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NEED FOR MENTAL HEALTH EDUCATION IN INDIA

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Abstract

Today's Indian society is complex and tremendously influenced by globalization, technology, media and modern living. This has affected mental health situation and status of people. People at large face challenges to keep up positive mental health though may not reach the threshold of mental disorders. Mental health care and treatment certainly need more attention and investment but at the same time prevention and promotion of mental health as public health priority needs focus to avoid future mental health problems. WHO framework for mental health promotion is holistic and inter-sectorial involving all the settings of public or private life. It proposes social determinants approach to promote health and implies mental health education as an important tool to achieve the goal of 'mental health for all'. This paper is to introduce and explain the concept of mental health education and its need in India. This concept is very useful for health systems and practitioners to collaborate with other non-health sectors which contribute in development, education and work life balance for mental health promotion.

Key Words*- Mental health, Public health, Social determinants, Mental health education and Health promotion.*

Introduction and context

In ancient India mental health was taken cared by the community through family, cultural and religious practices. And mental health problems were dealt by folk or local healers through songs, dances, or indigenous available medicines. Traditional healing practices in mental health were well established. Folk or local healers served the community at grass-root level from times earlier than the origin of *Ayurveda* (Chakraborty A. 2004). The songs, dances and rituals of a*tharvans* drove away the great many 'ghosts' of acute 'psychosis'. Additionally these involved village and family in the process, acting as therapeutic measures and paving the way for rehabilitation of the sufferer into everyday life.

Care for mentally ill was never been institutionalized and it was the responsibility of the community not of state or government (Chakraborty A.2004).

Now India is highly urbanized, the urban population in 1951 was 17.3%; 25.73% in 1991 & at present is estimated to be more than 30% & is expected to increase up to 56% by 2025. It is not only the proportion of change that is alarming but the rate at which it is occurring. The percentage growth of urban population in the decade from 1981 to 1991 was 36.19%. It is estimated that 80% of urban increase in the last 2 decades in developing nations (Desai N.G, et al 2004). Industrialization, urbanization and globalization changed the social fabric of Indian society. Rural agrarian and close society shifted to urban industrial society; global economy. This larger shift definitely affected the family system, joint families changed into extended and nuclear family system and many families moved to cities for better living. This change has affected each and every dimension of human life; physical, mental, social, economic and political (Gururaj G. & Isaac M.K.2004). This paper is about the situation of mental health in this rapidly changing Indian society implies the need for mental health education and promotion for positive mental health for all.

Meaning of Mental health

Mental health is positive state of mind denotes wellbeing. According to Amartya Sen's capability approach wellbeing is conceptualized with capabilities (WHO 2014a), a set of capabilities that enable individuals to do and to be that which they have reasons to value. The political theorist Martha Nussbaum has elaborated the concept of capabilities across ten domains including: "not dying prematurely", "being able to have good health", having "bodily integrity", "being able to use the senses, to imagine, think, and reason", having freedom of emotional expression, practical reasoning enabling "planning of one's life", "affiliation" with others in conditions that engender "self-respect" and "non-discrimination", having concern for "other species", "being able to laugh, to play, to enjoy recreational activities", "being able to participate effectively in political choices that govern one's life" and having control over one's material environment(WHO 2014a). Capabilities to do and to be are shaped by social, economic, and environmental conditions (WHO 2014a).

The ecological approach to Mental health promotion is "Seeing people as developing persons living in a context within an immediate and wider environment" Which means we should be investing in the people themselves (their behaviours, resources, thoughts, feelings, actions, and aspirations) as well as the wide range of social, environmental, and cultural factors conditions in which these behaviours, feelings, and actions are embedded; are staged

against; are influenced by; make sense within; and derive their significance from (Macdonald G. 2006). Mental health, mental health problems and mental illness are interplay of biological, social, environmental, cultural and psychological factors (Gururaj G. & Isaac M.K.2004).

Mental Health problems in India

Presently India is having three major concerns in regard to Mental Health; they are Common Mental Health problems, Increasing addiction and increasing suicidal deaths.

The National Mental Health Survey (NMHS 2015-16) was undertaken by NIMHANS across 12 selected states of India during 2015 to 2016. NMHS 2015-16 reveals that nearly 15% of Indian adults (those above 18 years) are in need of active interventions for one or more mental health issues; Common mental disorders, severe mental disorders and substance use problems coexist and the middle age working populations are affected most; while mental health problems among both adolescents and elderly are of serious concern, urban metros are witnessing a growing burden of mental health problems. (NIMHANS 2016). 15% people need the mental health treatment but not able to provide them. alcohol use disorder - 86.3%; tobacco use - 91.8% (NIMHANS 2016).

Alcohol is the most common psychoactive substance used by Indians (among those included in this survey). Nationally (Ambekar A. et al. 2019), about 14.6% of the population (between 10 and 75 year of age) uses alcohol. Use of alcohol is considerably higher among men (27.3%) as compared to women (1.6%). (Ambekar A. et al. 2019). Alcohol consumption is negatively associated (WHO 2014) with population mental health increasing the likelihood of alcoholism, depression and suicide, as well as other harmful outcomes, such as poor physical health, accidental injury and domestic violence. 86.3% alcohol use disorder - tobacco use 91.8% not able to avail the treatment. (NIMHANS 2016).

India reported an average 381 deaths by suicide daily in 2019, totaling 1,39,123 fatalities over the year, according to the latest National Crime Records Bureau (NCRB) data. A 3.4% increase was observed during 2019 as compared to 2018 and 2017 data. The suicide rate in cities (13.9%) was higher as compared to all India suicide rate (10.4%) in 2019 (NDTV 2020). Populations with higher agricultural employment, states with higher levels of male unemployment and states with higher literacy rates had higher risks of suicide (Snowdon J. 2019). WHO states that suicide is a serious "public health problem" and is "preventable" with timely, evidence based and often low cost interventions (WHO, 2014b).

These problems of mental ill health are projected to increase further in the next 25 years. (Patel, et, al.2011) The vulnerabilities for mental ill-health are in increase due to various macro factors like urbanization, inequity, poverty or economic instability, war, displacement, etc and micro factors like unemployment, deprivation, unhealthy living environments, lack of education, stressful relationships, abuse, discrimination, ill-health, etc. (WHO-2004) Due to these social, environmental, economic, family and individual risk factors many people experience sub-threshold mental disorders, which means poor mental health that does not reach the threshold for diagnosis as a mental disorder. Mental disorders and sub-threshold mental disorders affect a large proportion of populations (WHO 2014a). In the absence of well-designed public mental health program, it is often a curative and treatment driven facilities for individual risks. In India mental health for all cannot be achieved relying only on mental health hospitals, general hospital psychiatric units (GHPU), and private psychiatry and on some or few non-government organizations' (NGO) interventions (Gururaj G.& Isaac M. 2004).

Need for mental health education and promotion-

80% of people who are in active need for mental health treatment are not able to avail the treatment (NIMHANS 2016). At same time need for treatment is increasing due to social-economic pressures, inequalities and poor living conditions in urban areas; premature deaths by suicide is another major concern.

Human Development Index (HDI) is one of the macro level measurement or indicator for mental health (WHO 2004). In 2018 India is at medium level Human Development ranking at 129 among the 189 countries, (UNDP 2019). Mental health is very much linked with human development. The social and economic determinants of human development are strongly associated with mental health and poor mental health will compromise longevity, general health, and creativity. There is dynamic relationship exists between human development and mental health(WHO 2004).

A move away from a purely medical model toward health promotion is an important step which can result in more efficient mental health systems with better services, care and improved outcomes to individuals and communities. (Kopinak J. K. (2015). Mental health education is very important factor in promotion of health. It is a conscious process of knowing, living, participating and being. Health is not a commodity to be acquired or a service to be received and an individual is not an object but the subject of health (ICSSR et, al. 2002).

Framework for mental health education

WHO has given the Health education framework and that can be used for mental health education, central to health promotion where education is directed towards policy makers or towards individuals and communities (Tilford S. 2006). Health promotion = health education × healthy public policy. Mental health education is the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. (Tilford S. 2006)

Focused efforts for Health Promotion and Health Education lead to improved health outcomes and reduced inequities at population level (WHO 2012).

Education is a three-fold process of giving information, teaching skills and inculcating values or building healthy attitude towards health and mental health. This helps to increase the capacity of the individuals. This is an important tool to achieve the expected outcomes

Health education (WHO 2012) activities to promote mental health required to occur in schools, workplaces, clinics and communities focusing on building individuals' capacities through educational, motivational, skill-building and consciousness-raising techniques. These lead to awareness, make appropriate decisions and maintain basic health. It is not limited to the dissemination of health or disease related information but also "fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health" as well as "the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours, and use of the health care system." A broad purpose of health education therefore is not only to increase knowledge about personal health behaviours but also to develop skills that "demonstrate the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health." (WHO 2012). In India Health Education has played very crucial role in; 1) eradication of pulse polio along with the vaccination drive,2) Control on HIV infections spread and 3) in present situation of COVID pandemic health education contributed in control of infection spread of Corona virus.

In developed countries mental education and awareness programs are widely used to reduce the stigma and discriminatory attitude in society. (Gabriela, at el 2006, Pinfold V, at el., 2003). In the literature 'Mental Health awareness', ' Mental Health literacy', 'mental health hygiene', 'Psycho education' are the terms used and those studies are included in the context of mental health knowledge or information as a preventive measure or to reduce the stigma mostly form the bio-medical perspective**.** But mental health education is not just about

the reduction of stigma but it is planned program to help people to take the responsibility of their mental health, provide skills and techniques to build emotional strength, provide support and knowledge to seek help in need without any hesitation. This is required at individual level, in communities, at institutional and organizational level, and at large policy and political level. Culturally appropriate designed mental health education, developed with the involvement and participation of the local people can be an effective **strategy** to bring expected outcome **for attaining** appropriate health seeking behavior and overall wellbeing in community. Formal education system that is pre-primary, primary, secondary, higher and adult education programs, self-help micro credit groups, community development program, media and health systems are the major channels for imparting mental health education (ICSSR,et,al 2002). These channels need to be explored and utilize maximum to reach unreached and involve everyone in the process. Recent National Mental Health policy 2014 (MHFW, 2014) and National Education policy (2020) has recognized the need for mental health promotion and education but commitment and implementation at all level is very important to make it success.

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