MSAI Policy Document
MENTAL HEALTH

Adopted at the National General Assembly, 2023

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Policy Statement

Introduction: Mental health is a constitutional aspect of the definition of health by the World Health Organisation, yet, in addition to the stigma attached to mental health issues, there is a lack of accessibility and workforce for mental health services in India. The scenario surrounding the same is gradually changing in our country, however, there is still room for improvement for aspects surrounding awareness, rehabilitation and policy framework.

MSAI Stance: We at MSAI, as future healthcare professionals, call for the provision of effective, affordable and accessible mental health services for all age and societal groups in India. We acknowledge that overcoming the stigma of mental illness will be a constructive step towards achieving mental health for all, and hence we call for the development of firm policies centred around destigmatizing mental illness and delivering an effective national action plan.

Call to action:
MSAI calls for

1. National government to:
● Develop a Task Force on Mental health as a matter of urgency to work on immediate plans for Mental Health of the citizens in the current pandemic, post-pandemic era and future potential national crises.
● Revise the National Mental Health Policy (2014) with stress on destigmatisation, increasing availability of resources and developing a National plan in sync with the WHO special initiative for mental health (2019-2023): universal health coverage for mental health.
● Integrate Mental Health services into Primary health care to increase access, improve prevention, detection, treatment and follow-up of Mental disorders and to promote a holistic approach to patient care.
● Strengthen government and non-government capacities to work for and undertake research in mental health

● Provide and sustain the provision of funds for mental health services through development of government insurance schemes and promoting private insurance schemes, focusing on adolescents, youth and other vulnerable population groups.
● Adopt an intersectoral approach in promoting mental health through sectors such as health, employment, education, information and broadcasting, etc.
● Promote and support youth engagement pertaining to mental health at all possible levels

2. State and Local Governments to:
● Ensure the implementation and monitoring of National guidelines and regulations established towards mental health
● Develop and implement capacity building projects, public awareness and community participation initiatives
● Allocate funds towards subsidizing the cost of mental health services and training of mental health professionals
● Support state and local organisations working for mental health through funding for logistics and resources

3. Hospitals and Health care providers to:
● Ensure equitable and affordable access to mental health services with an aim of integrated patient approach
● Train health care providers with key psychosocial and behavioural science skills to provide human rights oriented services and increase human resource capacity for Mental health
● Establish healthy work environments and advocate for promotion and protection of mental health of health care workers through organisational policies.
● Eliminate stigmatization towards people afflicted with mental health issues

4. Schools, Universities including Medical Colleges to:
● Provide accessible, effective, confidential support services including free counselling to support students with mental health issues.
● Promote and Integrate mental health awareness, destigmatisation, stress management and coping skills in the educational curriculum using IT tools
● Educate students on burnout, trauma and promote help-seeking behaviour
● Promote a safe online/offline multicultural environment in school/college with zero tolerance to bullying and discrimination
● Sensitize and educate medical students about human rights oriented and evidence based mental health services, including vulnerable populations and psychological first aid

5. Companies, Factories, Offices and Workspaces to:
● Promote a positive work environment and healthy work-life balance of the employees, employers and staff
● Provide mental health support services and eliminate barriers to seeking help when struggling with mental health issues

6. Civil society to:
● Have a dialogue in the society about mental health promotion and prevention
● Advocate for the promotion of mental health and its destigmatisation
● Promote accessibility and acceptability of mental health services

●   Actively support people seeking help for their mental health issues

POSITION PAPER

Background

As defined by the World Health Organisation, Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. Mental health issues prove to be a significant burden on our society, including the economy. Given the prevalence of stigma surrounding mental health in India, it becomes more important to urgently address this issue. MSAI has been actively involved in promoting mental health in adolescents, youth, vulnerable groups including medical students, healthcare workers, homemakers, the LGBTQIA+ community and the elderly. The current COVID-19 pandemic is known to have exacerbated the existing burden of mental health issues in our country, hence it is urgent to address this significant problem.

Discussion

Global burden of Mental health

The World Health Organisation defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", this implies that there is no health without mental health. Furthermore, the WHO describes Mental health as a state of well-being wherein an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to their community.[1] Although there is progress in some countries, people afflicted with mental health issues globally time and again experience stigma, discrimination as well as human rights violations.[2] The burden of mental health issues continues to rise with serious impacts on health and social, economic and human rights consequences in all countries worldwide.

Around 1 in 5 of the world's adolescents and youth suffer from mental health issues.[3] Depression, being a common mental disorder and one of the main causes of disability worldwide, has affected an estimated 279.6 million people. More than 39 million people globally have been affected by bipolar disorder, and 23.6 million by schizophrenia. [4] It was reported by the WHO that mental, substance use and neurological disorders contribute to around 13% of the global burden of disease.[5] In response to the burden of mental health issues, a comprehensive mental health action plan (2013-20) was adopted at the 66th World Health Assembly. The Sustainable Development Goals for the UN 2030 agenda seek to address promoting mental health and well being through target 3.4 [Reduce by ⅓ rd, premature mortality from Non-communicable diseases (NCDs) through prevention and treatment and promote mental health and well-being] for Goal 3 [Ensure healthy lives and promote well-being for all at all ages].[6] However, there is much that needs to be done before the goals mentioned in the Mental health action plan and UN 2030 agenda are met.

Burden of Mental health in India

According to the National Mental Health Survey (2015-16) by the National Institute of Mental Health and Neurosciences (NIMHANS), common mental health problems affected significant sections of the society, with 1 in 20 people suffering from depression nationwide. This implies that mental disorders contribute to a significant disease burden in India. Furthermore, the study pointed out that the prevalence of mental morbidity is high in urban metropolitan areas. Nearly

1% of the population reported high suicidal risks, with half of them reporting co-occurring mental illness and the other half not reporting any comorbid disorder. The study highlighted the urgent need for coverage of equitable mental health services across India.[7]

About 19.7 crore people, [roughly one in seven Indians] suffered from mental disorders of varying severity, including depression, bipolar disorders, schizophrenia, anxiety disorders, conduct disorders, idiopathic developmental intellectual disability, and autism, in the year 2017 [8]. The contribution of mental disorders to the total disease burden has doubled in our country from 1990 to 2017. This demonstrates the need for efficient strategies to control this growing burden. [9] It was estimated by the WHO that the economic loss in India, due to mental health conditions, between 2012-2030 is around 1.03 trillion USD.[10]

Access to treatment

In India, an estimated 15 crore people are in need of active interventions for mental health issues. Among these, nearly 1.2 crore are living with serious mental disorders. On account of the lack of specialists and health services for mental health issues, treatment is either unavailable or inaccessible even for those who actively seek help.[11]

In addition to this, the stigma is an important factor in underreporting of mental health issues and decrease in access to treatment. [7] The dearth of resources and the existing stigma and prejudice in the Indian society drastically affect the accessibility of mental health services.

a)   Resources

Health systems have not yet sufficiently responded to the burden of mental health issues. As a result, there is a wide gap between the need for treatment and its provision globally. Alarmingly, between 76%- 85% of people with mental disorders living in low-and middle-income countries (LMIC) receive no medical care. [12]
In the South east Asia region, due to a high burden of mental health issues, there is an urgent need of a proportionate number of mental health professionals. The World Mental Health Atlas 2020 indicated an abysmal number of psychiatrists as 0.4, psychologists as 0.9 and total mental health workers as 2.8 per 100,000 population.[45] Considering the desirable number of 3 psychiatrists per 100,000 population, India is running short of 27,000 psychiatrists considering the current population of our country. [14] Furthermore, it was reported that the total mental health expenditure per person was 4 INR.[13]

b)   Stigma surrounding mental health

A stigma is a negative and a biased social attitude that is attached to a person or groups, often shaming them for a perceived shortcoming/difference to their existence. [15] Stigma surrounding mental illness can be determined on three ideational levels: cognitive, emotional and behavioural. This helps us to separate common stereotypes from discrimination. Stereotypes refer to prefabricated notions and behavioural attitudes towards people belonging to certain groups. Stigma is a significant barrier in progressing the rights of people with mental health issues Additionally, stigma attached to mental illness hinders initiation, continuation and outcomes of mental health treatment and rehabilitation.

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Public stigma is an important determinant in the lesser reported prevalence of mental disorders [7] [16] with only 7.3% of youth in India reporting a mental disorder and even fewer are able to access treatment [7]. A National Survey conducted by The Live Love Laugh Foundation (TLLLF) in 2018 [17] highlighted the perceptions about mental health among the people. While 87% of the survey respondents were aware about mental illness, 71% used terminologies which are associated with stigma. While 2/3rd of the respondents recognised the importance of social support for persons afflicted with mental health issues, only 57% of them affirmed that excluding people with mental health issues from their neighbourhood is incorrect. The pathway to tackle stigma associated with mental health is long, and hence there is a need for targeted interventions to address stigma prevailing in Indian society.

c)   Policy deficits and Mental health system in India

India spends less than two percent of its annual health budget on mental health, which is grossly less compared to other countries.[18]. The National Mental Health Survey by NIMHANS stated that there is a high treatment gap for mental disorders. It further stated that Mental health programs in India are a low priority on the country's public health agenda. The National Mental Health Program incorporated the National Suicide Prevention Strategy in 2022, but with limited on-ground capacity strengthening and human resource development programs, health professionals and workers are not fully involved in activities related to mental health. The report also highlighted a few areas of concern in the mental health care system which included

unclear engagement of the private sector, mental health being a stand-alone program with no integration to other health and welfare programs, lack of coordination between agencies, mental health financing not being streamlined and program monitoring-evaluation components being missing. These gaps exist at policy, implementation, and utilization level. [18]

Role of social media

Social media has recently become part of people's daily activities, hence many researchers study the impact of social media on various aspects of people's lives, including mental health. Globally, the number of social media users in the year 2023 was 4.76 billion.[44] Social media is responsible for aggravating mental health problems. Various studies suggest that using social media platforms can possibly have a detrimental effect on the psychological health of its users.[19]

Alternatively, social media platforms are progressively developing as a rich source of information for mass communication. Increasing mental health awareness with the help of social media is capable of being a good action to reach out to a large population in a short period of time. [20] Social media allows people to connect, so that health information can be exchanged, which can eventually play an important role in certain campaigns which aim for behavioral change.[21] It connects people from long distances, even people from rural areas, and makes mental health promotion feasible. [22] As social media utilities have developed recently, their evaluation methods are still in the primitive stages of development. Health organizations should inevitably incorporate social media into their communication strategies to reach people from different age groups and socioeconomic backgrounds. [23]

Vulnerable groups

Vulnerable groups suffering from mental illness are notably susceptible to stigma and discrimination, violence and abuse, socio-political, educational and civil restrictions, reduced access to relief services with an increase in disability as well as premature death. [24]

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The following conditions that increased vulnerability and need to be addressed to improve mental health were included in the National Mental Health Policy (2014) [25]:-

- Poverty
- Homelessness
- Persons inside custodial institutions
- Orphaned persons with mental illness (OPMI)
- Children of persons with mental health problems
- Elderly and Elderly care-givers
- Internally displaced persons
- Persons affected with disasters and emergencies
- Marginalised populations (including commercial sex workers, victims of human trafficking, victims of riot, sexual minorities, children and those living in situations of conflict)

a) People living in poverty

Poverty and mental ill health are intricately linked in a negative vicious cycle.[25] People from low socio-economic groups are vulnerable to mental illnesses. Poverty not only acts as a barrier to access to basic healthcare services but also exposes individuals to factors and stressors predisposing to mental health issues. Moreover, out-of-pocket health spending to avail mental health services as well as lost productivity to disability can push people to poverty.

Hence, it's the responsibility of the national governments to set goals and targets in order to reduce health inequalities and poverty.[26]

b) Elderly

Globally, the population is ageing rapidly. Between 2015 and 2050, the proportion of the world's population over a period of 60 years is expected to nearly double, from 12% to 22%.[27] The population of older adults in India is growing rapidly. Epidemiological studies have indicated mental health morbidity in older adults (aged 60 years and above), a recent study revealed an average of 20.5% mental health morbidity. Furthermore, it was found that 17.13 out of 83.58 million older adults are currently suffering from mental health issues in India. [28] There is an urgent need to develop the geriatric mental health care services in our country.[28] With the above in focus, MSAI SCOPH's Remember Us is an Alzheimer's awareness campaign occurring sustainably for the past 3 terms to tackle geriatric health through local outreach.

c) LGBTQIA+ community

LGBTQIA+ stands for lesbian, gay, transgender, queer, intersex, asexual and others. Globally, 5-10% of people are estimated to identify themselves as a part of the LGBTQIA+ community.[29] In India the period from 2009 to 2019 has seen a lot of conversation about issues of LGBTQIA+ community, however, they continue to be a vulnerable group facing poor health equity. [30] Prevalence studies reveal that individuals from the LGBTQIA+ community were found to show high rates of mental health issues. The rates of depression, anxiety, and suicide are greater in these individuals.[31] The rates of suicidal ideation and attempts in the transgender population groups are also extremely high.[32] Conversion therapies that offer to change the sexual orientation of someone, are now widely discredited (and even banned in some jurisdictions).

There is a significant health gap and a true health inequity that can be reversible. The underlying goal of lowering mental health morbidity for the entire LGBTQIA+ community is possible through enhanced and accessible care opportunities, understanding, and reduced societal discrimination.[33]

Mental health of medical students

Medical students have been identified as a vulnerable population group susceptible to mental health issues. There is growing evidence of increased prevalence of psychological issues including stress, anxiety, depression and substance abuse and feeling of burnout among medical students. In India, a recent systematic review indicated that the pooled prevalence of anxiety among medical students was 34.5%, and the corresponding figure for depression was 39.2 and for stress it was 51.3% [34] With an aim to create awareness about mental health and the associated stigma amongst medical students, MSAI launched an activity called Semicolon in the term 2019-20, and 2021-22. In the year 2022-23, we conducted workshops to sensitise medical students towards mental health and empower them to be first responders in case of mental health emergencies. As a part of this activity, a study was conducted on the prevalence of depression, anxiety, stress and suicide with the help of the DASS 21 questionnaire [35] through pre-event survey forms. A survey response of 3334 medical students across India was recorded. On evaluation of the responses, 29% of the respondents fell under the category of moderate to extremely severe depression. Furthermore, 47.3% of the respondents fell under

the category of moderate to severe anxiety and 30.3% of the respondents fell under the category of moderate to severe stress.

The most common barriers to mental health care for medical students identified in studies were concerns about confidentiality, self-diagnosis, preference for informal consultations, worry about future dealings with the mental health professional, and opinion that one is overidentifying their symptoms. [36]

Mental health and COVID-19

Individuals have been experiencing fear within the context of the continuing COVID-19 pandemic, since fear, worry, and stress are normal responses to real or perceived threats during such unprecedented times. Added to the fear of contracting the virus in a very pandemic like COVID-19 are the many changes to our daily lives as our movements are restricted in support of efforts to contain and reduce the spread of the virus.[37]

Mental health services often take a backseat when the limited resources are diverted towards pandemic containment. According to a survey conducted by WHO in 2020 across 130 countries worldwide, the COVID-19 pandemic contributed to the disruption of mental health services in 93% of countries worldwide while at the same time increasing the demand for mental health services. [38]. In this crisis of the COVID-19 pandemic, mental health issues have been reported from all over the world. Specific population groups namely people with pre-existing mental health illnesses, frontline workers (including doctors, nurses, community health workers, sanitation workers, policemen, and other volunteers), children and the elderly have been vulnerable to mental health issues in the current pandemic. [39] State-specific intervention strategies, teleconsultations through toll free numbers specific for behavioural and psychological issues are of the initiatives that have been issued by the Government of India to mitigate these effects.

Integration of Mental health in Primary healthcare

The status of mental health care varies extensively from country to country. Many countries have policies to deliver services for mental health conditions in primary care settings but require system strengthening in order to achieve integration. Many countries deliver care in institutional settings and need dedicated advocacy as well as support in developing community-based alternatives. Some countries may require support for developing policies or to implement mental health reform efforts. By adopting a country-by-country approach, WHO can help formulate a customised approach for each priority country, building on existing needs and strengths through the WHO Special initiative for Mental health (2019-2023). [40]The availability of basic medicines for mental disorders in primary health care is significantly low (in comparison to medicines available for infectious diseases and other NCDs), and their use is restricted owing to the lack of qualified health workers and the appropriate authority to prescribe them. Moreover, there is a lack of availability of nonpharmacological approaches and trained personnel to deliver these interventions. These factors pose as important barriers to appropriate care for many people with mental health issues.[5]

Integrating mental health into primary health care is the optimum way of ensuring that individuals get the mental health care according to their needs. When mental health is integrated into primary health care, individuals can access mental health services closer to their homes, thus keeping their families together and maintaining their daily activities with least possible disruption.

This will also facilitate community outreach and mental health promotion, as well as long-term monitoring and management of affected individuals.[41]

Primary care for mental health will facilitate the promotion of respect for human rights. This helps reduce stigma and discrimination and removes the risk of human rights violations of the patients. Primary mental health care services are cheaper than the expenses at psychiatric hospitals, for patients, communities and governments as well. Treatment of common mental disorders is very economical, and even small investments by the governments can bring significant benefits.[41]

The majority of individuals with mental health issues treated in primary health care have good outcomes particularly when linked to a network of services at secondary level and in the community. [41] Mental healthcare delivered in this setting is much more likely to be effective as well as sustainable if it is complemented by a robust secondary level of care to which primary healthcare workers can approach for referrals, support and supervision. Strong informal community health services and support groups, run by non governmental and faith-based organisations can also strengthen the services provided by primary healthcare. [42]

The importance of integration of mental health in Primary health care can be demonstrated through this case study. [43] Kheri, being a village in Raipur Rani Block of district Panchkula, Haryana, India encompasses a total population of 1634 and adult population of around 800. The village is attended by a health centre which is under the Department of Community Medicine, PGIMER, Chandigarh. It provides primary healthcare services to the villagers by the resident doctors. On World Health Day, 2017, a screening cum awareness camp for depression was organized by involving the local administration and district health authorities, and awareness was created about the same. The participants were informed about the availability of the mental health services at the health center and were encouraged to be open about it and consult if necessary. Following this, community-based screening for depression was conducted where all the villagers ≥18 years coming to the health center for any illness

were screened. A total of 250 individuals aged between 18–70 years consented and were screened, out of which 86 (34.4%) were labeled as screen positives. These individuals who were screened positive were counseled and then advised to consult the psychiatrist who visited the village every week. 56 (65.1%) screen-positive people were consulted by the psychiatrist and 54 (96.4%) of them were confirmed as having depression as per ICD-10 criteria. Among them, two people had a past history of depressive disorder but not undergoing any treatment. Following which, an arrangement was made with the nearest Community Health Centre to provide free medicines to the patients. They were advised follow-up every week/fortnight. After 3 months, out of the 54 individuals who were diagnosed and started on treatment, 40 of them (74.1%) were regularly taking the medications prescribed to them and all reported considerable improvement in their symptoms. All of them also received counseling and behavior therapy by a social worker at follow-up.

This experience of integrating mental health services into primary care as demonstrated in this case was able to successfully address the major gap in diagnosis and treatment of depression in a rural population. This integration can easily be achieved with desirable success and can address the large mental healthcare gap prevalent in India.

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