

Mental healthcare act 2017 and mental health policy of India, is it a welcome change?

Opinion

It is estimated that one in four families in India is likely to have at least one member with a behavioral or mental disorder. Many of the 3rd world countries do not have a well aligned mental health policy as well as legislative protection for their rights.

The Govt. of India had launched the “National Mental Health Program” in 1982 keeping in view of the heavy burden of mental illness in the community and the absolute inadequacy of mental health care infrastructure in the country to deal with it. However owing to enormity of the problem, it was considered prudent to have a strategic, integrated and holistic policy that will guide future course of action, including a pan India scaling of existing mental health program.

In April 2011, the Government of India constituted a policy group to recommend a mental health policy for the country. After deliberation, discussions and amendments; our ex- health Minister Mr. Harshwardhan unveiled the countries 1st ever mental health policy in the month of October 2014.

The policy is extraordinarily progressive and sensitive to the social impact of mental illness, like stigma and poverty. The vision of the policy is to promote mental health, prevent mental illness, enable recovery, promote de-stigmatization, ensure socio-economic inclusion of persons with mental illness, by providing accessible, affordable and quality health and social care of all persons through their lifespan, within a rights based framework. Some of the fundamental values of the policy are

1. Equity.
2. Justice.
3. Integrated care.
4. Quality.
5. Participatory & Rights based approach.
6. Governance & Effective delivery.
7. Value base in all training & teaching programs.
8. Holistic approach to Mental Health.

In spite of these modernist policies there were huge obstacles in its implementation in its full spirit, and these were mostly legislative. Around the same time, India took a leap in the protection of rights of people with disabilities, by giving itself an amended version of the persons with disability act 2015. Both the mental health policies and the amendment of the person with disability act paved a path for legislative changes in the overall care of people with mental illnesses. There was some legal conventional pressure as well.

Universal Convention on Rights of Persons with Disabilities and its Optional Protocol was adopted on the 13th December 2006, came into force on the 3rd May, 2008. India has signed the Convention on the 1st day of October, 2007, making it necessary to align and harmonies the existing laws with the said Convention. Up till recently India had mental health Act 1987 for long, which has remnants of Indian

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Lunatic Act 1912, and was regressive to say the least.

Since the time of its implementation, the MHA, 1987, has been criticized for focusing heavily on

1. Administrative aspects.
2. Institutional care.
3. Ignoring community psychiatric care & rehabilitation.
4. Failure to comply with the guidelines of the National Mental Health Program and the World Health Organization.
5. Unsuccessful in addressing the problem of social stigma.
6. Human rights of person with mental illness.
7. Autonomy of the patients.

Keeping upfront with our policy and signatory of UNHRC India came with its path breaking, modernist mental healthcare Act 2017. This act has some of the most novel and path breaking provisions

- a. Banning Non-Modified ECT
- b. Restriction of restrain and seclusion of patients
- c. Advance Directives
- d. Provision of Nominated representatives
- e. Compulsory Provision of State sponsored, mental health rehabilitation facilities in each state
- f. Decentralization, with central and state mental health commission
- g. Inclusion of NGOs, caregivers, patients etc and other stakeholders in the commission
- h. Doing away with licensing and ultimately “red-tapism”
- i. Guidelines to the insurance companies for inclusion of mental illnesses in their insurable illnesses
- j. Promoting suicide as a mental health issue rather than a criminal one, and de-criminalization of suicide attempts
- k. Establishment of mental health review board

India still being a 3rd world country can at the most claim to be a developing country, and it seems healthcare is still not in the radar of finance ministry. Both these new changes in the field of mental healthcare delivery may just end as hollow lofty ideas, especially with the falling healthcare budget in general and mental health care in particular.

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Conflict of interest

The author declares that there is no conflict of interest.