

**Bapu Trust for Research on Mind & Discourse**

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**Re: Minimum Standards for Social Welfare Institutions for Mental Health, China**

Bapu Trust is a national organisation in mental health, working in the field of human rights of persons with psychosocial disabilities, and innovating social service practices in the field of mental health. Started in 1999, Bapu Trust has created excellent record in conducting research with high policy impact, social innovations in institutional and community based settings, and in mental health advocacy, particularly in the light of the United Nations Convention on the Rights of persons with Disabilities. We are engaging the governments, both local, and central, on a variety of policy and legal issues impacting lives of persons with psychosocial disabilities.

We congratulate the Chinese government for proposing the administrative regulations and guidelines, ‘Minimum standards for social welfare institutions for mental health’. These regulations have the scope of invigilating the day to day running of those institutions, providing protocols and rules for the conduct of services in each and every aspect, upgrading social services research and knowledge to better the condition of persons with psychosocial disabilities, and finally, serve as model services for China and the region. Considering that other countries in the region, including India, do not have policies, these guidelines can well be a useful policy template.

China, India, and many nations in the Asian region, are obligated to follow the provisions of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), having ratified it. China has also had the privilege of having their country report reviewed by the Monitoring committee, and is engaged in all actions required to upgrade the mental health system to be on par with social services for the rest of the population. Other countries of the region, such as Nepal or the Philippines, do not have the burden of dealing with de-institutionalisation as there are very few mental institutions in those countries, unlike India and China. For those countries where de-institutionalisation is an obligation, such regulations and guidelines will go a long way in opening up opportunities for persons with psychosocial disabilities into communities.

With this perspective, the Bapu Trust would like to provide the following suggestions and recommendations as inputs into the Standards document.

Our first suggestion, on the basis of UNCRPD principles, is to change the language where necessary, so that, in line with the new mental health legislation of China, the standards provides amply for respect for choice, informed consent, and the principle of community-based support.

We recommend that, provisions be introduced which will limit the construction of more large sized, ware housing type of institutions (for 200+ people). Studies in India show that compliance with CRPD is near impossible with those type of institutions; also, to upgrade them or even to maintain them may eat up the health budgets substantially. In India, for example, 36% of the central health budget is spent mainly on infrastructural and other repair works, maintenance works of those big institutions. Smaller open door organisations (illustratively, 10-19; 20-49; and 50-80 numbers) are recommended.

Provision for community based night shelters, recovery centers, group homes, etc. can be provided, so that state cost is spent directly on care and not so much on infrastructure and maintenance. Also, when the centers are small, and have an active interphase with the communities, communities can take the cost of caring by organising activities, interacting and giving support to center clients, provide jobs, education, livelihoods and other opportunities to the clients, be a support system for the clients, etc. In this way the cost of care can be shared between the state and communities.

Big type institutions with 200+ people put a lot of pressure on, justice, bureaucratic and law and order machinery of any country, to maintain human rights standards. Therefore, smaller organisations (maximum of 100) may be considered, built on voluntary basis, and run on self management principles. In such an arrangement, client and family councils can be institutionalized as part of the whole planning and management system.

The Standards could also provide for a more homely atmosphere, by providing a cap on how many people in the rooms, requirement to provide space for personal belongings with a key, doors on bathrooms and showers, as much as possible small settings where people can have privacy and interact in small groups (small rooms, small and dispersed social rooms, varied food and choice every day between a number of dishes, real tableware, staff to residents’ ration that ensures responding to people’s hygienic needs, personal plans for each resident, adult-appropriate recreational and leisure activities.

If patients and families have meaningful things to do in the institutional setting, they would not constantly attempt to wander away or run away. The Standards could provide for ample opportunity for them to interact with the community, help find jobs in the community, participate in local recreational and other sporting activities, and the like.

A regulatory document such as this could have more policy space, to introduce any and all kinds of positive and community based measures. Examples of those measures from other country / policy examples can be considered for adoption (-community mental health models; indigenous alternatives such as tai chi, qigong, martial arts, meditations, diets, folk arts, acupuncture and Chinese medicine; community outreach programs; secondary prevention of mental and psychosocial disabilities; mental health promotion through community action and media; bringing the concept of ‘wellness’ and ‘well being’; changing health behaviours; improving social interactions within communities; teaching courses on psychosocial interventions; community development based on reconciliation and peace building; adopting CBR guidelines, using the WHO human rights tool kit more proactively, etc. etc.).

The Standards document could specifically provide for for small sized, say 20-50 bedded, open door institutions based on recovery and rehabilitation principles, with the possibility of people being employed in local communities on a night shelter basis, or residential self managed basis.

Further, since this is a social service document, social service principles particularly in the context of disabilities could be brought in here, into this document, in line with the principles of the CRPD.

Large institutions require higher ratio of staffing, as reflected in the Standards document. Since those budgets are available, the Government could consider creating community groups of persons with disabilities to assume care giving role for people who are in recovery. In our experience, in the spectrum of people with an impairment, only a very small percentage require intensive interventions. People of the “3 Nos.” – no employment capacity, no income and no one legally responsible or with the means to support the individual – can be active, productive and gainfully employed members of the community, as their social status in itself does not constitute an impairment.  Those hired within institutions could be deployed, along with the “3 Nos.” And others from the communities to participate in social skilling, recovery and rehabilitation programs.

There is provision for discharge, in the Standards, but no criteria or guidelines and how to go about it.  This is another place where organizations of people with psycho-social disabilities might be able to play a role assisting people to leave and supporting them in the community.

We look forward to a comprehensive Standards document that will improve community based services for persons with psychosocial disabilities in China, and hope that India can learn from the example set by China.

Submission by:

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14-11-2013