AN EMPIRICAL STUDY ON MENTAL HEALTH ISSUES, PROGRAMS AND CHALLENGES

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ABSTRACT

In this research paper, I have studied and addressed the implications on Mental Health, research that has been done till now pertaining to issues of mental health, policies, programmes, challenges and their recommendations. Early intervention can help reduce the severity of an illness. It may even be possible to delay or prevent a major mental illness altogether. Learn and study on the fundamental rights of Mentally Ill person. I have also analysed the case studies on particular states in India namely Kerala, Gujrat, Tamil Nadu etc. to understand India's progress towards Mental Health. We can also conclude that Mental Health Policies needs to be revisited. There are various general Challenges that lies ahead on Mental Health based on our research case affects numerous sections and groups of the Indian society. We have also given recommendation and solutions that can be put forth with the aim on achieving the gap of India's progress towards efficient implementation of Mental Health policies and challenges. "Just as with other medical illnesses, early intervention can make a crucial difference in preventing what could become a serious illness"

Keywords: *Mental health, Mental illness, Depression, Anxiety, disability, case study, bi-polar disorder, Mood disorder, DHD, autism spectrum, panic, OCD ,phobia ,depression, bipolar, mood disorders, eating , personality, PTSD, Psychotic including schizophrenia.*

INTRODUCTION

“What mental health needs is more sunlight, more candour and more unashamed conversation.” -Glenn Close

Mental Health is an integral and essential component of health. The **WHO** constitution states: "**Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**" An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.

Health encompasses the composite union of physical, spiritual, mental, and social dimensions according to the World Health Organization (WHO), which recognizes that “mental health and well-being are fundamental to quality of life, enabling people to experience life as meaningful, become creative and active citizens.” Mental health is significantly different from general health as in certain circumstances mentally ill people may not be in a position to make decisions on their own.[1]

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. From perspectives of the discipline of positive psychology or holism, mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. On the other hand, a mental disorder or mental illness is an involuntary psychological or behavioural pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture.[2]

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, standards of living, working conditions, and community support. Stress, genetics, nutrition, perinatal infections and exposure to environmental hazards are also contributing factors to mental disorders.[3]

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[1]Patel V, Kleinman A. Poverty and common mental disorders in developing countries. Bull World Health Organ. 2003;81:609–15. [PMC free article] [PubMed] [Google Scholar] [Ref list]
[2]Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian journal of psychiatry*, *57*(Suppl 2), S205–S211.https://doi.org/10.4103/0019-5545.161479
[3]https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

The pandemic has had a huge impact on people's mental health, both positive and negative. The lockdowns have given some people an opportunity to work (or study) from home, enabling them to spend more time with their family and build relationships. This, in turn, can enhance psychological wellbeing and a feeling of contentment. But the larger population is faced a strong negative impact of COVID-19 on their mental health. For example, COVID-19 positive patients often suffer from depression, anxiety, and post-traumatic stress related to the disease. Frontline workers often face stigma from their community and family and have to deal with the fear of getting infected. They also suffer from burnout, anxiety, and insomnia related to overwhelming workloads. Studies reveal that mental health issues like anxiety, depression, stress, psychological distress, loneliness have emerged progressively among the general population during the COVID-19 outbreak. Increased suicidal ideation and suicide, specifically among youth are an important concern during this time, which could be triggered by the isolation during the quarantine during the lockdown period.

Mental illness lasts for a protracted period and has a lifelong impact which gradually results in a poor quality of life.[4]

Those who suffer rarely get access to appropriate medical counselling and treatment as their families try to hide their condition out of a sense of shame.[5] This attitude not only harms patients but also leaves them vulnerable to exploitation, abuse, neglect, and marginalization.[6]

The global burden of disease report states that mental disorders account for 13% of total disability-adjusted life years lost[7], with years lived with disability with depression being the leading cause.[8] Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990-2013: A systematic analysis for the global burden of disease study 2013. [9]

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Over 300 million people are estimated to suffer from depression, equivalent to 4.4% of the world's total population. Various researches have demonstrated the close association of mental disorders as precursors of a wide range of acute and chronic conditions such as non-communicable diseases, injury and violence, and poor maternal and child health conditions. [10]

According to a study conducted by the National Institute of Mental Health and Neurosciences, India, in 2016, across 12 different states, the prevalence of depression for both current and lifetime is 2.7% and 5.2%, respectively[11]. Approximately 1 in 40 and 1 in 20 people are suffering from past and current episodes of depression all over the country.[12]

This survey has shown that the lifetime prevalence of mental disorder is 13.7% as a whole, which would mean at least 150 million Indians are in need of urgent intervention.[13] Mental illness in vulnerable age groups such as adolescent and in geriatric population accounts for more than half of the total burden.[14]

Another report regarding the projected burden of mental illness conveys that it will increase more rapidly in India than the other countries over the next 10 years and will account for one-third of the global burden of mental illnesses, a figure greater than all developed countries put together.[15]

In spite of this big burden of mental health issues, unfortunately, it continues to be misunderstood in developing countries like India.[16]

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Another critical aspect is the existing infrastructure and workforce in our country to address this health challenge. There are just about 40 mental institutions (out of which only nine are equipped to provide treatment for children) and fewer than 26,000 beds available for a nation comprising 150 billion people.[17]

The WHO report on the Mental Health Atlas reveals that there are just three psychiatrists, and even lesser number of psychologists for every million people in India, which is 18 times fewer than the commonwealth norm of 5.6 psychiatrists/100,000 people.[18]

Keeping in view the massive health burden of mental illness in our country, existing inadequate infrastructure/workforce, the social stigma attached, and glaring shortcomings of Mental Healthcare Act 1987, it becomes imperative for the government and various stakeholders to address these issues. There is also a need to work on the country's international obligation toward the mentally ill people as per the Convention on Rights of Persons with Disability (2007) and its optimal protocol.[19]

Hence, a patient-centric bill that safeguards available, affordable, and accessible mental healthcare services was a long due in India.[20]

A person with mental illness is entitled to treatment with the same dignity and decency as any other human being. His human rights flow from the fundamental right to life as in Article 21 of the Constitution which includes:

- Right to living accommodation, food, potable water, education, health, medical treatment, decent livelihood and congenial existence
- Right to privacy, speedy trail (if involved in any criminal offence) information and means of communication[21]

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TYPES OF MENTAL ILLNESSES

1) Anxiety disorders

According to the Anxiety and Depression Association of America, anxiety disorders are the most common types of mental illness. People with these conditions have severe fear or anxiety, which relates to certain objects or situations. Most people with an anxiety disorder will try to avoid exposure to whatever triggers their anxiety.

Examples of anxiety disorders include -

a) GENERALIZED ANXIETY DISORDER (GAD): The American Psychiatric Association define GAD as disproportionate worry that disrupts everyday living. People might also experience physical symptoms, including

- restlessness
- fatigue
- tense muscles
- interrupted sleep

About of anxiety symptoms does not necessarily need a specific trigger in people with GAD. They may experience excessive anxiety on encountering everyday situations that do not present a direct danger, such as chores or keeping appointments. A person with GAD may sometimes feel anxiety with no trigger at all.

b) PANIC DISORDERS: People with a panic disorder experience regular panic attacks, which involve sudden, overwhelming terror or a sense of imminent disaster and death.

c) PHOBIAS: There are different types of phobia:

- Simple phobias: These might involve a disproportionate fear of specific objects, scenarios, or animals. A fear of spiders is a common example.
- Social phobia: Sometimes known as social anxiety, this is a fear of being subject to the judgment of others. People with social phobia often restrict their exposure to social environments.

- Agoraphobia: This term refers to a fear of situations in which getting away may be difficult, such as being in an elevator or moving train. Many people misunderstand this phobia as a fear of being outside.

Phobias are deeply personal, and doctors do not know every type. There could be thousands of phobias, and what might seem unusual to one person may be a severe problem that dominates daily life for another.

d) OBSESSIVE-COMPULSIVE DISORDER (OCD): People with OCD have obsessions and compulsions. In other words, they experience constant, stressful thoughts and a powerful urge to perform repetitive acts, such as hand washing.

e) POST-TRAUMATIC STRESS DISORDER (PTSD): PTSD can occur after a person experiences or witnesses a deeply stressful or traumatic event. During this type of event, the person thinks that their life or other people's lives are in danger. They may feel afraid or that they have no control over what is happening. These sensations of trauma and fear may then contribute to PTSD.

2) Mood disorders:

People may also refer to mood disorders as affective disorders or depressive disorders. People with these conditions have significant changes in mood, generally involving either mania, which is a period of high energy and elation, or depression. Examples of mood disorders include:

- **Major depression**: An individual with major depression experiences a constant low mood and loses interest in activities and events that they previously enjoyed. They can feel prolonged periods of sadness or extreme sadness.

- **Bipolar disorder**: A person with bipolar in their mood, energy levels, levels of activity, and ability to continue with daily life. Periods of high mood are known as manic phases, while depressive phases bring on low mood.

- **Seasonal affective disorder (SAD)**: Reduced daylight triggers during the fall, winter, and early spring months trigger this type of major depression

- It is most common in countries far from the equator.

3) Schizophrenia disorders:

Mental health authorities are still trying to determine whether schizophrenia is a single disorder or a group of related illnesses. It is a highly complex condition. Signs of schizophrenia typically develop between the ages of 16 and 30 years.According to the NIMH, The individual will have thoughts that appear fragmented, and they may also find it hard to process information. Schizophrenia has negative and positive symptoms. Positive symptoms include delusions, thought disorders, and hallucinations. Negative symptoms include withdrawal, lack of motivation, and a flat or inappropriate mood.

4) Psychosis:

- People affected by psychosis can experience delusions, hallucinations and confused thinking.. Psychosis can occur in a number of mental illnesses, including drug-induced psychosis, schizophrenia and mood disorders. Medication and psychological support can relieve, or even eliminate, psychotic symptoms.

5) Paranoia:

- Paranoia is the irrational and persistent feeling that people are ‘out to get you’. Paranoia may be a symptom of conditions including paranoid personality disorder, delusional (paranoid) disorder and schizophrenia. Treatment for paranoia includes medications and psychological support.

6) Eating disorders:

- Eating disorders include anorexia, bulimia nervosa and other binge eating disorders. Eating disorders affect females and males and can have serious psychological and physical consequences.

- Learning about developing symptoms, or early warning signs, and taking action can help. Early intervention can help reduce the severity of an illness. It may even be possible to delay or prevent a major mental illness altogether.

MENTAL HEALTH AND SUSTAINABLE DEVELOPMENT GOALS

The critical role of mental health in achieving global development goals has been highlighted by including mental health in the Sustainable Development Goals. In September 2015, mental

health was included in the UN Sustainable Development Goals (SDGs). In this historic step, the United Nations (UN) acknowledged the burden of disease of mental illness and defined mental health as a priority for global development for the next 15 years. On the road to this achievement, many individuals and organizations have played a role in contributing to the inclusion of mental health in the SDGs, one of which is the global initiative called Fundamental SDG. This group has urged the UN to include mental health in the new development goals, targets, and indicators.

PROGRAMMES

I. National Mental Health Program

The Government of India introduced the National Mental Health Program (NMHP) in 1982, addressing the heavy burden of mental illness in the community, and the complete lack of mental health care infrastructure in the country to address it. the District Mental Health Program in 1996. The program was redesigned in 2003 to include two programs, namely. Modernization of Public Psychiatric Hospitals and Promotion of Psychiatry in Medical Colleges / General Hospitals. The three main components of NMHP are Mental Illness, Rehabilitation, Prevention and Promotion of Mental Health. NMHP's key strategies are to integrate mental health with primary health care through NMHP, and they have the provision of tertiary care facilities to treat the mentally ill, and to end discrimination against mentally ill patients and to protect their rights through regulatory institutions such as the Central Mental Health Authority, and the State. Mental Health Authority. It is important to note that in India, there have been previous efforts to improve mental health care as part of general health care, starting with a Bhore committee report. The formation of the NMHP, in 1982, became an important milestone in the development of mental health care in the country. However, India has changed in its political, social, economic, human and medical fields. There is a need for current NMHP methods to reflect these changes. There is also a need for the growing psychiatric sector to be involved in NMHP. How to identify population needs, utilizing existing public resources and fully involving various sectors of society.

II. District Mental Health Program

The District Mental Health Program was in 1996. The program was redesigned in 2003 to include two programs, namely. Modernization of Public Psychiatric Hospitals and Promotion of Psychiatry in Medical Colleges / General Hospitals. The main purpose of the district Mental

Health Program is to provide basic mental health care services at the community level and to integrate these services with other health services. They also see patients early and provide assistance to the community itself. The district Mental Health Program plays an important role in reducing the stigma attached to mental illness by raising public awareness. They also treat and rehabilitate psychiatric patients in the community.

III. Quality improvements in Mental Health Care

There are many new and ongoing ways in which to measure and improve the quality of mental health care. These programs include technological advances or standardized care and integrated efforts to find patient purchases and providers in continuous quality evaluation and improvement. International establishments in quality measurement include the World Health Organization (WHO) 's Assessment Instrument for Mental Health Systems, and the International Initiative for Mental Health Leadership, which provides reporting data, reporting capabilities, and data validation internationally. In health insurance rehabilitation measures that evaluates three aspects of quality of treatment success, safety and customer satisfaction. The plan states that indicators are collected in one place and published openly to promote continuous quality improvement. As a first step, the Benchmarking Network needs a high level of engagement and strong leadership. Improving the quality of mental health care is a team game, requiring the cooperation of all different providers, the involvement of consumer advocates, and the use of resources and incentives from healthcare providers and programs.

IV. Community based in Mental Health Care

Community based health programmes have been implemented in a variety of settings and have provided a range of services. Community health worker programmes include disease prevention, treatment and health promotion activities, peer worker interventions tend to focus on providing emotional and moral support, advice and information, and targeted health education. Community health programs are locally based education and treatment programs available typically to individuals who are living in poverty or do not have health insurance coverage. Community health programs are usually non-profit and seek funding through health department programs, donations, and government grants. Community Health Workers and Community members, after getting short-term training,provide a range of services including curative, preventive and promotive interventions. They are expected to act like bridges between the health system and the community.

V. Mobile Technology in Mental Health Care

Mobile phones have increasingly assumed an important role in the treatment of mental disorders in high-income countries. When mobile phones affect Mental Health results in comorbidity with depression, anxiety, OCD, ADHD and alcohol use disorder. Excessive smartphone use is associated with difficulties in cognitive-emotion regulation, impulsivity, impaired cognitive function, addiction to social networking, shyness and low self-esteem. Overall, in terms of the relationship between screen use and both physical and mental health outcomes, there have been several studies that suggest higher levels of screen use in children and adolescents is associated with reduced physical activity, increased risk of depression, and lower well-being. In particular, technology has made a big impact on the treatment of chronic illnesses, such as major depression, because technology offers self-management strategies and significantly improves adherence to medications with reminders and messages of support.

VI. National Telemental Health Program

Recognizing the mental health impact of the Covid-19 pandemic, Finance Minister Nirmala Sitharaman announced that the center will launch a national telemental health program. The pandemic has drawn attention to mental health issues affecting people of all ages. To improve access to quality mental health counseling and care services, a national telemental health program will be launched, the finance minister said in her Budget 2022 speech. The National Telemental Health Program will be a network of 23 telementalcenters of excellence including mental health. NIMHANS (National Institute of Mental Health and Neurosciences) will be the hub center and IIIT Bangalore will provide technological support to the mental health program. Dr GirdharGyani, director-general of the Association of Healthcare Providers (India), said the government's intention to focus on establishing 23 mental health centers will be beneficial in general and long-COVID patients in particular. Dr N.K. Pandey, chairman and executive director of the Asian Institute of Medical Sciences, said cases of depression and anxiety disorders are up about 25 percent globally and 35 percent in India alone. Dr Mona Duggal, Associate Professor (Community) at the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, said the National Tele Mental Health Program will provide the necessary boost to the framework of telemedicine services and virtual clinics. The health sector has been allocated Rs.86,200.65 crore in the Union budget, up 16 per cent from Rs.73,931 crore in 2021-22, with the Government also announcing the National Tele Mental Health Program and running an open platform for the National Digital health ecosystem. Of

Rs 86,200.65 crore, Rs 83,000 crore has been allocated to the Department of Health and Family Welfare while Rs 3,200 crore has been allocated to the Department of Health Research.

VII. National Institute for Mental Health and Neuroscience (NIMHANS)

The National Institute of Mental Health and Neurosciences (NIMHANS) is an institute of national importance governed by the Act of Parliament entitled NIMHANS Act 2012. This institute is a multidisciplinary institute for patient care, academic pursuit, and cutting-edge research in the field of mental health and neuroscience. The central government recognized its outstanding academic position, growth and contributions and declared it a "Deemed University" in 1994. In 2012, NIMHANS was awarded the status of an "Institute of National Importance". The Primary Care Psychiatry Program (PCPP) is an initiative of the Tele Medicine Centre, National Institute of Mental Health And Neurosciences (NIMHANS), Bengaluru, India, which has now developed into a Diploma in Primary Care Psychiatry (DPCP) course .as a sample course. The pilot experience in Mandya evolved into the DPCP course, which is a 1-year digitally driven online module in addition to a 10-day on-site course at NIMHANS. The Community Psychiatry Unit conducts various activities ranging from training, research, capacity building, outreach programs (camps) to community-based rehabilitation at the institute. The unit works across state and central governments to provide support for policy making, human resource empowerment, etc. under the National Mental Health Program in project mode. A multidisciplinary, state-of-the-art team means the unit delivers excellent public mental health services.

VIII. National Drug De Addiction Program

The Department of Health and Family Welfare operates a national “Drug Weaning Program (DDAP)” with the aim of providing affordable, easily accessible and evidence-based treatment for all substance use disorders through the state health facilities. They also build the capacity of healthcare workers to identify and treat substance use disorders. And the ministry has published the "Standard Treatment Guidelines for the Management of Substance Disorders and Behavioral Addictions." The Ministry of Social Justice and Empowerment implements “NashaMukt Bharat Abhiyan” (NMBA) in 272 identified vulnerable districts. The Department of Social Justice and Empowerment is running a project entitled Establishing and Implementing Capacity Building Mechanism for Addiction Treatment Facilities in India. The

project organizes 5-day training workshops for staff from various government-run/supported/funded institutions set up to treat drug addiction in the country.

IX. Virtual Conferencing Guidelines, 2021

A virtual conference differs from a simple virtual meeting. It's also more involved than a webinar. They are often multi-day, hosted online, and can include keynotes, panel discussions, live entertainment, training, education and certification, sales product demos, solution sessions, industry trends/thought leadership, product training/launch, and more. The purpose of virtual conferencing is lead and demand generation, acceptance and retention, brand awareness and relationship building. A virtual conference is a great alternative or complement for hybrid events to an in-person conference. A virtual conference allows companies to reach a wide audience, as virtual conferences often result in eight times as many registrations as traditional in-person conferences. We've seen this firsthand. Our flagship onsite event, Cvent CONNECT, had over 4,500 attendees in 2019, but Cvent CONNECT Virtual, the same event but entirely virtual, had over 40,000 registrations. Of course, there's no substitute for in-person interaction, but a virtual conference is a viable option when key demographics are spread around the world or when travel isn't an option. While many virtual conferences have been free recently, there is a shift towards some form of cost as this type of event becomes more mainstream. Virtual conferencing can help greatly increase brand awareness, networking opportunities, lead generation and more.

PRECEDENTS

- **Chandan Kumar Bhanik vs. State of West Bengal (1988)** – In this case the apex Court observed: "Management of an institution like the mental hospital requires flow of human love and affection, understanding and consideration for mentally ill persons; these aspects are far more important than a routinized, stereotyped and bureaucratic approach to mental health issues".

- The Supreme Court, in the **HussainaraKhatoon vs State of Bihar**, held that speedy trial was an essential and integral part of the fundamental right to life and liberty enshrined in Article 21 of the Constitution. Soon after, in a public interest litigation (PIL), that of **VeenaSethi vs State of Bihar case in 1982**, the court was informed through a letter that some prisoners, who had been 'insane' at the time of trial but had subsequently been declared 'sane', had not been released due to inaction of the state

authorities, and had remained in jail for 20 to 30 years. The court directed them to be released forthwith, considering the requirements of protection of right to life and liberty of the citizen against the lawlessness of the state.

- **Accused X v. The State of Maharashtra, 2019** – Crime and mental health has a long relationship. This case helps to understand this relationship. Petitioner relied upon Bachan Singh v. State of Punjab, 1982 case. The Hon'ble Supreme Court considered all factors that lead to crime but the brutality of crime and his tendency to commit such crime cannot be ignored. Therefore, the Court reduced the death sentence of life imprisonment.

- **Sheela Barse vs. Union of India and others** – In this case the apex Court observed as under:

  - ✓ Admission of non-criminal mentally ill persons in jails is illegal and unconstitutional;

  - ✓ All mentally ill persons kept in various central, district and sub jails must be medically examined immediately after admission;

  - ✓ Specialised psychiatric help must be made available to all inmates who have been lodged in various jails/sub jails;

  - ✓ Each and every patient must receive review or revaluation of developing mental problems;

  - ✓ A mental health team comprising clinical psychologists, psychiatric nurses and psychiatric social workers must be in place in every mental health hospital.

- Financial obligation of a welfare state in a leading case, that of **State of Gujarat and Another vs. KanaiyalalManilal and others**, the Court referred to the provisions of cost maintenance to be borne by the Government in case of mentally ill persons under Section 78 of the Mental Health Act. The Court opined that in a welfare state like India, it is not merely a matter of grace, but a statutory obligation of the State Government to bear the cost of mentally ill persons.

- In **Francis Coralie Vs Union of Delhi**, it was held that the right to life does not mean a mere animal-like existence but a more meaningful life, a life of physical and mental integrity. Further, in **State of Punjab and Others vs. Mohinder Singh**, it was also stated that right to health is integral to right to life. The state government has a constitutional obligation to provide health facilities and denial of medical aid due to non-availability of beds in government hospitals amounts to violation of Article 21.

- Similarly, in **MahendraPratap Singh vs State of Orissa**, a case pertaining to the failure of the government in opening a primary health care centre in a village, the court held, "In a country like ours, it may not be possible to have sophisticated hospitals, but definitely villagers within their limitations can aspire to have a Primary Health Centre".

- **Rakesh Ch. Narayan vs. State of Bihar** – In this case certain cardinal principles were laid down by the apex Court. These are:

  ✓ Right of a mentally ill person to food, water, personal hygiene, sanitation and recreation is an extension of the right to life as in Article 21 of the Constitution;

  ✓ Quality norms and standards in mental health are non-negotiable;

  ✓ Treatment, teaching, training and research must be integrated to produce the desired results;

  ✓ Obligation of the State in providing undiluted care and attention to mentally ill persons is fundamental to the recognition of their human right and is irreversible.

- On the basis of two public interest litigations, **B.R. Kapoor and Anr. vs. Union of India (UOI) and Others** and **PUCL vs Union of India**, both relating to functioning of the hospital for mental diseases, Shahdara, Delhi, the Supreme Court instructed the New Delhi administration to take immediate steps to set up a mental hospital-cum-medical college with sufficient autonomy to bring about quality changes in patient care. This led to the formation of the Institute of Human Behaviour and Allied Sciences, IHBAS.

- In **Rakesh Chandra Narayan vs the State of Bihar and others**, the court gave various number of positive directions from the apex court and brought about a few qualitative

changes and improvements in the management of the RMA, including the change of name to RINPAS and an autonomous status for the institute, a directive to the NHRC to monitor, supervise and co-ordinate the functioning of the institute from November 1997. Upon being entrusted this work, the Commission examined the scope and objectives of the remit of the Supreme Court, as also the manner in which the Commission should set about fulfilling the responsibilities assigned to it.

- **Dr. Upendra Buxi vs. State of U.P. and others** - The apex Court requested the NHRC to be involved in the supervision of mental health hospitals at Agra, Ranchi and Gwalior. The Commission on its part conceptualised and translated to action a Project on Quality Assurance in Mental Health Care in the country. The recommendations in a capsule form are:

  - ✓ Immediate abolition of cell admissions;
  - ✓ Gradual conversion of closed wards into open wards;
  - ✓ Construction of new wards of shorter capacity (not more than 20) for use as open wards;
  - ✓ Streamlining admission and discharge procedure in accordance with provisions of the Mental Health Act, 1987;
  - ✓ Upgradation of investigation facilities;
  - ✓ In-service training of all staff members;
  - ✓ Ensuring supply of nutritive food of 3000 kilocalories per day to each patient;
  - ✓ Developing occupational therapy facilities;
  - ✓ Developing rehabilitation facilities including day care centres.

CHALLENGES

1. MHA, 2017

a. ***MENTAL HEALTH ESTABLISHMENTS*** – The state should provide all the care for the individuals admitted. The government wants to bring the private sector into it and the provisions have brought all MHE's private and public under its purview. The lacuna exists in here, as the government did not specify how the burden of the cost of treatments and aftercare will be addressed.

b. ***ESCAPING FROMRESPONSIBILITY*** - The mentally ill patients can appoint their 'Nominated representative's with a simple statement, who will be furtherly addressing the issues and decisions to be taken on behalf of the PMI. The act stipulates that without an application from NR, a PMI cannot be admitted to the hospital against his or her wish. So, it is clear that the government of India is not willing to take the responsibility and covertly impose upon relatives and caregivers in the name of empowering them. The drawback of the provision is also that, the single persons would be at a disadvantage as, without NR, MHE would not be able to admit them. The procedure specifies that MO has to request the District review board to appoint an NR and it would take 7 or more days. Until then, such persons who may suffer at risk of suicide would remain in abeyance.

c. ***ADMISSION CRITERIA***- It can be clearly observed in the act, that the state is not interested in creating a competent mental health workforce. In the UK, the psychiatrists are not given the decision power to recommend compulsory admissions until they complete specific mandatory training and get approval from the secretary of state. But in India, the mental health professional status is given to nurses, psychologists and social workers working in MHE. Their major work is to make a decision on individuals' mental health and admission criteria. Senior professionals with great experience are needed for this significantly difficult task. This legislation is silent on requirements or authorised process for the professionals to be involved in admission criteria.

d. **STATE'S DESPOTISM** - According to section 100 of the MHA, 2017, the state can remove any person wandering in a public place if the police have 'reason to believe' that individual is mentally ill. The section specifies that The medical officer or mental health professional in charge of the public mental health establishment if on assessment of the person finds that such person does not have a mental illness of a nature or degree requiring admission to the mental health establishment, he shall inform his assessment to the police officer who had taken the person into protection and the police officer shall take the person to the person's residence or in case of homeless persons, to a Government establishment for

homeless persons. There is no mention of using ambulances, instead of police vehicles for "forceful transport". Besides that, section 100(b) also mentions that, to take under protection any person within the limits of the police station whom the officer has reason to believe to be a risk to himself or others by reason of mental illness. In common parlance, the act empowers the state to enter a private residence without a magistrate's approval if the police have the reason to believe to do so.

e. ***FUNDING*** - The commitment to uplifting mental health care standards will not be possible without proper budget allocations. Section 18(11) The appropriate Government shall take measures to ensure that necessary budgetary provisions in terms of adequacy, priority, progress and equity are made for effective implementation of the provisions of this section. The terms-(i) "adequacy" means in terms of how much is enough to offset inflation;(ii) "priority" means in terms of compared to other budget heads;(iii) "equity" means in terms of fair allocation of resources taking into account the health, social and economic burden of mental illness on individuals, their families and care-givers. For a clear understanding, the terms 'enough to offset inflation', 'budget heads' and 'fair allocation of resources are just for documents and not for implementation purposes.

At present, the budget allocations for the health sector don't even constitute 2% of our GDP. The economic survey 2020-21 had strongly recommended an increase in public spending on healthcare services from 1% to 2.5% - 3% of GDP, as mentioned in the National Health Policy 2017. The union budget 2022-23 seems very disappointing for the healthcare sector. There is none in the budget for the National Mental Health Programme; the allocation is less than 0.05% of the total healthcare budget. It is clearly evident that the government's promises of' Proper Health' is far from reality. The Former Union Health Secretary remarked that A disappointing budget for health and education need to remember that roads and ports don't make sense if people are illiterate and sick.

f. ***HALF-WAY HOMES***- Section 18(2)(b) of the act mandates the state governments provide halfway homes and sheltered accommodation for PMI. The main intention of incorporating such provision is to provide care and rehabilitation to the discharged PMI's before their survival in the common society. But the Maharashtra state government had not established the required halfway homes and housed 186 PMI's in beggar homes, homes for women and old age homes which resulted in the death of three PMI's. In Gaurav Kumar Bansal v. Dinesh Kumar &Ors, the apex court had directed the states to rehabilitate persons

cured of mental illness in halfway/long-stay homes prior to acceptance by their families. They deprecated the practice by states of re-designating old age homes and other institutions as halfway homes saying it will not serve the purpose of rehabilitation mentioned in the act. The bench led by Justices D Y Chandrachud and M R Shah stated that "there is no question of transferring them from mental health establishments to beggar homes or old-age homes".

g. **MENTAL HEALTH**- The act defines a prisoner with mental illness as a person who is under trial or convicted of an offence and detained in a jail or prison. The act mandates setting up a mental health unity at least one prison in each state. The act also mandates the mental health review Board to visit and inspect the prisons and seek information from medical officers. The prison Statistics India data, 2019 shows that inmates suffering from mental illness constitute 1.5% of the total prison population. In the case of Shankar SopanShikare vs the state of Maharashtra, the Bombay high court had held that there are no facilities like a separate cells for mentally ill patients in the central Jail and Government medical college and Hospital, Aurangabad. The justice had further commented that "in terms of section 121 of the Mental Healthcare Act, 2017 the state government is yet to frame rules and not yet framed even in the year 2020. It is a sordid state of affairs that the police machinery, the jail authorities and even the courts below have the ignored the provisions of the Mental Healthcare Act,2017".

h. **MENTAL HEALTH REVIEW BOARDS**- Section 82 act mandates for the establishment of the Mental health review Board to address the violations of the Mental healthcare Act, 2017. The MHRB has the power to register, review, alter, modify or cancel an advance directive and to appoint NR, to decide the applications from a PMI. Despite the mandate of establishment for ensuring the proper mental healthcare services, many states had not established the MHRB's. Only Karnataka and Tamil Nadu had established the Mental Health Review Boards in India.

REVIEW OF LITERATURE

Mental Health issues are one of the most pressing concerns worldwide. Mental health is one of the leading causes of disability and a burden economically and socially. Two of the most common mental health conditions, depression, and anxiety, cost the global economy US$ 1trillion each year. It affects all areas of life, such as school, work performance, relationships

with family and friends, and the ability to participate in the community. In this paper we have undergone various papers and articles.

Untreated mental illness results in stigma, marginalization and discrimination often worsening one's quality of life. This leads to a substantial loss of social and human capital, adversely impacting a large number of individuals and families have been very well explained by ICMR. (ICMR official website).[22]

The National Human Rights Commission, NHRC conducted a Core Group on Health and Mental Health to understand the issues and rights of leprosy affected people during COVID-19 and gave important suggestions. Those suggestions have well understood and critically examined in this paper.(NHRC, Recommendations) [23]

Timely review of developments in mental health care in India since the initial involvement of the NHRC through the 1999 quality assurance report given by D Nagaraja and pratima, was also looked upon while writing this research paper. (D Nagaraja, DPM, DM (Neurology))[24]

There is an urgent need to infuse more financial and human resources that can be utilized in organizing awareness campaigns; mobilize community resources by training the community health workers, laypersons, and community members in rehabilitative services;[25] provide rehabilitative services at multiple levels (daycare and residential care, routine psychosocial activities, outreach activities, livelihood activities, etc.); and set up integrated CBR programs by various stakeholders.[26]

India being a signatory to it, launched her national mental health policy (NMHPolicy) in 2014. [27]

[22]https://main.icmr.nic.in/sites/default/files/press_realease_files/PR_GBD_India_Mental_Disorders_Paper_0.pdf

[23]https://nhrc.nic.in/media/press-release/nhrc-core-group-health-and-mental-health-expresses-serious-concerns-problems-and

[24]Mental Health Care and Human Rights (antoniocasella.eu)

[25]Saha S, Chauhan A, Buch B, et al. Psychosocial rehabilitation of people Living with mental illness: Lessons Learned from community-based Psychiatric rehabilitation centres in Gujarat. J Fam Med Prim Care 2020; 9: 892–897.

[26] Chatterjee S, Patel V, Chatterjee A, etal. Evaluation of a ccommunity-base Rehabilitation model for chronic Schizophrenia in rural India. Br J Psychiatry J MentSci 2003; 182: 57–62.

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The policy was in concordance with WHO's mental health (MH) policy, plan, and program (2005), and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007).

OBJECTIVE OF RESEARCH

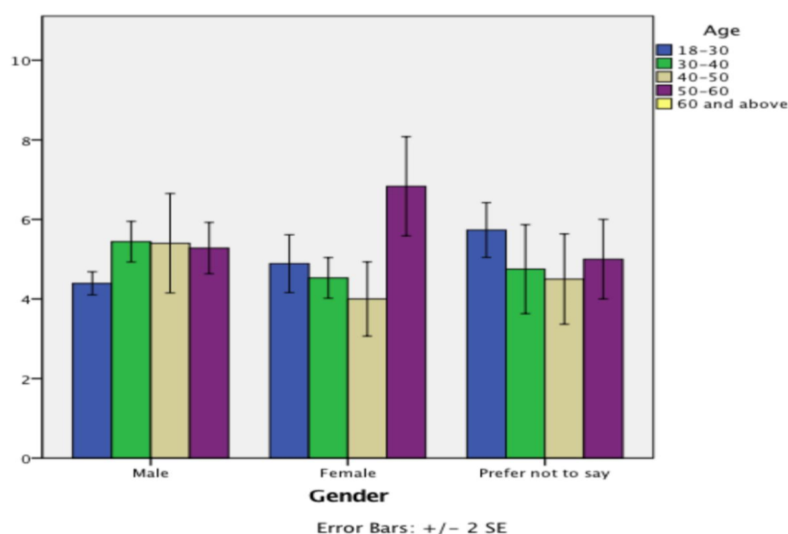
- To Analyse Government initiatives on empowering people in early detection and prevention of mental illness in India.
- To explore the initiatives by Government of India to overcome the shortage of mental health care workforce to provide adequate mental health service in India.
- Review the policies and programmes of India and to find out lacuna between policies and the implantation.

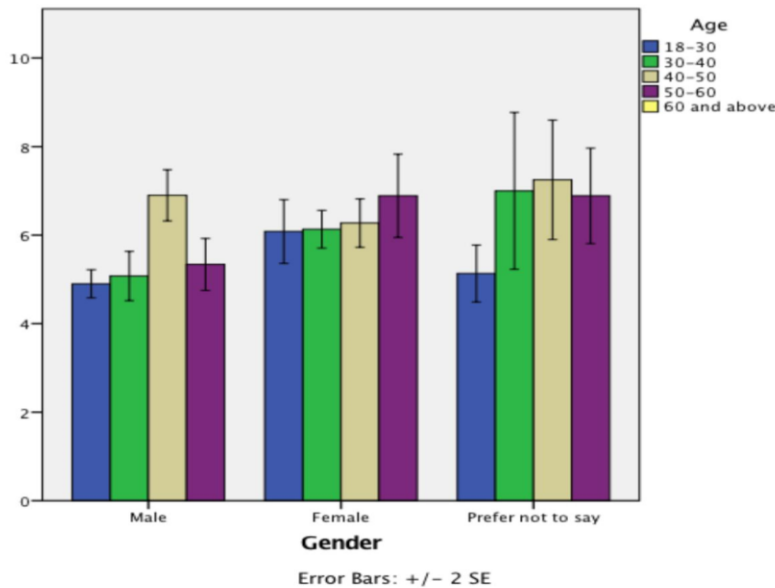
Hypotheses :-

Ha: There is a significant association between age and how people feeling positive about their life

Ho: There is no significant association between age and how people feeling positive about their life

Data analysis :-





RESEARCH METHODOLOGY

The paper is based on secondary data put together on mental health research, policies and challenges. This study sets out to explore analysis and gain insight into mental health in India. Firstly various government and international organizations research on mental health and its challenges were studied elaborately. Along with that evolution of the Mental Health Policy in India was studied with its precursory Act and various judgments given by judiciary. There is an in-depth analysis of Mental Health Policy 2014 in this paper that highlights the positive and negative areas in it. A quantative as well as qualitative approach was selected as the most appropriate method for this exploratory research study. After studying the policies and research on mental health in India its challenges were discussed among the group members and collectively recommendations were put forward. This paper comes with various limitations as it is based on secondary data and is put together on short period of time.

CONCLUSION

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world. Therefore, it can be concluded that any policy can only be implemented when it fulfils the 7 mantras which are as follows:

- Politically acceptable
- Financially viable
- Socially desirable
- Technologically feasible
- Emotionally relatable
- Judicially tenable
- Administratively durable

In this era of technology to deal with mental ills, it is very important to have technology along with community care service, with support to ministries. In this research paper we have analysed various government policies and initiatives however, we are of the opinion that there are not much policies in early detection and prevention of mental illness in India. There are number of policies nationally and internationally for mental healthcare workforce to provide adequate mental health services in India. But there is a gap between these legislations and their effective implementation due to certain factors such as budget insufficiency, lack of manpower, lack of primary research and many more which have been discussed under chapter challenges.

Further, we have also gone into depth analyses of research present in this sphere. After research we are of the opinion that community awareness and community outreach programmes can in short span of time solve many issues related to mental health. Although we have noticed a positive change in the society about mental health awareness and their efforts to support persons affected it. Certain recommendations suggested are to have a pre-trial mental status assessment of prisoners, to create rehabilitation centres/ social welfare homes for persons recovering from mental illness, and also, we suggest having private and public both sectors to collectively work for the welfare of persons suffering from any mental illness.

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