PUNE INTERNATIONAL CENTRE

Mental Illness in India: Present Status, Expectations and Recommendations

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By
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Synopsis

Whereas persons with physical disorders and disabilities evoke sympathy and compassion, persons with mental illness attract derision and ridicule. This is a sad but true state of current social thought. As a result, while the physically disabled get some attention and help, the mentally ill are usually marginalized and ignored. If the trend of social thought is to change, the lead must be taken by the governing authorities, and measures to improve the lot of the mentally ill must begin at the policy level. This paper attempts to present not only a picture of the present status of persons with mental illness but also to analyze their needs, requirements and expectations, and finally come up with recommendations to bridge the gap between demand and supply.

It is high time the government thought of an integrated, holistic approach to mental health and came up with structured intervention and treatment modalities. The outlay for health needs to be re-looked at and the entire system reviewed and revamped, especially because of the burgeoning number of persons with mental health issues.

The authors have relied not only on documented information but have also interviewed several stakeholders to enhance the authenticity of this presentation.

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About the Authors

Aarti Pandit is an M.Phil in Medical and Psychiatric Social Work and has 13 years' experience in the field, the last eight with the Schizophrenia Awareness Association (SAA), Pune, as the In-Charge of their Rehabilitation Centre. In daily contact with persons with mental illness and their caregivers, she is actively involved in counseling, psychoeducation, and adjunct therapies that have had proven effects.

C. Ravindranath has been a journalist, materials manager, marketing executive, hospital administrator and operations director in a professional career of over 50 years. He has worked with lepromats, orphan children, children of commercial sex workers and the visually impaired. Currently a Management Training Consultant, he is also the Hon. Secretary of the Schizophrenia Awareness Association (SAA), Pune.

Contents

History

The present mental health policy and legislation took root in the British era, beginning with the Lunatic Removal Act, 1851, designed to facilitate sending mentally ill offenders back to England. This was followed by the Lunacy (Supreme Courts) Act, the Lunacy (District Courts) Act, and the Indian Lunatic Asylum Act, all of which were introduced in 1858. One more addition was the 1877 Military Lunatic Act. In 1912, all these Acts were consolidated into one single Act, called the Indian Lunacy Act. After independence, a new mental health legislation was drafted, but till 1987, it was still the Indian Lunacy Act of 1912, which prevailed. The 1987 Mental Health Act replaced the Indian Lunacy Act of 1912. However, this Act contained many outdated provisions, possibly because the drafting of the Act took over three decades.

A significant landmark in mental health policy in India was when the country ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). This gave a fillip to the efforts to bring out new legislation that would both revise and replace the Mental Health Act of 1987. Thus, the UNCRPD paved the way for the Rights of Persons with Disabilities Act, which was passed in 2016. This Act included the rights of persons with psychosocial disabilities. The very next year, the Mental Healthcare Act, 2017 was enacted. This Act came into power in 2018.

UN Convention on the Rights of Persons with Disability:

The UNCRPD was aimed at ending discrimination against persons with disabilities, enabling persons with disabilities to live independently, making the education system more inclusive, and making sure persons with disabilities are protected against all forms of abuse, violence, and exploitation. It advocated equal opportunities; accessibility; equality between men and women with respect to evolving capacities of persons with disabilities and respect for the rights of persons with disabilities.

It was framed to end discrimination against individuals with disabilities, foster their ability to live independently, promote inclusivity within the education system, safeguard them from any form of abuse or exploitation, and advocate for equal opportunities, accessibility, and gender equality in alignment with the evolving capacities of persons with disabilities, and upholding the rights of individuals with disabilities.

The Rights of Persons with Disability Act 2016:

The Act recognized mental illness as a disability. Persons with benchmark disability (of at least 40%) are entitled to certain benefits, 5% reservation in all government and aided institutions with an age relaxation of five years. Fines and penalties are also applicable for failure to comply with the Act.

The Mental Healthcare Act 2017:

The new Act revoked the previous Mental Healthcare Act 1987 which had been criticized for not recognizing the rights of a mentally ill person, thus paving the way for isolating such patients. Under this Act, everyone has the right to access mental healthcare services. Such services should be of good quality, convenient, affordable, and accessible. This Act further seeks to protect such persons from inhuman treatment and to gain access to free legal services.

Another highlight of this Act is the Advance Directive: This empowers a person with mental illness to have the right to make an advance directive towards the way she/he wants to be treated for the illness and who her/his nominated representative shall be. This directive has to be inspected by a medical practitioner. The act also stipulates that the government has to set up the Central Mental Health Authority at the national level and the State Mental Health Authority in every State. All mental health professionals and every mental health institute will have to be registered with this authority. It also enables a mentally ill person to appoint a Nominated Representative who will be authorized to represent his interests, especially regarding health care.

The Act decriminalizes suicide attempts by a mentally ill person. A person with mental illness shall not be subjected to electroconvulsive therapy (ECT) therapy without the use of muscle relaxants and anesthesia. Furthermore, ECT therapy will not be performed on minors.

A police officer in charge of a police station shall report to the Magistrate if he has reason to believe that a mentally ill person is being ill-treated or neglected. The bill also imposes a duty on the police officer in charge of a police station to take under protection any wandering person; such person will be subject to examination by a medical officer and based on such examination will be either admitted to a mental health establishment or be taken to her residence or an establishment for homeless persons.

The Stakeholders

Mental health problems markedly burden both individuals and society as a whole. Individuals with mental illness experience a reduced quality of life, impaired functioning in various areas such as work, relationships, education, etc., and an increased risk of suicide. Mental illnesses lead to significant productivity loss due to absenteeism, decreased work performance, and disability. Economic burden may occur due to expensive treatment and maintenance. Thus, mental illness affects every member of the society.

While the primary stakeholder is the person with mental illness, others who are affected or associated with this issue include family caregivers of persons with mental illness, their neighbors and friends, social organizations working for the welfare of persons with mental illness, and Mental Health Establishments as defined in the Mental Healthcare Act of 2017. Any change in the mental health policy will therefore affect all these stakeholders to a lesser or greater extent.

Social Stigma and Discrimination

Stigma associated with mental illness is still widespread in India, and many people with mental health issues are reluctant to seek help due to the fear of being judged or discriminated. This makes it difficult to raise awareness about mental health and to encourage people to seek treatment. Resistance to go to a psychiatrist is still very high, and coupled with the tendency to deny that one has a mental health issue that needs the attention of a qualified psychiatrist, tends to exacerbate the huge gap between incidence and therapy.

It is common knowledge that early diagnosis and medical intervention make it easier to manage the mental illness. However, due to ignorance, stigma associated with mental illness, and economic factors, a very small fraction of persons with mental illness receive proper psychiatric treatment. A vast majority of persons who need treatment spend their lifetimes without ever having seen a psychiatrist.

The government needs to take concrete measures to raise public awareness regarding mental health and mental illness. Just as physical education is a part of school curriculum, it is time the government seriously considered including mental health too as a subject to be taught right from high school level. This would go a long way in raising awareness about mental illness. In addition, awareness campaigns may be conducted at various forums so that stigma is at least reduced, if not completely eradicated.

Socio-economic Factors

If psychiatric care and treatment is to be made available to all those who need it, we need more psychiatrists and more psychiatric hospitals in the government sector. In Maharashtra, there are only four psychiatric hospitals in the government sector, at Pune, Thane, Ratnagiri and Nagpur. Private psychiatrists and hospitals are a) beyond the reach of the common man due to the cost of treatment and b) because psychiatrists are far less in number than what would be ideally required.

If we consider that 7% of the population in India requires psychiatric care (according to WHO estimates), this comes to a staggering figure of over ten crore patients. Even by liberal estimates, the number of psychiatrists in India are less than 10,000 in number. This means there is less than one psychiatrist per 100,000 persons requiring psychiatric treatment. Every year, the number of psychiatrists increase by just about 700 or so. The distribution of psychiatrists is uneven, more in cities and less or absent in towns and villages. There are just three central government mental hospitals and 40 State Government hospitals in the country, according to reliable sources.

The entire nation has around 2000 psychiatric social workers and 1000 psychiatric nurses, according to estimates. The number of qualified psychologists too is highly inadequate in relation to the number of persons requiring psychiatric help. If this situation is not addressed immediately, we may have to contend with the prospect of mental illness becoming the next pandemic, without adequate resources to deal with it. Let us not wait for the house to catch fire before we dig the well.

The government needs to take up the issue of increasing the number of psychiatrists and other mental health professionals in the country on a war footing by increasing the number of post-graduate seats in psychiatry as well as by giving more importance to mental health courses at the graduate level. Modifying the MBBS syllabus can enable general practitioners with a basic MBBS qualification to attend to some of the psychiatric cases, reducing the burden on specialists. The government also needs to have more specialized psychiatric hospitals spread within easy reach of the rural population for patients who need to be institutionalized. While the Mental Healthcare Act has been liberal in this regard, the implementation has been parsimonious.

Stigma

One of the biggest hurdles to the emancipation of persons with mental illness is the stigma that has been associated with it for centuries. Stigma causes resistance to seek medical help, it marginalizes persons with mental illness and their family care givers, it robs them of their dignity and their right to be included in the social mainstream. Stigma also propels caregivers to seek devious means to seek relief, often catapulting them towards superstitious beliefs and practices. The tragic incident in 2001 at the Moideen Badusha Mental Home at Erwadi village in Tamil Nadu is still fresh in the minds of those associated with mental health. In an unfortunate fire at this home, 28 mentally ill inmates perished because they were chained and could not escape. In many organizations working for the welfare of the mentally ill, August 6 is still observed as Erwadi Day, a grim reminder of social apathy and ignorance with regard to mental illness.

If we are not to have a repeat of what happened at Erwadi in 2001, concerted efforts need to be initiated to raise public awareness. Along with the inclusion of mental health in school curriculum, a dedicated campaign is perhaps in order, to at least reduce, if not eliminate the stigma that is associated with mental illness. The government can conduct poster and essay contests, initiate panel discussions and lectures and give an official hue to what has hitherto been the domain of NGOs and private organizations. With the machinery and the infrastructure at its disposal, the government can reach out to a larger population than all the NGOs combined.

Family members of persons with mental illness are under tremendous pressure, mainly social and financial. Due to the fear of losing face, they are reluctant to admit the presence of a person with mental illness in their family. These pressures also make them vulnerable to mental disturbances and several caregivers themselves suffer from depression, anxiety disorders and suicidal tendencies. Some of the poorer families even resort to abandoning their mentally ill relatives, either at government mental hospitals, where they languish for years to eventually fade into obscurity. Many mentally ill persons abandoned by their families end up as homeless wanderers on the city streets, vulnerable to the cruelty of criminal elements. This is particularly true of mentally ill homeless women. The government has a big role to play in mitigating their suffering by enhancing treatment facilities and by initiating and encouraging measures to raise social awareness of mental health. Public-private collaboration in this regard may also be worth considering.

Mental Asylums

It is an acknowledged fact that state-run mental hospitals are very few and cater to an abysmally low fraction of patients. Private half-way homes and residential centers are too few and beyond the affordability of most as they are run on a commercial basis. A few NGOs, which are ready to run residential facilities for persons with mental illness are bogged down by paperwork. For example, the NGO has to be registered as a Charitable Trust, as a Society, it must be registered with the Welfare Commissioner, the Disability Commissioner, and with the State Mental Health Authority. Many organizations complain that much time is lost on compliances alone, wrapped in the ubiquitous government red tape.

A single window system and simplified procedures and processes would help the efforts of the NGOs in providing relief to persons with mental illness in whatever way possible.

Empowering Persons with Mental Illness

As far as persons with mental illness are concerned, their main aim is to lead happy and meaningful lives with dignity and inclusion in the social mainstream. While it is true that their illness may hamper the quality of their work or they may require to take breaks as and when the disease raises its ugly head, the question is whether we as a society can look at them with compassion, make the necessary adjustments demanded by the manifestations of their symptoms and give them their due place as integral members of the society.

Mental Health Policy and the laws of the land need to take into account these peculiarities of persons with mental illness and make provisions that will help them rehabilitate themselves into society.

Human Rights Concerns and Ethical Considerations:

The mental health condition of a person cannot become a reason to deprive her/ him of her/his human rights or to exclude the person from decisions concerning her/his own health. Every person with a mental illness should have the right to participate in all civil, political, economic, social, and cultural activities. The legal aspects of the rights of persons with mental illness are determined by country-specific regulations, which in turn are governed by ethical considerations.

For those with severe mental conditions or at risk of aberrant behavior like straying and getting lost, a few safety measures can be adopted with the use of modern technology like identity bands, gadgets, and watches with GPS location devices and trackers. However, these need to be used after obtaining written informed consent from the person concerned or his Nominated Representative.

There is a strong feeling among family care givers of persons with mental illness that the present Mental Health Care Act 2017 is stilted in favour of the patients and does injustice to care givers. While the Act gives the patient the right to decide his/her medical treatment, it is rather ambiguous about how exactly a caregiver has to deal with an emergency situation calling for admission of the patient.
A writ petition filed by a few senior psychiatrists of Pune against some of the provisions laid down in the Mental Health Care Act, 2017, has been gathering cobwebs at the Mumbai High Court since 2018.

Quality of Care and Treatment Modalities

In the present scenario, healthcare costs in the private sector will continue to rise, while mental disorders are predicted to become more prevalent worldwide. The gap between demand and supply or in this case, the need for quality psychiatric care and treatment modality and the availability of adequate services is bound to widen. This will naturally dilute the quality of care and may in effect, exacerbate the suffering of the poorer section among the mentally ill.

However, measuring the quality of mental health care is challenging. In general, infrastructural facilities, processes, and procedures have been laid down for the purposes of accreditation, standard setting, quality improvement, and accountability in health care generally and in mental health care. However, it is very difficult to ensure outcomes of medical treatment, and this is especially true for psychiatric care. Thus, even if there is a regulatory or supervisory body, the working of such a body is bound to be highly subjective. Quality improvement in the medical field is ultimately a team sport, requiring coordination across different health service providers.

There is provision under law for certain benefits to persons with disabilities above 40% as determined by the authorized government health official. In the case of persons with mental illness, this becomes difficult as persons have both psychotic phases and phases of lucidity. More often than not, they are therefore either given certificates showing disability of less than 40% or certificates that have limited validity, usually between one and three years. This not only entails repeated visits to renew the certificate but also promotes corruption since patients and their care givers are not in a position to deal with the laborious procedures and harassment repeatedly.

The process of issuing Disability Certificates should be re-examined, simplified and be made more user-friendly.

It is therefore recommended that the government should identify population needs, make informed decisions on how to provide the best services and apply effective strategies to improve quality and reduce disparities between the quality of care in the public and private sectors.

Current mental health initiatives in India

The National Tele Health program (NTMHP) was launched in October 2022 to further improve access to quality mental health counseling and care services in the country. The National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru is the National Apex Centre, which coordinates activities of Tele MANAS across India.

- 25 States/UTs have established 36 Tele Mental Health and Normalcy Augmentation Systems (MANAS) Cells for extending mental health services.

- NIMHANS also provides psychosocial support and training through the (iGOT)-Diksha platform for health workers and regular courses are conducted.

- The Ayushman Bharat - Health and Wellness Centres (AB-HWCs) are part of the Ayushman Bharat Program. This program aims to provide a wider range of services, including preventive, promotive, curative, rehabilitative, and palliative care (a specialized medical approach that aims to improve the quality of life for people with serious illnesses). Operational guidelines on Mental, Neurological, and substance use disorders (MNS) at Health and Wellness Centres (HWC) have been released under the ambit of Ayushman Bharat.

    - The District Mental Health Programme receives a fund allocation of Rs. 159.75 Crore for States/UTs under the National Health Mission for 2022-23.

- The Ministry of Social Justice and Empowerment has launched a 24/7 toll-free helpline 'Kiran' to provide support to people facing anxiety, stress, depression, suicidal thoughts, and other mental health concerns.

- Recently, the Ministry of Human Resources Development (MHRD) launched the 'Manodarpan' initiative under Atmanirbhar Bharat Abhiyan. This was aimed at providing psychosocial support to students, family members and teachers for their mental health and well-being during the times of Covid-19.

While these are laudable initiatives that need to be sustained, nurtured and expanded to meet requirements, periodical reviews of their performance need to be made public so that these organizations are accountable to the government and ultimately, to the people for whom they have been initiated.

Mental Health Professionals

We have already seen the wide disparity between the requirement and availability as far as psychiatrists are concerned. This is the case with other mental health professionals as well, such as psychologists, counselors, psychotherapists, social workers, occupational therapists, psychiatric nurses etc. This calls for advanced training and capacity building programs to cater to all categories of mental health professionals.

The government would do well to set up specialized institutes of mental health that would be attached to the existing mental hospitals to increase the number of professionals. Incentives could also be considered for those in the private sector willing to set up such institutes. These institutes could be comprehensive, offering courses and hands-on training (since they would be attached to mental hospitals) to various categories of mental health professionals.

Prioritizing Mental Health

Health in general has not been among our budget priorities. Out of the total budget expenditure of Rs. 47.66 lakh crores for the year 2024-25, the estimated expenditure for health is just Rs.90171 crores. Mental health takes a back seat with a budget estimate of barely Rs.919 crores, which is barely 1% of the health budget. The health budget in India is just above 2.2% of its GDP. This bears comparison with Germany (12.8%), and France (12.2%). Even the lowest health budget in Europe – that of Luxembourg – was 5.8%, which is much more than twice that of India.

We would also do well to look at multidisciplinary approaches to mental health, for along with allopathic medication, a number of adjunct therapies have been found to have beneficial effects on persons with mental illness. This, however, is a double-edged sword, for it could lead to superstitions and in a country rife with false beliefs and charlatans, could well open a Pandora's Box unless treated with the utmost caution. Still, there are NGOs which are experimenting with several adjunct therapies such as music therapy, art based therapy, pet therapy etc. This venture into alternative therapies need not be the domain only of the private sector.

It is high time the government thought of an integrated, holistic approach to mental health and came up with structured intervention and treatment modalities.The outlay for health needs to be re-looked at and the entire system reviewed and revamped, especially because of the burgeoning number of persons with mental health issues.

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