

Mental Health: Backbone for Healthy India

Dr S G Mehta

Professor and Head, Department of Psychiatry
Pacific Medical College and Hospital
Bhillo Ka Bedla, Udaipur

Ashish Sharma

Manager, Administration
Pacific Medical College and Hospital
Bhillo Ka Bedla, Udaipur

Neeraj Kumar Tripathi

Clinical Psychologist and Counselor
Pacific Medical College and Hospital
Bhillo Ka Bedla, Udaipur

Dr. S.K.Sharma

Consultant Psychiatrist
Pacific Medical College and Hospital
Bhillo Ka Bedla, Udaipur

Dr Bhakti Murkey

Assistant Professor, Department of Psychiatry,
Pacific Medical College and Hospital
Bhillo Ka Bedla, Udaipur

Address for Correspondence

Dr S G Mehta

drsureshmehta@yahoo.com

REVIEW: National Mental Health Survey of India, 2015-16 conducted at the National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bengaluru under the Ministry of Health and Family Welfare (MoHFW)

GENERAL INFORMATION/ABSTRACT

To criticize is a much more simpler and easy task rather than to applaud for some commendable job done either in the field directly or in the papers with thorough in-depth research, judgmental analysis, sampling and drawing out conclusion to an extent. Research in the field of Medical Sciences has always proven a positive sign in the betterment of mankind along with giving true respect to nature. NIMHANS, Bangalore had done justice in its National Mental Health Survey of India during 2015-16 and our review is largely based on that survey study which emphasizes on the mental conditions and stability of people in India. In its survey NIMHANS reported that about 150 million citizens of Indian need services for mental health care, but less than 30 million actually seek them, reflecting the much underdeveloped facilities of mental health care in India.¹ The excellent work done by NIMHANS in the report “Prevalence, Patterns and Outcomes and Mental Health Systems”, it has suggested many ways and solutions to improve the overall mental health status of India.¹ We must appreciate this real hard work and sincere efforts from NIMHANS, Bengaluru.

In recent years, there has been a significant increase in morbidity and mortality due to various mental illnesses, amounting to a huge and undetected social, moral and economical impact.

Our review on this survey revolves around the findings and suggestions made by NIMHANS team. We have tried to assimilate our knowledge and findings while undertaking the review and added comments/recommendations which can largely accelerate the base frame work towards penetrating the population having mental disorders on large scale. The goal is improvisation in medical facilities; as the disabilities and impact on economy are obvious and greatly affect work performance, as well as social and family life, ultimately leading to an imbalanced and improper overall growth of the nation.

INTRODUCTION

Society is rapidly changing and imposing new challenges with every passing moment. Mental Health has become the most important aspect of health today due to increase in stress, poor life style and gadget /internet and drug addictions. With the rapid and expanding use of electronic communication a host of new addictions like internet addiction, shopping addiction or compulsive buying, video game addiction and porn addiction have been detected, leading to rampage of marital conflicts and divorces, financial losses, poor academic performance, sleep deprivation and related physical impairments.⁸

The landmark World Health Report-2001 titled “Mental Health: A New Hope, New Understanding” provided a Public Health Focus. In

spite of WHO's theme of "Stop Exclusion-Dare to Care" the patients with mental illnesses still have a lot of discrimination and social stigma, leading to poor treatment seeking and high morbidity.¹

OVERVIEW

NIMHANS, Bangalore in its assessment embarks the prevailing situation and conditions in which a person having a diagnosed mental illness has to live with many challenges and brings to notice not just the lack of public health strategies but also several components performing below the expected standard of care. A person suffering from mental illness has to face serious impact of associated stigma, lack of time and patience in family members, poor relations with the treating doctors, financial problems and so on. The current facilities available in mental health system are insufficient, poorly coordinated and fragmented. The illness affects abilities of the patient to work, their quality of family living and social life as well. This further worsens the overall outcome.¹

Increase in nuclear families, lack of emotional support and ventilation and time constraints (if both parents are working) result in many issues not only confined to mental health but also affecting their physical attributes. Keeping aside the fact that urban population at the end of day has access to health services but rural Mental Health care demands more and great attention, it is an established fact that mental health is the most neglected aspect of general well being particularly in rural areas. There is gross difference in aetiology, causative and protective factors, and awareness about mental illnesses, availability and affordability of treatment, family support and social support to the mentally ill person in urban and rural areas of India. Approximately 70% of population lives in rural areas, with only about one-fourth of the health infrastructure, medical workforce and other health resources.

Second major concern is the growing lack of social connectedness; we are living in virtual world where loneliness has been emerging as a great issue. Being single has become a trademark trend and sort of passion over partners. The self-absorbed individual with a selfie stick in hand would be a great challenge to the social Psychiatrists.⁸

UNIVERSAL SCENARIO

A need to develop proper adequate guidelines for providing quality care in mental health at community base was emphasized. With the same purpose, the European Community Mental Health Service (EUCOMS) provider network was established in 2016.⁵ Two additional principles were later added in the above draft according to the Mental Health Action Plan (2013-2020) by WHO and the reports of Joint Action on Mental Health and Wellbeing.²

Community Mental Health Care comprises of principles and practices required for promotion of mental health for local population as per Drake et al (2011).

Lots of efforts are being taken all over the world to reduce the stigma about mental illness. The most common and well known strategies include:

- One of Us in DENMARK.³ and

- Time to Change campaign in ENGLAND

Royal College of Psychiatrists has insisted on equality between physical and mental health care. The concept of inequity and under-funding for mental health remains central to this call.⁹

FINANCIAL ASPECTS AND INSURANCE COMPANIES

Inclusion of mental illness in the list of treatment by Insurance companies has been ordered by law, but hardly any company adhere to that or included it in their plans till date.⁸ Due to this the expenses are borne by patient himself or relatives and it's largely unfortunate that due to burden of financial unavailability most of the patients have compromised cognitive skills and can't perform in skilled jobs resulting in lesser earnings and non-treatment. Males are affected mainly during their most earning phases of life (the fourth decade). Even the long term treatment and its expenses are also not borne by relatives resulting in high percentage of incomplete treatment.¹ Median of pocket expenditure per month are approx. INR 1000-1500. Hence the insurance coverage or financial backup from states will improve compliance and the regularity of the treatment.

DOCTOR-PATIENT RELATIONSHIP

Skewed doctor-patient ratio, lack of infrastructure, inadequate supporting staff and long working hours of doctors results in increase stress and work pressure, thereby impairing and even hampering doctor-patient relationship and corporatization of health care sector has also reduced it and converted it into just a commercial exchange.⁸

Stringent laws and implementation in punishing relatives who physically assault doctors and other caring staff or damage hospital property, will be very much helpful.

In addition to medical knowledge, good communication skills, time and stress management in doctors will definitely help in healthy and trustworthy doctor-patient relationship, healing touch and comfort. Psychiatrists can play a pivotal role in this helping in to minimize the violence to some extent as well as helping doctors in reducing their mental pressure resulting in greater productivity by working in comfortable and healthy atmosphere.

CHANGING SCENARIO OF HEALTH PROBLEMS

More weightage to Psychiatry in medical curriculum is needed as Psychosomatic diseases and Psychological reactions and problems in managing chronic diseases like Diabetes, Hypertension, Cardiac problems, Stroke. etc are on the rise. Various surveys have demonstrated higher incidence of development of various physical disorders in a person with mental illness resulting in huge social and economical impact.⁷ A report on the global burden of disease states 13% of total disability for mental health disorders – adjusted with lost life of years. More than 300 million people are estimated to suffer from Depression, amounting to 4.4% of global population. Despite the magnitude of burden caused by mental health issues, they continue to be misunderstood in the developing world including India. Good quality medical education with proper weightage to mental health will lead to

development of positive and healthy attitude towards mental illnesses in health professionals. Well planned, meticulous educational activities even at root levels will change the overall outcome and the scenario of mental illnesses.¹

CARING FOR THE CAREGIVERS

Role of family members as care givers is of utmost value for the best possible recovery and integration of the person with mental illness.² Importance of their role in financial, emotional and monitoring aspects for the best possible outcome and compliance must be well appreciated.⁶

Caring for the care-givers is the most neglected part of the health system. Specially, it is great burden on the care givers of psychiatric patients, patients who are paralyzed or bed ridden, patients with cardiac problems or diabetes.

Caregivers' emotional ventilation, discussion about their financial problems, adjustments regarding children and other family members, and sparing time for themselves are important concerns which are to be paid attention to.⁶ Mental illnesses have major impact not only on the patient but the family members too. The family members have to sacrifice and compromise on many fronts, which is never well appreciated, noticed and respected.¹

In addition, very few mental health professionals pay attention on training these care givers about the nature of the illness, their outcome, special skills in handling these patients, compliance with the treatment and above all caring for themselves so as to avoid frustration, exhaustion and mental or physical breakdown.⁴

COPING STRATEGIES

A good mental health system should provide high quality treatment by qualified persons even in remote areas, with the protection of the social and the human rights of a person with mental illness. The preventive aspects of mental health and rehabilitation also need attention. However, unfortunately the present scenario of scarce facilities and non availability of experts is disheartening.¹

To handle all these issues, more consultants in Psychiatry, psychologists and social workers are needed in India. For the time being, in order to handle the issues of non-availability of the qualified professionals, involvement of the health workers on grass-root level, like ASHA / USHA or ANM should be encouraged for basic training in mental health activities.¹ Various skills and knowledge development and enhancement programmes should be implemented.

Increase in number of postgraduate seats in Psychiatry will help to achieve these goals. Educating ground level workers, school teachers will reduce the burden of mental health issues by early detection and social acceptance. Importance of physical exercise, sports, hobbies, good healthy food habits, healthy lifestyle, keeping away from substance abuse and excessive use of gadgets should be emphasized as a preventive aspect. Acceptance of mental illness as an illness and not God's curse or black magic should be emphasized. Patients should be motivated to reach mental health care centers. The supervision by Psychiatrist of all this supportive workers is must to have proper mental health assessment.

PRESENT SCENARIO OF MENTAL HEALTH CARE

Under the supervision of the central government, the state governments should work for an integrated, comprehensive and widely distributed and spread out mental health facilities at a reasonable cost. Inclusion of mental illnesses and their treatment costs in "Ayushman Bharat" is a ray of hope and a sure way towards mentally healthy India. It will provide a good support system for smooth and faster recovery from mental illnesses. Existing mental health care facilities and human resources, along with establishment of state mental health authorities, in addition to appropriate legislative amendments, budget and financial support, and the availability of drugs on a community level are required in planning of Indian Mental Health policies. This will also need support from social welfare activists, engagement of civil societies in mental health programs and continued information, education and communication (IEC) activities for the masses.¹

Technology-based applications for home-based care with the help of smart-phone use by healthcare personnel, and evidence-based electronic system for clinical decision-making by doctors can be of great help. Creating systematic longitudinal follow-up protocols for affected individuals in order to ensure continued care through electronic databases and registers can also be useful.¹

There are six principles serving as the foundation for an integrated model of mental health care on a national, regional and local level. These are: 1) protection of human rights; 2) having a public health focus; 3) supporting service users in their journey of recovery; 4) making use of effective interventions based on evidence and client goals; 5) promoting a wide network of support in the community, and 6) making use of peer expertise in service design and delivery.⁴

RECOMMENDATIONS

1. Our society is rapidly changing and imposing new challenges and mental health has become the most important aspect of well being. But it has still lots of social stigma and discrimination.
2. Various activities should be planned to reduce stigma and misconcepts about mental illnesses and screening for mental health problems should be implemented in other health programmes.
3. A meticulous and well organized, comprehensive mental health planning with integration of various sectors is the need of time. Proper legislations, coordinated educational activities, promotion of healthy attitudes, adequate funding and rehabilitation of persons with mental illness are the basic components of health planning. Special systems should be advocated to have periodical monitoring and evaluation of these activities. More focus on rural areas must be given due to lack of even basic facilities in the rural India.
4. Considering the huge burden of mental health issues, more number of qualified doctors and subordinate staff are required to resolve these issues. Post graduate seats in Psychiatry in various medical colleges should be

increased. Physicians and general practitioners should be trained in detecting psychiatric illnesses. Weightage for Psychiatry as a subject at undergraduate level should be emphasized.

5. Training of school teachers, ground level health workers and social workers, ANMS, Aanganwadi workers etc should be done so that screening of general population can be done. This will help in early detection, education of families about mental illness, early starting of treatment with reduction in stigma and will promote involvement of family and society in treatment. Monitoring of their activities by a Psychiatrist is must. Proper use of digital technologies may reduce the heavy requirement of trained manpower.
6. The stigma associated with mental problems, the ubiquitous issue of addiction, poor scenario of mental health in rural parts and the rapid changes in the diagnostic systems are the issues specific to mental health, thereby posing challenges for social psychiatrists to keep pace with the rapidly changing demands, structure, values and pressures of the society.
7. A handsome amount of the total health budget of India should be reserved and spent on mental health as the present budget is very negligible.
8. The central and state Government hence should spare more budgets for mental health and should establish more halfway homes, sheltered workshops and supported accommodation facilities with good hospital and community based rehabilitation services.
9. Motivating the pharmaceutical industries for investment in mental health activities and planning through partnerships and corporate social responsibilities should be a welcome change.
10. Insurance companies should be forced and motivated for inclusion of mental illnesses in their list of diseases. This will reduce the economic burden on patients and their family members and they will continue regular and proper treatment with better outcome.
11. Medical professionals should be taught about good communication skills, time and stress management, and healthy lifestyles. For this training, Psychiatrist can be the best trainers. These will in turn improve doctor-patient relationship and will reduce pressure and will encourage healthy and comfortable atmosphere for doctors, finally reducing incidences of violence and abuse of doctors.
12. Importance of physical exercise, sports, hobbies, healthy food and life style, keeping away from substance abuse and excessive use of gazettes should be emphasized and people need to be motivated for all these activities as a part of preventive aspect of good mental health strategies.
13. Most important and unfortunately most neglected aspect of mental health is the caring for the care givers. Handling patient with mental illness, diabetes, cardiac problems, bedridden patients or a patient with paralysis

is a huge burden and it seriously affects care-givers' emotional ventilation, financial aspects, family and interpersonal relationships, personal life and their other family responsibilities making them stressed out and frustrated. Taking care of them will definitely improve mental health of caretakers and in turn outcome of the patients. In addition it will reduce health care burden. The care takers will play major role in the present movement of shifting mental health from institutions to social, community based treatment.

14. So get motivated, tuned up and stand firm to improve outcomes of mental illnesses in India with the motto of WHO – Stop Exclusion - Dare to Care.

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