

REVIEW ARTICLE

Mental Health problem and Sustainable Development in India

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Abstract

Background: Mental Health is an emerging problem in the world, particularly in the developing countries like India, which is a big challenge for the sustainable human development. Health is a vital requirement for sustainable human development, and there can be no health without mental health. The role of mental health is very important in accomplishing social inclusion and equity. It also plays a vital role in acquiring Universal Health Coverage (UHC), access to justice and human rights, and sustainable economic development. The World Health Organization (WHO) defines health is not only the absence of disease but it implicates the physical, social, spiritual and mental health. (1) Since primordial eras, India, has emphasized on the health of its citizens and has underlined the need for a physically and mentally healthy society. In the new SDGs, the UN has lastly demarcated that mental health is one of the most universal development precedence, and set the scene for an ambitious plan to tackle the world's challenges in the coming 15 years. WHO has also projected two indicators to strengthen mental health in the Sustainable Development Goals (SDGs), which are fully aligned with the WHO Global Mental Health Action plan, both within the health goal: suicide rate; and service coverage (proportion treated) of persons with severe mental illness.(2) **Aims & Objectives** The main thrust of this paper was to explore the frequency and pattern of mental disorder and its impact on families or household. This paper also analyzed the mental morbidity rate and its cause in India. **Material & Methods:** Paper is based on secondary data. **Results:** The findings demonstrated that 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them need instant mediations. Whereas, almost 10 per cent of the population has common mental disorders, 1.9 per cent of the masses suffer from severe mental disorders. The result shows that the frequency of schizophrenia is more in urban metros than rural counterparts.

Keywords

Schizophrenia; Demarcated; Sustainable Development; Mental disorder

Introduction

Sustainable Development

The world commission on environment and development define sustainable development as 'meeting the needs of the present generation without compromising the ability of future

generations to meet their own needs. These needs include food, work, shelter and health care for all the population and they must be provided without prejudices and preserves the environment and its resources. (3)

Throughout our history, humans have interacted with the environment and freely used natural

resources. But it is now that we are beginning to understand that this is no longer possible and that there are long-term consequences that can result from unrestricted use and abuse of the environment. It is this imbalance that the principles of Sustainable Development (SD) aim to address. SD addresses equity within the present generation. It is often the poorest group in society who are most exposed to environmental hazards, including dangerous working conditions and restricted access to adequate and safe food and water.

At the 1992 Earth Summit in Rio de Janeiro, Brazil, a number of principles relating to an integrated approach to the environment, health and sustainable development were agreed upon, along with a plan for future action. But the foremost principle is that 'human beings are at the center of concern for sustainable development.

There are certain efforts done by various organizations and individuals that mental health included in the SDGs. The important organization among them urged that the UN for the inclusion of mental health in the new development goals, targets and indicators that is called FundaMentalSDM. Mental health was incorporated in the UN Sustainable Development Goals (SDGs) in September 2015. In this remarkable phase, the United Nations (UN) recognized the burden of disease of mental illness, and defined mental health as a priority for global development for the next 15 years. Over the last few decades the problem and burden on mental disorders had raised very fast scale. Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life can work productively and is able to make a contribution to his or her community.

The WHO report demonstrated that globally over 450 million people suffer from mental disorder. Currently mental and behavioral disorders account for about 12 percent of the global burden of diseases. This is expected to increase to 15 percent by 2020. Major proportions of mental disorders come from low- and middle-income countries. There are lacunae in psychiatric epidemiology due to complexity related to defining a case, sampling methodology, under reporting, stigma, lack of adequate funding and trained manpower and low priority of mental health in the health policy. (4)

Aims & Objectives

- To analyze the issues of mental health in India

- To examine the importance of mental health in sustainable development
- To study the socio-cultural consequence of mental health in India

Material & Methods

The present study primarily employed secondary source of data collection, like books, journal, research paper, newspapers and reports.

Result

Mental Health a Global Burden

According to the Global Burden of Disease Study 2013, mental and substance use disorders had enlarged over the preceding 3 years to account for 11% of DALYs (as compared with 7.8% in 2010), (5) and these disorders alone accounted for 21.2% of YLDs worldwide in 2013. (6)

The above fact emphasizes that mental illness becomes the foremost challenge to any health system, and mental health a vibrant concern for development in low- and middle-income countries and in high-income countries. Most recent research shows that this impact may even be an underestimate. Yet, less-developed countries in particular face a high treatment gap, meaning most people with a mental disorder do not receive any treatment at all and often face isolation, discrimination and violations of their human rights. In itself mental health is a prerequisite for physical health, and is strongly interlinked with other development factors such as poverty, work and economic growth or peace and justice. Mental health plays a key role in efforts to achieve social inclusion and equity, Universal Health Coverage, access to justice and human rights, and sustainable economic development. For example, poverty (Goal 1) and mental illness are strongly linked, just as economic growth (Goal 8) and safe and resilient cities and settlements (Goal 11) depend on an overall mentally healthy society. As a cross-cutting issue mental health has relevance across the whole range of development.

The UN Open Working Group was released a draft of the new generation of development goals in mid-2014. As compared with the MDGs, the SDGs now embodied a wider range of development issues, aiming to maximize inclusion and to 'leave no one behind'. The draft set of 17 goals had been developed with little consultation of public and it included only one minor reference to mental health; civil society organizations, NGOs and academia had

been largely ignored by the UN in this process. In this form the new development goals would have once more essentially ignored over 400 million people worldwide currently experiencing mental health issues.

In this context a consortium was developed in 2014, led by King's College London and Maudsley International, recognizing the need to challenge the post-2015 development agenda. A global initiative to strengthen mental health in the SDGs was created, called FundaMentalSDG, gathering leaders of global mental health from academia, civil society, and service user, career and delivery organizations. The FundaMentalSDG Steering Group advocated that UN member states should include two mental health targets and two indicators in the draft SDG health goal. The goals and indicators proposed were fully aligned with the WHO Global Mental Health Action Plan 2013–2020, and with the proposal presented by the UN Sustainable Development Solutions Network.

Mental Health and Wellbeing in the Sustainable Development Goals

Sustainable development cannot be achieved without the inclusion of mental health as a key global priority. Until recently the international community had not mobilized the necessary attention, efforts, and resources for people with mental illness and disability, despite the knowledge that the economic cost of mental disorders is more than 4% of GDP worldwide, depression is a leading cause of disability and more than 80,000 deaths by suicide occur every year, many of which are preventable. But India has witnessed the alarming rate of mental health problem which creates problem in the achievement of sustainable human development and SDGs. Because the overall health condition in India is very bad despite the achievement in some of the health indicators. Improvement in the health status of the population has been one of the major thrust areas for social development programmes in the country. Though, a psychiatrist with a renowned neuro health sciences center believes that this can happen only when mental health services in India improve in order to cope with larger numbers of patients. "We have only 3,000 psychiatrists for a population of 125 crore and these are concentrated in the metros".

Mental Health Scenario in India

Burden of Mental Disorders in India

The present condition of mental health in India is much untold. According to the National Crime Records Bureau reports, every year 20 percent

suicide increase in India. India is reporting the largest number of adolescent suicide death in the world.

A report released by WHO in 2015 which demonstrated that between 30 and 40 people per 100,000 Indians aged between 15 and 29 kill themselves. This accounts for about a third of all suicides in the country.

Mental morbidity of individuals above the age of 18 years currently was 10.6%. Common mental disorders (CMDs), including depression, anxiety disorders and substance use disorders are a huge burden affecting nearly 10.0% of the population. 1 in 20 people in India suffer from depression. Substance use disorders (SUDs), including alcohol use disorder, moderate to severe use of tobacco and use of other drugs (illicit and prescription drugs) was prevalent in 22.4 % of the population above 18 years in all the 12 surveyed states.

Significant gender differentials exist with regard to different mental disorders. The overall prevalence of mental morbidity was higher among males (13.9%) than among females (7.5%). (8)

Treatment Gap

Despite prior and current efforts in enhancing mental health care delivery across the country, the study revealed that a huge treatment gap still exists for all types of mental health problems: ranging from 28% to 83% for mental disorders and 86% for alcohol use disorders. Except for epilepsy all the other mental disorders reported a treatment gap of more than 60% with the highest treatment gap being for alcohol use disorders. Most of those identified, had not sought care or were not able to access appropriate care despite seeking. Multiple factors ranging from lack of awareness, to affordability of care, which varied between rural and urban areas, appear to critically influence these wide treatment gaps. Mental morbidity among those with an illness caused high levels of disability, affecting multiple domains, mainly pertaining to work, social and family life.

The proportion of disability proportion was relatively higher among individuals with bipolar affective disorders (63 - 59%), major depressive disorder (67%-70.0%) and psychotic disorders (53-59%). While persons with severe mental disorders expectedly reported disability, a significantly large proportion of people with common mental disorders also reported suffering high levels of disability. Nearly 50% of persons with major depressive

disorders reported difficulties in carrying out their daily activities. In any given quarter of the year, family members of affected individuals had missed 10-20 working days to take care of mentally ill persons. Disability and disadvantage is thus not limited to persons affected but also affects family members and care-givers. (9)

According to the National Mental Health Survey (NMHS-2015-16) the economic cost on care for a person with a mental disorder, mainly as out of pocket expenditure revealed a huge burden. Families had to spend nearly INR 1000 – 1500 a month mainly for treatment and travel to access care. The hidden and intangible costs are difficult to monetize and add to this burden.

Challenges of Mental Disorder in India

Most powerfully related factors with mental disorders are deprivation and poverty. Individuals with lower levels of education, low household income, lack of access to basic amenities are at high risk of mental disorder. Lifetime risk of affective disorders, panic disorders, generalized anxiety disorder, specific phobia and substance use disorders is found to be highest among illiterate and unemployed persons. Suicidal behavior was found to have relation with female gender, working condition, independent decision making, premarital sex, physical abuse and sexual abuse. On-going stress and chronic pain heightened the risk of suicide. Living alone and a break in a steady relationship within the past year were also significantly associated with suicide. Work environment, school environment and family environment plays important role in pathogenesis of mental disorders. Females are more predisposed to mental disorders due to rapid social change, gender discrimination, social exclusion, gender disadvantage like marrying at young age, concern about the husband's substance misuse habits, and domestic violence. Divorced and widowed women are at slightly elevated risk of mental disorders. In India domestic violence is a big problem. A survey done in Maharashtra reported that 23 percent of women had been beaten in the last six months and of these 12 percent had explicitly been threatened to be burned. Poorer women are more likely to suffer from adverse life events, to live in crowded or stressful conditions, to have fewer occupational opportunities and to have chronic illnesses; all of these are recognized risk factors for common mental disorders.

Psychological factors such as headache and body ache, sensory symptoms and nonspecific symptoms such as tiredness and weakness also makes people vulnerable to mental disorders.

Biological factors affecting mental disorders are genetic origin, abnormal physiology and congenital defect. Disasters are potentially traumatic events which impose massive collective stress consequent to violent encounters with nature, technology or mankind. (10) Various international studies had shown 30-70 percent of mental health morbidity. A meta-analysis showed that post-traumatic stress disorder; generalized anxiety disorder and panic disorder were common among disaster victims. (4)

Socio-Cultural Consequences of Mental Health Human Rights Violations, Stigma & Discrimination

From a cultural perspective, mental disorders are associated with a considerable amount of stigma in Indian society, leading to neglect and marginalization. Such individuals and their families face numerous challenges in daily life, both for managing the condition as well as for making them productive due to prevailing attitudes, media portrayals, societal discrimination and deprived opportunities.

From an economic angle, the impact of MNSUDs (Mental, Neurological and Substance use Disorders) is acknowledged to be high due to the nature, duration, and impact of illness affecting growth, productivity and the earning potentials of individuals. Persons with mental illness are unable to receive quality care due to limited awareness, availability, accessibility and affordability; the costs of care are also becoming increasingly prohibitive.

Mental health must be included in the Post-2015 Development Agenda because it is a pressing case of global human rights and a moral duty. (11) People with mental disorders and psychosocial disabilities often experience social exclusion, stigma and discrimination. (12) To change societies' perceptions, attitudes and beliefs, a public focus on human rights and stigma reduction is essential. (13) In all regions of the world, people with mental disorders and psychosocial disabilities experience severe human rights violations, including being tied to beds, kept in isolation in psychiatric institutions, or chained and caged in small cells. The United Nations should recognize this failure of humanity as a global crisis requiring substantive and sustained action. (14)

Most People Do Not Receive Effective Treatment

Despite this great need, there is clear evidence that the large majority of people with mental disorders and psychosocial disabilities worldwide receive no effective treatment. Globally, mental disabilities and psychosocial disorders are grossly under-financed. Government spending on mental health compared with the burden of disease is creating an enormous mismatch, and substantially contributing to globally low rates of treatment of people with mental disorders (known as the “treatment gap”). Low-income countries spend about 0.5% of their very limited health budgets on psychosocial disabilities, despite their causing 25.5% of the Years Lived with Disability (YLDs) (World Health Organization, 2011). In many low-income countries, fewer than 10% of people are able to access services. (15)

Services are often non-existent, or based in large cities, far from people who may need them. In some countries, and for more severe disorders such as schizophrenia, the treatment gap is as wide as 98%. In other words, this means fewer than one in 10 people with mental health conditions receive the treatment they need. (15)

This lack of access to treatment breaches the right to health as set out in the United Nations Convention on the Rights of Persons with Disabilities.

Conclusion

Although India is well placed as far as trained manpower in general health services is concerned, the mental health trained personnel are quite limited, and these are mostly based in urban areas. Considering this, development of mental health services has been linked with general health services and primary health care. Training opportunities for various kinds of mental health personnel are gradually increasing in various academic institutions in the country and recently, there has been a major initiative in the growth of private psychiatric services to fill a vacuum that the public mental health services have been slow to address. A number of non-governmental organizations have also initiated activities related to rehabilitation programmes, human rights of mentally ill people, and school mental health programmes.

Despite all these efforts and progress, a lot has still to be done towards all aspects of mental health care in India in respect of training, research, and provision of clinical services to promote mental health in all sections of society. Mental disorders contribute to a

significant load of morbidity and disability, even though few conditions account for an increasing mortality.

Recommendation

The researcher examines the present’s scenario of mental health problem in India and its relation with Sustainable Development Goal. The research found that mental health problem has increase very drastically in India. It has a vital consequence for public health in particular and sustainable development in general. So it is pertinent that research and policy makers should inculcate the worth of mental health.

Limitation of the Study

As far as the present study is concerned, it is based on secondary data that may be far away from reality. So, keeping in mind researcher has needed to select a micro area of investigation and then study which can produce valuable information.

Relevance of the study

Mental health is a very alarming social problem in India about which we all have need to think. So, in this study researcher has tried to examine the mental health problem in India and its association with sustainable development.

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