UNIT 19 MENTAL HEALTH LAW

Structure

19.1 INTRODUCTION

Mental health is undeniably one of our most precious possessions to be nurtured, fully promoted and preserved. According to the World Health Organisation, health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (WHO, 2002). In this unit, we will study about the meaning and factors that are determinants

of mental health. How the interrelationship between mental health states such as mental distress, mental health problem, and mental disorder occurs and also understand the signs and symptoms of common mental disorders. It will inform us the status of mental health in India.

19.2 LEARING OUTCOMES

After studying this Unit, you should be able to:

- Learn the meaning and determinants of mental health
- Know the interrelationship between mental health states – mental distress, mental health problem, and mental disorder
- Understand the signs and symptoms of common mental disorders, and
- Inform us the status of mental health in India.

19.3 BACKGROUND

The World Health Organisation defines "health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (WHO, 2002). An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities. Expanding and building on this definition, one can infer that mental health is the state of mind in which the individual can experience sustained joy of life while working productively, interacting with others meaningfully, and facing adversity without losing capacity to function physically, psychologically, and socially. Mental health or psychological well-being makes up an integral part of an individual's capacity to lead a fulfilling life, including the ability to form and maintain relationships, to study, work or pursue leisure interests, and to make day-to-day decisions about educational, employment, housing or other choices (Abdullah, 2017). Disturbances to an individual's mental well-being can adversely compromise these capacities and choices, leading not only to diminished functioning at the individual level but also broader welfare losses at the household and societal level. Therefore, it is a vital resource for a nation's development and its absence represents a great burden to the economic, political, and social functioning of any nation. There are physical and psychological changes, Social and economic factors that can make women more vulnerable and at greater risk of poor mental health than men. These changes can include things like poverty, sexual abuse, stress, intimate partner violence, and so on.

"Around one in five women have a common mental health problem, such as depression and anxiety----Life events and hormonal changes can affect women's mental health".(Women and mental health | Mental Health Foundation). According to a study done by the US Armed Forces Health Surveillance Branch. There was a 1.4 times higher incidence of anxiety among women service members than there was among their male counterparts, and there was also 1.9 times higher incidence of depression among women service members than there was among their male counterparts (Mental Health in Women | Mental Health Space).

19.4 FACTORS THAT DETERMINANTS OF MENTAL HEALTH

Mental health or well-being is influenced not only by individual characteristics or attributes, but also by the socioeconomic circumstances in which we find ourselves and the broader environment in which we live (Figure-1).

19.4.1 Individual Characteristics and Behaviours

These relate to a person's innate as well as learned ability to deal with thoughts and feelings and to manage him/herself in daily life (emotional intelligence), as well as the capacity to deal with the social world around by partaking in social activities, taking responsibilities or respecting the views of others (social intelligence). An individual's mental health state can also be influenced by genetic and biological factors; that is, determinants that persons are born or endowed with, including chromosomal abnormalities (e.g. Down's syndrome) and intellectual disability caused by prenatal exposure to alcohol or oxygen deprivation at birth (WHO, 2012).

19.4.2 Social and Economic Circumstances

The capacity for an individual to develop and flourish is deeply influenced by their immediate social surroundings – including their opportunity to engage positively with family members, friends or colleagues, and earn a living for themselves and their families - and also by the socio-economic circumstances in which they find themselves. Restricted or lost opportunities to gain an education and income are especially pertinent socio-economic factors (WHO, 2012).

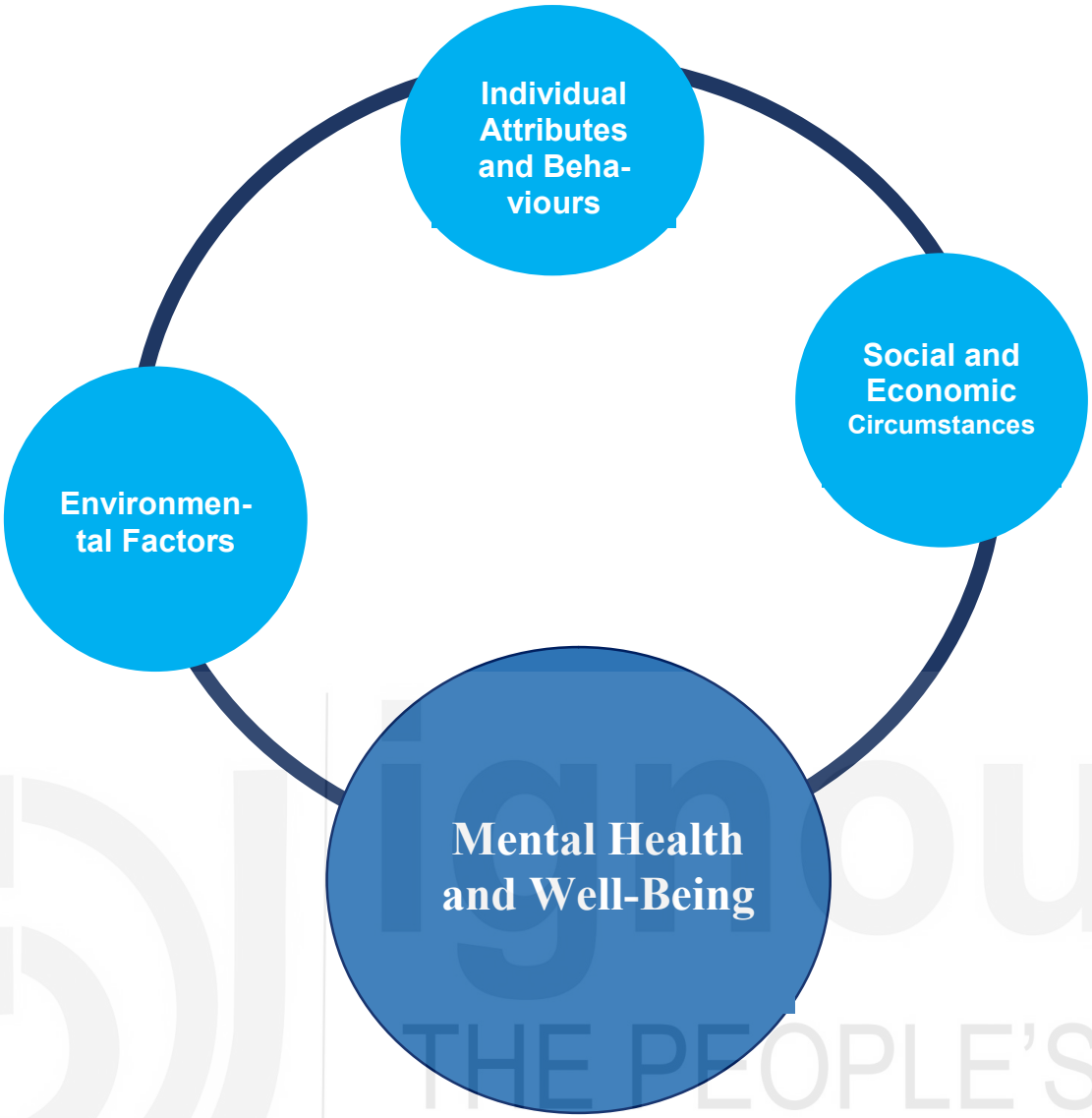

Figure-1: Determinants of Mental Health and Well-Being

19.4.3 Environmental Factors

The wider sociocultural and geopolitical environment in which people live can also affect an individual's, household's or community's mental health status, including levels of access to basic commodities and services (water, essential health services, the rule of law), exposure to predominating cultural beliefs, attitudes or practices, as well as by social and economic policies formed at the national level; for example, the on-going global financial crisis is expected to have significant mental health consequences, including increased rates of suicide and harmful alcohol use. Discrimination, social or gender inequality and conflict are examples of adverse structural determinants of mental well-being (*ibid*).

It is important to note that these different determinants interact with each other in a dynamic way, and that they can work for or against an individual's mental health state. An illustrative set of factors that may threaten or protect mental health is described in Table-1. For example, an individual's level of self-worth could be enhanced or diminished depending on social support or economic security at the household level, which in turn might be influenced

by the extent of political stability, social justice or economic growth in a country.

Table-1: Determinants of Mental Health

Level	Adverse Factors	Protective Factors
Individual attributes	**Low self-esteem** **Cognitive/emotional immaturity** **Difficulties in communicating** **Medical illness, substance use**	**Self-esteem, confidence** **Ability to solve problems and manage stress or adversity** **Communication skills** **Physical health, fitness**
Social circumstances	**Loneliness, bereavement** **Neglect, family conflict** **Exposure to violence/abuse** **Low income and poverty** **Difficulties or failure at school** **Work stress, unemployment**	**Social support of family & friends** **Good parenting/ family interaction** **Physical security and safety** **Economic security** **Scholastic achievement** **Satisfaction and success at work**
Environmental factors	**Poor access to basic services.** **Injustice and discrimination** **Social and gender inequalities** **Exposure to disaster or conflict/war**	**Equality of access to basic services** **Social justice, tolerance, inclusion** **Social and gender equality** **Physical security and safety**

19.5 MENTAL HEALTH STATES

We, as human beings, possess multiple and complex mental health states (e.g., no distress problem or illness; mental distress; mental health problem, and mental disorder or illness) and experience various emotions and cognitions and exhibit various behaviours at different points of our life. These emotions, cognitions and behaviours are influenced by the complex interactions that are continuously occurring between our brain and the environment. The environment (everything that exists outside the brain) influences how the brain functions and the brain influence and changes its environment (TMH, 2019). Figure-2 describes the interrelationship of mental

health states using a pyramid.

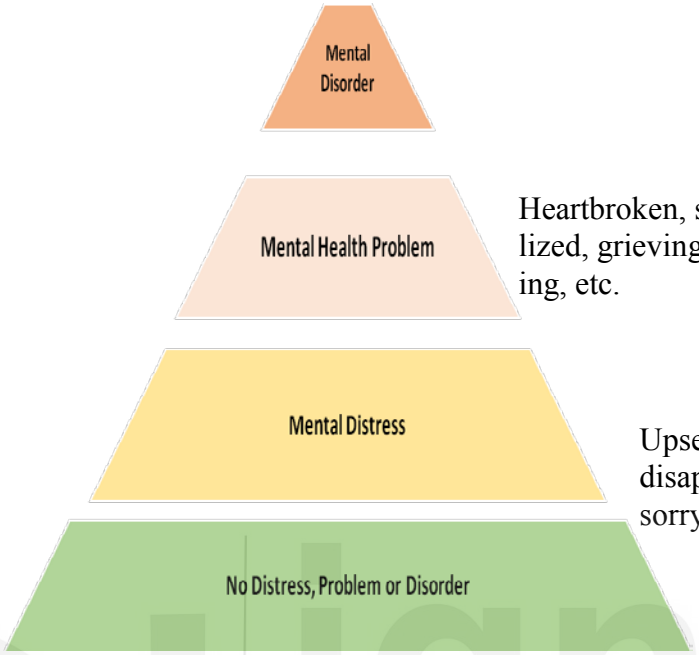

Figure-2: Interrelationship of Mental Health States

It is important to note that these states are not mutually exclusive. Any person can experience some or all these mental health states within a short period of time (such as an hour), or over a longer period (weeks, months or even years). Mental health states are also not a continuum. People do not progress from mental distress to developing a mental illness. Otherwise, everyone will end up with a mental illness. People can experience one or more states at the same time and different mental health states should be addressed differently. Every person will experience at least three of these mental health states (no distress problem or illness; mental distress; mental health problem) over the period of their lifetime. These three states are all part of usual life and together constitute mental health. They will also experience each of the other three states. A person can have mental health and mental illness concurrently.

19.6 MENTAL DISTRESS

Mental distress is the common, expected and normal response to the stresses of everyday life. For example, writing an exam, going to a job interview, giving a presentation in front of the class, asking a person to go out on a date, etc. It is a signal to us, from our brain, telling us that we need to adapt to the environment, and it is the basis for adaptation and resilience. This is called a 'stress signal' or 'stress response'. A stress response has different components to it - emotions/feelings (such as worrying, unhappiness, feeling energized, annoyance), cognitions/thinking (negative thoughts such as 'I am not good at anything', 'I wish I did not have to do this', or positive thoughts such as 'this is something I need to solve', 'it may be difficult but I can do

this', 'I should ask my friend for their advice'), physical symptoms (such as stomach aches and headaches, the stomach 'butterflies') and behaviours (such as avoidance of the situation, engagement of the challenge, positive energy, withdrawal from others, yelling at someone or helping someone). As we can see, the stress response can have both negative and positive components. We need to make sure we don't always focus on the negative ones

Everybody experiences mental distress (often called 'stress') every day. It is a part of good mental health. It is a signal that tells us to try something new to solve the challenge we are facing. As the person who feels distress tries to develop solutions or strategies to solve the challenges (often called 'stressors') they figure out what works and what does not work well. Successfully dealing with the stressor (also called solving the problem) leads to learning what strategy worked and use of that strategy in similar situations in the future. The distress goes away once the person has successfully overcome the challenge. But the learning and skill sets remain and are ready to be used another time. This process is called adaptation or resilience building.

Mental distress should not be addressed using professional intervention. On the contrary, people can adapt by themselves naturally, or with usual support and advice from the family or community. For example, a student is distressed because they are going to be late for school. Then they may get up earlier the next day for school. Learning the skills needed to be able to deal with life's challenges is an important component of prevention. These skills can be used to learn how to cope with and decrease the impact of future life challenges.

Check your progress-1

1) Give some facts about women's mental health.

2) Review any popular book on mental health.

19.7 MENTAL HEALTH PROBLEMS

Mental health problems are indicators of adaptation being challenged by the magnitude of the stressor. They are characterized by negative emotions, challenging cognitions and various difficulties with behaviour that can be severe at times and of either short or long durations (for example: death of a loved one, loss of a job, etc.) When faced with these large stressors, everyone experiences strong negative emotions (such as: sadness, grief, anger, demoralization, etc.). These emotions are also accompanied by substantial difficulties in other domains, such as, cognitive/thinking (for example, 'nothing will ever be the same', 'I don't know if I can go on in my life', etc.), physical (for example, sleep problems, loss of energy, numerous aches and

pains), and behavioural (for example, social withdrawal, avoidance of usual activities, angry outbursts, etc.). Almost everyone will experience these states many times during their life. Sometimes people experiencing a mental health problem will exhibit noticeable difficulties in everyday functioning - at school, college, office and outside of school, college, office, etc. People with mental health problems, such as grief, may need extra professional help, such as counselling, in addition to family and community support. Medical treatment (medication or psychotherapy) is usually not necessary. The presence of a supportive adult is a key component that can help people deal with a mental health problem.

19.8 MENTAL DISORDER OR ILLNESS

A mental disorder is very different from mental distress and from a mental health problem. It arises from a complex interplay between a person's genetic makeup and the environment in which they live or have been exposed to at different times in their lives. A mental disorder (also called a mental illness) is a medical condition diagnosed by trained health professionals (such as doctors, mental health clinicians, psychiatric nurses and psychologists) using internationally established diagnostic criteria. According to the American Psychiatric Association, mental illness refers collectively to all diagnosable mental disorders - health conditions involving significant changes in thinking, emotion and/or behaviour. These are associated with distress and/or problems functioning in social, work or family activities (APA, n.d.). There are many different mental disorders, with different presentations. They are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others (WHO, 2019).A person with a mental disorder will experience significant, substantial and persistent challenges with emotions/feelings (for example, depression, panic attacks, overwhelming anxiety, etc.), cognition/thinking (delusions, disordered thoughts, hopelessness, suicidal thoughts, etc.), physical (for example: fatigue, lethargy, excessive movement, etc.), and behaviour (for example, withdrawal from family and friends, suicide attempt, poor self-care, etc.). The presence of a mental disorder signifies that the individual needs best evidence-based interventions that may be of many different types (such as medications, psychotherapies, social interventions, etc.), provided by appropriately trained health care providers. While interventions that can help distress and mental health problems can also be used to help a person who has a mental illness, and general health enhancing activities are always useful, a person with a mental disorder requires a degree of care above and beyond that usually provided for a mental health problem. Mental disorders require treatment using best evidence-based care by trained health professionals (such as, mental health professionals/ doctors, psychiatric nurses, psychologists, etc.).

19.8.1 Common Mental Disorders

Mental disorders are medical illnesses signifying disturbances of usual brain function. The brain has six key functions - thinking, perception, emotion, signalling, physical movements and behaviour. A mental disorder occurs

when one or more of these brain functions fail to work as they should. A variety of different influences on the brain can lead to a mental disorder. Basically, there are two major causes that can be independent or can interact - genetics (the effect of genes on brain development and brain function) and environment (the effect of things outside the brain on the brain, such as, infection, malnutrition, severe trauma, etc.) Both genetic and environmental factors exert their impact by affecting how brain cells and circuit's function.

By understanding the signs and symptoms of the mental disorder, and the underlying mechanisms that are not functioning properly, one can identify treatment/ interventions (clinical, academic and social) to best help people experiencing a mental disorder. Treatments can improve symptoms and functioning, they may prevent the illness from recurring as well as preventing the negative impact of the illness on life success (e.g., early effective treatment of depression may prevent relation breakdown or job loss).

19.8.2 Depression

Depression is a common mental disorder and one of the main causes of disability worldwide. Globally, an estimated 264 million people are affected by depression (GBD, 2017 as cited in WHO, 2019). More women are affected than men. It is characterised by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. People with depression may also have multiple physical complaints with no apparent physical cause. Depression can be long-lasting or recurrent, substantially impairing people's ability to function at work or school and to cope with daily life. At its most severe, depression can lead to suicide. Prevention programmes have been shown to reduce depression, both for children (e.g. through protection and psychological support following physical and sexual abuse) and adults (e.g. through psychosocial assistance after disasters and conflicts). There are also effective treatments. Mild to moderate depression can be effectively treated with talking therapies, such as cognitive behaviour therapy or psychotherapy. Antidepressants can be an effective form of treatment for moderate to severe depression but are not the first line of treatment for cases of mild depression. They should not be used for treating depression in children and are not the first line of treatment in adolescents, among whom they should be used with caution. Management of depression should include psychosocial aspects, including identifying stress factors, such as financial problems, difficulties at work or physical or mental abuse, and sources of support, such as family members and friends. The maintenance or reactivation of social networks and social activities is important (WHO, 2019).

19.8.3 Bipolar Disorder

This disorder affects about 45 million people worldwide (GBD, 2017 as cited in WHO, 2019). It is typically characterized by cycles (episodes) of depression and mania, i.e., consisting of both manic and depressive episodes separated by periods of normal mood. Cycles can be frequent (daily) or

infrequent (many years apart). During depressive or manic episodes, the person may become psychotic (TMHO, 2016). Manic episodes involve elevated or irritable mood, over-activity, rapid speech, inflated self-esteem, self-destructive or self-harmful behaviours, including spending sprees, violence towards others, sexual indiscretions, and a decreased need for sleep. Psychotic symptoms include hallucinations and delusions. People who have manic attacks but do not experience depressive episodes are also classified as having bipolar disorder. A person with possible bipolar disorder requires immediate referral to a highly qualified mental health services provider TMHO, 2016). Effective treatments are available for the treatment of the acute phase of bipolar disorder and the prevention of relapse. These are medicines that stabilize mood. Psychosocial support is an important component of treatment.

19.8.4 Schizophrenia and Other Psychoses

Schizophrenia is a severe mental disorder, affecting 20 million people worldwide (GBD, 2017 as cited in WHO, 2019). Psychoses, including schizophrenia, are characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour. Common psychotic experiences include hallucinations and delusions The disorder can make it difficult for people affected to work or study normally. A person with schizophrenia will also demonstrate a variety of cognitive problems ranging from difficulties with concentration to 'higher order' difficulties such as with abstract reasoning and problem-solving (TMHO, 2016). Delusions are fixed erroneous beliefs that are held with conviction and may involve misinterpretation of experiences. One common type of delusion is persecutory (also commonly called paranoid) in which the person thinks they are being harmed in some way by another person, force or entity (such as God, the police, spirits, etc.). On the other hand, hallucinations are perceptions (such as hearing sounds or voices, smelling scents, etc.) that may occur in any sensory modality in the absence of an actual sensory stimulus. In schizophrenia, hallucinations are experienced as real perceptions. Stigma and discrimination can result in a lack of access to health and social services. Furthermore, people with psychosis, including schizophrenia are at high risk of exposure to human rights violations, such as long-term confinement in institutions. Schizophrenia typically begins in late adolescence or early adulthood. Treatment with medicines and psychosocial support is effective. With appropriate treatment and social support, affected people can lead a productive life and be integrated in society. Facilitation of assisted living, supported housing and supported employment can act as a base from which people with severe mental disorders, including schizophrenia, can achieve numerous recovery goals as they often face difficulty in obtaining or retaining a place to live and normal employment (WHO, 2019).

19.8.5 Dementia

Worldwide, approximately 50 million people have dementia. Dementia is usually of a chronic or progressive nature in which there is deterioration in cognitive function (i.e., the ability to process thought) beyond what might be

expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation. Dementia is caused by a variety of diseases and injuries that affect the brain, such as Alzheimer's disease or stroke. Though there is no treatment currently available to cure dementia or to alter its progressive course, many treatments are in various stages of clinical trials. Much can be done, however, to support and improve the lives of people with dementia and their carers and families (WHO, 2019).

19.8.6 Developmental Disorders, including Autism

Developmental disorder is an umbrella term covering intellectual disability and pervasive developmental disorders (PDDs) including autism. Developmental disorders usually have a childhood onset but tend to persist into adulthood, causing impairment or delay in functions related to the central nervous system maturation. They generally follow a steady course rather than the periods of remissions and relapses that characterize many mental disorders (WHO, 2019). Intellectual disability is characterized by impairment of skills across multiple developmental areas such as cognitive functioning and adaptive behaviour. Lower intelligence diminishes the ability to adapt to the daily demands of life. Symptoms of pervasive developmental disorders, such as autism, include impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and are carried out repetitively. Developmental disorders often originate in infancy or early childhood. People with these disorders occasionally display some degree of intellectual disability. Family involvement in care of people with developmental disorders is very important. Knowing what causes affected people both distress and well-being is an important element of care, as is finding out what environments are most conducive to better learning. Structure to daily routines helps prevent unnecessary stress, with regular times for eating, playing, learning, being with others, and sleeping. Regular follow up by health services of both children and adults with developmental disorders, and their careers, needs to be in place (WHO, 2019).

There are different effects on men and women with mental illnesses. Depression is more common in women than in men. There are certain illnesses that only affect women and not men. Some women may experience problems during hormonal transition, such as prenatal depression, premenstrual dysphoric disorder, and perimenopause-related sadness. There are no significant differences between males and females' occurrence rates of other mental disorders, such as schizophrenia and bipolar disorder. There are some illnesses that are more common in women than in men, and this might have an impact on how they develop. (NIMH » Women and Mental Health (nih.gov).

19.9 MENTAL HEALTH IN INDIA

India was one of the first countries to develop a National Mental Health Programme (NMHP) in the early eighties with a focus on accessible and equitable mental health care. However, NMHP underwent major strategic revisions over its course (Starting from setting a district as the unit for program planning and implementation under the District Mental Health Program (DMHP) to incorporating it with the National Rural Health Mission (NRHM) for effectively scaling up the program) and its impact was limited by financial and human resource constraints, lack of community participation and a robust monitoring and evaluation system. The fact of the matter is – mental health problems are still a matter of great concern in the country and the myths and taboos attached to this subject are prevalent to this date.

Today, the country is known as the world's suicide capital with over 2.6 lakh cases of suicide in a year. WHO estimates that roughly 20 per cent of Indians suffer from some sort of mental disorder (Bhatia, 2020). According to another estimate, common mental disorders (CMDs), including depression, anxiety disorders and substance use disorders are a huge burden affecting nearly 10.0% of the population (NMHS, 2015-16). WHO also estimates the economic loss due to mental health conditions in India, between 2012-2030, at USD 1.03 trillion (WHO, n.d.).

19.10 LAW AND POLICY RELATED TO MENTAL HEALTH IN INDIA

National Mental Health Programme-*The Mental Health Care Act 2017* was passed on 7 April 2017 and came into force from 7th July 2018.The law was described in its opening paragraph as "An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto. "This Act superseded the previously existing the **Mental Health Act, 1987** that was passed on 22 May 1987.

The Government of India launched the **National Mental Health Programme (NMHP) in 1982**, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it. The district Mental Health Program was added to the Program in 1996. The Program was re-strategized in 2003 to include two schemes, viz. Modernization of State Mental Hospitals and Up-gradation of Psychiatric Wings of Medical Colleges/General Hospitals. The Manpower development scheme (Scheme-A & B) became part of the Program in 2009.

3 main components of NMHP -

- Treatment of Mentally ill
- Rehabilitation

- Prevention and promotion of positive mental health.

Objectives -

- To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future;
- To encourage the application of mental health knowledge in general healthcare and in social development;
- To promote community participation in the mental health service development; and
- To enhance human resource in mental health sub-specialties.
- Strategies -
- Integration mental health with primary health care through the NMHP
- Provision of tertiary care institutions for treatment of mental disorders
- Eradicating stigmatization of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority, and State Mental health Authority.

District Mental Health Program:

Envisages provision of basic mental health care services at the community level.

Objective: -

- To provide sustainable basic mental health services to the community and to integrate these services with other health services
- Early detection and treatment of patients within the community itself
- To reduce the stigma of mental illness through public awareness.
- To treat and rehabilitate mental patients within the community.

Source : https://www.nhp.gov.in/national-mental-health-programme_pg

19.11 KEY GAPS

Some of the key dimensions of India's mental health crisis are –

a) Shortage of mental health professionals,
b) Inadequate infrastructure,
c) Poor service delivery,
d) Low awareness,
e) Dearth of evidence and research,
f) Inadequate policy provisions, and
g) Poor financing

19.11.1 Shortage of mental health professionals

The entire mental health workforce, comprising clinical psychiatrists, psychologists, psychiatric social workers, and psychiatric nurses, stands at 7,000, while the actual requirement is around 55,000 (TNN, 2018). Thus, there is huge gap between demand and supply. On the other hand, mental health agenda is largely driven by psychiatrists who specialize in clinical management and don't have any formal public health training. This is a significant barrier to the sector adopting a holistic approach (DASRA, 2017).

19.11.2 Inadequate infrastructure

At least 3.5 million Indians need hospitalization on account of mental illnesses. The country has 40 institutions with a total of 26,000 beds equipped for mental health patients. Of these 40, only nine are equipped to treat children's Rural areas are even worse equipped About 70% of India's population lives in rural areas, but only 25% of hospitals, clinics and mental health professionals are in rural areas (DASRA, 2017).

19.11.3 Poor service delivery

There is disproportionate emphasis on the biomedical approach in the country. Psychiatrists are trained to prescribe medication as the only cure. This neglects the role of social factors in mental health, and the benefits of alternative forms of therapy. It also disregards the role of counsellors, social workers and other professionals who facilitate access to legal aid, employment, housing, etc. There is also inadequate focus on community-based care. Most mental healthcare in India is currently delivered through institutions. However, more than 90% of patients with chronic mental illness live with their families. Research has shown that caring for a relative with mental illness is associated with high distress for the family caregiver. Yet few programs exist to support them (DASRA, 2017).

19.11.4 Low awareness level

There is lack of mental health literacy. A study of rural, urban and tribal communities across five states in India found that a large proportion of respondents did not know what constitutes mental illness, where mental healthcare is available, and even that medical treatment for mental health exists and can be effective. Most people believed that mental illness is the result of evil spirits, black magic, or sins from a past life, and that a traditional healer could improve their condition (Gaiha, 2014). There is also widespread stigma surrounding mental illness. It causes delays in seeking care, impedes timely diagnosis and treatment, hinders recovery and rehabilitation, and ultimately reduces the opportunity for fuller participation in life.

19.11.5 Dearth of serious evidence and research

Rich qualitative data from local, lived experiences is rarely used as evidence to build programmes. Therefore, international trends and successes from one-

off trials often influence development of local models, losing the nuance and granularity needed to develop effective responses and sustainably scale interventions. Investment in research and evaluation of innovative pilot programs, to understand their effectiveness and potential to scale in the Indian context is also lacking (DASRA, 2017).

19.11.6 Inadequate provisions

Although India has various legal measures to protect the human rights of the mentally ill, the proper implementation of these Acts is an issue, Especially Women's mental health has not given adequate attention in India, many government institutions still retain prison-like environments and structures, with patients sleeping on the floor, urinating, and defecating in the cell due to lack of toilets, and archaic practices such as uniforms and shaved heads. There is no comprehensive regulatory mechanism to maintain minimum standards at private and public residential mental health facilities either. Self-proclaimed and unqualified psychologists, life coaches, social workers and counsellors, as well as practitioners of alternative medicine and traditional faith healers are adversely affecting the standard of mental health services in India, and too often result in a breach of ethical practice, and harm done to the patient.

19.11.7 Poor financing

There is limited government funding on mental health programmes. As against 10.8% and 6.2% spending on mental health as a percentage of health budgets in England and United States, respectively, the corresponding figure is a meagre 0.06% only for India. While health at large is one of the leading sectors that philanthropists in India give to, mental health is still a highly underfunded cause within private and corporate philanthropy, largely due to the difficulty of measuring impact in the sector (DASRA, 2017).

Therefore, the need of the hour is to sensitise and educate individuals about the signs and symptoms of mental illness, while normalising the idea of seeking support for themselves and their loved ones. There needs to be more open discussion and dialogue with the general public (and not just with experts) on this subject. Therefore, to create a better mental health landscape in the country, a multi-pronged approach will be required – from improving mental health infrastructure and service delivery to increasing awareness/reducing stigma, generating high quality data & evidence, and enhanced government & private funding to mental health programmes.

19.12 LET US SUM UP

Thus, in this Unit we studied that the maxim, 'there is no health without mental health' underlines the fact that mental health is an integral and essential component of health. Article 21 of the Constitution of India provides for the right to life that includes the right to health. However Mental health, hitherto neglected, is now recognised as a critical requirement, and is engaging the attention of policymakers, professionals, and communities in

India and across the globe. In the Indian context, a systems approach to mental health becomes critical not only to advance mental health, but also because of its impact on the nation's commitment to implement Mental Health Action plans and to achieve Sustainable Development Goals (SDGs) in the coming years. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere near the same degree of importance as physical health. Rather, they have been largely ignored or neglected. The relationship between the burden of mental disorders and spending is clearly inappropriate. Urgent action is needed also to close the treatment gap and to overcome barriers which prevent people from receiving appropriate care. The funding for mental health programmes needs to be streamlined with good planning, increased allocation, performance based timely disbursal, guaranteed complete utilisation and robust mechanisms for oversight and accountability. Legal, social, and economic protection for persons with mental illness should be ensured through existing legislative provisions and state specific legislations to guarantee mental health care to citizens should be strictly implemented. It is essential that mentally ill persons should receive good quality mental healthcare and living conditions in their homes and society.

19.13 UNIT END QUESTIONS

1) What do you understand by mental health?

2) Explain the key dimensions of India's mental health crisis.

3) Describes the interrelationship of mental health states.

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