

**GUIDELINES FOR  
EVALUATION AND  
ASSESSMENT OF MENTAL  
ILLNESS AND PROCEDURE  
FOR CERTIFICATION\***



## **GUIDELINES FOR EVALUATION AND ASSESSMENT OF MENTAL ILLNESS AND PROCEDURE FOR CERTIFICATION\***

Mental illness has been recognized as one of the disabilities under Section 2(i) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. "Mental illness" has been defined under Section 2(q) of the said Act as any mental disorder other than mental retardation.

2. In order to prescribe guidelines for evaluation and assessment of mental illness and procedure for certification, a Committee was constituted by the Department of Health, Government of India vide Order dated 6th August, 2001 under the Chairmanship of Director General of Health Services on the basis of request made by the Ministry of Social Justice & Empowerment. The Committee has submitted its report.

3. After having considered the report of the Committee, the undersigned is directed to convey the approval of the President to notify the guidelines, for evaluation and assessment of mental illness and procedure for certification. Copy of the Report is enclosed herewith as Annexure A.

4. The minimum degree of disability should be 40% in order to be eligible for any concessions/benefits.

5. According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996 notified by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central and the State Government. The Committee has recommended that certification of disability for the purposes of the Act may 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

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6. At least two of the members, including Chairperson of the board must be present and sign the disability certificate.

7. The State Governments are, therefore, requested to constitute Medical Board as indicated above immediately.

8. Specified test as indicated in Annexure A should be conducted by the medical board and recorded before a certificate is given.

9. 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.

10. The Director General of Health Services, Ministry of Health and Family Welfare shall be the final authority, should there arise any controversy/doubt regarding the interpretation of the definitions/classifications/evaluation tests etc.

**(Smt. Rajwant Sandhu)**

Joint Secretary to the Government of India

## ANNEXURE A

### MINUTES OF THE MEETING

*Minutes of the meeting of the committee to review the definition of mental illness and formulating guidelines for assessment of mental illness disability and procedure for certification held on 27th September 2001 (Thursday) under the chairmanship of DGHS.*

A meeting was held under the chairmanship of DGHS on 27th September, 2001 to review the definition of mental illness and formulating guidelines for assessment of mental illness disability and procedure for certification.

1. After detailed discussion consensus was reached on the view that the present definition of "Mental illness" as contained in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 Section 2(q) may be retained unchanged. This will be most suitable for the purpose of PWD Act.
2. With regard to assessment of disability related to mental illness it was agreed that the Indian Disability Evaluation and Assessment Scale (IDEAS) 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. The modified scale, IDEAS, is appended.
3. The Committee further recommended that certification of disability for the purposes of the Act may be carried out by a medical board comprising of the following members:
  - (i) The Medical Superintendent /Principal/Director/Head of the institution or his nominee - Chairperson.
  - (ii) Psychiatrist - Member
  - (iii) Physician - Member

At least two of the members, including Chairperson of the board must be present and sign the disability certificate.

4. Meeting ended with the vote of thanks to the chair.

## INDIAN DISABILITY EVALUATION AND ASSESSMENT SCALE (IDEAS)

A scale for measuring and quantifying disability in mental disorders developed by the Rehabilitation Committee of Indian Psychiatric Society, December 2000.

### Items :

- 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/non-verbal 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.

### *Scores for each items*

- 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*

Add scores of the four items and obtain a total score

Weightage for duration of illness (DOI) :

<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 + DOI score = Global Disability score percentages:

0 No Disability = 0%

1-6 Mild Disability = <40%

7-13 Moderate Disability = 40 - 70%

14-19 Severe Disability = 71-99%

20 Profound Disability = 100%

Cut off for welfare measures

#### 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 giver 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.
- (d) Does he look after himself, wash his clothes regularly, take a bath and brush his teeth ?
- (e) Does he have regular meals ?
- (f) Does he take food of right quality and quantity ?
- (g) What about his table manners ?
- (h) 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. 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 behaviour 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 act 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 gets 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 occasions. Could isolate himself from others and avoid company.

3 = Severe

Behaviour 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 other. Family afraid of potential consequences.

### **III. Communication and Understanding**

Understanding spoken messages as well as 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, for example, 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 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 an score on performance in school/college, regularity, discipline, interest in future studies, behaviour 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*

<i>Items</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
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Self care

Inter-personal Activities

Communication & Understanding

Work

*A. Total Score*

*B. DOI Score*

*Global Score (A+B)*

## **DISABILITY CERTIFICATE OR IDENTITY CARD**

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.

### **DISABILITY CERTIFICATE**

#### **Persons authorized to give disability certificate**

The respective medical boards constituted at a state or district levels are the certifying authority to issue disability certificate. The board consists of a chief medical officer / sub-divisional medical officer in the district and another expert in the specified field. For example: an ophthalmic surgeon in case of visual handicaps, either ENT surgeon or an audiologist in case of speech & hearing handicaps, an orthopaedic surgeon or a specialist in physical medicine and rehabilitation in case of locomotor handicaps, and a psychiatrist or a clinical psychologist or a teacher in special education in case of mental handicaps. The respective disability certificate for mental retardation or other disabilities (visual, speech and hearing, and locomotor disability) and standard format of the certificate has been printed as Annexure A and Annexure B.

- The certificate is issued to persons with disabilities mentioned in the PWD Act, 1995. At present, disabilities like Autism and learning disabilities are not covered under this Act.
- The certificate is valid for a five year period.
- When there are no chances of variation in the degree of disability, a permanent disability certificate is given.
- In order to get a disability certificate, a person requires a birth certificate and proof of residence. If a child is born at home, parents can get the birth certificate from their district magistrate.

### **IDENTITY CARD**

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 hinderance in availing various benefits. The Government of India has therefore issued guidelines (August, 2000) to States and UTs for issue of identity card(IC) to the persons with disabilities so as to enable them to easily avail any applicable benefits/ concessions.

### **Eligibility**

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**

Medical Certificate obtained from an authorized medical board constituted by the State Govt./Defence authority, is a necessary prerequisite for obtaining the card.

### **Application**

Persons with disabilities may apply for their ICs 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 IC 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 would be required for an application.

### **Duration of validity**

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.

**Cost**

A nominal amount can be charged to the disabled person at the time of submission of the application for IC.

The IC 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 IC. 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.

**FOR MORE DETAILS CONTACT:**

Field : Doctor at primary health centre.

Block : Community Health Centre.

District : District Hospital (Chief Medical Officer), and District Welfare Officer.

Centre: 1. Joint Secretary,  
Ministry of Social Justice and Empowerment,  
Shastri Bhawan,  
New Delhi - 110 001.

2. National Trust,  
Ministry of Social Justice and Empowerment,  
Government of India,  
IPH Complex, 4, Vishnu Digamber Marg,  
New Delhi- 110 002.



ANNEXURE A

**CERTIFICATE OF MENTAL RETARDATION  
FOR GOVERNMENT BENEFITS**

This is to certify that Shri/Smt. Kum.....

Son/Daughter of.....of

Village /town/city..... with particulars given

below:

- a) Age
- b) Sex
- c) Signature/Thumb Impression.

CATEGORIES OF MENTAL RETARDATION

Mild / Moderate / Severe / Profound

Validity of the Certificate: Permanent

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

Recent      Attested  
Photograph Showing  
the disability affixed  
here

Date:

Place:

ANNEXURE B

STANDARD FORMAT OF THE CERTIFICATE

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.....  
Son/Wife/Daughter of Shri.....Age.....  
Old male/female. Registration No.....is a  
case of .....He/She is physically disabled/speech &  
hearing disabled and has .....% (.....per  
cent) 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/-  
(DOCTOR)  
Seal

Sd/-  
(DOCTOR)  
Seal

Sd/-  
(DOCTOR)  
Seal

Signature/Thumb Impression of the patient.

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

Recent    Attested  
Photograph Showing  
the disability affixed  
here

