National Mental Health Care Act 2017: Possible Implications to Ayush

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National Mental Health Care Act 2017 was enacted on 7th April 2017, the world health day which was also celebrated as the day of awareness on depression, a disease increasing in leaps and bounds globally.(1) The act contains two parts, 16 chapters and 126 sections. The chapters in the Act are detailing various components of mental health care, its regulation and the rights of a person suffering with mental illness. Following are various chapters detailed in the act (Table 1).

Table 1: Chapters in mental health care act 2017

Chapter 1	Preliminary
Chapter 2	Mental Illness and capacity to make mental health care and treatment decisions
Chapter 3	Advance Directive
Chapter 4	Nominated Representatives
Chapter 5	Rights of persons with mental illness
Chapter 6	Duties of Appropriate Government
Chapter 7	Central Mental Health Authority
Chapter 8	State Mental Health Authority
Chapter 9	Finance, Accounts and Audit
Chapter 10	Mental Health Establishments
Chapter 11	Mental Health Review Board
Chapter 12	Admission, Treatment and Discharge
Chapter 13	Responsibilities of Other Agencies
Chapter 14	Restriction to Discharge Functions by Professionals Not Covered By Profession
Chapter 15	Offences and Penalties
Chapter 16	Miscellaneous

The objective of the Act is defined as "An Act to provide mental health care and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental health care and services and for matters connected therewith on incidental there to."

This Act mainly defines the responsibilities of the central and the state governments to provide affordable and accessible mental health care services to everyone in need and in furtherance , also defines the mental health care facilities and mental health care professionals who can provide mental health care services. To monitor the mental

health care services at various levels, a hierarchical model of monitoring is proposed in the form of Central Mental Health Authority, State Mental Health Authority and Mental Health Review Boards. The Act also defines the right of every mentally ill patient to get an access to adequate mental health care and to be treated at par with patients of physical illness. The Act also defines the mode of practicing mental health care at various levels of settings in light of legal essentialities.

This new Act has repealed the Mental Health Act of 1987 which was under enforcement before the new Act (2). Incidentally, in the same year (1987) Banaras Hindu University started the Postgraduate degree course leading to MD-Ay degree in *Ayurvediya Manovijnan* and *Manas Roga* for the first time in the country. Current Act is more elaborated, expanded and practical, comparing to the act of 1987. The change in content of the new Act is also visible through the name of the Act now called as 'Mental Health Care Act 2017' comparing to 'Mental Health Act of 1987'. It is however noteworthy to see that it took us 30 years to change our focus from 'health' to 'health care' particularly in the mental health care area .It can be recalled that the medical profession, particularly in India has been always shrouded with the conflict between the mental health care providers versus mental disease care providers. Disease care providers such as medical psychiatrists have monopolized the entire profession and the drug industries have been trying to draw maximum benefits for them rather than to the victims of mental illness. There is acute shortage of mental health care professionals in India. There are expertise and working facilities for counseling and psychotherapy. The entire field is overpowered with pharmacotherapy.

It cannot be overemphasized that lack of awareness among the people about the mental health, qualities of good mental health and identification of deterioration of mental health are important reasons for emergence of mental illness. Mental illness always begins with minor but recognizable altered behavior in a prospective victim. For certain stage such behavioral changes may not be a matter of concern but soon it starts bothering the individual and the family and subsequently the job and the work. All this can be easily identified by the friends, colleagues and the family members who can help to proceed for medical help. The help from a doctor or a hospital usually comes at rescue much later. Hence social activism and awareness is of great value in preventive mental health care.

The new mental health care act seems to be in context with recent reports of poor state of mental health care in India despite of an alarming hike in the cases pertaining to mental diseases. Over 07 crore people in India are found suffering with various mental disease and of this depression alone counts for over 5.6 crore. India is recently identified as most depressed country in the world with over 4.5% of its population suffering with depression. (3) Irrespective of the burgeoning burden of mental diseases in India, the infrastructure and the resources are still meager. Over 75% of people suffering with mental diseases are still deprived of an access to mental health care facility. There are less than 4000 psychiatrists in the country and including the clinical psychologists and paramedics in the field of mental health care, the number is not more than a few thousand. (4) Limited number of mental health care facilities in government or public sector are overburdened with seriously ill patients and hence do not have a strength to deal with day to day mental health problems of millions of Indians. There are social issues in looking at mental health care in Indian society. A visit to a psychiatrist is often avoided till it becomes mandatory. The reasons are obvious and lying deep in the Indian psyche. Psychiatrists are considered to be 'doctors for madness' by the society and hence for their common mental problems people do not wish to consult them. Unfortunately, this stigma keeps many of the genuine cases of mental sickness away from proper mental health care resulting in substantial personal, social and economical losses.

Indian mental health care institutions are also pathetically sick. Methods adopted in psychiatric setups in India are

often undignified and were able to raise repeated cries by the human right activists from throughout the world. This scenario has earned a bad name to India in terms of human rights. Although India became a signatory to UN Convention on Human rights of persons with disabilities and its optional protocol since 2007(5), it took 10 years in India to frame a legal document assuring the rights of a mentally sick person in equivalence to the person who is physically sick.

In notice of infrastructural gap and a repeated advise of global advisory bodies for due inclusion of local socio-cultural ethos as an important strategic tool to understand and to manage the mental sickness, first time , the new act has recognized the role of traditional health care in offering a comprehensive mental health care . Although the act do not identify the possible extent of integration of traditional health care with that of conventional mental health care (and which should be done by traditional medical experts now), it gives an open ended opportunity to the people from Ayurveda , Siddha, Unani and Homeopathy having specialized in mental health , to have their own system based mental health care delivery. The institutions run by such traditional practitioners have also been identified as mental health care institutions and the people from traditional health care with specialization in mental health are being recognized as mental health professionals. In tune to Essential Drug List form allopathic medicine, EDL from Traditional system is also being identified and the authorities are instructed to ensure the availability of such drugs included in the EDL free of cost to all mental disease sufferers. The people from mental disease have been given the right to chose for their type of mental health care. Such things are truly encouraging for providing a comprehensive mental health care in the country.

To monitor whole scenario in Mental Health care in the country, a hierarchical model of monitoring is proposed consisting of Central Mental Health Authority at the apex and mental health review boards at the bottom. State Mental Health Authority comes in between the two. This is encouraging to see that at administrative level, a joint secretary from Ministry of Ayush is appointed ex officio member to Central Mental Health Authority. This may give voice to the role of Ayush in mental health care delivery and may help critically evaluating the mental health care plans and policy with their due implications for Ayush.

Unfortunately, the similar provision is not made in the middle and lower level monitoring agencies and hence it is doubtful that the policies are really being monitored and executed in favor of traditional health care at the ground level.

The act clearly defines the role of mental health professionals and establishments and asks them to adhere strictly to the provisions provided in the act. This is also clearly stated that a mental health professional is allowed to practice and to prescribe the medicine only as per his educational backgrounds and is not allowed to do anything beyond their specialty. Any breach in conduct or a non adherence to regulations is a ground to invite penalties of various kinds. For the purpose of research in mental health also, free and informed consent is mandatory to be obtained in all the cases. This provision is equally applicable to Ayurveda and other traditional systems as well.

In the nutshell, the new mental health care act 2017 provides a new look to the mental health care needs in India in context to the global standards and at the same time with due recognition of our own strengths in traditional health care. The act although do not specifies the exact role a traditional mental health professionals may play in reducing the mental health burden of the country , it do opens the door for more thoughts to come in and to enrich the whole concept of utilizing the Indian traditional health care wisdom in the segment of mental health. Onus now lies upon Ayush stakeholders to identify the opportunity and to prove their worth as dependable partners in mental health care delivery in the country. Needless to say, if the idea is picked up well, it will help

enriching the traditional science with more evidence based approaches and so to become more reliable, reproducible and valid method of dealing with some specific mental diseases. Although, little exaggerating, this can mark the beginning of a new era of reality and strength based integration of multiple health care systems for the common goals. Mental health care being the ambassador in the approach can begin a cascade effect in many other area of health care. It is still a long way to go. The people from traditional health care in India, particularly of Ayurveda are now required to sense the opportunity and to put their every effort to turn this opportunity into a reality.

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