

# Mental Health Scenario in India

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## Abstract

India has a huge burden of mental health disorders, which is posing a serious threat to the health of the nation. The prevalence of mental health disorders in India was 10.6% in the year 2016 according to the National Mental Health Survey Reports in the year, 2016. It has been estimated that about 150 million mentally ill people in India are in need of health care services. India has got a poor mental health workforce with only 0.3 psychiatrists per 100,000 populations against the WHO recommendation of 1 psychiatrist per 100,000 populations. In order to address this issue of huge burden of mental health disorders and huge shortage of mental health workforce Government of India launched the National Mental Health Programme (NMHP) in the year 1982. In the present article the NMHP has been critically evaluated. The programme has several lacunae at the implementation level with poor programme coverage. Some of the measures to improve the programme include – Strengthening of monitoring and evaluation, increase in the mental health work force, increasing the programme coverage, fostering public private partnerships and use of Information and Technology services for improved delivery of mental health care services.

**Keywords:** Mental health disorders; Health care services; Mental health workforce; Programme coverage

## Introduction

India has a huge burden of mental health disorders, which is posing a serious threat to the health of the nation. The prevalence of mental health disorders in India was 10.6% in the year 2016 according to the National Mental Health Survey Reports.<sup>[1]</sup> It is estimated that about one in twenty people in India suffer from depression.<sup>[1]</sup> India has one of the highest suicide rates in the world. In this article, mental health scenario in India would be discussed along with critical evaluation of the Government's programme for control of mental health disorders in India.

## Literature Review

### Mental health disorders- A serious public health problem

According to a study published in the Lancet Journal, about one third (37%) of global suicide deaths among women and about one-third (24%) of global suicide deaths among men occur in India.<sup>[2]</sup> It has been estimated that about 150 million mentally ill people in India are in need of health care interventions. Some of the contributing factors for such a high burden of mental health disorders in India include high population rate, early marriages, disruption of the joint family system, poverty, unemployment and high prevalence of alcohol and substance abuse. According to NFHS-4 data, nearly half of the men (44.5%) used one or the other form of tobacco while 29.2% of men consumed alcohol.<sup>[3]</sup> India has got a poor mental health workforce. There are only 0.3 psychiatrists per 100,000 populations against the WHO recommendation of 1 psychiatrist per 100,000 populations. In addition to shortage of psychiatrists there are only 0.12 nurses per 100,000 population; 0.07 psychologists per 100,000 population and 0.07 social workers per 100,000 population.<sup>[4]</sup> In order to address this issue of huge burden of mental health disorders and

huge shortage of mental health workforce Government of India launched the National Mental Health Programme (NMHP) in the year 1982.<sup>[5]</sup>

### National Mental Health Programme (NMHP)- a programme with an ambitious vision but poor execution

The three tenets of the NMHP are treatment of mentally ill, rehabilitation and prevention and promotion of positive mental health. The programme envisages modernizing State Mental Hospitals and upgradation of psychiatric wings of medical colleges and General hospitals.

Understanding the huge problem of mental health disorders in India and about the poor penetration of mental health services to the rural areas, the Government of India launched the District Mental Health programme (DMHP) in the year 1996 under the NMHP with the aim to decentralize the mental health services from the state mental hospitals and bring it to the district mental hospitals and primary health centres in India.

### Current scenario of the DMPH

Even after 12 years from its launch, DMHP is implanted only in 123 districts out of 620 districts in India which reflects a poor state of programme penetration. Even in Tamil Nadu which is one of the states with better medical care in India, this programme is implemented in only 16 out of 32 districts.

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## Critical evaluation of the NMHP through SWOT analysis

### Strengths of the programme

- Programme's motto of decentralizing mental health services.
- Upgradation of State Mental Hospitals
- Promotion of positive mental health through School Mental Health Programme.

### Weaknesses of the Programme

- The programme has covered only 20% of districts in India.
- Shortage of mental health workforce in India.
- Poor penetration of mental health services at PHC level.
- Poor monitoring and evaluation.

### Opportunities

- Compulsory training of Primary Health Centre (PHC) medical officers in treatment of mental ailments.
- Increasing the coverage of District Mental Health Programme to cover all the districts in India
- Strengthening of monitoring and evaluation of National Mental Health Programme
- Increase in MD psychiatric seats.
- Fostering Public private partnerships
- Increased focus on rehabilitation and vocational therapy for patients.
- Use of Information and technology services to increase the penetration of mental health care services.
- Development of mobile applications aiding in the management of mental illnesses.

### Threats

- Stigma associated with mental health disorders.
- Shortage of funds
- Increased workload on PHC Medical officers.

### Competing Interests

The authors declare that they have no competing interests.

### Conclusion

In the present article the NMHP has been critically evaluated. The programme has several lacunae at the implementation level with poor programme coverage. Some of the measures to improve the programme include – Strengthening of monitoring and evaluation, increase in the mental health work force, increasing the programme coverage, fostering public private partnerships and use of Information and Technology services for improved delivery of mental health care services. In this article, mental health scenario in India would be discussed along with critical evaluation of the Government's programme for control of mental health disorders in India.

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