



The Rehabilitation Psychologist

Volume III, Issue 7

25th January, 2014



From the Editor's Desk

I am happy to inform you that we have successfully completed our first birthday and I thank to all our well wishers who have directly and indirectly supported us in this endeavour. We are glad to announce that we have formed "Association of Rehabilitation Psychologists-India" which will untiring work for quality of psychological services in the field of Rehabilitation and continue to disseminate evidence-based practices in the field of Rehabilitation Psychology for professional improvement. I further request the

professionals to encourage us by contributing write-ups, concepts, experiments, case-studies or intelligent questions in the field of Rehabilitation Psychology to the Newsletter.

This issue is exclusively dedicated to two important things: Census on disability, 2011 and Draft Bill on Rights of Persons with Disability, 2011.

Sincerely,
Editor

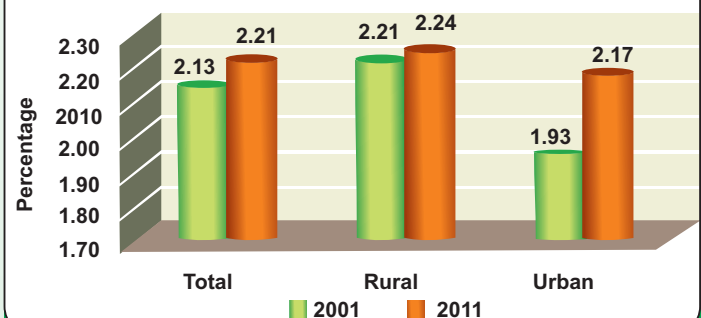
Brief report on Census 2011 and the Rehabilitation Psychologist:

Disability enumeration was last done in 2001. The decade is important in many aspects for professionals in the area of disability rehabilitation in India. Although, persons with disability act, 1995 was passed by the parliament. The implementation in accordance to The International Classification of Functioning, Disability and Health, known more commonly as ICF, was only endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22 May 2001. The Rehabilitation Council of India Act was amended by the parliament in 2000, to standardize the research and development and training professionals in the field of disability rehabilitation. Essentially, the information given on disability in India by census-2011 helps Rehabilitation Psychologist to understand attitude towards disability. Secondly, protection of rights and full participation has encouraged family based rehabilitation process over institutionalization i.e., inclusion over seclusion.

Hence, it is interesting to note that how well the concept is working within the community. Thirdly, there is disproportionate records of gender, where male are reported

often with disability over females, which throws us a question as to why this disparity when there is risk of disability which is independent of gender? Finally, the distribution of disability state-wise in India. The following is the excerpt from census-2011:

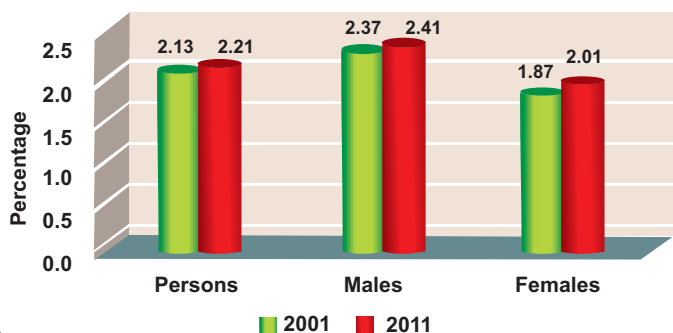
Proportion of Disabled Population by Residence India: 2001-2011



1. Percentage of disabled persons in India has increased both in rural and urban areas during the last decade.
2. Proportion of disabled population is higher in rural areas
3. Decadal increase in proportion is significant in urban areas

Courtesy: <http://www.censusindia.gov.in/>

**Proportion of Disabled Population by Sex
India: 2001-11**

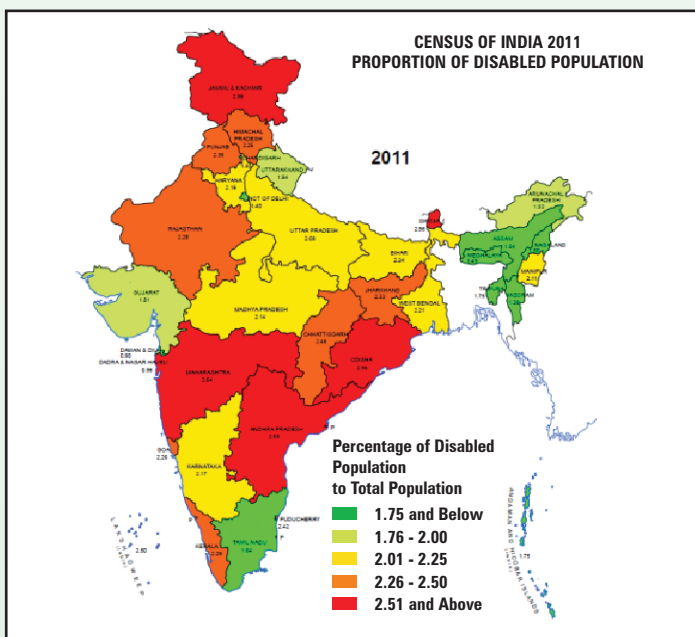


- Slight increase in disability among both the sexes over the decade
- Proportion of disabled population is higher among males
- Decadal Increase in proportion is higher among females

Courtesy: <http://www.censusindia.gov.in/>

Type of Disability	Persons	Males	Females
Total	100.0	100.0	100.0
In Seeing	18.8	17.6	20.2
In Hearing	18.9	17.9	20.2
In Speech	7.5	7.5	7.4
In Movement	20.3	22.5	17.5
Mental Retardation	5.6	5.8	5.4
Mental Illness	2.7	2.8	2.6
Any Other	18.4	18.2	18.6
Multiple Disability	7.9	7.8	8.1

Courtesy: <http://www.censusindia.gov.in/>



DISABILITY IN INDIA

Name of State	No. of persons with Disability	No. of persons with Mental Retardation	No. of persons with Mental Illness
Jammu & Kashmir	361153	16724	15669
Himachal Pradesh	155316	8986	5166
Punjab	654063	45070	21925
Chandigarh	14796	1090	756
Uttarakhand	185272	11450	6443
Haryana	546374	30070	16191
NCT of Delhi	234882	16338	10046
Rajasthan	1563694	81389	41047
Uttar Pradesh	4157514	181342	76603
Bihar	2331009	89251	37521
Sikkim	18187	516	513
Arunachal Pradesh	26734	1264	631
Nagaland	29361	1250	995
Manipur	54110	4506	1405
Mizoram	15160	1585	1050
Tripura	64346	4307	2909
Meghalaya	44317	2332	2340
Assam	480065	26374	18819
West Bengal	2017406	136523	71515
Jharkhand	769980	37458	20157
Odisha	1244402	72399	42837
Chathisgarh	624937	33171	20832
Madhya Pradesh	1551931	77803	39513
Gujarat	1092302	66393	42037
Daman & Diu	2196	176	89
Dadra Nagar Haveli	3294	180	115
Maharashtra	2963392	160209	58753
Andhra Pradesh	2266607	132380	43169
Karnataka	1324205	93974	20913
Goa	33012	1817	1675
Lakshadweep	1615	112	96
Kerala	761843	65709	66915
Tamil Nadu	1179963	100847	32964
Puducherry	30189	2335	853
Andaman & Nicobar	6660	294	364
Grand Total	26810557	1505624	722826

Courtesy: <http://www.censusindia.gov.in/>

The above data seems to be reliable source for further research, however, there are certain questions that comes to mind for e.g.,

1. The age of mental illness and mental retardation are taken from the age range to 0-4 years until 90+ years. This indicates that the definitions for both the conditions are not clear that is, how can we define mental illness in infancy and childhood? And mental retardation defines sub-average intelligence and difficulty in adaptive skills and manifests 0-18 years.
2. The question canvassed for mental illness also must include whether there is relapse of the condition/how many are half way home / whether the psychiatric wards accommodating mental illness patients were

acknowledged.

3. The census data does not provide literacy rate in disability population, which seems important, since the start of sarva siksha Abhiyan- This relates that there needs communication among departments and ministries
4. The important fact that census should provide the research community is economic burden, consumerism and disability. That is the rate of disability consumers

contributing to particular product purchase, e.g., medicines, assistive devices, hospitalization, and other healthcare services.

5. As the Census website does describe that it is a reliable source of data, then it is surprising to see uneven distribution of disability density among states of India. Then whether sources are distributed evenly or according to the requirement could be another question of research.

Some concerns about the Draft Bill raised by Prof. Faizan Mustafa, Vice-Chancellor of NALSAR University in press conference with "The Hindu" on February 6th, 2014:

1. Draft Bill restricts Establishments limited to Institutions aided, funded or owned by the Government, and excluding private Institutions
2. Draft Bill indicates "Identified Posts" in relation to "reserved jobs" there by empowering the Government to exempt any industry just by a notification. However, when "The Rehabilitation Psychologist" referred the Draft Bill, 2011 for PWD as displayed in the Ministry of Social Justice and Empowerment website, it was found that the term "reservation" is also mentioned under the sub-title: 57. Reservations, on page No. 57.
3. Prof. Amita Dhanda notes that even while the reservation quota increased from 3% to 5% it does not override the existing Laws which prevent employment to certain kind of disabilities (The present bill includes 7% reservations with 1% to all bands including cerebral palsy and muscular dystrophy, autism, intellectual disability and mental illness, Draft Bill, 2011 for PWD as displayed in the Ministry of Social Justice and Empowerment website).

National Advisory Council's (NAC) comments on proposed Draft bill on Rights of persons with disabilities, 2011 (RPDB):

It is interesting to note that NAC doubts the reliability of Census data of 2001 (and the 2011 data is compared with 2001). NAC recommends:

The NAC recommends that all relevant laws concerning rights of persons with disabilities may be reviewed from the view point of avoiding inconsistencies and duplication; and amendments if necessary may be carried out in close coordination by various Ministries to ensure furtherance of rights of persons with disabilities. (Presently we have NT Act, PWD Act, Mental Health Act and RCI Act)

Referring to The RPDB needs to be clear about the definition in reference to UNCRPD (United Nation's convention of Rights of Persons with Disability) draft rules out disability which is temporary, but does not recognise that psychiatric disability can be episodic. The definition also does not make a distinction between illness and disability. Some persons may have mental illness but may not be disabled; or may not regard themselves to be disabled.

The NAC therefore further recommends that the Bill needs to take into account that psychiatric disability can be episodic. It should also clearly distinguish between psychiatric disability and psychiatric illness.

Reference: http://nac.nic.in/pdf/rpdb_recommendations.pdf

NIRAMAYA - Health Insurance Scheme

A Health Insurance Scheme for the welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

Objective

In order to enable and empower persons with disability to live as independently and as fully as possible, health services and their access to persons with disabilities assume a very significant role. In this context, the health insurance facility becomes important but presently such products are not easily available for persons with disabilities. In such a situation, a health insurance scheme "Niramaya" is conceived with the following objectives.

- To provide affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities.
- To encourage health services seeking behaviour among persons with disability.

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- To improve the general health condition & quality of life of persons with disability.
- Implementation
- The entire scheme will be implemented through an Insurance company & monitored by the National Trust.

Scheme & its coverage

- The scheme envisages delivering comprehensive cover which will ---
- Have a single premium across age band.
- Provide same coverage irrespective of the type of disability covered under the National Trust Act.
- Insurance cover upto Rs.1.0 lakh per covered beneficiary.
- All persons with developmental disabilities covered under National Trust Act, will be eligible and those enrolling with National Trust would be included and there will be no 'selection'.
- The scheme will be available in the entire country except in Jammu & Kashmir.
- The scheme further envisages that there shall be
- No exclusion of Pre-existing condition
- Same cover as that for other persons
- Services ranging from regular Medical Check-up to Hospitalization, Therapy to Corrective Surgery, Transportation.
- Conditions requiring repetitive medical intervention as an in-patient.
- Pre & Post hospitalization expenses, subject to limits.
- No pre-insurance medical tests.
- Reimbursement of claims in case of OPD services from any Qualified Medical Practitioner and for IPD treatment can be taken from a Hospital anywhere in the country.

Enrolment of Beneficiaries, through registered organisations:

Any eligible person can apply for enrolment under the Scheme through the nearest organization registered with the National Trust or to any other agencies specially entrusted in this regard by the National Trust. Registered organizations with National Trust should send Enrolment Form/Applications under Niramaya through online using our MIS (www.niramayascheme.com). On successful enrolment and approval, the same would be covered in the Insurance Policy. The online applications received between 1st September to 28th February would be covered from April month and applications received between 1st March to 31st August would be covered from October month.

Enrolment / Renewal Fee under Niramaya

Enrolment fee under the Scheme can be paid either by DD/ NEFT or cash only (not by Cheque) in National Trust (Niramaya) account.

The enrolment fee is for one year. This means, every year the renewal of policy has to be done online through www.niramayascheme.com and the fee has to be paid as per the applicable rate (fixed by National trust) directly in the Bank, in any branch, as per the details given below :

Coverage Date Every year	Last Date for Online Fresh Renewal	Bank name where payment is to be made (any branch)	Payable to "Nirmaya National Trust" at Delhi	Enrolment Amount to be paid
(i) 2nd April (for Online enrolment from 1st September to 28th February) (ii) 2nd October (for Online enrolment from 1st March to 31st August)	28th February (every year)	(i) Corporation Bank OR (ii) State Bank of India	Corp Bank: A/c. No. CLSB/01/090021 (Branch Code-2099) SBI: A/c No. 30396764585 (Branch Code-5943)	(i) Rs. 250/- if family monthly income is up to Rs. 15,000/- pm. (ii) Rs. 500/- if family monthly income is above Rs. 15,000/- pm.

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Note: Should you have write-ups or voice your concern, please correspond to: E-mail: rehabilitation.psychologist@gmail.com or **The Rehabilitation Psychologist**, 3-5-314, Shri Lakshmvienkateshwara Nilayam, Vittalwadi, Narayanaguda, Hyderabad – 500 029