Group IV: Legal and Economic Support for the Mentally Ill

Objectives of the Group: Review the existing legal norms guiding the care for the mentally ill and their legal rights protection. Identify areas where improvements and changes are required. Also review the economic support systems available to mentally ill and their families and areas for strengthening their economic security.

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Day 1: Group Review of current legal status and economic support available

The first day focussed on sharing of experiences of support provided and challenges faced by NGOs providing support to mentally ill people and their families/care givers. The group also discussed the accessibility and the services provided by institutions catering to the needs of the mentally ill.

An important issue that emerged from the discussions was the need for a uniform admission procedure, especially regarding involuntary admissions. Also, the hurdles faced in government institutions regarding both admissions and discharges of the patients who had been admitted voluntarily or by their relatives were discussed. Of special concern are the homeless mentally ill, who are often not in the position to give their consent for admission and who have no relatives. Often the levels of illness coupled with malnutrition, infections, wounds and other indications of abuse require immediate and urgent care, even if consent cannot be obtained.

Key issues that emerged:

The right to health for all as a fundamental right was discussed as a key issue that needs to be taken up to ensure that mentally ill gain access to basic care at all levels. Integration of the treatment of mental illness into the primary health care system to promote easy access to care was recommended.

Restoration of dignity to persons with mental illness by ensuring that their legal rights are protected and that they have access to means to employment or entitlements to create/promote a status of independence/self-sufficiency.

Review of the legal implications of mental illness and identify action required to protect the rights of the mentally ill, especially the homeless mentally ill.

Recognition of the role of self-help groups (SHGs) can play in providing economic and social support to persons with mental illness and to their families/care givers.
Day 2: Recommendations for Action

Based on the discussions the following recommendations were suggested on the second day of the workshop:

Legal Issues

Admissions to institutions caring for the mentally ill:

- There should be clarity about the admission procedure, covering the respective requirement for voluntary and involuntary admissions both at the national level and state applications of the Mental Health Act (MHA) and People With Disabilities Act (PWDA).
- At the national level, the government should issue a common circular which is clear about the procedures to be complied with at the time of admission and discharge.
- Increase the number of beds in General Hospital Psychiatric Unit (GHPU).

Discharge:

- Currently there is a dependence on the family to provide care and support to mentally ill persons. This is not feasible in many cases and therefore alternative options should be considered:
  1. **Half way homes** for mentally ill people who are ready to live without intensive care but who may still require medical attention and support.
  2. **Hostels, which** provide a safe place to live while working in the larger community. Here medical attention and support can also still be provided.
  3. **Protected communities** for mentally ill in the rural areas and for mentally ill persons who cannot work outside the community. These communities will provide sources of employment and function as self-sufficient entities. Medical care and support is provided.
  4. **Group homes** for people who choose to live together as a loose family and who work in the community and who may require occasional medical support.
- Clarify the current practice of involving the courts in the discharge of mentally ill persons from institutions.

General:

- Experiments like the Legal Aid Cell for the mentally ill and Lok Adalats for the mentally ill should be introduced judiciously.
- Disability certificate should be issued during the treatment and after the treatment.
- Follow up on rehabilitated persons should play a greater role in legal provisions under the MHA and in all state level policies for the mentally ill.
- All judgements, recommendations, future directions by concerned individuals, authorities, NGOs should be compiled and circulated to facilitate a wider discussion on legal rights and protection of persons with mental illness.
- There should be a single licensing authority, through a single window concept or through a panel of representatives of different authorities for issuance of licence to start or run an institution that cares for the mentally ill.
- Every person has a Right to Health, and a Right to Access to care and treatment, including the mentally ill. All efforts must be made to ensure and protect this right.
• There should be appropriate implementation of the DMHP not only in selected districts, but also throughout the country.

• There should be community outreach programs. Care should be taken to the mentally ill when they cannot come to the centres for treatment.

• Funds should be made available for awareness generation along the lines of the TB or AIDS awareness campaigns.

• There should be a shift from institutionalisation to de-institutionalisation in mental health care and a stronger emphasis on CBR, which should include better outreach, and improved health care at the community level.

• Existing systems of identifying, caring and rehabilitating homeless mentally ill need to be reviewed to ensure a more appropriate and responsive system.

Economic/Financial Support

• Implementation of a "Disability Allowance" during the treatment and the post treatment phase and to be determined by the severity of the case and prognosis.

• Increased employment opportunities for families, people with mental illness through existing government schemes.

• Formation of Self Help Groups for mentally ill and their families, which can be both inclusive (i.e. the mentally ill/recovered persons are a part of existing groups) and exclusive (i.e. special groups of only the ill/recovered patients and/or their family members).

• The State Mental Health Authority should identify suitable jobs for different mental illnesses and identify schemes to support either employment or self-employment.

• Concessions, subsidies e.g. tax exemptions/ tax holiday - should be introduced for employers who employ the mentally ill.

• Vocational rehabilitation centres and sheltered workshops, which impart training in traditional skills like carpentry, blacksmith, pottery, cobbler etc., should be added/introduced.

• There should be a centralised marketing agency for the products and services created/ offered by these institutions/SHGs’ run by the mentally ill/special groups.

• Exemption from sales tax/other appropriate tax concessions for the special SHG products.

• Increase networking with other organizations in the field of mental health to share information, successful approaches in addressing legal and economic rights and the various schemes available.