MENTAL HEALTH IN INDIA: AN EPIDEMIOLOGICAL AND POLICY PERSPECTIVE

A Capstone Project

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1. INTRODUCTION

The UN recognized mental health as an integral part of health care and included it in the Sustainable Development Goals in 2015. SDG 3 Target 3.4 focuses on promoting mental health and well-being. Its indicators are mainly based on the reduction of suicide mortality rate due to mental health disorders. Target 3.5 focuses on strengthening the prevention, treatment, and rehabilitation services and aftercare for people with substance use disorders(1)

Per World Health Organization (WHO), mental health and substance use disorders together account for the second-highest burden of disease and disability globally (2). In addition, mental health comorbidities significantly raise unfavorable health outcomes and expenses for both the individual and the population. Not only that, serious mental illnesses can cause people to pass away 10 to 20 years sooner than the general population. The common causes of death in such cases are usually heart disease, lung disease, diabetes, and other disorders that are closely associated (3)

The stigma attached to substance use and mental disorders worsens these already poor health outcomes and is a significant public health issue. Additionally, recent tragic occurrences, such as natural disasters, pandemics, mass shootings, and other violent crimes, frequently emphasize the need to take up arms against the stigma that is associated with substance use and mental disorders as well as to work toward improving our public mental health system(4)

In India, mental health disorders form a large chunk of the total disease burden in the society. It has far reaching implications in the society and needs to be tackled in an efficient manner. Keeping this in mind, The govt. of India has launched various programmes and has also

shown intent work towards betterment through national level policies, but their effectiveness is not as clear.

2. OBJECTIVES

The objectives of the Capstone are:

- To review research studies and National Mental Health Survey to gain an understanding of the epidemiologic perspective on mental health in India.
- To review the National Mental Health Policy, National Mental health Program, District Mental Health Program to identify areas requiring more attention to adequately address issues in the field of mental health care.

3. METHODOLOGY

The capstone is based on the review of studies, documents, and reports on mental health. The relevant information was obtained by searching Google scholar, science.gov, and research gate. A total of 40 studies were reviewed out of which 25 were found relevant. Along with that certain policy, documents were also reviewed including National Mental Health Policy (NMH Policy) 2014, and National Health Policy (NHP) 2017. Other documents like World Mental Health Report 2022, National Mental Health Survey 2016, and National Crime Records Bureau report 2021 were also reviewed.

4. EPIDEMIOLOGY OF MENTAL DISORDERS

Mental health is a fundamental human right as well as a vital component of our overall health and well-being. Good mental health dictates our ability to connect with people, function well, cope when needed, and thrive in optimum conditions. Mental health does not exist in dichotomy but on a complex spectrum, with a range from optimal well-being to

incapacitating states with emotional pain and great suffering. Persons suffering from mental illnesses are prone to reduced levels of mental well-being, but that might not always be true. Some people despite having a mental illness can have mental well-being(5)

A state where a person's intellect, behavior, and emotional control are impaired and that impairment is clinically significant, is known as a mental disorder. Distress and functional impairment are seen as key areas as a result. Mental diseases are exhibited in various ways so the term Mental disorders are used as an umbrella term that encompasses mental illnesses, mental states connected to considerable distress, psychosocial impairments, disability in functioning normally, or danger of self-harm (5)

4.1 Prevalence of Mental Disorders

Global Scenario

One out of every eight individuals, in 2019, had a mental illness, which means 970 million people worldwide. Out of all, Depressive and anxiety disorders were the most prevalent. Further, 82% of the 970 million individuals living with a mental illness in the world in 2019 lived in LMICs.

Between the years 2000-2019, the increase in population living with mental disorders increased by 25% but the global population has also increased at about the same rate.

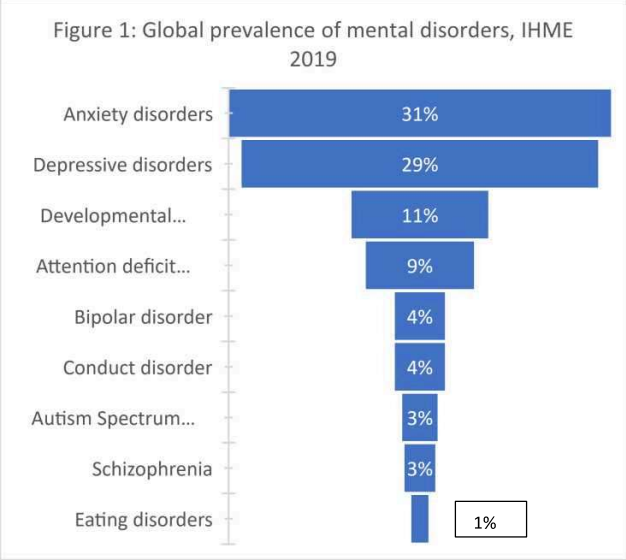


Figure 1: Global prevalence of mental disorders, IHME 2019

This leaves the (point) prevalence at 13%, the same as before (1(6,7).

India:

For the very first time, in 2016, a national-level survey on mental health, known as NMHS 2016, was conducted across 12 states to obtain estimates of mental health morbidity in India. A total of 34,802 people were interviewed across these states to obtain the prevalence of mental disorders. The mental morbidity prevalence in the 18+ population as per the ICD-10 DCR (Diagnostic Criteria for Research) was 13.67% for lifetime prevalence and 10.7% for current prevalence. Out of this Schizophrenia and other psychotic disorders comprised 1.41% of the total lifetime prevalence. Mood disorders like bipolar affective disorder or Depressive disorder comprised 5.61% of the total and Neurotic and stress-related disorders formed 3.7% of the total (NMHS 2016).

Prevalence by the states:

According to the Global Burden of Diseases comparative risk assessment framework, for year 2017, 197.3 million people in India were found to have mental disorders(8).

- Depressive disorder was seen in 45.7 million people with the highest prevalence in Tamil Nadu, Kerala, Goa, Telangana, Andhra Pradesh and Odisha with a variation of 1.9 times(8).
- The prevalence of anxiety disorders varied 1.4 times across states, the total being 44.9 million in the country. The states with high prevalence were Karnataka, Kerala, Telangana, Maharashtra, Himachal Pradesh, Tamil Nadu, Andhra Pradesh, Manipur, and West Bengal(8).
- Bipolar disorder: Seen in total 76.6 million people in 2017. The prevalence varied 1.3 times across states, with Himachal Pradesh, Kerala, Sikkim, and Goa having the highest prevalence(8).

- In 2017, 35 million people in India had schizophrenia. Prevalence variation of 1.6 times seen across states, being the highest in the states of Delhi, Goa, Tamil Nadu, and Kerala(8)

4.2 Determinants of Mental Health

To understand the causation of mental disorders, determinants of mental health need to be understood. According to the recent WHO report, 2022 interaction of various factors over time can have various results in different individuals. Factors like individual, community, family, and structural factors vary across populations. These factors together determine mental health(9). They can work together to both protect or undermine one's health status by forming a sphere of influence. They are:

Individual psychological or genetic factors:

Psychological factors (such as cognitive and interpersonal factors) and biological factors influence a person's susceptibility to mental health problems. Individuals' abilities learned or inherent, and their way of handling emotions, relationships, and responsibilities as well as participation in activities are strong determinants for the mental health of individuals. Genetics are among the biological vulnerabilities, but so are other factors like oxygen deprivation at birth and ante-natal substance use by the mother. Brain health is an important determinant and many factors, risk or protective, are mediated through that(5,6)

Community and family: This includes the close surroundings of a person, such as opportunities for interaction with people (partners, friends, family, or colleagues), opportunities to perform meaningful activities or do meaningful work, to be able to make a living, and the social and economic circumstances that they are present in. Parenting behaviours and attitudes are especially influential, as is parental mental

health. Punishments and harshness are known to harm children's mental health, leading to behavioural issues(5,10)

The surrounding environment (specially built environment) such as access to quality educational centers for all ages, and jobs, increases or decrease opportunities to empower everyone to chart their path in life. Opportunities lost or restricted (with no control from the individual) can be detrimental to one's mental health (5,11)

Structural factors: Infrastructure, inequality, social stability, and environmental quality are examples of structural factors related to people's broader social, cultural, geographical, political, and environmental surroundings. These influence the circumstances of daily life. Basic commodities and services, such as water, food, shelter, rule of law, and health are critical for mental health. National policies in social and economic contexts are also important: For example, COVID-19 had a significant impact on the mental health of an individual. This could be attributed to the restrictions that were imposed which led to social isolation, feelings of uncertainty, and disconnectedness.

Security and safety are critical structural factors. Prevalent beliefs, norms, and values, particularly those related to gender, sexuality, and race can be extremely influential. Colonial legacies, as well as climate and environmental crises, have an impact on multiple structural factors in a country.

All the above factors contribute to our mental health. They interact dynamically and produce various results in various individuals. Each determinant has only limited predictive power. Most people who are at risk will not develop mental health problems, and many people who don’t exhibit any known risk factors will develop

mental health problems. Nonetheless, the interaction of these determinants can lead to the enhancement of mental health or undermine its expression.(5)

5.1 Program and Policy targeting mental health in India

WHO in the World Health Assembly, 2012, highlighted the issues of mental health and the requirement of a coordinated and comprehensive plan by the social and health sectors to manage mental health at community level itself. India was also a part of the assembly and in response to the same launched National Mental Health Policy 2014 (NMHP). Before NMH Policy, India's efforts toward mental health were led by National Mental Health Program(NMHP) and District Mental Health Program(DMHP)(12).

National Mental Health Program

The National Mental Health Programme was established by the Indian government in 1982. It was based on objectives focusing on the following points:

- Accessibility and availability of basic mental healthcare for all in the near future, with special emphasis on underprivileged and vulnerable sections of the population;
- General healthcare and social development to include aspects of mental health;
- Increased participation of community in the development of mental health services and to stimulate community efforts toward self-help.

The District Mental Health Program was established under the NMHP in 1996. It was based on the 'Bellary Model' and strategized in the subsequent 5 year plans to include more components till the XII five-year plan(12).

- District Mental Health Initiative (DMHP)

- Manpower Development Schemes - Establishing/Strengthening PG Training Departments of Mental Health Specialties
- Improvements to State-Owned Mental Hospitals
- Improvement of Psychiatric Wings in Medical Schools/General Hospitals
- IEC
- Research and training
- Monitoring and evaluation

The case study of Jharkhand can be looked at to understand the extent of implementation that the DMHP had achieved. While this might not be the norm, it sure is alarming (13).

Case study 1- Jharkhand
Jharkhand is a state with 11.6% prevalence of Mental health disorders which is slightly higher than the national average of 10.6% (NMHS 2016). 4.5/days of suicide were reported in the year 2019 by the National Crime Records Bureau which increased to 5.5 suicides /per day in the first half of 2020. Mental literacy is exceptionally low with witch-hunting attributed to mental illness being a common occurrence in the state. These figures tell the tale of a state with a dire need for proper implementation of mental health programs.
The District Mental Health Program has been approved for all 24 districts of the state yet it is only operational in three districts. No mental health services are provided at any of the primary Health-care Centres. Even at the medical college level, infrastructure, facilities, and staffing are not up to par with the guidelines set. The Central Institute of Psychiatry and Ranchi Institute of Psychiatry and Allied Sciences are two prominent facilities in the state which are overburdened by patients. The General Hospital Psychiatry Units do not have PG seats which is an opportunity lost for manpower development as specified in DMHP. The number of medical officers trained to provide mental care facilities at the state and district level was 0.1 per lakh population which reflects poor integration of mental health services at the primary care level. No official reports on monitoring and evaluation have been released by the state to show the activities that have taken place for mental health (13)

National Mental Health Policy

NMH Policy is a pioneering policy with wide implications and its progress is heavily influenced by inclusions and performance of other Mental Health and allied (social and health welfare) laws, plans, or policies. The Government of India formed a policy group in April 2011 to draft the NMH Policy, which gave rise to the NMH Policy in 2014. The policy is comprehensive in nature and addresses mental health issues in general and specialised terms.

The policy emphasized critical issues like right-based approach, stigma, vulnerable populations, support for families, adequate funding, institutional care, intersectoral approach research and promotion of mental health as well as key strategic areas including effective mechanisms for governance and delivery of Mental Health; promotion of Mental Health at the level of Anganwadi centers, schools, workplaces, and so on; prevention of mental illness and reduction of suicide and its attitudinal factors (14)

The policy called for the delivery of mental health services to be done through an integrated care model. A holistic care approach, including Mental Health care, at the primary health center level by establishing "health and wellness centers" under the Ayushmann Bharat Scheme was proposed for the same(NHP, 2017).

NMH Policy also laid an outline for critical aspects of justice for vulnerable populations (Children in conflict with the law, homeless, orphaned children, etc.)(15)(14).

Ayushman Bharat – Role of Health and Wellness Centres in Mental Health

The government proposed a plan called Ayushman Bharat in the 2018 budget to remold the face of India's healthcare system and achieve universal access to health at all levels(primary, Secondary and tertiary. Ayushman Bharat is built around two components. These two components are the National Health Protection Scheme and the Health and Wellness Centres. It aims to transform the existing 1.5 lakh sub-health centres (SHCs) into HWCs. This will be a upgradation which will address the primary care needs of the population and a specific category of NCDs (noncommunicable diseases) care(16).

Role of HWCs

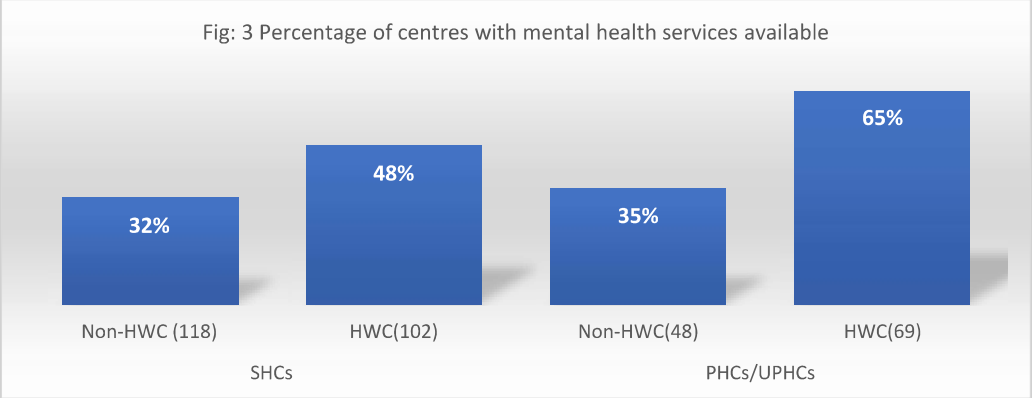
The role of HWCs in Mental health is a very critical one. The existing subcentres for a population of 3000-5000 were converted into Health and Wellness Centres according to the guidelines of the National Health Mission. It called for a trained primary Healthcare team to

be appointed to manage each HWC. This team consists of multi-purpose workers(males and females), ASHAs, and is to be led by a Mid-Level Health Provider. The service delivery would take place on three levels(17): (Table 1)

Table 1: Management of mental health ailments at HWCs

	Community level	Health and wellness center-sub-health centers	Higher level facility
Activities designed	ASHAs are to be mobilized for screening using questionnaires and tools	Detecting and referring patients with severe mental illness	Diagnosis and treatment of a mental disorder
	Spreading awareness in the community regarding mental disorders	Referral to de-addiction centers	Provision of Inpatient and outpatient services
	Identification of disorders and referral to HWC for diagnosis	Dispensing medication as per the prescription from PHC/CHC or District hospital	Counseling of patients
	Ensuring compliance and follow-up by the patients in case of severe disorders	Follow-up and counseling of patients with a severe disorder	
	Regular visits to houses of patients suffering from severe mental disorders to facilitate home-based care	Managing concerns related to violence	
	Provide assistance to gain access to vocational training, education, support groups and day-care.		

After the guidelines were operational in 2017, the service available at various centers for mental health care is still not as expected. In the Ayushmann Bharat- Health and Wellness Centre report 2022, conducted in 18 states, it was seen that only 48% of HWCs and 32% of non-HWCs had mental health services available at the Sub-Centre level. On the other hand, 35% of non-HWCs and 65% HWCs had mental health service availability at the PHC level(Fig:3)(18)



Pradhan Mantri Jan Arogya Yojana (PMJAY) is an insurance scheme providing annual coverage of '5 lakh to 10.74 crore vulnerable and poor families. It aims to provide financial protection to people in need of healthcare services to encourage their usage of health facilities at secondary and tertiary levels from public and private providers. The HWCs would strengthen the public system, whereas PMJAY would make it easier to purchase services from both public and private providers(19)

In terms of mental health, PMJAY was initially launched with 17 packages and was reduced to 10 in December 2019. All treatment costs, including pre-and post-hospitalization, are included in a package. PM-JAY charges a fixed procedure fee for a various mental disorders. Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) have also been covered along with the necessary investigations before ECT and TMS(16)

Legal perspectives

Law and public health issues go hand in hand. Public mental health is no different and is affected by the legal atmosphere of the country. Acts related to mental health issues provide much-needed support for the successful implementation of health programs.

Rights of Persons with Disabilities Act, 2016

RPWD has provided momentum to the NMH Policy in achieving its objectives. In its perusal, mentally ill individuals were included as a person with disability. NMH Policy has many

provisions related to RPWD like ensuring the rights of PWMI, including vulnerable groups through the provision of affordable, accessible, and high-quality MH services, as well as rehabilitation and disability benefits(12).

Mental Healthcare Act (MHCA) 2017

The NMH Policy was developed in tandem with MHCA (2017). This act superseded the previous mental health act from 1987 (20). It aims to provide mental healthcare to people with mental illness. It protects and promotes the rights of mentally ill individuals during the delivery of services. One of its revisions was focused on decriminalizing suicide which was a huge development from earlier. It seeks to provide opportunities for people who attempt suicide to undergo rehabilitation instead of trying for a suicide attempt.

It also restricted the usage of Electro Convulsive therapy, to only be used in emergency cases. Efforts towards the destigmatization of mental illness were also outlined by the same(12).

5.2 Key areas to address

Based on review of literature, the need for mental health interventions on a larger scale is evident. The existing Mental health policies and programs outline the intent and strategies that have been incorporated to bring about macro-level changes to the mental health scenario in India but some fine tuning is still required to effectively tackle mental health disorders from a public health perspective. By analysing the policy, we can recognize some areas which require more focus. These are :

- Children and adolescents: Mental disorders that originate in childhood and persist through all ages require early interventions. The National health policy for children has provisions for mental health but does not specify how to address these issues. Allied laws like RPWD(Rights of Persons With Disabilities) or JJA(Juvenile Justice

Act) provide support to this section of population but specific pathways need to be developed to provide more attention to Children in conflict with law or with disabilities. The National mental health policy recognizes this group as vulnerable but does not address their needs specifically(21).

Majority of HMICs have a separate policy dedicated to mental health of children (Mental Health Atlas). 30% of India's population falls between the age group of 0-14 years, so clearly this is a large chunk of population which needs more attention. India can also look into developing a National Mental Health Policy for children as it's a vast population which needs careful management. Guidance for the same can be taken from the WHO's guidance package for mental health policy which has information on how to develop a mental health policy for children and adolescents(21).

- Maternal Mental disorders : Pregnancy is largely a natural phenomenon where beliefs in India still focus on seeking the least medical help during ante natal period. In most cases medical help is only sought in times of emergency. Cultural beliefs and attitudes during pregnancy can affect the mental health of the mother and treatment modalities for such situations are missing with the false perception about modern medicine interventions during pregnancy still persisting(22).

  With various programs like Janani Surakhsha Yojana being implemented in the country to achieve optimum maternal and child health, maternal mental health is still something that is largely lacking in the country. The mental health policy also does not specifically outline the pathways to deal with maternal mental disorders or their consequences. The scope of the policy needs to be widened to make it more inclusive for maternal mental health(22).

- Funds allocation: Less than 1% of the total health budget was allocated as a direct expenditure to Mental health for the Union budget 2022-2023(23). While this is not enough to address the kind of goals that the National Mental Health Policy has set for India, underutilization of these funds is an even bigger problem. This is due to a lack of clarity between the state and central govt as well as untimely allocation and no information on utilization mechanisms(24). Even with a robust policy, its implementation depends mainly on the funds allocated which are currently lacking in the Indian scenario. Funds, not only for Mental Health, for allied laws like Rights of Persons with Disabilities, Juvenile Justice Act, should be provided through an ear-marked budget to provide support and strength to the existing policy. Clear guidelines for allocation and disbursement of funds can help alleviate these issues.

6. Discussion

India is faced with a huge burden in the form of mental health disorders. It poses a great threat to not only the health but also economic productivity of the society. According to the NMHS 2016, the total prevalence was found to be 10.6% in India, which means at least 150 million people are in need of mental healthcare services in the entire country. The occurrence of these diseases depends on interaction of various determinants over multiple levels. These factors are spread across various levels ranging from psychological/individual, family/society to structural factors. These factors interact with each other in a peculiar manner to protect or pose a threat to one's mental health (5).

The govt. of India launched NMHP in 1982 to address this issue of mental health disorders in the population. DMHP was launched as its implementation arm in 1996. After more than 20 years of its implementation, the NMHS 2016 found that less than

50% of all districts are covered by DMHP with the least being 13.64% in Punjab and 100% in Kerala, so there is issue of uniformity as well (NMHS 2016). The literature available also points towards certain common points of criticism like the top down approach followed by the program, multiplicity in administrative bodies leading to fragmentation of responsibilities, lack of co-ordination , lack of human resources etc(12,14,25,26).

The NMH Policy ,developed in 2014, recommended various strategies to provide a more comprehensive coverage to the society in terms of mental healthcare. It has provided strategies for destigmatization of PWD (Mental illness), increasing the health workforce and has also called for a community level approach to mental health which was further highlighted by Mental Health Policy in 2017(20). Ayushmann Bharat, PMJAY and the concept of Health and wellness centres are revolutionary to provide support to mental health care in India(16,19). Legal acts like Mental Healthcare act and Rights of persons with disabilities also provide the much needed support to better health coverage in this field(12).

The health policy group while focusing on the key problems, still does not provide clear provisions for certain segments of the population including younger population and females of reproductive age group(21,22). It does have certain inclusions like anganwadi visits for ANC care and post-partum and Life skills training program for children, school based counselling etc. It is still not enough to tackle the problems faced by this sect of the population(21,22). Also underutilization and inadequate funding are two problems which have not been addressed fully, while there are provisions for funding of mental health initiatives, allied laws like RPWD and CICL also require focus to be able to work in synergy with them(21).

7. Conclusion

The NMHP 2014 is a welcome positive development. A thorough report which covers a great many themes connected with psychological well-being. It spreads out a useful guide for the public authority to further develop the country's psychological wellness care framework. In any case, it is critical to note that the strategy is just an initial step and significantly more should be finished further to develop the psychological wellness care framework in India. Keeping the progress of DMHP in mind, there are a few regions where the strategy could benefit to focus more:

- More focus on the younger population.
- Maternal mental health also needs to be highlighted as an area of concern and specific pathways to tackle that should be included.
- Earmarked funds for mental health care and allied laws with specific pathways to procure and utilize the funds can be included to tackle the issue of underfunding and underutilization.

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