. But we don't have the infrastructure, the personnel, the will to go out there and prevent problems from occurring in the first place. We must change that.

Sir, this Bill asked for a lot of infrastructural investment and that is something which, of course, makes us question whether it is a Money Bill or not. But the good thing about this infrastructure investment is that a lot of this infrastructure is not a separate mental hospital but an integration of mental care facilities with general hospitals which is a good thing which removes the stigma associated with mental illness. Sir, the biggest need — and many speakers before me have mentioned this — is community rehabilitation centres. These are not hospitals but these are in-between homes which allow people to find a way to settle down as they move from treatment back into the community, back into the bosom of their family. We need many more of these sorts of institutions out there. But, most importantly, when we talk about infrastructure, we need human resources. That is the crucial infrastructure. Our count of psychiatrist to the general population is point two per hundred thousand. This is really, really inadequate, and that is at the doctor level. But what about at the mental health nurses level? What about training others to be more sensitive to mental health issues? Others have already spoken about this. But you start with the auxiliary nurse midwife in the villages and sensitize her how to deal with children who might have problems. Actually, we need tremendous curricular innovation, we need short programmes, long programmes, various training initiatives that will ensure that teachers in schools are sensitized to adolescents and their own problems and that they can prevent them from being bullied, from breaking down and mental illnesses cropping up and worsening the situation. So, there is a tremendous amount of work, amount of curriculum, amount of training that needs to be done across domains to ensure that counselling becomes an integral part of every school, every college. We have to therefore reach out to the voluntary organizations. There are numerous NGOs. Instead of going after NOGs, we should go to them, request them to scale up their operations, do more in this sector, help the older people cope with mental illness. Whenever there are disasters, whenever there are crisis situations, natural disasters, people are in deep trouble, and we need measures to ensure that they also get counselling and other kinds of support. During exam time,

we need much more ramping up of suicide hotlines and other kinds of measures that will help teens cope with the pressures that we, the parents, put on them. ...(*Time-bell rings*)...

Sir, there are many other good things in this Bill like the advance directive. On the nominated representative, we have issue of how families get integrated when somebody exploits the patients. These are all issues. Families themselves need tremendous counselling and support because taking care of people with mental illness is very stressful, and for those who have to cope with suicide tendencies, it is even much more devastating and many are not able to do so.

Sir, there is one other issue about the kind of treatment directives that are mentioned in this Bill *versus* judgement of doctors themselves. That is something that must be enumerated as we go forward. When that happens, then, this humane Bill, this wonderful, positive, rights-oriented Bill, which was piloted initially by Shri Ghulam Nabi Azad and now, gives the honour to Shri Nadda to take it forward to completion, would strengthen the mental health of all Indians and unleash our potential, so that we can be a transformative people going forward. Thank you, Sir.

MR. DEPUTY CHAIRMAN: So, Jairam Rameshji, now I have understood why you opposed it, because this was first piloted by Shri Ghulam Nabi Azad. ...(*Interruptions*)...

SHRI JAIRAM RAMESH: He referred to Ghulam Nabiji. I didn't take objection to that at that time.

MR. DEPUTY CHAIRMAN: Then, I stand corrected. Now, Shri Husain Dalwai. Your Party's time is over. If you finish your speech in three minutes, I can allow it.

SHRI HUSAIN DALWAI (Maharashtra): Okay, Sir.

MR. DEPUTY CHAIRMAN: All right, then. Go ahead.

श्री हुसैन दलवाई: सर, नड्डा साहब यह जो बिल लाए हैं, मैं इस बिल का स्वागत करता हूँ। यह एक अच्छी चीज़ है। यूपीए गवर्नमेंट के समय में यह बिल आया था, जिसकी बड़े पैमाने पर श्री गुलाम नबी आज़ाद जी ने तैयारी की थी। चूंकि यह आपकी मिनिस्ट्री से संबंधित है, इसलिए आप जानते ही होंगे कि उसमें बड़े पैमाने पर सुधार हुआ है। आप इस बिल को आगे लेकर जा रहे हैं, यह बहुत अच्छी बात है। इसके लिए मैं आपको बधाई देता हूँ।

महोदय, यह बिल बहुत अच्छा है, लेकिन इसमें सिर्फ mental illness के ऊपर ही फोकस किया गया है। मेरे खयाल से आपको कहीं न कहीं इसके prevention के बारे में भी सोचना चाहिए था, लेकिन वह सोचा नहीं गया है। Mental illness कभी-कभी बचपन से होती है, जो बच्चे में उसके माता या पिता की तरफ से आ जाती है। कई बार ऐसा भी होता है कि बच्चे को ठीक ढंग से खाना नहीं मिलता है, इसलिए वह mentally ill हो जाता है। कुछ लोग stress या

[श्री हुसैन दलवाई]

anxiety की वजह से mental illness की तरफ चले जाते हैं, लेकिन इस बिल में आपने इस सबके बारे में कुछ नहीं कहा है।

बिल में psychological development के ऊपर फोकस करना तो जरूरी है, लेकिन mental disorder क्यों होता है, उसके ऊपर भी कुछ न कुछ ध्यान दिलवाया जाना चाहिए। मेरे खयाल से इस काम को सिर्फ Ministry of Health के ऊपर ही नहीं छोड़ा जाना चाहिए, Ministry of HRD को भी साथ में लेना बहुत जरूरी है।

कभी-कभी ऐसा होता है कि अगर बच्चा ठीक से पढ़ कर स्कूल नहीं गया है, तो टीचर्स बच्चे के साथ ठीक ढंग से व्यवहार नहीं करते हैं। वे जिस ढंग से उसके साथ बात करते हैं, उससे बच्चा स्कूल में जाने से डरने लगता है, लेकिन वहीं घर के लोग उसके साथ स्कूल जाने के लिए जबरदस्ती करते हैं और वह बच्चा टीचर के खिलाफ कुछ बोल नहीं सकता। ऐसे में उस बच्चे के मानसिक स्वास्थ्य पर क्या असर हो रहा है, यह किसी को पता नहीं चलता है। मेरे खयाल से ऐसी घटनाओं की वजह से भी इस तरह की बीमारियां पैदा हो जाती हैं, जिसके लिए टीचर्स को ट्रेनिंग देना भी बहुत जरूरी है।

जो लोग Corporate Sector में काम करते हैं, उनको भी mental tension रहती है कि उनकी नौकरी रहेगी या नहीं रहेगी। आजकल लोग 12-12, 14-14 घंटे लगातार काम करते हैं। इन सब बातों का भी इस बिल में खयाल रखा जाना चाहिए।

मेरा तो यह मानना है कि इसमें Ministry of Home Affairs को भी साथ में लेना बहुत जरूरी है, क्योंकि कभी-कभी ऐसे पेशेंट्स suicide भी कर लेते हैं। Mental illness क्या है या suicide क्यों की गई, क्या इन सब बातों को पुलिस तय करेगी? जैसे किसी आदमी को टीबी या कैंसर की बीमारी हो जाती है, वैसे ही यह भी एक बीमारी ही है, जिसके बारे में लोगों को समझाया जाना बहुत जरूरी है।

आपने इसमें एक प्रोविजन यह भी किया है, इसमें जो electric shock दिया जाता है, वह anesthesia देकर ही देना चाहिए, यह बहुत ही अच्छा है, लेकिन इसके लिए हर जगह पर infrastructure मौजूद नहीं है, साथ ही आपके पास इतने anesthetist भी नहीं हैं। आपको उसकी भी तैयारी करनी चाहिए। **...(समय की घंटी)...**

आपने caregiver के बारे में जो definition दी है, वह बहुत अच्छी है, लेकिन उसके पास कोई ट्रेनिंग नहीं होती है। इसके लिए घर-परिवार के लोगों और आजू-बाजू के लोगों को मालूमात होनी चाहिए। अगर कोई बच्चा mentally कमजोर है, यहां मैं illness भी नहीं बोलूंगा, तो भी उसका जिस तरह से मजाक उड़ाया जाता है, उससे उसकी मानसिक कमजोरी और भी बढ़ जाती है। Caregiver के पास इसकी ट्रेनिंग होना बहुत जरूरी है।

मैं यह भी कहना चाहता हूं कि इसमें अलग-अलग संस्थाएं काम करती हैं। हमारे एक मित्र हैं, Dr. Anand Nadkarni, जो ठाणे में इसी फील्ड में काम करते हैं। ठाणे में Mental Hospital है और वहां बड़े पैमाने पर जगह भी है। अगर आपके पास इतना infrastructure नहीं है, human resource नहीं है, तो समाज सेवा संस्थाओं को भी इसमें involve किया जाना चाहिए।

...(समय की घंटी)... हमारे एक ऑनरेबल मैम्बर ने एक बात कही, जो मुझे बहुत अच्छी लगी। उन्होंने कहा कि जहां-जहां फसाद होता है, वहां-वहां mental stress के cases बहुत बड़े पैमाने पर होते हैं। मैंने 1992 का मुंबई का फसाद देखा है। उसमें सेंसिबल फैमिलीज़ बड़े पैमाने पर स्ट्रेस में गईं, डिप्रेशन में गईं, उनकी हालत बहुत बुरी हो गई। इसके बारे में भी आप जरा सोचिए, क्योंकि आजकल छोटी-छोटी बातों पर कि इसने यह खाया, उसने वह खाया, इसने यह किया, उसने यह किया, बात होती है। फिर यह जो है, गुजरात जैसे सवाल पैदा होते हैं, यह गलत बात है। कम्युनिटी को भी एक ट्रेनिंग देना बहुत जरूरी है। आप इसके बारे में सोचेंगे, मुझे ऐसा लगता है। फिर भी आप जो यह बिल लाए हैं, इसका मैं स्वागत करता हूँ। आप इंप्लीमेंटेशन के बारे में भी विचार करेंगे, ऐसी मैं खाहिश करता हूँ। इन लफ्ज़ों के साथ मैं अपनी बात खत्म करता हूँ। जय हिन्द, जय भारत।

MR. DEPUTY CHAIRMAN: Now, all those who gave their names in time have spoken, but I have three requests which were received after the discussion had started. If they can adhere to the time limit of three minutes, I can allow them.

SHRI T. K. RANGARAJAN (Tamil Nadu): Mr. Narayanan has also given his name.

MR. DEPUTY CHAIRMAN: That is what I am saying. Mr. Narayanan's name also came after the start of the discussion. The rule is the same for everybody. It is equal to all. I can allow them on the condition that they will adhere to the time limit of three minutes. Shri D. P. Tripathi - not present. Shri C. P. Narayanan, please finish within three minutes. ...(Interruptions)...

SHRI T. K. RANGARAJAN: Please give the balance time to Mr. Narayanan. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: See, the name was given after the discussion had started. Therefore, ...(Interruptions)... Kerala means, I can even reduce by one minute. ...(Interruptions)...

SHRI C. P. NARAYANAN (Kerala): You can reduce everything. I don't mind.

MR. DEPUTY CHAIRMAN: Take three minutes.

SHRI C. P. NARAYANAN: Sir, I want to mention two experiences in connection with this Bill. One is that in 2002, some NGOs in Kerala, with the help of experts, conducted a study about the eight-year old children in schools. We took a sample of 6,000 children. When we made a study, the finding was that about 80-83 per cent of the children had some kind of stress or strain, and more than 30 per cent of that was classified as severe, and 13-15 per cent of the children showed suicidal tendencies. This analysis showed that the sources from where these children had

[Shri C. P. Narayanan]

these stresses and strains were the classrooms and their families. I am mentioning this in connection with this Bill. In this Bill, the Government is trying to observe the findings of the UN Conventions regarding such people, and along with that, the Government is trying to provide facilities in various hospitals. These things are good. But what we find is that in our earlier feudal society, this was considered a stigma. I know about many such children whose names were not given when the Panchayats used to make studies regarding the people having various kinds of ailments. This was so because it was considered that mentioning about a family member having some kind of mental problem might create difficulties for his/her brothers and sisters in getting employment, marriage, etc. That was the kind of approach the society had, not in very old days, but in the recent past also. So, this is the situation. As many of my learned colleagues have said, we should not only concentrate on work in the hospitals also necessary awareness has to be created among the people. We know certain cases of such ailments. Unless their parents and family members, and even their colleagues, take care of them, their ailments cannot be cured fully. Patients, who have been treated by the doctors and who have been found to be satisfactorily programing, all of a sudden, may develop bursts of such diseases. We have to take care of this. ...(*Time-bell rings*)... I conclude by saying one more thing. If it is to be done, not only the Health Department has to take care, the other departments, the Education Department, the local bodies, the Women and Child Development Department, have also to take care of it, and sensitize people so that from the time the ailment is recognized to the time when the ailment has been treated, and, even after that, people who have a weak mind, they are properly treated. Thank you.

SHRI T. G. VENKATESH (Andhra Pradesh): Mr. Deputy Chairman, Sir, I thank you for giving me this opportunity to speak on such a significant legislation. On behalf of the Telugu Desam Party, I welcome this Government's move of bringing in this important legislation, that is, the Mental Health Care Bill.

Mr. Deputy Chairman, Sir, mental health is one of the most neglected areas in our country. Lifestyle factors such as lack of physical exercise, unhealthy eating habits, inappropriate use of technology and increased working hours contribute to increasing rates of depression, anxiety disorders, suicides and substance abuse in working professionals. As per NCRB data, farmers and housewives are two categories of people in which suicide rates are high. It is disheartening to know that suicide is the second largest cause of death in the youth of India. I hope, this legislation will lead to establishment of more research centres in future, to study, understand and tackle these avoidable deaths.

There is a shortage of mental health professionals in India. Present data shows that there are only 4,000 psychiatrists, 1,000 psychologists and 3,000 social workers for the whole country. Only, 1,022 college seats are available for mental health professionals. The existing infrastructure is totally inadequate considering the point that five per cent of the Indian population, which translates to fifty million, suffer from some sort of mental illness.

We welcome the Government's plans to define rights of persons with mental illness and registering the establishments of State and Central Mental Health Authorities, which are of immediate importance.

Mr. Deputy Chairman, Sir, this Government has also brought the first ever National Mental Health Policy in 2014. However, the implementation has been slow, and I hope this Bill provides necessary thrust required to fast track the implementation.

Sir, as per the NCRB Report, 2014, around twelve per cent of the total suicides in the country were reported from Andhra Pradesh. Most of them were farmers and students. I would request the hon. Minister to take necessary steps to take forward both the implementation of the Bill as also the Mental Health Policy by allocating more budget in the next financial year. ...(*Time-bell rings*)... Sir, I wish to say one more thing. The percentage of suicides in Andhra Pradesh is almost 200 per cent of the average. Sir, somehow, the Government of India is postponing the special status Bill for the last two years. If this continues, the percentage of suicides in Andhra Pradesh may increase by another 100 per cent. My request is that the Government may implement special status also. Thank you.

श्री उपसभापति: चौधरी मुनव्वर सलीम। आपके सिर्फ 3 मिनट हैं।

चौधरी मुनव्वर सलीम (उत्तर प्रदेश): उपसभापति जी, मैं सबसे पहले तो माननीय पूर्व स्वास्थ्य मंत्री जी और वर्तमान स्वास्थ्य मंत्री जी को धन्यवाद देता हूँ, चूँकि यह सिर्फ मानसिक रोगियों के इलाज का मामला नहीं है, बल्कि यह एक सामाजिक समस्या भी है।

सर, मैं अगली बात यह कहना चाहता हूँ कि जब हम लोग राजनीति में आए थे, तो हम नारा लगाते थे: "डा. लोहिया का अरमान, सबको स्वास्थ्य एक समान।" लेकिन उपसभापति जी, स्वास्थ्य के समूचे क्षेत्र में बहुत काम करने की जरूरत है। आज दौलतमंद के कुत्ते की और मेरी बेटी की कीमत बराबर है। आज गरीब की बेटी प्रसव पीड़ाओं से कराहती है और दौलतमंद के बेटे तथा कुत्ते को चार डॉक्टर्स मयस्सर हैं। इतनी बड़ी असमानता, इतनी बड़ी गैर-बराबरी! यह स्वास्थ्य के क्षेत्र में बहुत खतरनाक है। लेकिन माननीय स्वास्थ्य मंत्री जी ने जो महसूस किया, मैं उसके संबंध में कुछ मशिवरे देना चाहता हूँ। इन्होंने अपनी रिपोर्ट में 6 से 7 परसेंट लोगों को मानसिक रोगी माना है, लेकिन मेरी मान्यता यह है, जिन सामाजिक संगठनों में मैं काम करता हूँ, उसके अनुसार ऐसे लोग इससे भी ज्यादा हैं।

[चौधरी मुनव्वर सलीम]

उपसभापति जी, मैं यह कहना चाहता हूँ कि स्वास्थ्य के क्षेत्र में अंतर्राष्ट्रीय कानून के तहत, माननीय दोनों स्वास्थ्य मंत्री, पूर्व और वर्तमान, बैठे हैं, एक हजार आदमियों पर एक डॉक्टर चाहिए, लेकिन अगर भारत के जो स्वास्थ्य नियम हैं, उन्हें भी सामने रख लें, तो तीन लाख से ज्यादा डॉक्टरों की जरूरत है। उसमें मानसिक रोगियों की स्थिति यह है कि यह जिस तेजी से बढ़ रही है..... मानसिक रोगी दो तरह के होते हैं, एक तो मां के गर्भ से ऐसा बच्चा पैदा होता है, जो अभावग्रस्त होता है, मां को पूरा भोजन नहीं मिल रहा होता है, वह गरीबी का शिकार होता है या कोई और मेडिकल कारण होते हैं। दूसरा, आदमी हालात का शिकार होकर मानसिक रोगी होता है। मैं सिर्फ मरने वाले को मानसिक रोगी नहीं मानता हूँ, जो suicide करता है, बल्कि मैं मारने वाले को भी मानसिक रोगी मानता हूँ, जो बंदूक हाथ में उठा कर चल देता है और कानून हाथ में ले लेता है। उसे भी इलाज की जरूरत है।

उपसभापति जी, मैं आपके माध्यम से माननीय स्वास्थ्य मंत्री जी से कहना चाहता हूँ कि मैंने ऐसी महिलाएं भी देखी हैं, जो मानसिक रूप से पागल हैं और इसके बाद भी सामाजिक भेड़ियों ने उनकी ऐसी दुर्गति की कि उनके गर्भ से बच्चा पैदा हुआ। मैं नाम लेकर उल्लेख नहीं करना चाहता हूँ, लेकिन हमें यह चाहिए कि जब हम मानसिक रोगियों के लिए अस्पताल बनाएं, स्वास्थ्य केंद्र बनाएं, तो उसमें महिलाओं और पुरुषों को अलग करें ताकि उस separacy से उनकी इज्जत की हिफाजत भी हो सके।

उपसभापति जी, मैं तीसरा मशविरा यह देना चाहता हूँ कि माननीय स्वास्थ्य मंत्री जी ने स्वास्थ्य के क्षेत्र में बड़ा काम करने का बीड़ा उठाया है, इसलिए मैं दरखास्त करता हूँ कि हर कमिश्नरी प्लेस पर, वैसे तो हर डिस्ट्रिक्ट तक जाना चाहिए, लेकिन हर कमिश्नरी प्लेस पर मानसिक रोगियों के लिए कम से कम एक अस्पताल होना चाहिए। स्वास्थ्य मंत्री जी, मैं बड़े अदब से कहना चाहता हूँ कि स्वास्थ्य के क्षेत्र में उत्तर प्रदेश सरकार के जो ideal काम हैं, हमारे राजनीतिक मतभेद होने के बाद भी, सैद्धांतिक मतभेद होने के बाद भी आप उसको ideal बना कर देश के लोगों को समान स्वास्थ्य सेवाएं देने का प्रयास करें। आपने मुझे वक्त दिया, इसके लिए बहुत शुक्रिया।

†چودھری منور سلیم (اترپردیش): اُب سبھاپتی جی، میں سب سے پہلے تو مانیئے سابق وزیرصحت اور موجودہ وزیرصحت کو دھنیواد دیتا ہوں، چونکہ یہ صرف مانسک روگیوں کے علاج کا معاملہ نہیں ہے، بلکہ یہ ایک ساماجک مسئلہ بھی ہے۔

سر، میں اگلی بات یہ کہنا چاہتا ہوں کہ جب ہم لوگ راجنیتی میں ائے تھے، تو ہم نعرہ لگاتے تھے “ڈاکٹرلوپیا کا ارمان، سب کو سواستھ ایک سمان”۔ لیکن اُب سبھاپتی

جی، سواستھ کے سموچے شیئر میں بہت کام کرنے کی ضرورت ہے۔ ا ج دولت مند کے کتے کی اور میری بیٹی کی قیمت برابر ہے۔ ا ج غریب کی بیٹی پر سو پیڑاؤں سے کراہتی ہے اور دولت مند کے بیٹے تنہا کتے کو چار ڈاکٹر میسر ہیں۔ اتنی بڑی اسمانتا، اتنی بڑی

† Transliteration in Urdu script.

غیر برابری! یہ سواستھ کے شیئر میں بہت خطرناک ہے۔ لیکن مانیئے سواستھ منتری جی نے جو محسوس کیا، میں اس کے سمبندھ میں کچھ مشورے دینا چاہتا ہوں۔ انہوں نے اپنی رپورٹ میں چھ سے سات فیصد لوگوں کو مانسک روگی مانا ہے، لیکن میری مانیتا یہ ہے، جن ساماچک سنگٹھنوں میں میں کام کرتا ہوں

اس کے مطابق ایسے لوگ اس سے بھی زیادہ ہیں۔ ا پُ سبھاپتی جی، میں یہ کہنا چاہتا ہوں کہ سواستھ کے شیئر میں انٹراشٹریہ قانون کے تحت، مانیئے دونوں سواستھ منتری، سابق اور موجودہ، بیٹھے ہیں، ایک ہزارا دمیوں پر ایک ڈاکٹر چابیئے، لیکن اگر بھارت کے جو صحت کے اصول ہیں، انہیں بھی سامنے رکھ لیں، تو تین لاکھ سے زیادہ ڈاکروں کی ضرورت ہے۔ اس میں مانسک روگیوں کی حالت یہ ہے کہ یہ جس تیزی سے بڑھ رہی ہے۔ مانسک روگی دو طرح کے ہوتے ہیں، ایک تو ماں کے گربھ سے ایسا بچہ پیدا ہوتا ہے، جو ابھاؤگرسٹ ہوتا ہے، ماں کو پورا بھوجن نہیں مل رہا ہوتا ہے، وہ غریبی کا شکار ہوتا ہے یا کوئی اور میڈیکل وجہ ہوتی ہے۔ دوسرا، آدمی حالات کا شکار ہوکر مانسک روگی ہوتا ہے۔ میں صرف مرنے والے کو مانسک روگی نہیں مانتا ہوں، جو سوسائیڈ کرتا ہے، بلکہ میں مارنے والے کو بھی مانسک روگی مانتا ہوں، جو بندوق ہاتھ میں اٹھا کر چل دیتا ہے اور قانون ہاتھ میں لے لیتا ہے۔ اسے بھی علاج کی ضرورت ہے۔

ا پُ سبھاپتی جی، میں آپ کے مادھیم سے مان گئے سواستھ منتری جی سے کہنا چاہتا ہوں کہ میں نے ایسی مہیلائیں بھی دیکھی ہیں، جو دماغی طور سے پاگل ہیں اور اس کے بعد بھی سماجک بھیڑیوں نے ان کی ایسی درگتی کی کہ ان کے گربھ سے بچہ پیدا ہوا۔ میں نام لیکرال یکھہ نہیں کرنا چاہتا ہوں، لیکن ہمیں یہ چاہئے کہ جب ذہنی مریضوں کے لئے اسپتال بنائیں، سواستھ کیندر بنائیں، تو اس میں عورتوں اور آدمیوں کو الگ کریں تاکہ اس علیحدگی سے ان کی عزت کی حفاظت بھی ہو سکے۔

ا پُ سبھاپتی جی، میں تیسرا مشورہ یہ دینا چاہتا ہوں کہ مان گئے سواستھ منتری جی نے سواستھ کے چھیتر میں بڑا کام کرنے کا بیڑا اٹھایا ہے، اس لئے میں درخواست کرتا ہوں کہ ہر کمشنری پلیس پر، ویسے تو ہر ڈسٹرکٹ تک جانا چاہئے، لیکن ہر کمشنری پلیس پر ذہنی مریضوں کے لئے کم سے کم ایک اسپتال ہونا چاہئے۔ سواستھ منتری جی، میں بڑے ادب سے کہنا چاہتا ہوں کہ سواستھ کر چھیتر میں ات ر پردیش سرکار کے جو آئیڈیل کام ہیں، ہمارے سیاسی مدبھید ہونے کے بعد بھی، سدھانتک مدبھید ہونے کے بعد بھی آپ اس کو آئیڈیل بنا کر دیش کے لوگوں کو یکساں سواستھ سیوائیں دینے کا پریاس کریں۔ آپ نے مجھے وقت دیا، اس کے لئے بہت شکریہ۔

SHRI A. NAVANEETHAKRISHNAN (Tamil Nadu): Sir, I just want to have one clarification.

5.00 P.M.

MR. DEPUTY CHAIRMAN: No, no; clarification will be after reply, not now.

SHRI A. NAVANEETHAKRISHNAN: I want to ask him so that he can clarify it during the reply.

MR. DEPUTY CHAIRMAN: Without reply, how can you seek clarifications?

SHRI A. NAVANEETHAKRISHNAN: Sir, the question which I want to raise has not been raised by any Member.

SHRI S. MUTHUKARUPPAN (Tamil Nadu): Sir, there is a doubt in the Bill itself. ...(Interruptions)... It is a legal aspect.

SHRI A. NAVANEETHAKRISHNAN: It is a legal aspect ...(Interruptions)... I would like to have a clarification through you, Sir. There is nothing wrong in it. In clause 124, there is an amendment moved by the hon. Minister in which the term 'mental illness' ...(Interruptions)...

MR. DEPUTY CHAIRMAN: When that amendment is moved, you raise it at that time.

SHRI A. NAVANEETHAKRISHNAN: I wish to correct it.

MR. DEPUTY CHAIRMAN: Yes, you do it at that time.

SHRI A. NAVANEETHAKRISHNAN: Okay, Sir.

श्री जगत प्रकाश नड्डा: उपसभापति जी, आज मेंटल हेल्थ केयर बिल, 2013 पर बहुत गहन चर्चा हुई है, लगभग 16 माननीय सदस्यों ने अपने विचार रखे हैं और उन्होंने concerns भी show किए हैं। सभी ने मेंटल हेल्थ केयर बिल, 2013 को अपना समर्थन देने की बात कही है और इसके साथ ही उन्होंने कुछ concerns भी रखे हैं। मैं सबके सहयोग के लिए सबका धन्यवाद करता हूँ। बहुत valuable suggestions आए हैं। जहां तक मेंटल हेल्थ का सवाल है, इस विषय को लेकर बहुत complex situation पैदा होती है। जब कभी किसी individual को मेंटल हेल्थ की प्रॉब्लम शुरू होती है, तो वह problem सिर्फ उसकी नहीं होती है, बल्कि उसकी फैमिली की भी होती है और society की दृष्टि से और social angle से भी उसका बहुत बड़ा impact पड़ता है। इसलिए इसको सिर्फ मेंटल हेल्थ की ही दृष्टि से देखना आवश्यक नहीं है, बल्कि उसमें बहुत-से safeguards की जरूरत है, जिससे उसका एक rightful तरीके से इलाज करने में मदद हो सके और उसके लिए conducive environment बन सके।

जैसा कि हम सब जानते हैं कि approximately 6-7 per cent people suffer from some type of mental illness and acute mental illness, 1-2 per cent है। यह जो बिल आया है, यह बहुत ही हिस्टॉरिक बिल है, बहुत ही प्रोग्रेसिव बिल है और मैं यह समझता हूँ कि मेंटल हेल्थ केयर में एक बहुत दूरगामी प्रभाव छोड़ने वाला यह बिल साबित होगा। ऐसा यह एक्ट बन करके

जब तैयार होगा तो इसके बहुत दूरगामी प्रभाव होंगे, ऐसा मैं मानता हूँ। जहाँ तक 1987 के मेंटल हेल्थ एक्ट का सवाल है, उसमें ज्यादातर रेग्युलेटरी आस्पेक्ट्स पर ध्यान दिया गया है। किस तरीके से इसका रेग्युलेशन होगा, किस तरीके से मेंटल हेल्थ की दृष्टि से हम क्या-क्या स्ट्रक्चर क्रिएट करेंगे, इस पर ज्यादा ध्यान था। यह जो 2013 का मेंटल हेल्थ बिल है, यह बिल patient centric है और पेशेंट को किस तरीके से सुविधा दी जा सकती है, इस पर ध्यान देने का प्रयास किया गया है। उसके interest को safeguard करना, कोई पेशेंट आज नहीं है कल हो सकता है, उसको वह कैसे डील कर सकते हैं, इन सारे आस्पेक्ट्स को इसमें जोड़ने का प्रयास किया गया है। एक लम्बे consultation के बाद, the story started in 2010, उस समय की सरकार ने यह तय किया कि मेंटल हेल्थ बिल को लाना चाहिए, उसके लिए नेशनल कंसल्टेशन किया गया, फिर ज़ोनल कंसल्टेशन किया गया, ज़ोनल कंसल्टेशन के बाद फिर academia के साथ कंसल्टेशन किया गया, पोलिटिकल पार्टीज़ के साथ कंसल्ट किया गया, स्टैंडिंग कमेटी में गया और पिछली केबिनेट से भी पास हुआ था और बाद में फिर वर्तमान केबिनेट के साथ भी उसकी चर्चा होने के बाद, उस पर बहुत से deliberations होने के बाद care givers के साथ चर्चा हुई, service users के साथ चर्चा हुई, सभी सैक्शंस के साथ चर्चा होने के बाद यह बिल के रूप में हम सब के बीच में आया है। यह एक बहुत ही प्रोग्रेसिव Bill है और जैसा मैंने कहा कि humane approach रखता है। It talks about caregivers and community-based rehabilitation. इसमें institutional admissions को discourage करते हुए community-based treatment कैसे किया जा सकता है, इस पर जोर दिया गया है, ताकि एक समय जैसा कि आप सब लोगों ने concern शो किया कि लोगों को एक बार डाल देते थे मेंटल हेल्थ इंस्टीट्यूशन में और फिर उसके बाद देखने भी नहीं जाते थे और एक तरीके से abandon कर देते थे। इसमें कोशिश की गई है कि इंस्टीट्यूशन में रहने का रीज़न होना चाहिए कि वह इंस्टीट्यूशन में रहे और रहने की समयावधि भी होगी और साथ ही साथ उसको कम्युनिटी बेस्ड कैसे रखा जा सके, इसकी इसमें चिंता की गई है। इसका ट्रीटमेंट भी need based है, यानी कौन सा ट्रीटमेंट किस के लिए आवश्यक है इस पर भी जोर दिया गया है। विमेन और चिल्ड्रन के लिए विशेष करके इसमें प्रोविजन किए गए हैं, जैसा कि जहाँ तक बच्चों का सवाल है तो electroconvulsive treatment जो है उसको देने के लिए उसमें मनाही की गई है और अगर जिसको देना है उसको muscle relaxant दे कर के और उसको anaesthesia दे कर करने के इस तरह के प्रोविजन किए गए हैं। महिलाओं को जो बच्चों के साथ हैं, उनको बच्चों से अलग न किया जाए, under medical advice only ही अलग किया जाए, इस तरह की व्यवस्था भी की गई है। उनके hygiene की व्यवस्था, उनके रहने की व्यवस्था, सब चीज़ों पर विशेष करके ध्यान दिया गया है और उसके लिए mechanism को strengthen करने की कोशिश की गई है, accountability को बढ़ाया गया है और statutory authorities like the Central Mental Health Authorities and the State Mental Health Authorities को भी बनाया गया है। तो इन सब बातों को ध्यान में रखते हुए यह बिल बनाया गया है। जो इसके बहुत यूनिक फीचर्स हैं, उसमें से सबसे पहला तो है advanced directives, आज हम सब लोग ठीक हैं, लेकिन at this stage also, we can give advanced directives कि यदि मुझे कोई मेंटल प्रॉब्लम होती है तो मुझे किस तरीके से कौन, कब और कैसे देखेगा, यानी अपने बारे में सिक्योरिटी लेने के लिए कि हमारी ट्रीटमेंट कैसी हो सकती है, यह advanced directives की इसमें व्यवस्था की गई है। उसी तरीके से nominated representatives की भी व्यवस्था की गई

[श्री जगत प्रकाश नड्डा]

है, ताकि nominated representatives जो हैं, वे उस व्यक्ति के cultural background को, उसके tastes को, उसकी habits को, उसके interests को अच्छे तरीके से जानें, ताकि जब वह उस अवस्था में हो, तो उसकी देखभाल कर सकें, उसकी priorities को जानें, उसके inclinations को जानें, इन सारी चीजों को भी उसमें जोड़ा गया है। इसमें mentally ill persons के rights को भी safeguard किया गया है। Right to access to mental health — यह बहुत ही क्रांतिकारी कदम है और आने वाले समय में Right to mental health का जो विषय है, जिसको हम लोग National Mental Health Programme और NHM की तरह District Mental Health Programme के तहत financially support कर रहे हैं, तो उसमें यह लाभकारी होगा।

Right to community living - उनको कम्युनिटी में नहीं रखना एक stigma बन जाता है, जिसके बारे में रेणुका चौधरी जी ने भी कहा कि उनको integrate करना है, उनको separate नहीं करना है। उनको separate नहीं करना है, बल्कि उनके लिए Right to community living को परमिट करने की आवश्यकता है। Right to protection from cruel and inhuman treatment - हम सब यह जानते हैं कि cruel and inhuman treatment होती है, तो उससे बचने के लिए भी legally facilitate करना और उसको कानून बनाने की बात है। Right to equality and non-discrimination, Right to information, Right to confidentiality, इस तरीके के तमाम प्रावधान इसमें दिए गए हैं, जिनके तहत mentally ill person को हम एक तरीके से empower कर सकेंगे और उन रूल्स के तहत उसके interests को हम safeguard कर सकेंगे। Recognition of role of caregivers - हमने caregivers के role को भी recognize किया है। Who will be a caregiver? What type of facility, is he going to give? How is he going to take care of the person? Caregivers के रोल को भी हम Central Mental Health Authority और State Mental Health Authority में representation देकर भी करेंगे। यानी, हमारा जो statutory provision होगा, उसमें भी हम लोगों ने caregivers के रोल को जोड़ने का प्रयास किया है।

इसमें mental illness को define किया गया है। हम सब जानते हैं कि बहुत से लोगों को institutions में यह कहकर डाल दिया जाता था कि इसकी तबियत मानसिक रूप से ठीक नहीं है और फिर उसको institutions में सालों-साल रखा जाता था। इसको रोकने के लिए हमने mental illness को define किया है कि mental healthcare क्या होगा? International standards में mental healthcare क्या होगा, उसको भी हमने तय किया है। यह determine कैसे किया जाएगा कि a person is mentally ill or not, तो इसको भी हमने define किया है। उसकी ट्रीटमेंट के लिए क्या-क्या चीजें होंगी, उनको भी इसमें define किया गया है। इस तरह से, इसको बहुत अच्छे तरीके से रखने की कोशिश की गई है, ताकि हम mental illness को define करें, mental illness को define करने का तरीका क्या होगा, उसको भी हम define करें और उसके ट्रीटमेंट का internationally recognised procedure क्या होगा, उसको भी हम लोगों ने recognise किया है।

इसी तरीके से, planning the design to implement the Mental Health Programme; Mental health programme को हम किस तरीके से डिज़ाइन करेंगे, इसके बारे में भी हमने स्टेट की अथॉरिटीज़ को प्रोविजंस दिए हैं, ताकि उसको हम उस तरीके से जोड़ सकें। More checks on involuntarily admissions — हम लोगों ने checks लगाने की कोशिश की है, ताकि

involuntarily admissions को हम रोक सकें। हम किसी को ज्यादा से ज्यादा 30 दिनों तक एक mental institutions में रख सकते हैं और उसके बाद maximum 90 days तक रख सकते हैं और वह भी under the strict guidance and directions of the psychiatrist. उसके बगैर हम उसको नहीं रख सकते हैं, इस तरीके की व्यवस्था की गई है। Community living कैसे की जा सकती है, इसके बारे में भी इसमें हमने जोड़ने का प्रयास किया है कि उसको community living की दृष्टि से what type of facilities the State Governments will have to provide. Homes, half-homes की कम्युनिटी शेयरिंग कैसे की जा सकती है, इन सब तरीके की व्यवस्था करने का प्रोविज़न इसमें किया गया है। In due course, how we are going to translate and implement, इसका स्टेट गवर्नमेंट्स और State Mental Authorities को एक बहुत बड़ा mandate दिया गया है कि वे इस दृष्टि से इसमें काम करेंगे।

जैसा कि मैंने electroconvulsive therapy के बारे में बताया। उसको रोकने के लिए यह व्यवस्था की गई है कि वह बच्चों पर प्रयोग नहीं होगा और अगर वह adults पर प्रयोग होगा, तो anesthesia देकर muscle relaxation वाली मेडिसिंस देने के बाद ही उन पर प्रयोग किया जा सकेगा। इस तरीके की व्यवस्था इसमें की गई है। Psychosurgery का बहुत जोर था, psychosurgery को रोका गया है। Psychosurgery के लिए कोई reasons होने चाहिए और और वह District Board से approve होना चाहिए। उसके बगैर इसको नहीं किया जाएगा, District Board से approve होने के बाद ही इसको किया जा सकता है। इस तरह से इन सारी चीज़ों को जोड़ने का प्रयास किया गया है, ताकि इस Mental Healthcare Bill को हम meaningful बना सकें। जहां तक यह बात कही गयी कि इसमें 135 amendments आए हैं। इसका एक reason है। Reason यह है कि it is a continuous process. It started in 2010. 2013 में पिछली सरकार इस बिल को लेकर आयी थी। 2014 में हमारे समय में यह राज्य सभा में introduce हुआ, चूंकि सरकार बदल गयी थी इसलिए फिर से इसे राज्य सभा में introduce करना पड़ा। उसके बाद यह Standing Committee में गया, Standing Committee ने 25 amendments दिए। उसी के साथ-साथ सुप्रीम कोर्ट ने *amicus curiae* बनायी। उसकी भी recommendations आयीं, फिर कर्णाटक हाई कोर्ट की कुछ recommendations थीं, वे भी आयीं, फिर civil societies की आयीं। कुल-मिलाकर देखा जाए तो Standing Committee के 25 amendments आए, सुप्रीम कोर्ट के 4 amendments आए, कर्णाटक हाई कोर्ट का 1, inter-Ministerial consultations में 5 और एक्सपर्ट्स में 13 आए। इस प्रकार substantive जो amendments हैं, they are 48. These are substantive amendments, which we have accepted. We have, practically, accepted all the recommendations of the Standing Committee. उसी तरह से हमने बाकी भी जो recommendations आयीं, उन्हें माना है। बाकी जो हैं, वे consequential हैं। जैसे कहीं पर हमने Psychiatrist को Mental Health Officer, Mental Health Worker कहा। तो जहां-जहां वह word है, वहां-वहां वह amendment आएगा। उसी तरह से terminology में हमने जहां-जहां use किया है, वहां-वहां होगा। इस तरह से ये 135 amendments बनते हैं, लेकिन उतने हैं नहीं, यह मैं आपको बताना चाहता हूं।

जहां तक यह कहा गया कि अभी तक कोई सर्वे नहीं हुआ है, हम लोगों ने NIMHANS को कहा है। 1 जून, 2015 को यह सर्वे स्टार्ट हो गया है, about the finding of the mentally ill persons और इसके 6 zones बने हैं। NIMHANS इस पर बहुत exhaustively काम कर रहा

[श्री जगत प्रकाश नड्डा]

है। इस दृष्टि से आगे चलकर इसमें भी हमें प्रगति मिलेगी। जहां तक स्टाफ का सवाल है, इसमें कोई दो राय नहीं है कि there is a shortage of staff. But we are trying our level best to get over this problem. You will be happy to note कि हमने इसके post-practitioner के लिए psychiatry में 1:1 का जो ratio था, उसे 1:3 कर दिया है। अब जहां पहले 500 डॉक्टर्स निकलते थे, वहां 1,500 डॉक्टर्स निकलेंगे। हमने Associate Professor को भी एक सीट दे दी है कि वह भी पीजी करा सकता है। हमारी कोशिश है कि हम ज्यादा से ज्यादा सीट्स को enhance करें, ताकि इस दृष्टि से हम काम कर सकें और इसको आगे बढ़ा सकें।

जहां तक definition of mental illness का सवाल है, वह according to WHO standards किया गया है। इस प्रकार हम लोगों ने कोशिश की है कि जितने भी आप लोगों के concerns हैं, उनको हमने उसमें intimate किया है। बहुत wide consultation के बाद यह बड़ा progressive बिल आया है। मुझे लगता है कि इससे patient, जो आज नहीं भी है, वह भी अपने बारे में direction दे सकता है और जो patient है, उसके rights को protect करने की स्टेट के पास पावर आती है, उस individual को यह right मिलता है, ताकि हम जो सुनते और जो देखते थे कि mentally ill person की चिंता करने वाला कोई नहीं है, इस बिल के बनने के पश्चात उसकी चिन्ता हो सकेगी, धन्यवाद।

MR. DEPUTY CHAIRMAN: Okay. Thank you. ...*(Interruptions)*... What is this?
...*(Interruptions)*...

श्री मधुसूदन मिश्री: सर, मेरा एक सवाल है।

MR. DEPUTY CHAIRMAN: Okay. Mr. Mistry, only one question. ...*(Interruptions)*...

श्री मधुसूदन मिश्री: सर, मेरा सिर्फ इतना clarification है कि सरकार के रोल के पहले एक दूसरा रोल है — सरकार का रोल बाद में आता है। 18 से 40 साल की उम्र की population इसमें ज्यादा affected है, वे कॉलेज, स्कूल आदि में पढ़ते हैं। इनके जो symptoms हैं, जैसे शीशे के सामने बहुत लम्बे अरसे तक खड़े रहना और बाल बनाना, गंदा रहना, इन सबके बारे में उसे और उसकी family, दोनों को पता नहीं चलता है। उसकी फैमिली को भी यह पता नहीं चलता है कि वाकई यह एक समस्या है। आप ऐसी awareness कॉलेजेज, स्कूल्स आदि में जागृत करने का कोई प्रयत्न करेंगे?

SHRI JAGAT PRAKASH NADDA: In the National Mental Health Programme, we are doing that awareness programme. ...*(Interruptions)*... सर, हम नेशनल मेंटल हेल्थ प्रोग्राम में अवेयरनेस प्रोग्राम कर रहे हैं।

MR. DEPUTY CHAIRMAN: Please reply at the end because there are two or three Members who want to seek clarifications.

SHRI T. K. RANGARAJAN: Mr. Deputy Chairman, Sir, Section 133 empowers the State Authority to make regulations. Can you prescribe any timeframe? Suppose

the State Authority doesn't implement it in a prescribed time, say, six months or seven months or one year, then, what will you do?

PROF. M. V. RAJEEV GOWDA: The Government is actually backing this Bill; see the poor turnout on the side of the Treasury Benches. Lots of Rajya Sabha Members and heavyweight Cabinet Ministers have not shown up, and we are about to pass this Bill. Why is there no support? ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: No. That is no clarification. Dr. T. Subbarami Reddy.

DR. T. SUBBARAMI REDDY: Sir, while welcoming the Bill, I want to bring one important issue to the notice of the hon. Minister. There are cases where family members of a good person, mentally perfect person, take him to the doctor mischievously and show him as if he is a patient due to internal disputes. Then, they join hands with the Superintendent of the hospital also. You must give warning to the Superintendent or in charge of the hospital that if they intentionally admit a good person and perfect person,....

MR. DEPUTY CHAIRMAN: If it is an amendment, you say at that time.

DR. T. SUBBARAMI REDDY: What action are you taking against those who are showing good healthy persons to the doctors as mentally ill persons in connivance with hospital authorities?

MR. DEPUTY CHAIRMAN: If it is an amendment, you can speak at that time. Mr. Jairam Ramesh.

श्री जयराम रमेश: सर, मैं मंत्री जी से जानना चाहता हूँ कि क्या यह बिल मनी बिल है या नहीं है?

MR. DEPUTY CHAIRMAN: Sit down, sit down. That is irrelevant. मंत्री जी, आप रिप्लाय करिए। No, that is enough. That is enough.

श्री जगत प्रकाश नड्डा: सर, सैक्शन 133 जो उन्होंने कहा है, it is up to the State to decide how long they are going to take. But we want that it should be done as fast as possible.

MR. DEPUTY CHAIRMAN: The question is:

“That the Bill to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto, be taken into consideration.”

The motion was adopted.

MR. DEPUTY CHAIRMAN: We shall now take up clause-by-clause consideration of the Bill. In Clause 2, there are six Amendments; Amendment (Nos. 5, 6, 7, 8, 9 and 10) by the Minister.

CLAUSE 2 – DEFINITIONS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(5) That at page 2, *after* line 18, the following be *inserted*, namely:-

"(ba) "Authority" means the Central Mental Health Authority or the State Mental Health Authority, as the case may be;".

(6) That at page 2, line 20, *for* the words, bracket and figures "Commission under sub-section (1) of section 80", the words bracket and figures "State Authority under sub-section (1) of section 80 in such manner as may be prescribed;" be *substituted*.

(7) That at page 2, *for* lines 30 to 39, the following be *substituted*, namely:-

“(ii) having a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 and approved and recognised by the Rehabilitation Council of India Act, 1992 or such recognised qualifications as may be prescribed;”.

(8) That at page 3, *after* line 33, the following be *inserted*, namely:-

"(na) "mental healthcare" includes analysis and diagnosis of a person's mental condition and treatment as well as care and rehabilitation of such person for his mental illness or suspected mental illness;".

(9) That at page 4, *for* lines 9 and 10, the following be *substituted*, namely:-

"(iii) a professional having a Post-Graduate degree (Ayurveda) in *Mana Vigyan Avum Manas Raga* or a Post-Graduate degree (Homeopathy) in Psychiatry or a Post-Graduate degree (*Unani*) in Moalijat (*Nafasiyatt*) or a Post-Graduate degree (*Siddha*) in *Sirappu Maruthuvam*;" and

(10) That at page 4, *for* lines 23 to 27, the following be *substituted*, namely:-

“(w) "psychiatric social worker" means a person having a Post-Graduate degree in Social Work and a Master of Philosophy in Psychiatric Social Work obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University

Grants Commission established under the University Grants Commission Act, 1956 or such recognised qualifications, as may be prescribed.”.

The questions were put and the motions were adopted.

Clause 2, as amended, was added to the Bill.

Clause 3 was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 4, there are two Amendments; (Amendment Nos. 11 and 12) by the Minister.

CLAUSE 4 – CAPACITY TO MAKE MENTAL HEALTH CARE AND TREATMENT DECISIONS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(11) That at page 5, *for* lines 15 to 24, the following be *substituted*, namely:-

"4.(1) Every person, including a person with mental illness shall be deemed to have capacity to make decisions regarding his mental healthcare or treatment if such person has ability to-

- (a) understand the information that is relevant to take a decision on the treatment or admission or personal assistance; or
- (b) appreciate any reasonably foreseeable consequence of a decision or lack of decision on the treatment or admission or personal assistance; or
- (c) communicate the decision under sub-clause (a) by means of speech, expression, gesture or any other means."

(12) That at page 5, lines 33 to 35, be *deleted*.

The questions were put and the motions were adopted.

Clause 4, as amended, was added to the Bill.

Clause 5 was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 6, there is one Amendment (No.13) by the Minister.

CLAUSE 6 – MANNER OF MAKING ADVANCE DIRECTIVE

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(13) That at page 6, *for* lines 12 to 30, the following be *substituted*, namely:-

"6. An advance directive shall be made in the manner as may be specified by the regulations made by the Central Authority".

The question was put and the motion was adopted.

Clause 6, as amended, was added to the Bill.

Clause 7 was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 8, there is one Amendment (No.13) by the Minister.

**CLAUSE 8 – REVOCATION, AMENDMENT OR CANCELLATION OF
ADVANCE DIRECTIVE**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(14) That at page 6, in lines 35 and 38, the words, bracket and figure "sub-section (1) of be *deleted*.

The question was put and the motion was adopted.

Clause 8, as amended, was added to the Bill.

Clauses 9 and 10 were added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 11. In Clause 11, there is one Amendment (No. 15) by Shri Jagat Prakash Nadda.

**CLAUSE 11 – POWER TO REVIEW, ALTER, MODIFY OR
CANCEL ADVANCE DIRECTIVE**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(15) That at page 7, in lines 7 and 9, *for* the word "may", the word "shall" be *substituted*.

The question was put and the motion was adopted.

Clause 11, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 12. In Clause 12, there is one Amendment (No. 16) by Shri Jagat Prakash Nadda.

CLAUSE 12 – REVIEW OF ADVANCE DIRECTIVES

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(16) That at page 7, in lines 29, 31 and 34, *for* the word "Commission", the words "Central Authority" be *substituted*.

The question was put and the motion was adopted.

Clause 12, as amended, was added to the Bill.

Clauses 13 to 17 were added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 18. In Clause 18, there are three Amendments (Nos. 17, 18 and 19) by Shri Jagat Prakash Nadda.

CLAUSE 18 – RIGHT TO ACCESS MENTAL HEALTH CARE

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (17) That at page 10, line 13, *after* the word "accommodation", the words "as may be prescribed" be *inserted*.
- (18) That at page 10, line 16, *after* the word "services", the words "as may be prescribed " be *inserted*."
- (19) That at page 11, lines 24 to 27, be *deleted*.

The questions were put and the motions were adopted.

Clause 18, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 19. In Clause 19, there is one Amendment (No. 20) by Shri Jagat Prakash Nadda.

CLAUSE 19 – RIGHT TO COMMUNITY LIVING

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (20) That at page 11, *after* line 40, the following be *inserted*, namely:-

"(1A) Where it is not possible for a mentally ill person to live with his family or relatives, or where a mentally ill person has been abandoned by his family or relatives, the appropriate Government shall provide support as appropriate including legal aid and to facilitate exercising his right to family home and living in the family home."

The question was put and the motion was adopted.

Clause 19, as amended, was added to the Bill.

Clause 20 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 21. In Clause 21, there are two Amendments (Nos. 21 and 22) by Shri Jagat Prakash Nadda.

CLAUSE 21 – RIGHT TO EQUALITY AND NON-DISCRIMINATION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (21) That at page 12, line 28, *for* the words "health services", the word "illness" be *substituted*.

(22) That at page 12, *for* lines 35 to 38, the following be *substituted*, namely:-

"(2) A child under the age of three years of a woman receiving care, treatment or rehabilitation at a mental health establishment shall ordinarily not be separated from her during her stay in such establishment:

Provided that where the treating Psychiatrist, based on his examination of the woman, and if appropriate, on information provided by others, is of the opinion that there is risk of harm to the child from the woman due to her mental illness or it is in the interest and safety of the child, the child shall be temporarily separated from the woman during her stay at the mental health establishment:

Provided further that the woman shall continue to have access to the child under such supervision of the staff of the establishment or her family, as may be appropriate, during the period of separation.

(3) The decision to separate the woman from her child shall be reviewed every fifteen days during the woman's stay in the mental health establishment and separation shall be terminated as soon as conditions which required the separation no longer exist:

Provided that any separation permitted as per the assessment of a mental health professional, if it exceeds thirty days at a stretch, shall be required to be approved by the respective Authority.

(4) Every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness."

The questions were put and the motions was adopted.

Clause 21, as amended, was added to the Bill.

Clause 22 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 23. In Clause 23, there are two Amendments (Nos. 23 and 24) by Shri Jagat Prakash Nadda.

CLAUSE 23 – RIGHT TO CONFIDENTIALITY

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(23) That at page 13, *for* lines 30 and 31, the following be *substituted*, namely:-

"(e) release only such information as is necessary to prevent threat to life;".

- (24) That at page 13, line 32, *for* the word "Commission", the words "Central Authority" be *substituted*.

The questions were put and the motions were adopted.

Clause 23, as amended, was added to the Bill.

Clause 24 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 25. In Clause 25, there are three Amendments (Nos. 25, 26 and 27) by Shri Jagat Prakash Nadda.

CLAUSE 25 – RIGHT TO ACCESS MEDICAL RECORDS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (25) That at page 13, *for* lines 41 and 42, the following be *substituted*, namely:-
"25.(1) All persons with mental illness shall have the right to access their basic medical records as may be prescribed."
(26) That at page 14, in lines 1 and 6, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.
(27) That at page 14, line 6, the words "or her" be *deleted*.

The questions were put and the motions were adopted.

Clause 25, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 26. In Clause 26, there are two Amendments (Nos. 28 and 29) by Shri Jagat Prakash Nadda.

CLAUSE 26 – RIGHT TO PERSONAL CONTACTS AND COMMUNICATION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (28) That at page 14, lines 10 and 11, *for* the words "of the day subject to the rules of such mental health establishment", the words "subject to the norms of such mental health establishment" be *substituted*.
(29) That at page 14, in lines 14 and 16, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.

The questions were put and the motions were adopted.

Clause 26, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 27. In Clause 27, there are two Amendments (Nos. 30 and 31) by Shri Jagat Prakash Nadda.

CLAUSE 27 – RIGHT TO LEGAL AID

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(30) That at page 14, line 29, *after* the words “duty of”, the following be *inserted*, namely:-

"magistrate, police officer, person in charge of such custodial institution as may be prescribed or".

(31) That at page 14, line 29, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.

The questions were put and the motions were adopted.

Clause 27, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 28. In Clause 28, there are three Amendments (Nos. 32, 33 and 34) by Shri Jagat Prakash Nadda.

**CLAUSE 28 – RIGHT TO MAKE COMPLAINTS ABOUT DEFICIENCIES
IN PROVISION OF SERVICES**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(32) That at page 14, in line 33, the words, "or her" be *deleted*.

(33) That at page 14, in line 36, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.

(34) That at page 14, *for* lines 38 and 39, the following be *substituted*, namely:-

"(b) the concerned Board and if not satisfied with the response;

(c) the State Authority."

The questions were put and the motions were adopted.

Clause 28, as amended, was added to the Bill.

Clause 29 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 30. In Clause 30, there is one Amendment (No.135) by Dr. T. Subbarami Reddy. Mr. Reddy, are you moving the Amendment?

DR. T. SUBBARAMI REDDY: I am satisfied with the reply of the Minister. Hence, I am not moving the Amendment.

Clause 30 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 31. In Clause 31, there is one Amendment (No. 136) by Dr. T. Subbarami Reddy, and one Amendment (No. 31) by the hon. Minister. Mr. Reddy, are you moving the Amendment?

**CLAUSE 31 — APPROPRIATE GOVERNMENT TO TAKE
MEASURES AS REGARD TO HUMAN RESOURCE
DEVELOPMENT AND TRAINING, ETC.**

DR. T. SUBBARAMI REDDY (Andhra Pradesh): Sir, I move:

(136) That at page 15, line 27, *for the word "ten", the word "five" be substituted.*

The question was put and the motion was negatived.

MR. DEPUTY CHAIRMAN: Now, Mr. Minister.

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(35) That at page 15, lines 29 to 31 be *deleted.*

The question was put and the motion was adopted.

Clause 31, as amended, was added to the Bill.

Clauses 32 and 33 were added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 34. In Clause 34, there are two Amendments (Nos.137 and 138) by Dr. T. Subbarami Reddy and three Amendments (Nos. 36 to 38) by the hon. Minister. Mr. Reddy, are you moving the amendment?

DR. T. SUBBARAMI REDDY: No, Sir.

MR. DEPUTY CHAIRMAN: Now, Mr. Minister.

CLAUSE 34 — COMPOSITION OF CENTRAL AUTHORITY

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(36) That at page 16, *after* line 10, the following be *inserted*, namely:-

"(ga) such other *ex-officio* representatives from the relevant Central Government Ministries or Departments;"

(37) That at page 16, *after* line 27, the following be *inserted*, namely:-

"(o) two persons representing areas relevant to mental health, if considered necessary."

[Shri Jagat Prakash Nadda]

- (38) That at page 16, line 28, *for* the words, brackets and alphabets "clauses (h) to (n)", the words, brackets and alphabets "clauses (h) to (0)" be *substituted*.

The questions were put and the motions were adopted.

Clause 34, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 35. In Clause 35, there is one Amendment (No. 39) by the hon. Minister.

**CLAUSE 35 — TERM OF OFFICE, SALARIES AND ALLOWANCES OF
CHAIRPERSON AND MEMBERS**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (39) That at page 16, line 30, *for* the words, brackets and alphabets "clauses (h) to (n)", the words, brackets and alphabets "clauses (h) to (0)" be *substituted*.

The question was put and the motion was adopted.

Clause 35, as amended, was added to the Bill.

Clauses 36 to 45 were added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 46. In Clause 46, there is one Amendment No. (139) by Dr. T. Subbarami Reddy and two Amendments (Nos. 40 and 41) by the hon. Minister. Mr. Reddy, are you moving the Amendment?

DR. T. SUBBARAMI REDDY: No, Sir.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 46. In Clause 46, there are two Amendments (Nos. 40 and 41) by the hon. Minister.

CLAUSE 46 — COMPOSITION OF STATE AUTHORITY

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (40) That at page 20, *after* line 2, the following be *inserted*, namely:-

"(da) such other *ex-officio* representatives from the relevant State Government Ministries or Departments;"

- (41) That at page 20, line 3, *for* the word "Superintendent", the word Head" be *substituted*.

The questions were put and the motions were adopted.

Clause 46, as amended, was added to the Bill.

Clauses 47 to 51 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 52, there is one Amendment (No. 42) by the hon. Minister.

**CLAUSE 52 — OFFICERS AND OTHER EMPLOYEES
OF STATE AUTHORITY**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(42) That at page 21, line 14, *for* the word "Director", the words "Deputy Secretary" be *substituted*.

The question was put and the motion was adopted.

Clause 52, as amended, was added to the Bill.

Clauses 53 to 62 were added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 63. In Clause 63, there is one Amendment (No. 43) by the hon. Minister.

CLAUSE 63 — ACCOUNTS AND AUDIT OF STATE AUTHORITY

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(43) That at page 24, lines 33 to 37 be *deleted*.

The question was put and the motion was adopted.

Clause 63, as amended, was added to the Bill.

Clause 64 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 65. In Clause 65, there are two Amendments (Nos. 44 and 45) by the hon. Minister.

CLAUSE 65 — REGISTRATION OF MENTAL HEALTH ESTABLISHMENT

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(44) That at page 25, *after* line 8, the following be *inserted*, namely:-

"Provided that the Central Government, may, by notification, exempt any category or class of existing mental health establishments from the requirement of registration under this Act."

(45) That at page 25, in lines 30, 32, 34 and 35, the word "Central" be *deleted*.

The questions were put and the motions were adopted.

Clause 65, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 66. In Clause 66, there are three Amendments, Amendments (Nos. 46 and 47) by hon. Minister and Amendment (No. 140) by Dr. T. Subbarami Reddy.

**CLAUSE 66 — PROCEDURE FOR REGISTRATION, INSPECTION AND
INQUIRY OF MENTAL HEALTH ESTABLISHMENTS**

DR. T. SUBBARAMI REDDY (Andhra Pradesh): Sir, I want to draw the attention of the Minister to the sub-clause 14, which says, "As soon as the mental health establishment submits the required evidence of the mental health establishment having complied with the specified minimum standards, the Authority shall give public notice and display the same on its website for a period of thirty days." I am saying that it should be thirty days instead of 45 days. You should give sufficient time; that's all. Therefore, I am moving the Amendment.

Sir, I move:

(140) That at page 26, line 14, *for* the words "forty-five days", the words "thirty days" be *substituted*.

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(46) That at page 27, line 4, *for* the word "thirty", the word "forty-five" be *substituted*.

(47) That at page 27, lines 12 to 15, the following be *substituted*, namely:-

"(19) Notwithstanding anything contained in this section, if the Authority has neither communicated any objections received by it to the mental health establishment under sub-section (15), nor has passed an order under sub-section (18), the registration shall be deemed to have been granted by the Authority and the Authority shall provide a permanent certificate of registration".

MR. DEPUTY CHAIRMAN: I shall first put the Amendment (No. 140) moved by Shri T. Subbarami Reddy to vote.

The question was put and the motion was negatived.

MR. DEPUTY CHAIRMAN: I shall now put the Amendments (Nos. 46 and 47) moved by the hon. Minister to vote.

The questions were put and the motions were adopted.

Clause 66, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 67. In Clause 67, there is one Amendment (No. 48) by the hon. Minister.

CLAUSE 67 — AUDIT OF MENTAL HEALTH ESTABLISHMENT

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(48) That at page 27, lines 44 and 45, the following be *substituted*, namely:-

"(7) The Authority may cancel the registration of a mental health establishment if recommended by the Board to do so".

The question was put and the motion was adopted.

Clause 67, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 68. In Clause 68, there are two Amendments (Nos. 141 and 142) by Dr. T. Subbarami Reddy. Are you moving?

DR. T. SUBBARAMI REDDY: Sir, I am satisfied with the reply, so I am not moving them.

Clause 68 was added to the Bill.

Clause 69 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 70. In Clause 70, there is one Amendment (No. 49) by the hon. Minister.

CLAUSE 70 — CERTIFICATES, FEES AND REGISTER OF MENTAL HEALTH ESTABLISHMENTS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(49) That at page 28, *after* line 34, the following be *inserted*, namely:-

"(3A) Any change of ownership of the mental health establishment shall be intimated to the Authority by the new owner within one month from the date of change of ownership."

The question was put and the motion was adopted.

Clause 70, as amended, was added to the Bill.

Clauses 71 to 72 were added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 73. In Clause 73, there is one Amendment (No. 50) by the hon. Minister.

CLAUSE 73 — CONSTITUTION OF MENTAL HEALTH REVIEW COMMISSION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(50) That at page 29, lines 1 to 7 be *deleted*.

The question was put and the motion was adopted.

Clause 73, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 74. In Clause 74, there is one Amendment (No. 51) by the hon. Minister.

CLAUSE 74 — COMPOSITION OF COMMISSION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(51) That at page 29, clause 74 be *deleted*.

The question was put and the motion was adopted.

Clause 74, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 75. In Clause 75, there is one Amendment (No. 52) by the hon. Minister.

**CLAUSE 75 — QUALIFICATIONS FOR APPOINTMENT OF PRESIDENT
AND MEMBERS OF COMMISSION**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(52) That at page 29, clause 75 be *deleted*.

The question was put and the motion was adopted.

Clause 75, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 76. In Clause 76, there is one Amendment (No. 53) by the hon. Minister.

CLAUSE 76 — SELECTION COMMITTEE

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(53) That at pages 29 and 30, Clause 76 be *deleted*.

The question was put and the motion was adopted.

Clause 76, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 77. In Clause 77, there is one Amendment (No. 54) by the hon. Minister.

**CLAUSE 77 — TERM OF OFFICE, SALARIES AND ALLOWANCES OF
PRESIDENT AND OTHER MEMBERS**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(54) That at page 30, Clause 77 be *deleted*.

The question was put and the motion was adopted.

Clause 77, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 78. In Clause 78, there is one Amendment (No. 55) by the hon. Minister.

**CLAUSE 78 — VACANCIES, ETC., NOT TO INVALIDATE
PROCEEDINGS OF COMMISSION**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(55) That at page 30, Clause 78 be *deleted*.

The question was put and the motion was adopted.

Clause 78, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 79. In Clause 79, there is one Amendment (No. 56) by the hon. Minister.

CLAUSE 79 — STAFF OF COMMISSION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(56) That at page 30, Clause 79 be *deleted*.

The question was put and the motion was adopted.

Clause 79, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 80. In Clause 80, there are two Amendments; Amendment (Nos. 57-58) by the hon. Minister.

CLAUSE 80 — CONSTITUTION OF MENTAL HEALTH REVIEW BOARDS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(57) That at page 30, *for* lines 39 to 43, the following be *substituted*, namely:-

"CHAPTER XI MENTAL HEALTH REVIEW BOARDS

80.(1) The State Authority shall, by notification, constitute Boards to be called the Mental Health Review Boards, for the purposes of this Act.

[Shri Jagat Prakash Nadda]

(2) The requisite number, location and the jurisdiction of the Boards shall be specified by the State Authority in consultation with the State Governments concerned.

(3) The constitution of the Boards by the State Authority for a district or group of districts in a State under this section shall be such as may be prescribed by the Central Government."

(58) That at page 31, *for* lines 1 and 2, the following be *substituted*, namely:-

"(4) While making rules under sub-section (3), the Central Government shall have regard to the following, namely:-"

The questions were put and the motions were adopted.

Clause 80, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 81. In Clause 81, there are three Amendments; Amendment (Nos. 59-61) by the hon. Minister.

CLAUSE 81 — COMPOSITION OF BOARD

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(59) That at page 31, line 10, *for* the figure "81", the figure and bracket "81(1)" be *substituted*.

(60) That at page 31, *for* lines 16 and 17, the following be *substituted*, namely:-

"(c) two members, of whom one shall be a psychiatrist and the other shall be a medical practitioner;"

(61) That at page 31, *after* line 20, the following be *inserted*, namely:-

"(2) A person shall be disqualified to be appointed as the chairperson or a member of a Board or be removed by the State Authority, if he-

- (a) has been convicted and sentenced to imprisonment for an offence which involves moral turpitude; or
- (b) is adjudged as an insolvent; or
- (c) has been removed or dismissed from the service of the Government or a body corporate owned or controlled by the Government; or
- (d) has such financial or other interest as is likely to prejudice the discharge of his functions as a member; or
- (e) has such other disqualifications as may be prescribed by the Central Government.

(3) A chairperson or member of a Board may resign his office by notice in writing under his hand addressed to the Chairperson of the State Authority and on such resignation being accepted, the vacancy shall be filled by appointment of a person, belonging to the category under sub-section (1) of section 81".

The questions were put and the motions were adopted.

Clause 81, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 82. In Clause 82, there is one Amendment (No. 62) by the hon. Minister.

CLAUSE 82 — DISQUALIFICATION AND REMOVAL

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(62) That at pages 31 and 32, Clause 82, be *deleted*.

The question was put and the motion was adopted.

Clause 82, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 83. In Clause 83, there is one Amendment (No. 63) by the hon. Minister.

CLAUSE 83 — TERMS AND CONDITIONS OF SERVICE OF CHAIRPERSON AND MEMBERS OF BOARD

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(63) That at page 32, line 15, *for* the words "president of the Commission", the words "Chairperson of the State Authority" be *substituted*.

The question was put and the motion was adopted.

Clause 83, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 84. In Clause 84, there are three Amendment; Amendment (Nos. 64-66) by the hon. Minister.

CLAUSE 84 — DECISIONS OF COMMISSION AND BOARD

(64) That at page 32, line 19, *for* the word "Commission", the word "Authority" be *substituted*.

(65) That at page 32, in the marginal heading, *for* the word "Commission", the word "Authority" be *substituted*.

- (66) That at page 32, line 23, *for* the word "Commission", the word "Authority" be *substituted*.

The questions were put and the motions were adopted.

Clause 84, as amended, was added to the Bill.

Clause 85 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 86. In Clause 86, there is one Amendment (No. 67) by the hon. Minister.

**CLAUSE 86 — PROCEEDINGS BEFORE COMMISSION AND
BOARD TO BE JUDICIAL PROCEEDINGS**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (67) That at page 32, *for* lines 36 to 38, the following be *substituted*, namely:-

"86. All proceedings before the Board shall be deemed to be judicial proceedings within the meaning of sections 193, 219 and 228 of the Indian Penal Code."

The question was put and the motion was adopted.

Clause 86, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 87 of the Bill. There is one Amendment (No. 68) by the Minister.

CLAUSE 87 — MEETINGS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (68) That at page 32, *for* lines 39 to 41, the following be *substituted*, namely:-

"87. The Board shall meet at such times and places and shall observe such rules of procedures in regard to the transaction of business at its meetings as may be specified by regulations made by the Central Authority."

The question was put and the motion was adopted

Clause 87, as amended, was added to the Bill

Clause 88 was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 89 of the Bill. There are two Amendments. One Amendment (No. 143) by Dr. T. Subbarami Reddy. And, another one Amendment (No. 69) by the Minister. Dr. Subbarami Reddy, are moving?

DR. T. SUBBARAMI REDDY: Sir, I am satisfied with the reply. So, I am not moving the amendment. Now, Amendment (No. 69) by Shri Nadda.

CLAUSE 89 — POWERS AND FUNCTIONS OF COMMISSION

(69) That at page 33, clause 89 be *deleted*.

The question was put and the motion was adopted

Clause 89, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 90 of the Bill. There are two Amendments (Nos. 70 and 71) by Minister.

**CLAUSE 90 – COMMISSION TO APPOINT EXPERT COMMITTEE
TO PREPARE GUIDANCE DOCUMENT**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(70) That at page 34, line 1, *for* the word “Commission”, the words “Central Authority” be *substituted*.

(71) That at page 34, in the marginal heading, *for* the word “Commission”, the words “Central Authority” be *substituted*.

The questions were put and the motions were adopted

Clause 90, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 91 of the Bill. There are four Amendments (Nos. 72 to 75) by Minister.

CLAUSE 91 — POWERS AND FUNCTIONS OF BOARD

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(72) That at page 34, line 14, *for* the word "psychiatrists", the words "mental health professional" be *substituted*.

(73) That at page 34, *for* lines 22 to 28, the following be *substituted*, namely:-

"(2) Where it is brought to the notice of a Board or the Central Authority or State Authority, that a mental health establishment violates the rights of persons with mental illness, the Board or the Authority may conduct an inspection and inquiry and take action to protect their rights."

(74) That at page 34, line 30, *for* the word "Commission", the word "Authority" be *substituted*.

(75) That at page 34, *for* lines 32 to 36, the following be *substituted*, namely:-

"(4) If the mental health establishment does not comply with the orders or

[Shri Jagat Prakash Nadda]

directions of the Authority or the Board or willfully neglects such order or direction, the Authority or the Board, as the case may be, may impose penalty which may extend up to five lakh rupees on such mental health establishment and the Authority on its own or on the recommendations of the Board may also cancel the registration of such mental health establishment after giving an opportunity of being heard."

The questions were put and the motions were adopted

Clause 91, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 92 of the Bill. There are two Amendments (Nos. 76 and 77) by Minister.

**CLAUSE 92 — APPEAL TO HIGH COURT AGAINST ORDER OF
COMMISSION OR BOARD**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(76) That at page 34, line 37, *for* the word "Commission", the word "Authority" be *substituted*.

(77) That at page 34, in the marginal heading, *for* the word "Commission", the word "Authority" be *substituted*.

The questions were put and the motions were adopted

Clause 92, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 93 of the Bill. There are three Amendments (Nos. 78 to 80).

**CLAUSE 93 — GRANTS BY CENTRAL GOVERNMENT
TO COMMISSION**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(78) That at page 34, *for* lines 43 to 45, the following be *substituted*, namely:-

Grants by Central Government	"93. (1) The Central Government may, make to the Central Authority grants of such sums of money as the Central Government may think fit for being utilized for the purposes of this Act."
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(79) That at page 35, line 2, *for* the word "president", the word "Chairperson" be *substituted*.

- (80) That at page 35, in lines 3 and 6, *for* the word “Commission”, the words “Central Authority” be *substituted*.

The questions were put and the motions were adopted

Clause 93, as amended, was added to the Bill

Clause 94 was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 95 of the Bill. There are two Amendments (Nos. 81 and 82) by Minister.

CLAUSE 95 — INDEPENDENT ADMISSION AND TREATMENT

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (81) That at page 35, in lines 19, 21 and 23, *for* the word “psychiatrist”, the words “mental health professional” be *substituted*.
- (82) That at page 36, line 3, *for* the word “psychiatrist”, the words “mental health professional” be *substituted*.

The questions were put and the motions were adopted

Clause 95, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 96 of the Bill. There are two Amendments (Nos. 83 and 84) by Minister.

CLAUSE 96 — ADMISSION OF MINOR

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (83) That at page 36, in lines 8 and 40, *for* the word “psychiatrist”, the words “mental health professional” be *substituted*.
- (84) That at page 36, line 16, the words “or her” be *deleted*.

The questions were put and the motions were adopted

Clause 96, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 97 of the Bill. There are two Amendments (Nos. 85 and 86) by Minister.

CLAUSE 97 — DISCHARGE OF INDEPENDENT PATIENTS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (85) That at page 37, line 6, *for* the word “psychiatrist”, the words “mental health professional” be *substituted*.

- (86) That at page 37, line 20, the words “or her” be *deleted*.

The questions were put and the motions were adopted

Clause 97, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 98 of the Bill. There are three Amendments (Nos. 87 to 89) by Minister.

**CLAUSE 98 — ALLOTMENT AND TREATMENT OF PERSONS WITH
MENTAL ILLNESS, WITH HIGH SUPPORT NEEDS, IN MENTAL
HEALTH ESTABLISHMENT, UP TO THIRTY DAYS
(SUPPORTED ADMISSION)**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (87) That at page 37, line 32, *for* the word “psychiatrist”, the words “mental health professional” be *substituted*.
- (88) That at page 38, in lines 19, 32, 34, and 41, *for* the word “psychiatrist”, the words “mental health professional” be *substituted*.
- (89) That at page 39, in lines 1, 5, 7, 19 and 22, *for* the word “psychiatrist”, the words “mental health professional” be *substituted*.

The questions were put and the motions were adopted

Clause 98, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 99 of the Bill. There are five Amendments (Nos. 90 and 94) by Minister.

**CLAUSE 99 — ADMISSION AND TREATMENT OF PERSONS WITH
MENTAL ILLNESS, WITH HIGH SUPPORT NEEDS IN MENTAL
HEALTH ESTABLISHMENT, BEYOND THIRTY DAYS
(SUPPORTED ADMISSION BEYOND THIRTY DAYS)**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (90) That at page 39, line 28, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.
- (91) That at page 40, in lines 3, 40 and 46, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.
- (92) That at page 40, *for* lines 33 and 34, the following be *substituted*, namely:-
"(11) Every person with mental illness admitted under this section shall be provided treatment, after taking into account:

- (a) an advance directive; or
- (b) informed consent of the person with the support from his nominated representative subject to the provision of sub- section (12).".
- (93) That at page 40, line 43, the words "or her" be *deleted*.
- (94) That at page 41, in lines 3 and 5, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.

The questions were put and the motions were adopted

Clause 99, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 100 of the Bill. There are two Amendments (Nos. 95 and 96) by Minister.

CLAUSE 100 — LEAVE OF ABSENCE

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (95) That at page 41, line 10, *for* the figure, bracket and words "100. (1) The Medical officer or psychiatrist", the figure and words "100. The medical officer or mental health professional" be *substituted*.
- (96) That at page 41, lines 14 to 45 be *deleted*.

The questions were put and the motions were adopted

Clause 100, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 101 of the Bill. There is one Amendment (No.97) by Minister.

CLAUSE 101 — ABSENCE WITHOUT LEAVE OR DISCHARGE

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (97) That at page 42, *for* lines 1 to 8, the following be *substituted*, namely:-
"101. If any person to whom section 112 applies absents himself without leave or without discharge from the mental health establishment, he shall be taken into protection by any Police Officer at the request of the medical officer or mental health professional in-charge of the mental health establishment and shall be sent back to the mental health establishment immediately."

The question was put and the motion was adopted

Clause 101, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 102 of the Bill. There is one Amendment (No. 98) by Minister.

**CLAUSE 102 — TRANSFER OF PERSONS WITH MENTAL ILLNESS
FROM ONE MENTAL HEALTH ESTABLISHMENT TO ANOTHER
MENTAL HEALTH ESTABLISHMENT**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(98) That at page 42, line 13, *for* the word “Commission”, the words “Central Authority” be *substituted*.

The question was put and the motion was adopted

Clause 102, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 103 of the Bill. There is one Amendment (No. 99) by Minister.

CLAUSE 103 — EMERGENCY TREATMENT

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(99) That at page 42, in lines 29 and 31, the words “herself or” be *deleted*.

The question was put and the motion was adopted

Clause 103, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 104 of the Bill. There is one Amendment (No. 100) by Minister.

SHRI JAIRAM RAMESH: Sir, this very amendment was proposed in the CAMPA Bill. The word ‘informed consent’ was objected to. But, now, this very word is used as an amendment to this Bill. I am glad that you have accepted the concept of ‘informed consent.’ And, I hope, you use this in other Bills also.

SHRI MUKHTAR ABBAS NAQVI: Okay. It is a good suggestion.

CLAUSE 104 — PROHIBITED PROCEDURES

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(100) That at page 43, line 14, *for* the word “consent”, the words “informed consent” be *substituted*.

The question was put and the motion was adopted

Clause 104, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 105 of the Bill. There is one Amendment (No. 105) by the Minister.

**CLAUSE 105 — RESTRICTION ON PSYCHOSURGERY FOR
PERSONS WITH MENTAL ILLNESS**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (101) That at page 43, line 22, *for* the word "Commission", the words "Central Authority" be *substituted*.

The question was put and the motion was adopted

Clause 105, as amended, was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 106 of the Bill. There are six Amendments (Nos. 102 to 107) by the Minister.

CLAUSE 106 — RESTRAINTS AND SECLUSION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (102) That at page 43, *for* line 24, the following be *substituted*, namely:-

"106. (1) A person with mental illness shall not be subjected to seclusion or solitary confinement, and, where necessary, physical restraint may only be used when,-" .

- (103) That at page 43, line 31, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.

- (104) That at page 43, in lines 29, 32, 33, 35, 36 and 40, the words "or seclusion" be *deleted*.

- (105) That at page 43, in line 39, the words "seclusion or" be *deleted*.

- (106) That at page 44, in lines 1 and 6, the words "and seclusion" be *deleted*.

- (107) That at page 44, line 3, *for* the word "Commission", the words "Central Authority" be *substituted*.

The questions were put and the motions were adopted

Clause 106, as amended, was added to the Bill

Clause 107 was added to the Bill

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 108 of the Bill. There are two Amendments (Nos. 108 and 109) by the Minister.

CLAUSE 108 — RESEARCH

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(108) That at page 44, in lines 34 and 37, *for* the word 'health', the words 'mental health' be *substituted*.

(109) That at page 44, *after* line 46, the following be *inserted*, namely:-

"(5) The person with mental illness or the nominated representative who gives informed consent for participation in any research under this Act may withdraw the consent at any time during the period of research."

The questions were put and the motions were adopted.

Clause 108, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 109 of the Bill. There is one Amendment (No. 110) by the Minister.

**CLAUSE 109 — DUTIES OF POLICE OFFICERS IN RESPECT OF
PERSONS WITH MENTAL ILLNESS**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(110) That at page 45, line 24, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.

The question was put and the motion was adopted.

Clause 109, as amended, was added to the Bill.

Clause 110 was added to the Bill.

MR. DEPUTY CHAIRMAN We shall, now, take up Clause 111 of the Bill. There is one Amendment (No. 111) by the Minister.

**CLAUSE 111 — CONVEYING OR ADMITTING PERSON WITH
MENTAL ILLNESS TO MENTAL HEALTH ESTABLISHMENT
BY MAGISTRATE**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(111) That at page 46, in lines 10 and 13, *for* the word "psychiatrist", the words "mental health professional" be *substituted*.

The question was put and the motion was adopted.

Clause 111, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall, now, take up Clause 112 of the Bill.
...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: Sir, I strongly oppose these Amendments.
...(Interruptions)... The original Act itself intends that the persons ...(Interruptions)...

MR. DEPUTY CHAIRMAN: Which Amendment are you opposing, 112 or 113?

SHRI A. NAVANEETHAKRISHNAN: Both, Sir. ...(Interruptions)... A person with mental illness cannot be kept in prison. That is the objective of this Act. But by making these Amendments, the whole purpose will be defeated. I may please be permitted to read the proviso. I read, “ Provided that transfer of a prisoner with mental illness to the psychiatric ward in the medical wing of the prison shall be sufficient to meet the requirements under this section: Provided further that where there is no provision for a psychiatric ward in the medical wing, the prisoner may be transferred to a mental health establishment with prior permission of the Board.”
...(Interruptions)...

MR. DEPUTY CHAIRMAN: So, you are opposing!

SHRI A. NAVANEETHAKRISHNAN: Yes, Sir. I urge upon all the hon. Members to kindly go through this. ...(Interruptions)... I may please be permitted to read Clause 4. ...(Interruptions)... No, no. Persons with mental illness cannot be kept in prison. ...(Interruptions)...

SHRI JAIRAM RAMESH: What is your policy in Tamil Nadu? ...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: No; no. It is everywhere. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: So, you are opposing the Amendment.
...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: Yes, Sir. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: I am putting it to vote. Don't worry. ...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: One minute, please. I may be permitted to draw the kind attention of the House. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: No, you call the attention of the Minister.
...(Interruptions)... He is to either accept it or reject it. ...(Interruptions)... Your point is that they cannot be put in jail. ...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: Exactly, Sir. ...(Interruptions)... The Amendments contemplate that inside the prison itself the medical health establishment has to be there. I strongly oppose it. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: Okay; okay. You can oppose. ...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: Sir, it is against the person who is suffering from mental illness. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: Agreed. You can oppose. ...(Interruptions)... You can oppose, no problem. ...(Interruptions)... There are two amendments; Amendment (Nos. 112 and 113) by the Minister.

CLAUSE 112 — PRISONERS WITH MENTAL ILLNESS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(112) That at page 46, *after* line 22, the following be *inserted*, namely:-

"Provided that transfer of a prisoner with mental illness to the psychiatric ward in the medical wing of the prison shall be sufficient to meet the requirements under this section:

Provided further that where there is no provision for a psychiatric ward in the medical wing, the prisoner may be transferred to a mental health establishment with prior permission of the Board.

(1A) The method, modalities and procedure by which the transfer of a prisoner under this section is to be effected shall be such as may be prescribed".

(113) That at page 46, *after* line 31, the following be *inserted*, namely:-

"(5) The appropriate Government shall set up mental health establishment in the medical wing of at least one prison in each State and Union territory and prisoners with mental illness may ordinarily be referred to and cared for in the said mental health establishment.

(6) The mental health establishment set up under sub-section (5) shall be registered under this Act with the Central or State Mental Health Authority, as the case may be, and shall conform to such standards and procedures as may be prescribed."

The questions were put and the motions were adopted.

...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: Excuse me, Sir. The amendments are inhuman. ...(Interruptions)... Medical health establishment must be located outside the premises. ...(Interruptions)...

SHRI JAIRAM RAMESH: You ask for division. ...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: Yes, Sir. I ask for division. ...(Interruptions)... I ask for division. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: No, no. This should not be by provocation. ...(Interruptions)... You should have asked it at that time itself. ...(Interruptions)... You explain. ...(Interruptions)... You explain. ...(Interruptions)... It has already been carried out. ...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: No; no. The purpose of the Bill is totally defeated because of this amendment. ...(Interruptions)... The object of the Bill is totally defeated. ...(Interruptions)... No problem. That is accepted. ...(Interruptions)... Mr. Navaneethakrishnan, you have made your point. ...(Interruptions)... The Minister wants to explain something. ...(Interruptions)... You sit down; the Minister will explain. Mr. Navaneethakrishnan, listen to the Minister. Don't be guided by Mr. Jairam Ramesh; be guided by the Minister.

SHRI JAGAT PRAKASH NADDA: Sir, the purpose of the Amendment (No.) 112 is to ensure that in prisons, a special facility is created.

MR. DEPUTY CHAIRMAN: Yes.

SHRI JAGAT PRAKASH NADDA: So, that facility is to be created.

MR. DEPUTY CHAIRMAN: Now, listen. You understand that mentally-challenged people will be given special facilities in jails like separate room, separate food and separate treatment. So, why do you worry? Everything will be provided. ...(Interruptions)... Anyhow, the Amendments are adopted.

SHRI A. NAVANEETHAKRISHNAN: No, no. It is inhumane.

MR. DEPUTY CHAIRMAN: I shall now put Clause 112, as amended, to vote.

The question was put and the motion was adopted.

Clause 112, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 113 of the Bill. There is one Amendment (No. 114) by Shri Jagat Prakash Nadda.

CLAUSE 113 — PERSONS IN CUSTODIAL INSTITUTIONS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(114) That at page 46, *after* line 36, the following be *inserted*, namely:-

"(2) The medical officer in charge of a mental health establishment shall be responsible for assessment of the person with mental illness, and the treatment required by such persons shall be decided in accordance with the provisions of this Act."

The question was put and the motion was adopted.

Clause 113, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 114, there is one Amendment (No.115) by Shri Jagat Prakash Nadda.

CLAUSE 114 — QUESTION OF MENTAL ILLNESS IN JUDICIAL PROCESS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(115) That at page 46, *for* lines 37 to 43, the following be *substituted*, namely:-

"114. If during any judicial process before any competent court, proof of mental illness is produced and is challenged by the other party, the court shall refer the same for further".

The question was put and the motion was adopted.

Clause 114, as amended, was added to the Bill.

Clause 115 was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 116, there is one Amendment (No. 116) by Shri Jagat Prakash Nadda.

CLAUSE 116 — PENALTIES FOR ESTABLISHING OR MAINTAINING MENTAL HEALTH ESTABLISHMENT IN CONTRAVENTION OF PROVISIONS OF THIS ACT

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(116) That at page 47, in line 17, *for* the words "knowingly serves", the words "knowingly serves in the capacity as a mental health professional" be *substituted*.

6.00 P.M.

The question was put and the motion was adopted.

Clause 116, as amended, was added to the Bill.

Clauses 117 and 118 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 119, there are two Amendments (Nos. 117 and 118) by Shri Jagat Prakash Nadda.

CLAUSE 119 — POWER TO CALL FOR INFORMATION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(117) That at page 48, in lines 11 and 12, the words "or the Commission" be *deleted*.

(118) That at page 48, in line 15 and 17, *for* the word "Authority", the words "State Authority or the Board" be *substituted*.

The questions were put and the motions were adopted.

Clause 119, as amended, was added to the Bill.

Clauses 120 to 122 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 123, there are two Amendments (Nos. 119 and 120) by Shri Jagat Prakash Nadda.

**CLAUSE 123 — SPECIAL PROVISIONS FOR STATES IN
NORTH-EAST AND HILL STATES**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(119) That at page 50, in line 13, *for* the words "president of the Commission", the words "Chairperson of the Central Authority" be *substituted*.

(120) That at page 50, in line 14, *for* the words "a single Board", the words "one or more Boards" be *substituted*.

The questions were put and the motions were adopted.

Clause 123, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, I shall take up Clause 124. There are two Amendments; Amendment (Nos. 121 and 122) by Shri Jagat Prakash Nadda. ...*(Interruptions)*...

SHRI A. NAVANEETHAKRISHNAN: Sir, I oppose it because ...

MR. DEPUTY CHAIRMAN: Why?

SHRI A. NAVANEETHAKRISHNAN: Sir, I may be permitted to read the Amendment. It says, "Notwithstanding anything contained in Section 309 ...

MR. DEPUTY CHAIRMAN: You say why you oppose it.

SHRI A. NAVANEETHAKRISHNAN: Just a minute, Sir. It says, "Notwithstanding anything contained in Section 309 of the Indian Penal Code any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said Code." It is a major intrusion into Section 309 of the IPC because there is a presumption that only because of the severe stress, he has made an attempt to commit suicide. Now, what is 'severe stress' is not defined in the Bill. This is very, very important. *...(Interruptions)...* 'Severe stress' is not defined in the Act. So, without a clear cut definition as to what is meant by severe stress, the presumption is invalid, and also in the entire Act, the phrase 'mental illness' alone is defined in the Bill and not 'severe stress'.

MR. DEPUTY CHAIRMAN: Mr. Minister, do you have to say something on this?

SHRI JAGAT PRAKASH NADDA: Sir, it was earlier 'mental illness' which was removed because of the recommendations of the Standing Committee, and the Standing Committee said that it should be 'severe stress', and it will be defined accordingly.

MR. DEPUTY CHAIRMAN: Okay. *...(Interruptions)...* It is on the recommendations of the Standing Committee. *...(Interruptions)...* That is okay. *...(Interruptions)...*

DR. K. KESHA RAO: Sir, he has raised an objection that 'severe stress' is not defined. It is true. The Standing Committee wanted ...

MR. DEPUTY CHAIRMAN: He has said why he has brought it. *...(Interruptions)...*

DR. K. KESHA RAO: But the Minister should now promise that in the rules, he would bring it. Under the subordinate legislation, he can bring this as 'severe stress'. *...(Interruptions)...*

MR. DEPUTY CHAIRMAN: Yes, yes. That he can do. That he can do.

SHRI JAGAT PRAKASH NADDA: That we will do, Sir. *...(Interruptions)...*

MR. DEPUTY CHAIRMAN: Okay. It will be provided in the Rules. *...(Interruptions)...*

SHRI A. NAVANEETHAKRISHNAN: No, it cannot be dealt with in the Rules. *...(Interruptions)...* There must be a *...(Interruptions)...*

MR. DEPUTY CHAIRMAN: Okay. You are opposing the Amendment. Fine. All right. You can oppose. ...(Interruptions)...

SHRI A. NAVANEETHAKRISHNAN: Sir, we oppose it and we press for division also. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: Yes, Mr. Nadda, you move the Amendments. ...(Interruptions)...

**CLAUSE 124 — PRESUMPTION OF MENTAL ILLNESS IN
CASE OF ATTEMPT TO COMMIT SUICIDE
BY PERSON**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(121) That at page 50, *for* lines 39 to 42, the following by *substituted*, namely:

45 of 1860 “124(1) Notwithstanding anything contained in section 309 of the Indian Penal Code any person who attempts to commit suicide shall be presumed, unless provided otherwise, to have severe stress and shall not be tried and punished under the said Code.”.

(122) That at page 50, in line 4, *for* the words “mental illness”, the words “severe stress” be *substituted*.

The questions were put and the motions were adopted.

Clause 124, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, I shall take up Clause 125. There is one Amendment (No. 123) by Shri Jagat Prakash Nadda.

CLAUSE 125 — BAR OF JURISDICTION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(123) That at page 50, line 47, *for* the word “Commission”, the word “Authority” be *substituted*.

The question was put and the motion was adopted.

Clause 125, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, I shall take up Clause 126. There is one Amendment (No. 124) by Shri Jagat Prakash Nadda.

CLAUSE 126 — TRANSITORY PROVISIONS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (124) That at page 51, in lines 5 and 6, *for* the words, “scheme for the smooth implementation of the provisions of this Act”, the words “necessary transitory schemes” be *substituted*.

The question was put and the motion was adopted.

Clause 126, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, I shall take up Clause 127. There are two Amendments; Amendment (Nos. 125 and 126) by Shri Jagat Prakash Nadda.

**CLAUSE 127 – CHAIRPERSON, MEMBERS AND STAFF OF
AUTHORITY COMMISSION AND BOARD TO BE
PUBLIC SERVANTS**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (125) That at page 51, line 7, the word, “President” be *deleted*.
(126) That at page 51, line 8, the word “Commission” be *deleted*.

The questions were put and the motions were adopted.

Clause 127, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, I shall take up Clause 128. There are three Amendments; Amendment (Nos. 127, 128 and 129) by Shri Jagat Prakash Nadda.

**CLAUSE 128 — PROTECTION OF ACTION TAKEN
IN GOOD FAITH**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (127) That at page 51, line 11, the words “or President” be *deleted*.
(128) That at page 51, line 11, the word “Central” be *deleted*.
(129) That at page 51, line 12, the words “or the State Authority or the Commission” be *deleted*.

The questions were put and the motions were adopted.

Clause 128, as amended, was added to the Bill.

Clause 129 was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 130. In Clause 130. There are two amendments (No. 130 and 131) by Shri Jagat Prakash Nadda.

SHRI JAIRAM RAMESH: Sir, before the Minister moves the Amendment, I have a point. Sir, this Amendment (No. 130) is a very detailed amendment. It is a welcome Amendment because what it lays out is what the Rules will contain. Just now, the Minister has given an assurance that 'severe stress' will be defined in the Rules, but it is not a part of Amendment No. 130. The Minister is taking the power to delegate and formulate the Rule. That is very good. It is very detailed. But where does 'severe stress' figure? He has just now given an assurance that 'severe stress' has figured in the Rules.

MR. DEPUTY CHAIRMAN: He said he would bring it in the Rules.

SHRI JAIRAM RAMESH: It is not there, Sir.

MR. DEPUTY CHAIRMAN: Even then he can do that. *...(Interruptions)...*

SHRI MUKHTAR ABBAS NAQVI: Sir, it is not the Rule. It is an Amendment to the Rule.

SHRI JAIRAM RAMESH: Sir, unless he gives an assurance *...(Interruptions)...*

MR. DEPUTY CHAIRMAN: He has given an assurance. *...(Interruptions)...* He gave an assurance.

SHRI JAGAT PRAKASH NADDA: "Severe stress" is a medical terminology and accordingly it will be *...(Interruptions)...*

MR. DEPUTY CHAIRMAN: He is a doctor. He understands that. *...(Interruptions)...* Dr. Nadda is a doctor. So, he knows it. *...(Interruptions)...*

SHRI JAIRAM RAMESH: Sir, please read Amendment No. 130. *...(Interruptions)...* You are going like a bullet train, faster than Mr. Suresh Prabhu's train. *...(Interruptions)...* But please read Amendment No. 130. Amendment No. 130 says that the rules will contain '1, 2, 3, 4...' It does not say anything about "severe stress." That is my limited point. *...(Interruptions)...* If you are happy to pass it, let us pass it, Sir. *...(Interruptions)...*

MR. DEPUTY CHAIRMAN: No, no. No comments, please. Mr. Jairam Ramesh, I am not passing it like a bullet train or any fast train. I am allowing everybody who wants to object, in spite of the fact that there are so many amendments. Everybody is tired, including myself. This is taking so much time. Still, I am allowing everybody, and allowing you too. *...(Interruptions)...*

DR. T. SUBBARAMI REDDY: Sir, he is complimenting you. Bullet train is a fast train. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: However, the Minister must fulfil the assurance that was given.

SHRI JAGAT PRAKASH NADDA: Yes, Sir.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 130. In Clause 130, there are two Amendments (No. 130 and 131) by Shri Jagat Prakash Nadda.

CLAUSE 130 — POWER TO MAKE RULES

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(130) That at page 51, *for* lines 18 to 41, the following be *substituted*, namely:-

"130.(1) The Central Government may, by notification, make rules for carrying out the provisions of this Act.

(2) Subject to the provisions of sub-section (1), the State Government may with the previous approval of the Central Government, by notification, make rules for carrying out the provisions of this Act:

Provided that the first rules shall be made by the Central Government, by notification.

(3) In particular, and without prejudice to the generality of the foregoing power, rules made under sub-section (1) may provide for all or any of the following matters, namely:-

- (a) qualifications relating to clinical psychologist under sub-clause (ii) of clause (f) of sub-section (1) of section 2;
- (b) qualifications relating to psychiatric social worker under clause (w) of sub-section (1) of section 2;
- (c) the manner of nomination of members of the Central Authority under sub-section (2) of section 34;
- (d) the salaries and allowances payable to, and the other terms and conditions of service of, the chairperson and other members of the Central Authority under sub-section (3) of section 35;
- (e) the procedure for registration (including the fees to be levied for such registration) of the mental health establishments under sub-section (2) of section 43;

- (f) the manner of nomination of members of the State Authority under sub-section (2) of section 46;
 - (g) the salaries and allowances payable to, and the other terms and conditions of service of, the chairperson and other members of the State Authority under sub-section (3) of section 47;
 - (h) the procedure for registration (including the fees to be levied for such registration) of the mental health establishments under sub-section (2) of section 55;
 - (i) the form of accounts and other relevant records and annual statement of accounts under sub-section (1) of section 59;
 - (j) the form in, and the time within which an annual report shall be prepared under section 60;
 - (k) the form of accounts and other relevant records and annual statement of accounts under sub-section (1) of section 63;
 - (l) the form in, and the time within which an annual report shall be prepared under section 64;
 - (m) manner of constitution of the Boards by the State Authority for a district or groups of districts in a State;
 - (n) other disqualifications of chairperson or members of the Board under clause (e) of sub-section (2) of section 82;
 - (o) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules.
- (4) In particular, and without prejudice to the generality of the foregoing power, rules made under sub-section (2) may provide for all or any of the following matters, namely:-
- (a) the manner of proof of mental health care and treatment under sub-section (1) of section 4;
 - (b) provision of half-way homes, sheltered accommodation and supported accommodation under clause (b) of sub-section (4) of section 18;
 - (c) hospitals and community based rehabilitation establishment and services under clause (d) of sub-section (4) of section 18;

[Shri Jagat Prakash Nadda]

- (d) basic medical records of which access is to be given to a person with mental illness under sub-section (1) of section 25;
- (e) custodial institutions under sub-section (2) of section 27;
- (f) the form of application to be submitted by the mental health establishment with the undertaking that the mental health establishment fulfills the minimum standards, if any, specified by the Authority, under the Explanation to sub-section (2) of section 65;
- (g) the form of certificate of registration under sub-section (3) of section 65;
- (h) the form of application, the details, the fees to be accompanied with it under sub-section (1) of section 66;
- (i) the form of certificate of provisional registration containing particulars and information under sub-section (4) of section 66;
- (j) the fees for renewal of registration under sub-section (11) of section 66;
- (k) the person or persons (including representatives of the local community) for the purpose of conducting an audit of the registered mental health establishments under sub-section (1) and fees to be charged by the Authority for conducting such audit under sub-section (2) of section 67;
- (l) the person or persons for the purpose of conducting an inspection or inquiry of the mental health establishments under sub-section (1) of section 68;
- (m) the manner to enter and search of a mental health establishment operating without registration under sub-section (6) of section 68;
- (n) the fees for issuing a duplicate certificate under sub-section (2) of section 70;
- (o) the form and manner in which the Authority shall maintain in digital format a register of mental health establishments, the particulars of the certificate of registration so granted in a separate register to be maintained under section 71;

- (p) constitution of the Boards under sub-section (3) of section 80;
 - (q) the honorarium and other allowances payable to, and the other terms and conditions of service of, the Chairperson and members of the Board under sub-section (3) of section 83;
 - (r) method, modalities and procedure for transfer of prisoners under sub-section (1A) of section 112;
 - (s) the standard and procedure to which the Central or State Health Authority shall confirm under sub-section (6) of section 112;
 - (t) the form for furnishing periodical information under section 119; and
 - (u) any other matter which is required to be, or may be, specified by rules or in respect for which provision is to be made by rules."
- (131) That at page 52, lines 1 to 41 be *deleted*.

The questions were put and the motions were adopted.

Clause 130, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 131. In Clause 131, there is one Amendment (No. 132) by Shri Jagat Prakash Nadda.

**CLAUSE 131 — POWER OF CENTRAL AUTHORITY TO
MAKE REGULATIONS**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (132) That at page 53, *for* lines 1 to 20, the following be *substituted*, namely:-

"(2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:-

- (a) manner of making an advance directive under section 6;
- (b) additional regulations, regarding the procedure of advance directive to protect the rights of persons with mental illness under sub-section (3) of section 12;
- (c) the salaries and allowances payable to, and the other terms and conditions of service (including the qualifications, experience and manner of appointment) of, the chief executive officer and other officers and employees of the Central Authority under sub-section (3) of section 40;

[Shri Jagat Prakash Nadda]

- (d) the times and places of meetings of the Central Authority and rules of procedure in regard to the transaction of business at its meetings (including quorum at such meetings) under sub-section (1) of section 44;
- (e) the minimum standards of facilities and services under clause (a) of sub-section (4) of section 65;
- (f) the minimum qualifications for the personnel engaged in mental health establishment under clause (b) of sub-section (4) of section 65;
- (g) provisions for maintenance of records and reporting under clause (c) of sub-section (4) of section 65;
- (h) any other conditions under clause (d) of sub-section (4) of section 65;
- (i) categories of different mental health establishment under clause (a) of sub-section (5) of section 65;
- (j) the form of application to be made by the mental health establishment and the fees to be accompanied with it under sub-section (12) of section 66;
- (k) manner of submitting evidence under sub-section (13) of section 66; (l) the manner of filing objections under sub-section (14) of section 66;
- (m) the time and places and rules of procedure in regard to the transaction of business at its meetings to be observed by the Central Authority and the Board under section 87;
- (n) regulations under sub-section (2) of section 105 and under sub-section (8) of section 106;
- (o) any other matter which is required to be, or may be, specified by regulations or in respect of which provision is to be made by regulations."

MR. DEPUTY CHAIRMAN: We shall now take up Clause 132. There is one Amendments (No. 133) by Shri Jagat Prakash Nadda.

The question was put and the motion was adopted.

Clause 131, as amended, was added to the Bill.

CLAUSE 132 – POWER OF COMMISSION TO MAKE REGULATIONS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(133) That at page 53, clause 132 be *deleted*.

The question was put and the motion was adopted.

Clause 133, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 134. In Clause 134, there is one Amendment (No. 134) by Shri Jagat Prakash Nadda.

CLAUSE 134 — LAYING OF RULES AND REGULATIONS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(134) That at page 54, line 12, the words "and the Commission" be *deleted*.

The question was put and the motion was adopted.

Clause 134, as amended, was added to the Bill.

Clauses 135 and 136 were added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 1. In Clause 1, there are two Amendments (Nos. 3 and 4) by Shri Jagat Prakash Nadda.

CLAUSE 1 — SHORT TITLE, EXTENT AND COMMENCEMENT

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(3) That at page 1, line 5, *for* the words and figure "Mental Health Care Act, 2013", the words and figure "Mental Healthcare Act, 2016" be *substituted*.

(4) That at page 2, *for* lines 1 to 5, the following be *substituted*, namely:-

"(3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint; or on the date of completion of the period of nine months from the date on which the Mental Healthcare Act, 2016 receives the assent of the President."

The questions were put and the motions were adopted.

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

MR. DEPUTY CHAIRMAN: Now, we shall take up the Enacting Formula. There is one Amendment (No.2) by Shri Jagat Prakash Nadda.

ENACTING FORMULA

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (2) That at page 1, line 1, *for* the word “Sixty-fourth”, the word “Sixty-seventh” be *substituted*.

The question was put and the motion was adopted.

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

The Preamble was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, we shall take up the Long Title. There is one Amendment (No.1) by Shri Jagat Prakash Nadda.

LONG TITLE

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (1) That at page 1, in the Long Title, *for* the words “health care” wherever it occurs, the word “healthcare” be *substituted*.

The question was put and the motion was adopted.

The Long Title, as amended, was added to the Bill.

SHRI JAGAT PRAKASH NADDA: Sir, I move:

That the Bill, as amended, be passed.

The question was put and the motion was adopted.

श्री मुख्तार अब्बास नक़वी: सर, यह तो आपने record बना दिया है। इस बिल में कुल 135 amendments हुए हैं। मुझे लगता है कि history में ऐसा कभी नहीं हुआ होगा। इसके लिए सभी मेंबर्स को और आपको बहुत-बहुत बधाई।

SHRI DEREK O'BRIEN (West Bengal): Sir, after that fantastic inning of yours, may I make a humble suggestion to this Government to please take up the Resolution regarding Railway Convention Committee tomorrow? Sir, ₹ 12,000 crores are at stake. We will come tomorrow and we will debate it because you also need some rest. We all will come back tomorrow afresh. ...(Interruptions)...

SHRI JAIRAM RAMESH (Karnataka): Sir, we are under severe stress. ...(Interruptions)...

SHRI ANUBHAV MOHANTY (Odisha): Sir, I also agree with Mr. Derek O'Brien's suggestion. ...(Interruptions)...

SOME HON. MEMBERS: Yes, Sir. please take it up tomorrow.

श्री मुख्तार अब्बास नक़वी: वैसे तो यह without discussion भी हो सकता है, but you can take the sense of the House.

MR. DEPUTY CHAIRMAN: What does the Minister have to say - today or tomorrow?

THE MINISTER OF RAILWAYS (SHRI SURESH PRABHU): Sir, of course, I will go by the sense of the House, but...(Interruptions)...

MR. DEPUTY CHAIRMAN: A majority of the Members is for taking it up tomorrow. ...(Interruptions)... But what are the Bills listed for tomorrow?

SHRI MUKHTAR ABBAS NAQVI: Sir, tomorrow, we have the Enforcement of Security Interest and Recovery of Debts Laws and Miscellaneous Provisions (Amendment) Bill, the Appropriation Bill and this one relating to the Railway Convention Committee. So, three Bills are there. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: We have one hour for the Resolution on Railway Convention Committee. ...(Interruptions)... Please listen. Then, what is the time allotted for the Appropriation Bill?

SHRI MUKHTAR ABBAS NAQVI: Two hours are allotted for the Appropriation Bill.

MR. DEPUTY CHAIRMAN: After that, we will take up one more Bill. ...(Interruptions)... So, the sense of the House is that we should take up the Resolution on the Railway Convention Committee tomorrow. ...(Interruptions)... But, tomorrow, you cannot say that we will have it the day after tomorrow. Then, I will not agree. ...(Interruptions)... So, tomorrow, we will have this Resolution on Railway Convention Committee, the Appropriation Bill and one more Bill. ...(Interruptions)...

SHRI MUKHTAR ABBAS NAQVI: Sir, the Enforcement of Security Interest and Recovery of Debts Laws and Miscellaneous Provisions (Amendment) Bill is also an important Bill which has been listed.

MR. DEPUTY CHAIRMAN: That would need 3-4 hours. We will take up that Bill. ...(Interruptions)... Yes, Mr. Derek O'Brien, what is your doubt?

SHRI DEREK O'BRIEN: Sir, you mentioned about the Appropriation Bill. ...(Interruptions)...

MR. DEPUTY CHAIRMAN: I have said that first, we will take up the Resolution on Railway Convention Committee; after that, the Appropriation Bill; and then, one more Bill. And, tomorrow, you cannot say to postpone it. We may have to sit late also.
