

Prevalence of Mental Health Literacy Among Youth - A Major Public-Health Awareness Challenge

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Abstract

According to the World Health Organization, mental disorders have become one of the most important causes of disability in young people. Most of the researches have claimed that mental health disorders of lifetime emerge by age 14 and mostly by 24. Moreover, the illness contributes to 45% of the global burden of disease among those aged 10 to 24 years (World Health Organization report on mental health). In youth particular, they are associated with lack of academic achievement, less personal - social functioning, unemployment and increase level of substance abuse. There is a lack of in delivery of services and it has been slow mainly in developing countries like India. There is a need to bridge the gap between service providers and patients. Youth is not able to cope up with this scenario and is often misled by the societal barriers like family acceptance, public-health system, funding, and policies. Low numbers of those trained in mental health care and lack of infrastructure development. There have been invoking political will for enhancing advocacy and improvement in outcomes. The objective of this paper is to summarize the prevailing effects of mental health on youngsters, the reasons for the gap and suggesting some solutions for better awareness and improvements.

Keywords- mental health, youth, India, service providers, acceptance

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INTRODUCTION

The most precious wealth of a nation form human resource for every country. The quality of youth has the capability to decide the future. Therefore, we need to empower our youth so that they can make a better tomorrow for us. Around half of 1.2 billion people in India are under the age of 26 and by 2020 with the median age of 29, we forecast to become the country with maximum youth in the world. With this forecast it becomes essential to ensure healthy environment for their well being. Although youngsters are presumed to be healthy but may suffer from ‘Mental illnesses’ due to physiological or psychological changes, behavioral or social changes which hinders their ability to develop to their full potential. This is a perspective in the country where subtle mental ailments are thrown aside and tagged as ‘weirdness’, thus making the lives of the patients more difficult. Many fail to get timely treatment, primarily because these ailments are popularly seen as nothing more than inconvenience. Academic pressure, workplace stress, social pressure and relationship conflicts also play their role on mental illness. Unfortunately with 35.5 per 1, 00,000 people India has the highest suicidal rate in the world. India was one of the first countries to develop a national mental health program in the early 1980s, but there was no proper study to evaluate and analyze the spread and estimate of mental illness. India just spends 0.06% of its total health budget on mental care. This is less than Bangladesh (0.44%). Most developed nations spend above 4% of their budgets on mental-health research, infrastructure, frameworks and talent pool (2011 World Health Organization Report on mental health).

Also, National Mental Health Program (NMHP) was adopted for implementation by the Central Council of Health and Family Welfare (CCHFW), Government of India in August 1982.

The objectives of the NMHP were:

1. Ensure accessibility of minimum mental health care for all (particularly the vulnerable & underprivileged sections).
2. Encourage mental health knowledge in general health care and in social development.
3. Promote community participation.

MENTAL HEALTH AND SUSTAINABLE DEVELOPMENT GOALS Mental Health and Sustainable Development goals Within the health related SDGs, two targets are directly related to mental health and substance abuse. Target 3.4 “By 2030, reduce by one third premature mortality from Non communicable diseases through prevention and treatment and promote mental health and well-being.” Target 3.5 requests that countries: “Strengthen the prevention and treatment of substance

abuse, including narcotic drug abuse and harmful use of alcohol.” Source: national mental health survey 2015-16

REASONS FOR INCREASING MENTAL HEALTH ISSUES

Mental health may be affected by a series of socioeconomic and demographic conditions. The long standing evidence shows that poverty, marginalization, social disadvantage, and lower levels of education results in higher risk of mental disorders via increased stressful life experiences. Mental disorder is the second highest disease burden among non-communicable diseases in India (Peters et al., 2001); nearly 20 million Indians and mainly the youth suffer from some form of mental health problems (National Human Rights Commission of India, 2008). Depression and related problems are widespread among youth in India. A recent study published in the Asian Journal of Psychiatry based on a survey of more than 700 randomly selected students found that almost half of them (53%) were suffering from either moderate or severe form of depression. This problem is prevalent equally among rural and urban youngsters. There is hardly any gender difference on this issue, Rather than treating depression and loneliness medically, many students end up moving towards unhealthy habits like consumption of alcohol and tobacco in the hope of getting ‘relief’. The study indicates that these habits are relatively higher among those who face mental health issues. The difference increases with severity of mental problems.

OBJECTIVE OF THE STUDY-

In recent times, due to cultural and social diversities, today’s youth was not able to catch up the grass root necessities of life and walked towards wanting more and more of what one has. Thus, there was a need felt to understand the consequences of mental health prevailing amongst the young age groups and how they can deal with the emerging problem.

This paper mainly focuses on the recent trends and gaps that caused the majorly affected mental health issues especially on the youth of the nation. Thus the objective of this research was to understand the consequences of mental health prevailing amongst the young age groups and how can one efficiently deal with it.

RESEARCH METHODOLOGY

For completing the study and analyzing its impact on youth, Secondary analysis was done using the journals, magazine articles, research paper and newspaper articles.

DEMAND AND SUPPLY GAP BETWEEN THE TREATMENT AND AVAILABILITY OF DOCTORS

Rather than treating the mental illness such as loneliness, depression or stress, students generally move towards the consumption of alcohol, drugs and tobacco in hope of getting relief. Moving towards such unhealthy habits provide temporary

escape from the situation but also increase the severity of the problem later. 1 out of 10 students consults doctor for mental wellness. Some even face suicidal tendencies if the as the situation gets severe. 3 out of 4 people developing suicidal tendencies don't visit psychologist for help due to multiple factors and decides to end their life by their own. There is a massive shortage of doctors or counselors to deal with such situations. There are only 4,000 trained doctors in India for mental health.

Another report suggests that India has 3.5 psychiatrists per million people. To add to the point, the mental health doctors are predominantly in the cities and that mental health treatment facilities in primary health care centers especially in rural areas are poor, while the number of mentally ill in villages is high. While another reports claims that: Psychological disorders like schizophrenia and depression are on the rise among Kerala youth with consumption of alcohol and drugs aggravating such problems, according to Indian Psychiatric Society (IPS).

Due to the influence of technology, children and youth are becoming aloof and do not want to share everything with their parents. Parents ignore the changes in child's behavior and mark them as usual mood swings. The change in ones behavior should not be ignored and must be consulted with psychologists or counselors. Researchers have vested the disturbing scenario to fast-paced bad lifestyles, over burden, complexities of relationships, breakdown of support systems and challenges of economic instability. National Human Rights Commission (NHRC) has followed total transparent and participatory style of monitoring the progress of activities in the mental hospitals. The major objective was to assign the rules, keeping the human rights dimension to the uppermost. It has used monitoring as 'a tool of correction and promotion of human rights of the mentally ill persons'. Central Advisory Group is formed by NHRC to guide strategy for mental health. The CAG included Secretaries of Health, Social Justice and Empowerment, senior advocates of the Supreme Court. A sub-committee headed by a member of the Commission with representation from the Ministries of Social Justice and Empowerment and Women and Child Development to advise on steps to be taken for rehabilitation.

Table: State/Union Territory wise deficit in availability of psychiatrist in India, compared to the NIMHANS

Recommended 1psychiatrist per 100,000 populations:

STATE / UNION TERRITORY
(%)

DEFICIENCY OF PSYCHIATRISTS

| | |
|-------------------|-------|
| KERELA | 25.16 |
| MAHARASHTRA | 49.74 |
| MIZORAM | 55.56 |
| TAMIL NADU | 57.81 |
| SIKKIM | 60.00 |
| KARNATAKA | 62.43 |
| MADHYA PRADESH | 98.01 |
| BIHAR | 96.62 |
| JAMMU AND KASHMIR | 96.00 |
| ODISHA | 94.82 |
| UTTARANCHAL | 92.86 |

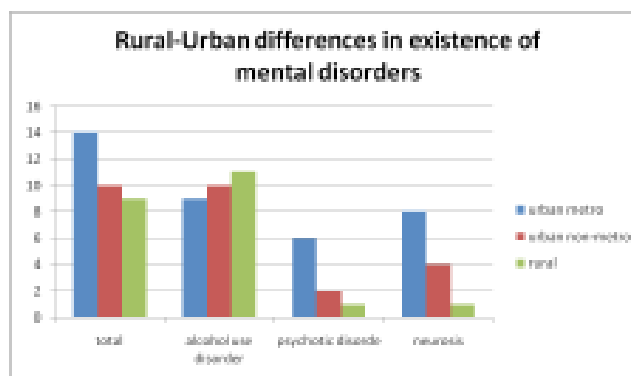
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[281104095](https://www.researchgate.net/publication/281104095) *The National Mental Health Programme of India*

HIGH PREVELANCE IN URBAN-METRO CITIES

Urbanization is defined as increase in number of cities and urban population due to more shifts because of industrialization, competition and migration. With urbanization, unique set of changes occur in family structures and social organizations. Increased population, stressors, high level of violence and less of social and economic support leads to prevailing mental issues especially depression. Amongst youth, the new setup of cities and modern cultural transformation, increasing competition and race to be the best is concluding as being the major stress issues. Husband-wife issues like jealousy, gender biasness, violence is leading to mental instability especially in urban setup. Irrespective of the fact remains that suicide is a leading cause of death of young people in India, killing twice as many people as HIV/AIDS and nearly as many women as maternal causes. However, unlike these other conditions, suicide attracts little public health attention.



According to national mental health survey (2015-16):

1. Urbanization is leading to more of stress, violence, cultural and social differences.
2. More of the disorders like psychotic and neurosis are prevailing in urban areas where majority of the youth resides.
3. More of the mental issues like depression, anxiety, stress and substance use disorders exist in urban formations.

MAJORITY OF MENTAL HEALTH ISSUES PREVAILING AMONGST YOUTH

A study by Adolescent and Youth Health Survey Himachal Pradesh Report (2014-15):

| | MALE | PERCENTAGE | FEMALE | PERCENTAGE | TOTAL | PERCENTAGE |
|-------------------------|------|------------|--------|------------|-------|------------|
| FEEL DEPRESSED | 104 | 6.99 | 97 | 6.89 | 201 | 6.94 |
| FEEL LESS INTRESTED | 57 | 3.83 | 70 | 4.98 | 127 | 4.39 |
| FEEL EXCESSIVE ANXCIOUS | 180 | 12.1 | 270 | 19.19 | 450 | 15.54 |
| WORRIES MOST OF THE DAY | 38 | 2.55 | 45 | 3.20 | 83 | 2.87 |

Source from: Adolescent and Youth Health Survey Himachal Pradesh Report (2014-15);Project implemented by Centre for Public Health Department of Epidemiology, NIMHANS, and Bangalore in collaboration with National Health Mission, Himachal Pradesh

According to the report:

1. Overall, 6.94% of the youth in Himachal Pradesh were depressed
2. 15.54% of the youth feel excessively anxious.
3. Among them a higher proportion of girls reported feeling excessively anxious (19.19%) compared to boys (12.1%)

Thus, depression and stress was the major mental health problems among the young in Himachal Pradesh. It was observed that people wants to get them treated while some was of the opinion that it happens due to their age or problems within the family, relationships or stress due to education.

ANALYSIS AND SUGGESTIONS

Abolition of the social stigma associated with mental illness could help a lot so that people do not feel ashamed and come up with their difficulties. Awareness camps should be organized in schools and colleges to educate students regarding mental wellness and illness. People should show compassion towards those suffering

from mental illness. Mental health care centers should be open in almost every town, anti-depression programs should run. Stress management lessons should be included in school's curricular activities. 'Happy family' environment should be promoted. People may go for counseling to get support for their mental health.

The WHO report also said that inaccurate assessment was another barrier to effective care. In some countries, people who are depressed are often not correctly diagnosed due to unawareness, and others who do not have any type of disorder are too often misdiagnosed and prescribed anti-depressants.

A major concern in the results of the NIMHANS study, which was recently submitted to the Union Health Ministry, is that despite three out of four persons experiencing severe mental disorders, there are huge gaps in treatment.

There should be more psychologists trained to handle this particular age group and sensitized to the whole range of issues - whether sexuality, substance abuse, anxiety or distressing life events. The therapy files must be delinked from hospitals, academics and families, and only prioritize the young person's health and privacy, especially those over 18 years of age. Every crisis is never in isolation, and not be treated as such, but should be a continuous process. No matter whether we agree with any of this or not, the issue is not going away. Thus, there is a need to establish a national platform on mental health having renowned professionals from mental health, public health, sociologists, psychologists and the judiciary to design a framework, support and monitor assessment indicators and review mental health policies.

Also, there should be promotion of physical activity, healthy diet, less dependence on technology and promotion of positive mental health among the youth. Print, visual and social media should also encourage themselves in promotion and awareness as more than 70% of youth is communicated by these broad spectrums. More of the health oriented programs must be organized which could strengthen efforts to increase awareness along with coverage and better reach and expansion of services. There is no formal sector or insurance services available for mental disabilities and the cost of the treatment is very high due to unavailability of infrastructure and treatment clinics. Thus the services should be youth-centered and collaborative. Even the school based policies should target the learning disabilities and enhancing mental capabilities. The stigma towards mental health can be reduced by changing the perception of the people in personal and societal levels. Proper training should be given to the families for ensuring the acceptance of these disorders. Educational institutions need to take a strong and proactive role in health promotion activities, ensuring availability of early diagnosis; treatment and support services.

Thus, there is an urgent need to look at the broader aspects of mental health issues especially prevailing among the youth.

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