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MENTAL HEALTH AWARENESS IN INDIA

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Abstract

In terms of health which is a global concern India is not far behind. It seems that mental health is changing slowly from what is seen. “Without mental health, there can be no true Physical health”, as noted by Dr. Brock Chisholm, the Director General of the World Health Organization (WHO), in 1954 after almost 60 years, not much has changed: in neuropsychiatric disorders still makeup 14% of all diseases globally. Mental illness has likely been undervalued due to a lack of knowledge regarding the connections between IT and other medical illnesses.

Establishing priorities based on the severity of health problems and resolving this paraities over the causes and remedies of health issues remain crucial concerns. The majority of low and Middle incognition have experienced a sluggish advancement in Mental Health Services. The current priorities in public health and how they affect funding are hurdles.

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DOI: <https://doi.org/10.31995/Book.AB321-N24.Chapter5.1>

Mental Health Care is primary care facilities are difficult to provide; there aren't many qualified mental health practitioners, and Public Health officials don't have a mental health view point. Numerous people have demanded stronger lobbying, political will and community engagement show the mental health awareness paradigm he is an effective means of combating stigma, prevention, insuring early identification and promoting useful community wide interventions. There are now opportunities to leverage new technologies, specially the internet, big data and cell phones, to scale up interventions that are straight forward and have proven effective in primary care and others spears of society. Additionally, there is a growing recognition of mental disorders as important targets for Global Health action.

Introduction

Positive results have been obtained from mental health awareness programs. Among the tactics used to combat stigma and raise knowledge about mental illness are family member involvement, treatment sensitization, and social inclusion. One of the challenges facing the mental health care delivery system is a lack of awareness regarding mental diseases. Studies have emphasized the importance of community based systems in low income nations and have shown promise in raising awareness, which in turn affects participation.

The two sides of the same coin are health literacy and awareness. The detrimental effects of ignorance and false knowledge include prejudice and stigma. A few research that assessed mental health literacy in the Indian setting exist. Teenagers' mental health literacy was incredibly low, according to one study; 29.04% of them recognised depression, and 1.31% recognised schizophrenia/psychosis. It was observed that stigma persisted when requesting assistance. Mental health literacy is an essential indicator of understanding and familiarity with mental health conditions. The ability to obtain, comprehend, and apply knowledge to support and preserve good health is known as health literacy. Mental health literacy includes recognizing symptoms, addressing causes, providing self help, assisting with professional

intervention, and navigating the internet. Acknowledgement and proper help seeking can be thwarted by using information that is already readily accessible in the public domain. Awareness has a positive impact on mental health outcomes; one such example is the Norwegian campaign to shorten the time of untreated psychosis. Numerous initiatives to combat prejudice and preconceptions that lead to social disability have been established globally as a result of stigma. Programs for raising awareness of mental health issues have proven helpful and could alter people's perceptions about mental diseases. More thorough reviews, meanwhile, are needed to assess the long-term impacts of strategies for raising mental health literacy around the globe.

Raising Awareness In India About Mental health Concerns

The general public in India is becoming more conscious of mental health concerns. The Live Laugh Love Foundation performed a survey using a sample of nine urban locations in India. 93% of the 3500 respondents stated they will seek treatment in 2021 for either themselves or a loved one, an increase from 54.5% in 2018. Comparably, from 2018 and 2021, the percentage of individuals who believed that people with mental illness could hold employment and have healthy lives rose from 33 to 65.5 percent. These days, prominent media outlets cover mental health-related issues. By 2030, depression is expected to rank third in middle income countries and second in low-income countries, respectively. In 2017, 198 million Indians suffered from mental disease according to the Global Burden of Disease (GBD) research. In India, the total disease burden nearly doubled between 1990 and 2017, mostly due to mental health issues. In 2022, 11.8 per 100,000 people in India committed suicides.

There are just 0.2% psychiatrists for every 100,000 people in India, and despite the critical need for mental health care, even less funding is provided to psychologists, social workers, and mental health nurses. This is hardly 0.05 percent of the total amount that the Indian government spends on healthcare. The lack of knowledge regarding mental health is still a major issue, particularly in rural areas and among the poorer sections of society. For example, sixty-five percent of suicides were committed by those earning less than one lakh per year.

Less than 30 million Indians seek mental health care, even though close to 200 million could benefit from it, because of stigma and limited access.

What is the effect of India's westernization on mental health?

Some advantages have come from westernization, or the adoption of western development, customs, and culture. A notable advantage is the increased availability of diverse technology, like smartphones, that facilitate internet usage, company dealings, and social connections in manners that were previously unfeasible. India has historically emulated western culture, absorbing western fashion social mores, and megamall shopping since colonisation. In this scenario, a coffee table discussion such as "India will have the world's top GDP by 2030" typical. similar to north America during the "Boom Times" of the early 1960s, India is optimistic about social change and economic prosperity.

Even though a certain degree of financial success and stability is good for life and mental health, do we want to emulate the west? As previously said, the incidence of mental illness in India has doubled in the last thirty years, with part of the increase possibly being due to the nation's rapid westernisation. There are many indications that suggest this possibility. In larger cities, there has been a greater impact on mental health, particularly among middle aged workers. The prevalence of anxiety and depression has increased over the past thirty years more high and mid income Indian States than in low income States. Due to the constant pressure to do well and compete, Indian students may experience melancholy and anxiety. In rare instances, they may even engage in suicide. Evidence for this can be found in a 2023 research of 790 medical students in north India, which found that 3.5% of them had already tried suicide and that 37.6% of them had suicidal thoughts and plans.

Two disadvantages of Westernized education are that it can be the foundation of an intellectually stimulating, scientifically orientated, and affluent society. Nevertheless, in the pursuit of intelligence and material prosperity, deeper aspects of the mind, heart, and soul are grossly neglected. Over the past decade, North America has seen a

rise in the following trends: a work-driven, fast-paced lifestyle; unstable romantic relationships (serial monogamy, casual dating, and polyamory); divorce; dissolution of families; a loss of community; isolation; an excessive reliance on social media and smartphones; addictions (including an increase in the use of illegal substances after marijuana became legal); and an acceleration of environmental degradation. In conclusion, a whirlwind that is detrimental to people's mental health on an individual and a group level.

Mental health Awareness Roadmap

The sole means of motivating the extensive Indian populace to actively participate in their own mental wellbeing is to increase awareness of mental health concerns, hence stimulating demand. The adoption of preventive measures, early detection, and accessibility to treatment are anticipated outcomes of growing awareness. In addition, raising knowledge in a democracy is probably going to encourage lobbying, the use of resources, funding, and synergies. Most contributions are expected to come from the following six platforms, which are listed below:

Media

The foundation of past campaigns to increase public understanding of mental health issues has been the media. Up to now, popular media campaigns have used short commercial taglines, informative narratives and documentaries, and celebrity endorsements like the one currently being promoted by actress Deepika Padukone, who disclosed her experience with depression.

Providing evidence based mental health information from reliable and trustworthy sources, such the Indian Psychiatry Society, research organization's, medical colleges, etc., through their websites is a simple process for journalists and other content providers, like online portals. The availability of comprehensible, jargon free content in multiple regional languages, in both written and spoken forms, will prove to be highly advantageous. Furthermore, it is the duty of mental health professionals to reach out to the media and establish a cooperative relationship. One way to make up for the dearth of firsthand

reports is to encourage recovering patients to tell others about their achievements.

National Programs

Although there has been much criticism of the amount spent, the government remains the single biggest payer in the mental health sector. Most novel treatments stay isolated and confined to metropolitan areas, whereas the public health system is the only organisation capable of efficiently reaching the rural masses through largescale programs. At the vanguard of the public healthcare system, the National Rural Health Mission is quickly becoming the major vehicle for providing mental health services in addition to the National and District Mental Health Programs as part of integrated primary care. It will contribute to the success and synergy of such a largescale endeavor because it works in a nonthreatening manner with current private and alternative care providers.

Providing an easily accessible platform for citizens to readily report drug-related difficulties around the clock is the goal of the National Narcotics Helpline portal, or MANAS, a remarkable initiative. This exceptional webpage is dedicated to addressing a range of drug-related issues, including drug trafficking, sales of illicit drugs, purchases, production, storage, and growing of narcotic or psychotropic medicines. Immediately upon submission, NCB officers will review the material.

Academic system

Before the age of 24, when the majority of mental diseases that are chronic and debilitating enter the school system, most of them begin. Numerous options exist for improving mental health awareness in the educational system, ranging from integrating mental health narratives into curricula to destigmatize, eliminate discrimination, and promote early diagnosis to empowering stakeholders for early detection and low-tech interventions.

Organizational sector

Social media and handheld devices have the potential to significantly alter the spread of successful mental health interventions

through targeted amplification, rather than merely disseminating more information. Decision making will become more informed when big data is used more extensively and the understanding of subtle and scattered patterns over enormous quantities is gained.

Mobile phone and social media

Through focused amplification, handheld technologies and social media have the potential to significantly impact the spread of effective mental health interventions, surpassing mere information dissemination. Decision making will be aided by the increased use of big data and the comprehension of complex, dispersed patterns over enormous quantities.

Utilizing Crowds

The ultimate information and technical convergence in a free society is the use of crowdsourcing, which eliminates geographical barriers, historical injustices, and economies of scale. It is sincere community participation, geared towards bringing about change, in both real and virtual spaces. With the help of nongovernmental organizations' success stories and creative ideas, ideas can thus travel across time and place. Crowdsourcing is an excellent technique to test out novel concepts that don't work outside of the mainstream.

India could become the global leader in mental health in the future

The biological and psychosocial infrastructure of India is evolving, which offers excellent opportunities for interventions aimed at both the prevention and treatment of mental health issues. Compared to western countries, it has a far smaller number of psychiatrists and less facilities, which may result in less bureaucracy. This fosters the perfect atmosphere for innovative and imaginative public health programs that seek to prevent and treat mental health issues affordably.

There are presently many largescale evaluation and intervention programs underway in India. To ensure availability and accessibility for even the most vulnerable and underprivileged people, the National Mental Health Programs (NMHP), for example, was founded in 1981 and offered basic psychological healthcare services

at the community level. Leading the National Mental Health Survey initiative was the National Institute of Mental Health and Neurosciences. Characterizing the epidemiology of psychiatric conditions across India, addressing emergent mental health issues, forming policy, and establishing mechanisms to address mental health nationwide have all benefited from this effort. Community volunteers were trained to help older people with sub-syndrome depression symptoms in a large randomised controlled study (Dias et al., 2014). These volunteers prevented the research participants from going through a significant relapse into depression in spite of having limited resources. This essay served as inspiration for our study team in Canada, where we were able to effectively build a volunteer-based pleasant phone service for isolated elderly people in the midst of the epidemic.

India is endowed with numerous ancient spiritual traditions and therapeutic practices, including yoga, meditation, Ayurveda, and many more. These methods could be applied as supplements or substitutes for traditional methods of treating and preventing mental health issues. There is growing evidence from recent studies that they can be used to treat mental health conditions. Nevertheless, a more complex strategy is required to meet the needs of diverse populations. For persons suffering from psychosis, bipolar disorder, dementia, or suicidality due to trauma, active meditation methods like yoga may be more appropriate than quiet sitting meditation. Customizing interventions based on people's interests and religious or ethnocultural contexts follows a similar line of reasoning in order to make them more relevant and accessible.

Scientific rigour and outside validation are also necessary to guarantee safe and high-quality medicines. National regulatory organisations can assist in this circumstance by standardising processes in a way that will further encourage and validate safe practices. This type of research needs more robust study designs, like active control groups in randomized controlled trials and outcome measures for mental health and quality of life that have been validated. Additionally, research on the deeper mechanisms underlying particular yogic and meditation techniques, as well as the deeper aspects of the mind, can be aided by

qualified specialists in these fields¹⁸ conducting qualitative phenomenological interviews and quantitative neurobiological evaluation.

Indian philosophers have long explored these deeper aspects of the mind and their connection to people's well-being and society. Sri Aurobindo offered a basic psychology of the mind that recognizes the body, mind, and spirit as interdependent. The mind is taught to submit to God or the Self¹⁸ through the various spiritual disciplines. We hold that the body (materialism and self-gratification) is not sufficiently controlled by the mind or the spirit; rather, the mind is subject to the body's whims, which has a major role in the mental health issues of today.

India boasts a plethora of rich religious traditions and, in contrast to most other places, a higher degree of religious tolerance and acceptance. Morality, selflessness, kindness, and service are highly valued in all religions. Nonetheless, the individual self is highly valued in both modern medicine and culture. Relieving symptoms is the primary focus of even mental health therapy, rather than encouraging a more holistic viewpoint that goes beyond satisfying human needs and boosting self-esteem. Inversely, volunteering selflessly appears to be associated with better mental health.

India has the potential to become the global leader in mental health. This calls for constant innovation as well as the implementation of scalable, reasonably priced, easily accessible, and culturally appropriate treatments, especially for low-income and rural populations. Certain interventions that increase accessibility and lessen stigma can be delivered by phone, the internet, or a smartphone.

It is advisable to prioritize prevention over treatment because prevention can have a significant impact even at low costs. Prevention in India will largely depend on how economic development and other aspects of westernization are managed and controlled so as not to jeopardize people's mental health in the process by undermining family life, community, and the social fabric. India led the way in behavioral treatments for mental health. These treatments could draw on religious teachings to help people develop altruism, instill universal moral

principles, and move the focus of interventions from individuals to families and communities. In addition to preventing mental illness, strengthening and expanding India's support for its citizens' moral and spiritual growth would help them serve their families, communities, and the country as a whole more effectively.

Conclusion

Since the majority of earlier methods have failed in less developed countries over the past sixty years or more, it is now imperative to implement a new plan to enhance mental health with renewed energy. Increasing mental health awareness can be used to combat this apathy as a method as well as an objective in and of itself. The stigma attached to mental illnesses may be eliminated with the combined efforts of evidence based progressive public policies, lively media coverage, a robust educational system, a responsive business community, aggressive use of newer technologies, and creative crowdsourcing.

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