

MENTAL HEALTH IN INDIA: FROM A BROKEN DISCOURSE TO AN UNCERTAIN FUTURE

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INTRODUCTION: STATE OF MENTAL HEALTH IN INDIA

It was in 2001, in a mental home in the *Erwadi* district of Tamil Nadu, where 25 mentally ill patients kept chained in their thatched huts, were burned to death in an ‘accidental fire’. This jolted the Supreme Court into action, which took *suo-moto* cognizance of the case, and discovered that the prescribed regulations of Mental Health Act were not even remotely observed in the country.ⁱ

After two decades and multiple iterations of several Mental Health legislations, over 7.5% of the population now suffers from some form of mental disorder.ⁱⁱ The latest National Mental Health Survey estimates that about 150 million Indians require active care intervention for mental health and related issues.ⁱⁱⁱ Further, there are around 9.8 million children aged between 13-17 years requiring urgent intervention, along with a more than 60% gap in the treatment of mental illnesses.^{iv} Additionally, examining the aforementioned statistics in light of WHO’s definition, which characterises the term mental health as a state of “complete physical, mental and social well-being and not merely absence of disease or infirmity” we arrive at two clear implications. Firstly, mental health is the holistic sense of well-being of an individual. Secondly, and more importantly, the burden of mental health issues in India is clearly enormous. Poor dialogue and discourse along with decades of deep lying stigma, acute deficit of awareness and the constantly overarching narrative of ‘what will people think’, have decimated mental health in India. The following article is an attempt to fathom the inadequacies in India’s approach to mental health which might lead to an impending catastrophe in case immediate actions are not undertaken.

1. A CRIPPLED INFRASTRUCTURE

One of the most significant barriers to effective treatment of mental illness in India has been a severe dearth of funding. As per reports, there are only three psychiatrists per 100,000 people, only 0.04 psychiatric nurses for 100,000 people and even fewer psychologists in the country.^v Also, given that 72% of the population resides in rural areas, they have only 25% of the health infrastructure to rely upon.^{vi} Additionally, limited number of de-addiction centres, and insufficient beds in state run mental health institutions have resulted in sub-standard treatment and care of the needy. With the government transitioning from a developing economy to a developed economy, more funds end up being committed to other channels, thereby only assigning low-spending priorities for mental health issues which further abtain the needy from requisite care, and aggravates the already inherent apathy towards the cause.

Despite the current funding for healthcare in 2020 witnessing a 7% increment, mental health issues have only been allocated 0.5% of that raise. The total expenditure in the country for mental illness is below 1% of the total allocated fund for healthcare needs, as opposed to the approximately 5% in other developed countries.^{vii} This is in complete contrast to the Indian Journal of Psychiatry's 2017 report which had estimated the required expenditure on infrastructure for proper treatment of mental health disorders at a staggering 94, 073 crores.^{viii} As a result of this enormous disparity between the actual required expenditure and the tangible budgetary allocation for effective management of mental illnesses, whenever a patient requires basic primary care, he/she is unable to access the same due to unavailability of basic counselling and therapy. Therefore, he is forced to suffer until the disorder worsens and then seek medication, which naturally is more expensive than the basic primary treatment required earlier. Consequently, the patient is forced to bear costs of broken infrastructure and limited funding. Besides, the cost of morbidity due to mental disorders, and the resultant loss of productivity caused directly due to depression, and/or anxiety (which are amongst the most common forms of mental illnesses across India) is considerably more than the cost of expenditure which the government would have to sustain in order to prevent these illnesses in the first place, which implies that, adequate funding must be the government's utmost priority.^{ix}

2. SOCIO-ECONOMIC DETERMINANTS AFFECTING MENTAL HEALTH

The structure of society and the physical environment of people is a major determinant of mental health. Social inequalities lead to an increased risk of many common mental disorders.^x The social environment of a person's life during all the stages starting from birth till the old age has a great impact on their mental health. Even the mental health of the mother during pregnancy affects the child's mental health. Despite having an important role in the well-being of an individual, mental health has never gotten the required attention in India. Generally people with mental health issues are looked down upon. Such stigmatising behaviours and attitudes generate barriers like delay in seeking help, discontinuation of treatment, suboptimal therapeutic relationship, patient safety concerns and poorer quality mental and physical care.^{xi} As a result nearly 80% of the persons suffering from mental disorders for more than 12 months do not receive any medical treatment.^{xii} There is an inherent prejudice towards mentally ill persons and they are considered to be dangerous and aggressive.^{xiii} Stigma is shown through bias, discrimination, avoidance and even denial of social and civil rights. People don't have the realisation that mental issues are diseases just like any other bodily disease and require a proper clinical intervention. They believe that the person is not making an effort to pull himself and lacks will power. Such patients try to avoid any discussion on such issues due to the fear of being judged, labelled and ignored. The main problem remains that the society does not have knowledge of coping methods.^{xiv} Many people believe that prayers, Pooja, black magic can help in reducing the "bad effects" of the illness which delays clinical intervention and can cause more harm to the patient.^{xv} In fact, People find it normal to address patients of mental illness using various derogatory slurs which further highlights the stigma attached to the issue.^{xvi} Seeking help of a medical professional to tackle mental sickness is still widely considered as an indication of weakness. Furthermore, caste based discrimination is still predominant in many parts of the country and is a major cause of mental distress. Lack of education regarding mental health is another crucial factor which taints our perception of mental health. Lastly, there is mounting evidence that merely 29.04% of adolescents identified depression and just 1.31% identified schizophrenia.^{xvii} The low level of awareness calls for a complete overhauling of the education system so as to reduce the burden of mental illness in future.

2.1. *WOMEN'S MENTAL HEALTH IN INDIA: A NEGLECTED PERSPECTIVE*

As is clear by now, India has long ignored mental health, however, within this already grim representation, a cause for even greater concern is that women as a social group have inevitably been subjected to much harsher treatment by the society, and therefore end up suffering more. Multiple studies have suggested that gender differences are critical determinants of mental health, and clearly affect mental illnesses.^{xviii}

In a country like India, where joint families and patriarchy are much more prevalent, where marriages are considered sacrosanct and permanent unions, where women are traditionally forced to undertake the role of primary caretakers in a family, and are generally accorded a lower educational status, it is no surprise that they have been subjected to a disproportionately higher share of stigma and lesser opportunities for treatment of mental illnesses. Moreover, other sociocultural factors like poverty, lower levels of education, fewer opportunities, and biasness in work environment are typically associated more with women than in men, and translate into greater vulnerabilities to common mental disorders (CMDs).^{xix} In fact, the Indian Psychiatrist Society's first paper on women's mental health – focused on determinants of 'puerperal-psychosis' – revealed young age, rural residence, and lower/lower middle-class income as the foremost contributors.^{xx} Common mental disorders like depression and anxiety have also been linked with gender differences and the differential treatment meted out to women as a result.^{xxi} Additionally various other risk factors like socio-economic disadvantages, gender-based violence and subordinate social status that are more disproportionately prevalent amongst women, aggravate the already poor awareness of mental illness. Furthermore, domestic violence which is another vice that has long been predominant in the closed and conservative Indian society, and difficult experiences of going through pregnancy are both direct causes of surprisingly higher rates of PTSD (Post Traumatic Stress Disorder) in women, which has been found to be a greater contributor of schizophrenia in women, than in men.^{xxii} Women also tend to suffer from several other gender specific issues such as post-partum syndrome, menopause, and issues with ideal body type etc. It is therefore unfortunate that we as a nation have let an entire gender down.

2.2. EFFECTS OF MENTAL HEALTH ON LOWER-INCOME GROUPS

A staggering 80% of all the individuals suffering from mental illnesses belong to middle and low-income backgrounds. In fact, people with mental disorders in low income countries often constitute the poorest of the poor.^{xxiii} In a country like India, where over 88 million people are below poverty – the number destined to increase in the wake of country-wide lockdown due to corona virus pandemic – the aforementioned stats have ominous bearing. Therefore, unsurprisingly, India's poor are amongst the worst hit due to the country's inadequate mental health framework.

The economic structure of society in India is unlike other western developed nations. Therefore, it should reasonably have treatment mechanisms specifically designed to cater to the unique societal construct of the country. However, as it turns out, research into mental health is largely comprised of western developed tools adapted to local setting. This results in a significant impediment to our understanding of the local characteristics of mental illnesses, and therefore, results in ineffective treatment. Studies have found compelling indication that “association between stigma and multidimensional poverty is stronger in the group of mentally ill subjects compared to the control group.”^{xxiv}

In the face of such stark revelations it is rather unfortunate that a country run rampant with poverty, has done little to aid its ailing. The legislature has failed at providing suitable safety nets for the impoverished and marginalized that bear the brunt of the mental health crisis. As a result, despite the high need for mental health services, the poor end up being the least likely to avail high-quality mental healthcare.^{xxv} Further, since they already have a very limited access to healthcare, topics like mental health, which still have taboo attached to them, remain way out of reach. Lack of basic education, and dearth of awareness regarding mental health, which is more likely to be present in poorer households due to stretched resources, further contributes to their plight. The 12th five year plan has long highlighted the urgent requirement of providing targeted support to the mentally ill in poor communities,^{xxvi} and the government although has since created several targeted poverty alleviation programs, there still exist none that are specifically tend to the impoverished mentally ill.

3. LEGISLATIVE LAPSES & INADEQUATE POLICIES

Indian society has not perceived mental health as an important part of an individual. People with mental disorders remain vulnerable to the abuse of their rights and liberty. Therefore, it becomes vital to have a well drafted statute which caters to the needs of mentally ill people. Unfortunately the Indian Legislations on Mental Health have been unsuccessful in promoting a proper regime for such people and therefore have contributed to the inadequacy of mental health awareness in India. Previous legislations on mental health focused more on the isolation of dangerous patients from the public. Gradually as the human rights movement gained prominence and medical technology for detecting mental health issues advanced, it was observed that earlier legislations dealing with the issue of mental health in India were not comprehensive and ignored important aspects. For instance, The Indian Lunacy Act, 1912 not only excluded mental ailments such as psychopathic disorders, psychoneuroses, drug addiction etc., but also lacked any adequate provision to commit a criminal lunatic to medical treatment.^{xxvii} In fact, a large section of patients were restricted from availing benefits of the act. Lastly, juveniles were also not covered under the act. Later, for addressing shortcomings of the archaic Lunacy Act, 1912, the Mental Health Act (MHA), 1987 was enacted. Although it protected the rights of mentally ill during custodial care, it had many limitations, viz- a-viz, exclusion of mentally retarded patients from the definition of mental illness,^{xxviii} no provision for rehabilitation of mentally ill and abandoned patients,^{xxix} no provision to address the death of patients in custodial care, and more. Finally, the lack of any guidelines to provide psychiatric emergency services and other lapses left families of patients hopeless^{xxx} and the need for a major revamp was felt.

The Mental Healthcare Act (MHCA), 2017 which is currently in force after repealing the MHA, 1987, is a modified version of the infamous Mental Health Care Bill, 2013 and is in consonance to the obligations under the Convention of Rights of Persons with Disabilities and Optional Protocol along with WHO guidelines. It puts a greater focus on the improvement of medical services, the rights of patients and provide them with affordable services. The act has not addressed social factors including lack of awareness on mental diseases which can be a major constraint in its effective implementation.^{xxxi} Even though the act has given the freedom to the patient or their guardian to direct the manner in which they want to get treated, it has not prescribed any way to inform them of the possible treatments so that they can make a reasoned

choice.^{xxxii} The new act has not given regard to the role of family caregivers who can take care of the day to day needs of the patients even after discharge from the medical facility.^{xxxiii} The enactment of the Act is a welcome step in improving the status of mental health in India but considering the current scenario of dearth in infrastructure, it seems like a far-fetched dream.

4. MENTAL HEALTH IN PRESENT TIMES: IN LIGHT OF THE COVID-19 PANDEMIC

4.1. *General Public and the Front-line workers*

In the wake of global pandemic due to the SARS-CoV-2, India like other nations has also suffered. The country has effected nation-wide lockdown with citizens and affected patients being forced into quarantine. Patients and citizens alike are worried, anxious and agitated, suggesting clear evidences of mounting psychological stress. In fact, distress manifests when individuals faced with sudden stress, which in this case is brought on by the sudden onset of the pandemic.^{xxxiv} Individuals who have had to suddenly enter quarantine, and makes such drastic changes, are likely to view it as “life-limiting event.” Therefore, it is imperative that the government ensures that palliative care and counselling is made available to the patients. Additionally, in cases of patients being admitted to medical facilities, engagement with family has been found to be the most common coping strategy, however, in a peculiar situation like the current scenario, where human contact of the infected patients has to be regulated, the isolation can spell terrible consequences.^{xxxv} Therefore the onus is on the government and the community at large to create a supportive environment that caters to mental illness.

The effects of the current pandemic on mental health are not limited only to the infected patients; frontline workers, including the medical fraternity and policemen have also been subjected to increasing stress and anxiety. Faced with the accumulating burden of cases each day, doctors, nurses and police personnel are struggling to find a mental balance. Many have had to resort to counselling and other forms of primary therapy. The wide-spread apprehension on India’s ability to handle the pandemic while simultaneously handling mental health – especially with a pre-existing broken framework– is after all justified. Medical professionals and police personnel are forced to cater to an ever increasing number of distressed patients, in newer unfamiliar work environments for much longer work hours. This coupled with the

discomfort of staying away from their families amidst tense work environment has resulted in an influx in instances of reported physical, emotional and mental exhaustion.^{xxxvi} Moreover, the frontline workers being the ones in the closest proximity to the infected individuals, are also having to face increasing stigma and boycott from the rest of the society. This complexity of hindrances along with the shortage of resources and other ethical conflicts leads to emotional breakdowns and mental stress which can have more frightening implications in the form of ‘maladaptive behaviours’ such as domestic violence and substance abuse, thereby, giving birth to a vicious cycle of even more mental health challenges.

There needs to be a community centric focus on mental health in these times. Government must materialize local support groups and other such institutions to ensure that the distress medicos and police personnel have counselling available at all times. In fact, since this can be done without the need of any actual physical contact, the solution can easily be in line with the current social-distancing guidelines.

4.2. Migrant Labourers: On the Brink of a Mental Health Crisis

Migrant labour is, more often than not, all pervasive but rarely visible. However, the recent lockdown and an overnight ban on travel, has resulted in the sudden and immediate loss of livelihood for thousands of migrants, thereby revealing their plight. The mass exodus of thousands of stranded migrants fleeing to railway and bus stations, attempting desperately to make their way back home, is the beginning of a mental health crisis of the highest degree.

A myriad of studies convincingly indicate that mental disorders are directly linked to adverse circumstances like financial debts, social inequality, income levels etc.^{xxxvii} Furthermore, migrant labourers, amongst all other occupations, are most likely to shown the highest instances of “peritraumatic psychological distress” and by a large margin.^{xxxviii} The migrant population, due to their uniquely disadvantageous position in our society, are already in a particularly vulnerable situation. Not only do they belong to the poorest strata of the society, but are also amongst the most discriminated against, thereby doubling the stigma that they are forced to face. Since they already have a poor health cover to begin with, the added weight of the pandemic and ensuing job losses spells catastrophic implications on their mental health.

Given the sorry state of affairs, it is appalling that the government has turned a blind eye to the issue. Combatting mental health disorders of such high magnitude within such a marginalized social group nestled so close to the heart of an underlying stigma surrounding the disorder, will be a herculean task if not acted upon hastily. There is a possibility that this might contribute to an increase in the number of suicides. Effective mitigation will require a concentrated approach enabling mental health services to penetrate the lowest rungs of the society.

5. POSSIBLE SOLUTIONS & RECOMMENDATIONS

Much deliberation has already been done on the inadequacies of India's approach to mental health. It is thereby reiterated that the system is in need of urgent overhaul in order to accommodate the increasing demands of mental healthcare. Urgent modifications to the existing policy framework are imperative. Efforts must be made to efficiently implement the District Mental Health program across all the districts in the country.

There is a pressing need of concerted action to improve palliative care and rehabilitation services in the country. Patients must be engaged in creative activities during their treatment which can contribute to their overall morale. Moreover, government can also form association and partnerships with private sector agencies, and NGOs to better locate the needy and provide primary counselling, conduct awareness drives etc. Therefore, adequate funding is another crucial requirement. The government must acknowledge the importance of mental health and allocate appropriate funds, so that treatment for mental illnesses becomes more affordable and accessible for the masses.

Education is still by and large the best method to ensure that more and more people are aware of the importance of mental health. Educational curriculums in schools must be amended to include mental health as a separate subject along with physical education, so that an individual's holistic well-being is made the new norm.

Open dialogues through community level participation, regular clinical drives, and accessible primary care at the municipal level can be extremely effective in removing the deep-lying stigma. Various institutions (educational or otherwise) along with government and private corporations, must engage psychologists and psychiatric aid as separate departments so

that, treatment in more accessible. Media also plays an active and important role in spreading awareness. Moreover recovered patients can come forward and share their narratives to encourage people. Further, distribution of simple and jargon-free material related to mental health, and various mental illnesses, translated into regional languages, in written and/or spoken forms will go a long way. Lastly, the onus is ultimately on the people to start recognizing that mental is as important as physical health for our overall well-being. After all, in a country so diverse, there must be room for some more inclusivity.

“*What mental health needs is more sunlight, more candor and more unashamed conversation*”

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