CLOSING THE LOOP: EXAMINING GAPS IN MENTAL HEALTH POLICY AND MAKING RECOMMENDATIONS

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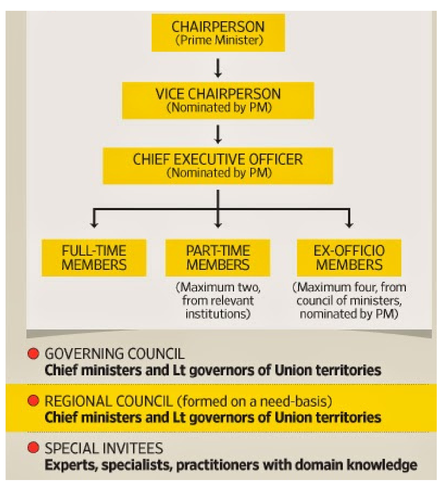
- *NITI Aayog established on 1 January 2015*
- *A state-of-the-art resource centre for speedy research, innovation, government policy vision, and managing contingent issues*
- *It is supported by Development Monitoring and Evaluation Organisation, Atal Innovation Mission and National Institute of Labour Economics Research and Development.*

ORGANOGRAM



NITI AAYOG HEALTH AND FAMILY WELFARE VERTICAL

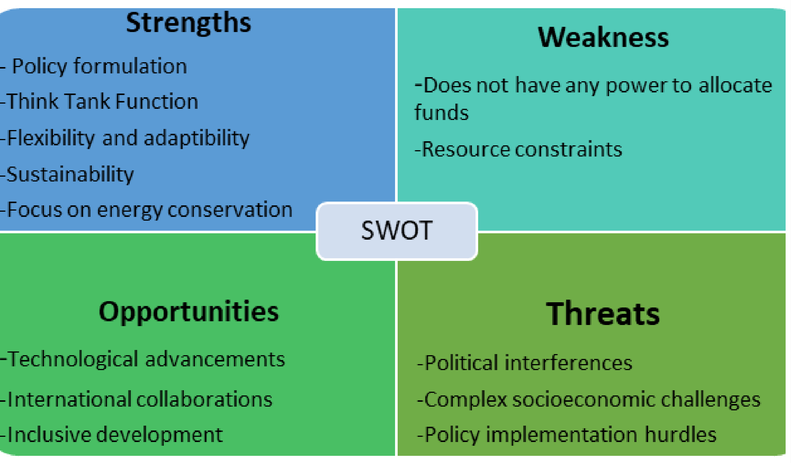
- *It aims to align policy inputs with the National Health Policy 2017 and make India's health sector robust, affordable, and accessible.*
- *It collaborates with ministries, pharmaceuticals, and government agencies, collaborating with academic institutions and experts to advance long-term policy approaches.*

MISSION:

To provide data-based policy inputs for making India the 3rd largest economy by 2047 while achieving Sustainable Development Goals including employments for all by 2030

VISION:

For achieving this vision, NITI Aayog would provide specialized inputs-strategic, functional and technical to Prime Minister and the government at all levels(Centre as well as states).

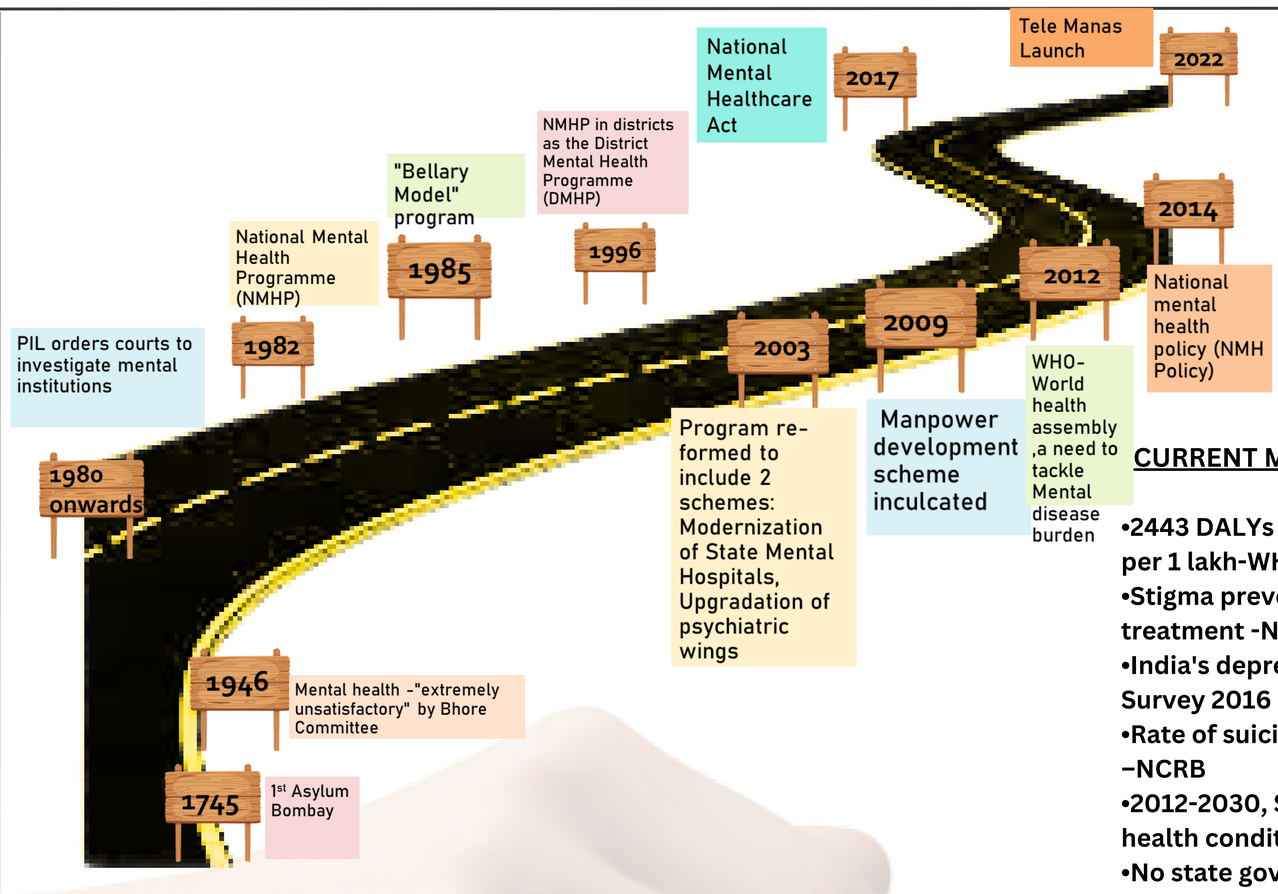


Theoretical knowledge vs Practical Exposure

·Understanding theoretical concepts of policy making and government functioning.
·Got to formulate policy proposals with different bureaucrats.
·Brainstorm different approaches for proposed project.
·Exposed with working of government administration.

Challenges

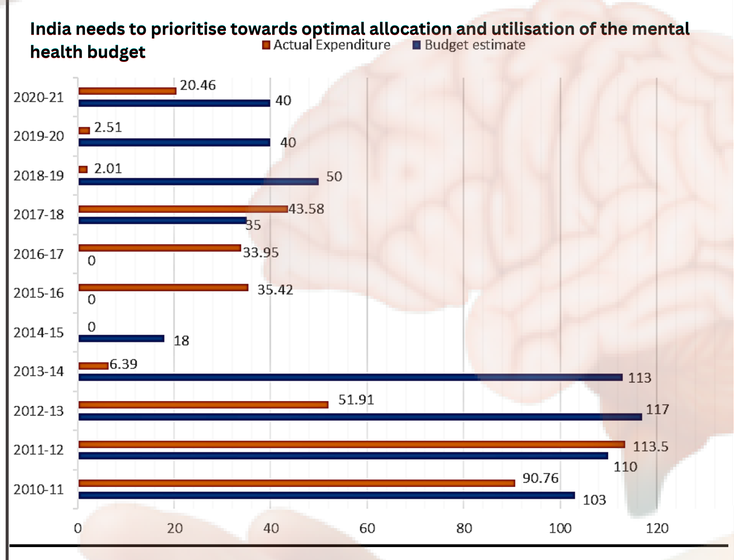
- Working on entirely new topic
- Understanding government working
- Difficulty in finding resources for project report



CURRENT MENTAL HEALTH STATISTICS OF INDIA

- **2443 DALYs in mental illnesses and 21.1 suicide rates per 1 lakh-WHO**
- **Stigma prevents 80% of individuals from receiving treatment -NIMHANS study**
- **India's depression prevalence is 13.67%- NMH Survey 2016**
- **Rate of suicides have increased by 6.2% during 2021 –NCRB**
- **2012-2030, $1.03 trillion economic loss from mental health conditions-WHO**
- **No state government used all of the budget allocated, not even 80 % under DMHP**

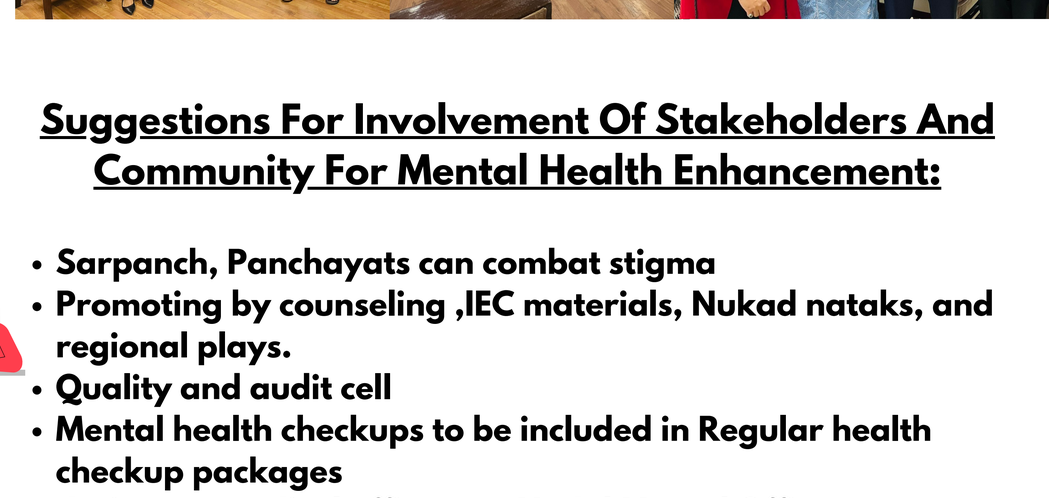
Utilisation of funds for NMHP from 2010-21
(₹ in crores)



MENTAL HEALTH POLICY GAPS	
FRAMEWORK GAPS	**IMPLEMENTATION GAPS**
• Restricted Attention On Vulnerable Population	• Lack Of Adequate Data Collection And Reporting
• Lack of Age Specified approach	• Limited state mental health helpline numbers
• Lack of Workplace Mental Health policy	• India has 0.75 psychiatrists per 100,000 patients, need is of 2 per 1 lakh.
• Limitation in framework for Maternal Mental Health	• No Reporting Of Attempted Suicide
• Limited Focus on School Going Children Mental Health	• Tele MANAS lacks data of progress
	• As per NMHS 2015-16 only 6 states out of 12 are having
	• Long stay homes

Recreating the Path(Suggestions for Policy)

- **Increase mental health workforce capacity**
- **Integrate a robust data collection and monitoring**
- **Early detection at community level**
- **Integrate maternal mental health services**
- **Age-specific mental health**
- **Chronic mental health illnesses framework**
- **Workplace mental health policy**
- **A policy for AI should establish the norms and constraints for the development**



INTERNSHIP LEARNINGS

Suggestions For Involvement Of Stakeholders And Community For Mental Health Enhancement:

- **Sarpanch, Panchayats can combat stigma**
- **Promoting by counseling ,IEC materials, Nukad nataks, and regional plays.**
- **Quality and audit cell**
- **Mental health checkups to be included in Regular health checkup packages**
- **designate medical officers as Nodal Mental Officers**
- **Mandatory yoga, exercise, and de-stressing classes at school level**
- **National level Associations to initiate short term courses**
- **Organizing Mental Health Camp in collaboration**