

The Mental Health Care Conundrum in India

The year 2019 was coming to a close when the unforeseen pandemic of COVID-19 hit the world. Economic activity declined, systems collapsed and lives came to a standstill. It was difficult to predict what life ahead would look like. Everyone was concerned about the future of nations, economies and work but little was anticipated and talked about the possible implications the coming times might have on the mental health and well - being of individuals. The pandemic was here to stay and ended up impacting each and every sphere of human life. In the past two years, numerous people witnessed loss of loved ones, prolonged lockdowns, long periods of social isolation , uncertainty and a transition to changing working patterns.

As a result, declining levels of mental health were seen in the population. According to a recent study published in *The Lancet*, both major depressive disorder and anxiety disorder rose 35% each during the pandemic period in India. Another study in the same journal reported that a range of mental health concerns from anxiety and anger to sleep disturbances, depression, and post-traumatic stress disorder (PTSD) are likely due to the psychological impact of quarantine.

Albeit the pandemic saw deteriorating quality of mental health, it also ended up bringing to the surface and unravelling the already existing loopholes and gaps in the mental healthcare structure of India.

The National Mental Health Policy promises better access to mental health services. On the contrary a research by *The National Institute of Mental Health and Neurosciences (NIMHANS)* had stated that more than 80 per cent of people in India are not able to access treatment due to a dearth of capacity and proper infrastructure. Furthermore, there is lack of mental healthcare professionals. A WHO study reported that India has nearly 0.29

psychiatrists and around 0.07 psychologists for a population of 100,000, compared to a median of 0.3-0.5 in low-mid income countries and 9-11 in high-income countries.

The National Mental Health Policy also mentions various pointers in its vision statement like preventing mental illness and ensuring socio-economic inclusion of people affected by mental illness. The ground reality gives a contrasting picture. Today, we see inadequate programmes focusing on prevention and affordability remains a major roadblock in accessing mental health care services. This funding gap can be bridged with the help of aid by the government but the current figures give a bleak view of the same. The budget for this year allocated just Rs. 40 crores to the National Mental Healthcare Program (NMHP). Many experts have claimed that this would leave India absolutely unprepared to deal with the mental healthcare crisis as per the requirement of the humungous population of the country. Moreover, insurance still does not cover mental health requirements as compared to physical ailments and illnesses which again puts physical health on a pedestal. One of the best ways to bring it to an equal footing with the physical health can be to categorize mental health as a “public health crisis” so that the same can get reflected in the Union Budget.

Amidst the pandemic, even though some people (mostly from the upper strata) showed willingness to consult mental health professionals, there was a lack of awareness regarding whom to consult, when to reach out and what exactly was one supposed to do. Confusion also surfaced due to lack of information about the difference between various kinds of mental health professionals. (e.g. -psychiatrist, clinical psychologist and a counsellor). In the worst case scenarios, people ended up dealing with quacks. Deep stigmatization and inertia still remain prevalent in both the lower and upper strata of the society. Stigma in the Indian population is deeply entrenched due to long standing customs and beliefs. This results in shielding away of one's mental health condition and hesitation in reaching out to the professionals.

To a great extent, digitization has helped in making information regarding mental health more accessible to the general population, initiating a dialogue and providing a space for people to open up but at the same time, it has also led to the spread of misinformation regarding mental health illnesses and therapy. Unregulated information circulating on social media, lack of legal tenets regarding the same, therapy sessions being provided by social media influencers and unfiltered information on social media pages being run by uncertified individuals in the name of spreading awareness can prove to be a hurdle in generating respect for the field, mislead people and can instead dilute and commercialize the field of Psychology.

The mental health services model has followed a biomedical/institution based model for a long time. In India, having mental illness is generally seen as a case of institutionalisation. According to Hans Foundation 2019 survey - 93.5% mental health patients never stepped out of hospital, 86.5% never had a visitor, 94.8% never visited anyone out of the hospital. It lacks the consideration of psychological and socio - cultural factors in a lot of cases when it comes to care delivery.

It cannot be denied that India is slowly taking the high road but there is a long way to go. We firstly need to dismantle the current mentality revolving around mental health illnesses and wear off the stigma through effective programs and also further need to take that extra step to evaluate the impact of such programs with an evidence based approach.

What can further revolutionize the mental health care is targeted policy making which would require sturdy funding mechanism and extensive research for attaining good quality data for different facets of the population. Research would also bring into light the perilous impact poor mental health of individuals can have on economies of nations. Increased funding will

also aid in devising a curriculum inclusive of mental health education, better training, capacity building and infrastructure.

The awareness that sound mental health and well - being lie at the core of efficient recovery and even day-to-day functioning of an individual can give an impetus to robust policy making by both governments and organisations. Further coordination between government and other private as well non-for-profit organisations can help in meeting mental health care needs of the people at the local level and can bring about a grassroots change in the society.

The *Youth in India report* by the Ministry of Statistics and Programme Implementation of the Government of India states that the median age of Indian population will become 31 years by 2031. Youth is the greatest asset a country can have but the demographic dividend will just remain a number till it is utilized, therefore it becomes highly imperative to provide the youth with accessible and affordable mental health care services both preventive and curative in nature so as to ensure the bright future of the country.

A community based intervention approach can do wonders for India. A great example to support this claim is the immense success of the community volunteer program in Mehsana, Gujarat called Atmiyata which has been recognised by WHO. Statistics have shown that recovery rate in people experiencing distress and other mental health conditions is much higher in people getting support from the Atmiyata service. India can also learn from a similar initiative of Brazil. The community based mental health centres in Brazil are known as *Centro de Atenção Psicossocial (CAPS)*. The model is based on creating centres just like home consisting of indoor and outdoor areas for socialising and recreation, counselling areas, dorms and activity rooms. The centres are well integrated into the primary healthcare system and follow a human rights and delivery care approach. What is even more interesting is that they completely comply with all the WHO standards and the services are funded under the

Unified Health System of Brazil. 50-70% operational costs are covered by the federal government and the remainder is taken care of by the municipalities. Ensuring decentralisation of mental healthcare services i.e. availability of mental health care professionals at the block/district level and at the Primary Health Centres (PHCs) in India too can help in widening the reach of the services.

With mental health having been included in the Sustainable Development Goals and various technological interventions like AI chatbots coming in- the future surely does look bright and exciting. Technology backed care delivery has been seen to have a wider reach and easier accessibility especially for the people living in the suburbs and the elderly.

It is crucial to understand that the clock is ticking fast and if we don't take action now then the day is not far when in a post COVID world, mental health might become the next pandemic as people continue to live in social isolation. Therefore, significant measures need to be taken and there is an urgent need to bring about a reform in the current mental health care system and to enable action based on rigorous policy to build a world where shame and guilt attached to mental health is uprooted, where people have access to affordable quality mental health care and where each person with a mental health illness can lead life of dignity and respect.

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