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Mental Health Concerns and Challenges in India: The Way Forward

Abstract

The prevalence of mental illness in India is rapidly increasing and of grave concern is the decreasing age of onset among the youth. This article below outlines the significant concerns and challenges of the mental health care system in India and proposes key measures to deal with these complex challenges. This paper is divided into four sections: the first section focuses on the complex nature of mental illness with respect to overlapping symptoms of various disorders, co-morbidities and the mediating role of physiological factors. The role of the stigma surrounding mental illness in reducing help-seeking behaviour and adherence to treatment is highlighted. The second part of the article outlines the various challenges in the treatment of mental illness with respect to the lack of trained man-power, lack of formulation-based treatment, the over-emphasis on diagnosis and various such critical factors. The third section outlines the challenges at the policy level including the lacunae of funding into mental health, lack of insurance for mental illness, and lack of awareness about the rights of people with mental illness. The article concludes with the enumeration of the various indirect contributory factors in the rise of mental illness such as increasing demands and stress, the mediating role of technology, rapid social change, unemployment and the fragmentation of family and consequent isolation. The various measures to bridge the gap in India's mental health care system are simultaneously discussed.

Keywords: *mental illness; challenges in mental health; Indian mental-health care system*

Introduction

Every 40 seconds someone loses their life to suicide, says the World Health Organisation (WHO) which has launched the "40 Seconds of Action" campaign to raise awareness on World Suicide Prevention Day on 10 September 2019. In India, WHO estimates that the burden of mental health problems is to the tune of 2,443 Disability Adjusted Life Years per 100,000 population, and the suicide rate per 100,000 population is 21.1.

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The WHO statistics of 2015 suggest that the number of people with Depressive disorders were a staggering 56 million. India may soon be on its way to becoming one of the most depressed countries of the world. In this paper the significant concerns and challenges of the mental health care system in India and the difficulties faced by the mental health professionals are outlined. Simultaneously, we also discuss the measures that can be taken to deal with the challenges and the way forward. The figure below provides a view into the complex picture of the mental health crisis in India.

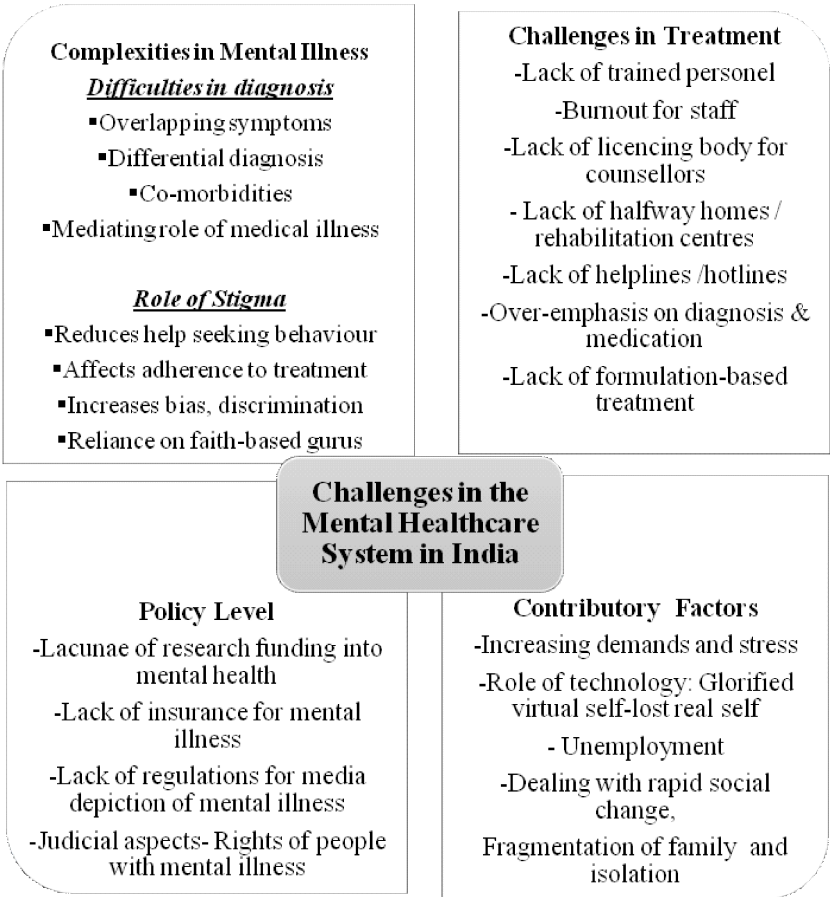

Figure 1- Challenges in the mental health care system in India.

Complex Nature of Mental Illness

Mental illness is much more complex compared to other diseases. Psychiatry is an exceptionally challenging field. The prevalence of mental illness is rapidly increasing in India, however many factors complicate the ability of mental health professionals to solidify a diagnosis before treatment.

Overlapping Symptoms and Differential Diagnosis

Different psychological disorders exhibit similar over-lapping symptoms, which make the diagnosis of psychiatric disorders challenging. For example: A patient with Obsessive Compulsive Disorder (OCD) may report that he faces repeated anxiety provoking thoughts and a person with Generalised Anxiety Disorder-GAD may also report the same. This makes diagnosis difficult and many a times when the psychiatrist is uncertain of the diagnosis- they would write a Provisional Diagnosis along with a Differential diagnosis.

A differential diagnosis means that there is more than one possibility for the diagnosis and the doctor must differentiate between these to determine the actual diagnosis. To aid this process, apart from the DSM (Diagnostic & Statistical Manual for Psychological Disorders) there is an entire handbook published titled *Differential Diagnosis for DSM Disorders* to help in solidifying a diagnosis. Due to these complexities there are higher chances of misdiagnosis in mental health as compared to a medical illness. There is a thorough research already existing on mis-diagnosis especially in Bipolar Disorders in adults and ADHD (Attention Deficit Hyper-Activity Disorder) in children.

Co-morbidities and Difficulties in Treatment

What further complicates the picture is Co-morbidities, i.e. the concurrent simultaneous presence of another disorder or symptoms. Comorbid anxiety is common in patients with Depression. It complicates the clinical presentation of depressive disorders and can contribute to under-diagnosis or mis-diagnosis (Wu & Fang, 2014). To recognise and pay attention for the presence of co-morbidities requires time with the patient and collateral sources of information from the family members, this is challenging in our already crowded government Psychiatric OPD's.

Co-morbidities further complicate the picture when it comes to treatment. Most therapy manuals or well-researched treatments focus on one mental illness but not for *comorbid* mental illnesses. Hence, there is a lot that we still need to understand about how we recognize and treat conditions when they manifest at the same time. Psychology professors in India teaching therapy/counselling also

need to focus on training their students in therapy for co-morbid conditions and not just stand-alone conditions.

Establishing Boundaries with Medical Illness

Unrecognized medical illnesses can directly cause or aggravate a patient's presenting 'psychological' symptoms. For example: Hypothyroidism contributes to Depressive symptoms. Failure on the part of mental health professionals especially counsellors and psychologists (non-medicos) to adequately identify a hidden medical illness can result in dire health consequences for patients. As such 'masked' cases may require treatment beyond psychotherapy or an antidepressant to mitigate the underlying causes of depression.

In order to minimize the probability of a hidden medical illness going undiagnosed, we need to urgently give importance to the training of psychologists in the medical causes of psychological symptoms as well as the need for better collaboration between doctors and psychologists. This is a significant gap in the training of psychologists currently in the M.A. and M.Phil programs which needs to be urgently addressed.

Lack of Awareness & Prevailing Stigma towards Mental Illness

There is a lack of mental health literacy in India. Not only this but also regarding mental illness and its treatment options, many psychiatrists report that majority of patients delay seeking treatment or only come after they have made the rounds of endless religious places or faith healers. These faith healing centres may at times lead to tragic consequences as was witnessed in the Ervadi tragedy in Tamil Nadu in 2001 where inmates were tied to chains and when a fire broke out, they could not escape leading to the deaths of 28 mentally ill inmates.

In India, along with this lack of awareness, there is also a stigma attached to mental illness. At its core, the concept of stigma towards mental illness essentially incorporates three main elements, namely prejudicial attitudes, insufficient knowledge, and discriminatory behaviour in housing, employment etc (Boges et al, 2018).

Due to this extremely strong and undying stigma attached to mental illness, the patients tend to hide their illness, reduce their help seeking behaviour and not adhere to their treatment. Stigma also causes social exclusion and loss of self-esteem. Many a times, my clients have told me that they have hidden their mental illness from their employers fearing prejudice and negative consequences at work.

An indigenous initiative to reduce the stigma and sensitise people towards mental health treatment is the Dava-Dua clinic where medical treatment complements prayer at the 550 year old Dargah of Hazrat Saiyed Ali Mira Datar situated 100kms from Ahmedabad, where there is a huge patient inflow for mental and behavioural problems attributed to ghosts and djinns. Funded by the Department of Health and Family Welfare, State Government of Gujarat; with Guidance and Monitoring by Hospital for Mental Health, Ahmedabad 'Dava & Dua' is a unique concept of providing modern scientific mental health services along-with traditional faith healing (Altruist, 2019)

Along with such indigenous initiatives there is still a huge need for mental health literacy campaigns, and stigma reduction campaigns which need to be mobilised at the state and national level in India.

Challenges in Treatment

Lack of Trained Manpower

India faces a significant gap between the prevalence of mental illness among the population and the availability and effectiveness of mental health care in providing adequate treatment. To deal with this massive crisis the Mental health workforce in India is extremely low; per 1,00,000 population it includes psychiatrists (0.3), nurses (0.12), psychologists (0.07) and social workers (0.07) (WHO India, 2019).

The problem is compounded in the rural areas where there is acute lack of counsellors/psychologists or psychiatrists. When poor patients from the rural areas don't have access to mental health treatment in their villages, they have to travel to the cities for treatment, in doing so they may lose out on their daily wages plus have additional expenditure for travel and lodging. In such a scenario calling them once or twice a week for therapy is not feasible or financially possible.

With this large and growing patient burden, hardly anyone is paying attention to the health of mental health professionals. Also, due to lack of treatment centres, there is huge crowding in the Psychiatric OPD's leaving the doctors and counsellors with burn-out, secondary trauma and compassion fatigue. Abroad, there are support systems available for therapists and mental health professionals and they are also covered under indemnity insurance. India lacks such systems and the mental health professionals are mostly left to fend for themselves.

Lack of Licencing Body for Counsellors and Psychologists

India's mental health professionals such as counsellors or psychologists lack forums where they can raise these matters or have a governing body to help

them address these. RCI i.e. the Rehabilitation Council of India gives a license number for psychologists who have completed RCI Recognised courses but it only covers Clinical Psychology and Rehabilitation Psychology. We have a large work force that have completed M.A. - Masters of Arts in Psychology and are working as counsellors in schools or as psychologists in industries but have no protection under any State body.

Lack of a clear body for licensing of Psychologists in India also leads to another major problem of unqualified work-force, for example there have been instances when people are employed as counsellors just on the basis of a one-year part time Diploma education.

We need to frame much stricter rules and regulations regarding the licensing of counsellors and psychologists so that unethical and practices are curbed.

In India, another compounding problem is that majority of colleges and universities offering B.A. and M.A. Psychology programs refer to DSM in their syllabus for training of diagnostic skills. Whereas, when students pass out and are employed, they face difficulties as some of the hospitals refer to ICD (International Classification of Diseases) nomenclature. Colleges and universities must take a step to introduce both DSM and ICD to students in their training years so that the newly employed psychologists are not intimidated by an entire new classification when they start working.

Lack of Halfway Homes

Due to an increase in nuclear families, there is a high need for halfway homes in India. Half-way homes are for those mentally ill patients who are discharged as inpatients from a mental hospital but are not completely cured in order to live independently or with the family. The halfway homes also run programmes to help individuals recover from mental illness in their transition to independent living and learning life skills.

We have a very few halfway homes in India and with the rise of nuclear families there is an increasing need for such facilities. Lack of such facilities leads to an increase in '*dumping tendency'* i.e. the tendency to leave the family member in the mental hospital and give up on them. The patient then becomes the responsibility of the hospital and the state. In every government mental health hospital one will find many such cases. Hence, the need for halfway homes is pressing.

Lack of Helplines / Hotlines

With increasing prevalence of Depression and suicide attempts there is an

urgent need for hotlines and helplines in India. Currently, there are very few such functional hotlines and awareness about them in the community is abysmally low. We need to increase the number of such help-lines in India so that those who do not have access to treatment can at least be given some amount of Psychological First Aid over a call.

Psychological Treatment Related Aspects

In India, the treatment for psychological disorders focuses more on diagnosis and medication, and the socio-cultural aspects of treatment are not given much emphasis. There is also a lack of formulation-based treatment where there is individualisation of every case. We need to go beyond just medicines and biology and truly embrace the Bio-Psycho-Social Model of mental health treatment.

A recent trend nowadays is the emergence of Mobile Apps such as Wysa, PUSH-D App of NIMHANS, Calm App which provide basic counselling on the phone through the App. This is a progressive step in this field, however we need to develop such Apps in indigenous languages as they are currently and mostly only available in English language.

Challenges at Policy Level

The following challenges at a macro level currently exist in the mental health framework of India. Lacunae of research funding into mental health – a very little percentage of the Budget is allocated to mental hospitals and mental health. At the same time, there is a lack of insurance coverage for mental illness. The insurance market in India is extremely under-developed when it comes to mental health treatment. There are very few policies that cover mental illness, and the cover is usually only for in-patient hospitalisation. OPD medication, therapy visits and counselling sessions are usually not under insurance coverage. A majority of the patients with mental illness do not need hospitalisation. Hence, the way forward would be to regulate insurance coverage for OPD visits, as well as therapy and counselling.

Another issue at the macro level is the lack of regulations for media depiction of mental illness. Recently the Movie starring Kangana Ranaut faced immense criticism for naming the movie *Mental Hai Ky*a and the posters of the movie depicted violent scenes such as the lead actors keeping a razor blade in their mouth. This poster has been drawing a lot of condemnation for the terrible depiction of 'crazy'. There's also a video showing why exactly they are being termed as 'crazy' with scenes depicting mindless violence such as the actor stubbing a lit cigarette out on his forehead or Kangana Ranaut lying in a chalk-out of a body.

Many a times in Bollywood movies or Indian television, people with intellectual disabilities or mental illness are poorly sketched out characters mainly for providing comic relief. People in the media and in the Censor Boards need to be sensitised to encourage healthy conversation about mental health awareness and normalising the stigma around it.

Judicial Aspects – Rights of People with Mental Illness

The rights of people with mental illness in India have often come under the scanner in the past. In 1994, the huge controversy in Maharashtra regarding the removal of the uteruses of women with intellectual disability illustrates this. It started with the Maharashtra Government's decision to allow a team of doctors led by a Bombay gynaecologist, to perform hysterectomies on 21 women, inmates of the government-certified Shirur home for mentally retarded girls. The mental age of the women was between two and four and the authorities maintained that they were exposed to numerous health hazards as they could not cope with their periods. While women activists were concerned about the operations, it was the manner in which they were carried out *en masse* which really raised their hackles. Activist Ahilya Rangnekar, who led their protest spoke about how the Post-operative care for 20 women at a time could become a complication. She met the Chief Minister and he called a halt to the exercise but the operation had already been performed on 11 women before the halt. Activists also argued that this move could increase the risk of sexual abuse towards the inmates as now they couldn't become pregnant (Abreau 1994).

Recently, the new Mental Healthcare Act, 2017 aims to protect, promote and fulfill the rights of persons during delivery of mental health care and services. Chapter V of the Act enumerates the rights of persons with mental illness, including the right to equality, right to confidentiality, the right to protection from cruel, inhuman and degrading treatment in any mental health establishment (which includes the right to proper clothing so as to protect such person from exposure of his/her body to maintain his/her dignity, and the right to be protected from all forms of physical, verbal, emotional and sexual abuse), right to community living, etc (Kaur, 2018).

When undergoing treatment, a woman with mental illness is in the most vulnerable state and could be exploited. This Act will play a pivotal role in ensuring that the vulnerabilities of such women requiring and undergoing mental healthcare are not exploited. The provisions of the Act are progressive and are a welcome change, but we would need immense man-power and budgetary funding to ensure their correct implementation.

Other Contributory Factors to the Decline in Mental Health in India

There are other factors contributing in direct or indirect pathways towards the decline of mental health in India such as:

1. Increasing demands and stress
2. Role of technology: Glorified virtual self-lost real self
3. Unemployment
4. Dealing with rapid social change - Fragmentation of family and isolation

Psychologists have little control over these factors; however the way forward is the promotion of Resilience and mental health skills such as Emotional regulation, promotion of positive mental health, integrated into the school and college education. This would ensure that the coming generations are better prepared to survive in the VUCA world - Volatile, Uncertain, Complex and Ambiguous world.

Thus, to conclude, India is on the brink of a mental health crisis. Proper implementation of the measures discussed above will help us deal with the mental health issues and challenges.

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