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Mental Healthcare Act, 2017, and addiction treatment

Sir,

We write with reference to the following article: Rao R, Varshney M, Singh S, Agrawal A, Ambekar A. *Mental Healthcare Act, 2017, and addiction treatment: Potential pitfalls and trepidations.*

Indian J Psychiatry 2019;61:208-12. The authors raise several concerns about the Mental Healthcare Act (MHCA) with reference to addiction psychiatry. We would wish to focus on correcting misconceptions regarding the two most critical points related to the daily practice of clinicians.

The authors describe a vignette of a man with alcohol use disorder (AUD) who is unwilling to get admitted to hospital for the treatment of his AUD and go on to assert that “As the various requirements of Section 89 of the MHCA, 2017, are met, one can argue that the individual can be admitted without his consent.” We are afraid that this limited information does not meet requirements of Section 89 (1) (c) which can only be fulfilled if the person lacks capacity to make mental healthcare and treatment decisions. The mere fact that he does not believe he has a substance use problem is not proof of lack of capacity, and so, a “wrong” decision by the husband (in this case, based on his belief he does not have a substance use problem, and also, does not need admission) by itself is not enough to prove lack of capacity to trigger supported admission. This point has already been tackled in detail by Ameen in his “Comments”¹¹ on the article under discussion.

The second point the authors make is “*Studies show that brief interventions delivered in an outpatient setting are effective for harmful use of alcohol and can be delivered in primary care settings. How justifiable, then, is compulsory (supported) admission in this case?*”

This is equally incorrect interpretation of the Act. Section 89 (1) (b) requires that the psychiatrist or the mental health professionals or the medical practitioner, as the case may be, certify, after taking into account an advance directive, if any, that admission to the mental health establishment is the least restrictive care option possible in the circumstances (emphasis added).

If the psychiatrist certifying the admission believes that brief interventions delivered in an outpatient setting are effective, then admission to the mental health establishment is not the least restrictive care option and there is no reason for the psychiatrist to certify a supported admission.

The MHCA has been notified less than 12 months ago. As with any new legislation, there will be need for clarification on various sections of the law, how they should be interpreted in particular circumstances and the challenges in its implementation. Having accepted that, we strongly urge our fellow clinicians to appraise the law in detail. One of the ways forward is to engage with the urgent challenges in implementation through partnership and discussion with the wider mental health fraternity so that we can provide optimum care as enshrined in this progressive Act.

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Conflicts of interest

There are no conflicts of interest.

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1. Ameen S. Comments on “Mental Healthcare Act, 2017, and addiction treatment: Potential pitfalls and trepidations”. *Indian J Psychiatry* 2019;61:423.

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