'India is sitting on a psychological disordered time bomb'

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Singapore: Despite of escalating number of mental health patients in the country, the subject of mental health illness, is still by and large a taboo topic for several Indians. World Health Organisation (WHO) estimated that globally over 450 million people suffer from mental disorders. Mental health is a complex and sensitive subject that needs to be addressed with compassion and knowledge.

Stigma towards, and discrimination against, people with mental disorders is an important barrier to mental health service utilization in India. It contributes to delay in seeking care, impedes timely diagnosis and treatment for mental disorders, serves as an impediment to recovery and rehabilitation, and ultimately reduces the opportunity for fuller participation in life.

Dr Kersi Chavda, Consultant Psychiatrist P.D.Hinduja National Hospital, Hinduja Healthcare Hospital and Sir HNRF Hospital and Past President of the Bombay Psychiatric Society, explained, "As a society prospers and the daily necessities of living are taken care of....there occurs a shift towards ensuring mental or psychological well being. Given that most studies that have been done in the field estimate that about a percentage of any population suffers from psychological disorders...this implies that in huge populations such as in India...there will be about 50 million affected people. Of these, it is estimated that half of the "severe" disorders are not dealt with (Schizophrenia, bipolar disorders, major depression), while in the "Milder disorders" the amount might be as much as 9 in 10!!!"

The Word Health Organization describes mental health as an integral part of health and well-being. As reflected in the

definition of health in the Constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Good mental health enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities.

WHO statistics say the average suicide rate in India is 10.9 for every lakh people. Interestingly, doctors observe that suicide rate was higher among the southern States compared to those in the north. It is the second leading cause of death among those in the age group of 18-29, and most suicides in India are by those below 44 years.

Dr Chavda pointed out that India has the largest child/ adolescent population in the world, as well as the largest aging population.....given that the prevalence of psychological disorders in kids is estimated between 9.4 to 12.5 percent, this gives us a huge number of kids that need mental health services. The same is seen in the aging disorders (dementia, Alzheimer's)....and we can see that India basically is sitting on a psychological disordered "time bomb"!!!

Recently, India unveiled its first mental health policy, which aims to reduce the treatment gap by providing universal access to mental healthcare through increased funding and human resources. However the policy is not implemented well. Dr Chavda underscores, "The number of mental health professionals in India show an extremely depressing trend...there are about 4000 psychiatrists, 1000 psychologists and 3000 psychological Social workers in the whole of India!! Not surprisingly, most people with mental/psychological issues, even if desirous of getting help, do not know where to go."

Social stigma remains an obstacle to helping Indians cope with mental health illness. There is widespread belief that mental illness is a punishment for the ancestors' misdeeds on the present generation, effectively shaming several generations of the family simultaneously. And society contributes a lot to keep the stigma alive by discouraging conversation about mental well-being issues among their children, grandchildren, students and other members of the community.

Dr Chavda outlines, "The stigma of mental health, although often related to context rather than to a person's appearance, remains a powerful negative attribute in all social relations. There occurs a sense of shame, a sign of indulgence, a sign of weakness. This also causes a feeling of embarrassment in the family, and then a desire for isolation. Thus, unlike in physical illnesses, wherein social resources are mobilized, people with mental issues are removed from potential supports. The reality of discriminatory practice supplies a very real incentive to keep mental health problems a secret. Discrimination is seen to occur across every aspect of social and economic existence. A feeling of helplessness and hopelessness is often experienced."

Dr Chavda said that there are a number of stereotypes of mental disorders which perpetuate the stigmatization. For instance, it is assumed that mentally ill people are violent or prone to criminal acts, are hard to communicate with, over privileged, narcissistic, oversexed parasites. Society blames these people that the problems they suffering are self-inflicted. Many also believe that it is a result of "fate" or "karma." Movies also have a big impact on the way people see mental illness. Many also think that the perceived treatments are incurable/chronic and very expensive and long drawn-out."

More than funding and resources a change in the attitude of people is needed to build a healthy mentally fit society. In India there is a need to generate evidence base for context specific interventions that will address negative attitudes towards people with mental disorders and ensure implementation of these interventions by involving users, care-givers, community health workers and mental health service providers.

Dr Chavda highlighted, " Few ways to reduce stigmatization include education as the level of stigmatization reduces with increasing education, use of the press, net, media to correctly portray the disorders, target families , schools and communities to start mental health early intervention programmes...the more these issues are talked about, the more likely it is that people will become more sensitive to these issue, advocacy and use of legalities. Starting insurance for the mentally ill...currently no insurance is allowed and hence people find it extremely expensive to treat the issue. Getting well known people to talk about how they coped with psychological disorders, e.g. if a sportsperson or film star talks about how they coped with a psychological issue they experienced...it makes the public believe that it is ok to have it and deal with it ."

India has a National Mental Health Programme since 1982. In 1996, a component of a community based approach called the Bellary Model (District Mental Health Programme) was added to this. Apart from strengthening manpower capacity or strengthening capacity of health workforce, focus is also on addressing the mental health issue in schools and colleges, workplaces and counselling for suicide prevention.

India launched its first Mental Health Policy and the Mental Health Action Plan 365 in 2014 to promote mental health, prevent mental illness, enable recovery from mental illness, promote destigmatization and desegregation and ensure economic and social inclusion in rights-based framework.

Various psychiatric societies like the The Bombay psychiatric Society, The Indian Psychiatric Society, The Indian Association of Private Psychiatry, etc in the various states of India and abroad are attempting to disseminate information, provide information about recent advances, and banish the ignorance associated with various disorders. Associations related to particular disorders have also been established which deal specifically with issues ...e.g. Maharashtra Dyslexia Association, The Spastics Society, etc. Self help groups, which provide support to care givers of patients with the disorders, e.g. Al -Anon or Gamblers Anonymous, play an important role in providing support as well...this is usually through NGOs and private organisations rather than governments.

Dr Chavda concluded, "The government in India, with its Mental Health Acts, as well as its separate laws dealing with child/ spousal and elder abuse, as well as suicide and deaddictions, is attempting to address the situation. However, a lot of work needs to be done before the mentally affected in India are treated the way that they deserve."