

Assessing India's Research on Disabilities

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Abstract

The relationship between an individual's physical qualities and those of the society where he or she lives results in disability, which is a complex phenomenon. This viewpoint contends that individuals with disabilities are constrained in their ability to carry out daily tasks because of a complex web of interconnected factors, a few of which are personal to the individual and others of which are connected to the societal, environmental, and political structures, in which the individual lives. This study's goal is to perform a review of the literature on all papers about psychiatric disability that have appeared in the Indian Journal of Psychiatry from the journal's inaugural print issue to the present. In the arena of mental incapacity of patients in India seeking treatment at psychiatric institutes, we have also added some extra essential information. The essay finishes with a consideration of the challenges that come with having a mental disability, the ADA's provisions, and potential advancements in the field of psychiatric disability.

Keyword: disability, mental illness, psychiatric disability.

Introduction

The definition of disability has changed over the last three decades from an individual limitation to a broader social phenomenon. Therefore, disability is an intricate phenomenon that comes from the interplay between the physical qualities of an individual and those of the society where those person lives. This connection can take many forms. According to this point of view, the ability of people who have disabilities to maintain regular activities is hindered as a result of a convoluted web of interconnected factors. The idea of social of disability puts forth the notion that society has created obstacles for those with disabilities, either physically or by attitudes. Efforts by the government to ensure that people with disabilities can participate equally in society and the workplace have expanded to include requiring that public spaces be accessible to all people, regardless of physical ability, and providing resources such as financial aid and assistance with finding suitable employment. The World Health Organization (WHO) also looks at impairment from a broader perspective than just a medical one. It also acknowledges the part environment plays in lowering barriers or promoting functioning. [1]

It is well knowledge that mental diseases are also linked to serious disabilities. Approximately 31% of all disabilities worldwide are caused by mental illnesses. Five of the top 10 global reasons of disability have been identified: obsessive-compulsive disorder, schizophrenia, bipolar affective disorder, alcoholism, and depression. [2] The World Health Report 2001 analyzed the chief reasons of disability by means of disability adjusted life years (DALY). Mental illnesses were the root cause of 16% of all burdens and 25% of all impairments. [3]

When compared to physical illnesses, psychiatric disorders exhibit various patterns of limitations by virtue of their very nature. The importance of social and professional functioning in people with mental issues cannot be overstated. Additionally, we must remember that, in contrast to other disabilities like blindness or locomotor dysfunction, mental impairments show themselves as amotivation, apathy, communication issues, poor self-care, and social skills. There have been cases where people with disabilities have had their access to bus passes rejected because they appear physically fit. Stigma and discrimination make it worse. Measures of psychiatric impairment have been developed in this setting.

The word psychology- the study of human nature, behaviour, mind and its functions. Social means society- a group of human beings who share rules, laws and live together. Thus, the term psychosocial includes psychological and social aspects that reflect an individual's emotional, cognitive, and physical potential. [4]

In India, research projects on psychiatric disability have concentrated primarily on schizophrenia. Two significant concerns have received attention: the creation or adjustment of assessment scales, and the evaluation of disabilities in people with long-term psychiatric diseases. Disability in psychiatric patients has been evaluated in a variety of contexts, including hospitals, the community, and follow-up researches. In the year 1979, Wig et al. developed a measure to determine the degree of disability among mental patients in India. The researchers discovered that psychotics (ICD-8) scored significantly higher than neurotics, and that they accepted therapy more frequently than persons with lower personal disability ratings. [5]

Ten years later, Thara et al. modified the Disability Assessment Schedule (WHO DAS-II), removing several elements as well as classifying the remainder into four chief categories: social, personal, global, and occupational disability, because it was not entirely culture-free. An improved version of the tool called the Schedule for Assessment of Psychiatric Disability was developed and approved (SAPD). Additionally, this treatment was given to each of the three patient groups—diabetics, neurotics, and psychoses—by a total of 30 people. The SAPD was found to successfully distinguish between the two other groups and the psychotic group. The authors suggested using this tool to assess impairment in the outpatient psychiatric population. [6]

Additionally, Thara and Rajkumar used standardized tools to follow up prospectively on 68 patients with schizophrenia over the course of six years. The SAPD was used to evaluate disability at the conclusion of four to six years of follow-up. [6]

The arena of occupational functioning was found to have the highest level of disability, and the 3-year course of disability inclined to be constant with no fluctuations. Furthermore, the number of relapses had little bearing on the impairment. All of the individuals in the cohort had excellent care and were treated promptly after beginning their illness.

The gender variations in impairment among married individuals with schizophrenia were documented by Shankar et al. [7]. There were 30 married patients from both sexes in the study sample. Utilizing an improved version of the Disability assessment schedule, disability was assessed. Contrary to what was found in other works of literature, the results showed that women had greater disabilities than men. Among the factors linked to overall impairment in both sexes, negative symptoms prevailed.

The costs and results of a public outreach program for people with untreated schizophrenia in a rural area were looked at by Srinivasa Murthy et al. [8]. We selected 100 instances and gave them the proper psychiatric medication and psychosocial support. Additionally, they conducted assessments on symptomatology, impairment, family hardship, resource utilization, and expenses every three months for a period of 1.5 years. Results demonstrated that during the course of the follow-up period, summary scores for disability, psychotic symptoms, and family hardship all decreased. Additionally, the expenses for visits to the unofficial care sector and time spent providing care to family members decreased.

In a study done in a tertiary hospital, Mohan et al. used the IDEAS to compare the impairment of people with schizophrenia and obsessive-compulsive disorder. Some of the people who took part were sick, but not too badly. Most people with OCD were from big cities, while most people with schizophrenia were from small towns. Both groups of patients had big problems in general. Naturally, patients with schizophrenia showed much

more disability across all IDEAS domains. In schizophrenic patients, the length of disease had no bearing on disability scores, nonetheless it had a detrimental influence on OCD ratings.

Additionally, interviewers gave participants who agreed to take part in the study the neuropsychiatry clinical examination schedule (SCAN). Applying standard rating scales for each individual disorder allowed for the assessment of the sternness of the disorders. “The Indian Disability Evaluation and Assessment Scale” was used to evaluate disability (IDEAS). At six and twelve months, patients were followed up with. The findings indicated that all seven illnesses under investigation were significantly related with impairment, with schizophrenia being the most so. The severity of the problems tended to be inversely correlated with the impairment. Disability brought on by anxiety and alcohol use disorders was comparable to obsessive-compulsive disorder-related disability.

A general hospital's psychiatry unit treated 25 people with remitted schizophrenia. Krishnadas et al. [12] assessed cognitive deficits in these patients. The scale for the assessment of negative symptoms and the brief psychiatric rating scale (BPRS) were used to determine whether remission had occurred (SANS). The neuropsychological tests used were the PGI memory scale, Trail Making Tests A and B, Rey-Osterrieth Complex Figure Test, and Frontal Assessment Battery. The IDEAS was used to evaluate disability. According to the findings, patients displayed severe cognitive impairment across the board. Furthermore, no statistically important correlation between cognitive dysfunction and disability scores was discovered by the scientists.

Obsessive compulsive disorder (OCD) patients with moderate illness were evaluated for impairment, family burden, and quality of life, and those results were compared to those of schizophrenia patients with similar severity, according to Gururaj et al.'s study [13]. The WHO-DAS was used to evaluate disability. The findings indicated that both groups shared the majority of disability-related characteristics. The scientists came to the conclusion that OCD is linked to substantial disability, frequently on par with schizophrenia.

Laws to help people with disabilities

India 1993-2002 was required to adopt a law for the welfare of the disabled in Beijing from December 1–5, 1992, as a signatory to the proclamation creating the Asian and Pacific decade of disabled persons. As a result, the parliament passed the People with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act of 1995. Mental disease was named as one of the ailments. In this context, there are two important gazette notices:

1. A Ministry of Social Justice and Empowerment Notification (Gazette No. 49, issued February 18, 2002) states that: Guidelines for the evaluation and assessment of mental disorders were prepared by a committee. Mental disease, which is defined as any mental disorder other than mental retardation, is one of the acknowledged disabilities (6th Aug 2001).

2. Gazette No. 49 from the “Ministry of Social Justice and Empowerment”, issued February 27, 2002.

- The medical board established by the government will have the authority to issue certificates [sections (1) and (2) of section 73 of the “Person with Disability Act” of 1995]
- Permanent or five-year certification
- The last authority is the “Director General of Health Services” (DGHS).

The government offers a number of privileges to people with disabilities, including: 75% off rail fares for those with disabilities and an accompanying individuals; discounted annual passes offered by State Road Transport Corporations.

- For those with disabilities between 40 and 70%, the monthly maintenance stipend is Rs 400; for those with disabilities greater than 70%, it is Rs 1000.
- Benefits provided by various social programs, such as the Rojgar Yojanas;

Following the passing of parents, those who are disabled will receive a family pension. The government reserves three to 5% of its positions for persons with mental illnesses and jobs for people with impairments have both been identified in this field. In this regard, it should be highlighted that one state government's education department has reserved 5% of its posts for individuals with disabilities., of which 1% (only group-D positions) are specifically designated for people with mild mental retardation and 1% (exclusively reserved for people with mental illness) are reserved for people with severe disabilities.

- Self-employment and student encouragement

Disability-related difficulties and obstructions into mental illness

Both occupations for people with disabilities and positions for those with mental problems have been identified in this field. It should be noted that one state government's education department has reserved 5% of its employment for individuals with impairments in this regard.

There is no relationship between mental disease knowledge and prejudice. Even some knowledgeable medical professionals lack tolerance for mentally sick patients. Discrimination has negative effects, such as making people more prone to incapacity, amplifying the effects of illness, and denying care and treatment. The disabled face numerous obstacles while trying to get their legal advantages.

A few of issues include stigma, ignorance of the IDEAS, worry about certificates being misused, discomfort when contacting government hospitals, time constraints, strict pessimistic attitudes regarding legal problems, repudiation of impairment, and "outside" pressure to provide disability certificates. The relationship between parents and children, such as the importance of parents' interaction with their children and the importance of the child's development in the areas of physical, emotional, social, and intellectual development in the development of a person's personality. The child's connection with his father and mother, as well as their fundamental views toward him, are all significant aspects in his or her growth as a person.[13]

SUMMARY AND SUGGESTIONS

The government needs to listen to what disabled people have to say. People with mental disabilities and the people who speak for them need to be strongly encouraged and helped to form groups. Information about disabilities needs to be spread widely across the country.

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