



MENTAL HEALTH CARE - GS II MAINS

Q. Indian society has deeper stigma associated with mental health starting from discrimination to alienation making the victims suffer the most. Enumerate the measures taken by the government to ensure the right of mental health to all. (15 marks, 250 words)

News: *Voluntary task force to help doctors following rise in mental health issues, deaths by suicide*

What's in the news?

- The Federation of All India Medical Association (FAIMA) has set up a national mental health task force in response to the alarming rising in mental health issues and deaths by suicide among doctors.

Mental health:

- **WHO** defines mental health as “a state of well-being in which every individual realizes his/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/his community.”
- The **Mental Healthcare Act, 2017** defines “mental illness” as a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs.
- WHO estimates that about **7.5 percent of Indians** suffer from some mental disorder and predicts that by the end of this year roughly 20 percent of India will suffer from mental illnesses.

Importance of Mental health care in India:

1. Stigma associated with mental health:

- Indian society has deeper stigma associated with mental health starting from **discrimination to alienation** making the victims suffer the most.
- The stigma against mental health is rising at an alarming rate with the recent COVID pandemic.

2. Lack of awareness:

- This growing challenge in dealing with mental health issues is further compounded by a lack of information and awareness, self-diagnosis and stigma.

3. Psycho-social factors:

- Institutions like gender, race and ethnicity, are also responsible for mental health conditions.



4. Post-Treatment gap:

- There is a need for proper rehabilitation of the mentally ill persons post/her treatment which is currently not present.

5. Rise in Severity:

- Mental health problems tend to increase during economic downturns, therefore special attention is needed during times of economic distress.

Factors responsible for Mental Health issues:

- **Childhood abuse, trauma or neglect.**
- **Social isolation or loneliness.**
- Experiencing discrimination and stigma, including racism.
- Social disadvantage, poverty or debt.
- Bereavement (losing someone close).
- Severe or long-term stress.
- Having a long-term physical health condition.
- Unemployment or losing your job.
- Homelessness or poor housing.
- Being a long-term carer for someone.
- Drug and alcohol misuse.
- Domestic violence, bullying or other abuse as an adult.
- **Significant trauma as an adult**, such as military combat, being involved in a serious incident in which you feared for your life or being the victim of a violent crime.
- **Physical causes** - for example, a head injury or a neurological condition such as epilepsy can have an impact on your behaviour and mood. (it's important to rule out potential physical causes before seeking further treatment for a mental health problem).

Government Initiatives:

1. National Mental Health Program (NMHP):

- To address the huge burden of mental disorders and shortage of qualified professionals in the field of mental health, the government has been implementing the NMHP since 1982.

2. Mental HealthCare Act 2017:

- It guarantees every affected person access to mental healthcare and treatment from services run or funded by the government.

3. Rights of Persons with Disabilities Act, 2017:

The Act acknowledges mental illness as a disability and seeks to enhance the Rights and Entitlements of the Disabled and provide an effective mechanism for ensuring their empowerment and inclusion in the society. The key features of the Act are:

a. Rights of Persons with Mental Illness:

- **Right to Access to Health Care:**



- Every person shall have a right to access mental health care and treatment from mental health services run or funded by the appropriate government.
- The Act also requires insurance policies to place mental health treatment at par with physical health.
- **Right to live with dignity:**
 - Every person with mental illness shall have a right to live with dignity.
- **Right to Confidentiality:**
 - A person with mental illness shall have the right to confidentiality in respect of his mental health, mental healthcare, treatment and physical healthcare.

b. Authorities:

- The Act mandates the government to set up **Central Mental Health Authority** at national-level and **State Mental Health Authority** in every State.
- Further, every mental health institute and mental health practitioners including clinical psychologists, mental health nurses and psychiatric social workers will have to be registered with the Authority.

c. Mental Health Treatment:

- A mentally ill person shall **not be subjected to electro-convulsive therapy** without the use of muscle relaxants and anaesthesia. Further, electroconvulsive therapy cannot be used on minors.
- Sterilisation will not be performed on such persons.
- They shall not be chained in any manner or under any circumstances
- They shall not be subjected to seclusion or solitary confinement.

d. Decriminalization of Suicide:

- Until recently suicide was a punishable offence under **IPC Section 309**. The Act decriminalizes suicide stating whoever attempts suicide will be presumed to be under severe stress and shall not be punished for it.

4. Manodarpan Initiative:

- An initiative under Atmanirbhar Bharat Abhiyan aims to **provide psycho-social support to students** for their mental health and well-being.

Issues in Provision of Mental Health:

1. 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.

2. 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.

3. 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 centers in rural areas, this increases out of pocket expenditure.

4. 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.

5. Post-Treatment Gap:

- There is a need for **proper rehabilitation** of the mentally ill persons post his/her treatment which is currently not present.

6. Lack of Awareness:

- Poor awareness about the symptoms of mental illness, social stigma and abandonment of mentally ill especially old and destitute leads to social isolation.

7. 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.

8. Rise in Severity:

- Mental health problems, tend to increase during economic downturns, therefore special attention is needed during times of economic distress.

9. 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.

WAY FORWARD:

1. Open dialogue:

- The practice of open dialogue, a therapeutic practice that originated in Finland, runs through many programmes in the guidance.
- This approach trains the therapist in de-escalation of distress and breaks power differentials that allow for free expression.



2. Increase investment:

- With emphasis on social care components such as work force participation, pensions and housing, increased investments in health and social care seem imperative.

3. Network of services:

- For those homeless and who opt not to enter mental health establishments, we can provide a network of services ranging from soup kitchens at vantage points to mobile mental health and social care clinics.

4. Early Interventions:

- There is a need to create living conditions and an environment that supports healthy mental health. It is important to develop a society that respects and protects basic, civil, political, and cultural rights
- It is important to aim at child development by early childhood interventions like preschool psychosocial activities, nutritional and psycho-social help
- To reduce the burden of mental disorders in women, there is need to ensure socio-economic empowerment and safety of women.

5. It is important to **generate public awareness** about the commonness of mental disorders, understanding of mental disorders as illnesses, treatment and the importance of acceptance by the family and the community.

6. **Coordinated efforts from all stakeholders** (government, medical fraternity, civil society, educational institutions, family, peer group and community) are needed to address the growing concern of mental health in India.

Persons with mental health conditions need a **responsive care system** that inspires hope and participation without which their lives are empty.