

Inpatient Care and Use of ECT in Children and Adolescents: Aligning with Mental Health Care Act, 2017

Sandeep Grover, Ajit Avasthi, Shiv Gautam
Department of Psychiatry, PGIMER, Chandigarh
Correspondence: drsandeepg2002@yahoo.com

Introduction

Government of India passed the Mental Health Care Act (MHCA) in the year 2017 and the rules of the same were circulated on May 29th 2018, for immediate effect. Accordingly, it can be said that the MHCA has come into effect and there is a need to reorganize the services to meet the requirement of MHCA. The MHCA has implication for all kind of psychiatric practice and services, but in relation to child and adolescent psychiatry services, it has specific implications pertaining to inpatient care and administration of electroconvulsive therapy (ECT).

As few children and adolescents with various psychiatric disorders, especially those with severe mental disorders may require inpatient care, it is important for the mental health professionals to be aware of the specific regulations laid down by MHCA for inpatient care and administration of ECT in minors. This document provides an overview for inpatient care, administration of ECT in minors, advance directives and nominated representative as per the MHCA and the regulations need to be complied with for inpatient care and administration of ECT for any of the disorders covered in this volume of clinical practice guidelines for children and adolescent psychiatric disorders.

Definition of minor

MHCA identifies a person as minor, if he is aged below 18 years of age. In such a situation, he is not considered capable of given consent for the treatment and the consent for admission and various interventions must be obtained from nominated representative.

Inpatient Care of Minors

Mental Health Care Act, 2017 (MHCA, 2017) has laid down specific provisions for admission of minors to a mental health establishment (see Table-1). According to Section 87 of MHCA, minor is defined as a person who has not completed the age of eighteen years. Accordingly to MHCA, a minor can be admitted to a mental health establishment which has provision to accommodate them separately from adults, in an environment that takes into account his age and developmental needs and is at least of the same quality as is provided to other minors admitted to hospitals for other medical treatments.

It further states that if a minor requires inpatient care, the nominated representative of the minor will have to apply to the medical officer in charge of a mental health establishment for admission of the minor to the establishment. Upon receipt of such an application, the medical officer or mental health professional in charge of the mental health establishment may admit such a minor to the establishment, if two psychiatrists, or one psychiatrist and one mental health professional or one psychiatrist and one medical practitioner, have independently examined the minor on the day of admission or in the preceding seven days and both independently conclude based on the examination and, if appropriate, on information provided by others, that,— (a) the minor has a mental illness of a severity requiring admission to a mental health establishment; (b) admission shall be in the best interests of the minor, with regard to his health, well-being or safety, taking into account the wishes of the minor if ascertainable and the reasons for reaching this decision; (c) the mental healthcare needs of the minor cannot be fulfilled unless he is admitted; and (d) all community based

alternatives to admission have been shown to have failed or are demonstrably unsuitable for the needs of the minor.”

If a minor is admitted to the mental health establishment than the information about the same must be sent to the Mental Health Review Board within 3 days of admission or readmission. The nominated representative or an attendant appointed by the nominated representative shall under all circumstances stay with the minor in the mental health establishment for the entire duration of the admission of the minor to the mental health establishment. In the case of minor girls, where the nominated representative is male, a female attendant shall be appointed by the nominated representative and under all circumstances shall stay with the minor girl in the mental health establishment for the entire duration of her admission. If the nominated representative no longer supports admission of the minor under this section or requests discharge of the minor from the mental health establishment, the minor shall be discharged by the mental health establishment.

A minor can be kept admitted for a maximum duration of 30 days. If inpatient care is required for duration more than 30 days, than on completion of 30 days, the nominated representative can request for continued admission in the prescribed format. Upon receipt of such applications “The medical officer or mental health professional in charge of a mental health establishment shall continue admission of such person with mental illness, if (a) two psychiatrists have independently examined the person with mental illness in the preceding seven days and both independently conclude based on the examination and, on information provided by others that the person has a mental illness of a severity that the person— (i) has consistently over time threatened or attempted to cause bodily harm to himself; or (ii) has consistently over time behaved violently towards another person or has consistently over time caused another person to fear bodily harm from him; or (iii) has consistently over time shown an inability to care for himself to a degree that places the individual at risk of harm to himself; (b) both psychiatrists, after taking into account an advance directive, if any, certify that admission to a mental health establishment is the least restrictive care option possible under the circumstances; and (c) the person continues to remain ineligible to receive care and treatment as a independent patient as the person cannot make mental healthcare and treatment decisions independently and needs very high support from his nominated representative, in making decisions.” All such decisions must be communicated to the Mental Health Review Board within a period of 3 days. Mental Health Review Board may extend the admission (or readmission within seven days of discharge) for a period of ninety days. Further requests for continuing admissions could be made, following similar procedures and extensions will be granted by the Mental Health Review Board for a period of hundred twenty and subsequently for a maximum duration of hundred ninety days.

Further, the MHCA states that informed consent for all sorts of treatment of minors must be obtained from the nominated representative. However, it is important to remember that if during the hospital stay the minor attains the age of eighteen, he/she should be classified as independent patient and the same should be communicated to her/him and further treatment need to continue as either independent patient or patient requiring high support need.

Table-1: Inpatient care procedures for minors as per the MHCA, 2017

- A minor considered for admission shall be accommodated separately from adults, in an environment that takes into account his age and developmental needs and is at least of the same quality as is provided to other minors admitted to hospitals for other medical treatments
- Children and adolescents less than 18 years of age can be admitted only on receiving a request from the legal guardian who will act as the nominated representative.
- Children and adolescents can be admitted only when two psychiatrists, or one psychiatrist and one mental health professional or one psychiatrist and one medical

practitioner, have independently examined the minor on the day of admission or in the preceding seven days and both independently conclude based on the examination that the person requires inpatient care.

- Informed consent for all sorts of treatment of minors must be obtained from the legal guardian.
- The nominated representative or an attendant appointed by the nominated representative shall under all circumstances stay with the minor in the mental health establishment for the entire duration of the admission of the minor to the mental health establishment.
- In the case of minor girls, where the nominated representative is male, a female attendant shall be appointed by the nominated representative and under all circumstances shall stay with the minor girl in the mental health establishment for the entire duration of her admission.
- If during the hospital stay the minor attains the age of eighteen, he/she should be classified as independent patient and the same should be communicated to her/him and further treatment need to continue as either independent patient or patient requiring high support need.
- If a minor is admitted to the mental health establishment than the information about the same must be sent to the Mental Health Review Board within 3 days of admission.
- A minor can be kept admitted for a maximum duration of 30 days.
- If the nominated representative no longer supports admission of the minor under this section or requests discharge of the minor from the mental health establishment, the minor shall be discharged by the mental health establishment.
- If inpatient care is required for duration more than 30 days, than on completion of 30 days, the legal guardian can request for continued admission in the prescribed format.
- Continuation of inpatient care beyond 30 days, will require evaluation of the patient by 2 psychiatrists, who are satisfied that patient fulfils the criteria for continued inpatient care. All such decisions must be communicated to the Mental Health Review Board within a period of 3 days
- Mental Health Review Board may extend the admission (or readmission within seven days of discharge) for a period of ninety days. Further requests for continuing admissions could be made, following similar procedures and extensions will be granted by the Mental Health Review Board for a period of hundred twenty and subsequently for a maximum duration of hundred ninety days.
- The concerned Board shall carry out a mandatory review within a period of seven days of being informed, of all admissions of minors continuing beyond thirty days and every subsequent thirty days.
- The concerned Board shall at minimum, review the clinical records of the minor and may interview the minor if necessary.

Use of ECT in Minors

Till now there was no prohibition in administration of unmodified ECT in patients of different age group for various psychiatric conditions as per the clinical indication.

As per the Section 95 (1)(a) of MHCA, “*use of electro-convulsive therapy without the use of muscle relaxants and anaesthesia*” is a prohibited procedure. According to MHCA, unmodified ECT cannot be administered in patients of any age group.

Section 95 (1)(b) of MHCA states that “*electro-convulsive therapy for minors*” is a prohibited procedure, except in situations, when the treating psychiatrist feels the need to use ECT. Section 95 (2) states that “*Notwithstanding anything contained in sub-section (1), if, in the opinion of psychiatrist in charge of a minor’s treatment, electro-convulsive therapy is*

required, then, such treatment shall be done with the informed consent of the guardian and prior permission of the concerned Board". Accordingly, if the treating psychiatrist feels the need to use ECT, then, such treatment shall be done with the informed consent of the guardian and prior permission of the Mental Health Review Board.

It is also important to remember that, as per the section, 94 of MHCA, ECT cannot be given as part of the emergency treatment. The section 94 (3) of MHCA states that "*Nothing in this section shall allow any medical officer or psychiatrist to use electroconvulsive therapy as a form of treatment*"

Table-2: Regulations for use of ECT as per the MHCA, 2017

- ECT cannot be given as part of the emergency treatment
- ECT without the use of muscle relaxants and anaesthesia is prohibited
- ECT in minors can only be given if the treating psychiatrist feels the need to use ECT, after obtaining informed consent from the guardian of the patient and prior permission of the Mental Health Review Board

Advance directives

As per the MHCA, minors cannot make advance directives. However, the legal guardian can make an advance directive for the patient. The section 11 (4), states that "*The legal guardian shall have right to make an advance directive in writing in respect of a minor and all the provisions relating to advance directive, mutatis mutandis, shall apply to such minor till such time he attains majority*".

Nominated Representative

As per MHCA, for minors, the parents shall act as their nominated representative, with few exceptions. As per the section 15 of MHCA, subsection (2), if the mental health professional or any other person acting in the best interest of the minor, represents on the behalf of the minor. For stating that the legal guardian cannot act as nominated representative, the person making the request have to provide evidence that the legal guardian is not acting in the best interest of the minor or the legal guardian is otherwise not fit himself/herself to act as the nominated representative of the minor. In such a scenario the Mental Health Review board may appoint any suitable individual as the nominated representative, provided the individual is willing for the same. However, if no one is available to become a nominated representative of the minor, than the Mental Health Review board, can appoint the "Director in the Department of Social Welfare of the State in which such Board is located, or his nominee, as the nominated representative of the minor with mental illness" (Section-15, MHCA).