UNIT 3 CERTIFICATION FOR DIFFERENT ISSUES RELATED TO MENTAL ILLNESS

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3.0 INTRODUCTION

The dictionary meaning of a medical certificate is “a document stating the result of a satisfactory medical examination” (Collins free online dictionary). Medical Certificate is usually issued regarding the treatment of illness, type of illness, recommendation of leave and fitness for duties. Certification for mental illness may be for different purpose such as certification for admission in a psychiatric hospital or nursing home.
The first requirement of a medical certificate for the detention of a lunatic was by the 1774 Madhouse Act, section 21, but they were called ‘orders’ not ‘certificates’; the name for medical document became certificate under the 1828 Madhouse Act (Roberts, 1981). According to the New Shorter Oxford Dictionary, the word ‘certify’ was first used for declaring a person officially insane in the late 19th century (Roberts, 1981). Presently, certificate in Psychiatry are issued for many purposes other than for committing a patient for hospitalisation.

### 3.1 OBJECTIVES

After studying this unit, you will be able to:

- develop an overview about the different certificates pertaining to mental health which are in use;
- acquire knowledge regarding the utility and benefits of certification in mental illness;
- assess and evaluate disability in mental retardation, autistic disorders and multiple disability; and
- discuss how disability in mental illness can be assessed with Indian Disability Evaluation and Assessment Scale (IDEAS).

### 3.2 MEDICAL CERTIFICATE FOR INVOLUNTARY HOSPITALISATION (INDIAN MENTAL HEALTH ACT, (IMHA) 1987)

Involuntary hospitalisation of psychiatric patients is required when a mentally ill person is not willing for admission. Such situations often arise when patient becomes violent and threatens to harm self or others because of mental illness. Alternatively, when patients are not able to care for themselves because of mental illness, they may require involuntary commitment. These patients may be admitted under Section 19 (admission under certain special circumstances), Section 22 (Reception Order on application) and Section 24 (Reception Order on production of mentally ill person) of the Indian Mental Health Act, 1987.

#### 3.2.1 Admission Under Certain Special Circumstances

Psychiatric patients may be admitted and kept as in-patients in a psychiatric hospital or psychiatric nursing home for a maximum period of ninety days if certified by two medical officers as ‘admission under certain special circumstances, prescribed under section 19 of Indian Mental Health Act, 1987. An application is made by the relative or a friend of the mentally ill person to the medical officer-in-charge along with two medical certificates from two medical practitioners (at least one of them should be a Government servant) stating the condition of the mentally ill patient in the prescribed format. Alternatively, the medical officer-in-charge can get the mentally ill examined by two medical practitioners working in the hospital or nursing home.

#### 3.2.2 Reception Order

Reception Order may be obtained under Section 22 (Reception Order on application) and Section 24 (Reception Order on production of mentally ill person)
of the Mental Health Act, 1987. Reception Order is issued by a magistrate. There are two situations in which a Reception Order is issued by a magistrate:

**First situation:** When the spouse or any other relative of a mentally ill person, or the medical officer-in-charge of a psychiatric hospital or psychiatric nursing home make an application to the magistrate (under Section 20 of the Mental Health Act, 1987). The medical officer-in-charge makes an application for an admitted mentally ill patient under temporary order, if longer treatment (more than six months) is required. Such applications to the magistrate should be accompanied by two medical practitioners (at least one of them in the service of the Government) stating the mental condition of the alleged mentally ill person. If satisfied, the magistrate issues a Reception Order for commitment of the mentally ill person (under Section 22 of the Mental Health Act, 1987).

**Second situation:** When the officer-in-charge of a police station produces before the magistrate a wandering mentally ill person who is not able to take care of self or is dangerous to self or others (Section 23 of the Mental Health Act, 1987), the magistrate examines the patient personally and gets the patient examined by a medical officer who has to issue a medical certificate stating the condition of the mentally ill person in the prescribed format. If necessary, the magistrate issues a Reception Order for commitment into a psychiatric hospital or psychiatric nursing home (under Section 24 of the Mental Health Act, 1987).

### 3.2.3 The Certificates

Certification usually includes the information about the patient (name, age, gender, father’s name, address etc.), the clinical features of the patient (in brief), opinion about the condition of the patient (by the examining doctor), name and signature of the examining doctor with date and place of examination.

The form and content of medical certificates are described under Section 21 of Mental Health Act, 1987. Every medical certificate that is issued must contain a statement that each of the medical practitioner has: (1) independently examined the alleged mentally ill person (2) formed his opinion on the basis of his own observations and from the particulars communicated to him and (3) that in their opinion the alleged mentally ill person is dangerous to self or others because of the mental disorders which warrants detention of such person in a psychiatric hospital or psychiatric nursing home.

### Self Assessment Questions 1

1) Under what sections of ‘The Mental Health Act, 1987’ there is provision for involuntary hospitalisation of psychiatric patients?

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3.3 CERTIFICATES IN SERVICES/JOBS AND RELATED ISSUES

Certification may be issued for many administrative purposes in which medical officer issues medical certificates stating the health of the patients. There are various circumstances where a Psychiatrist has to issue certificates. Some of these are described below.

3.3.1 Treatment Certificate

Treatment Certificate is a document which certifies that a person has been under treatment from a particular institution for a particular period. This type of certificate is similar to treatment certificates from other non-mental health centers. It is issued by a medical officer and it signifies that the person had been or is currently receiving treatment from a particular centre without further making any comment about the nature of the illness from which the person is suffering. Treatment certificate is required for different purposes such as:

a) To inform the employer that treatment has been initiated or continuing.

b) To apply for leave.

c) To apply for transfer.

d) To get benefit from the employer.

3.3.2 Mental Fitness Certificate

Psychiatrists are the only professionals in the medical community who are called upon to produce legally binding documents that are often presented before the courts and that can determine the course of an individual’s life and liberty and his/her life choices. A person with mental disorder should be assumed to have mental capacity to decide on various matters unless the contrary can be shown. The criteria for incapacity are as follows:

a) The person cannot comprehend and retain information relevant to the decision and its consequences.

b) The person is incapable of believing the information.

c) The person is capable of weighing up information to reach a decision.

The process of deciding fitness or otherwise is of vital importance in various situations. In India, ‘fitness certificates’ are regularly issued by Psychiatrists for the following:

a) To stand trial.

b) To work.

c) For marriage.

d) To take custody of child.

e) To enter into contract.

f) Making a valid will (Testamentary capacity).
g) Fitness to discharge is also given for discharging somebody from mental institutions.

There is no instrument developed in India, unlike in many other countries where legal incapacity decisions are done under very high statutory prescription, ethical dialogue and technical development of tools of assessments. Thus, attribution of “fitness” is often a personal judgment and it should be exercised very carefully.

### 3.3.3 Certification for Leave

When a person who has been working gets mentally ill and is under treatment, it is requested that the Psychiatrist should issue a certificate recommending leave from work for him. He may be given a certificate of leave in the same format which is used for physical illness as recommended by the Medical Council of India (MCI 2002).

The leave, so recommended should be of short duration, for weeks rather than months and should be extended periodically depending on the clinical condition. There are instances when the patient under treatment does not improve and the cumulative leave recommended may be for years. There is no upper limit for recommending leave.

### 3.3.4 Certificate of Fitness to Resume Duties

A mentally ill person who has been treated by a Psychiatrist may demand for fitness certificate to resume his normal duties. It is the solemn duty of a Psychiatrist to issue a fitness certificate if the patient has recovered from the illness and he is fit to resume his duties. To issue a certificate to a person without knowing his designation and nature of job may be risky in some cases. So, if the treating Psychiatrist thinks that the illness was of brief duration, and if the residual symptoms may not hamper the nature of work, certificate of fitness may be issued. However, it is a good practice to issue a treatment certificate and request the employer to write to the treating Psychiatrist stating the designation and nature of work, if an opinion on fitness or otherwise is required.

Although the fitness certificate can be issued by a Psychiatrist, it is advisable that a “Medical Board” is constituted by the Superintendent of the Psychiatric hospital and nursing home. There is no legal or prescribed requirement for such a medical board, but if constituted, it may have a Psychiatrist, a Medical Officer and a Clinical Psychologist. On the recommendation of this board, the hospital may issue appropriate certificate for fitness or otherwise.

### 3.3.5 Certificate for Invalidation from Service (Certificate of Unfitness)

Some of the patients who have been suffering for a long time from psychiatric illness require unfitness certificate so that his family members may get job on compassionate ground or under service rules in certain organisations. Such a written request should be made by the employer requesting for opinion on fitness or otherwise by the employee giving his designation and nature of job. It is not advisable to issue such certificates without any request by the employer and without knowing the nature of the job in detail.
Most of such patients are admitted, observed and treated with adequate regimes and for adequate time. They are also assessed by clinical psychologist for fitness for job and investigated (including blood tests, EEG, CT scan, MRI etc.) as required. The patient is then placed before a Medical Board which reviews the cases, clinically examine the patient, reviews investigation, psychological reports and an opinion is formed regarding the unfitness. It is communicated to the employer through a certificate of unfitness if the patient is found to be unfit.

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### 3.4 BENEFITS OF CERTIFICATION

Medical certificates serve various purposes. In jobs, it helps a mentally ill person not only for seeking treatment, but also in terms of the “paid leave” that the person gets due to his illness. Many a times these certificates also have medico-legal value.

Government has extended certain benefits to the persons with disabilities. The certification of disability is required to be produced in order to avail benefits. Some of these benefits that can be availed by persons with mental retardation and mental illness will be discussed in the following paragraphs.

#### 3.4.1 Travel Concession

The Indian Railways provide the facility of concession to be used for the mentally retarded persons. The mentally handicapped person and his escort are charged 25% of railway fare to and fro. Various state governments also give concession for using state transport. Presently, only visually impaired are eligible for concessional rates for travel by air.

#### 3.4.2 Income Tax Deduction

Government of India provides the facility of tax deduction benefit for the mentally disabled persons under Section 80 U and 80 DD of the Income Tax Act (ITA),
1961. The current provisions for tax deductions are as follows (Direct Taxes Circular, Sec 80 DD):

a) Handicapped Dependent: The Section DD of ITA includes deduction in respect of maintenance including medical treatment of a dependent who is a person with disability. An assessee, subject to certain conditions, will be allowed to a deduction (Rs 50,000 if the disability is 40% to 75% and Rs 75,000 if disability is severe) from his gross total income in respect of the previous year. The handicapped dependent should be a relative of the assessee and not dependent on any person other than the assessee for his support or maintenance.

b) Handicapped assessee: The Section 80 U of ITA includes deduction from income in cases of disabled persons. If a person has 40% to 75% disability, Rs 50,000 and if disability is ≥ 75%, an amount of Rs 75,000 shall be deducted from his total income in respect of the previous year.

3.4.3 Disability Pension

The Central Civil Services (Extraordinary Pension) Rules, 1978 (further revised in 2000) provided rules for the provision of the disability pension for various diseases. Among these, psychiatric illness has been specified in categories ‘B’ and ‘D’.

Category B: Diseases affected by stress and strain. It includes psychosis and psychoneurosis, hyperpiesia, hypertension, pulmonary tuberculosis etc.

Category D: Diseases affected by training, marching etc. It includes post traumatic epilepsy and other mental changes resulting from skull injury, tetanus, varicose veins, hernia etc.

As per the CCS Rules (clause III and IV), the disability pension is calculated as 50% of the minimum basic pay in the revised scale of the post last held by the employee. It may be reduced proportionately, if the employee did not have the required qualifying service for full pension and disability pension which is 30% of the basic pay, for 10% disability.

**Self Assessment Questions 3**

1) What are the benefits of Certification?

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3.5 ASSESSMENT OF DISABILITY IN MENTAL RETARDATION AND CERTIFICATION

Mental retardation is a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the development period which contributed to the overall level of intelligence, i.e., cognitive, language, motor and social abilities.

3.5.1 Categories of Mental Retardation

**Mild Mental Retardation:** The range of 50 to 69 (standardised IQ test) is indicative of mild retardation. Understanding and use of language tend to be delayed to a varying degree and executive speech problems that interfere with the development of independence may persist into adult life.

**Moderate Mental Retardation:** The IQ is of 35 to 49. Discrepant profiles of abilities are common in this group with some individuals achieving higher levels in visuo-spatial skills than in tasks dependent on language while others are markedly clumsy, do not enjoy social interaction and simple conversation. The level of development of language is variable. Some of those affected can take part in simple conversations while others have only enough language to communicate their basic needs.

**Severe Mental Retardation:** The IQ is usually in the range of 20 to 34. In this category, most of the people suffer from a marked degree of motor impairment or other associated deficits indicating the presence of clinically significant damage to or mal-development of the central nervous system.

**Profound Mental Retardation:** The IQ in this category estimated to be under 20. The ability to understand or comply with requests or instructions are severely limited. Most of such individuals are immobile or severely restricted in mobility incontinent and capable at most of only very rudimentary forms of non-verbal communication. They possess little or no ability to care for their own basic needs and require constant help and supervision.

3.5.2 Process of Certifications

A disability certificate in this case is issued by a Medical Board consisting of three members duly constituted by the Central/State Government. At least one is a specialist in the area of mental retardation, namely Psychiatrist, Pediatrician and Clinical Psychologist. Whenever required the Chairman of the Board may co-opt other experts.

3.5.3 Variables in Assessing Disability

Following variables need to be taken into consideration while assessing functional loss resulting in permanent Physical Impairment (disability) in Mental Retardation/Mental Illness.

a) Clinical Assessment,  
b) Assessment of Adaptive Behaviour, and  
c) Intellectual functioning.
A scale for measuring and quantifying disability in mental disorders was developed by the Rehabilitation Committee of Indian Psychiatric Society, (December 2000). Its purpose was the Assessment of Permanent Physical Impairment in Mental Illness based on Indian Disability Evaluation and Assessment Scale (IDEAS).

### 3.5.4 Items of the Scale

i) **Self Care:** Includes taking care of body hygiene, grooming, health including bathing, toileting, dressing eating taking care of one's health.

ii) **Interpersonal Activities (Social Relationships):** Includes initiating and maintaining interactions with others in contextual and social appropriate manner.

iii) **Communication and Understanding:** Includes communication and conversation with others by producing and comprehending spoken/written/nonverbal messages.

iv) **Work:** Three areas are Employment/Housework/Education (measures any one aspect).

The above items are to be rated as follows:

- **0-** NO disability (none, absent, negligible)
- **1-** MILD disability (slight, low)
- **2-** MODERATE disability (medium, fair)
- **3-** SEVERE disability (high, extreme)
- **4-** PROFOUND disability (total, cannot do)

**TOTAL SCORE**

Add scores of the 4 items and obtain a total score

**Additional Weightage for Duration of illness (DOI):**

- Less than 2 years: score to be added is 1;
- 2-5 years: add 2;
- 6-10 years: add 3;
- Greater than 10 years: add 4

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**Certification for Different Issues Related to Mental Illness**

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2) Describe the categories of mental retardation.

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3.6 INDIAN DISABILITY EVALUATION AND ASSESSMENT SCALE (IDEAS)

The Persons with disability act 1995 includes mental illness as disability. The persons with mental illness are eligible to avail all the benefits under the Persons with Disability Act 1995. The disabled people need disability certificate showing more than 40% disability from the competent authority to avail the benefits.

The assessment tools have already existed for the visually impaired, hearing impaired and orthopedic handicap and persons with mental retardation. These people are certified by the authentic body and become eligible by having disability certificates to avail the benefits under the PWD Act 1995. But there were no assessment tools for the certification of mentally ill people and these people did not avail any benefits despite having a disability. Rehabilitation committee of Indian Psychiatric Society developed the assessment tool for disability certification in 2002. This tool is known as Indian Disability Evaluation and Assessment Scale in short (IDEAS). The committee has developed clear guidelines to make use of IDEA easily.

General Guidelines

- IDEAS is best suited for the purpose of measuring and certifying Disability.
- It is therefore a brief and simple instrument, which can be used, even in busy clinical settings.
- Some training is required in the use of IDEAS.
- This is to be used only on out patients and those living in the community. Not appropriate for in-patients.
- Rating should be done only based on interviews of the Primary Care Givers. Case records and patients interviews can be used to supplement information.
- Only in rare instances, when no primary care giver is available, the rating can be based only on patient interview. This should then be documented.
- The gender specification “he” has been used for convenience and refers to both genders.
- Probe questions help to guide one through the interview and to help identify dysfunction in one or more activities.

Diagnostic Categories

Patients with only the following diagnosis as per ICD or DSM criteria are eligible for disability benefits:
• Schizophrenia
• Bipolar Disorder
• Dementia
• Obsessive Compulsive Disorder.

**Duration of illness:** The total duration of illness should be least two years. For the purpose of scoring, the number of months the patients was symptomatic in the last two years (MI 2Y –months of illness in the last two years) should be determined.

**Who does the assessment?**

Only the Psychiatrist can do diagnosis and certification. Trained social workers, psychologist, or occupational therapists can do administration of IDEAS

**Frequency of Re-certification**

Psychiatric Disability will be reassessed every two years and re-certified. The feasibility of doing this in the rural areas will however have to be examined.

**Items**

i) **Self care:** Includes taking care of body hygiene, grooming, health including bathing, toileting, eating and taking care of one’s health.

ii) **Interpersonal Activities** (Social Relationship): Includes initiating and maintaining interactions with others in a contextual and socially appropriate manner.

iii) **Communication and Understanding:** Includes communication and conversation with others by producing and comprehending spoken/ written/ nonverbal messages.

iv) **Work:** Three areas are Employment/ House work/ Education (measures any one aspect).

1) Performing in Work/ Job: Performing in work / employment (paid) employment /self employment family concern or otherwise. Measures ability to perform tasks at employment completely and efficiently and in proper time. Includes seeking employment.

2) Performing in Housework: Maintaining household including cooking, caring for other people at home, taking care of belongings etc. Measures ability to take responsibility for and perform household tasks completely and efficiently and in proper time.


**Scores for Each Item:**

- 0 – No Disability
- 1 – Mild Disability
- 2 – Moderate Disability
- 3 – Serve Disability
- 4 – Profound Disability
MI 2 Years < 6 months: score to be added is 1
7-12 months: add 2
13-18 months: add 3
Greater than 18 months: add 4

Global Disability
Total disability score + MI 2Y score = Global Disability Score (range 1-20)

Percentage: For the purpose of welfare benefits, 40% will be cut off point. The scores above 40% have been categorized as Moderate, Severe, and profound based on the Global disability score. This grading will be used to measures change overtime.

Score of 0- No disability = 0%
1-7 – Mild Disability = <40%
8 and above = > 40%
(8-13 moderate disability; 14-19 Severe Disability; 20 Profound Disability)

Self Assessment Questions 5
1) Explain the general guidelines for Indian Disability Evaluation and Assessment Scale in short (IDEAS).

3.7 INDIAN SCALE FOR AUTISM ASSESSMENT
Autism is identified as a cause for disability in the recent working draft of the Persons with Disability Bill 2011 which follows the United Nations Convention for Rights of Persons with Disability. The bill aims to help children with disabilities develop their evolving capacities and preserve their identities. Quantification of disability would help in getting disability benefits.

As there was no Indian scale to diagnose or measure autism, the National Institute for Mentally Handicapped (NIMH) developed the Indian Scale for Assessment of Autism (ISAA) for diagnosing and measuring the severity of autism in 2009. This scale was based on CARS and has 40 items divided under six domains – social relationship and reciprocity; emotional responsiveness; speech, language and communication; behavior patterns; sensory aspects and cognitive component. The items are rated from 1 to 5, increasing score indicating increasing severity of the problem. A score of <70 indicates no autism, 70-106 (mild autism), 107-153 (moderate autism), and >153 (severe autism). It takes about 15 to 20 minutes for administration of ISAA. The ISAA was devised with the aim of quantifying the severity of autistic symptoms so as to enable measurement of associated disability.
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3.8 ASSESSMENT OF MULTIPLE DISABILITIES

The Universal guidelines for assessment and certification of the following Disabilities were finalized by group of experts and were notified by the Ministry of Social Justice and Empowerment, GOI in June 2001.

1) Visual Impairment
2) Locomotor Disability
3) Speech & Hearing
4) Mental Retardation
5) Multiple Disabilities.

Guidelines for certification were also framed.

According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996 notified on 31.12.1995 by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of section 73 of the Persons with Disabilities Act, 1995, the empowered persons to give disability certificate, will be a Medical Board, consisting of at least three members, out of which at least one shall be a specialist in the particular field for assessing loco motor/visual including low vision/hearing & speech disability, mental retardation and leprosy cured as the case may be, duly constituted by the Central and State Government. Specified tests as indicated in guidelines should be conducted by the medical board and recorded before a certificate is given. The certificate would be valid for a period of five years for those whose disability is temporary, while in permanent disability the validity is lifelong.

The Director General of Health Services, Ministry of Health & Family Welfare will be the final authority, should there arise any controversy/doubt regarding the interpretation of the definitions/classifications/evaluations/tests etc. The minimum degree of disability should be 40% in order to be eligible for any concession/benefit.

As per PWD Act and in its compliance, various benefits & concessions are to be provided to the ‘persons with disability’. ‘Person with disability’ means a person suffering from not less than forty per cent of any disability as certified by a medical authority;

The ‘disability’ under PWD act means –

i) Blindness,
Mental Health Services

ii) Low vision,

iii) Leprosy-cured,

iv) Hearing impairment,

v) Locomotor disability,

vi) Mental retardation,

vii) Mental illness.

‘Locomotor Disability’ means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy;

‘Cerebral Palsy’ means a group of non-progressive conditions of a person characterised by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, peri-natal or infant period of development;

‘Leprosy cured person’ means any person who has been cured of leprosy but is suffering from -

i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

iii) extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression “leprosy cured” shall be construed accordingly;

‘Blindness’ refers to a condition where a person suffers from any of the following conditions, namely:

iv) total absence of sight; or

v) visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or

vi) Limitation of the field of vision subtending an angle of 20 degree or worse;

‘Person with low vision’ means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device;

‘Hearing Impairment’ means loss of sixty decibels or more in the better ear in the conversational range of frequencies;

‘Mental Illness’ means any mental disorder other than mental retardation;

‘Mental Retardation’ means a condition of arrested or incomplete development of mind of a person which is specially characterised by sub-normality of intelligence;

‘Rehabilitation’ refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels;
Certification for Different Issues Related to Mental Illness

Multiple disabilities means a combination of two or more of these disabilities as defined in Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, namely-

i) Loco motor disability including leprosy cured

ii) Blindness/Low vision

iii) Speech & Hearing Impairment

iv) Mental Retardation

v) Mental Illness.

In order to evaluate the multiple disability, the same guidelines shall be used as have been developed by the respective sub-committees of various single disability, viz Mental retardation, Loco motor Disability, Visual Disability, and Speech and Hearing disability.

Disabilities will be evaluated clinically, keeping with the prescribed guidelines (details in the manual) and administration of respective scales e.g. IDEAS (for measuring and quantifying disability in mental disorders).

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3.9 LET US SUM UP

Psychiatrists often have to issue different certificates pertaining to issues like fitness, leave, admission in a mental hospital etc. Certificates have their own utility for the people. Some of them may be useful in obtaining benefits from the government (like disability certificate), whereas some of them may be useful for the judiciary (like fitness to stand trial).

The process of certification should be done with some care and a thorough assessment of disability is required. There are tools to aid this process along with interview with significant care givers. Certificate of disability can help the person with disability to access some services and concessions by the government which can help them in improving their quality of life.
3.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Under what sections of ‘The Mental Health Act, 1987’ there is provision for involuntary hospitalization of psychiatric patients?

Psychiatric patients may be admitted and kept as in-patients in a psychiatric hospital or psychiatric nursing home for a maximum period of ninety days if certified by two medical officers as ‘admission under certain special circumstances, prescribed under section 19 of Indian Mental Health Act, 1987.

Self Assessment Questions 2

1) A treatment certificate is required for the following purposes:
   i) To inform the employer that treatment has been initiated or continuing
   ii) To apply for leave
   iii) To apply for transfer
   iv) To get benefit from the employer

2) A fitness certificate is issued by Psychiatrists for the following reasons:
   i) To stand trial
   ii) To work
   iii) For marriage
   iv) To take custody of child
   v) To enter into contract
   vi) Making a valid will (Testamentary capacity)
   vii) Fitness to discharge is also given for discharging somebody from mental institutions

Self Assessment Questions 3

1) Medical certificates serve various purposes that are as follows:
   i) In jobs, it helps a mentally ill person not only for seeking treatment, but also in terms of the “paid leave” that the person gets due to his illness.
   ii) Government has extended certain benefits to the persons with disabilities. The certification of disability is required to be produced in order to avail benefits. Some of these benefits are Travel Concession, Income tax deduction and disability pension.

Self Assessment Questions 4

1) Mental retardation is a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the development period which contributed to the overall level of intelligence, i.e., cognitive, language, motor and social abilities.
2) Categories of Mental Retardation are as follows:

i) Mild Mental Retardation: The range of 50 to 69 (standardized IQ test) is indicative of mild retardation. Understanding and use of language tend to be delayed to a varying degree and executive speech problems that interfere with the development of independence may persist into adult life.

ii) Moderate Mental Retardation: The IQ is of 35 to 49. Discrepant profiles of abilities are common in this group with some individuals achieving higher levels in visuo-spatial skills than in tasks dependent on language while others are markedly clumsy, do not enjoy social interaction and simple conversation. The level of development of language is variable. Some of those affected can take part in simple conversations while others have only enough language to communicate their basic needs.

iii) Severe Mental Retardation: The IQ is usually in the range of 20 to 34. In this category, most of the people suffer from a marked degree of motor impairment or other associated deficits indicating the presence of clinically significant damage to or mal-development of the central nervous system.

iv) Profound Mental Retardation: The IQ in this category estimated to be under 20. The ability to understand or comply with requests or instructions are severely limited. Most of such individuals are immobile or severely restricted in mobility incontinent and capable at most of only very rudimentary forms of non-verbal communication. They posses little or no ability to care for their own basic needs and require constant help and supervision.

Self Assessment Questions 5

1) The general guidelines for IDEAS are:

- IDEAS is best suited for the purpose of measuring and certifying Disability.
- It is therefore a brief and simple instrument, which can be used, even in busy clinical settings.
- Some training is required in the use of IDEAS.
- This is to be used only on out patients and those living in the community. Not appropriate for in-patients.
- Rating should be done only based on interviews of the Primary Care Givers. Case records and patients interviews can be used to supplement information.
- Only in rare instances, when no primary care giver is available, the rating can be based only on patient interview. This should then be documented.
- The gender specification “he” has been used for convenience and refers to both genders.
- Probe questions help to guide one through the interview and to help identify dysfunction in one or more activities.
Self Assessment Questions 6

1) The Indian Scale for Assessment of Autism (ISAA) was developed by the National Institute for Mentally Handicapped (NIMH), for diagnosing and measuring the severity of autism in 2009. This scale was based on CARS and has 40 items divided under six domains – social relationship and reciprocity; emotional responsiveness; speech, language and communication; behavior patterns; sensory aspects and cognitive component. The items are rated from 1 to 5, increasing score indicating increasing severity of the problem. A score of <70 indicates no autism, 70-106 (mild autism), 107-153 (moderate autism), and >153 (severe autism). It takes about 15 to 20 minutes for administration of ISAA. The ISAA was devised with the aim of quantifying the severity of autistic symptoms so as to enable measurement of associated disability.

Self Assessment Questions 7

1) ‘Person with disability’ means a person suffering from not less than forty per cent of any disability as certified by a medical authority.

2) Rehabilitation refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels.

3.11 UNIT END QUESTIONS

1) Write Short Notes on the following:
   a) Reception Order
   b) Benefits of certification in mental illness
   c) Disability under PWD Act.
   d) ISAA

2) Read the case study and answer the questions given below:

Mr. A is suffering from chronic schizophrenia. Though he is on medication, his condition has worsened in last four years. He is unemployed for last three years and does not do any work to sustain himself. Household expenses are met from the salary that his wife gets. He is also not able to help in the different household activities. He is unable to maintain his self-care and has to be told to take his bath, brush his teeth etc. He hardly interacts with others including his wife. Many a times, he just mutters something which nobody can understand.

i) How do you proceed to assess the disability of Mr. A.? Discuss in detail.


3.12 REFERENCES


Collins free online dictionary. Available at: http://www.collinslanguage.com/.
3.13 SUGGESTED READINGS

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996) Published In Part II, Section 1 of The Extraordinary Gazette of India, Ministry Of Law, Justice and Company Affairs(Legislative Department),New Delhi, the 1st January, 1996/Pausa 11, 1917 (Saka).

The Mental Health Act, 1987 (Act No 14 of 1987), 2007, Delhi, Commercial Law Publishers (India) Pvt Ltd.