UNIT 4  POLICIES AND RESEARCH RELATED TO MENTAL HEALTH AND MENTAL ILLNESS

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4.0  INTRODUCTION

The constitution of India envisages the establishment of a new social order and it directs the States to record improvement in the public health as one of its primary duties and aims at securing “HEALTH FOR ALL”. Health is a State subject but Mental Health is in con-current list in Indian Constitution. Ministry of Health and Family Welfare is the apex executive organization dealing with the issues of Health and Family Welfare in the country as per the guidelines enshrined in the constitution of India and as depicted in the National Health Policy. Thus, policies are developed both by Ministry of Health, Government of India and the State Governments. Research has an important role in framing sound and effective policies; and for good research, proper documentation is necessary. As mentioned in Unit 3, good documentation in health are necessary ingredients for planning, developing policies and programmes. Research helps in improvement in the treatment and care of the mental illness; and contributes to providing better facilities and promoting mental health.

This unit will provide you an overview of policies, planning, programmes and research on mental illness and mental health in India.
4.1 OBJECTIVES

After studying this Unit, you will be able to:

• Discuss the basic concept of policy and planning;
• Explain the status of mental health and development of mental hospitals in India;
• Explain the challenges faced in the field of mental health;
• Discuss globalization as a major challenge;
• Discuss infrastructure and Delivery of Mental Health Services in India;
• Explain current scenario of mental health – public and private sector facilities in mental health; and
• Describe the goals and challenges in research in mental health.

4.2 POLICIES AND PLANNING

4.2.1 What are Policies?

Policies can be explained as general statements regarding understanding, which help in making decisions and they are based on aspirations, values, commitments, evaluation of current situation, and provide an idea about desired future action. We may also say policy formulation refers to shaping of a political demand into a set of values for social action. The process for policy formulation implies the adaptation of a social demand by political and power groups. The final outcome of such process is a policy statement. The policy formalization is that part of the policy process which present a policy statement with all necessary social and political arguments and justification for a decision. It further entails tasks of dissemination, negotiation and approval. Health Policy formulation is thus a part of a broader managerial process for national health development. This process includes defining objectives, formulation of plans and programmes.

Objectives of National Health Policy

The objectives of National Health Policy are:

• For improvement of the general level of health.
• By exploring and strengthening the basic health services and to bring them within the reach of people.
• To meet the above objectives, the trained health personnel, basic infrastructures and facilities are needed.

4.2.2 What is Planning?

Planning can be described as involving decisions that are required to be made in future rather than now. It deals with decisions regarding objectives, activities, resource, implementation and evaluation. The four phases of Planning are:

1) Problem analysis and need assessment.
2) Goal or objective setting.
3) Analysis of alternatives.
4) Programming and implementation.
5) Evaluation and feedback.

**Health and Mental Health Planning**

Health and mental health planning depends on needs of the community and available resources which should be evidence based. For this it is necessary to identify unmet needs, assess available resources and establish priority goals when resources are limited. Planning also includes developing programmes, monitoring and evaluation.

Planning is the process which also includes assessing the future (forecasting) needs, anticipating what could be done, assigning the relative costs and consequences of each of the alternative courses of action and making an appropriate choice, and taking an action (implementing decisions) to improve the present.

Hence health planning process incorporates a proper perception of reality, a prerequisite for any national policy and planning process. Thus planning process encompasses awareness and magnitude of the problem, information about existing health facilities, available resources and includes policy issues, social and political influences and administrative restraints and economic constraints.

We must remember that mental health planning is a systematic process of defining a problem which includes assessing needs, formulating goals which are realistic, feasible and implementable. Developing strategies and programmes are part of planning and include monitoring and evaluation. Planning in the context of mental health needs to be carried out keeping in mind the social, economic, cultural, demographic and economic factors.

There are some basic principles of health care plan which are related to the needs of the population in which a consumer should participate, individually and collectively and where there is fullest use of available resources. We must always remember mental health care is not an isolated approach but the part of a comprehensive health system which includes Secondary and Tertiary health care. Besides the basic principles there are other principles of health care which include social equity, national wide coverage, self reliance, inter-sectoral coordination, people’s involvement in planning and implementation of health programmes, keeping in mind available mental health knowledge and skills, which are accessible, affordable, and appropriate.

**National Mental Health Programme**

Keeping the above concept of policies and planning as the basis, the Planning Commission, Ministry of Health and Family Welfare and Central Council of Health have made some recommendations which recommended that mental health must form an integral part of the total health programme. It should be included in all national policies and programme in health, education and social welfare.

In 1982, an expert group under the auspices of Ministry of Health and Directorate General of Health Services, Government of India had developed a National Mental Health Programme (NMHP) with the following objectives:

a) To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged section of population.
b) To encourage application of mental health knowledge in general health care and in social development.

c) To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

As a part of the above objective it was also recommended that aims for planning mental health services in India should include:

i) Prevention and treatment of mental and neurological disorders and their associated disabilities.

ii) Use of mental health technology and knowledge to improve general health services.

iii) Application of mental health principles in total national development to improve quality of life.

To achieve the above aims it was further recommended to follow specific approaches for implementation of National Mental Health Programme (NMHP) in India. Diffusion of mental health skills to the periphery of health service system was suggested. Further, it was suggested to develop appropriate appointment of tasks in mental health care, equitable and balanced territorial distribution of resources, integration of basic mental health care into general health services. It also included linkage of community development, mental health care, mental health training for all mental health care providers. The members of health team under NMHP include Psychiatrist, Psychologist, Psychiatric Social Worker and Psychiatric Nurses.

Mental health care in National Mental Health Programme (NMHP), includes three programmes viz. treatment, rehabilitation and prevention

1) Treatment: Specific forms of modern treatment and diagnostic facilities are to be implemented by personnel at following levels of health care systems:

   a) Primary health care sub-center and Primary Health Centre level – which at present is absent.

   b) District hospitals – District Psychiatric Clinics – there are more than 75% of the districts where psychiatric facilities are available.

   c) Mental hospitals and teaching psychiatric units.

2) Rehabilitation Programme which is under the Ministry of Social Justice has opened many centres for Addiction and for old people. They are mostly under Non-Government organization.

3) Prevention Programme – there is not much emphasis but greater attention needs to be given.

Further activities and programmes also need to be carried out with regard to promotion of mental health. At present there are no specific activities in this area because the current level of knowledge about mental health promotion is sparse and limited. They need to be started at all levels.

Currently under the plan there is a greater emphasis on development of District Mental Health Plan in all the districts of India and also in improving quality of Mental Health care in all Government Mental Hospitals in India.
Thus in the process of national mental health planning the basic concepts include a process which is a set of activities or inputs to transform them into outputs. As we know planning includes making current decisions in the light of their future effects for the better. You must always remember that mental health includes not only treatment of mentally ill persons, but whole range of health activities. Mental health concepts are guided by varied theoretical frameworks and conceptualizations.

### Self Assessment Questions 1

1) **What are policies?**
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2) **What is planning?**
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### 4.3 STATUS OF MENTAL HEALTH AND DEVELOPMENT OF MENTAL HEALTH INSTITUTES IN INDIA

In the earlier society, mental illness was viewed negatively and people with mental illness were isolated from the society and put in custodial institutions and mental hospitals. They were put under lock and chain and handed out barbaric treatments. The early institutions for the mentally ill in the Indian sub-continent were greatly influenced by the ideas and concepts as prevalent in England and Europe during those days. Primarily the mental asylums/mental hospitals were built to protect the community, and not to treat the insane. These asylums were constructed away from cities with high enclosures in either dilapidated buildings like barracks left by the military men or ‘sepoys’ of those days.

Understanding political developments in India is relevant to comprehend the development of mental hospitals during a given period of time. Late eighteenth century was the most unstable period in Indian history. With the decline and fall of powerful Moghul powers in Delhi, there was a consequent rise of Marathas in most of the Central and South India, and of Sikhs in the North. At the same time, there were fights for supremacy between French and English in South India. These events gave rise to political instability and also contributed to a psychological and social turmoil in the Indian sub-continent. It is notable that the development of lunatic asylums in Calcutta, Madras and Bombay was almost
parallel to these events. Initially these cities developed largely as British enterprises and the need to establish hospitals there became more acute mainly for the Englishmen and the Indian sepoys employed by the British East India Company. It is interesting to note the relationship between political developments and establishment of mental hospitals.

The Pitts India Bill was introduced during Hasting’s regime in 1784 which stated that the activities of the Government of East India Company came under the direction of a “Board of Control”. Further, during Lord Cornwallis’ rule from 1786 to 1793, systematic reforms and welfare measures were undertaken. It was during his rule that reference to the first mental hospital at Calcutta was recorded in the proceedings of the Calcutta Medical Board of April 3, 1787. It suggests that the need for a hospital was felt much earlier.

During the same period (in 1794) the first mental hospital was opened in South India at Kilpauk, Madras, near the site of the present hospital. Madras was another seat of the British power. Though the earliest mental hospital in India was started in Bombay in 1745, it is said that the beginning was made to construct a small lunatic asylum there. Bombay was given as dowry in 1662 when Charles of England married Catherine Braganza of Portugal. It may be added that the Britishers first tried to concentrate in Madras, Calcutta and Bombay. Also during this time morphia and opium were used to treat excited patients. They were also given hot baths and sometimes leeches were applied to suck their blood. It was then believed that blisters were useful for chronic patients and also helpful in controlling their periodic excitement.

The year 1858 is also significant as the first Lunacy Act, known as Act No. 36 was enacted during that year. It not only gave guidelines for the establishment of mental asylum, but also set the procedure of admitting mental patients. This Act was later modified by a committee appointed in Bengal in 1888 which gave elaborate instructions and guidelines for admission and treatment of criminal lunatics.

The next phase of development of mental hospitals in India started in the early part of the 20th century. This was the result of adverse publicity about the conditions of these hospitals both in India and abroad and the felt need for a more humanistic concern of the Government. This period is also significant as in the early part of the century, in 1906, when a central supervision of these hospitals was contemplated. The third significant addition was the intent of Government to have a central supervision of all lunatic asylums which was contemplated in 1906 and was brought out in the form of Indian Lunacy Act, 1912. The other associated change noticed was the growing concern of the public about the conditions of mental hospitals which resulted in not only improvement of existing hospital conditions at that time but also in the opening of many more new hospitals.

The next phase of development saw some more significant changes. It was the sustained effort of Berkeley Hill from Ranchi that not only raised the standard of treatment and care in the mental hospital at Ranchi, but it was due to his persuasion with the Government that the names of all mental asylums in India were changed to mental hospitals in 1920. Among other significant changes during this period were the recognition of occupational therapy and other rehabilitative measures. The need of associating social scientists in the diagnosis and management of psychiatric patients was gradually realized. The first efforts to train psychiatrists
Policies and Research Related to Mental Health and Mental Illness

and psychiatric nursing personnel were made during this period. As a part of the social awareness, initial attempts to establish direct links with the patient’s family were made in the form of Family Units. During the same period, an Association of the Medical Superintendents of Mental Hospitals was first established. The Ranchi European Hospital was one of the first to go with these trends, and thus became a symbol of excellence of those days. Later in 1940s, the emphasis was more to improve the conditions of existing mental health care and treatment programme. In 1946, Col. M. Taylor, Superintendent of the European Mental Hospital at Ranchi, as a member of Health Survey and Development Committee, popularly known as “Bhore Committee” was asked to survey mental hospitals. According to his report, there were at least 19 mental hospitals with bed strength of 10,181. He summed up his observations in the following words:

‘The majority of the mental hospitals in India are quite out of date, and are designed for detention and safe custody without regard for curative treatment ... savour of the Workhouse and the Prison, and should be rebuilt. The remainder should be improved and modernized. Bombay and Calcutta urgently require modern mental hospitals to meet both the needs of the community and the Medical Colleges, and these should form part of any schemes for reconstruction or expansion’.

It was also observed that:

“There is a gross inadequacy in the medical personnel in all mental hospitals both numerically and in specialized qualifications. Most of the Medical Officers employed as Superintendents and Deputy Superintendents possess neither the status nor the experience which would justify the description of Consultant or Specialist in the ordinary usage of that word. A Mental Health Service is necessary with improvement in the status, pay, and conditions of service of the Medical staff, with increased opportunities for purely professional work’.

Similarly, it was pointed out that “the numerical and professional adequacy of the Nursing staff and Attendants requires urgent attention”.

Besides making other recommendations, it was observed that the Indian Lunacy Act, 1912 had outlived its usefulness. After the independence of India in 1947, the emphasis of the Government of India has been more on the creation of psychiatric departments in general hospitals, rather than establishing new mental hospitals. Very few mental hospitals have been added during the last few decades. And most of these institutions have been in the private sector. Greater emphasis has been on improving the existing hospitals. A significant point to note is that no mental hospital has been closed in spite of lack of financial support. Another important development is that though the number of mental hospitals has increased from 31 in 1947 to 45 in 1987, the number of patients treated in these institutions have increased manifold. It is suggestive of the fact that their demand has not decreased, and further that the mental hospitals in India are going to stay. This reality poses a challenge both to health planners and professionals in the field. This requires careful and effective mental health planning.

Advances in the knowledge and understanding of mental illness have resulted in a gradual change with regard to the concept and attitude of mental health care. Further, with the coming up of human rights movement, a more humane treatment towards people with mental illness has emerged. Focus is more on community care and empowerment of people with mental illness.
There has been a shift in mental health services from an emphasis on treatment focused on reducing symptoms to a more holistic approach which takes into consideration both well being and functioning. Mental health services are now being planned and commissioned based on psychological formulations addressing a person’s wider well being, need, and functional outcome alongside, or sometimes in place of, diagnostic categories and clinical ideas of cure and outcome (Connell, J et al 2012). All these are reflected in the changes at the policy and planning level.

### Self Assessment Questions 2

1) Highlight the milestones in development of mental health institutes in India.

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### 4.4 INDIA – BASIC DEMOGRAPHIC DATA

As per the 2011 census India has a population of over 1.21 Billion which includes population under age 14 yr, 31.7% and population above age 65, 4.8%. The life expectancy is above 65 years and where Urban population is approximately 30% and which is growing rapidly.

Keeping the above demographics in view and considering the growing urban population and also the ballooning of aged population, we have to plan for both young and aged and also keeping the gender issue in mind.

To meet the growing needs of the population, we have to plan development of health man power including mental health man power.

### Health Man Power in India in 2012

<table>
<thead>
<tr>
<th>Type of registered doctors</th>
<th>Numbers (Approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modern Medicine</td>
<td>780,000 (335)</td>
</tr>
<tr>
<td>Total MBBS Seats available</td>
<td>40,335</td>
</tr>
<tr>
<td>Ayurveda</td>
<td>478,696 (254)</td>
</tr>
<tr>
<td>Unani</td>
<td>51,668 (39)</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>246,789 (185)</td>
</tr>
<tr>
<td>Siddha</td>
<td>7,195 (7)</td>
</tr>
<tr>
<td>Doctors in Urban area</td>
<td>70%</td>
</tr>
<tr>
<td>Doctors in Rural area</td>
<td>30%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>4,500 Pvt. Sector = 70% Public Sector=30%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>1500 to 2000 (Approx.)</td>
</tr>
<tr>
<td>Psychiatric Social Workers</td>
<td>1500 to 2500 (Approx.)</td>
</tr>
<tr>
<td>Psychiatric Nurses</td>
<td>1200 to 1500 (Approx.)</td>
</tr>
</tbody>
</table>

**Note:** Number in bracket indicates the number of colleges in each system of medicine as in 2012. The numbers are approx.
**Infrastructure - Total Beds in Health Sector In 2010**

<table>
<thead>
<tr>
<th>Number of Hospital</th>
<th>15097 Govt. - 32%, Private - 68%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds</td>
<td>623,814</td>
</tr>
<tr>
<td>Government sector</td>
<td>63%</td>
</tr>
<tr>
<td>Private sector</td>
<td>37%</td>
</tr>
<tr>
<td>In 1947 Medical Doctors</td>
<td>92% Government, 8% by Private sector</td>
</tr>
<tr>
<td>2010 Out-patient</td>
<td>20% Government, 80% Private sector</td>
</tr>
<tr>
<td>In-patient Beds</td>
<td>40% Government, 60% Private sector</td>
</tr>
</tbody>
</table>

**Mental Health Beds in India**

<table>
<thead>
<tr>
<th>Total Beds in Mental Hospitals</th>
<th>18,000 - 19000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen. Hospital &amp; Medical Colleges</td>
<td>12,000 – 15,000</td>
</tr>
<tr>
<td>Private sector</td>
<td>5,000 – 8,000</td>
</tr>
</tbody>
</table>

### 4.5 MENTAL HEALTH IN INDIA: CHALLENGES

Prevalence of Mental Disorder is growing. It is estimated that 6 to 7% of population suffers from mental disorders and these disorders account for 12% of global burden of mental disorders which is high. Disease Adjusted Life Year (DALY) due to Mental Disorder is estimated to be 15% by 2020.

The available prevalence of mental disorders does not include data on increasing stress disorder, increasing Drug & Alcohol Problem and mentally challenged in the population.

Increasing Prevalence of Mental Disorders is also due to Change in Physical and Social environment related stresses including work environment and changing structure of family as an Institution. Significantly migration from rural to urban area is also increasing rapidly.

**Various factors contribute to the challenges in the field of mental health in India:**

1) Growing population
2) Increasing Prevalence of Mental disorders
3) Poor infrastructure
4) Inadequate Man Power
5) Urbanization and Migration
6) Linguistic and cultural diversity
7) Poor Economic Resources
8) Increasing impact of Globalization on Health & Mental Health Services
9) Lack of prevention and Promotion Programmes in Mental Health in India.
Further, as pointed out by Srinivasamurthy (2011), the challenges for mental health care in India are as follows:

- Large unmet need for mental health care in the community.
- Lack of awareness and understanding about psychological distress and required medical intervention amongst general public.
- The general public need to accept the modern medical care and facilities available for mental disorders.
- Limited mental health services (professionals and facilities) are available in the public health services.
- The available services are not adequately utilized by the ill population and their families.
- Various Problems and issues exist with regard to the recovery and reintegration of persons with mental illness.
- Institutionalized mechanisms for organization of mental health care are lacking.

### 4.5.1 Globalization as a Major Challenge

Globalization is a system, which is dictated by the ideology of “Market Forces Economics”, where the invisible hand of the market mechanism is allowed to operate unimpeded in all walks of life including Mental Health. Globalization is also a growing inter-connectedness and interdependence of the human community in communication technology and Economic Resources.

Economic Globalization includes:

i) Deregulation of trade, corporate tax concessions and investment incentives, combined with so-called ‘reform’ of labour conditions.

ii) Privatization of a wide range of services in health care, education, welfare and transport.

iii) Increase in labour mobility, outsourcing and migration.

iv) Accelerating demands on the world’s natural resource, associated with environmental damage and, in particular, with increased greenhouse gas emissions.

As a result, over the past six decades; Governmental Organizations have multiplied over seven-fold. There are various other prominent.

National policy and national health policy have also been modified and oriented towards privatization, where land liberalization, subsidization governmental regulation and protection of national enterprises public sector undertakings including public Health Sector are frowned upon.

**Globalization and Mental Health in Developing Country like India:**

Globalization is one of the major challenges for both Health Providers and Consumers with high cost of technology and Rising expectation. There is direct relationship of health with wealth. Developing countries including India are getting dissatisfied with the changing health care systems and rising cost of health and mental health care.

**Economic Crises and Mental Health:** We know that economic crises are accompanied by reduced income, unemployment and uncertainty by cuts in the
funding of social services including those of the mental health sector. There also has been a decline in economic activities due to economic crisis. There are problems related to increasing unemployment, poverty and malnutrition and also depressed housing markets. Under these circumstances low-income people and especially people living near the poverty line are under great psychosocial stress. People’s health can be influenced by socioeconomic degradation due to loss of jobs and limitations in income and social inequality in health can become more pronounced.

Unemployment, impoverishment and family disruptions are likely to produce or precipitate a variety of mental health problems. Depression, suicide and alcoholism are among them. Unemployment is very strongly associated with suicide. It is estimated that every 1% increase in unemployment is associated with a 0.79% rise in suicides at ages younger than 65 years. Similarly debt seems to be a crucial factor for the development of mental health problems. It seems that debt is a situation with heavy psychological loading, as for some sensitive people and people predisposed to depressive reactions, it may precipitate or increase pre-existing guilt feelings. It has been reported that debt in farmers in India has increased the incidence of suicide. The more debt people have the more likely they are to suffer from mental disorders. Even in developed countries, there is dissatisfaction with current health care system and governments are facing challenges of providing health care to all sections of society.

National Policy is the portal through which global and local policies formally interact. National policies remain responsible for the health of their people. We must remember that today, globalization has undermined each nation’s authority.

**4.5.2 Infrastructure and Delivery of Mental Health Services in India**

After achieving independence, India on the basis of recommendation of various committees, has developed an infrastructure for delivery of Health Care Services which can be divided into three levels viz.; 1. Primary Care level, 2. Secondary Care level and 3. Tertiary Care level.

For an effective planning, we must take into consideration the available infrastructure. Available Infrastructure for Health Services in India is at three levels:

1) **Primary Level**
   - Sub-centers (1 per 3000 - 5000 population) There are 180,000 (Approx.)
   - PHCs (1 per 20,000 - 30,00 population) There are 28,000 (Approx.)

2) **Secondary Level**
   - Community Health Centres-1 per Community Development Block-630
   - District Hospitals-1 per district-650

3) **Tertiary Level Facilities**
   - Mental Hospitals-46
   - Psychiatric Units in General Hospital-500-600
   - Medical colleges/hospitals-335
   - Bed population ratio - 1/1000 population
   - Psychiatric Bed Population ratio - 0.033/1000 population.
There are important indicators to determine and improve quality care in mental health.

**Quality Matrix for Primary Level Mental Health care in India**

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Physical Infrastructure</td>
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</tr>
<tr>
<td>One sub-centre/3–5000 population</td>
<td>– Establish criteria</td>
<td>– Availability and accessibility of services</td>
</tr>
<tr>
<td>One PHC/20–30,000 population</td>
<td>– Identify indicators</td>
<td>– Early diagnosis</td>
</tr>
<tr>
<td></td>
<td>– Collect and analyze data</td>
<td>– Improved patient satisfaction</td>
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<td></td>
<td>– Take action to resolve identified problems</td>
<td>– Improved follow-up and compliance</td>
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<td>– Team approach development</td>
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<td></td>
<td>– Training of existing manpower in mental health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Develop referral system</td>
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</tbody>
</table>

**Quality Matrix for Primary Level Mental Health care includes:**

- Manpower - One male and one female health worker at Sub-centre and 2-3 Medical officers at PHC
- Out Patient services depending of the size of the Primary Health Care services. At present there are no Psychiatric Service available in the P.H.C. Centres, except few teaching institutes.

To understand the Mental Health Delivery in India it will be useful to give an outline how it is organized.

**Organizations**

<table>
<thead>
<tr>
<th>Level of care</th>
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<tr>
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<tr>
<td>Sub-Centres &amp; Primary Health Care Centres</td>
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<tr>
<td>District Hospital</td>
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<td></td>
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<tr>
<td>Psychiatric Units of Medical Colleges and Mental Hospitals</td>
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<td></td>
</tr>
<tr>
<td>Special Institutes like Central Institute of Psychiatry -Ranchi; NIMHANS, Bangalore; All India Institute of Medical Sciences, New Delhi, PGI Chandigarh, IHBAS, Delhi</td>
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</tbody>
</table>

**Role**
- Provide Mental Health Care to patients
- Expertise to States to formulate State Mental Health Programmes
- Development of Mental Health Education
- Training of Mental Health Professionals
- Man Power Availability of Resources
4.5.3 Current Scenario of Mental Health – Public and Private Sector Facilities in Mental Health

In the recent past, due to greater public awareness and growth of Media and Internet, there is increasing concern by the public and judiciary regarding conditions in Mental Hospitals. This has resulted in improvement in the quality of mental health care in most of the hospitals. Similarly there is beginning of liaison between Mental and General Hospitals at some centres and many hospitals are involved in teaching training programmes. There are many Hospitals, which have only out patient care but in all the teaching hospitals there are facilities for both out patient and in patient services. There are some hospitals, where Specialty Clinics like Child and Geriatric Services and addiction treatment facilities are also available.

With increasing role of Private Sector and growth of many N.G.O. there is increased availability of funds in the Private Sector, when compared to Public Sector. There is also recognition of the Importance of mental health care concept by Private Health Institutions. In the recent past increasing number of private psychiatry nursing homes are being setup and are expanding rapidly.

Modern Treatment practices include

1) Use of Modern Psycho-pharmacology which include drugs for treatment of depression, anxiety, psychotics and bipolar disorders.

2) Use of Modified Electro-convulsive Therapy (ECT).

3) Psychotherapy and Counseling Services.

4) There is wide scope to address specific problems related to stress, disaster and violence which are increasing.

Thus, Mental health care is a part but not apart from total health care programme and its aim to provide Quality Mental Health Care. There is a need for developing national standards for mental health services.

For developing National Standards for Mental Health Services, we have to follow the internationally accepted practices and procedures. For effective and comprehensive delivery of mental health care, there is also a need for synergy in delivery of mental health services because the present system is not satisfactory as the emphasis is on symptom control.

Lack of trained professionals in the mental health care, shortage of staff, manpower and money also pose challenges in providing mental health service to the people. Social equity and access to mental health care and services to everyone including all the diverse communities are to be addressed in our pluralistic society. Availability and accessibility to mental health care and services in the community is a major concern that needs to be taken care of.

Given the diverse beliefs and cultural value system in India, there also exists difference in the attitudes and approach towards the care and treatment of mental illness among people. There are superstitions, blind beliefs regarding mental illness which may hamper appropriate care for the mentally ill. People take recourse to different methods ranging from seeing doctors including those in the
field of allopathy, homeopathy, naturopathy, ayurveda, unani etc. to approaching alternative methods such as reiki, going to faith healers, religious ‘gurus’ etc.

We must recognize that the burden of mental disorders is great and mental and physical health problems are interwoven. There is also a huge gap with regard to treatment of mental disorders. It is important that treatment for mental disorder be affordable and cost effective. Overall mental health and wellbeing of people needs to be promoted.

There is also need for inter-sectoral approach in mental health care. Psychiatric services are an integral part of health services. Similarly Mental Health should be interlinked with Education, Social welfare, Housing, Urban development and Rural reconstruction. For effective Delivery of Mental Health Services there should be equal emphasis on recovery approach as about understanding the illness and learning to manage it. Promoting hope and to improve well being by recognizing individual’s strength and resilience. Similarly respecting the autonomy of each person and human rights issues should be emphasized.

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<td>1) What are the various factors contribute to the challenges in the field of mental health in India?</td>
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<td>2) What does economic globalization entail?</td>
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**4.6 RESEARCH AND MENTAL HEALTH**

Research is indispensible not only for Research Institution but should be an integral part of every Health care system including Mental Health. However, research in mental health in India has a long path to go. Eminent persons like Sir Joseph Bhore of th famous Bhore Commmittee (1946) and Dr. Mudaliar (1959) had commented on the lack of data on mental illness in India. It was due to the initiative and effort of the Indian Council of Medical Research (ICMR) that some major steps into mental health research was undertaken since 1960. The first major mental health survey was undertaken in Agra, U.P. in 1961 with a sample of 29,468 by the ICMR. This was followed by several other epidemiological studies on psychiatric disorders in north, south, east and west parts of the country (www.icmr.nic.in).
The Indian Council of Medical Research, is the Research Department under Ministry of Health, Government of India. It has supported innovative and need-based research in the field of mental health in India during the last fifty years. Some of the important landmarks are:

i) The first large scale epidemiological study in Agra in the 1960s;

ii) The study of childhood disorders in 1960s;

iii) The DST-ICMR severe mental morbidity study focusing on integration of mental health in primary health care in 1970s;

iv) The strategies for mental health research initiative of the 1980s in which new knowledge regarding acute psychosis, course and outcome of schizophrenia, psychiatric problems in old age, community level, prevalence of drug abuse, human resource development for community mental health etc. were focused;

v) The setting up of the Centre for Advanced Research in Community Mental Health during 1980s to support the National Mental Health Programme (NMHP) of the country;

vi) The study of child psychiatric problems in the community in the 1990s;

vii) Initiatives on suicidal behaviour and prevention of suicide;

viii) Long term course and outcome of schizophrenia;

ix) Study of incidence of schizophrenia and

x) Mental health effect of disasters (in Bhopal and Marathwada) and more recently in;

xi) Gujarat Earth Quake and Tsunami;

xii) Urbanization and Mental Health;

xiii) Quality of Mental Health;

xiv) Women and Mental Health;

xv) Alcohol and Drug Research;

xvi) Homelessness and Mental Health.

The list given above highlights some of the important areas of research in mental health. Indian Council of Medical Research (ICMR) is playing a pivotal role in achieving the vision for the country.

In addition to ICMR, several other premier institutes like NIMHANS, Bengaluru; Central Institute of psychiatry, Ranchi; Aiims, Delhi; PGIMER, Chandigarh have also been carrying out research in the field of mental illness and mental health in India.

4.6.1 Goals of Research on Mental Health

The goal of research in Mental Health should be to promote scientific advances that will increase the knowledge base necessary for understanding mental disorders. The goals can be described as follows:

- Increase scientific understanding of mental disorders
- Reduce the risk for mental disorders
Future Direction

- explain the interaction of potentially modifiable biological and psychosocial risk and protective factors in the society
- enhancement in the effectiveness of intervention
- maximization of the utility of existing resources to prevent mental illness and promote mental health
- help in preventive and promoting programmes in mental health.

4.6.2 Challenges of Research in Mental Health

Good and proper research in the field of mental health and mental illness plays an important role in the understanding of mental illness and providing effective care and treatment to the persons with mental illness. Further, research contributes to the preventive measures with regard to mental illness. It also provides a sound base to formulate plans, programmes and policies for mental health care, service and delivery.

The challenges to carrying out research in mental health can be described as follows (Isabel, 2010):

1) The research must be carried out efficiently.
2) It should provide information about development and implementation of effective clinical practices.
3) It should be possible to efficiently translate into clinical practice and health policy.

Research in mental health is really challenging keeping in mind the nature of research in this field. Since research in mental health deals with human participants, there is the issue of vulnerability of the research participants. Ethics in research in mental health is a key concern. The relationship between brain and mental illness has been studied extensively. Research in this area tries to uncover and understand the complex interplay of biological, social, cultural, and emotional and environmental factors in the causation, treatment and prevention of mental illness and promotion of mental health.

Notwithstanding, whatever little advances we have made about understanding mental illness, we still have a long way to go with regard to research in mental health and mental illness.

Self Assessment Questions 4

1) What are the goals of mental health research?

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4.7 LET US SUM UP

In the present unit, we mainly focused on the policies and research related to mental health and mental illness. We discussed the basic concept of policy and planning. The status of mental health and development of mental hospitals in India was also focused. Further we discussed the globalization as a major challenge and infrastructure and delivery of mental health services in India. The current scenario of mental health in Public and Private Sector facilities in Mental Health was also explained. Further the goals and challenges in carrying out mental health research were also discussed.

4.8 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Policies can be explained as general statements regarding understanding, which help in making decisions and they are based on aspirations, values, commitments, evaluation of current situation, and provide an idea about desired future action.

2) Planning can be described as involving decisions that are required to be made in future rather than now. It deals with decisions regarding objectives, activities, resource, implementation and evaluation.

Self Assessment Questions 2

The milestones in development of mental health institutes in India are as follow:

Earlier mental illness was viewed negatively and people with mental illness were isolated from the society and put in custodial institutions and mental hospitals. The earliest mental hospital in India was started in Bombay in 1745, it is said that the beginning was made to construct a small lunatic asylum there.

During Lord Cornwallis rule from 1786 to 1793, systematic reforms and welfare measures were undertaken and the first mental hospital at Calcutta was recorded in the proceedings of the Calcutta Medical Board of April 3, 1787.

In 1794, the first mental hospital was opened in South India at Kilpauk, Madras, near the site of the present hospital.

The year 1858 is also significant as the first Lunacy Act, known as Act No. 36 was enacted during that year. It not only gave guidelines for the establishment of mental asylum, but also set the procedure of admitting mental patients. This Act was later modified by a committee appointed in Bengal in 1888 which gave elaborate instructions and guidelines for admission and treatment of criminal lunatics.

In 1906, a central supervision of these mental hospitals in India was contemplated.

In 1912, the Indian Lunacy Act was established.

Further the efforts of Berkeley Hill from Ranchi that not only raised the standard of treatment and care in the mental hospital at Ranchi.
In 1920, the names of all mental asylums in India were changed to mental hospitals. The significance of occupational therapy and other rehabilitative measures was recognized. The first efforts to train psychiatrists and psychiatric nursing personnel were made during this period. Family units were also created.

1920 also saw the establishment of Association of the Medical Superintendents of Mental Hospitals was first established.

In 1946, Col. M. Taylor, Superintendent of the European Mental Hospital at Ranchi, as a member of Health Survey and Development Committee, popularly known as “Bhore Committee” was asked to survey mental hospitals.

After the independence of India in 1947, the emphasis of the Government of India has been more on the creation of psychiatric departments in general hospitals, rather than establishing new mental hospitals.

Now, there has been a shift in mental health services from an emphasis on treatment focused on reducing symptoms to a more holistic approach which takes into consideration both well being and functioning. Various changes in policies and planning have also been made in this direction.

**Self Assessment Questions 3**

1) The various factors contribute to the challenges in the field of mental health in India are:
   - Growing population
   - Increasing Prevalence of Mental disorders
   - Poor infrastructure
   - Inadequate Man Power
   - Urbanization and Migration
   - Linguistic and cultural diversity
   - Poor Economic Resources
   - Increasing impact of Globalization on Health & Mental Health Services
   - Lack of prevention and Promotion Programmes in Mental Health in India.

2) The Economic Globalization includes:
   - Deregulation of trade, corporate tax concessions and investment incentives, combined with so-called ‘reform’ of labour conditions.
   - Privatization of a wide range of services in health care, education, welfare and transport.
   - Increase in labour mobility, outsourcing and migration.
   - Accelerating demands on the world’s natural resource, associated with environmental damage and, in particular, with increased greenhouse gas emissions.

**Self Assessment Questions 4**

1) The goals of mental health research can be described as follows:
   - Increase scientific understanding of mental disorders
Policies and Research Related to Mental Health and Mental Illness

- Reduce the risk for mental disorders
- explain the interaction of potentially modifiable biological and psychosocial risk and protective factors in the society
- enhancement in the effectiveness of intervention
- maximization of the utility of existing resources to prevent mental illness and promote mental health and
- help in preventive and promoting programmes in mental health.

4.9 UNIT END QUESTIONS

1) Essay type questions
   a) What is the present scenario of Health and Mental Health Policies in India?
   b) What are the challenges for Mental Health Care in India?

2) Write short notes on:
   a) Priorities of Mental Health Research.
   b) Structure of mental Health Care in India.
   c) National Mental Health Care Programme.

4.10 REFERENCES

5) Health Ministry Website http://mohfw.nic.in/
6) Indian Council of Medical Research Website http://www.icmr.nic.in
11) Sharma SD and Chadda RK. Mental Hospitals in India – Current Status and Role in Mental Health Care, IHBAS, New Delhi, 1996.


17) Medical Council of India Website http://www.mciindia.org/