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Status of Mental Health & Mental Health Services in India

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Introduction

Mental health problems influence not an individual but the entire society. When people suffer from mental health problems, they have to undergo immense anguish and stress which interfere their ability of living with full potential. Consequently, they find it difficult to maintain their relationships, continue their education or job, and participate in social activities. Their productivity, at workplace and in personal life, comes to be reduced. During the last decade, the preponderance of mental health problems has been increased perpetually in India. It is estimated that nearly 15 percent of the Indian population struggles with some form of mental health problem, such as anxiety problems, depression, bipolar disorder, schizophrenia, substance use disorders, and mental retardation, autism and learning disorders (Hossain & Purohit, 2019). People with mental disorders, tend to experience absenteeism, reduced performance at work, low productivity and poor economic growth (McDaid et. al., 2008). The financial burden rapidly increases due to mental health problems, which can't be denied. The cost of mental health care services such as diagnosis, medication, intervention, treatment, is very high (Agboola et. al., 2018). The stigma and discriminations related to mental diseases

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discrimination induced situation, the procedure of diagnosis and treatment gets delayed, which ultimately leads to a perpetual cycle of suffering and irreversible negative consequences (Srivastava, Chatterjee, & Bhat, 2016).

Prevalence of Mental Disorder in India

The increasing preponderance of mental problems and their adverse impact require a deep understanding in the context of India. In this review, the purpose is to examine the significance of mental hospitals as well as to understand and examine the possible ways to treat mental health problems and improve the lives of those struggling with these disorders (Sagar et al., 2020; Hossain & Purohit, 2019; Agboola et al., 2018). In this chapter, we aim to comprehensively analyze the mental health problems in India and explore the role of mental hospitals in treating these problems.

In India, mental disorders are widespread and affect a significant portion of the population. Epidemiological studies report prevalence rates of mental disorders ranging from 9.5 to 370 per 1000 population in India (Math & Srinivasaraju, 2010). This extensive prevalence represents a broad spectrum of mental disorders and reflects the diverse challenges faced by people in this country (Math & Srinivasaraju, 2010). Depression, anxiety, mania, schizophrenia etc. are the most prevalent psychological/mental problems in India (Math & Srinivasaraju, 2010).

Prevalence of Depression and Sucidality

One of the most common psychological problems of the modern era is depression. People with depression report perpetual sense of sadness and hopelessness, as well as the loss of interest in daily life activities. According to a report of World Health Organization published in 2015, 4.5 percent of population in India was the patients of depression. The rate of depression among young population is increasing by 31 to 57 percent. Around 3.5 percent of deaths were recorded only because of anxiety and depression. Rajkumar et al. (2022) conducted a meta-analysis and analyzed the seventeen studies related to the prevalence of depression among adolescents in rural areas of India. They reported that the pooled prevalence of depression was found

to be 27 percent across all seventeen studies. The prevalence varied from 3.5 percent to 88.3 percent. Apart from these results, they also found that, the pooled prevalence of suicidality was 9 percent across the nine studies. The prevalence of suicidality ranged from 2.1 percent to 34.2 percent in those 9 studies. According to report published by India State-Level Disease Burden Initiative Mental Disorders Collaborators (2020) the prevalence of depressive disorder, in 2017, was 3.3 percent (2.7 percent among male and 3.9 percent among female) and contribution to DALY (disability adjusted life years) was 33·8 percent, which is highest of all disorders.

Bipolar disorder is another category of mood disorder. With bipolar disorder, people experience elevated mood also for some period following the period of depression. During the phase of elevated, which generally termed as a manic episode, the energy levels and the number of thoughts in people's mind are increased. Their self-esteem and the sense of self-importance become high. In depressive phase, people generally experience extreme sadness, fatigue, as well as loss of interest, appetite and sleep. In bipolar bipolar disorder, people experience the episodes of mania intermittently, which severely and negatively affect their emotional expression, behavior, and social relationships.

Prevalence of Anxiety disorders

The state of excessive and perpetual perplexity or fear which significantly and adversely affect the daily life activities, is generally diagnosed as anxiety disorder. Anxiety disorder includes generalized anxiety disorder, panic attack, phobia, and obsessive compulsive disorder. Generalized anxiety disorder, also termed as free floating anxiety, is a type of anxiety disorder which leads to chronic and excessive worry. In panic disorder patient have recurrent attacks of panic anxiety. Such attacks are highly intense accompanied by overwhelming fear, racing heartbeat and shortness of breath. In phobias, people show excessive, disproportionate and unrealistic fear of specific objects or situation. In obsessive-compulsive disorder (OCD), people reporte intrusive thoughts followed by compulsive behaviors in order to relieve anxiety, can lead to significant harm and impairment in normal life functioning. The meta-analysis of nine studies, conducted by

Rajkumar et al. (2022) revealed that the pooled prevalence of anxiety disorders was 26 percent, which was found to be ranging from 12.4 percent to 60 percent across the nine studies. Regarding generalized anxiety disorder, meta-analysis of four revealed that the prevalence ranged from 7.2 percent to 37.2 percent. The pooled prevalence of generalized anxiety disorder was found 16 percent. Regarding panic attack, meta-analysis of four studies revealed that the prevalence was found to be ranging from 6.6 percent to 55.2 percent. Regarding separation anxiety, four studies showed the prevalence of 2.1 percent to 74.0 percent. According to report of ISLDBIMD (2020) the prevalence of anxiety disorder, in 2017, was 3.3 percent (2.7 percent among male and 3.9 percent among female) and contribution to DALY (disability adjusted life years) was 19.0 percent, which second highest after depressive disorder.

Prevalence of problems related Emotional behavior

The rate of problems related to emotional behavior/conduct, among children has been observed to be increased during last two decades. The meta-analysis of six studies, carried out by Rajkumar and collaborators (2022) to examine the preponderance of emotional problems, conduct problems and peer problems. Findings revealed that the pool prevalence was 9 percent for emotional problem (ranging from 5.12 to 20 percent), 19 percent conduct problems (ranging from 7.06 to 53.3 percent), and 15 percent for peer problems (ranging from 6 to 45.9 percent). A report stated that the prevalence of conduct disorder, in 2017, was .8 percent (1.0 percent among male and .6 percent among female) and contribution to DALY (disability adjusted life years) was 5·9 percent. For ADHD, this report revealed that it was .4 percent (.6 percent among male and .2 percent among female) and contribution to DALY (disability adjusted life years) was ·3 percent.

Prevalence of Schizophrenia

People with schizophrenia experience chronic and severely occurring problems that affects a their perception of reality, distort their thought processes, emotional expression, and disrupt the overall behavior. Hallucinations, delusions, disorganized speech inappropriate emotional expression and social withdrawal the most prominent

symptoms of schizophrenia. People with schizophrenia may have difficulties in performing various cognitive functions, such memory, attention and reasoning and problem solving. The prevalence of schizophrenia has been reported around .3 percent and contribution to DALY (disability adjusted life years) was 9·8 percent in 2017. According to the findings of a population-based study published in the Indian Journal of Psychiatry, the current prevalence of schizophrenia spectrum disorder in India was 0.42 percent, and the lifetime prevalence was 1.41 percent. According to the report of National Mental Health Survey (2016), the preponderance of schizophrenia was found around 0.8 percent in India. In 2017, the Lancet reported that 3.5 million people in India had schizophrenia.

Prevalence of Substance Use Disorders

The category of substance use disorders comprises the excessive and compulsive use of specific substances such as alcohol or drugs. People having substance use disorder, in spite of being aware of the negative consequences, can't stop themselves. The mental health of such people continuously declines. Withdrawal symptoms also are the chief symptoms as well as the barrier to the effective treatment of substance use disorders. Substance use disorders are associated with other mental health problems also, depression, anxiety etc.

Factors Affecting Mental Health in India

Meghrajani et al. (2023) reviewed the literature and attempted to describe the status of mental health in India. They focused on the challenges, initiatives, and the possible solution that can facilitate mental health services in India. Most of the people in India can be observed to struggle with mental disorders, such as depression, anxiety, schizophrenia, substance abuse /addiction and other forms of psychotic disorders. Access to mental health care remains a major challenge as there are significant gaps in access and quality of treatment, and availability of mental health professionals is limited, especially in rural areas. Shortage of infrastructure, unawareness, and lack of coordination with primary healthcare systems are the major hindrances, which limits the access mental health services. Due to large and diverse population, the problem of mental health is immense in India (Sagar et al., 2020).

Meghrajani et al (2023) described various factors responsible for mental health services, faced by people in India.

i. Social Stigma and Discrimination

In Indian society, mental disorders are perceived to be associated with social stigma. Such social stigma results into discrimination and isolation among people suffering from mental problems and challenges. Stigma creates barriers between people with mental health problems and utilization of available health care services. Due to such stigma, people delay or avoid treatment, which leads to inadequate or untimely care and further worsens their condition (Corrigan & Watson, 2002).

ii. Gender Inequality

Gender inequality in India has profound implications for mental health. Especially, females can be said more vulnerable and therefore have to face more mental health challenges. According the research findings of Malhotra and Shah (2015), the factors like gender, socioeconomic status and caste interactively worsen the mental health problems (Malhotra, S., & Shah, 2015).

iii. Poverty and Socioeconomic Factors

Poverty and socioeconomic inequality play a critical role in the development and exacerbation of mental disorders in India. Scarcity of the resources, equipments, poor quality of healthcare services, and lack of social support systems magnify the mental health problems and challenges. Poor people continuously face financial instability/ crisis, and perpetual stressful conditions in their lives. They lack the opportunities of career advancement which contribute to increase in psychological distress and various mental health problems in them (Algeria et al., 2018).

iv. Rapid Urbanization and Migration

The increased urbanization and migration trends in India have a significant impact on mental health. In urban areas, people generally don't know to each-other due to their specific life-style, work life, and limited informal disclosure, therefore lack social dislocation, less social support, and greater competition. When people migrate whether from rural to urban areas or from urban to rural areas, the social cohesion,

stability, social network, and the complete traditional support systems, are negatively influenced which generally result into higher risk of psychological health problems (Trivedi, Sareen, & Dhyani, 2008).

v. Social Pressures

The social pressure in different forms such as family and social expectations adversely affect the mental health of people. The pressure of getting success in education, career, marital life, and various social roles underpin the stress and anxiety. Many of the times mental illness related stigma can cause family to withdraw the support, discourage the patient and family to seek help (Jabbari, Schoo, & Rouster, 2023).

vi. Cultural Beliefs regarding Mental Diseases

In different regions, groups and communities of India, different cultural beliefs are practiced in order to attribute the causes of mental illness as well as the ways of handling of them. These beliefs play significant role in help-seeking behavior, as well as in the perception of efficacy and effectivity mental health services. These are the cultural beliefs, which sometimes stigmatize the mental illness, discourage people to have open discussions about the illness and engage them in harmful practices to deal illness. Consequently, the evidence-based care remains inaccessible for needy people and the efforts of such mental health services seem to be in vain (Satcher, 2001).

vii. The Burden of Mental Health Problems on Individuals and Society

Mental health problems impose a significant burden on individuals and society in India. Singh and collaborators (2020) state that people, who have some kind of mental health issue, often go through the impaired functioning in personal life, work life, relationships, and education, and therefore have to experience impaired quality of life and increased risk of suicide. Very expensive healthcare services hinder the social and economic development of any country (Goetzel et. al., 2018).

viii. Access to Mental Health Services

In the proportion of mental health patients in India, we don't have adequate number of mental health professionals, therefore unable to tackle the growing need and provide adequate care and treatment. This unequal distribution of services poses a significant barrier for people in need for proper help and care (Singh, 2018; Raju, 2022).

ix. Inadequate infrastructure and resources

They observed in rural areas that mental health services and facilities are not sufficient. There appears quite scarcity of essential infrastructure, equipments, and resources. The lack of adequate infrastructure hampers the delivery of mental health services and limits the ability to meet the diverse needs of people with mental disorders (Thornicroft, Deb, & Henderson, 2016).

x. Lack of awareness and stigma

The lack of awareness and widespread stigma related to mental health problems are responsible for not to utilize the mental health services in India. Because such stigma associated with mental illness leads to discrimination, social exclusion, and prejudice against people seeking help.

xi. Lack of integration with primary health care

Mental health services are not well integrated with primary health care in India. The separation of mental health from primary care draws a line between mental health and physical from physical health, which deepens the gap between problem and the proper treatment (Funk et al., 2008).

Status of Mental Health Services

The establishment of mental hospitals in India was started during the British rule. In 1745, the Indian Lunatic Asylum was the first mental hospital in India, which was established in Kolkata. These institutions were originally created to isolate and segregate individuals with mental illness from the rest of society. Providing therapeutic interventions was secondary because the primary focus was just to provide care (Funk et al., 2008). The main objectives of mental health institutions were to provide an environment to mentally unhealthy people that help them in treatment by managing and controlling threats and risk factor. Chow and Priebe (2013) reported that mental institutions often established in remote areas so that mental patients can be kept isolated from the normal population.

In the middle of 19th century, under the influence of European movement, morality was begun to be practiced for the treatment of mental illness by psychiatric hospitals of that time. To promote the

moral and spiritual health, facilitating the meaningful activities, and providing the supportive environment was the central goal of such psychiatric hospitals (Luchins, 1989). Over time, significant changes in mental health institutions and hospital have been witnessed in India during the last several decaeds. With the advancement and inventions of medical equipment changed the attitude of society towards mental illness, and therefore the approach of treatment in psychiatric hospitals also changed from custodial to much more therapeutic and humane (Mishra, Mathai, & Ram, 2018).

In India, during 20th century, remarkable efforts of providing psychiatric care were made by establishing the psychiatric research institutes and training. They also provided opportunities for mental health professionals to have intense training and practice related to the management of mental disorders (Nizamie & Goyal, 2010). Psychiatric hospitals have played a significant role in addressing mental health issues in India. The hospitals functioned as detention centers, providing housing and care for individuals who were considered "mentally ill" by societal standards (Murthy, Isaac, & Dabholkar, 2017).

Although the quality of care and facilities in psychiatric hospitals varied widely, some hospitals made efforts to provide treatment and rehabilitation to their patients. Some psychiatric hospitals have significant contribution in research related to the understanding and treatment of mental disorders (Rossler, 2006). We must acknowledge that the psychiatric hospitals have to face the criticism not only due to overcrowding, shortage of resources, untrained staff but due to stigma and abuse also (Ahmedani, 2011). The role of psychiatric hospitals has changed, as the focus shifted towards community-based care.

Discussion, Conclusion & Suggestions

Addressing mental health problems in India is of utmost importance as they have such a huge impact on human values. The population size of the country lends added importance to removing these barriers. Reducing the stigma related to mental health problems must be the most important step because such stigma creates barriers that prevent people from seeking the help and support they need. A

holistic and compassionate approach is required to address the complex mental health issues in India. A large number of people in India have mental disorders. According to report of India State-Level Disease Burden Initiative Mental Disorders Collaborators (2020), in 2017 the 45·7 million with depressive disorders and 44·9 million with anxiety disorders. The contribution of depressive disorders is the most to the total mental disorders.

Attitudes towards Psychiatric Hospitals Psychiatric hospitals in India have historically faced stigma and negative public attitudes. The image of such psychiatric hospital is not good, rather generally associated with human rights violations. These psychiatric hospitals are seen as the places where people with mental health stigma are confined. This stigma discourages patients from seeking help and prevent from taking treatment in larger community (National Academies of Sciences, Engineering, and Medicine, 2016). In order to record significant progress in providing better mental services, it is most important, of course in addition to the improvement in the quality of services, to target those stigmas which hinder the accessibility of mental health services and put the human rights at risk. The benefits extend beyond the individual and contribute to the overall development and well-being of society.

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