

Challenges in disability certification in psychiatry in India

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ABSTRACT

This viewpoint draws attention to the disparities that exist between the Rights of Persons with Disabilities Act, 2016 and the facilities that are available to specialists on the digital platform of certification for mental illnesses to address the severity of the impairment. It also recognizes that the lack of clear rules makes it difficult to reevaluate both single and multiple disabilities. The process of disability certification is further complicated by other factors, including inadequate training of medical professionals and clerical staff, server associated delays as well as the lack of uniformity of standard operating procedures among disability centers across the country.

Key words: Disability certification, impairment severity, learning disabilities, rights of persons with disabilities act (RPwD)

INTRODUCTION


Disability certification is crucial for ensuring that persons with disabilities (PwD) receive rights and benefits from the Government of India. The rights of persons with disabilities (RPwD) Act, 2016 mandates this certification.^[1] The unique disability ID (UDID) acts as proof of disability, granting individuals access to welfare schemes, education, healthcare, and other services. Obtaining the card involves submitting personal and medical information for verification, after that it is issued in both physical and digital formats. The certifying medical authority is a board established in government-run institutions or medical colleges, typically comprising a subject expert and an administrative representative.^[2,3]

However, two challenges need attention:

1. **Lack of Standardization:** The lack of consistent procedures across disability types hinders

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uniformity, requiring better coordination among committees.

2. **Software Compatibility Issues:** The gazette defines a specific range for disability severity, but the UDID platform requires a specific numerical value to be entered. Addressing this discrepancy is crucial for ensuring seamless implementation and a user-friendly experience.

Here, we discuss the challenges faced by our team at a Tertiary Care Government Hospital in western India, where we generate around 200 disability certificates monthly. Highlighting these issues may enhance the certification process for both beneficiaries and specialists.

INTELLECTUAL DISABILITY

According to the RPwD Act, children less than 5 years of age should be assessed by Vineland Social Maturity Scale (VSMS), and those above 5 years should be assessed for Adaptive Functioning and Intelligence Quotient (IQ). While the VSMS score gives a range for determining the severity of Intellectual Disability (ID), no corresponding

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ranges are available on the digital platform designated for certification. The website allows only a specific value to be entered in assessment details by the specialist. The website also categorizes young children solely as intellectually disabled, contrary to the label given in the RPwD gazette, which describe these cases as Global Developmental Delay.^[2] These deficiencies need to be corrected and corresponding changes should be made on the online platform accordingly.

SPECIFIC LEARNING DISABILITY

The RPwD gazette 2024 mentions that initial evaluation for specific learning disability (SLD) is typically performed by a pediatrician or, when available, a pediatric neurologist or developmental pediatrician.^[2] It also requires assessment by a psychiatrist, but lacks mention of an Ophthalmologist and Otorhinolaryngologist, despite their crucial role in thorough clinical examination, including neurological, visual, and hearing tests. Establishing appropriate visual acuity and hearing is vital to a child's learning ability. Neglecting these assessments risks inadequate treatment and incomplete evaluation of the disability, including identifying reversible causes. This underscores the importance of a multidisciplinary approach for accurate diagnoses and improved family support for developmental difficulties. Assessment tests for SLD often lack validity for India's diverse languages, thereby complicating evaluation.^[3,4] An office memorandum dated May 08, 2020 states that "any person having tested positive on the NIMHANS SLD battery shall be considered to have a benchmark disability (>40%)."^[5] This was issued to address the lack of a quantitative assessment and overcome current limitations. It seems unjust that a single SLD is assigned a disability percentage of 40%, while having two or all three SLDs (dyslexia, dysgraphia, and dyscalculia) results in the same 40% rating. This does not reflect the varying severity of these conditions. The impact of multiple learning disabilities is often more significant than a single condition, yet the disability percentage remains unchanged, not accurately representing the true extent of the challenges. Moreover, SLD reassessment occurs in the 10th and 12th standards, which are critical school years when students face scholastic responsibilities.^[2] Many student study far from home, and traveling for reassessment creates unnecessary disruptions. This situation highlights the urgent need for standardized, contextually relevant assessment methods that address the unique challenges faced by students with SLD and reconsider reassessment criteria.

AUTISM SPECTRUM DISORDER

The Indian Scale for Assessment of Autism (ISAA) has delineated specific scores that align with distinct disability percentages.^[6] The newly instituted provisions in the RPwD gazette 2024 neglect to articulate specific disability percentages, opting instead to associate score ranges with broad range of disability percentages, thereby creating a

notable deficiency in precision. In addition, the website does not facilitate the entry of a range of disability percentages, thereby exacerbating the complexities faced by both persons with disabilities and medical professionals, like that of ID assessment. These discrepancies need prompt addressal.

MENTAL ILLNESS

The act's inadequate coverage of mental illness is disappointing as it covers for only four mental illnesses—Schizophrenia, Bipolar Disorder, Obsessive-Compulsive Disorder (OCD), and Dementia, thus undermining the seriousness of other debilitating conditions such as Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD), which can be equally, if not more, debilitating.^[2] This narrow focus often ignores the widespread impact of these excluded conditions on individuals' daily lives.

MULTIPLE DISABILITIES

In case of multiple disabilities, both mental, as well as physical illnesses, the criteria for reassessments have not been specified and thus causes confusion and inconvenience, both to the persons with disabilities as well as specialists. For instance, in case of a 6-year-old child with <80% disability for ID and >40% disability for ASD, reassessment will be warranted for ID at 10 years of age and that for ASD at 18 years which is confusing. Similar plight is experienced when a patient has a mental illness as well as a comorbid physical illness as they must go to different specialists and follow relevant procedures. A new standardized and uniform protocol needs to be generated for the same.

LOGISTIC PROBLEMS

The personnel processing disability certificates (data entry operators) have little training and expertise. They are non-medical professionals who are unaware of the complexities of the assessment and recertification procedures. The UDID online portal has restricted access between 7 a.m. to 8 p.m. only. As a result, on call (emergency duty) specialists find it very difficult to upload assessment remarks as they are busy with clinical work during this time. Furthermore, unstable network systems often breakdown, adding to the delays and frustration for persons with disability waiting for certification as well as the doctors working on the case. The combination of these difficulties highlights the need for India's disability certification process to be more transparent and accurate.

ACTION POINTS

We greatly appreciate the efforts of the Ministry of Social Justice and Empowerment in advancing disability certification. The steps taken to streamline the process and improve accessibility are commendable, ensuring persons with disabilities receive the recognition and support they deserve.

However, addressing a few additional concerns could further strengthen the system. We suggest:

1. Updating assessment schemes for SLD for more accurate evaluations.
2. Expanding the certification process to include a broader range of mental illnesses.
3. Standardizing reassessment durations for persons with multiple disabilities to ensure consistency.
4. Aligning online portals with the latest RPwD guidelines for improved accessibility.
5. Training data operators to ensure more efficient and accurate information processing.

These improvements would reinforce the ministry's efforts and help create a more efficient disability certification system.

CONCLUSION

The issues highlighted here are likely faced by psychiatrists and other members of the certifying medical authority all over the country at the ground level. Prompt redressal of the same in a timely manner is the need of the hour. While some concerns may take time and require multidisciplinary discussion, other issues, such as updating online portals in synchronization with the latest RPwD guidelines and training data operators can be immediately conducted.

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Conflicts of interest

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