

National Mental Health Care Act 2017: Possible Implications to AYUSH

Sir,

I read with great interest editorial on ‘National Mental Health Care Act 2017: Possible Implications to *AYUSH* published in your esteemed journal¹.

I have few comments to make. The Indian Lunacy Act 1912 was revised after 75 years to Mental Health Act 1987 and after 30 years to Mental Health Care Act 2017.

I agree with the statement that “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”. The problem increases multi folds due to lack of required number of psychiatrists in India.

We hardly have 5000 psychiatrist in India. Mental Health Care in India can’t be looked after by psychiatrists alone, therefore we have to integrate psychiatry with general Health system.

Act will provide rights to the mentally ill by giving them power to govern their own treatment with the help of advance directives but this may have adverse effect on the treatment regime of the patient as due to lack of complete knowledge the decision taken by them may not be the best one in that condition.

These are some limitations to the act. There are many short coming of the act like, the act lays rule for govt as well as private setups but has told nothing about child foster homes and such organisations as these places need strict rules to prevent children from having a bad impact on their mental health.

Other lacunae are no hospitalization more than a certain

number of days in a mental hospital will force the institutions to discharge such patients but no infrastructure has been made available for rehabilitation of such patients so that they get into main stream when they go back to the real world and settle. Patients who were never identified and were brought to the hospital either by police or NGOs, after improving on medications, become a part of these hospitals, if such patients are discharged, they have nowhere to go .

This act decriminalises suicide but no instructions have been given for children and adolescents who constitute a major part of suicide attempters in the country.

ECT has been demonised and the right to decide whether a patient receives one has been given to the patient or the care taker and if the doctor doesn’t want to follow it, he should appeal. This will add on further burden to our already overloaded judiciary and will also delay the treatment of the patient. In suicidal patients ECT is the treatment of choice and shows improvement early as compared to medications which take a longer time to show the effect.

Lastly, it sets psychiatrists at par with personals holding a psy degree in Ayurveda, unani, siddha and other parallel streams but doesn’t mention about limitation of each stream which would lead to cross prescribing and can create a confusional state in health sector.

One more limitation to the act is that while formulating the act there was no psychiatrist as member except one psychiatrist who is engaged more in law than psychiatry.

In view of this, apex body Indian Psychiatric Society represented to government and committee is formed where

psychiatrist from National Institute of Mental health and Neurosciences, Bangalore and office bearers of Indian Psychiatric Society are involved to bring formulation of definitions in the Act.

The only solutions to bring in changes is possibly a PIL. Now we should hope for the best.

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Reference:

Singh R.H. and Rastogi S. National Mental Health Care Act 2017: Possible Implications to Ayush. Annals Ayurvedic Med. 6(1-2): 1-4

Annals of Ayurvedic Medicine announces the start of a new column as 'Student's Corner'

Seeing the minimal space given to the voice of students in formal education, learning and research publication system in Ayurveda, AAM has planned to initiate a new regular column named as 'Student's Corner'. For this column, the informal write-ups of bonafied students of ayurveda on various issues relevant to Ayurveda in a multidimensional perspective may be considered for publication. This column has a fix length of the article which should not exceed 1000 words inclusive of references. The articles in this column may cover a wide area inclusive of almost anything which makes a sense to contemporary ayurveda and is worth to be shared at an international peer reviewed platform. This may include research observations, case reports, view points, perspectives, challenges, problems, suggestions, adversities, hypothesis, experiments, innovations, anything which may help making ayurveda a better received medical system in a global perspective. The write up in the beginning should contain a highlight of the article in not more than two crisp sentences saying precisely what the article pleads about. The references if there are any, should essentially be formatted in journals styles which may be looked at the author area at journals website www.aamjournal.in

All the submitted articles in Students corner section will initially be reviewed by editorial board for their suitability of publication. Once found suitable initially they may be send for a quick and liberal peer review considering the articles written by students and not by the professional researchers. For all such articles, a declaration about the current status of the author as a student in any capacity (UG, PG or Post Doc) in any stream (Ayurveda or outside ayurveda) is essentially required. This status should be as on the date of article submission. The affiliation declaration of the author should explain their status as a student. There can be a joint authorship for such articles but the contributing author in all such cases should be a student.

The articles in the section may be submitted online using the online article submission system available at www.aamjournal.in

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