

Review on Mental Health in India

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Abstract

History has taught us that when a disaster strikes, its causes not only destruction but leaves behind lingering effects as well, effects that are felt much later, when the disaster has passed. It could be chronic injuries; loss of habitat and source of income, anxiety, depression, substance abuse, domestic violence and it has been no different in the ongoing COVID-19 pandemic. There have been several reports of increase in domestic violence and child abuse. Even experts say that the next major problem the world will be facing after the pandemic is mental health issues. So we need to prepare ourselves if that is really going to be the case.

Keywords- Mental Health, Neuropsychotic conditions, Problems

Introduction

WHO when giving the definition of 'Healthy' included physical, social and mental well-being into the definition indicating the importance of mental health. And yet countries like India do not just lack in the knowledge regarding the mental health issues but the population views it not as a disease like they do with other illnesses like Typhoid or Dengue, instead it is regarded as a stigma. And a person suffering from mental issues is seen not as a patient but simply a lunatic, regardless of the state of his illness.

Mental health is a very important part of the overall health of a being. It plays a pivotal part in the proper and effective functioning of individuals.

Mental health can be defined as, "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (Reddy *et al.*, 2019). When an individual is unable to do so, then he's said be suffering from ill mental health or mental disorders.

According to an article published by Cambridge University Press, DSM-IV conceptualizes mental disorders as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom (Stein *et al.*, 2010).

Mental disorder is not a single entity, neither is it a result of a single cause. It is generally manifests as a combination of abnormal thoughts, emotions, behavior and an individual's relationship with others. These disorders show an array of presentations and can include depression, bipolar disorder, schizophrenia, psychoses, dementia, and others disorders like autism (WHO).

Mental disorders show a wide variety of forms, from subclinical to severe. A mental illness is easy to recognize when it becomes 'Visible' and reaches the level of a disorder or disease or syndrome. This can again be divided into Major and Minor mental health disorders. The former are clearly recognized and are what we commonly encounter in the mental hospitals. The latter, though not as easily identifiable is the form which is prevalent in the community. The sub clinical form or the non-syndrome form is usually connected to the behavior shown by an individual. As the name says, since there is no overt symptoms/syndrome, they are very difficult to recognize and hence are termed 'Invisible' (**Math and Srinivasraju, 2010**).

Problem

An estimate by WHO puts 450 million people to be suffering from mental illnesses around the world (**Reddy *et al.*, 2019**). About 264 million people across the globe are suffering from depression, 45 million from bipolar disorder, 50 million from dementia, 20 million from schizophrenia and other psychoses according to WHO fact sheet (**WHO**), which also states that though treatment options exist, around 76-85% patients in the low to middle income countries do not undergo treatment. Depression in itself is a big problem but it is also a major driving force to suicide, especially among the youth. As far as India is concerned, the estimate is around 9.5-102/1000 according to a study conducted by NIMHANS. WHO also puts 2443 DALYS per 10000 populations in India? The most prone section to mental disorders are women, elderly, children, survivors of disasters and wars, industrial workers etc. (**Reddy *et al.*, 2019**). The economic loss is estimated to be around USD 1.03 trillion during the period 2012-2030 (**WHO**).

Neuropsychiatric conditions contribute at about 14% of the disease burden that the world experiences. This data is still not accurate and highly undermines the true figures of people who suffer from mental illnesses, especially in a country like India where the concept of mental health is still in its infancy. Add to it the interplay of other diseases with mental illnesses and the latter gets severely overshadowed (**Srivastava *et al.*, 2016**).

Several studies which tried to measure how health literate the people of India are, found it to be quite low in Indian adolescents i.e. 29.04% people were able to identify depression while mere 1.3% were able to identify schizophrenia/psychosis. Even the one in need of help showed stigma.

In India, during the year 2005, the suicide rate was recorded to be 15.7 per 100,000 population which is higher than 12.9 which is the recorded regional average. It is also higher than the global average of 10.6. It is seen that suicide leads the causation of death among Indian population, especially in the age group 15-29 but still remains an unaddressed issue (**Srivastava *et al.*, 2016**).

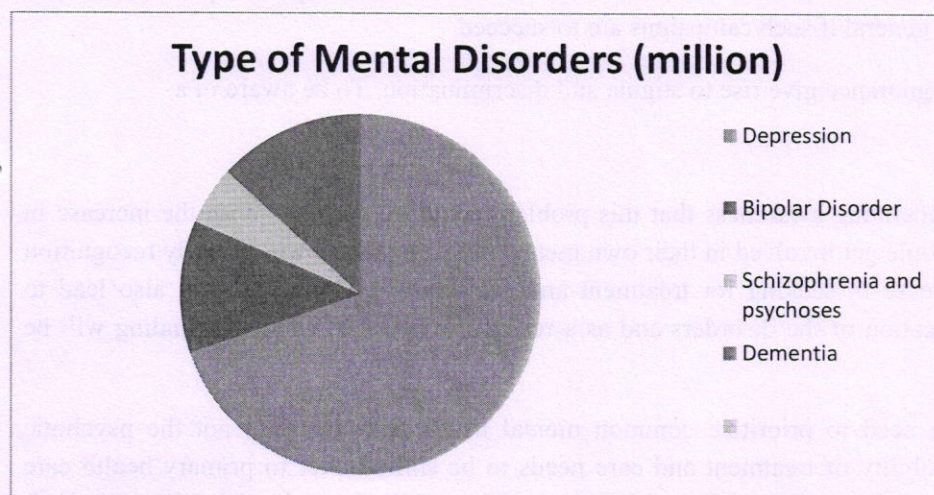
Though the data collected from different studies vary in numbers but the conclusion that is usually drawn from all the epidemiological studies conducted in India, regardless of the design of the study is that, about 20% of our adult population is suffering from one of the psychiatric illness. The variation in numbers is not only observed in Indian context but in the studies conducted internationally also (**Math and Srinivasraju, 2010**).

Another proportion of the community that hasn't been paid attention to is the child group. Only a handful of studies have focused on the child and adolescent proportion of the population. According to one such study which included a total of 1403 participants aged 8-12 years, it was reported that the

prevalence of such disorders was 94/1000 population. Another study, which was sponsored by ICMR, done in the year 2005 by Srinath and his colleagues, put the prevalence rate at 12.5 in the 0-16 years age group children. If we are to convert this into numbers then considering that around 40% of Indian population is formed of children and adolescents, atleast 4 crore children are in need of help.

The people above 60 constitute around 7.5% of our population and they are shown to be mostly suffering from depression. According to a study conducted in West Bengal 61% of such population was in need to psychiatric assistance (**Math and Srinivasraju, 2010**).

The issue that is of major concern is suicide attempts, especially among the youth, apart from substance abuse. According to a report by National Crime Record, there has been an increase of 27.7% between the period 1995 to 2005 in the number of suicide attempts, putting it at about 10.5 million. In a study conducted in Hyderabad, the number of suicide was seen to be higher among girls (152 lakh) than the boys (69 lakh). When we compare this rate with the suicides in the same age group in the high income countries, these rates are four times as much for boys. Another study conducted in South India reported that 3.9% of the youth showed suicidal behavior. It is also seen that the prevalence rate of mental illness is low in India when compared with the western nations. It may be because of several reasons i.e. the studies conducted were not able to realize the true prevalence rate because of inadequacy in measurement. Or it can be because of the environment that Indians live in with good family support and culture and genetic reasons (**Reddy *et al*, 2019**).



Difficulties Faced

There a number of difficulties that one faces in the Indian context as far as mental disorders go. The biggest of them is the social stigma and lack of awareness. Cost of treatment and lack of easily accessible treatment centers leads to delay in seeking treatment and help. The Indian beliefs of supernatural powers and trust on traditional medicine also deter in looking for proper treatment options. Also the lack of political attention, which is mainly focused on maternal and child health and other communicable diseases, leads to mental health issues being pushed into the shadows (**Reddy *et al*, 2019**).

Though several improvements have been seen in the health sector in the previous years, the contribution to the global health burden on our country is still high. We even lag behind our neighboring

countries and the other low to middle income countries when comparison is done. The expenditure on health care facilities is high, which, in most of the cases, cannot be borne by the poor section and consequently they are unable to receive basic health care. It has been suggested that the responsibility of treatment can be shifted to non-specialists/ community health workers to increase the efficiency of the health care facilities, especially in countries where the task force is not adequate in number.

Given the dire shortage in numbers of psychiatrists, psychologists, psychiatric nurses, and social workers; piggy-backing on primary care systems and employing innovative force-multipliers are future courses of action.

Most low and middle income countries are still in the stages where they are fighting the conventional diseases and hence the health services connected to mental disorders are not prevalent. These countries direct their funding to the public health issues that are most copious in the present time, their primary health care facilities are equipped to treat the overt diseases, the concept of mental health is still in the developing stages and hence there is barely any staff qualified to handle such cases, there is a lack of awareness not only in the general public but the policy makers as well.

Lack of awareness is the main reason why there is no treatment infrastructure or facilities for such disorders. History in the other countries have shown that there have been a positive acceptance of the awareness campaigns about mental problems and it has also helped to reduce the stigma that usually surrounds such illnesses. They have also shown the importance of involving family members and community participation in general if such campaigns are to succeed.

Ill information and ignorance give rise to stigma and discrimination. To be aware of a

Solution

It is only through generating awareness that this problem could be curbed. With the increase in awareness, not only will people get involved in their own mental health but there will be early recognition of such disorders and increase in seeking for treatment and preventive protocols. It will also lead to political and social identification of the disorders and as a result provisions of adequate funding will be there.

There is a growing need to prioritize common mental health disorders and not the psychotic disorders. Also the responsibility of treatment and care needs to be shifted over to primary health care centers which are much more accessible and approachable to the public from the mental hospitals. It would also help to decrease the anxiety that comes from approaching for help for such disorders. There is a need to put emphasis on mental problems which are considered 'Invisible' like attempted suicide, substance use, aggression etc. so that proper strategies to counter and treat such illnesses can be put in place (**Math and Srinivasaraju, 2010**).

If we are to put it simply, nearly 20 crore in total are in need of some sort of professional help. The expenditure on the treatment is also very high i.e. approximately Rs. 500 consisting of doctor's fee, travelling costs, medicine cost, per month per individual is needed. This when accumulated, adds upto 10,000 crore Rs. per month. Adding to it the fact that the duration of treatment of mental illnesses is usually long which may take months to years, in some cases, life time and the cost goes even higher. The

patient in most cases faces social stigma and psychological strain. They are treated poorly and isolated from the social institutions.

The 'Invisible' problems remain largely unexplored because the studies conducted have largely focused on the visible mental problems because they are easy to recognize (**Math and Srinivasaraju, 2010**).

The society needs to change its outlook if we are to tackle the problem of mental health. An individual's rights in the society needs to be protected, especially if is suffering from a mental illness. New policies need to be formulated which focus not only on mental disorders but how to promote mental health as well. Intersectoral coordination will play a very important role in achieving this.

If we want to put into place efficient preventive measures then we have to focus the interventions at the early age because it is seen that the prodromes of mental disorders develop at an early age. The children need to be provided with good environment in school, good nutrition, psycho-social help whenever needed (**Reddy et al., 2019**).

But above all, we as a society need to change our outlook. We need to spread awareness and stop the stigma that is associated with such disorders. Only then will the people in need of help will come forward on their own and we'll be a step closer to attaining a healthy society.

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