



RAMIA UNIVERSITY

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FACULTY OF NURSING CHAPTER-I

MENTAL HEALTH

It is a state of balance between the individual & the surrounding world, a state of harmony between oneself & others, co-existence between the realities of the self & that of other people.

DEFINITIONS

Karl Menninger (1947) defines mental health as

“An adjustment of human beings to the world & to each other with a maximum of effectiveness & happiness.”

The American Psychiatric Association (APA 1980) defines mental health as

“ Simultaneous success at working, loving and creating with the capacity of mature & flexible resolution of conflicts between instincts, conscience, important other people & reality.”

COMPONENTS OF MENTAL HEALTH

THE ABILITY TO
ACCEPT SELF

THE CAPACITY TO FEEL
RIGHT TOWARDS
OTHERS

THE ABILITY TO
FULFILL LIFE'S TASKS

THE ABILITY TO ACCEPT SELF

A mentally healthy individual feels comfortable about himself. He feels reasonably secure & adequately accepts his shortcomings. In other words, he has self-respect.

THE CAPACITY TO FEEL RIGHT TOWARDS OTHERS

An individual who enjoys good mental health is able to be sincerely interested in other's welfare. He has friendship that is satisfying & lasting. He is able to feel a part of group without being submerged by it. He takes responsibility for his neighbors & his fellow members.

THE ABILITY TO FULFIL LIFE' S TASKS

A mentally healthy person is able to think for himself, set reasonable goals & take his own decision. He does something about the problems as they arise. He shoulders his daily responsibilities, and is not bowled over by his own emotions of fear, anger, love or guilt.

CRITERIA FOR MENTAL HEALTH

Adequate contact with reality.

Control of thoughts & imagination

Efficiency in work & play.

Social acceptance.

Positive self-concept.

A healthy emotional life.

INDICATORS OF MENTAL HEALTH

**A POSITIVE
ATTITUDE
TOWARDS
SELF**

**GROWTH, DEVELOPMENT
& THE ABILITY FOR SELF-
ACTUALIZATION**

INTEGRATION

INDICATORS OF MENTAL HEALTH

AUTONOMY

PERCEPTION OF REALITY

**ENVIRONMENTAL
MASTERY**

A POSITIVE ATTITUDE TOWARDS SELF

This includes an objective view of self, including knowledge & acceptance of strengths & limitations.

The individual feel a strong sense of personal identity & security within the environment.

GROWTH, DEVELOPMENT & THE ABILITY OF R SELF ACTUALIZATION

This indicator correlates with whether the individual successfully achieves the task associated with each level of development.

INTEGRATION

Integration includes the ability to adaptively respond to the environment & of which help the individual maintain anxiety at a manageable level in response to stressful situations.

AUTONOMY

It refers to the individual's ability to perform in an independent self-directed manner, the individual makes choices & accepts responsibility for the wants & needs of others.

PERCEPTION OF REALITY

This includes perception of the environment without distortion, as well as the capacity for empathy & social sensitivity – a respect & concern for the wants & needs of others.

ENVIRONMENTAL MASTERY

This indicator suggests that the individual has achieved a satisfactory role within the group, society or environment. He is able to love & accept the love of others.

CHARACTERISTICS OF A MENTALLY HEALTHY PERSON

- He has an ability to make adjustments.
- He has a sense of personal worth, feels worthwhile & important.
- He solves his problems largely by his own effort & make his own decisions.

CHARACTERISTICS OF A MENTALLY HEALTHY PERSON

- He has a sense of personal security & feels secure in a group, shows understanding of other people's problems & motives.
- He has a sense of responsibility.
- He can give & accept love.

CHARACTERISTICS OF A MENTALLY HEALTHY PERSON

- He lives in a world of reality rather than fantasy.
- He shows emotional maturity in his behavior, and develops a capacity to tolerate frustration & disappointments in his daily life.

CHARACTERISTICS OF A MENTALLY HEALTHY PERSON

- He has developed a philosophy of life that gives meaning & purpose to his daily activities.
- He has a variety of interests & generally lives a well-balanced life of work, rest & recreation.

MENTAL ILLNESS

- Mental illness is maladjustment in living. It produces a disharmony in the person's ability to meet human needs comfortably or effectively & function within a culture.

MENTAL ILLNESS

- In general, an individual may be considered to be mentally ill if:-
 1. The person's behavior is causing distress & suffering to self & others.
 2. The person's behavior is causing disturbance in his day to day activities, job & IPR.

DEFINITION

- Mental & behavior disorders are understood as clinically significant conditions characterized by alterations in thinking, mood (emotions) or behavior associated with personal distress or impaired functioning.(WHO)

CHARACTERISTICS OF MENTALLY ILLNESS

- Changes in one's thinking, memory, perception, feeling & judgement resulting in changes in talk & behavior which appear to be deviant from previous personality or from the norms of community.

- These changes in behavior cause distress & suffering to the individual or others or both.
- Changes & the consequent distress cause disturbance in day to day activities, work & relationship with important others.(social & vocational dysfunction).

MENTAL HEALTH ACT

- The Indian mental health act (MHA) was drafted by the parliament in 1987 but it came into effect in all states & union territories of India in April 1993.
- This act replaces the Indian lunacy act of 1912.

REASONS FOR ENACTMENT

- The attitude of the society towards the mentally ill has changed considerably & it is now realized that no stigma should be attached to such illness, as it is curable practically when diagnosed at an early stage. Thus the mentally ill individuals should be treated like any other sick persons & the environment around them made as normal as possible.

REASONS FOR ENACTMENT

- The experience of working of the Indian Lunacy Act, 1912 has revealed that it has become outmoded with rapid advancement of medical science & the understanding of nature of malady. It has therefore become necessary to make fresh legislation in accordance with the new approach.

OBJECTIVES OF MENTAL HEALTH ACT

- To regulate admission into psychiatric hospitals & psychiatric nursing homes.
- To protect society from the presence of mentally ill persons.
- To protect citizens from being detained in psychiatric hospitals/ nursing homes without any sufficient cause.

- To regulate maintenance charges of psychiatric hospitals/ nursing homes.
- To provide facilities for establishing guardianship of mentally ill persons who are incapable of managing their own affairs.
- To establish central & state authorities for mental health services.

- To regulate the powers of the government for establishing licensing & controlling psychiatric hospitals/nursing homes.
- To provide legal aid to mentally ill persons at state expense in certain cases.

SALIENT FEATURES OF THE ACT

- The act is divided into 10 chapters consisting of 98 sections:-

CHAPTER I

It contains preliminary information. Some definitions included in this are:-

- ***Psychiatric hospital/nursing home:*** A hospital /Nursing home established or maintained by the government or any other person for the care of mentally ill persons.

CHAPTER I

- **Psychiatrist:** A medical practitioner possessing a postgraduate degree or diploma in psychiatry recognized by MCI.
- **Mentally ill person:** A person who is in need of treatment by reason of any mental disorder other than mental retardation.

CHAPTER I

- **Reception order:** An order made under the provisions of this act for the admission & detention of mentally ill person in a psychiatric hospital/nursing home.

Outdated definitions based on newer
concepts & knowledge:

CHAPTER I

Outdated definitions based on newer
concepts & knowledge:

OLD TERM	NEW TERM
LUNATIC	MENTALLY ILL PERSON
LUNATIC ASYLUM	PSYCHIATRIC HOSPITAL
CRIMINAL LUNATIC	MENTALLY ILL PRISONER

CHAPTER II

It deals with establishment of central & state authorities for regulation & co-ordination of mental health services.

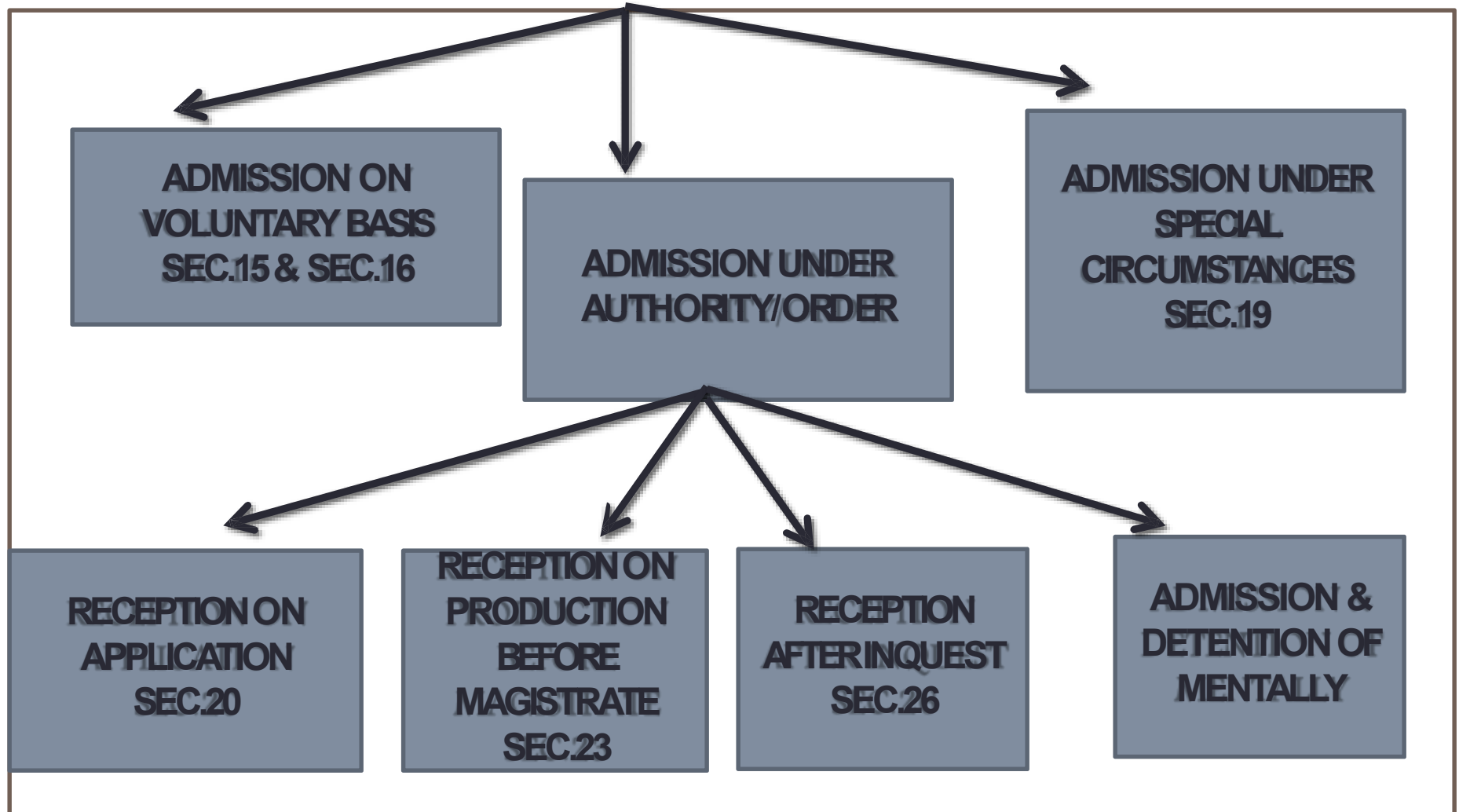
CHAPTER III

It provides guidelines for establishment & maintenance of psychiatric hospitals/nursing homes.

CHAPTER IV

It deals with procedure for admission & detention in psychiatric hospitals/ nursing homes.

TYPES OF ADMISSION



ADMISSION ON VOLUNTARY BASIS:-

Any person who considers himself to be mentally ill & wishes to be admitted to a psychiatric hospital may apply to the medical officer-in-charge; if he is a minor, the guardian can make this application on his behalf.

ADMISSION ON VOLUNTARY BASIS:-

The medical officer should make inquiry within 24 hours & should admit the patient if he opines that treatment is required.

The voluntary patient thus admitted is now bound to abide by the rules made by the institutions.

ADMISSION UNDER SPECIAL CIRCUMSTANCES

Any mentally ill patient who is unwilling for admission on a voluntary basis may be admitted & kept as an inpatient in a psychiatric hospital/nursing home.

For such purpose an application should be made out on his/her behalf by a relative or a friend of the mentally ill person, provided the medical officer deems fit.

ADMISSION UNDER SPECIAL CIRCUMSTANCES

ON APPLICATION:- Only a relative not other than husband, wife, guardian or a friend can make out an application for the admission of a mentally ill patient.

Such an application should be made out to the magistrate in writing supported by two medical certificates, one of them issued by a gazetted MO.

However no person being a minor or one who has not seen the mentally ill patient in the last 14 days can make such application.

The Patient may now be admitted after the magistrate obtains consent from the MO of the mental hospital. The MO can extend inpatient treatment to more than 6 months by making such applications to the magistrate.

ON PRODUCTION BEFORE MAGISTRATE:-

Mentally ill patients exhibiting violent behavior, creating obscene scenes & dangerous to the society can be detained by the police officer & produced in the court within 24 hours of such detention, supported by 2 medical certificates, subsequent to which the magistrate issue a reception order.

ADMISSION IN EMERGENCIES:-

The MO in charge may order the admission of a mentally ill patient if he thinks he is dangerous to himself or others. However, the patient should be produced before the magistrate within 24 hours (maximum time limit period), or the magistrate himself may visit the psychiatric hospital/nursing home & pass reception order on examination.

TEMPORARY TREATMENT ORDER

It is an order issued by the magistrate in cases where the risk is perceived to the patient's life or to that of others.

If the MO in –charge feels it neccessaary to bring legal authorities into picture he can do so by applying to the magistrate.

Alternatively the relatives can get the magistrate to issue an order for treatment. In such case a single medical certificate is required which is valid for 6 months.

ADMISSION OF MENTALLY ILL PRISONERS

A mentally ill prisoner may be admitted into a mental hospital on the order of the presiding officer or a court.

MISCELLANEOUS ADMISSION

A mentally ill patient can be admitted either on humanitarian grounds (e.g. wanderers) or for observation purpose.

Social workers can obtain an order from the magistrate pending report from medical officer.

CHAPTER V

It deals mainly with the procedure to be followed for the discharge of mentally ill persons from a mental hospital under different circumstances.

DISCHARGE PROCEDURE

**VOLUNTARY
DISCHARGE
UNDER SEC.18**

**DISCHARGE
UNDER
SPECIAL
ADMISSION
UNDER SEC.19**

**DISCHARGE
IN RESPECT
OF
ADMISSIONS
DUE TO AN
ORDER OF
AN
AUTHORITY
IN ALL FIVE
TYPES.**

DISCHARGE OF A PATIENT ADMITTED ON VOLUNTARY BASIS

MO in –charge of psychiatric hospital/nursing home on recommendation from 2 medical practitioners preferably a psychiatrist, can issue directions for discharge of the patient.

DISCHARGE OF A PATIENT ADMITTED ON SPECIAL CIRCUMSTANCES

A relative or a friend may make an application to the MO for care & custody of the patient.

The relatives are required to furnish a bond with or without sureties, along with an undertaking that the mentally ill person shall be prevented from causing injury to self or others.

DISCHARGE OF A PATIENT ADMITTED ON RECEPTION ORDER

An applicant who feels that the patient has recovered from illness may make an application for discharge to the magistrate.

A certificate should accompany such an application from MO –incharge of the psychiatric hospital/nursing home.

If magistrate deems fit he may issue an order for discharge.


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graph TD; A[APPLICATION] --> B[A CERTIFICATE FROM MO INCHARGE OF PSYCHAITRIC HOSPITAL/NURSING HOME.]; B --> C[A MAGISTRATE ISSUES AN ORDER IF PATIENT IS FIT FOR DISCHARGE];
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APPLICATION

**A CERTIFICATE FROM MO
INCHARGE OF PSYCHAITRIC
HOSPITAL/NURSING HOME.**

**A MAGISTRATE ISSUES AN
ORDER IF PATIENT IS FIT FOR
DISCHARGE**

DISCHARGE OF A PATIENT ADMITTED BY POLICE

In cases where the police detain the mentally ill individual in hospital, he may be discharged after the family members agree in writing to take proper care, & the MO in charge opines that he is fit to be discharged.

DISCHARGE OF A MENTALLY ILL PRISONER

The hospital authorities have to report every 6 months about the person's state of mind to the authority, which had ordered detention.

As soon as they find that the person is fit to stand the trial, they have to inform about the same to the authority concerned.

The person is then handed over to the prison officer for further legal action.

LEAVE OF ABSENCE (SECTION 45)

On application by a relative or others to the MO-incharge & a bond duly signed stating that the patient will be taken proper care of & prevented from injuring self or others, leave of absence may be granted (for a period of maximum 60 days).

CHAPTER VI

It deals with enquiring regarding mentally ill persons possessing property, their custody & management of property. Under section 54(1) a guardian may be appointed by court of law on behalf of an alleged mentally ill person incapable of looking after self & property.

Under section 97 of the act when a mentally ill person is not represented by a legal practitioner in any proceedings before a district court or magistrate & such a patient does not have sufficient means to engage a legal practitioner then the district court or magistrate shall assign a legal practitioner to represent him at the expenses of the state.

CHAPTER VII

It deals with ways & means to meet the cost of maintenance of mentally ill persons detained in psychiatric hospital/nursing home.

Under section 78 when a mentally ill patient is detained as an inpatient & does not have property to bear the cost of treatment, in such cases his expenses shall be borne by the government of the state.

CHAPTER VIII

1. It is the latest addition to the act that contains a very novel & explicit provision for protection of human rights of mentally ill persons. Section 81 provides that:-

No mentally ill person shall be subjected during treatment to any indignity (physical or mental) or cruelty.

CHAPTER VIII

2. No mentally ill person under treatment shall be used for the purpose of research unless

a) Such research is of direct benefit to him.

b) A consent has been obtained in writing from the person (in voluntary admission) or from the guardian/relative (if admission was involuntary)

CHAPTER VIII

3. No letter or communication sent by or to a mentally ill person shall be intercepted, detained or destroyed.

CHAPTER IX

It deals with procedures to be followed for the establishment & maintenance of psychiatric hospitals/nursing homes, & the penalties, which can be relatively severe & explicit, for contravening them.

The article 6(1) of the mental health act prohibits the running of a home without license & article 11 (1b) says the licensing authority can revoke the license if the maintenance of the home is being carried out in a manner detrimental to the moral, mental or physical well being of the inpatients.

CHAPTER X

It deals with clarification pertaining to certain procedures to be followed by the MO in charge of the psychiatric hospitals/nursing homes.

POSITIVE QUALITIES OF THE MHA 1987

- Incorporates the latest scientific knowledge & social concepts.
- An attempt is made to make mental illness look on par with physical illness to reduce stigma.
- The definitions are in a progressive way.

- The treatability is the essential criterion.
- Indian mental health act is not applicable to untreatable conditions like mental retardation & dementia.
- Psychiatric patients admitted in general hospitals or nursing homes are spared.
- Formation of mental health authorities provide opportunities for better monitoring of services.

- Out patient services are mandatory in psychiatry hospitals or nursing homes.
- Admission procedures are simplified.
- Provision for separate hospitals for children, addicts & psychopaths.
- Efforts made to safeguard human rights of mentally ill person.

NATIONAL MENTAL HEALTH PROGRAM

- The GOI launched the National Mental Health Program (NMHP) in 1982, keeping in view the heavy burden of mental illness in the community, & the absolute inadequacy of mental health care infrastructure in the country to deal with it.

AIMS

1. Prevention & treatment of mental neurological disorders & their associated disabilities.
2. Use of mental health technology to improve general health services.
3. Application of mental health principles in total national development to improve quality of life.

OBJECTIVES

1. To ensure availability & accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable & underprivileged sections of the population.
2. To encourage application of mental health knowledge in general health care & social development.

OBJECTIVES

3. To promote community participation in the mental health services development & to stimulate efforts towards self-help in the community.

STRATEGIES

1. Integration of mental health with primary health care through the NMHP.
2. Provision of tertiary care institutions for treatment of mental disorders,
3. Eradicating stigmatization of mentally ill patients & protecting their rights through regulatory institutions like the central & state mental health authority.

APPROACHES

1. Integration of mental health care services with existing health services.
2. Utilization of the existing infrastructure of health services & also deliver the minimum mental health care services.
3. Provision of appropriate task-oriented training to the existing health staff.
4. Linkage of mental health services with the existing community development program.

COMPONENTS

TREATMENT:-MULTIPLE LEVELS

REHABILITATION

PREVENTION

TREATMENT:-MULTIPLE LEVELS

A. Village & sub –center level Multipurpose workers (MPW) & Health supervisors(HS), Under the supervision of MO to be trained for:-

- a. Management of psychiatric emergencies.
- b. Administration & supervision of maintenance treatment for chronic psychiatric disorders.

TREATMENT:-MULTIPLE LEVELS

c. Diagnosis & management of gradual epilepsy, especially in children.

d. Liaison with local school teachers & parents regarding MR & behavioral problems in children.

e. Counselling problems related to alcohol & drug abuse.

TREATMENT:-MULTIPLE LEVELS

B. MO of PHC aided by HS, to be trained for:-

- a. Supervision of MPW's performance.
- b. Elementary diagnosis
- c. Treatment of functional psychosis.
- d. Treatment of uncomplicated cases of psychiatric disorder associated with physical diseases.

TREATMENT:-MULTIPLE LEVELS

e. Management of uncomplicated psychological diseases.

f. Epidemiological surveillance of mental morbidity.

C. District hospital: It was recognized that there should be at least one psychiatrist attached at every district hospital as an integral part of district health services.

TREATMENT:-MULTIPLE LEVELS

The district hospital should have 30-50 psychiatric beds. The psychiatrist in a district hospital was envisaged to devote only a part of his time to clinical care & a greater part in training & supervision of non-specialist health workers.

TREATMENT:-MULTIPLE LEVELS

D. Mental hospitals & teaching psychiatric units: Major activities of these higher centers of psychiatric care include:

- a. Help in care of 'difficult' cases.
- b. Teaching.
- c. Specialized facilities like occupational therapy units, psychotherapy, counseling & behavioral therapy.

REHABILITATION

The components of this sub-group includes treatment of epileptics & psychotics at the community level & development of rehabilitation centers at both the district level & higher referral centers.

PREVENTION

The prevention components is to community-based, with initial focus on prevention & control of alcohol-related problems. Later on, problems like addictions, juvenile delinquency & acute adjustment problems like suicidal attempts are to be addressed.