

Correspondence

Are women with mental illness & the mentally challenged adequately protected in India?

Sir,

Human society has a long history of treating people with mental illness and the mentally challenged as inferior. As a result, they have often been institutionalized, sterilized and prevented from their basic rights¹. When India came under the British occupation, the lunatic asylums to segregate the mental patients came into effect. The first mental hospital was started in Bombay (now Mumbai) in 1745, which was followed by Calcutta (now Kolkata) in 1787². The Lunacy Act was enacted in 1858 with a mandate to establish asylums. In 1946, the infamous 'Bhore Committee' investigated mental hospitals across India and found them as mere detention centers. The Lunacy Act of 1912 remained untouched till 1987 when it was refined as Mental Health Act³. Critiques argue that the shortage of trained staff and lack of rehabilitation shelters still continue to pelage India's mental health infrastructure depriving the disadvantaged from better prospects⁴⁻⁶.

When it comes to health care, government policies, and rehabilitation projects in India, the mentally challenged women are often been marginalized. Besides, social stigma and poverty further aggravate their survival in the society. A recent report has confirmed the painful ordeal in Orissa where 25 per cent of the mentally challenged women were subjected to rape, while an additional 19 per cent faced other forms of sexual abuse⁷. Social and health workers argue that government should pay more attention in caring for the mentally challenged across India^{4-6, 8}. As a matter of fact, the Mental Health Act of 1987 does not include the mentally challenged since retardation is considered not a mental illness, therefore, treatment in mental hospital has been excluded. Nonetheless, the mentally challenged can get help in government-run rehabilitation centers and long-term residential

care facilities. This issue has been addressed under the Persons with Disability Act of 1995⁹.

The implementation problem of the Mental Health Act came into light when the Supreme Court of India intervened after an accidental fire in an asylum on August 6, 2001 in Erwady village (Tamil Nadu). When fire ravaged through the asylum, 28 people with mental illnesses were killed since their legs were chained to stone pillars; they were unable to run for safety hence burnt to death¹⁰. After reviewing the painful incident, the court assigned the monitoring liability of mental asylums to the National Human Rights Commission. The question remains whether the National Human Rights Commission can guarantee future safety of the mentally challenged women across India. The following incidents may shed some light.

A 19 year old mentally challenged woman was raped in March 2009 on the premises of a government-run asylum in Chandigarh by security guards; subsequently pregnancy was detected in May 2009. The case went to the Supreme Court of India due to media pressure. The court ruled that the victim could carry on with her pregnancy¹¹. There was no explanation given on how the victim came in contact with male employees of the asylum. Although the Persons with Disability Act of 1995 guarantees legal protection for the mentally challenged from exploitation in society, the above incident indicates enforcing the law may not be all that easy in a large nation like India. Hence health and social work non-government organizations (NGOs) could lend a helping hand in assisting the government to tackle the thorny social issue.

In the highly populated (190 million) State of Uttar Pradesh, only two government-run shelters exist—one for boys in Allahabad and the other for girls in Bareilly with a maximum capacity of 50 each. Unfortunately,

there are no shelters for the mentally challenged adults. Besides, there are no outreach services to identify the mental health problems at village level. The State Human Rights Commission issued a notice to the Uttar Pradesh government on January 18, 2009 with no apparent response¹². This shows the challenges faced by the Human Rights Commission and the difficulties of enforcing the Mental Health Act as well as the Persons with Disabilities Act at the grassroots level. In another incidence in Chennai, a woman was found wandering one night. Concerned citizens called the hotline and subsequently police arrived at the scene¹³. But, they failed to help since the law required the woman to be taken to a nearby mental institute only after being produced before a judge. As the court was closed for the day, she could not be helped. Timely psycho-social interventions are not available at the grassroots.

The vulnerability of the mentally challenged women towards terrorism, deadly diseases, and incest is rarely discussed in India. If they are not protected by the Indian society, they may become easier prey for domestic terrorism. Data on HIV/AIDS impacting these women in India are not available, therefore, surveys are needed. Problems related to incest involving them are not publicly discussed. But, the growing demand from the parents of the mentally challenged daughters opting for sterilization shows the invisible threat. Another issue involving them is the ritual burying in mud. In July 2009, 60 children in Karnataka State had been buried up to their necks during a solar eclipse¹⁴. The ritual was performed in the belief of a cure, but the children only suffered through a torturous ordeal in mud. Also, some families abandon the mentally challenged children because of the taboo deeply rooted in shame.

The government of India's health care budget for the fiscal year 2010-2011 has gone up by ₹ 1,253 crore from the previous year doubling the budget for the national mental health programmes, from ₹ 50 crore to ₹ 103 crore. But it may not be enough to upgrade the mental health infrastructure and manpower. The government-run hospitals to care for the mentally ill, and the rehabilitation and long-term care centers to care for the mentally challenged are in fact not enough to help the patients timely with compassion. An example is the availability of one trained psychiatrist for every 100,000 people with a mental illness and the vast majority live in villages with no access to basic health care. There are only 25,000 psychiatric beds in the

country, and 80 per cent of them are in mental hospitals where the quality has been questioned⁴⁻⁶. According to WHO-AIMS Report on Mental Health System, India continues to lag behind other developing countries on key health indicators¹⁵.

To solve this often ignored social and health issue, India would require at least USD 20 billion (₹ One lakh crore) for the next five years. Given the fact that the government alone cannot solve crisis involving mental health infrastructure and manpower, it is essential to reform policy so that meaningful tri-sector partnership involving government, NGOs and private corporations could be established to ease the crisis cost-effectively at the grassroots. Qualified mental health, rehabilitation and social work-oriented NGOs with better credentials can be incorporated in the tri-sector partnership to raise funds, build shelters, train staff, bring awareness, and indentify the mentally challenged and those with mental illnesses at local levels via outreach services before it is too late. Without it, the voiceless minority may continue to remain insecure in India.

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