

CERTIFICATION IN PSYCHIATRY

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INTRODUCTION

Psychiatrists are increasingly requested to provide a certificate or report in connection with the administration, legal proceedings or for welfare measures. Many psychiatrists find that issuing certificates is an integral part of their professional work. The role of the psychiatrist in providing medicolegal opinion on the patient's behalf can be as important as diagnostic decision or treatment recommendation.

The dictionary meaning of a medical certificate is straightforward - "a document stating the result of a satisfactory medical examination" (Collins free online dictionary). Medical certificate is usually issued regarding the treatment of illness, type of illness, recommendation of leave and fitness for duties. Certification for mental illness may be for different purpose such as certification for admission in a psychiatric hospital or nursing home. The first requirement of a medical certificate for the detention of a lunatic was by the 1774 Madhouses Act, section 21, but they were called "orders", not "certificates"; the name for the medical document became certificate under the 1828 Madhouses Act (Roberts 1981). According to the New Shorter Oxford English Dictionary, the word 'certify' was first used for declaring a person officially insane in the late 19th century (Roberts 1981). One of the earliest mental certificates was issued by the Commonwealth of Virginia in 1902, which stated that:

"The document does hereby serve notice that Mr.xxx has been certified as legally insane, whereby the above named has become a ward of the state to be committed to an appropriate moral facility of mental hygiene to receive treatment for the condition of----- for a period of six (6) months or more, or care shall require until sufficient cause can be shown as to warrant release".

Presently, certificates in psychiatry are issued for many purposes other than for committing a patient for hospitalization.

WHAT CAN BE CERTIFIED

Certification may be required for many administrative purposes in which medical officers issue medical certificates stating the health of the patients. Occasionally such certificates may be demanded in a court of law in relation to civil or criminal matters. Medical Council of India (MCI, 2002)

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has listed the certificates and reports to be issued by registered practitioners for various purposes. They are as follows:

1. Under the Acts relating to birth, death or disposal of the dead;
2. Under the Acts relating to lunacy and mental deficiency and under the mental illness act and the rules made there under;
3. Under the vaccinations Act and the regulations made there under;
4. Under the factory Act and the regulations made there under;
5. Under the education Acts;
6. Under the public health Acts and the orders made there under;
7. Under the workman's compensation Act and persons with disability Act;
8. Under the Acts and orders relating to the notification of infectious diseases;
9. Under the Employee's State Insurance Acts;
10. In connection with sick benefit insurance and friendly societies;
11. Under the merchant shipping Act;
12. For procuring/issuing of passports;
13. For excusing attendance in courts of justice, in public services, in public officers or in ordinary employment;
14. In connection with civil and military matters;
15. In connection with matters under the control of department of pensions;
16. In connection with quarantine rules;
17. For procuring driving license.

In contrast, certificates that are issued by a psychiatrist assume more importance as it states the mental health of the persons certified. When they are declared of unsound mind, they are deprived of many of their civil rights. Nevertheless, there are special benefits for these persons given by the law in recent years, e.g., job reservation, loans for self-employment, travel concession, for availing various schemes such as Uddyam Prabha, Gyan Prabha, Niramaya etc. of National Trust which a disabled person can avail on production of these certificates. Certification may be required in psychiatric practice in the following areas:

1. Involuntary hospitalization: Medical Certificate may be required for committing a mentally ill patient in a psychiatric hospital or nursing home as per Mental Health Act (MHA, 1987).
 - a. Admission under certain special circumstances
 - b. Reception order
2. Employment: While in jobs, the employee may require certificates for medical leave as well as for either fitness or unfitness for the job.
 - a. Certificate for medical leave from job
 - b. Certificate of fitness to resume duties
 - c. Certificate for invalidation from service (certificate of unfitness)
3. Treatment certificate: The certificates stating that a person is seeking treatment may be required for applying for leave or transfer or securing certain benefits that are provided.
4. Disability certificates (including disability due to mental illness and mental retardation): This is required for welfare measures, in order to avail the benefits extended to these persons.

- a. Pension
 - b. Railway concession
 - c. Income tax deductions
5. Medical certificate provided for availing the facilities of National Illness Assistance Fund (NIAF) or Rastriya Aarogya Nidhi (RAN)
 6. Matrimonial matters: The certificate stating the presence of mental illness at the time of marriage can make the marriage null and void and may be a ground for divorce.
 7. Child custody: A fitness certificate may be required for the persons who are adopting a child.
 8. Criminal responsibility (Insanity defence): A certificate of mental illness that has been issued may be used in the court as insanity defence.

WHO CAN CERTIFY

As specified in the MCI code of medical ethics, registered practitioners are in certain cases bound by the law, to give certificates, notifications, reports or other documents signed by them in their professional capacity for subsequent use in the courts of law or for administrative purposes. Any such certificate, report or document which is untrue, misleading or improper is liable to have the doctor's name erased from the Medical Council register.

Most of the medical certificates are issued by the medical officers including psychiatrists working in Government organizations. Private psychiatrists may be required to issue certificates in some situations. The medical practitioners who are eligible for issuing certificates are designated in various Acts, e.g., the term medical officers as per MHA (1987) includes not only modern medical doctors, but any medical officer. In certain situations such as income tax exemption, certification is only valid if it is issued by an MD degree holder and diploma holders are not eligible to issue such certificates.

HOW TO ASSESS AND DOCUMENT FOR CERTIFICATION

The certificates display an aspect of the public face of psychiatry. A well crafted report carries objectivity and professionalism. Furthermore, these certificates are legal documents and may often be produced in a court of law, if required (Nambi, 2008). Therefore proper assessment and documentation is necessary while issuing a certificate.

A certificate is psychiatric information that is required mostly for non-psychiatric purpose. It is not a clinical formulation. Therefore, clarity is essential and one should not be over-inclusive. As it may be used in court as evidence, its legal relevance should be the aim. One should avoid technical terms, if it is essential to use them then the terms should be explained. It is advisable to include only facts sustainable under legal scrutiny. If possible, the sources of those facts should be given. Privileged information about others should not be disclosed in a certificate. One should be specific and avoid general terms while giving appropriate reasons for conclusions drawn. Value-laden statements should be avoided. It is better to exclude psychiatric information that is not directly relevant to the purpose of the certification. The confidentiality of the certificates should be maintained.

Certification in civil matters is of grave importance. Once a person is declared of unsound mind, he/she cannot participate in any legal transactions, in relation to his/her property, even during the lucid interval, while the certificate remains in force. A finding of incapacity in these proceedings is prima-facie evidence of unsoundness of mind in all other legal proceedings. Such a certificate causes loss of personal autonomy.

It is an offence to issue a false certificate. It is essential not to issue any certificate without personally examining the patient and without confirming the identity. Cases have been reported where recommendations were given only on hearsay or just by having a cursory look at the patient. Whatever certificate is issued a copy of the same should be kept for records. It is always advisable to maintain a register documenting the certificates issued to mentally ill patients. In accordance with the MCI code of ethics, a registered medical practitioner shall maintain a Register of Medical Certificates giving full details of certificates issued. When issuing a medical certificate he/she shall always enter the identification marks of the patient and keep a copy of the certificate. He/she shall not omit to record the signature and/or thumb mark, address and at least one identification mark of the patient on the medical certificates or report. Every physician shall display the registration number accorded to him by the State Medical Council / Medical Council of India in all his certificates given to his patients.

Medical certificates in psychiatric practice may be issued in the following situations. The formats of various certificates as specified by Central Government/State Government or other Government organizations should be used. Wherever such formats are not available then the sample formats as used in Central Institute of Psychiatry, Ranchi, may be used with modifications as necessary. The medical certificate formats are given in appendices. The certificates should preferably be typed or printed on A4 pages using Arial font of size 10-12.

1) MEDICAL CERTIFICATE FOR INVOLUNTARY HOSPITALIZATION

Involuntary hospitalization of psychiatric patients is required when a mentally ill person is not willing for admission as a voluntary patient. Such situations often arise when patient becomes violent and threatens to harm to self or others because of mental illness. Alternatively, when patients are not able to care for themselves because of mental illness, may require involuntary commitment. These patients may be admitted under section 19 (admission under certain special circumstances), section 22 (reception order on applications) and section 24 (reception order on production of mentally ill person) of MHA (1987).

Admission under certain special circumstances:

Psychiatric patients may be admitted and kept as in-patients in a psychiatric hospital or psychiatric nursing home for a maximum period of 90 days if certified by two medical officers, as "admission under certain special circumstances" prescribed under section 19 of MHA (1987). An application is made by the relative or a friend of the mentally ill person to the medical officers-in-charge along with two medical certificates from two medical practitioners (at least one of them should be a Government servant) stating the condition of the mentally ill patient in the prescribed format. Alternatively, the medical officers-in-charge can get the mentally ill patient examined by two medical practitioners working in the hospital or nursing home.

Reception order:

There are two situations in which a reception order is issued by a magistrate: 1) when the spouse or any other relative of a mentally ill person, or the medical officer-in-charge of a psychiatric hospital or psychiatric nursing home make an application to the magistrate (under section 20 of MHA). The medical officer-in-charge makes an application for an admitted mentally ill patient under a temporary treatment order if longer treatment (more than 6 months) is required. Such applications to the magistrate should be accompanied by two medical certificates issued by two medical practitioners (at least one of them in the service of Government) stating the mental condition of the alleged mentally ill person. If satisfied, the magistrate issues a reception order for commitment of the mentally ill person (under section 22 of MHA); 2) when the officer-in-charge of

a police station produces before the magistrate a wandering mentally ill person who is not able to take care of self or is dangerous to self or others (section 23 of MHA). The magistrate examines the patient personally and gets the patient examined by a medical officer who has to issue a medical certificate stating the condition of mentally ill person in the prescribed format. If necessary, the magistrate issues a reception order for commitment in to a psychiatric hospital or nursing home (under section 24 of MHA).

Form and content of medical certificates:

The form and content of medical certificates are described under section 21 of MHA (1987). Every medical certificate that is issued must contain a statement that each of the medical practitioner has: 1) independently examined the alleged mentally ill person; 2) formed his opinion on the basis of his own observations and from the particulars communicated to him; and 3) that in their opinion the alleged mentally ill person is dangerous to self or others because of the mental disorder which warrants detention of such person in a psychiatric hospital or psychiatric nursing home.

The format of medical certificate for involuntary hospitalization to be issued by medical officers as used in Central Institute of Psychiatry, Ranchi, is given in **appendix 1a**. The application form for reception order by a medical officer as given in appendix of the Mental Health Act (MHA, 1987) is given in **appendix 1b**.

Recommendations

- ? Medical certificate should be issued only after examining the patient in person.
- ? Signs and symptoms of mental illness that imply dangerousness to self or others should be mentioned in the certificate.
- Proper documentation of the certificates issued is desirable.

2) CERTIFICATE FOR INVALIDATION FROM SERVICE (CERTIFICATE OF UNFITNESS)

Some of the patients who have been suffering for a long time from psychiatric illness require unfitness certificate so that his/her family members may get job on compassionate ground or under service rules in certain organizations. Such a written request should be made by the employer requesting for opinion on fitness or otherwise of the employee giving his / her designation and nature of job. It is not advisable to issue such certificates without any request by the employer and without knowing the nature of the job in detail.

Most of such patients are admitted, observed and treated with adequate regimes and for adequate time. They are also assessed by clinical psychologist for fitness for job and investigated (including blood tests, EEG, CT scan and MRI etc.) as required. The patient is then placed before a Medical Board which reviews the case, clinically examine the patients, reviews investigations, psychological reports and a opinion is formed regarding the unfitness. It is communicated to the employer through a certificate of unfitness. The format of medical certificate for unfitness as used in Central Institute of Psychiatry, Ranchi, is given in **appendix 2**.

Recommendations

- ? Do not issue certificate for invalidation unless asked by the employer in writing.
- ? The details regarding the nature of job should be obtained.
- ? If necessary, the patient may be admitted for observation for at least 10 days.
- Proper documentation of the certificates issued is desirable.

3) TREATMENT CERTIFICATE

Treatment certificate is a document which certifies that a person has been under treatment from a particular institution for a particular period of time. This type of certificate is similar to treatment certificates from other non-mental health centres. It is issued by a medical officer and it signifies that the person had been or is currently receiving treatment from a particular centre without further making any comment about the nature of illness from which the person is suffering. Treatment certificate is required for different purposes such as:

1. To inform the employer that treatment has been initiated or continuing,
2. To apply for leave,
3. To apply for transfer,
4. To get benefit from the Government.

There are certain general guidelines in relation to the treatment certificate:

1. There is a lack of proper understanding of the mental illnesses in the general population. Thus such a certificate is almost equated with certificate of "insanity", in institutional setups and even in courtrooms. So to prevent misuse of this certificate in the form of an evidence in favour of insane condition of a person, it is always desirable to mention in the certificate that this certificate does not make any opinion on the nature, extent, duration and treatment of illness and that clarification if any can be sought from the issuing authority.
2. In absence of any specification in the certificate whether the patient is under OPD or inpatient treatment, the certificate can further be misused as a certificate of admission in a mental hospital, which is in a completely different format as mentioned above.
3. Many De-addiction units are located in psychiatric facilities. So a treatment from psychiatric hospital without mentioning the reason of treatment viz. alcohol dependence may be construed to suggest that the patient has mental illness and may be used to get advantage such as getting bail for offences that a person with addiction may have committed.

A format of treatment certificate provided at the Central Institute of Psychiatry, Ranchi, which uses some specifications which are pertinent to its issue, as mentioned above is given in **appendix 3**.

Recommendations

- ? Always mention that this certificate does not make any opinion on the nature, extent, duration and treatment of illness and that clarification if any can be sought from the issuing authority.
- ? Proper documentation of the certificates issued is desirable.

4) MENTAL FITNESS CERTIFICATE

Psychiatrists are the only professionals in the medical community, called upon to produce legally binding documents that are often presented before the courts, and that can determine the course of an individual's life and liberty, and his / her life choices. A person with a mental disorder should be assumed to have mental capacity to decide on various matters unless the contrary can be shown. The criteria for incapacity are as follows:

1. The person cannot comprehend and retain information relevant to the decision and its consequences;
2. The person is incapable of believing the information;
3. The person is incapable of weighing up information to reach a decision.

The process of deciding fitness or otherwise is of vital importance in various situations. In India,

“fitness certificates” are regularly issued by psychiatrists for the following:

1. To stand trial;
2. To work;
3. For marriage;
4. To take custody of a child;
5. To enter into contract;
6. Making a valid will (Testamentary deposition);
7. Fitness to discharge certificate is also given for discharging somebody from mental institutions.

There is no instrument developed in this area in India, unlike in other countries where legal incapacity decisions are done under very high statutory prescription, ethical dialogue and technical development of tools of assessments. Thus, attribution of “fitness” is often a personal judgement and it should be exercised very carefully.

MENTAL FITNESS AND DIVORCE

As per the Hindu Marriage Act (HMA, 1955), a marriage is considered to be invalid if at the time of the marriage, either party: 1) is incapable of giving a valid consent to it because of unsoundness of mind; 2) though capable of giving a valid consent, has been suffering from a chronic mental disorder which makes them unfit for marriage and the procreation of children; or 3) has recurrent attacks of insanity.

Thus if the person is proved to be of unsound mind at the time of marriage, it can be considered as null and void (condition 11 of chapter 4 of the HMA). Furthermore, if a wife or husband has been suffering continuously or intermittently from severe mental disorder because of which the petitioner cannot reasonably be expected to live with the spouse, it fulfils the condition of divorce (condition 13 of chapter 4 of the HMA). Thus for proving a marriage null and void or for seeking divorce, a mental fitness certificate or treatment certificate is often used in a court of law.

It is not unusual for the spouse to apply for a certificate of mental illness from the treating psychiatrist. When such a request is made by the husband of the ailing wife, the psychiatrist is a fix whether he should issue a certificate or not. The psychiatrist is afraid that any certificate issued by him may be used to convince the court that this illness is “of such a kind and extent that the spouse cannot be reasonably expected to live with him/her” and may form a ground for divorce, which may not be true in many cases. If such request is made, it is advisable to simply issue a treatment certificate and certify that “clarification, if any, can be provided if asked by appropriate legal authority”.

MENTAL FITNESS AND ADOPTION

Under the Hindu Adoptions and Maintenance Act (1956), any adult Hindu male who is of sound mind can adopt a child. Similarly, the person who is giving in adoption should be of sound mind. In such situations certification of mental fitness may be necessary if asked for by a court of law.

Recommendations

- ? Medical certificates should not be issued without examining the patient.
- ? If necessary, the patient may be admitted for observation for at least 10 days.
- ? Wherever possible a psychological assessment should be done.
- ? It is advisable that a Medical Board is constituted while assessing for fitness.
- Proper documentation of the certificates issued is desirable.

CERTIFICATION FOR LEAVE & FITNESS TO RESUME DUTIES

CERTIFICATE FOR LEAVE

When a person who has been working gets mentally ill and is under treatment, it is requested that the psychiatrist should issue a certificate recommending leave from work for him. He may be given a certificate of leave in the same format used for physical illness as recommended by the Medical Council of India (MCI, 2002).

The leave so recommended should be of short duration, for weeks rather than months and should be extended periodically depending on the clinical condition. There are instances when the patient under treatment does not improve and the cumulative leave recommended may be for years. There is no upper limit for recommending leave. A format of certification of leave as recommended by the MCI (2002) is given in **appendix 4**.

Recommendations

- ? Certificate of leave as recommended by MCI should be used.
- ? Period of leave should be short.
- Recertification of leave should be done after proper assessment.

CERTIFICATE OF FITNESS TO RESUME DUTIES

A mentally ill person who has been treated by a psychiatrist may demand for fitness certificate to resume his / her normal duties. It is the solemn duty of a psychiatrist to issue a fitness certificate if the patient has recovered from the illness and he / she is fit to resume his/her duties. To issue a certificate to a person without knowing his designation and nature of job may be very risky in some cases. If a patient who has just recovered from paranoid schizophrenia is an engine driver or an armed police man, his nature of job is different from a peon with similar illness. A certificate of fitness may be issued to the peon but not to the driver or the police man. So, if the treating psychiatrist thinks that the illness was of brief duration, and if the residual symptoms may not hamper the nature of work, certificate of fitness are issued. However, it is a good practice to issue a treatment certificate and request the employer to write to the treating psychiatrist stating the designation and nature of work, if an opinion on fitness or otherwise is required.

Sometimes, the patients are referred for opinion on fitness, who had absented duties in an organization for months or years and produced treatment and fitness certificate from a private psychiatrist or private nursing home. Since the patient may not report any symptom of psychiatric illness at the time in order to get a certificate; it is advisable that fitness certificate should not be issued without proper clinical examination, observation and psychological evaluation. Once a request for opinion on fitness is required, consider, 1) whether he needs inpatient observation and further management; 2) any further investigation that is required; and 3) psycho-diagnostic evaluation for assessment for fitness.

Although the fitness certificate can be issued by a psychiatrist, it is advisable that "a Medical Board" is constituted by the Superintendent of the psychiatric hospital and nursing home. There is no legal or prescribed requirement for such a medical board, but if constituted it may have a psychiatrist, a medical officer, and a clinical psychologist (a tall order for many centres in India). On the recommendation of this board, the hospital may issue appropriate certificate for fitness or otherwise. Such a practice is in vogue in the Central Institute of Psychiatry, Ranchi. The form recommended for the fitness certificate by Medical Council of India (MCI, 2002) is given in **appendix 5a**. A partial

modification of the certificate of fitness as issued by Central Institute of Psychiatry, Ranchi is given in **appendix 5b**.

Recommendations

- ? Fitness certificate should not be issued unless asked in writing by the employer.
- ? Fitness certificate should not be issued without proper clinical examination, observation and psychological evaluation.
- ? If necessary, the patient may be admitted for observation for at least 10 days.
- It is advisable that a Medical Board is constituted while assessing for fitness.

CERTIFICATION FOR MENTAL ILLNESS FOR GOVERNMENT BENEFITS

Government has extended certain benefits to the persons with disabilities. The certification of disability is required to be produced in order to avail the benefits. The following benefits can be availed by the persons with mental retardation & mental illness:

1) Travel concession (Railway, Air, State Transport)

The Indian Railways provide the facility of concession for travelling to be used for the mentally retarded persons. The Mentally handicapped person and his escort are charged 25% of the railway fare to and fro. Various state governments also give concession for using state transport. Presently, only visually impaired are eligible for concessional rates for travel by air.

The format of certificate for availing travel concession as given by Indian Railways is given in **appendix 6**.

Recommendations

- ? Use the format as provided by the Indian Railways for availing concession.
- The person should be examined personally before issuing the certificate.

2) Income Tax Deduction On Production Of Certificate Of Disability

Government of India provides the facility of tax deduction benefit for the mentally disabled persons under section 80 U and 80 DD of the Income Tax Act (ITA), 1961. The current provisions for tax deduction are as follows (Direct Taxes Circular, Sec 80DD).

1. Handicapped dependant: The section 80 DD of ITA includes deduction in respect of maintenance including medical treatment of a dependant, who is a person with disability. An assessee who has incurred any expenditure for the medical treatment (including nursing), training and rehabilitation for the disabled or deposited any amount under Life Insurance Corporation or any other insurer as specified and approved by the Board in this behalf for the maintenance of a dependant who has disability, during the previous year, in accordance to the provisions of this section, he will be allowed a deduction of Rs 50,000 if the disability is 40-75% and Rs. 75,000 if the disability is severe (i.e. $\geq 75\%$) from his gross total income in respect of the previous year.

The handicapped dependant should be a relative of the assessee and not dependant on any person other than the assessee for his support or maintenance. He should be suffering from a permanent physical disability or mental retardation which has to be certified by a physician or psychiatrist, working in Government hospital. The disability should reduce the person's capacity for normal work or engage in a gainful employment or occupation.

2. Handicapped assessee: The section 80 U of ITA includes deduction from income in cases of disabled persons. If a person has 40-75% disability, Rs 50,000 and \geq 75% disability, an amount of Rs. 75,000 shall be deducted from his gross total income in respect of the previous year.

The assessee, during such claims has to furnish a copy of the certificate issued by the medical authority in a prescribed form, along with the return of income under section 139 of ITA. If the disability requires reassessment and has been issued a temporary disability certificate, then a new certificate has to be obtained from the medical authority. The certification has to be done by a doctor with PG qualification in form 10-1. They should possess MD degree; diploma holders are not eligible. Some of the disorders are classified under permanent disability which include Dementia, Parkinson's Disease, MND, Cancer, Chorea, Dystonia musculorum deformans, Hemiballismus, Aphasia, ataxia etc.

An important question regarding the requirements of document for this tax exemption has been raised, that some of organizations were asking the employees to submit medical vouchers/bills in connection with the expenses incurred on the medical treatment of their handicapped dependant apart from a certificate from the Government hospital regarding the permanent physical disability or mental retardation of the handicapped dependant. It would be sufficient if the employee furnished a medical certificate from a Government hospital and a declaration in writing duly signed by the claimant certifying the actual amount of expenditure on account of medical treatment (including nursing) training and rehabilitation of the handicapped dependant and receipt/acknowledgement for the amount paid or deposited in the specified schemes of LIC or UTI. Therefore, organizations may not insist upon production of vouchers/bills by the employees for having incurred expenditure on medical treatment of their handicapped dependants for allowing the deduction under section 80DD for the purpose of computing tax deductible at source. The prescribed format for tax deduction under **section 80-DD** and **section 80-U** are given in **appendix 7a and 7b**.

Recommendations

- ? Use the format as provided by the section 80-DD and 80-U for tax deduction.
- ? The person should be examined personally before issuing the certificate.
- The disability in percentage should be mentioned in the certificate.

3) Disability Pension

The Central Civil Services (Extraordinary Pension) Rules (1978) (further revised in 2000), provided rules for the provision of the disability pension for various diseases. Among these, psychiatric illness has been specified in Categories B & D which are mentioned below:

Category B: Diseases affected by stress and strain:

1. Psychosis and Psychoneurosis;
2. Hyperpiesia;
3. Hypertension (B.P.);
4. Pulmonary tuberculosis;
5. Pulmonary tuberculosis with pleural effusion;
6. Tuberculosis - non-pulmonary;
7. Mitral stenosis;
8. Pericarditis and adherent pericardium;
9. Endocarditis;
10. Sub-acute bacterial endo-carditis, including infective endocarditis;
11. Myocarditis - acute or chronic;
12. Valvular disease.

Category D: Diseases affected by training, marching, etc.:

1. Tetanus, erysipelas, septicaemia, and pyaemia, etc., resulting from injuries;
2. Varicose veins;
3. Ankylosis and acquired deformities resulting from injuries;
4. Hernia;
5. Post-traumatic epilepsy and other mental changes resulting from skull injury;
6. Internal derangement of knee joint;
7. Burns sustained through petrol fire, kerosene oil, etc. leading to scars and various deformities and disabilities;
8. Deformities of feet.

As per the CCS Rules (clause III and IV), the disability pension is calculated as 50% of the minimum basic pay in the revised scale of the post last held by the employee. It may be reduced proportionately, if the employee did not have the required qualifying service for full pension and disability pension which is 30% of the basic pay, for 10% disability. The format of application for the disability pension is given in **appendix 8a**. When an application is received for disability pension, then a medical board is constituted to prepare a report. The format of the report is given in **appendix 8b**.

The 'disability pension' is different from the 'invalid pension', which is granted when the Government servant retires because of physical or mental disorder that permanently incapacitates from the service. The detail of certification for invalidity has been discussed earlier.

Recommendations

- ? Use the format as provided by the Central Civil Services (Extraordinary Pension) Rules.
- ? The person should be examined personally before issuing the certificate.
- The disability in percentage should be mentioned in the certificate.

4) Medical Certificate Provided For Availing The Facilities of National Illness Assistance Fund (NIAF) or Rastriya Aarogya Nidhi (RAN)

Rashtriya Arogya Nidhi was set up under Ministry of Health & Family Welfare in 1997 to provide financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive medical treatment in Government Hospitals. Under the scheme of Rashtriya Arogya Nidhi, grants-in-aid are also provided to State Governments for setting up State Illness Assistance Funds. Such funds have been set up by the Governments of Andhra Pradesh, Bihar, Chhattisgarh, Goa, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Jharkhand, Maharashtra, Mizoram, Rajasthan, Sikkim, Tamil Nadu, Tripura, West Bengal, Uttaranchal, NCT of Delhi & Pondicherry.

Guidelines and terms and conditions for NIAF:

The amount will be utilised by the director of the institute for treatment of the poor patients living below poverty line suffering from life threatening illnesses as mentioned in the Annexure A. This assistance can also be extended to other patients who are unable to continue treatment for want of funds. The assistance in individual cases can be sanctioned by the director up to an amount not exceeding Rs. 50,000/- in each case and sanction would be accorded jointly by the director and another medical officer working under him. This amount would be provided as one time grant.

List of diseases included under the scheme of NIAF (Annexure A):

1. Cardiology and cardiac surgery (e.g. Pacemakers, TMT, Echocardiography, coronary angiography etc.)

2. Cancer (e.g. Anticancer chemotherapy and all kinds of radiation therapy)
3. Urology and Nephrology (e.g. Dialysis along with consumable goods, Renal and Hepatic transplantation, Uro-dynamic studies etc.)
4. Orthopaedics (e.g. Artificial prosthesis for limbs, implants, total hip and knee replacements)
5. Thalassemia (e.g. treatment of the condition including supply of injections, infusion pumps etc.)
6. Miscellaneous (e.g. Intra-ocular lens implantation, shunts for hydrocephalus etc.)
7. Investigations (e.g. USG, Doppler studies, Radionuclide scans, CT Scan etc.)
8. Drugs (e.g. Immunosuppressive drugs, anti TB drugs, Anti-haemophilic factor etc.)
9. Other major illnesses considered appropriate for assistance by medical superintendents, committee of doctors could be added to the list.

The issue of inclusion of mental illnesses in this list:

As can be seen, unfortunately, mental illness has not been included in the list. It is not permissible to certify a mentally-ill person for benefits of treatment under NIAF, however, if investigations such as MRI, CT scan etc. are done, this amount can be recommended with estimates from the investigating agencies. The format of the certificate as provided by the Rastriya Arogya Nidhi (W.12011//200-RAN) is given in **appendix 9**.

5) Educational Programmes For Children With Special Needs

All the children with special needs must be enrolled in primary schools. After the assessment of their disabilities by a team of a doctor, a psychologist, and a special educator in schools, the child will be placed in appropriate educational settings. Children with mild and moderate disabilities of any kind may be integrated in normal schools, severe in special schools / remedial schools, drop outs, who have problems in availing benefits of normal schools can join open school. All the children with learning disabilities are managed in normal schools. Open and special schools offer vocational courses also for children with disabilities. Candidates with disabilities are required to produce a certificate from a government hospital for admission in special schools.

Formal Schools: The Ministry of Human Resource Development (Department of Secondary and Higher Education) has been implementing a scheme of 'Integrated Education for the Disabled Children' (IEDC) in formal schools since 1982. The main objective of the scheme is to provide educational opportunities for the disabled children in normal schools, to facilitate their retention in the school system. The disabled children who are placed in special schools should also be integrated in common schools once they acquire the communication and daily living skills at the functional level. The following types of children with disabilities must be integrated in the normal school system-formal as well as in non-formal schools.

- a. Children with locomotor handicaps (O.H.).
- b. Mildly and moderately hearing impaired.
- c. Partially sighted children.
- d. Mentally handicapped educable group (IQ 50-70).
- e. Children with multiple handicaps (blind and orthopaedic, hearing impaired and orthopaedic, educable mentally retarded and orthopaedic, visual impaired and mild hearing impaired).

A three-member assessment team comprising of a doctor, a psychologist and a special educator is formed and their assessment report indicate whether the child can be put directly into school or should receive preparation in special school, special preparatory class in Early Childhood

Education Centre (ECCE) specially equipped for the purpose.

Integrated Education for Disabled Children (IEDC) in District Primary Education Programme (DPEP): The DPEP which was launched in 1994, aims at Universalisation of Primary Education (UPE) and is operational in 271 districts in the country. Its aim cannot be achieved until and unless 10 percent of children with special needs are integrated in the education system. With this aim, since 1998, IEDC programme has been receiving special emphasis under DPEP and endeavoring to integrate children with disabilities in DPEP primary schools. DPEP supports for the activities like community mobilization and early detection, in-service teacher training, resource support, educational aids and appliances, architectural designs in schools, etc. Children with learning disabilities also get special care in primary schools in DPEP. In the other non- DPEP districts the same IEDC activities will be supported under the programme of Sarva Shiksha Abhiyan (SSA).

Special Schools: This is a programme of Ministry of Social Justice and Empowerment. Children with severe multiple disabilities who have difficulty in coping in regular schools may avail special schools. Most of these special schools are located in urban areas and are being run by voluntary organizations. Most of these are residential schools and boarding-lodging and other services are provided free of cost. At present more than 3,000 special schools for the disabled are functioning in the country. Among them approx. 900 institutions are for hearing impaired children, 400 for children with visual impairment, 1,000 for mentally retarded and the remaining 700 for children with physically disabilities. Forty percent disability is the benchmark for identification and certification for admission in special schools.

National Open School (NOS): The NOS was established as an Autonomous Registered Society in 1989 with the mission to provide education through an open learning system at the school stage as an alternative to the formal system for school dropouts, girls, mentally/physically disabled, etc. It has also developed materials for teaching children with special needs in their own homes. At present there are 1,459 NOS study centres in the country.

CERTIFICATION FOR DISABILITY

Although the Mental Health Act was passed in 1987, the disability of such persons was not adequately addressed until the Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) (PWD) Act of 1995. Disability in this Act includes seven conditions: blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation and other mental illnesses. At present, disabilities like autism and learning disabilities are not covered under this Act. The person should have at least 40% disability as certified by a medical officer for eligibility for benefits in accordance with the Act. According to the PWD Rules, 1996, the Committee recommended that certification of disability for the purposes of the Act had to be carried out by a medical board comprising of the following members:

- a) The Medical Superintendent/Principal/Director/Head of the institution or his nominee —Chairperson
- b) Psychiatrist — Member
- c) Physician — Member

At least two of the members, including Chairperson of the board must be present and sign the disability certificate. The certificate would be valid for a period of five years for those whose disability is 'temporary' and are below the age 18 years. For those who acquire permanent disability, the validity can be shown as 'permanent' in the certificate. When there are no chances of variation in the degree

of disability, a permanent disability certificate is given.

The PWD Act (1995) did not prescribe guidelines for evaluation and assessment of mental illness and the specific procedures for certification. With regard to assessment of disability related to mental illness it was agreed that the Indian Disability Evaluation and Assessment Scale (IDEAS, 2002) developed by the Rehabilitation Committee of the Indian Psychiatric Society (IPS) through a Task Force should be used with modifications for the purposes of the Act.

a) THE DISABILITY OF MENTAL ILLNESS CERTIFICATE

The disability certificate and/or identity card is the basic document that a person with any disability of more than 40 percent requires in order to avail any facilities, benefits or concessions under the available schemes. This is not required for getting admission in a school for formal education.

Identity card for disabled persons

Presently, various ministries/departments of the central government as well as the state and UT level government provide a number of concessions/ facilities/benefits to the persons with disabilities. These benefits are provided on the basis of certain documents. The procedural requirements are different in each case. Therefore, the persons with disabilities have to do complex paper work which causes a lot of inconvenience and hindrance in availing various benefits. The Government of India has therefore issued guidelines (August, 2000) to States and UTs for issue of identity card to the persons with disabilities so as to enable them to easily avail any applicable benefits/ concessions.

All those who are certified by an appropriate authority to have a disability, as per the definitions given in the PWD Act (1995), will be eligible to obtain the identity card. This card will be issued to all of the eligible persons irrespective of their age. Medical Certificate obtained from an authorized medical board constituted by the State Govt./Defence authority, is a necessary prerequisite for obtaining the card.

Persons with disabilities may apply for their identity cards to the appropriate authority. In the case of persons with mental retardation, autism, cerebral palsy or multiple disabilities, applications can be made by their legal guardians. Ex-servicemen should apply for identity card through the Rajya Sainik Board, Zila Sainik Board or the Army formation HQs on the basis of disability certificate given by a competent medical authority in the defence forces. Two passport size photographs are required with an application.

The card has a life long validity when issued to a disabled person above the age of 18 years. For disabled children below 18 years of age, the card is required to be updated once in every five years. No fresh medical examination is necessary in the case of permanent disability.

A nominal amount is charged to the disabled person at the time of submission of the application for identity card. The identity card will contain several pieces of information, such as identity card number, disability code, district code and a state code. A pass book will also be issued along with the identity card. This pass book is meant to contain the details of various benefits and concessions provided to its holder. Since these guidelines are recent, the States and the UTs are likely to be in the process of creating an infrastructure for issuing these identity cards to every disabled person.

The certificate for disability for various disorders including mental illness is given in **appendix 10a**. The certificate of mental disability issued at the Central Institute of Psychiatry, Ranchi, is given in **appendix 10b**. If anyone, fraudulently attempts to avail any benefit meant for persons with disabilities, shall be punishable with imprisonment for a term which may extend to two years and/or with fine which may extend to twenty thousand rupees (Section 69 of the PWD Act).

Recommendations

- ? The person should be examined personally before issuing the certificate.
- The disability in percentage should be mentioned in the certificate.

b) MENTAL RETARDATION CERTIFICATE

Definition of mental retardation

Mental retardation is a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the development period which contribute to the overall level of intelligence, i.e. cognitive, language, motor and social abilities.

Categories of Mental Retardation

Mild Mental Retardation: The range of **50 to 69** (standardized IQ test) is indicative of mild retardation. Understanding and use of language tend to be delayed to a varying degree and executive speech problems that interfere with the development of independence may persist into adult life.

Moderate Mental Retardation: The IQ is in the range of **35 to 49**. Discrepant profiles of abilities are common in this group with some individuals achieving higher levels in visuo-spatial skills than in tasks dependent on language while others are markedly clumsy by enjoy social interaction and simple conversation. The level of development of language is variable, some of those affected can take part in simple conversations while others have only enough language to communicate their basic needs.

Severe Mental Retardation: The IQ is usually in the range of **20 to 34**. In this category, most of the people suffer from a marked degree of motor impairment or other associated deficits indicating the presence of clinically significant damage to or mal-development of the central nervous system.

Profound Mental Retardation: The IQ in this category estimated to be **less than 20**. The ability to understand or comply with requests or instructions are severally limited. Most of such individuals are immobile or severally restricted in mobility, incontinent and capable at most of only very rudimentary forms of non-verbal communication. They have little or no ability to care for their own basic needs and require constant help and supervision.

Process of Certification

The intelligent quotient (IQ) is assessed using standardized instruments such as Stanford Binet test, Binet Kamat Test, Weschler's Intelligence Scales, Malin's Intelligence Scale for Indian Children, Seguin Form Board etc. A disability certificate is issued by a Medical Board duly constituted by the Central/State Government. At least, one shall be a specialist in the area of mental retardation, i.e., a psychiatrist, paediatrician or a clinical psychologist. The examination process will consist of three components: clinical assessment, assessment of adaptive

behaviour and intellectual functioning.

The disability is calculated as follows:

Disability scoring = $110 - \text{IQ}$. For example, if IQ score is 40, the disability is 70% ($110 - 40 = 70$).

The format of certificate issued for mental retardation for Government benefits as issued by Central Institute of Psychiatry, Ranchi, is given in **appendix 11**.

Recommendations

- ? Use the format as provided by the Central Government.
- ? IQ assessment should be done using standardized tests.
- ? The person should be examined personally before issuing the certificate.
- The disability in percentage should be mentioned in the certificate.

HOW TO ASSESS DISABILITY - INSTRUMENTS

Disability has been defined as any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. Handicap refers to the disadvantage resulting from the impairment or disability that limits or prevents the fulfilling of a role that is normal for the individual. According to the Census 2001, there are 2.19 crore persons with disabilities in India who constitute 2.13 percent of the total population.

Assessment of disability in mental illness is not as easy like assessment of other disabilities during routine clinical assessment. Disability instruments include well validated measures such as Disability Assessment Schedule (WHO-DAS, 1988). These instruments are research oriented and may not be suitable in clinical practice. Some uniform and practically simple instruments are required to assess disability for implementation of PWD Act. Nevertheless, there are very few instruments available in India that have been standardized and are accepted by Government of India for measuring disability in mental illnesses or mental retardation. Some of them are described below.

1. INDIAN DISABILITY EVALUATION AND ASSESSMENT SCALE (IDEAS)

This is a scale used for measuring and quantifying disability in mental disorders, which was developed by the Rehabilitation Committee of Indian Psychiatric Society in December 2000. It is well suited for measuring disability in Indian population in which it has been validated. It has four items: Self Care, Interpersonal Activities (Social Relationships), Communication and Understanding, and Work. The alpha value at various centres was 0.8682, indicating good internal consistency between the items. It has good criterion validity and at face value, the instrument appeared to be measuring the desired qualities. Criterion validity was established by comparing IDEAS with SAPD (Schedule for the Assessment of Psychiatric Disability) which has been standardized in India.

IDEAS can be used only for evaluation of four mental illnesses:

1. Schizophrenia
2. Bipolar Affective Disorder
3. Obsessive Compulsive Disorder
4. Dementia

Duration of illness should be at least 2 years. The MI 2Y, i.e. the number of months of illness in the previous 2 years in which patient was symptomatic should be determined. The assessment and certification can only be done by a psychiatrist. Once issued, the temporary disability certificate is valid for a period of 5 years, thereafter re-certification has to be done.

Disability assessment using IDEAS is given in **appendix 12a**. For various welfare measures, 40% will be the cut off point. The scores above 40% have been categorized as moderate, severe and profound based on Global Disability Score. This grading is used to measure changes over time.

Recommendations

- ? The person should be examined personally before issuing the certificate.
- The disability in percentage should be mentioned in the certificate.

2. ASSESSMENT OF DISABILITY IN PERSONS WITH MENTAL RETARDATION (ADPMR)

IQ as a measure of disability is not appropriate and conceptually it is quite different (Flynn 1991; ICF 2001). Based on IQ there is no clear guideline to assess the percentage of disability in mental retardation and it cannot be used in multiple disability seen in many cases of MR. Also it takes clinical psychologists who are too few to measure IQ. In view of these constraints ADPMR scale was developed (Nizamie et al. 2005a, b) as a unified scale keeping in view certification purposes laid down by the Government of India (MSJE 1999).

It is a 5 point anchored rating scale that can be completed in a short time (about 10 minutes) in most setups. It takes into account adaptive functioning too. It can be administered by professionals, health workers, special teachers etc. It gives numerical disability score as well as in percentage. This scale needs some training before it can be administered and =40% disability is required to get concession and benefits. The details of ADPMR are given in **appendix 12b**.

Recommendations

- ? The person should be examined personally before issuing the certificate.
- The disability in percentage should be mentioned in the certificate.

INDIAN LAWS RELATED TO DISABILITY

There are several laws which safeguard the rights of the disabled persons in our country. The following is a list of such laws which are associated with disability issues.

1. Mental Health Act (MHA, 1987)

This Act consolidated and amended the law related to the treatment and care of the mentally ill persons, to make better provisions with respect to their property and affairs. Although this Act describes procedures for establishing guardianship and custody of mentally ill persons and protects their rights, it does not specifically address the issue of disability associated. Nevertheless, there is mention about the provision for rehabilitation activities in psychiatric hospitals and about licensing of convalescent homes for mentally ill persons.

2. The Rehabilitation Council Act of India (RCI, 1992)

Rehabilitation Council of India Act (1992) deals with the development of manpower for providing rehabilitation services. It was created for constitution of the Rehabilitation Council of India for regulating training of the professionals associated with rehabilitation, maintaining a Central Rehabilitation Register and other related issues.

Handicapped in this Act means a person who is:

1. Visually handicapped;
2. Hearing handicapped ;
3. Suffering from locomotor disability;
4. Suffering from mental retardation.

3. Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) (PWD) Act (1995)

The Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) (PWD) Act came into force in 1995 with the purpose of providing equal rights to disabled people and to protect their rights and full participation. It provides for education, employment, creation of barrier free environment, social security, etc. This Act is a major milestone in the care of disabled in India. This act includes seven conditions in its list of what it termed as disabilities:

1. **Blindness:** Total absence of sight or visual acuity not exceeding 6/60 in the better eye with correcting lenses; or limitation of the field of vision subtending an angle of 20 degrees or worse.
2. **Low vision:** A person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device
3. **Leprosy-cured person:** Any person cured of leprosy but is suffering from loss of sensation in hands or feet, loss of sensation and paresis in the eye and eye lid with or without other manifest deformity; manifest deformity and paresis, but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; or extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation.
4. **Hearing impairment:** Loss of 60 decibels or more in the better ear in the conversational frequency range.
5. **Locomotor disability:** Disability of bones, joints or muscles leading to substantial restriction of movement of limbs or any form of cerebral palsy.
6. **Mental retardation:** A condition of arrested or incomplete development of mind of a person which is specifically characterized by subnormality of intelligence.
7. **Mental illness:** Any mental disorder other than mental retardation.

The person with disability must have not less than 40% of disability as certified by a medical authority, which has been specified in the Act. The act enabled the formation of a Central Coordination Committee to serve as the national focal point on disability matters and facilitate the continuous evolution of a comprehensive policy towards solving the problems faced by persons with disabilities.

The appropriate Governments shall ensure that the persons with disabilities obtain the disability

certificates without any difficulty in the shortest possible time by adoption of simple, transparent and client-friendly procedures. They will be provided Social Security including Special Legal Provision for persons with severe / profound disabilities.

Disabled persons, their families and care givers incur substantial additional expenditure for facilitating activities of daily living, medical care, transportation, assistive devices, etc. Therefore, there is a need to provide them social security by various means. Central Government has been providing tax relief to persons with disabilities. The State Governments/ U.T. administrations have also been providing unemployment allowance / or disability pension. The present social security schemes are not comprehensive and also vary across the States. The State Governments will be encouraged to develop a comprehensive social security policy for persons with disabilities.

Although the inclusion of mental illness as one of the seven disabilities is a welcome step, the Act reflects very little understanding of the nature of the disability and current developments in the field of psychiatry. The definition of mental illness as conditions other than mental retardation is an exclusive approach, and various psychiatric disorders cannot be included in this rubric. In future, a more inclusive approach including only chronic and severe mental disorders has been suggested so as to facilitate assessment of disability. Currently, the only available tool IDEAS, assess only four psychiatric disorders, schizophrenia, bipolar disorder, OCD and dementia.

4. National Trust (For welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities) Act (1999)

Parents of severely disabled persons with autism, cerebral palsy, mental retardation and multiple disabilities feel a sense of insecurity regarding the welfare of their wards after their death. National Trust Act of 1999, for persons with autism, cerebral palsy, mental retardation and multiple disabilities has provisions for legal guardianship of the four categories and creation of enabling environment for as much independent living as possible. It has been implementing the Supported Guardianship Scheme to provide financial security to persons with severe disabilities who are destitute and abandoned by supporting the cost of guardianship.

- 1. Autism:** It means a condition of uneven skill development primarily affecting the communication and social abilities of a person, marked by repetitive and ritualistic behavior.
- 2. Cerebral palsy:** It means a group of non-progressive condition of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, peri-natal or infant period of development.
- 3. Mental retardation:** It means a condition of arrested or incomplete development of mind of person, which is specially characterized by sub-normality of intelligence.
- 4. Multiple disabilities:** It means a combination of two or more disabilities as defined in section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

It extends to the whole of India except the State of Jammu and Kashmir. A one time contribution of rupees 100 crore was made to the corpus of the Trust. This scheme has been envisaged for implementation in 75 districts in the country to begin with and provides support to 10 beneficiaries per district. The government shall in a phased manner promote expansion of the scheme to all the districts.

CONCLUSION

Certificates and reports that are issued by psychiatrists are increasingly being used as evidence in the court of law and also for other administrative and welfare measures. Psychiatrists have several ethical, moral and legal obligations in the performance of their duties. It is very important therefore that every psychiatrist should understand the nature of these obligations to the best of their abilities.

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APPENDICES

Appendix 1a:

Format of medical certificate for involuntary hospitalization to be issued by medical officers as used in Central Institute of Psychiatry, Ranchi

MEDICAL CERTIFICATE

I, Dr..... having independently and carefully examined the patient..... son/daughter/wife of on(date), have come to the conclusion that the said patient exhibits the following signs and symptoms of psychiatric disorder:

- 1.
- 2.
- 3.

I have formed my opinion on the basis of my own observations and from the particulars communicated to me; that the above named person is suffering from mental disorder of such a nature and degree as to warrant his/her detention in a psychiatric hospital or psychiatric nursing home and that such detention is necessary in the interests of the health and personal safety of that person or for the protection of others.

I, therefore, recommend that he/she be admitted in a psychiatric hospital/nursing home.

(Signature of the doctor)

Name of the doctor:

Reg. No:

Designation:

Hospital:

Appendix 1b:

The application form for reception order by a medical officer as given in appendix of the Mental Health Act (MHA, 1987)

FORM VII

(See rule 25)

APPLICATION FOR RECEPTION ORDER

(by Medical Officer-in charge of a Psychiatric hospital)

From

Dr.....

To

The Magistrate

.....

.....

Sir,

Subject: Reception order forson/daughter of.....

I, Dr.....maintain psychiatric hospital/nursing home at.....
under licence no.....dated.....

I request you to issue reception order in respect of Sh./Smt.....son/daughter
of.....who is being treated at my hospital as voluntary patient and is not
willing to continue. He/she has the following symptoms and/or signs:

- 1.
- 2.
- 3.
- 4.
- 5.

He/she requires to be in the hospital for treatment/personal safety/others protection.

Thanking you.

Yours sincerely,

Place:

Signature.....

Date:

Name.....

Appendix 2:

Format of medical certificate for unfitness as used in Central Institute of Psychiatry, Ranchi

FORM FOR CERTIFICATE OF UNFITNESS

Signature or thumb impression of the patient.....

Identification marks of the patient 1.....

2.....

The patient Shri/Smt/Kumari.....S/O, D/O, wife of.....was examined by the Medical Board on (date)..... .After carefully reviewing the history, investigations and examining the patient, the Medical Board is of the opinion that patient mentioned above is suffering from and he is unlikely to recover from his illness. It is recommended that he may be declared unfit for duties as

Member

Member

Member

Member

DIRECTOR/Medical superintendent

Appendix 3:

Format of the treatment certificate provided at the Central Institute of Psychiatry, Ranchi

No.:_____

Date:_____

TREATMENT CERTIFICATE

This is to certify that Shri/Smt/Kumari.....with Reg. No..... dated..... has consulted this hospital as an

hereby that _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his health.

Place _____ Signature of Medical attendant.

Date _____ Registration No. _____

(Medical Council of India/State Medical Council ofState)

Note: The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

Appendix 5a:

Form recommended for the fitness certificate by Medical Council of India (MCI, 2002)

FORM OF CERTIFICATE RECOMMENDED FOR FITNESS

Signature or thumb impression of patient _____

To be filled in by the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.

Identification marks:

1. _____

2. _____

I, Dr. _____ after careful examination of the case certify hereby that _____ on restoration of health is now fit to join service.

Place _____ Signature of Medical attendant.

Date _____ Registration No. _____

(Medical Council of India/State Medical Council ofState)

Note: The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

Appendix 5b:

Format of the certificate of fitness as issued by Central Institute of Psychiatry, Ranchi

CERTIFICATE OF FITNESS

Signature or thumb impression of patient.....

Identification marks 1.....2.....

This is to certify that Shri/Smt/Km

whose signature / L.T.I is given above is under treatment of this Institute w.e.f.....

He/She was admitted on.....and discharged on

He/She attended this O.P.D on

He/She was examined again today.

He/She has no overt psychiatric symptoms at present.

He/She is fit to resume his/her normal/light duties

Chief Medical Officer

In addition to above, some additional statements are made:

- 1. Fit to resume duties without firearms:** Patients whose duty involves use of firearms may not be allowed to resume duties with firearm. There have been numerous reports of the personnel of armed forces having fired at their colleagues and senior due to stress. A patient of mental illness even if he has recovered is vulnerable for such an act, hence to allow firearms to a patient recovered from paranoid schizophrenia or manic episode may be risky. Whether these people should ever be allowed handling firearms is debatable. If demanded by the employer, the matter may be placed before a medical board.
- 2. It is advised that night duties may be avoided:** There are instances when psychotropic medicines are given at night and patients sleep due to sedation. In addition, some of psychiatric illness may relapse due to inadequate sleep. In such instances, appropriate advice in the certificate may be mentioned.
- 3. To work under supervision:** We may allow some person to work normally but in the opinion of the psychiatrist, if he / she can not work independently or his / her work involves immediate decision, precision and accuracy, this statement may be mentioned.

Appendix 6:

Format of certificate for availing travel concession as given by Indian Railways

FOR MENTALLY RETARDED PERSONS

Appendix : Form for the purpose of rail concession to mentally retarded person to be used by the Govt. Doctor

Paste passport size photograph duly signed and stamped by the issuing doctor/ person

This is to certify that Km/Shri/Smt.

Whose particulars are furnished below, is a bonafide Mentally Retarded person and CANNOT TRAVEL WITHOUT AN ESCORT.

Particulars of the Mentally Retarded persons:

- (a) Address: -----
- (b) Father's/ Husband's name:-----
- (c) Age:-----
- (d) Sex:-----
- (e) Signature or thumb impression of Mentally Retarded person:-----

Date:-----

Place:-----

(Signature of Govt. Doctor)

Clear seal of Govt.

Hospital/Clinic

Seal containing full name and Regn. No. of doctor

Note:

1. Certificate should be issued only to those mentally retarded persons WHO CANNOT TRAVEL WITHOUT AN ESCORT. The photo must be signed and stamped in such a way that Doctor's signature in the stamp appears partly on the photo and partly on the certificate.

VERIFICATION

This is to verify that I, Dr..... S.O. (W.O)
Shri..... in the case of the patient Shri/Smt/
Ms..... after considering the entire history of illness, with
careful examination and appropriate investigation, am of the opinion that the patient is
suffering from disease /ailment during the previous
year ending on March.....

I certify that the information furnished above is true to the best of my knowledge and the patient is
suffering from abovementioned chronic and protracted disease as defined in section 80DDB of
Income Tax Act, 1961 read with the 11DD of Income Tax Rules, 1962.

Signature
Name and Address

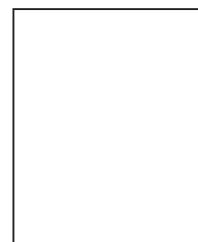
Appendix 7b:

The prescribed format for tax deduction under section 80-U

Form No. 10-1
(See Rule 11DD)

CERTIFICATE

Certificate of prescribed authority for the purposes of section 80-U



This is to certify that Mr./Ms./Master.....
son/daughter of Shri/Mr./Mrs.....whose particulars
are furnished below is a bonafide dependent person who is suffering from a permanent disability
under section 80 U of Income Tax act 1992.

PARTICULARS OF THE PATIENT

- 1. Name of the patient:.....
- 2. Age.....years
- 3. Sex:Male/female
- 4. Name and detail of the disease or ailment.....
.....
- 5. The date of commencement of treatment.....
- 6. Cause of loss in functional capacity.....
- 7. Identification marks: 1.
 2.

Doctor's signature with date

Certificate that I have actually incurred.....
.....
my.....dependent who is suffering from permanent disability
under section 80 U of Income Tax Act 1992.

Name and residential address

Date

Appendix 8a:

Format of application for the disability pension

SCHEDULE IV

[See Rule 13 (4) (ii)]

FORM A

FORM OF APPLICATION FOR DISABILITY PENSION

- 1. Name of the applicant and full Official address.....
.....
- 2. Father's name.....
- 3. Full residential address (Showing village, post office, district, state).....
.....

4. Present or last employment, including full particulars and address of the establishment
5. Date of entry into service.....
6. Full particulars of service and length of service, including interruption (both qualifying and non-qualifying).....
7. Percentage of Disability sustained due to Injury/Disease (As certified by the Medical authorities) and circumstances which resulted in that disability.....
8. Pay at the time of injury sustained, disease contracted (as certified by the Medical authorities)
9. Pension claimed
10. Date of injury/disease (as certified by the Medical authorities)
11. Place of payment
12. Other relevant information, if any
13. Date of applicant's birth by Christian era
14. Height
15. Identification Marks
16. Thumb and finger impressions:

Thumb	Fore-finger.....	Middle-finger.....
Ring-finger.....	Little finger.....	

Place: Date:

Date on which the applicant applied for pension:.....

.....

Applicant

.....

Head of Office

NOTE: Thumb and finger impressions and particulars of height and personal marks are not required to be given by such ladies, Gazetted Officers, Government title-holders and other persons as are specifically exempted, by the government by special orders in that behalf.

Appendix 8b:

Format of the report by medical board for disability pension

FORM C

(Form to be used by the Medical Board when reporting injuries/diseases/death)

[Rule 13 (4) (iii)]
CONFIDENTIAL

Proceedings of the Medical Board assembled by the order offor the purpose of examining and reporting on:

1. the present state of the injury/disease sustained/contracted by, or
2. death of, Shri/Smt.....on the(date)
- a. State briefly the circumstances under which the injury/disease sustained/contracted or death occurred and the date thereof:
- b. What is the Government servant's present condition?
- c. Is the Government servant's present condition or death is wholly due to injury/disease and reason as claimed?
- d. From which date it appears that the Government servant has been incapacitated on that account:
- e. Which is the date of injury/disease/death:

The opinion of the Board upon the questions is as follows:

PART A. FIRST EXAMINATION

1. The percentage of disability due to injury/disease is%
2. For what period from the date of injury/disease,
 - a. Has the Government servant been unfit for duty? From To
 - b. Is the Government servant likely to remain unfit for duty? From To
3. Other relevant information, if any:

Place
Presiding Officer of the Medical Board

Date
Member of the Medical Board
.....
Member of the Medical Board

Appendix 9:

Format of the certificate as provided by the Rastriya Arogya Nidhi (W.12011//200-RAN)

To be filled by the M.O. In-Charge of the case/ hospital etc. where the patient is receiving the treatment

- 1) Patient's name and hospital registration number-----
- 2) List of report of important investigation done-----

- 3) Diagnosis: (a short note on the present clinical condition may be given)-----

- 4) Is the patient hospitalised? If so, the name of the hospital-----

- 5) The amount of money recommended-----

- 6) Item-wise break-up of expenditure of amount recommended at column no. 5

Name of the consumables/medications Cost in rupees for operation/treatment

- a)
- b)
- c)

Signature of the M.O. In-Charge
not below the level of Consultant/Asst. Professor)

Countersignature of the Head of
the Department with official seal

Certified that the patients particulars given above are true to the best of my knowledge and belief.

Signature of the Medical Superintendent
of the Hospital/medical institution (with Official seal)

Appendix 10a:

Standard format of the disability certificates as prescribed in the Guidelines for evaluation of various disabilities and procedure for Certification - notified vide gazette notification no. 16-18/97-NI.I. Dated 1st June, 2001

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL ISSUING THE CERTIFICATE

Certificate No.

Date

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum/wife/daughter of Shri _____ Age _____ old male/female, Registration No. _____ is a case of physically disabled/visual disabled/speech & hearing disabled and has _____ % (_____) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her _____

Note:

1. This condition is progressive/non-progressive/likely to improve/not likely to improve.*
2. Re-assessment is not recommended/is recommended after a period of _____ months/years.

*Strike out which is not applicable.

Sd/-

Sd/-

Sd/-

(DOCTOR)

(DOCTOR)

(DOCTOR)

Seal

Seal

Seal

Signature/Thumb impression

of the patient

Recent attested
photograph of
the disabled
person affixed
here

Countersigned by the
Medical Superintendent/CMO/Head of
Hospital (with seal)

Appendix 10b:

The certificate of mental disability issued at the Central Institute of Psychiatry, Ranchi

No:

Dated:

CERTIFICATE FOR PERSON WITH MENTAL DISABILITY

This is to certify that (Name)..... CRF No.....

son/daughter/wife of,yrs old M/F, is mentally disabled and was assessed on Indian Disability Evaluation and Assessment Scale (IDEAS) approved by the government of India, Ministry of Social Justice and Empowerment, for assessment of disability, vide letter No. 16-8/97-NI-I dated 18th February 2002 and published in the Gazette of India).

In the opinion of the medical board, he/she has more than 40% disability.

BOARD MEMBERS: 1. 2. 3. 4.

DIRECTOR

Appendix 11:

Format of certificate issued for mental retardation for Government benefits notified vide gazette notification no. 16-18/97-NI.I. Dated 1st June, 2001 (Similar format used at Central Institute of Psychiatry, Ranchi)

CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS

This is to certify that Shri/Smt./Kum. _____ Son/Daughter
of _____ of Town/City _____ with particulars
given below:-

- a. Age
- b. Sex

c. Signature/Thumb impression

CATEGORISATION OF MENTAL RETARDATION

Mild/Moderate/Severe/Profound

Validity of the Certificate: Permanent

Recent attested
photograph of
the disabled
person affixed
here

Signature of the Government
Doctor/Hospital with seal
Chairperson, Mental Retardation
Certification Board

Dated:

Place:

Appendix 12a:

Disability assessment using IDEAS developed by the Rehabilitation Committee of Indian Psychiatric Society, December 2000

Items in IDEAS:

- I. **Self Care:** Includes taking care of body hygiene, grooming, health including bathing, toileting, dressing eating taking care of one's health.
- II. **Interpersonal Activities (Social Relationships):** Includes initiating and maintaining interactions with others in contextual and social appropriate manner.
- III. **Communication and Understanding:** Includes communication and conversation with others by producing and comprehending spoken/written/nonverbal messages.
- IV. **Work :** Three areas are Employment/ Housework/ Education Measures on any aspect.
 1. **Performing in Work/Job:** Performing in work/ employment (paid) employment/ self employment/ family concern or otherwise. Measure ability to perform tasks at employment

completely and efficiently and in proper time Includes seeking employment.

2. **Performing in Housework:** Maintaining household including cooking, caring for other people at home, taking care of belongings etc. Measures ability to take responsibility for and perform household tasks completely and efficiently and in proper time.
3. **Performing in School/College:** Measures performance education related tasks.

The items of IDEAS are scored as follows:

- 0 NO disability (none, absent, negligible)
- 1 MILD disability (slight, low)
- 2 MODERATE disability (medium, fair)
- 3 SEVERE disability (high, extreme)
- 4 PROFOUND disability (total, cannot do)

Total score (Range 0 20): Add scores of the four items and obtain a total score.

The MI 2Y – months of illness in the last 2 years is determined by interviewing with the key informant as well as case notes if available. The score of MI 2Y ranges from 1 4. Weightage for the duration of illness is given as below:

- <2 years: score to be added is 1
2-5 years: add 2
6-10 years: add 3
>10 years: add 4

Global Disability

Total Disability Score + MI 2Y score = Global Disability Score (range 1 20)

The percentage of disability is calculated from the Global Disability Scores as follows:

- | | |
|-------------|------------------------------|
| Score 0 | No Disability = 0% |
| Score 1-7 | Mild Disability = < 40% |
| Score 8-13 | Moderate Disability = 40 70% |
| Score 14-19 | Severe Disability = 71-99% |
| Score 20 | Profound Disability = 100% |

MANUAL FOR “IDEAS”

In order to score this instrument, information from all possible sources should be obtained. This will include interview of patient, the care gives and case notes when available.

I. SELF CARE:

This should be regarded as activity guided by social norms and conventions. The broad areas covered are

- a. Maintenance of personal hygiene and physical health.
- b. Eating habits
- c. Maintenance of personal belongings and living space

Guiding questions

- a. Does he look after himself, wash his clothes regularly, take a bath and brush his teeth?
- b. Does he have regular meals?
- c. Does he take food of right quality and quantity?
- d. What about his table manners?
- e. Does he take care of his personal belongings with reasonable standard of cleanliness and orderliness?

Scoring:

0 = No disability

Patient's level and pattern of self-care and normal, within the social cultural and economic context.

1 = Mild

Mild deterioration in self-care and appearance (not bathing, shaving, changing clothes for the occasion as expected). Does not have adverse consequences such as hazards to his health to his health. No embarrassment to family.

2 = Moderate

Lack of concern for self-care should be clearly established such as mild deterioration of physical health, obesity, tooth decay and body odors.

3 = Severe

Decline in self-care should be marked in all areas. Patient wearing torn clothes, would only wash if made to and would only eat if told. Evidence of serious hazards to physical health (Malnutrition, infection, patient unacceptable in public).

4 = Profound

Total or near total lack of self-care (Example: risk to physical survival, needs feeding, washing, putting on clothes etc., and Constant supervision necessary).

II. INTER PERSONAL ACTIVITIES

Includes patient's response to questions, requests and demands of others. Activities of regulating emotions. Activities of initiating, maintaining and terminating interactions and activities of engaging in

physical intimacy.

Guiding Questions

- a. What is his behavior with others?
- b. Is he polite?
- c. Does he respond to questions?
- d. Is he able to regulate verbal and physical aggression?
- e. Is he able to eat independently in social interactions?
- f. How does he behave with strangers?
- g. Is he able to maintain friendship?
- h. Does he show physical expression of affection and desire?

Scoring

0 = No

Patients get along reasonably well with people personal relationships. No friction in inter-personal relationships

1 = Mild

Some friction on isolated occasions. Patient known to be nervous or irritable but generally tolerated by others.

2 = Moderate

Factual evidence that pattern of response to people is unhealthy. May be seen on more than few occasion. Could isolate himself from others and avoid company.

3 = Severe

Behavior in social situations is undesirable and generalized. Causes serious problem in daily living/ or work. Patient is socially ostracized.

4 = Profound

Patient in serious and lasting conflict, serious danger to problems or others. Family afraid of potential consequences.

III COMMUNICATION AND UNDERSTANDING

Understanding spoken messages as well as written and non-verbal messages and ability to reduce messages in order to communicate with others.

Questions

- a. Does he avoid talking to people?
- b. When people come home what does he do?
- c. Does he ever visit others?

- d. Is he able to start, maintain and end a conversation?
- e. Does he understand body language and emotions of others such as, crying, screaming, etc.
- f. Does he indulge in reading and writing?
- g. Do you encourage him to be more sociable?

Scoring:

0 = No disability

Patient mixes, talks and generally interacts with people as much as can be expected in his socio-cultural context. No evidence of avoiding people.

1 = Mild

Patient described as uncommunicative or solitary in social situations. Signs of social anxiety might be reported.

2 = Moderate

A very narrow range of social contact, evidence of active avoidance of people on some occasions and interference with performance of social rules causes concern to family.

3 = Severe

Evidence of more generalized, active avoidance of contact with people (leave the room when visitors arrive and would not answer the door or phone).

4 = Profound

Hardly has contacts and actively avoids people nearly all the time. Eg: may lock himself inside the room. Verbal communication is nil or a bare minimum.

IV. WORK

This includes employment, housework and educational performance. Score only one category in case of an overlap.

Employment:

Guiding Questions

- a. Is he employed/unemployed?
- b. If employed, does he go to work regularly?
- c. Does he like his job and coping well with it?
- d. Can you rely on him financially?
- e. If unemployed does he make any efforts to find a job?

Scoring:

0 = No disability.

Patient goes to work regularly and his output and quality of work performance are within acceptable levels for the job.

1 = Mild

Noticeable decline patient's ability to work, to cope with it and meet the demands of work. May threaten to quit.

2 = Moderate

Declining work performance, frequent absences, lack of concern about all this. Financial difficulties foreseen.

3 = Severe

Marked decline in work performance, disruptive at work, unwilling to adhere to disciplines of work. Threat of losing his job.

4 = Profound

Has been largely absent from work, termination imminent. Unemployed and making no efforts to find jobs.

Housewives:

In similar ways, housewives should be rated on the amount, regularity and efficiency in which tasks in the following areas are completed. Consider the amount of help required completing these. Acquiring daily necessities, making, storing and serving of food, cleaning the house, working with those helping with domestic duties such as maids, cooks etc. looking after possessions and valuable in the house.

Student:

Assess a score on performance in school/college, regularity discipline, interest in future studies, behavior at educational institutions. Those who had to discontinue education on account of mental disability and unable to continue further should be given a score of 4.

IDEAS SCORING SHEET

ITEMS	0	1	2	3	4
Self Care					
Interpersonal Activities					
Communication & Understanding					
Work					
A. TOTAL SCORE					
B. DOI SCORE					
GLOBAL SCORE (A+B)					

Appendix 12b:

ASSESSMENT OF DISABILITY IN PERSONS WITH MENTAL RETARDATION (ADPMR)

Main features of ADPMR

1. ADPMR is best suited for the purpose of measuring and certifying the level of disability in persons with mental retardation.
2. It is a brief, quick and simple instrument, which can be used, even in busy clinical settings.
3. It comprises five areas namely Perceptual-motor, Self care, Communication and social, Academic and Occupational.
4. Basic training is required to use/ administer ADPMR
5. This can be applied either in clinical set-up or even in community based programme.
6. Rating/scoring is very simple and is based on direct observation of persons with mental retardation and interview of primary care giver. Case records can be used as supplementary source of information.
7. Rating can also be done on the basis of information from teachers / guardians of persons with mental retardation
8. Rating is done on the basis of discrepancies in age appropriate performance.
9. No standardized kit is required for assessment.

Who does the assessment?

Proper diagnosis & certification can be done jointly by the psychiatrist, clinical psychologist & special educator. However administration of ADPMR can be done by social worker, rehabilitation personnel, schoolteachers, nurses and grass root level workers after basic training in its administration and scoring.

Items:

- I. **Perceptual-Motor:** Describes and measures performance in gross motor and fine motor areas in which movement, coordination, balances and postures of the body and its parts are assessed.
- II. **Self-care:** Describes and measures performance in eating, toileting, brushing, bathing, dressing, grooming, maintaining healthy body hygiene and safety.
- III. **Communication & Social:** Describes and measures performance in receptive and expressive verbal or non-verbal communication and maintaining relationships within community in socially accepted manner.
- IV. **Academic:** Describes and measures performance in formal & non-formal educational activities. Concepts like body parts, colour, shape, size, sex, number, time, money, reading, writing & arithmetic, reasoning and problem solving ability.
- V. **Occupational:** Describes and measures performances in domestic, pre-vocational and vocational activities.
 - a. **Domestic:** Competencies like cooking, stitching, maintaining cleanliness in house, small repair & maintenance work, taking care of younger siblings and belongings etc.
 - b. **Prevocational:** Visits for vocational placements such as work habits, work-related behaviours, unskilled & semi-skilled etc. Competency in using simple tools like scissor, hammer, screwdriver, stapler etc. Has work habits, able to work under supervision, aware of works hazards.
 - c. **Vocational:** Includes performances in work settings, quality and quantity of work , job related behaviour and skills.

Scores for each item:

0- NO disability (none, absent, negligible)

1- MILD disability (slight, low)

2- MODERATE disability (medium, fair)

3- SEVERE disability (high, extreme)

4- PROFOUND disability (total, cannot do)

Percentages:

For the purpose of welfare benefits, 40% will be the cut-off point. The scores above 40% have been categorized as Moderate, Severe and Profound based on Total disability score. This grading will be used to measure change over time.

Score of 0 : No Disability = 0%

1 - 7 : Mild Disability = < 40%

8 and above : > 40%

(8 - 13 Moderate Disability; 14 - 19 = Severe Disability; 20 = Profound Disability)

MANUAL FOR ADPMR

General Instructions: All ratings should be done considering deviation from age appropriate criteria. Information in the five areas is to be obtained by direct observation of the persons with mental retardation, interview of the parents or primary caregiver with case reports as supplementary source of information. In case of doubts in severity rating, in general the criterion which is fulfilled more frequently should be coded. In selected conditions, intermediate scores like 1.5, 2.5, 3.5 can be used.

I. Perceptual-Motor: describes and measures the physical developmental patterns with regard to body balance, coordination of muscles, postures, movement of joints etc as per the person's chronological age.

Broadly classified into two areas :

a. Gross motor: Neck holding, rolling over, sitting, squatting, kneeling, standing, walking , running, climbing up and down the stairs etc.

b. Fine motor: holding, screwing/ unscrewing, locking / unlocking, cutting with scissors, threading beads / needles etc.

Guiding observations / questions:

a. Does he sit, walk, run well?

b. Does he climb up and down the stairs?

c. Does he hold objects (rattle, milk bottle, tumbler using both hands)?

d. Does he screw / unscrew jar / bottle lid and take out small objects?

e. Does he hold pencil using his three fingers and scribble?

Scoring Disability:

0-No disability:

Age appropriate performance is observed. Problem in coordination, balance, movement are not present or reported.

1-Mild:

Mild impairment in coordination, balance or movement is observed. Performances in activities in gross motor and fine motor areas are mildly delayed. One side of the body may have impaired functioning, but not or little affect on the total movement.

2-Moderate:

Functionally independent performance in gross motor and fine motor areas. **Clumsiness** in walking

pattern, moderately in-coordinated movement and balance may be observed.

3- Severe:

Marked impairment in coordination, poor balance and restricted movement. Markedly delayed gross motor and fine motor areas. **Needs assistance for mobility.**

4- Profound:

Immobile, **very restricted movement** of joint or little mobility, requires **physical assistance for mobility even in familiar settings**, hand functions are severely impaired, no or little balance, uncoordinated movement or little coordination may be present.

II. Self Care: describes and measures the adaptability in the area of personal care as per the age and social norms.

Broadly classified into two areas:

a) Self Help Activities: such as eating, drinking, toileting, brushing, bathing, dressing and grooming skills etc.

b) Personal Hygiene, Physical Health and Safety.

Guiding observations / questions:

a. Does he indicate for toilet needs / independent in toileting?

b. Does he eat independently using hands or spoon?

c. Does he brush self, bath, wear shirts/ frock, unbutton / button?

d. Does he wear shoes / slippers correctly and tie laces of shoes?

e. Does he/she apply oil, powder, comb hair, shave, or keep cleanliness during menstrual period?

f. Does he maintain cleanliness and orderliness?

g. Does he take note of danger and hazards, e.g., broken glass, fire etc.?

h. Does he cross roads independently?

Scoring Disability:

0-No disability:

Age appropriate independent performances are observed as per the social norms of his immediate environment.

1-Mild:

Mild impairment in age appropriate self-care. At times needs **intermittent assistance** (Cluing / Gestural/ Verbal prompts). The person does most of the self-help skills, personal care of health; maintain hygiene and cleanliness matching near to the age level (if not exactly). Generally aware of danger and hazards.

2-Moderate:

Functionally independent performance in Self-care areas. May needs **regular & consistent** verbal prompting. Fairly aware of danger and hazards. Maintain cleanliness and orderliness with reminder.

3- Severe:

Marked impairment in self help skills areas. Needs assistance (physical prompt) for most of the daily living activities.

4- Profound:

Totally dependent on others for Self care, maintenance of hygiene & cleanliness. Requires continuous custodial care for self-help activities. Inconsistent / absence of bowel or bladder control.

III. Communication & Socialization: describes and measures the ability to follow

the commands & instructions and receive messages whether those are verbal, gestures or any other indications. Ability to express their needs at one word level / two word level using phrases or sentences or by nonverbal mode such as pointing, using signs gestures etc. Ability to interact with

others in this immediate environment; developing and maintaining relationship with familiar persons and strangers in socially accepted manners.

Broadly classified into three areas:

a. Receptive Communication

b. Expressive Communication

c. Interpersonal relationships

Guiding observations / questions:

a. Does he respond to his name?

b. Does he say papa, baba, mama etc.?

c. Does he follow one-step simple instructions like "Give me the ball"?

d. Does he express his needs using two words phrases / gestures like "Give Ball", "Ma Come" etc?

e. Does he greet others or waves hands to say "bye-bye"?

f. Does he use sentences or communicates through multiple gestures/signs?

g. Does he share possessions with others or play with others?

h. Does he express distress or defends self when teased / bullied / exploited by others?

i. Does he go about in nearby areas, places / town and come back safely?

Scoring Disability:

0-No disability:

Communication meets expectation as per his age and socio-cultural context. No difficulty in comprehension and expression. Interactions with others are well maintained. No Problem behaviours observed or reported.

1-Mild:

Mild impairment in age appropriate comprehension and expressive verbal or nonverbal language. Social behaviours are generally accepted by others. However, occasionally problem behaviour may be reported in maintaining social interaction.

2-Moderate:

A narrow range of verbal and non-verbal expressions. Follows very simple commands. Has inappropriate social interaction, has frequently reported problem behaviors, quarrelsome, shyness or may have isolation tendency.

3- Severe:

Marked impairment in verbal and non-verbal expressions, limited expressions. Marked difficulty in following simple commands. May have serious difficulty in interacting with others or maintaining relationships. Problem behaviour may be commonly reported.

4- Profound:

Almost nil verbal and non-verbal expressions. Inability to follow even very simple instructions. Total absence of reciprocal social interactions.

IV. Academic: describes and measures the level of cognitive functioning, concept formation (colours, shapes, sizes, familiar / unfamiliar objects, numbers etc.) pre-academic and academic performances in the areas of reading, writing and arithmetic. Scholastic performances (if attended/attending school) are assessed, recorded and scored accordingly.

Guiding observations / questions:

a. Does he point/name body parts?

b. Does he point /name common objects?

c. Does he differentiate colours, sizes (big/small), shapes, etc.?

d. Does he write 3-letters words, name and address?

e. Does he know addition, subtraction?

- f. Does he do minor purchasing?
- g. Does he read/write sentences or paragraphs?

Scoring Disability:

0-No disability:

Average scholastic performances as per his age. If the person is from rural background, he has the concept of reasoning and calculating as per his age.

1-Mild:

Mild discrepancies in academic achievements (formal / non-formal). Has basic number concepts. Has basic problem solving ability. Can do simple additions and subtractions. Can read and write small paragraphs. Money exchange present.

2-Moderate:

Marked discrepancies in academic achievements (formal / non-formal). Has limited number concepts. Needs help in doing simple addition and subtractions. Functional reading and writing not present like read and write name, address, telephone number.

Minimal money exchange present.

3- Severe:

Very poor academic performances, appears to be uneducable. May have pre-academic (shape, size, colour, etc.) concepts.

4- Profound:

Nil or negligible or minimal academic performances, even absence of pre-academic (shape, size, colour, etc.) concepts.

V. Occupational: describes and measures the performances in occupational activities including household work, prevocational activities, and competencies in work at job site.

Guiding observations / questions:

- a. Does he help mothers/family members/teachers in routine household/classroom activities?
- b. Does he perform simple household activities like dusting, cleaning, sweeping etc.?
- c. Does he cook, operate mixer/stone grinder, operate kerosene stove etc.?
- d. Does he fetch milk/water, participates in gardening?
- e. Does he do household repair and maintenance work?
- f. Does he work in group without disturbing others, follow group norms?
- g. Does he maintain standard of work and increase production of items as per demand?

Scoring Disability:

0-No disability:

Attends regular work at home, at work place as any other persons of his age.

1-Mild:

In general the person is able to do the required work appropriate to his age, sometimes needs supervision or prompting. In general maintains quality of work. At times quality may not be up-to the mark.

2-Moderate:

Needs regular & continuous prompting in household or job site activities. Unable to maintain regular work behaviours. Quality of the work is poor.

3-Severe:

Requires physical assistance to perform the task. Makes mistakes in simple activities. Cannot be left alone to perform simple tasks. May disrupt others at home or at work place.

4-Profound:

Nil or Negligible work performances.

Information Checklist for ADPMR

Background Information

Name : _____ Date : _____
Date of Birth : _____ Regn. No. : _____
Age : _____ Sex : _____
Date of Admn. : _____
Education/Class : _____ SES : _____
Informant's Name : _____ Education : _____
Income per month : _____
Address : -----

Level of Retardation [IQ] (Tools used) :

Social Maturity [SQ] :

Associated Conditions :

a) Disability (Specify) :

b) Behavioral Problem (Specify) :

SCORING SHEET FOR ADPMR

ITEMS 0 1 2 3 4

I. Perceptual-Motor

II. Self-Care

III. Communication & Socialization

IV. Academics

V. Occupational

Total Score :

PERCENTAGE OF DISABILITY:

< 40% :

> 40% :