

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
STARRED QUESTION NO. 398  
TO BE ANSWERED ON THE 19<sup>TH</sup> JULY, 2019  
MENTAL HEALTH CARE ACT, 2017**

**\*398. SHRI HIBI EDEN:**

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Mental Health Care Act, 2017 has been successful, if so, the details thereof and if not, the reasons therefor;

(b) whether the World Health Organisation (WHO) has declared India as the most depressed country in the world and if so, the reaction of the Government thereto;

(c) whether the Government has conducted any study/analysis to find out the reasons for the same, if so, the details and the findings thereof; and

(d) whether mental health illness is covered under all the insurance/medical claim schemes and if so, the details thereof along with the steps taken by the Government to ensure adherence by all insurance companies in this regard?

**ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(DR. HARSH VARDHAN)**

(a) to (d): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 398\* FOR 19<sup>TH</sup> JULY, 2019**

(a): The Mental Healthcare Act, 2017 came into force w.e.f. 29<sup>th</sup> May, 2018 along with the Rules framed thereunder. The Act aims at protection and promotion of the rights of persons with mental illness during the delivery of health care in institutions and in the community. It also ensures health care, treatment and rehabilitation of persons with mental illness within a rights based framework to achieve the greatest public health good. The novel features of the Act are as under:

- Advance Directive to specify the way the person wishes how to be and how not to be cared for and treated for a mental illness.
- Nomination of a representative for providing support to the person with mental illness in making treatment decisions
- Rights of mentally ill person to access mental healthcare, live in the community, protection from cruel, inhuman and degrading treatment, equality and non-discrimination, legal aid, make complaints about deficiencies in provision of services, etc.
- Care givers can be appointed as a nominated representative of a mentally ill person, members of the Central Mental Health Authority and State Mental Health Authorities, members of the Mental Health Review Boards
- Restriction on use of Electro-Convulsive Therapy and Psychosurgery
- Decriminalization of attempt to commit suicide

(b) & (c): As per the World Health Organization's Report "Depression and Other Common Mental Disorders – Global Health Estimates" released in 2017, the estimated prevalence of depressive disorders in India is 4.5% of the total population which is not the highest in the world. Further, as per the National Mental Health Survey report released on 26<sup>th</sup> December, 2016, by the National Institute of Mental Health and Neuro Sciences, Bangalore, the prevalence of depressive disorders in India is estimated to be 2.7% of the total population.

(d): As per Section 21 (4) of the Mental Healthcare Act, 2017, 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 Insurance Regulatory and Development Authority of India vide order dated 16<sup>th</sup> August, 2018 has directed all insurance companies to comply with the aforesaid provision of the Mental Healthcare Act, 2017.

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