



## Boosting India's Mental Health Care Apparatus

### CAUSE FOR CONCERN

**13.7%** Prevalence of mental illness in India as per National Mental Health Survey (2016)

**28%** of global suicides occur in India

#### Access to mental healthcare

**49%** had a mental health facility within 20km radius

**26%** reported no mental health facility within 50km radius

**59%** reported lack of any de-addiction service in their area

#### Awareness about mental health

**57%** not aware of any person with mental illness

**28%** did not consider suicide to be associated with mental illness

#### Insurance for mental healthcare

**80%** had no health insurance or thought mental health treatment was not covered



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#### Context:

- From being the neglected and stigmatised domain of health care, mental health has gained significance in the wake of the socio-economic upheaval caused by Covid-19.

#### What are the myths associated with Mental Health Problems?

- Those who face mental health problems are weak
- Seeking help for mental health issues makes one dependent
- Psychiatric medicines prescribed by Mental Health Doctor are addictive;
- Psychotherapy and counselling can alter people's thinking instantly.



## What are the issues associated with mental health care services?

- **Low Spending:** India spends 1.3% of its health budget on mental health
- **Low Accessibility:** Access to psychological and social interventions for mental health problems is not available to most people. The treatment gap for mental health is as high as 95%. Treatment, even when available, is largely focussed on medicines
- **Inequity in Access to Mental Health Services:** The more vulnerable — children, women, homeless, people in conflict areas, those facing identity based discrimination — are the least likely to have access to mental health services.
- **Shortage of Manpower:** One of the key barriers to access is the lack of mental health human resources. WHO's Mental Health Atlas in 2017 documents that India has around a total of 25,000 mental health worker for 1.3 billion population
- **Inefficient Strategy for developing human resource:** These are focussed primarily on training more psychiatrists, clinical psychologists, psychiatric nurses and psychiatric social workers, whose numbers are woefully inadequate.

## What Strategy should be used to increase Mental Health Human resources?

India needs to work towards a **three-tiered mental health workforce** comprising associates, practitioners and specialists.

- **Associates:** The associates would be the **primary level workers** for mental health interventions at the village or urban cluster-level.
- They would make up a new cadre of frontline community mental health workers which can be set up by repurposing the present Accredited Social Health Activist (Asha) cadre or women SHGs
- The mental health associates would be the **first point of contact**, and would be able to form empathetic relationships, support people in decision-making and work with an individual or a group of individuals under supervision.

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- They would also work towards **increasing awareness** and linking people to crisis intervention and secondary and tertiary mental health services.
- **Practitioners:** The next level, practitioners, would form the spine of mental health service delivery and would be **graduates with specific training in community mental health.**
- Their competencies would include supporting adaptive coping programmes; providing online behavioural and cognitive interventions; supporting care and protection processes in residential and community settings and facilitating informed choices
- These practitioners would also start conversations and galvanise communities around initiatives to challenge stigma and facilitate inclusion.
- **Specialists:** The specialists would include the current mental health professionals, but would also strategically allow post-graduates in psychology and social work to upgrade their skills through an advanced diploma in community mental health.
- They will provide leadership, training, tertiary services and supervision.

### Conclusion:

- If all commissions for women, child care and protection organisations, schools, universities and neighbourhood clinics were to **integrate mental health in the services they provide** (as required by the law), the need for mental health human resources would be a few hundred thousand skilled professionals.
- The current pandemic should precipitate a disruptive change to lay the foundations for a more comprehensive network of mental health services in India.