



# Mental Healthcare

## Why in News?

Theme for this year's World Mental Health Day (10th October 2018) is "**young people and mental health in a changing world**".

## What is Mental Health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO)

## Issues

- **High Public Health Burden:** An estimated **150 million people** across India are in need of mental health care interventions, according to India's latest National Mental Health Survey 2015-16.
- **Lack of Resources:**
  - Low proportion of mental health workforce in India (per 100,000 population) include psychiatrists (0.3), nurses (0.12), psychologists (0.07) and social workers (0.07).
  - Low financial resource allocation of just over a percent of GDP on healthcare has created impediments in public access to affordable mental healthcare.
- **Loss to Economy:** due to delayed or non treatment of mentally ill persons there is loss in terms of human capital and an overall loss to the economy in the form of lost man-days, plus the poor is stressed as most of mental healthcare is in urban areas and are unavailable in primary healthcare centres in rural areas, this increases out of pocket expenditure.
- **Demographic Dividend:** According to WHO, the burden of mental disorders is maximal in young adults. As most of the population is young (India has more than 50% of its population below the age of 25) so it requires a special focus in mental health of youth by the government to reap the benefits arising out of the demographic dividend in India.
- **Post-Treatment gap:** There is need for proper rehabilitation of the mentally ill persons post his/her treatment which is currently not present.
- **Poor awareness** about the symptoms of mental illness, **social stigma** and **abandonment** of mentally ill especially old and destitute leads to social isolation and reluctance on part of family members to seek treatment for the patient has resulted in a massive **treatment gap**, which further worsens the present mental illness of a person.
- **Rise in Severity:** Mental health problems, tend to increase during economic downturns, therefore special attention is needed during times of economic distress.
- **Prone to abuse:** Mentally ill patients are vulnerable to and usually suffer from physical abuse, sexual abuse, wrongful confinement, even at homes and mental healthcare facilities which is a cause of concern and a gross human right violation.

## Steps Taken

- In 1982, the government of India launched the National Mental Health Programme (NMHP) to improve the status of mental health in India.
- **NMHP has 3 components:**

- Treatment of Mentally ill
- Rehabilitation
- Prevention and promotion of positive mental health
- District Mental Health Programme (DMHP), 1996 – its objective is to provide community mental health services at the primary health care level.
- Mental Health Act (MHA-87) was enacted in 1987.
- Mental Health Care Act 2017 repealed the Mental Health Act, 1987.
- WHO's Comprehensive Mental Action Plan 2013-2020 was adopted by the 66<sup>th</sup> World Health Assembly.
- The Sustainable Development Goals target 3.4 and 3.5 talks about reducing mental illness within the population.
- The Mental Health Atlas was launched by WHO in 2017.

## **Constitutional Provision**

- The Supreme Court has held healthcare to be a fundamental right under Article 21 of the Constitution.

## **Mental health care Act 2017**

### **Right to make an Advance Directive**

Patient can state on how to be treated or not to be treated for the illness during a mental health situation.

### **Right to appoint a Nominated Representative**

A person shall have the right to appoint a nominated representative to take on his/her behalf, all health related decisions

- Right to access mental health care
- Right to free & quality services
- Right to get free medicines
- Right to community living
- Right to protection from cruel, inhuman and degrading treatment
- Right to live in an environment, safe and hygienic, having basic amenities
- Right to legal aid
- **No Electroconvulsive Therapy (ECT) without anesthesia**

### **Attempt to commit suicide not an offence**

This act brought changes in Section 309 of the Indian Penal Code (which criminalized attempted suicide).

Now, a person who attempts to commit suicide will be presumed to be **“suffering from severe stress”** and shall not be subjected to any investigation or prosecution.

The act envisages the establishment of **Central Mental Health Authority and State Mental Health Authority**.

## **Suggestions**

- **Increase Resources**
  - Increasing mental healthcare facilities and related infrastructure through more resource allocation in the budget.
  - Adequate Mental healthcare professional availability.
- **Increasing Awareness:**

- For patients to undertake timely treatment
- To breakdown societal prejudices/ stigma
- To discourage questionable treatment from faith healers.
- For eg. “The Live Love Laugh Foundation” which aims to reduce the stigma, spread awareness and change the way we look at Mental Health.
- **More investment in PHC:** There is only one primary healthcare centre for more than 51,000 people in India. The World Bank estimates that 90% of all health needs can be met at the primary healthcare level thus more investments are needed in order for patients to get easier, cheaper and faster access to services, plus, **training at grass root level** for ASHA, ANM, AWW centre workers on how to recognize common to severe mental health problems like schizophrenia, anxiety, depression, and alcohol abuse.
- **Digital initiatives** are helping improve rural India’s mental health through telemedicine like Schizophrenia Research India’s (SCARF) mobile bus clinic which is run by an NGO; there is need for scaling up such initiatives which will bridge the rural-urban divide.
- **Community Partnership:** By forming their **self-help groups** of carers families along with **NGO’s** which brings community participation and helps reduction in social stigma associated with mental illness.
- Healthcare is a **state subject** - there is need for better coordination between Center-States for proper implementation.
- **Make psychotropic drugs available:** Essential psychotropic drugs should be provided at all levels of healthcare. These medicines should be included in essential drugs list.
- **Empathetic Service delivery:** Delivery of services should be sensitive, compassionate and free from stigma and discrimination in public healthcare institutions plus there is need for **police sensitization** and training regarding recognition of acute mental disorders and undertaking of necessary action to protect the human rights of the mentally ill, his family and his fellow citizens.
- **Financial support** from the government to the families so that direct costs of treatment are covered and families are not overburdened.

## Way Forward

- Increasing the number of psychologists and psychiatrists alone won’t help. Stigma and awareness are two separate issues although interlinked. They need to be addressed in parallel in order to tackle the burden of mental illness in India.
- If individuals continue to view mental illness with apprehension and resistance, it will remain difficult for people with mental health concerns to seek the support they require due to the fear of being labelled or judged.