



## Mental Health Needs More Attention

Health is wealth. But, no health without mental health.

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### Context

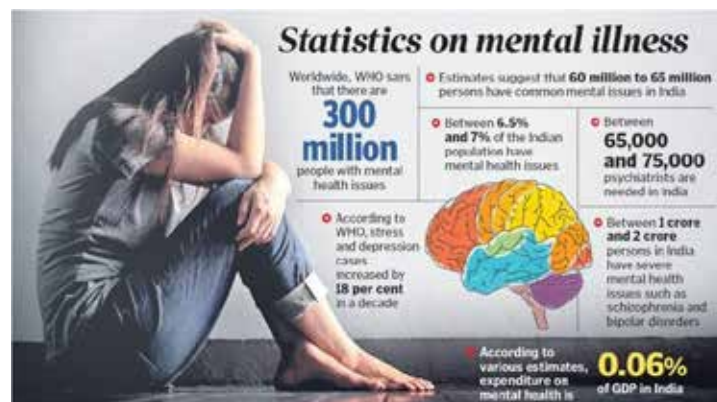
More than 7,00,000 people die due to suicide every year which is equivalent to one suicide every 40 seconds. Suicide stands at No.4 wrt the leading causes of death among 15-19 year old people. Around 280 million people i.e., 3.8% of the world's population is affected by depression which includes the rate of 5% among the adults and 5.7% among the senior citizens. Mental diseases account for approximately 10% of the disease burden around the world. As per the report issued by OECD, prevalence of depression and anxiety increased a lot and in fact, doubled in some countries thus putting a strain on the already meagre mental health support system. The WHO reported that an estimated economic loss of USD 1.03 trillion could be incurred due to the worsening mental health conditions between 2012-2030 in India. As per the data released by Sage Journals, the low income countries bear a disproportionate burden of having 80% percent of people with mental illness in the entire globe, three-fourths of which never receive treatment.

India contributes relatively higher with about 56 million people affected by depression and 41 million by anxiety disorders. India carries a burden of 2443 disability-adjusted life years (DALYs) per 1,00,000 population (DALY represents the years of life lost because of the untimely mortality and due to the conditions arising out of the disability) and the age-adjusted suicide rate for the same number of people is 21. As per the National Crime Record Bureau's (NCRB) 'Accidental Deaths and Suicides in India-2019' report, a total of around 1,40,000 suicidal cases were reported in India which is equivalent to a new suicidal death every 4 seconds thus highlighting the profundity of the issue and the exigency to address it.

Karnataka is in the list of the top five states in India. Bengaluru stands at No.3 in the list of megacities contributing the most to the suicidal cases in the country after Chennai and Delhi.

The COVID-19 pandemic accentuated the already existing grim problem of mental health issues. Financial insecurity, unemployment, loss of social connections, access to physical exercise, etc. exacerbated the worsening mental health problem.

As per a Lancet study and Global Health Data Exchange, one in seven Indians suffer from mental health disorders. Around 80% of the country's population is not able to access the treatment due to lack of infrastructure. Following statistics demonstrate the gravity of mental health issues across the world and India.



Source- <https://www.insightsonindia.com/2021/06/09/insights-into-editorial-towards-a-stronger-mental-health-strategy/>



## Policy Actions

The Government has come up with the various policy initiatives to address this issue. These include:

- **National Mental Health Programme (NMHP) 1982-** detects, manages and treats mental illness. Under NMHP, District Mental Health Program (DMHP) was initiated in 1996 which covers counselling in schools and colleges, stress management at work-place, etc.
- **Mental Health Care Act, 1987-** regulates and administers mental health care in institutional settings.
- **National Mental Health Policy, 2014-** promotes mental health, de-stigmatises the entire issue and ensure socio-economic inclusion of mentally ill people.
- **Rights of Persons with Disabilities Act, 2017-** Acknowledges mental illness as a disability thus enhancing empowerment by ensuring them their rights and entitlements
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Till 2017, there was an absence of a comprehensive plan to address the problem of mental health issue countrywide. The government then came up with Mental Health Care Act, 2017.

## Mental Healthcare Act, 2017



Source-

<https://byjus.com/free-ias-prep/mental-health-care-bill-2016-govt-of-india/>

<https://timesofindia.indiatimes.com/city/goa/goa-yet-to-frame-rules-for-mental-health-act/articleshow/66160730.cms>

The recent announcement by the government in the [Union Budget 2022-23](#) to establish a National Tele Mental Health Programme is an encouraging move to address the issues of mental health in the country. Under this programme, the government will establish 23 tele-mental health centres.

## Policy Gaps

### Issues with Mental Healthcare Act, 2017

- **Clinical Approach-** The act considers mental illness as something which can be dealt with clinical treatment only, rather than fostering on the prevention of mental health issues and promoting mental well-being.



- **Stigmatisation-** The mental illness of a person gets accentuated by the socioeconomic and cultural factors, for example- non-affordability to access health-care, superstition, stigma, discrimination, etc. However, the Act failed to throw light on these issues.
- **Problem with Advance Directive-** As this Act provides a person the discretion to decide about the mode of treatment, there exists the possibility of erroneous decisions on the part of the patient due to the lack of awareness. At that point of time, the treating physician becomes the best person to decide about the treatment.
- **Scarce Mental Health care resources-** There is a huge disparity between the requirements and availability of the mental health care resources in the country. [As per the data released by WHO](#), India has 0.3 psychiatrists, 0.12 nurses and 0.07 psychologists and 0.07 social workers in a population of 1,00,000 which is far below the preferable number of 3 psychologists and psychiatrists per 100,000 population. India has nearly 1.43 hospital beds per 1,00,000 population especially available for mental health patients as compared to an average of 7 in countries having low income and 50 in high-income countries.
- **Low Financial Resources Allocation-** While the Act provides an elaborate list of rights of a mentally ill person, the financial aspects on provision of appropriate facilities did not find a mention. As per [the studies conducted by Lancet](#), around the globe, on average a country spends around 2% of the total government spending on health which is disproportionately lower as mental disorders account for 35% of total YLD( Years of life lost due to disability) and 12% of total DALYs (Disability Adjusted life years). India spends less than 1% of its health budget on mental health care facilities.
- **Huge Treatment Gap-** Abysmally low infrastructure results in a glaring treatment gap (the difference be-

tween the number of persons who need care and who actually receive care) of as high as [83%](#).

- **Lack of awareness-** There is a lack of awareness among the people about the mental health issues in our country. As per the study '[Mental health awareness: The Indian scenario mental](#)', health literacy among the adolescents have been found to be very low i.e., depression being identified by 29% of the affected persons and psychosis by only [1.3](#).
- **Other Challenges-** Social stigma attached to mental health issues, abandonment of mentally ill persons and poor awareness results in social isolation of the person thus serving as a major hindrance in the mental health-care delivery.

## Recommendations

- **Integration into Primary Health Care-** Mental health is hardly given priority when it comes to primary health care. To make mental health services accessible to the people at the grassroots level, it requires the inclusion of mental health services in the portfolio of primary health care. [The example of Thiruvananthapuram, Kerala](#) has been recognised by WHO and is worth emulating. This district has introduced mental health services into primary health care. Medical practitioners here diagnose and treat mental health issues as a part of primary care functions ensuring timely availability.
- **Appropriate Budgetary Provisions-** As compared to the mental health disease burden India carries, its budgetary allocations are meagre which needs to be increased, global average of 2% from present levels of less than 1%.
- **Affordable Mental Healthcare-** Mental Healthcare sector in India is highly expensive. The average cost of a therapy session is around [Rs.1500](#) thus making it un-





affordable for a larger chunk of our population. So the onus lies on the government to make it affordable for a common man.

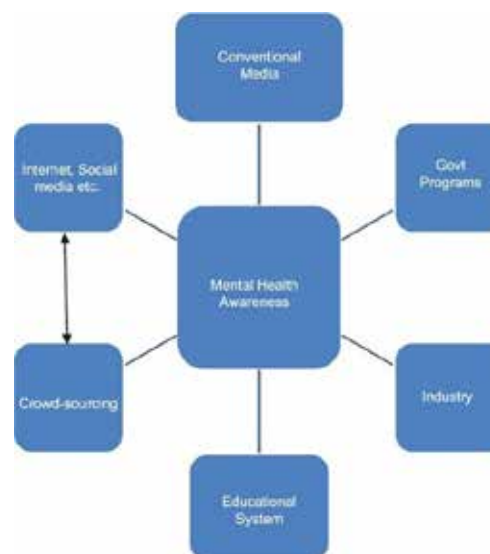
- **Early Interventions** - An environment supporting healthy mental health needs to be created and early childhood interventions such as psychosocial activities and psycho-social help should be initiated.

## Lessons from Kerala's Model

Kerala has a mental health policy and is at the forefront of all the states in terms of adolescent care, funding, awareness and the availability of professionals. It has integrated mental health in schools because if mental illnesses are accurately diagnosed at early childhood, it will reduce the burden of health issues in adulthood. Students are provided counselling by their teachers who are trained in adolescent developmental psychology. Family problems at home are also given family therapy. Kerala allocates a significant proportion of its budget for mental health with around 1.16% of its entire health budget. Kerala is the only state meeting the requirement of at least one psychiatrist per 1 lakh population. Other States can follow from this.

- **Community Sensitisation**

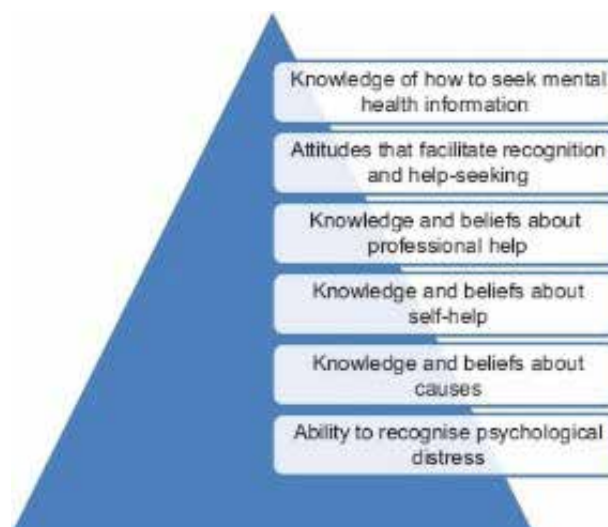
The stigma involved around the mental health issues is a major hindrance. Efforts are required to educate the people about mental health. One such model being run by the government is Accredited Social Health Activist (ASHA) to penetrate the awareness among the people. Under this model, ASHA workers educate and guide the people about such issues. If scaled up, this can prove to be a good way to creating awareness among the people and destigmatising the mental issue.



Source- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479084/>

- **Augmenting Mental Health Literacy**

Information should be readily available in the public domain. It includes recognition, causes, self-help, making the professional intervention easily available. [Norwegian campaign](#) targeting the reduction in the duration of untreated psychosis is an example of awareness impacting the mental health.



Source- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479084/>



- **Non-specialist Care Programme**

There is a huge rural-urban disparity in the mental health services in India. Lay health workers, lay counsellors, non-specialist health workers can provide basic mental healthcare services in rural areas thus making the Psychiatric services accessible. This model is acceptable, feasible and at the same time cost-effective.

- **Digital Programme**

Technology based mental health services including diagnosis, treatment, and prevention with online, text-messaging and telephone support can help in scaling up and integrating mental health care services in the mainstream. Gujarat and Andhra Pradesh have shown positive outcomes in this regard.

- **Catching the Root cause**

Certain situations in the economy such as economic slowdown impact some people greater than the others. During such times, mental health services should be readily available to the people.

- **Encouraging Psychiatry as a Subject to study**

Students studying in undergraduate medical courses should be made well aware about the field of psychiatry and interest should be created among them to pursue such courses so as to address the deficiency of the required medical practitioners.

## Conclusion

The onus does not lie only on the government to address this issue. Synchronised efforts from all the stakeholders including government, civil society, educational institutions, medical fraternity, peer group, community, and family are required to address the rising mental health issues in our country. Experiments in Libya, Ethiopia and many other

Latin American countries have been successful because of the coordination between the various stakeholders. Mentally ill persons should be given the space and dignity rather than letting them feeling ashamed. Since women face a greater risk of developmental problems, there is a need to make the women socially and economically empowered and provide them access to education and employment opportunities. Elderly people should be provided social support.

A more optimistic societal response is required to remove the stigma associated with mental health issues. There is an urgent need to change our perspective from treating mental health issues just as a medical problem but rather as a social concern. Though the Mental Healthcare Act 2017 revolves around a sensible patient-centric approach, it needs to be revised on tenets such as earlier detection, primary intervention, reintegration, etc. which will further strengthen its implementation. It is the age of technology and thus integrating it in the mental healthcare can prove to be a boon and help us in achieving the SDG Goal 3 'Good Health And Well Being'.

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