

An Explorative Study to Assess the Attitude and Opinion of Emerging Psychiatrists on Mental Healthcare Act 2017

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Abstract: Mental health has emerged as a major concern in the modern era and this subsequently prompted India to implement the Mental Healthcare Act, 2017. It aims to provide better right based patient care service. The Concepts such as advance directive and nominated representative have been introduced, and the responsibilities of government and supervisory boards, are clearly emphasized. Despite our search for a study that explores the issues related to this act among the psychiatric residents, we could not find any. So the present study will attempt to know the view of psychiatry residents on it. The majority of the respondents disagreed with the various definitions mentioned. They also believe that newly introduced concepts like Advanced Directive and Nominated Representative are not feasible as per the current scenario. Issues like rehabilitation of patients and caregiver burden have not been given due concern. Thus, the revision of decades-old Mental Health Act was, no doubt a positive step towards a better mental health-care system, but the newly introduced concepts are still far from perfection and their smooth functioning is, in fact, a matter of doubt. The emerging psychiatrists of this nation have a key role in any development in this aspect.

Keywords: Attitude, Mental Healthcare act 2017, Opinion, Psychiatric residents

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I. Introduction

Mental health problems are a heterogeneous group of conditions ranging from less to profound severity and vary from episodes of minor short-lasting anxiety spells to chronic and debilitating psychosis. It poses a negative impact on the social, personal and economic life of an individual. These problems are made worse by social stigma and discrimination. In current times, mental health problems are continuously and increasingly being recognized as a major public health problem. The scenario is no different in India too. Why shouldn't be it when it contributes to a substantial 14% of overall lifetime morbidity, considering all mental health disorders including substance use disorders. The major participant among it being anxiety disorder after substance use disorder. The lifetime prevalence of 1.4% was observed for Schizophrenia and psychotic disorders. In simple words, almost one in ten people in India is struggling with some kind of mental illness with depression affecting one in twenty among them^[1]. It is estimated that over 2 million people in a population of over 1.25 billion are suffering from schizophrenia^[2]. No doubt this data varies from state to state. Assam, the 17th largest state of India with a population of approximately 312 lakhs has 12,00,000 people suffering from some kind of mental illness, major proportion lying in the age group of 40-49years. Almost 30% of the population is fighting with substance use disorders. Nearly one-third of individuals with mental morbidity reported disability either in work, social and/or family life. The treatment gap among mental disorders was observed to be a whopping 82.58% indicating a large population of mentally ill is either not on treatment or receiving inadequate treatment^[1]. The poor organization, fragmentation, and uncoordinated activities within the health system are among many to be blamed for the inability to address these problems adequately. One of the key steps taken in this direction was a revision of the mental health legislation by the Government of India with the Indian Mental Healthcare Act 2017^[3] (mentioned MHCA 2017 hereafter). The Parliament approved it and it got presidential assent in April 2017 and came into force from May 29, 2018. This revision which came nearly after 4 decades witnessed many new concepts, major among them being "advanced directives" (AD), "nominated representative" (NR), as well as health insurance for mental illnesses and the responsibilities of government and review boards has been clearly emphasized^[3]. It tried to modify definitions for terms like 'mental illness'

'mental health establishments', mental health professionals, keeping in mind smooth functioning and avoiding ambiguity among the rules. This revision along with the revision of disability laws in India was a direct consequence of Convention on the rights of persons with disabilities (CRPD) which was passed by the United Nations (UN) General Assembly in 2006, which was subsequently signed and ratified by India in 2007^[4]. Hence, MHCA 2017 tried to preserve the UNCRPD act's agenda of human rights of persons with mental illness with a review board acting as supervisor of mental capacity^[5]. As this new law affects patient care, it also tends to have an impact on everyone associated with the health care system, even the professionals, especially the emerging psychiatrists, involved in imparting health care. Therefore, the current study aims to assess the attitude and opinion about MHCA, 2017 among the postgraduate trainees of psychiatry in Assam and to correlate these findings with their personal profile, if any, as their acquaintance with the act may directly affect the service provided by them, as well as standardize the nature of care provided to patients.

II. Methodology

The study adopted a cross-sectional online survey conducted between April 10, 2018, and September 9, 2019, in Assam.

III. Sample Description

In this study, participants were 62 postgraduate trainees from various medical colleges and institutes of mental health in Assam, either in their first, second or third year of their M.D training in psychiatry out of which 40 were male and 22 were female.

IV. Tools Used

The data were collected through socio-demographical data sheet containing Gender, Age and Year with name and other particulars being omitted to respect the confidentiality, and semi-structured questionnaire having 26 items covering over 6 domains which are necessary for a new act (1 item), definitions introduced (3 items), Advanced directive (2 items), nominative representative (5 item), provisions for implementation (3 items) and unnecessary Hospital stay (1 item) with response assessed by first and last item as either yes or no, and in remainder items by 5 point Likert scale ([1] strongly disagree, [2] disagree, [3] neutral, [4] agree - [5] strongly agree).

V. Procedure

The questionnaire was uploaded in the 'survey monkey' online survey website for generating a link to an online interface for presenting the questionnaire and response recording. A pilot study was conducted on senior residents of LGBRIMH, Tezpur, Assam after receiving due consent. The necessary modifications gathered from the pilot study were introduced in the questionnaire. After this, post-graduate trainees in various tertiary care health establishments in Assam were contacted through emails containing briefings of the proposed study and requesting consent for the same along with the assurance of confidentiality of their identities. On receiving the consent form from the participants, they were mailed the designed link of the questionnaire for response recording. The study was approved by the Ethical committee of the above-mentioned institute.

VI. Analysis plan

The data was analyzed in Microsoft Excel and summary statistics was calculated.

VII. Result

The survey questionnaire was sent to 62 participants, of whom only 44 completed it i.e. response rate was 70.96%, of which as can be seen in figure 1, 70.45% participants i.e. 31 were male and 29.55% participants which are 13 out of 44, were female. The mean age of the participants was found to be 28 years with a standard deviation of 3years. Among the respondents, 47.73% were first-year trainees in M.D psychiatry while 36.66% and 15.91% respondents were the second year and third-year trainees respectively as we can see in figure 2.

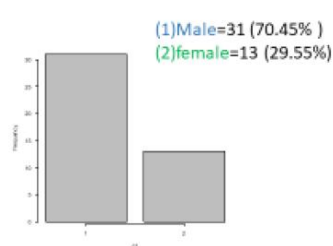


Fig 1

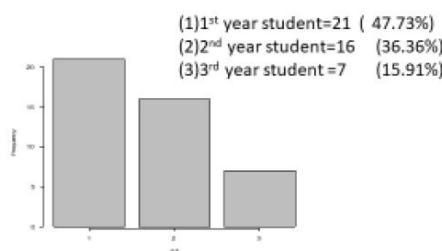
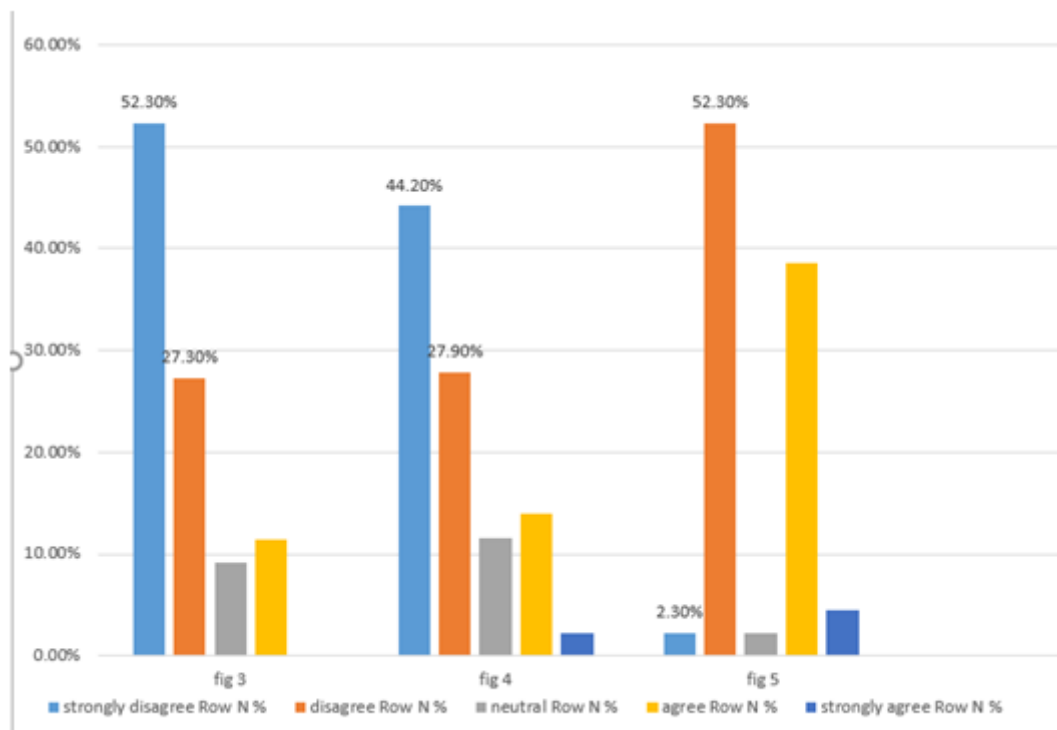


Fig 2

The majority of respondents i.e. 77.27%, consented on the fact that mental health care needs a separate act for safekeeping rights and interests of the mentally ill. To make the understanding of the responses simple, the percentage of responses either reporting strongly agree or agree have been clubbed together, while the same has been done for a percentage of responses reporting strongly disagree and disagree.



As seen in figure 3, the all-inclusive approach of defining mental health establishment is not agreeable to the majority (79.54%) of the participants. Similarly, the definition of mental health professional in MHCA 2017 is not agreed upon by 74.42% (figure 4) compared to 25.58% participants agreeing the stated definition. A whopping 90.91% of the respondents think that mental illness definition is not able to include the whole range of psychiatric diagnosis as per standard diagnostic systems as evident from figure 5. Only 20.45% agreed that mentally ill preserve the capacity to take treatment decision while 79.55% believe that the capacity to take treatment decision of the mentally ill is questionable. According to 83.72%, the concept of the advance directive given in MHCA 2017 would not be feasible in the Indian context (Figure 6A), also 95.46% of respondents consider the presented concept may, in fact, will be an obstacle for the treatment of the concerned patient as seen in figure 6B. Around 77.3% (Figure 7) of the respondents are skeptical about the concept of nominated representative in its current definition in the act. In fact, 60.4% (Figure 8) of respondents agreed that this concept might devalue the role of family members in the care of their mentally ill relatives. More than three-quarters of respondents (79.5%) agreed that the revoking process of the nominated representative by the board, for a patient with unsoundness of mind, on availability of relative/ legal guardian lacks clear cut guidelines as evident from figure 11. In the case of a nominated representative of the minors, 80% believe that the legal guardian should be the nominated representative in all cases until and unless instructed by the court otherwise (Figure 9). On the other hand, 70% (Figure 10) of respondents feel that minors aged between 14-18 should be able to nominate their own representative under special circumstances. About 85% of the respondents agreed that there is a lack of adequate guidelines regarding the management and rehabilitation of child abuse cases. About 88% of respondents agreed that the mental health review board might cause a delay in formulating plans about admission, treatment, discharge, etc., against 12% of respondents who believe that these steps are absolutely necessary for better treatment. The new law decriminalized suicide, an act welcomed by 80% of the respondents while 20% favored that decriminalization of suicide will not provide an effective ground for assessing and managing mentally ill persons who attempt the act. A majority of two-third respondents i.e. 75% agree that the problems of the caregiver have not been tackled adequately and adequate measures and provisions implicating caregivers to alleviate their burden in managing a chronic mentally ill person have not been addressed adequately. Almost all (90%) of the respondents share the notion that the new act has given the patient's decision an upper hand at the cost of psychiatric practice, which has been over-regulated. Nearly 70%

of respondents believe that maintenance of an online register of all advance directives registered with the concerned board and making them available to the concerned mental health professionals as and when required, in the current Indian scenario will face feasibility issues. Also over 90% of respondents consented upon that MHCA 2017 disregarded the lack of funds for integration of mental health services at grass root levels. Over 56% of respondents agreed that even with an all-inclusive treatment approach, MHCA 2017 will be of any help in promoting holistic treatment in psychiatry. A huge majority of respondents (93.2%) agreed upon the existence of a huge gap in between when it comes to the stated guidelines for rehabilitation of patients at the community level and the available resources for the same. In fact, about 88.6% of respondents agree that lack of provisions for appointing respective authority to oversee the rehabilitation of patients at the community level is a major hindrance in the implementation of such guidelines. Only 15.9% consented that MHCA 2017 will be able to prohibit someone being kept unnecessarily in any inpatient facilities in excess to that required for adequate treatment, compared to 61.3%, who indeed think it will further encourage it. Over 59% of respondents think that MHCA 2017 will help in scrutinizing and curbing the unlicensed centers. A little less than half of the respondents (47.7%) disagreed that the new act will help in promoting the rights of the patient with mental illness. Lastly, more than half of the respondents, 65.9% believe that the new law couldn't address all the matters related to the person with mental illness adequately.

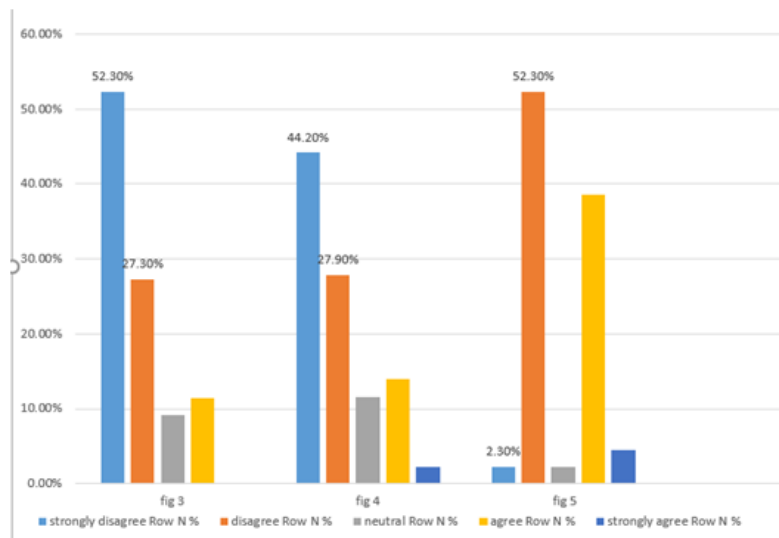
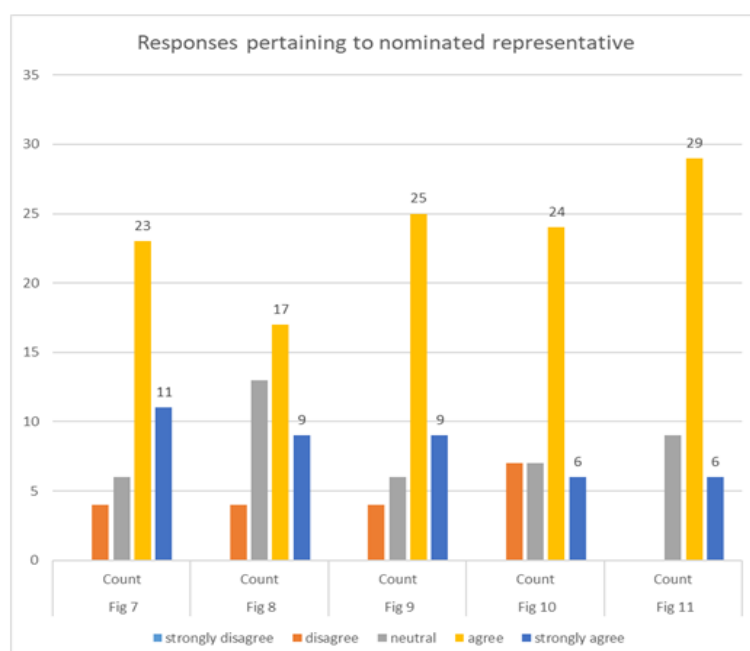


Fig 6A

Fig 6B



VIII. Discussion

As evident from the results, the majority of the postgraduate trainees validated the need for the existence of a separate law for the care of the mentally ill patient, but at the same time disagreed with the mentioned definitions stated in MHCA 2017 including the definition of mental health and mental health professional. The majority of respondents believe that definition of mental health, in an attempt to being broader, not only failed to include the whole range of psychiatric diagnosis as per standard diagnostic systems but also put a person with milder form of disease with the one having chronic debilitating form of illness under same roof, in a way encouraging stigma associated with it, which might affect their treatment-seeking behavior adversely. Though the broader definition has included various disciplines like Ayurveda, Yoga, and Naturopathy, Unani, Siddha and Homoeopathy, any attempt towards holistic medical treatment was lacking. Though two-thirds of respondents doubt that mentally ill have preserved capacity to take treatment decision, almost majority of them is dissatisfied with the concept of the advanced directive in its current definition as mentioned in MHCA 2017 and don't think it's feasible with such rigidness, hence may obstruct the treatment proceedings. The concept of the nominated representative somewhat devalued the family's say in their patient's treatment as per nearly 80% of respondents. This concept has brought an undue burden on the family's shoulder of forceful admission of their patient which often hamper patients trust on family members hugely affecting subsequent treatment-seeking behavior. MHCA 2017 loosely addressed caretakers' burden and include no major steps to alleviate it. Like many western countries, admission by proxy should be levied upon the treating doctor, releasing the patient's family of this hardship [6]. Same way, as per three-quarter of respondents, the guidelines for revoking the process of the nominated representative is somewhat muddy. Also, the majority of respondents think parents/guardians as the sole candidate for NR apart from special situations as deemed fit by court and minors in the age group of 14-18years must have a say in NR nomination. The issue of child sex abuse, as well as rehabilitation of patients, has not been dealt with adequately in the current law as per the respondents. There has been a need for proper supervision of rehabilitation programs by a regulatory board as felt by over 85% of respondents. They also think the involvement of a mental health review board might cause undue delay in patient care, particularly for single patients with no family members. The treatment in these cases can't be initiated before 7 days, how to sever might be the condition [6]. At times owing to such strictness of rules, respondents feel that the majority of the treatment decision making power is handed over to the patient, where in most cases they lack the capacity to judge it, leaving behind very little to do for the treating physician. This may have a bearing over the patient's unnecessary long stay in hospital beyond the requirement for necessary treatment. The respondents also favored that lack of funds and adequate infrastructure is a major obstacle in the way of digitalization like that of maintenance of an online register of patients' profile for easy accessibility and also for integration of health services from the grass-root level. Over 60% of respondents feel that such rules were necessary for curbing unlicensed centers. But at the same time, owing to its strictness, many hospitals in the private sector may withhold services out of fear, adding up to the drought of lack of resources. This study is the first of its kind in accessing attitude of emerging psychiatrist toward MHCA 2017 will gives new insight about how the future psychiatrists would look into the care of mentally ill patients. It may influence them to look with a broader perspective into this area which has become part and parcel of the patient care. Though this study tried to explore the views of psychiatrists-in-making, there are certain limitations particularly the sample size. Also, a focused group discussion would have helped to see from this perspective in a more detailed way.

IX. Conclusion

In a country like India, where 92 psychiatrists are available per 1,00,000 populations, the mental healthcare act plays a vital role in improving the care of the mentally ill. But at the same time, the concepts introduced by the new revision of the Mental Health Act 1987 are still doubted to be of any feasibility keeping in mind the available resources. Participation from emerging psychiatrists is key in any development in this aspect and their views, opinions, and understanding have a vital role in the delivery of health care services. An elaborated study incorporating psychiatric residents from various institutes and medical colleges from all other states as well as psychiatrists practicing in private and public health care system will highlight the practical scenario in a better way and hence more studies are warranted in similar aspect

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