



राष्ट्रीय मानव अधिकार आयोग
National Human Rights Commission

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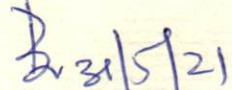
May 31, 2021

Subject: Human Rights Advisory on Right to Mental Health in view of the second wave of COVID-19 pandemic (Advisory 2.0)

The National Human Rights Commission (NHRC) is mandated by the protection of Human Rights Act, 1993, to protect and promote the human rights of all the people in the country.

2. Keeping in view the prevailing situation in the country due to the second wave of Covid-19 pandemic and taking into consideration the ground reports relating to the problems faced in access to health care, impact on mental health of the people and related issues, the Commission hereby issues the “**Human Rights Advisory on Right To Mental Health in view of the second wave of COVID-19 pandemic (Advisory 2.0)**” (copy enclosed), which may be read and implemented in conjunction with the earlier “Human Rights Advisory on Right to Mental Health in context of COVID-19” issued by the Commission on 08.10.2020 which is accessible from the NHRC website..

3. All the concerned authorities of the Union/State Government(s)/UTs are advised to implement the recommendations made in the said **Advisory 2.0** and need to submit the **action taken report (ATR)** within four weeks for information of the Commission.


(Bimbadhar Pradhan)
Secretary General

Encl: Advisory 2.0

1. **The Secretary to the Government of India**
M/o Health and Family Welfare
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New Delhi-110001
2. **Chief Secretary (all States) and Administrator (all UTs)**



National Human Rights Commission

Advisory on Right to Mental Health in view of the second wave of the Covid-19 Pandemic (Advisory 2.0)

Background:

National Human Rights Commission, being deeply concerned with severe impact on the human rights of the people due to the COVID-19 pandemic, had issued a comprehensive set of human rights advisories in 2020, including one on Mental Health in the month of October, 2020, to protect and promote right to health as guaranteed under Article 21 of the Constitution of India.

Mental health is integral and closely linked to human rights. The issues that arose during the pandemic have led to adverse mental health outcomes, particularly among vulnerable groups. There is thus a need to protect the rights of persons by adopting an ethical and rights-based approach.

The second wave of COVID-19 has indeed worsened the human rights situation in the country as we are now facing a health emergency, including aggravated mental health issues and concerns. As the majority of public grapples to access basic required health facilities needed at this time, critical gaps in providing access to mental health care in the country are also emerging. This is evident from the ground reports since the pre-existing and recently evolved mental health crises are yet not dealt with efficiently. With a spike in the number of Covid infection positivity rate, non-availability of hospital beds for getting treatment, deficit of oxygen, a relative increase in the number of deaths, the difficulties faced by people for cremation/ burial and more recently, complications like mucormycosis, aspergillosis, etc., have led to a concomitant wave of emotional distress among people. Mental health problems are likely to persist beyond Covid-19, as people need to deal with bereavement and other losses. There have also been anxieties about vaccination including worries about not having access to vaccination.

As per the data of the Ministry of Health and Family Welfare, GoI, the total number of deaths from COVID-19 in India has now reached more than 3.37 lakhs (as on 28th May, 2021). The huge amount of loss of lives is leading to apprehensions, anxiety, fear and panic, which in turn, is increasing the prevalence of mental illness among all age groups.

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There are growing reports of increased mental health morbidity including a rise in domestic violence and substance use during the pandemic. Globally, there are concerns about an increase in suicides secondary to isolation, fear around the diagnosis of Covid-19, emotional and financial distress. It is also recognized that Covid-19 could present with neuropsychiatric manifestations and that new psychiatric symptoms can also develop post Covid-19. Therefore, it is extremely crucial to address the pandemic in the context of mitigating its impact on mental health.

Now, in view of the seemingly greater mental health impact particularly in the second wave, this advisory encompasses both mental health care for the entire population and also more focused recommendations for persons with mental illness (PMIs) who are at great risk of worsening mental health morbidity.

Recommendations:

1. Access to Mental Health Care:

1.1 Accessibility and Affordability: Every patient with any mental health condition should be provided access to affordable mental healthcare, and minimum mental health services, run or funded by the State or Central Government during the Covid-19 pandemic. Further, the cost of treatment in private hospitals/ clinics may be regulated.

1.2 Availability of Services: A range of appropriate mental health services such as acute mental healthcare, halfway homes, sheltered accommodations, community-based rehabilitation services, medicines and psychiatric emergency and OPD services may be made available at community health centres (CHCs) and primary health centres (PHCs).

1.3 Availability of In-Patient Treatment: Arrangements must be made to assure inpatient admission and treatment for both Covid-19 as well as for psychiatric care. However, to ensure safety of other patients and healthcare workers in the ward, Covid tests of the patient and the caregiver must be made mandatory before hospitalisation. Every new patient and caregiver may be kept in isolation or on watch for 3-5 days to observe emergence of any symptoms. Facilities must make provision to allow the family member to stay with PMIs for whom it is deemed necessary to have a care provider, making sure that they are aware of and follow all Covid-appropriate behaviours and precautions.

1.4 Availability of Psychotropic Medications: Essential psychotropic medications should be made available across all public health establishments across the country. Nevertheless, to reduce the risk of self-harm such as suicide attempts, precautions should

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31/57

be taken while prescribing medications for more than a month to PMIs and the caregivers should be instructed appropriately and adequately to keep vigilance regarding this.

1.5 Universal Availability of Mental Healthcare: Mental healthcare services as well as COVID related services to PMIs should be given without discrimination on the basis of gender, sex, religion, culture, caste, social or political beliefs, class, disability or any other basis and provided in a manner that is acceptable to persons with mental illness and their families/caregivers.

1.6 Trained Human Resources: Adequate arrangement for deployment of trained human resources and filling up of the vacancies should be made by the appropriate government so that availability and quality of treatment during Covid period is maintained in all mental health establishments (MHEs). Each healthcare organisation should have an adequate number of professionals (depending upon the bed strengths of the healthcare organisation) for psychological counselling, mental health screening, and subsequent specialist referral.

1.7 Access to Vaccination: Persons with severe mental illness must be prioritised for vaccination as they are at greater vulnerability to Covid-19 infections, especially when they are unable to follow Covid-19 appropriate behaviours, especially homeless PMIs. Further, Advocacy needs to be actively done for PMIs, as there can be higher rates of vaccination hesitancy and refusal amongst the group.

1.8 Provision of Funds: Adequate funds should be made available timely to the mental health establishments for their smooth functioning.

2. Dissemination of Information:

2.1 Providing Information to Patients with Mental Illness (PMIs): Information and awareness regarding prevention from Covid-19, Covid-vaccination, and rights of patients should be provided to all patients of mental illness, persons with disabilities, and their caregivers in a language that is understandable to them. This can be done by the district administration through distribution of IEC materials and community health education forums, and other existing health education mechanisms.

2.2 24x7 Helpdesk: All State Governments may establish a 24x7 centralised call centre facility, linked with nodal person(s) designated in each district.

2.3 Sharing of Health Status with Caregivers: Caregivers or families of the admitted Covid or Non-Covid PMIs should be contacted and updated regarding the health status of the admitted PMI on a regular basis. A smooth flow of channels of communication

between the PMIs admitted for Covid without any caregiver and their family members must also be adopted by the hospitals.

3. Awareness:

3.1 Display of list of Authorized Mental Health Professionals: List of registered and authorised mental health professionals must be prepared and widely published including on the websites to curb illegal healthcare practices and inform the citizens about professional help. Further, professional mental health services should be provided by authorized and registered mental health practitioners and the organisations which are into mental health services during this pandemic must be kept under check by the state.

3.2 Spreading Awareness about Preventive and Curative Mental Healthcare: District-wise awareness programmes regarding mental health issues, symptoms, policies and rights should be conducted in urban as well as rural areas of the country.

3.3 Sensitisation of Frontline Workers: Training must be carried out to sensitise the frontline workers including medical and para-medical staff, police personnel, ambulance drivers, crematoria staff, etc., to be empathetic and compassionate towards patients with mental illness with or without Covid-19 as well as their caregivers as they may be in a mentally vulnerable condition due to stress.

3.4 Automated Messages: Mass-automated messages may be sent to PMIs, their caregivers, and to the general population regarding the mental health concerns that may arise due to the pandemic to create awareness, along with sharing information about how to reach a certified professional when needed.

4. Grievance Redressal & Review Board:

4.1 Grievance Redressal Mechanism: All States may establish an effective and accessible mental health grievance redressal mechanism by designating grievance redressal officers and the Appellate Authority, to whom patients or caregivers can approach to register their concerns and complaints. All grievances must be redressed within a reasonable time.

4.2 Functioning of Review Board: The Mental Health Review Board and the State Mental Health Authority under the Mental Healthcare Act, 2017 should be constituted without any delay if not done, and effective functioning of these Boards must be ensured.

5. Extending Outreach of Mental Health Support:

5.1 Mental Health First Aid (MHFA) and Psychological First Aid (PFA) Training:

Training of personnel in MHFA and PFA should be done in order to promote community mental health and immediate /emergency mental health service.

5.2 Tele-psychiatry and Tele-psychotherapy: Provision of tele-psychiatry and tele-psychotherapy services may be ensured for continuity of mental health services for patients who are accessible through telephone or internet-based communication free of cost in government hospitals and at a regulated cost in private hospitals. It is necessary to expand tele-psychiatry services so that they can be accessed by people throughout the country, particularly in underserved areas. The Guidelines for tele counselling services version 1.0, released on 14th April 2020 by NIMHANS Bangalore, must be followed by all mental health professionals while conducting tele-counselling.

5.3 Substance Abuse- Prevention and Intervention: Existing community-based substance abuse prevention and intervention services should be strengthened as there has been a growing problem of substance use during the pandemic and associated mental health problems.

5.4 Counselling for Patients Recovered from Covid-19: All recovered patients of COVID-19 should have access to counselling, in the language of their choice, either in person or over telephone, regarding issues like apprehensions, fear, anxiety, stress, or any other. The families and caregivers of the deceased persons should also be provided with counselling services to control the probability of occurrence of mental health issues such as depression, post-traumatic stress disorder (PTSD) and development of suicidal tendencies.

6. Support for Special Groups:

6.1 Mental Health Support for Frontline Workers: Services of psychologists and other mental health professionals should be provided in each district specifically to provide mental health support for frontline workers like medical professionals, police personnel as well as other workers in high pressure jobs like ambulance drivers and crematoria staff to deal with mental health issues during the period of Covid-19.

6.2 Homeless Persons with Mental Illness: Policy should be made for testing and treatment of homeless/ destitute persons with mental illness. If a Photo ID of such a person is not available, it may not be insisted upon. Mental healthcare for homeless PMIs should be ensured by taking the local Police authority into loop.

6.3 Other vulnerable groups: Mental health support must be ensured considering the specific needs of other vulnerable groups like the elderly, pregnant women, migrant workers, PWDs as well as children who have lost their parents or have been victims of abuse.

6.4 Child Care Institutions: All childcare institutions including those for children with disabilities, juvenile homes, child welfare homes, rehabilitation centres, etc, must ensure covid-safety, physical and mental health infrastructure and human resources to cater to the mental health needs of children.

7. Suicide Prevention:

7.1 Steps for Prevention of Suicides: Urgent steps for prevention of suicide, including helplines, counselling, mental health first-aid, identification of risks for vulnerable groups and mental health support for such individuals should be ensured.

7.2 Presumption of Severe Stress in Cases of Attempt to Commit Suicide: 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 as per provision contained under Section 115 of the Mental Healthcare Act, 2017.

8. Health Insurance: Insurance Companies of the private/ public sector should make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness, keeping in mind the rising cases of mental illness during Covid-19 period. Government may operationalise and implement insurance for mental health as part of “Ayushman Bharat”.

9. Media Sensitivity in Reporting about the Pandemic and Greater Attention to Mental Health: The media must be sensitive to the mental health impact of news shared on various platforms and ensure that while reporting, the facts required to be placed before the public are not sensationalized causing panic, as well as also ensure awareness building about Covid-related precautions, treatment and recovery, addressing mental health problems and improving resilience.

10. Promoting Research: The Government(s) may encourage key research in the area of mental health impact of Covid-19 in general and PWDs and PMIs in particular.
