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EDITORIAL

Aftermath of celebrity suicide – Media coverage and role of psychiatrists

O. P. Singh

REVIEW ARTICLE (INVITED)

Does electroconvulsive therapy cause brain damage: An update

Amal Joseph Jolly, Shubh Mohan Singh

ACCELERATED RESEARCH

Psychological impact of COVID-19 lockdown: An online survey from India

Sandeep Grover, Swapnajeet Sahoo, Aseem Mehra, Ajit Avasthi, Adarsh Tripathi, Alka Subramanyam, Amrit Pattojoshi, G. Prasad Rao, Gautam Saha, K. K. Mishra, Kaustav Chakraborty, Naren P. Rao, Mrugesh Vaishnav, Om Prakash Singh, P. K. Dalal, Rakesh K. Chadda, Ravi Gupta, Shiv Gautam, Siddharth Sarkar, T. S. Sathyanarayana Rao, Vinay Kumar, Y. C. Janardran Reddy

State of mental health services in various training centers in India during the lockdown and COVID-19 pandemic

Sandeep Grover, Aseem Mehra, Swapnajeet Sahoo, Ajit Avasthi, Adarsh Tripathi, Avinash D'Souza, Gautam Saha, A. Jagadhisha, Mahesh Gowda, Mrugesh Vaishnav, Omprakash Singh, P. K. Dalal, Parmod Kumar

Changes in sleep pattern and sleep quality during COVID-19 lockdown

Ravi Gupta, Sandeep Grover, Aniruddha Basu, Vijay Krishnan, Adarsh Tripathi, Alka Subramanyam, Anil Nischal, Arshad Hussain, Aseem Mehra, Atul Ambekar, Gautam Saha, Kshirod Kumar Mishra, Manish Bathla, Mukesh Jagiwala, Narayana Manjunatha, Naresh Nebhinani, Navendu Gaur, Niraj Kumar, Pronob Kumar Dalal, Pankaj Kumar, Purav Kumar Midha, Ritu Daga, Sai Krishna Tikka, Samir Kumar Praharaj, Sandeep Kumar Goyal, Shweta Kanchan, Siddharth Sarkar, Sourav Das, Sujit Sarkhel, Susanta Kumar Padhy, Swapnajeet Sahoo, T S Satyanarayana Rao, Vaibhav Dubey, Vikas Menon, Vishal Chhabra, Vivekanand Lahan, Ajit Avasthi

ORIGINAL ARTICLES

Confirmatory factor analysis of the Depression, Anxiety, and Stress Scale among Indian adults

Manoj Kumar Sharma, David John Hallford, Nitin Anand

Integrated intervention program for alcoholism improves impulsiveness and disadvantageous reward processing/risk-taking

Rajesh Kumar, Keshav J. Kumar, Vivek Benegal, Bangalore N. Roopesh, Girikematha S. Ravi

Which factors may differentiate lifetime suicide attempters from ideators in obsessive-compulsive disorder patients?

Cagdas Oyku Memis, Bilge Dogan, Doga Sevincok, Tolga Tunagur, Seda Deric Memis, Levent Sevincok

Network and pathway enrichment analysis of Attention Deficit/Hyperactivity Disorder candidate genes

Pratichi Singh

Burnout in medical students of a tertiary care Indian medical center: How much protection does resilience confer?

Shaurya Pharasi, Suravi Patra

BRIEF RESEARCH COMMUNICATION

Genetic association of the human GAP43 gene with schizophrenia in a Northeast Chinese Han population

Zhilin Luan, Wenhua Ming, Xiaoxiao Huo, Jingwei Yu, Bing Wang, Yang Sun

CURRENT THEMES

Sexuality, sexual well being, and intimacy during COVID-19 pandemic: An advocacy perspective

337 Debanjan Banerjee, T. S. Sathyanarayana Rao

COMMENTARY

School-based substance use disorder prevention in India: A brief appraisal

339

Amrit Pattojoshi, Sai Krishna Tikka

VIEWPOINT

Psychiatry postgraduate examinations for 2020 in the middle of COVID19 crisis: Suggestions from Indian teachers of psychiatry

Kishor M. Henal Shah, Suhas Chandran, Ashok V. Mysore, Ajay Kumar, Vikas Menon, H. R. Vinay, Mohan Isaac, O. P. Singh

354

CASE REPORTS

A rare case report of Lilliputian and Broddingnagian hallucinations in a case of pemphigus vulgaris

Roshan Sutar, Suman Patra, Faisal Siddiqui, Sanjeet Diwan, Abin Rajan

363

Not what it seems to be: Depression versus periodic limb movement disorder

Ravi Gupta, Kaustav Kundu, Khwaja Khayyam, Lokesh Kumar Saini

366

LETTERS TO EDITOR

More evidence and attention are needed to clarify the correlation between moyamoya disease and attention deficit hyperactivity disorder

Jin Yu, Jibo Zhang, Jincan Chen

Neurobiology of Attention Deficit Hyperactivity Disorder in moyamoya disease

Patra Suravi, Patnaik Ashish

370

Comparison of efficacy of ketamine versus thioepentone-assisted modified electroconvulsive therapy in major depression

Amit Jagtiani, Hitesh Khurana, Naveen Malhotra

379

Comments on "Perspectives, attitude, and practice of lithium prescription among psychiatrists in India"

Kumar Thamaraiselvan Santhosh, Hallikere S. Vishukumar

384

National guidelines for media reporting of suicide

Smitha Ramadas, Praveenlal Kuttichira, Chittaranjan Andrade

392

Comment on "Attitude, practice, behavior, and mental health impact of COVID-19 on doctors"

Aditya Somani, Ajay Kumar

400

Authors' responses to the comments on "Attitude, practice, behavior, and mental health impact of COVID-19 on doctors"

Seshadri Sekhar Chatterjee, Ranjan Bhattacharyya, Sumita Bhattacharyya, Sukanya Gupta, Soumitra Das, Bejoy Bikram Banerjee

407

Comments on "Psychological impact of COVID-19 pandemic on general population in West Bengal: A cross-sectional study"

Sourav Khanra, Nishant Goyal, Christoday Raja Jayant Khess

413

Reply to the comments on "Psychological impact of COVID-19 pandemic on general population in West Bengal: A cross-sectional study"

Kaustav Chakraborty, Moumita Chatterjee

418

418

427

431

435

437

440

441

442

443

444

445

446

447

448



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www.indianjpsychiatry.org

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
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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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