Sir,

Despite increase in burden of mental illness in the society, mental health has never been a priority of policy makers. The trend continues in the cases of disability certification. A recently published article\(^1\) raised some important points regarding the issues, like right to health, discrimination by authorities, rehabilitation of disabled and disability measurement. Issues raised by the authors are very important and are results of keen observation and analysis of current social situation and system of disability certification in mental health. Although the authors have provided a comprehensive review of shortcomings\(^1\), they missed certain issue worth mentioning.

Conceptualization of disability is an important issue faced by the service providers as well as by the relatives of the patient. For other disabilities it is clearly stated that if the condition is curable, person would not qualify for disability benefits. In cases of mental illnesses, a clear line between curable and non-curable cannot be drawn. This ambiguity leads to apprehension in the service providers, to whom the benefits can be given. Since it is not specified in the guidelines\(^2\) if the patients with acute illness with short duration or the untreated patient can be benefited. Thus, certain criteria like minimum duration of illness and requirement of regular treatment prior to qualifying for disability benefits should be formulated to ensure clarity. Further, it is also observed that relatives frequently bring untreated patients to receive only disability benefits, since they believe that mental illness is untreatable. Purpose of certification, in such cases remain certain exemptions, property matters or obtaining travel pass or pension; patient’s benefit is rarely an issue. Issuing certificate in such cases will further strengthen the misconception of non-treatability of mental illness, and will increase the stigma.

Developing such criteria will have dual benefits; first, the caregivers will be encouraged to provide regular treatment to the patient, that will ensure ‘Right to Health’ for patient with mental illness; second, it will increase the number of beneficiaries due to clearly defined criteria.

Permanent disability is another important issue. Although it is difficult to define, there should be some evidence based criteria to establish permanent disability and provide regular benefits. These deficits have left the guidelines somewhat incomplete and ambiguous.

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Authors’ response

Sir,

There has been a fundamental shift in the motivation for benefits provided to persons with disabilities. The earlier charity based provision of disability benefits has now evolved to a rights based approach where benefits to disabled are not provided due to sympathy but rather as a right of the disabled towards being able to participate...
in the society on an equal basis. If a person fulfils the disability criteria as enacted in the legislation, he/she has the right to get the benefits that they are entitled to. It would be unjust and illegal to link disability benefit to treatment or refusing treatment or stigma. This understanding is critical for all stakeholders including policy makers towards effective functioning of the system.

Further, providing disability benefits equips persons with disability with an equal opportunity for full participation in the society and to fight against the stigma. Disability is not dependent on diagnosis or incurability or outcome of the illness. United Nations Convention on Rights of person with Disability (UNCRPD)\(^1\) clearly defines that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

With regard to the requirement of a specific duration of illness for certification process, we have clearly suggested in the section on ‘Measurement of Disability’\(^2\) that there is a need to consider “Months of illness during the last two years (MY2Y)” as the unit. This will help address measurement of disability certification in episodic or short duration illness. In case of permanent disability, current legislation allows the board to certify the permanent disability. Hence, during the assessment of disability the clinician needs to focus more on activity limitations, and participation restrictions. This definition has been emphasised by the International Classification of Functioning, Disability and Health (ICF)\(^3\), which defines disability as an umbrella term for impairments, activity limitations, and participation restrictions. World Health Organisation has clearly emphasised that disability is a complex, dynamic phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives\(^4\).

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