

"The Wind of Change..."

"The Times they are A-Changing" was the title of the editorial from the previous issue,^[1] in which "change" as a phenomenon was discussed, and had also outlined the "change" in the journal's vision. This "change" was in the form of carrying out a theme for each issue on important and topical aspects to stimulate interest in areas germane to social psychiatry.^[1]

In keeping with that promise and continuing from the last paragraph of his editorial where Basu^[1] left the readership of the Indian Journal of Social Psychiatry to ponder, the theme of this issue is centered on the Mental Health Care Bill, 2013 (MHCB, 2013),^[2] and our editorial has been titled as, "The Wind of Change..."

To Quote

"The wind of change

Blows straight into the face of time

Like a stormwind that will ring the freedom bell

For peace of mind...

Take me to the magic of the moment

On a glory night

Where the children of tomorrow share their dreams

With you and me."

These lines are excerpts from the famous song "Winds of Change" by the German rock band Scorpions, which was released in 1989, just over 25 years back. It coincided with two key events in history, namely the end of Cold War coupled with breakdown of the USSR and the opening (with subsequent fall) of the Berlin Wall. Looking carefully at these lyrics, one can see that the emphasis is on change, freedom, and sharing of dreams and they seem to be the key phrases in the song.

It is probably no coincidence that a similar emphasis on these keywords took place during the process of consultation, drafting, and implementation of the new MHCB, 2013,^[2] as can be seen from the following overview related to the Bill.

It has been pointed out in the meetings of the Standing Parliamentary Committee (SPC)^[3] by the Secretary, Department of Health and Family Welfare, Government of India (GOI), that the Mental Health Act, 1987 (MHA, 1987),^[4] suffered from numerous inadequacies, which necessitated a revamp and formulation of the current version of the MHCB, 2013.^[2] The MHA, 1987, was purportedly no different from the Indian Lunacy Act, 1912,^[5] and viewed persons with mental illness as dangerous

and needing institutionalization, was open to abuse as its Sections 19 and 20 gave tremendous powers to families and professionals of the mentally sick person; there was no process of appeal and review of involuntary admissions; it mixed health care and social care issues; and last, it was not in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which was ratified by India on October 01, 2007.^[6] The said act also had no provision for specific protection for rights of persons with mental illness when receiving care and treatment from Mental Health Services, etc. Consequently, the MHCB, 2013, aimed at rectifying the shortcomings of the MHA, 1987.^[2-4]

The Secretary, Department of Health and Family Welfare, GOI, had additionally (and clearly) mentioned in these meetings that the department regarded the MHCB as a rights-based legislation, which gave primacy to the rights of persons with illness with the awareness that such rights place obligations on the government.^[2] He had further emphasized that though these rights might clash with the perceived notions of the rights of persons with mental illness, the Bill sought to protect and enhance the rights of persons with illness over the perceived rights of families and caregivers. He additionally reiterated that UNCRPD, to which India was a signatory, had been the starting point of the process that had culminated in the introduction of the said Bill in the Parliament. He further stated that the government saw in the MHCB, 2013, possibility of establishing a strong and robust legal backing to a protocol of treatment and care that would assure persons with mental illness of their rights not only to their personal dignity and liberty but also to appropriate health care and to the possibility of life which is both wholesome and worthwhile.^[3,7]

Hence, from one can see that the emphasis on this journey from changing the contents and principles in the MHA, 1987, to MHCB, 2013, has been on change, freedom, and sharing of dreams. The impetus and backbone for "change" have been the UNCRPD;^[3,8] the "freedom" being reflective that the MHCB, 2013, is a joint initiative of the Ministry of Health and Family Welfare with a private psychiatrist from the Indian Law Society, Pune, who is not a member of the Indian Psychiatric Society.^[8,9] Hence, not involving someone with a "conflict of interest" (whereas the MHA, 1987, was conceived, piloted, and drafted by the Indian Psychiatric Society);^[8] the "sharing of dreams" being reflected through the long process of 3 years involving various stakeholders such as carers, users, activists, and professional bodies.^[3,9]

Yes... the winds of change are upon us as the MHCB, 2013, has already been introduced in the Rajya Sabha on

August 19, 2013, following which The Standing Committee on Health and Family Welfare (Chaired by Mr. Brajesh Pathak) submitted its report on December 09, 2013.^[10]

The Bill has received praise from certain psychiatrists.^[8,9,11-13] However, various psychiatrists, both in their individual capacity and being part of a collective professional organization (i.e. Indian Psychiatric Society), have expressed apprehension, dismay, concern, and even voiced criticism of not only the process followed in the drafting and development of the MHCB, 2013,^[2] but also regarding certain aspects as outlined in it. The main focus has been on – advance directives, nominated representative, post involuntary (supported) admission judicial review process, treatment with electroconvulsive therapy (ECT) (in unmodified form and for minors), and bringing all general hospital psychiatry units under the gambit of mental health establishments.^[3,8,9,13-15]

Another interesting aspect of the MHCB, 2013, that has been pointed out is that it is quite progressive in thinking and conceptualization, and many aspects are similar to that operating in the legislation of Western countries;^[9] in fact, these aspects appear very familiar conceptually to the primary author of this editorial who has worked in England for over 8 years as a consultant psychiatrist in the NHS. Another interesting point of scrutiny, which came up during the debate in the various meetings of the SPC, was that the MHCB, 2013, did not appear to be fully compliant with the UNCRPD.^[3]

However, the sociopolitical climate of India experienced “the wind of change” in 2014 that swept through the country due to which the tabling, further discussion, and decision on the Bill in the Parliament could not occur.

As an editorial team, keeping in mind the above-mentioned scenario and issues, we felt that it will be not only appropriate but also timely and relevant to address the key features in the current Bill, which are either progressive and/or have been generating significant debate. Also, it was strongly felt that individual opinions written in different journals at different times did not do adequate justice to such an important issue that was going to have such important and wide-reaching ramifications on the practice and delivery of Mental Health Care across India for decades to come. Hence, this specific theme related to “MHCB, 2013,” germinated in the early part of 2015.

Topics were carefully selected: Some that had generated intense debate among psychiatrists, between psychiatrists and other bodies/organizations (advance directives, ECT, involuntary admission, leave, and discharge), and some which were of topical importance and have been given further importance after debate by the SPC (restraints and seclusion, suicide, capacity). A detailed exposition on the UNCRPD was added, as that had been the starting point of the Bill’s journey,^[3,8] and also some concerns about the Bill not being fully compliant had been raised.^[3] Hence, it was

deemed necessary to understand the interplay of UNCRPD and MHCB, 2013. Last, an attempt was made to analyze as to how the MHCB, 2013,^[2] will pan out in relation to community mental health, as that has been the main thrust of the government for delivery of Mental Health Care since the inception of National Mental Health Program followed by the District Mental Health Program and linking them up with the General Hospital Psychiatric Units, wherever feasible.^[16]

Contributors were invited primarily based on their expertise and involvement in this area of Mental Health Legislation. In fact, just over half of the primary contributors were also involved in the final oral and/or written deliberations with the SPC of the Rajya Sabha demonstrating their passion and involvement for the Bill and its issues.^[3]

Hence, we hope that the conglomerate mix of topics and contributors related to the theme of MHCB, 2013,^[2] will be an enriching and invigorating experience for readers from any background alike.

In addition, there is the presence of four other articles (under different heads of award paper, original article, and case report), which were selected for their specific relevance and demonstration of a link to the various aspects discussed under different heads of the MHCB, 2013 (i.e., determination and definition of mental illness, suicidality being a harbinger of potential mental illness, stigma associated with mental illnesses, creating awareness about mental illnesses, etc.); thereby acting as a supplement to the theme-based articles.

We end this editorial in the hope that in the New Year (i.e., 2016), there will be “peace of mind” among various stakeholders regarding the MHCB, 2013,^[2] and hopefully, it shall have become the Mental Health Care Act following some appropriate and equitable modifications.

Nitin Gupta, Abhijit R. Rozatkar¹

Department of Psychiatry, Government Medical College and Hospital, Chandigarh, ¹Department of Psychiatry, SHKM Government Medical College, Mewat, Haryana, India

*Address for correspondence: Dr. Nitin Gupta, Department of Psychiatry, Government Medical College and Hospital, Sector 32, Chandigarh - 160 030, India.
E-mail: ningupta659@yahoo.co.in*

References

1. Basu D. The times they are a-Changin. *Indian J Soc Psychiatry* 2015;31:1-3.
2. The Mental Health Care Bill, 2013. Bill No. LIV of 2013. As Introduced in the Rajya Sabha. Available from: <http://www.prsindia.org/administrator/uploads/general/1376983253~mental%20health%20care%20bill%202013.pdf>. [Last accessed on 2015 Dec 13].
3. Parliament of India. Eightieth report on The Food Safety and Standards (Amendment) Bill; 2014. Available from: <http://www.164.100.47.5/newcommittee/.bill/Committee%20on%20Health%20and>. [Last accessed on 2015 Dec 12].

4. Mental Health Act 1987; with Short Notes and with Central MHA Rules 1990. Delhi Law House; 2003.
 5. Indian Lunacy Act 1912. [IV of 1912] Government of India. Delhi: Manager of Publications; 1951.
 6. United Nation. United Nations Convention on Rights of Persons with Disabilities; 2006. Available from: <http://www.un.org/disabilities/default.asp?id=150>. [Last accessed on 2015 Dec 12].
 7. Parliament of India. Seventy-fourth report on Mental Health Care Bill; 2013. Available from: <http://www.prsindia.org/uploads/media/Mental%20Health/SCR%20Mental%20Health%20Care%20Bill,%202013.pdf>. [Last accessed on 2015 Dec 13].
 8. Narayan CL, Shikha D, Narayan M. The mental health care bill 2013: A step leading to exclusion of psychiatry from the mainstream medicine? Indian J Psychiatry 2014;56:321-4.
 9. Kala A. Time to face new realities; mental health care bill-2013. Indian J Psychiatry 2013;55:216-9.
 10. Available from: <http://www.prsindia.org/billtrack/the-mental-health-care-bill-2013-2864/>. [Last accessed on 2015 Dec 12].
 11. Murthy P. The mental health act 1987: Quo Vadimus? Indian J Med Ethics 2010;7:152-6.
 12. Patel V. Legislating the right to care for mental illness. Econ Polit Wkly 2013;48:48-9.
 13. Narayan CL, Shekhar S. The mental health care bill 2013: A critical appraisal. Indian J Psychol Med 2015;37:215-9.
 14. Antony JT. On drafting a new mental health act. Indian J Psychiatry 2010;52:9-12.
 15. Antony JT. The ban on unmodified ECT and psychiatrist craving for a new identity. Kerala J Psychiatry 2015;28:11-5.
 16. Chavan BS, Gupta N, Arun P, Sidana A, Jadhav S. Community Mental Health in India. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2012.
- This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website: www.indjspa.org
	DOI: 10.4103/0971-9962.173298

How to cite this article: Gupta N, Rozatkar AR. "The wind of change...". Indian J Soc Psychiatry 2015;31:81-3.

