

To,  
Dr. Mansukh Mandaviya  
Honourable Union Minister of Health and Family Welfare  
Government of India

Subject: Gratitude to the Union Government for enacting Mental HealthCare Act 2017 and some suggestions for improvement

Dear Sir,

In India approximately every one in five person suffers from a mental illness in their lifetime (Jha & Banerjee, 2021). It is a dire crisis which must be resolved by a joint effort from the community and the government. The government plays a pivotal role in envisioning and shaping a well-ordered mental healthcare system designed to cater to the needs of both people with mental illnesses and mental health professionals. The creation and implementation of the Mental Healthcare Act (MHCA) 2017 serves as a momentous step towards shaping a mental healthcare ecosystem designed for all. The MHCA 2017, received parliamentary approval in 2017 and was implemented from May 29, 2018 (Harbishettar et al., 2019). Previously mental healthcare in India was regulated by the Mental Healthcare Act 1987 which received heavy criticism due to its lack of recognition of the rights of a mentally ill person (Mishra & Galhotra, 2018). As a result of this, the new MHCA 2017 lays significant emphasis on the protection of the human rights of persons with mental illness, thereby empowering them to make their own decisions (Harbishettar et al., 2019).

### Merits

We at Heal believe that there are several merits to this Act. It will certainly help in building a stronger foundation for a healthier and efficient mental health ecosystem.

- **Informed Consent:** Previously, informed consent was often only sought in cases wherein active interventions such as surgical procedures were involved. However, the MHCA 2017 explicitly states that it is vital for psychiatrists to obtain comprehensive informed consent from their clients (Harbishettar et al., 2019). This is of paramount importance in establishing a healthy therapeutic relationship. The practitioner informs the client of their rights, the merits and demerits of therapy, etc. which allows the client to play an active role in decision-making and it also makes them feel heard and respected (Harbishettar et al., 2019). This may also be helpful in safeguarding practitioners from potential litigations.
- **Reduced Stigmatisation:** The stigma associated with mental health runs deep within the Indian society. This act certainly contributes towards reduced stigmatisation which will encourage more Indians to seek help.
- **Advance Directive:** This allows a person (except minors) to draft a legal document termed an advance directive which delineates how a person would like to be treated for their mental illness, if they lose their capacity to make this decision (Harbishettar et al., 2019). This is extremely beneficial as it ensures that a person not only understands their rights but also the need for precautionary measures and future treatment plans.
- **Decriminalization of Suicide:** The act also states that a person who attempts suicide shall not be punished instead the act recognizes that the person may be under severe stress and hence must be treated and cared for (Harbishettar et al., 2019). This is extremely important because those who resort to suicide should be provided with the treatment they require because the stress they endure must be addressed by a mental health practitioner. The recognition that those who attempt suicide require adequate care and treatment and not punishment will also help reduce the stigma associated with

mental health. This will also allow people to seek help and may lower the risk of further suicide attempts (Harbishettar et al., 2019).

- **Health Insurance Coverage:** The act mentions that insurers must provide medical insurance for ‘the treatment of mental illnesses on the same basis as is available for the treatment of physical illnesses’ (Harbishettar et al., 2019). This will make mental healthcare more accessible as often times people are unable to seek treatment due to financial limitations. This may also help reduce the deep-rooted stigma associated with mental health in our society.
- **Registration of Mental Health Establishments:** In an attempt to eliminate mental health establishments that are run by non-qualified professionals, or that do not maintain minimum standards, or provide poor facilities, the act requires that each MHE is registered (Harbishettar et al., 2019). This registration can be granted or removed by the State Mental Health Authority. This is certainly a crucial step towards providing high-quality mental healthcare to those in need.
- **Use of electroconvulsive therapy:** According to this act, the administration of electroconvulsive therapy will now require the use of muscle relaxants and anesthesia in order to ensure a safer administration of the procedure (Harbishettar et al., 2019).
- **Mental Health Review Boards:** In an attempt to ensure the just treatment of both the patients and the treating psychiatrists, the MHCA 2017 states that the State Mental Health Authority will establish Mental Health Review Boards which will be responsible for addressing any disputes related to the treatment of patients with mental illness (Harbishettar et al., 2019). This is an appropriate measure to ensure ethical and impartial treatment of patients.
- **Definitions of mental health professionals:** The Act comprehensively delineates who a mental health professional (psychiatrist, psychologist, etc.) is and what their specific qualifications are. These definitions are crucial in helping people identify qualified professionals as there are plenty of unqualified professionals who may exploit clients.

### Demerits

While there are several merits to the Act, it is vital that we acknowledge and discuss some of its shortcomings in order to cater to the mental health requirements of our country in a more efficient manner.

- **Lack of resources:** Although the Act addresses various concerns associated with mental health, its implementation must also be meticulously assessed. The lack of resources in our country poses a major challenge in the implementation of the Act. There are several obstacles that hinder its effective implementation such as low budget allocated for mental healthcare, poor infrastructure, lack of mental health resources in general healthcare settings and inadequate mental health workforce (Math et al., 2019). In India, roughly 0.05% of the annual healthcare budget is allocated to mental health whereas in developed countries 5-18% is allotted (“Understanding India’s mental health crisis”, 2020). These logistical constraints must be immediately addressed in order to provide suitable mental health services.
- **Implementation:** The Mental Healthcare Act, 2017, was supposed to be implemented throughout the country. However, can it be said that every town and every village of India has at least one mental health professional to help people? The WHO states the poor condition of mental health of Indians, the ever increasing suicide rates and the rising trend of numbers when it comes to mental health disorders. In 2017, there were 197.3 million people with mental disorders in India, comprising 14.3% of the total population of the country. (Sagar et al., 2019). A survey by the Indian Psychiatry

Society indicated that 20% more people suffered from poor mental health since the beginning of the Covid-19 pandemic (“Understanding India’s mental health crisis”, 2020). Although the Act requires states to set up State Mental Healthcare Authorities in nine months of the Act being passed, as of 2019, only 19 out of 28 states had constituted an SMHA (“Understanding India’s mental health crisis”, 2020). Hence, stringent implementation of the act is required in order to bring a change.

- **Definition of Mental Illness:** According to the Act, mental illness is defined as “a substantial disorder of thinking, mood, perception, orientation, or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, especially characterized by subnormality of intelligence.” The definition applies to those who have a “substantial disorder”, hence only taking into account those with severe illnesses (Math et al., 2019). It is imperative for the definition to include people who are within the spectrum of a disorder, that is they must take into consideration those who may have mild or moderate forms of a disorder as well. The mental health ecosystem should also focus on general mental well-being. Emotional stability, stress management and attaining peace of mind amidst the chaos of everyday life are some of the elements of mental wellbeing that must be emphasised upon.
- **Lack of Legal Aid:** The mental well-being of prisoners is a crucial sphere that must be taken into consideration as well. Deathworthy is a meticulously drafted report that comprises empirical data on mental illness and intellectual disability among death row prisoners in India (“Deathworthy, Project 39A”, n.d.). It reveals that among the death row prisoners that were interviewed 62.2% had a mental illness and 11% had an intellectual disability (“Deathworthy, Project 39A”, n.d.). Hence appropriate screening and treatment facilities should be made available for prisoners in an attempt to provide for their mental health needs.

### Suggestions

- **Psychoeducation:** It is important to incorporate psychoeducation in our country’s academic curriculum. Recently, a mandatory module on environmental studies was introduced by the UGC in colleges and universities affiliated by the UGC (Ghosh & Dutta, 2019). Similarly, modules on psychological first aid, emotional intelligence and life skills should also be a part of the curriculum as that equips students with the skills to manage difficult circumstances and emotions. It is also important to inform parents of the symptoms of these disorders as disorders can often go undetected. Early intervention is helpful in the treatment of disorders hence educating parents as well as teachers is crucial.
- **Integration of mental healthcare into primary healthcare:** It has been recognized that integrating mental health services with primary care could have several benefits including reduced stigmatization, early identification and treatment of mental disorders and easier accessibility (Sharma et al., 2004). Although this may require fulfillment of logistical demands and perhaps an expansion of workforce since primary care physicians have limited training in the field of mental health, it is still important to consider this as a long-term initiative.
- **Research:** Another initiative worth investing in is research. A large majority of research in mental health often comes from Western countries. Although their research is valuable and insightful, it is often not generalizable to people from different cultures. Hence, it is vital to conduct research that is grounded in the Indian context. For example, unemployment, poverty, gendered effects also contribute to mental health

(Roy, 2021) and these will more often than not vary across countries so assessing the association between these factors and mental health in the Indian society will provide us with more efficient ways to tackle the mental health crisis in our country.

- **Insurance Policies:** The Insurance Regulatory and Development Authority of India stated on June 2, 2020, that all insurance companies must provide policies for people with mental illnesses by October 1, 2020 (Ghosh & Chatterji, 2020). HDFC ERGO has introduced its insurance plans for mental health treatment, however, it does not include outpatient treatments which forms a majority of the expenditure for treatment as management of a chronic mental illness requires regular investments in treatment (Ghosh & Chatterji, 2020). The situation for other private insurers is unclear (Ghosh & Chatterji, 2020). It is important to meet the need for insurance of mental health in India by ensuring that adequate insurance policies and procedures are present to help people receive the treatment they need.
- **A database of qualified mental health professionals:** In an attempt to make mental health services more accessible, the Ministry of Health could work alongside the National Medical Council and the Rehabilitation Council of India to compile a structured database of qualified mental health professionals. This database might help people look for the right mental health professionals in their respective regions.
- **Awareness Campaigns:** Awareness campaigns focusing on both mental health and the MHCA, 2017 would pave the way for a healthier mental health ecosystem. Massive campaigns led by the government such as the Pulse Polio Immunization Programme have brought about revolutionary changes. Therefore, a large-scale programme for mental health may help in ensuring access to mental health services to marginalized and vulnerable communities, reduce the stigma associated with mental health and encourage more people to receive the help they need.

The Mental Healthcare Act, 2017 has been meticulously crafted to ensure that the citizens of our country get the care and treatment they require. However, in order to cater to the ever-changing scenario of mental health it is crucial that we consider the shortcomings of our mental healthcare system and reform it.

I would like to express my heartfelt gratitude to my colleagues for their insight and contribution – Ms. Shreya Sharma and Ms. Radhika Mundhra.

Yours sincerely,  
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#### References

*Deathworthy*. Project 39A. (n.d.). Retrieved November 10, 2021, from <https://www.project39a.com/deathworthy>.

Ghosh, M., & Chatterji, B. P. (2020, November 18). *Mental Health Insurance in India after covid-19*. *The Lancet Psychiatry*. Retrieved October 26, 2021, from <https://www.sciencedirect.com/science/article/pii/S2215036620304685>.

Ghosh, R., & Dutta, S. (2019, May 27). *UGC Mandates Environmental Studies at UG Level*. *The Times of India*. Retrieved October 20, 2021, from

<https://timesofindia.indiatimes.com/home/education/news/ugc-mandates-environmental-studies-at-ug-level/articleshow/69524882.cms>.

Harbishettar, V., Enara, A., & Gowda, M. (2019, April). *Making the most of mental healthcare act 2017: Practitioners' perspective*. Indian journal of psychiatry. Retrieved October 8, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6482701/>.

Jha, D. A., & Banerjee, D. D. (2021, August 26). *The reality of mental health: Beyond the buzz*. The New Indian Express. Retrieved October 20, 2021, from <https://www.newindianexpress.com/opinions/columns/2021/aug/27/the-reality-of-mental-health-beyond-the-buzz-2350326.html>.

Math, S. B., Basavaraju, V., Harihara, S. N., Gowda, G. S., Manjunatha, N., Kumar, C. N., & Gowda, M. (2019, April 8). *Mental Healthcare Act 2017 – Aspiration to Action*. Retrieved October 18, 2021, from <https://www.indianjpsychiatry.org/text.asp?2019/61/10/660/255588>.

Mishra, A., & Galhotra, A. (2018). *Mental healthcare act 2017: Need to wait and watch*. International journal of applied & basic medical research. Retrieved October 8, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5932926/>.

Roy, P. (2021, June 3). *The COVID-19 outbreak has been draining young India's Mental Health Capital*. The Wire Science. Retrieved October 20, 2021, from <https://science.thewire.in/health/the-covid-19-outbreak-has-been-draining-young-indias-mental-health-capital/>.

Sagar, R., Dandona, R., Gururaj, G., Dhaliwal, R. S., Singh, A., Ferrari, A., Dua, T., Ganguli, A., Varghese, M., Chakma, J. K., Kumar, G. A., Shaji, K. S., Ambekar, A., Rangaswamy, T., Vijayakumar, L., Agarwal, V., Krishnankutty, R. P., Bhatia, R., Charlson, F., ... Dandona, L. (2019). The burden of mental disorders across the States of India: The global burden of disease study 1990–2017. *The Lancet Psychiatry*, 7(2), 148–161. [https://doi.org/https://doi.org/10.1016/S2215-0366\(19\)30475-4](https://doi.org/https://doi.org/10.1016/S2215-0366(19)30475-4)

Satav, R. (2017, December 20). *The gaps in the mental healthcare act*. mint. Retrieved October 18, 2021, from <https://www.livemint.com/Opinion/LADv4BI5kQkl2QS5OI2LvN/The-gaps-in-the-Mental-Healthcare-Act.html>.

Sharma, V. K., Lepping, P., Cummins, A. G. P., Copeland, J. R. M., Parhee, R., & Mottram, P. (2004, June). *The Global Mental Health Assessment Tool--Primary Care Version (GMHAT/PC). development, reliability and validity*. World psychiatry : official journal of the World Psychiatric Association (WPA). Retrieved October 20, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414685/>.

*Understanding India's mental health crisis*. Ideas For India. (2020, April 6). Retrieved October 26, 2021, from <https://www.ideasforindia.in/topics/human-development/understanding-india-s-mental-health-crisis.html>.