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Psycho-Social Impacts of Mental Disorders in India and Emergent Needs of Evidence Based Policies for Public Health

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Abstract

The prevalence of mental health problems among adults and children suggest that there are considerable financial impacts of mental illness which affect personal income, the ability of ill persons and more often their designated caregivers; consequently there is a lack of utilization of treatment and support services. The losses due to mental disorders faced by family members of the patients are very difficult to be quantified and often ignored consequently but they do have a significant impact on the quality of life of family members. The average cost of mental health problems in developed countries is estimated to be between 3% and 4% of GNP, while the same cost is around 2% in case of developing countries like India. While mental disorders impose a great stress upon national budget both in terms of expenses and imminent loss of productivity, there is a great need of dealing with this situation in an effective manner. Psycho-Social nature of mental disorders and their remedies being an important issue of social medicine has effectively made them a concern for public health. The National Mental Health Care Act of 2017 enacted by the Parliament of India defines mental health in the precinct of international medical standards. This paper investigates the National Mental Health Program of India in accordance with the National Mental Health Care Act of 2017 and provides a critique paving way for crafting sturdy mental health programs using evidence-based approach.

Introduction

India is a country undergoing transitions, due to its geo-political might, enacting policies becomes a hideous task in administrative terms. Government of India has adopted international standards for framing its policies to attend the challenges banking on the effectiveness of such policies in developed countries. World Health Organization has mentioned in its country report about India that, 13% of the population in India is suffering from severe or acute depression, while almost 50% of the population is reported to have symptomatic sadness or depression. The underprivileged and illiterate population in India suffers way beyond as compared to the affluent and educated counterparts of theirs. The former is reported to have poor and limited access to the resources for treatment of the mental illnesses they suffer from. The co-morbidity of mental health disorders among adults and children by and large suggests that there are considerable economic impacts of mental illness which affect personal income. This also impacts the ability of ill persons

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and more often their designated caregivers and hence the entire recovery process is delayed. As a result there exists a lack of utilization of treatment and support services **(World Health Organization, 2017).**

Around 450 million people in the world suffer from mental health disorders, 1 million commit suicide every year, 4 out of 6 of disability causes are due to neuropsychiatric disorders like depression, alcohol abuse, schizophrenia & bipolar disorder. Apart from being a health related issue, mental disorders also are a social issue as those suffering get victimized by human rights violations, stigmatization and discrimination whether they receive care at psychiatric facilities or at home. Since mental health disorders are a health concern of different nature, there is a great void of approaches which could attend to these disorders more effectively. It is an indisputable reality that much of major determinants of our health trace their origins in the psycho-social domains of everyday life. The way people maintain interpersonal relations in society decides their level of social inclusion, it greatly depends upon the social position, self determination and control over life's events which are non-spontaneous.

Stigmatization of mental disorders needs to be checked with utmost care as it makes the suffering person suffer way more than the actual suffering. This requires broadening the vision of understanding mental health so as to evaluate the ideas which have become pedagogical in nature and check if they need to be replaced by better approaches. The Government of India has adopted global standards to frame the new policies to combat public health issues, banking upon the proven effectiveness of these policies in developed nations, as the country struggles with the developing country status amongst the countries of the world. The health and well being framework of India is experiencing transitions but there remains an emergent need to restructure the policies considering the dynamics of present times.

Prevalence of Mental Health Problems in India

While most mental disorders burden the national budget both in terms of expenses and loss of productivity, there is a great need of dealing with this situation with better strategies which would involve identification, classification and execution. There have been mental health awareness drives in order to make general population conscious and aware about the mental health but India at present requires much beyond what is being done. Physical, social and psychological insecurities along with employment, housing and income constitute the platform for vulnerabilities for people. In order to deal successfully with these risk factors, awareness is inevitable and a deep sense of recognition is required for the acceptance of a situation thus arising. India is yet to prepare a thorough epidemiology of the mental disorders because of the scanty resources available to the sufferers and their dependents in case the person under impact is the earning member of family. The general population in India still has to deal with public health concerns due to an array of reasons, most important being able to access the resources made available to them by the government. Consequences of mental disorders are of varied nature and magnitudes which have

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encouraged the breakthroughs in terms of mental health awareness programs. The limitations of such programs have been realized and hence there is a paradigm shift imminent in the measures taken for combating mental disorders.

The biggest challenge at present is to identify the ways of promotion of mental health and well being much before people's confrontation with the mental disorders so as to create impactful awareness. The onset of mental disorders is more of a surprise as members of the immediate group or family may initially deny that a person has illness and needs intervention. This dilemma makes the illness prolonged and as a result there occurs great delay in diagnosis posing high risks of recovery in such cases **(Reddy, Gupta, Lohiya & Kharya, 2013).**

Psychological Impacts

A Swedish study suggests that one half of the family members have claimed that they had experienced some psychological and social issues like sleep deprivation and episodic depression to an extent that felt the need of help and support for themselves. Psychological problems can become very painful and might have huge impact on a family's financial and emotional well being. In India emotional and behavioral components of a mental disorder go almost ignored for the members of a family. It is thus very important to learn that if a person suffers from a mental disorder, the family members would also experience the consequences of it irrespective of the magnitude.

Caregivers among the family of a mentally ill person could experience extremely traumatic time and might need to cope with stress resulting in different problems. Such persons might suffer from somatic disorders like sleep deprivation, fatigue, appetite loss and migraine too. Cognitive and emotional issues like anxiety, anger, fear, guilt and confusion might arise and could invariably result in other behavioral issues like social withdrawal and significant changes in attitude. Hence it is almost impossible for a family to stay unaffected from the consequences of mental disorder with which its member suffers. Depression in India has been recorded largely among the caregiver members of the family attending to a member suffering from a mental disorder **(Kanojia, 2010).**

World Health Organization considers the losses due to mental disorders from which the person suffers as a dreadful and threatening consequence having the potential to become a disorder in its own. These losses are almost impossible to be quantified and mostly go ignored, but have serious effects of the quality of life, both for the family and the sufferer. This ultimately affects the financial status of the family, as the average cost of treatments of mental disorders in the developed economies is recorded as 3% to 4% of the Gross National Product, while this cost is 2% in case of developing countries like India **(World Health Organization, 2014).**

Sociological Impacts

While mental disorders impose a great stress upon national budget both in terms of expenses and imminent loss of productivity, there is a great need of dealing with this situation in an effective manner. Around 450 million people in the world suffer from mental health disorders, 1 million commit suicide every year, 4 out of 6 of disability causes are due to neuropsychiatric disorders like depression, alcohol abuse, schizophrenia & bipolar disorder. The losses due to mental disorders faced by family members of the patients are very difficult to be quantified and often ignored consequently but they do have a significant impact on the quality of life of family members. The average cost of mental health problems in developed countries is estimated to be between 3% and 4% of GNP, while the same cost is around 2% in case of developing countries like India. Apart from being a health related issue, mental disorders also are a social issue as those suffering get victimized by human rights violations, stigmatization and discrimination whether they receive care at psychiatric facilities or at home.

Research has demonstrated 30-70% of mental health morbidity which implies that people across the globe are too prone to mental disorders. Social factors like stigmatization and taboo attached to these illnesses have been a prime reason for the prevalence of these mental health issues which have eventually become public health issues as the government face dire need of attending the new challenges. Lack of proper knowledge, delays in treatments, high cost of diagnosis and absence of easily available resources are the most impactful hurdles which make the policies fall flat, and result in failure sometimes. Additionally, the factors which make including conventional medicine and beliefs related to supernatural powers push back the need for the interventions as a result the treatment is delayed and recovery chances become bleaker. India has been focusing mainly on women and children health for long, it is time when policies need to be restructured in order to attend greater population because evidence suggests the same. India requires policy interventions and political commitment in order to lessen the burden of mental illnesses prevention schemes and to establish mental health as part of public health programs and schemes.

There is ample evidence of association between poor mental health and this relationship is very complex as it conjoins deprivation & poverty with poor mental health. The data available in this regard suggests a cause-effect relationship between poverty and mental disorders, depending largely on the nature of the disorders. Although there is a great difference between the issues on individual and community levels yet poverty is strongly related to mental health irrespective of the magnitude. While the social impacts of mental disorders go unnoticed in most cases, there is an emergent need of attending such issues in a better way so as to minimize the loss suffered by the family members of a person suffering from mental disorder **(Kuruvilla & Jacob, 2007).**

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Mental Health as Public Health

Mental health disorders constitute 10% of the total diseases recorded across the globe. One in eleven individuals of the world suffers from some sort of mental difficulty, which puts before the risk of a serious situation affecting mental functioning. Mental Health has been a part of public health in the west for long, particularly in the United States of America and Europe and the treatment paradigms thus are influential and affective in nature, this could be credited to their sturdy schemes and awareness programs. Such paradigms are largely based upon the accessibility of resources and socio-cultural standards which is person focused in nature. India is suffering from a huge population explosion and to monitor the national schemes becomes a cumbersome task for a country whose population has crossed 1 billion. A country like India which lacks significantly in terms of resources in ratio with the population, illiteracy and poverty become a curse for the enactment of policies as combating ignorance and unawareness is a mammoth task.

As a result, the impoverished and the illiterate fall prey to mental health disorders more quickly than their affluent and literate counterparts. The middle class finds it difficult to deal with all health related concerns but the literacy and awareness about health issues is changing the scenario, as they are increasingly making use of the welfare schemes and national policies meant for them. Although this kind of awareness is too little among the masses, but the perpetual research breakthroughs have made available considerable evidence to enhance existing the policies **(Keleher & Armstrong, 2005).**

Methodology

To obtain the data, the online resources like Google Scholar and PubMed were consulted for studies concerning the prevalence of mental health issues and causative factors at the societal levels. The emphasis was upon the studies carried out since 2001 till the present day, in order to assess the dynamics of three decades. Additionally, other potential reports and relevant features were consulted and insights have been reported from them.

Need for Evidence Based Approach

The methodologies which evaluate the contrasting developments in mental health and well being need evaluation and restructuring. It is thus anticipated that without building the skills of the mental health practitioners, the assessment of mental health interventions would remain a tedious task. It becomes very important to notice that known utility of resources and facilities must be propagated evenly in order to create wider awareness. Assessments of such nature would yield better evidences and would eventually contribute to better policies based well upon the evidences instead of just experiments. Evidence based approaches integrate substantial data obtained through assessments and make them usable for policy interventions bringing the research into practice.

Since the psycho-social nature of mental disorders has effectively made them a concern for public health, their remedies have become an important concern for social medicine. Mental health illnesses are closely related to deprivation and poverty and researches have time and again proved it. People who are scantily educated, have lower incomes, do not have access to basic amenities are at higher risks of becoming patients of mental illnesses. Such people are also prone to lifetime risks of anxiety disorders, substance use disorders and specific phobias subject to their literacy levels and employment statuses. When these people struggle with societal pressure, they fall prey to suicidal tendencies and continue to suffer until such tendencies are dealt with affectively or get consummate as the loss of life. Loneliness among the urban poor has become an important determinant of depressed youth across Indian metros, lack of resources and low standards of living place them in high risk zones. Work and workplace related issues have been translated significantly in the pathogenesis of mental illnesses; this involves issues related to domestic violence too. Divorced and widowed persons are at higher risks of mental illness, among which poor women are more likely to suffer from adverse life events. Psychological factors such as pain, sensory symptoms and non-specific symptoms like tiredness and weakness also make people vulnerable to mental illnesses.

Conclusion

The threat to public health in terms of mental health disorders just happens to be the tip of iceberg. In order to create awareness regarding mental health and well being, there is a need to create better living conditions and favorable environment which could support mental health goals. Policies should be framed in a way that and people feel free to adopt and maintain healthy lifestyles as per their situations. A society that expects its members to have respect, civility, awareness, and humility could be built only if it promotes mental health. National policies should not just deal with disorders but they must also identify and address broader issues involving the promotion of mental health and well being. Such issues include value based education, awareness about labor rights, societal equity, transport facilities, conservation of environment, housing facilities, and health benefits. India needs to aim better in order to combat with mental health issues significantly so as to stand apart among the developing countries of the world.

The Mental Health Care Act of 2017 enacted by the Parliament of India defines mental health in the precinct of international medical standards. Though the act is expected to fetch better outcomes but at the same time, its administration could pose enactment challenges like before **(The Mental Health Care Act, 2017).**

The National Mental Health Program ensures the availability and accessibility of minimum mental healthcare for all in the coming years. It encourages the application and implementation of mental health knowledge in public health which would contribute to social development. It is

dedicated for social inclusion and community participation for the cause of mental health awareness. It also enshrines the enhancement of the human resources available for mental health sub-specialties and encourages the generation of new resources to cater the needs of nation.

The National Mental Health Program of India has although presented the nationwide policy rendering scope for incorporating evidence based approach, yet it attends significantly to the newer challenges of dealing with mental illnesses in the country. The program considers mental disorders as an important concern of public health which would explore the issues and challenges confronted during the enactment and administration of welfare programs, more specifically mental health programs **(Gururaj et al, 2016)**.

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