CUTS Memorandum to the Standing Committee on Health and Family Welfare
Mental Health Care and its management in Contemporary Times

Concerning CBC312021/11/0005/2223

The Department-related Parliamentary Standing Committee on Health and Family Welfare headed by Shri Bhubaneswar Kalita has invited comments examining the subject - "**Mental Health Care and its management in Contemporary Times"** to overcome the stigma associated with Mental Health. Under this issue, the committee has sought out submissions in the form of memorandums on the following sub-issues, amongst other things:

a) high prevalence of mental health issues and the rising cases of suicide in the country;
b) shortage of mental healthcare workers in the country;
c) urgent need to integrate mental health with other healthcare services being delivered at the grassroots;
d) impact of the pandemic and related lockdown on mental well-being;
e) psychological support and mental health support provided by the government during and after the pandemic;
f) status of the implementation of the Mental Healthcare Act, 2017;
g) goals envisioned under the National Mental Health Policy that focuses on reducing the mental health burden in the country;
h) status of the dedicated healthcare infrastructure in the country; and
i) awareness generation programmes and other initiatives to overcome the stigma associated with mental health.

About CUTS

In its around 40 years of existence, CUTS has come a long way from being a grassroots consumer protection organisation headquartered in Jaipur to Overseas Resource Centres in Vietnam,[1] Africa,[2] Switzerland,[3] and the United States of America.[4] It continues to remain an independent, nonpartisan, and non-profit economic policy think tank while opening various programme centres, namely: Centre for International Trade, Economics & Environment (CITEE); Centre for Consumer Action, Research & Training (CART); Centre for Human Development (CHD); and Centre for Competition, Investment & Economic Regulation (CCIER). It has been working towards enhancing the regulatory environment through

1 http://cuts-hrc.org/en/
2 http://www.cuts-international.org/ARC/
3 http://www.cuts-geneva.org/
4 http://www.cuts-wdc.org/

evidence-based policy and governance-related interventions across various sectors and national boundaries. Further details about CUTS are available here.

Relevant Previously Submitted Comments:

a) Registered Medical Practitioner (Professional Conduct) Regulations,[5] 2022;
b) Health Data Retention Policy;[6]
c) Unified Health Interface;[7] and
d) Health Data Management Policy.[8]

CUTS India Competition and Regulation Report (ICRR) is a biennial publication[9] that takes stock of the current status of Indian competition and regulatory landscape on a chosen theme. For 2023, the chosen theme is ' Regulatory Deficit in Access to Healthcare '. Through this report, qualitative and quantitative insights will be collected on various regulatory and competitive gaps in access to healthcare. One of the chapters will be focused on regulatory gaps in the mental healthcare sector in the country.

CUTS Submissions

CUTS has observed a few critical issues discussed in the subsequent sections of our memorandum. Mental health is integral to health; it is more than the absence of mental Condition. It is the foundation for the well-being and effective functioning of individuals. It includes mental well-being, prevention of mental disorders, treatment and rehabilitation.[10] .

The pandemic also emerged as an overwhelming eye-opener for India to focus on mental health care and the need to strengthen its regulatory aspects.

The World Health Organization (WHO) & Mental Health Care[11]

Mental health concerns are common, and various evidence-based interventions for mental health conditions have been developed. However, many people have difficulty accessing appropriate mental health care and the COVID-19 pandemic has exacerbated this. WHO estimates that the burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 1,00,000 population; the age-adjusted suicide rate per 100 000 population is 21.1. The economic loss from mental health conditions between 2012-2030 is estimated at US$1.03tn.[12]

5 https://cuts-ccier.org/pdf/comments-on-national-medical-commissions-registered-medical-practitioner-regulations-2022.pdf
6 https://cuts-ccier.org/pdf/comments-on-proposed-health-data-retention-policy-consultation-paper.pdf
7 https://cuts-ccier.org/pdf/comments-on-the-consultation-paper-on-unified-health-interface.pdf
8 https://cuts-ccier.org/pdf/cuts-submission-of-comments-on-health-data-management-policy.pdf
9 https://cuts-ccier.org/icrr-2021/
10 https://www.who.int/india/health-topics/mental-health
11 https://www.who.int/publications/i/item/9789240025707
12 https://www.who.int/india/health-topics/mental-health

The World Health Organization (WHO) recommends an "*optimal mix of services pyramid*", in which mental healthcare services that cost the least and are the most frequently needed (e.g., self-care and informal community care) form the base of the pyramid while more expensive services needed by a smaller fraction of the mentally ill population (e.g., long-term inpatient care facilities) are at the top of the pyramid. To develop this mix of services, the WHO recommends that countries;[13]

- Limit the number of mental hospitals
- Build community mental health services
- Develop mental health services in general hospitals
- Integrate mental health services into primary health care
- Build informal community mental health services
- Promote self-care

The stakeholders need to understand that Mental health is not a concept of Condition but rather a concept of wellness. Even though India is home to the second-largest population globally, it is still overflowing with social stigmas concerning mental health.

Effective Implementation of the Mental Healthcare Act 2017 (MHCA)

Unfortunately, the new Act has been introduced without addressing the issues which troubled the Mental Health Act, of 1987. The new Act ignores the presence of a mental health programme in the country. The Act should have mandated all the states to implement (National Mental Health Programme) NMHP, and the state mental authority should have been made responsible for the same. The only way the Act can correctly implement the right to mental healthcare is by enabling the implementation of NMHP across all states. Till February 2022, SMHA has been established in 27 states (of 28 States). However, only 11 States & UTs have submitted MHCA rules for approval and Mental Health Review Boards (MHRB) are constituted in only 8 States. Effective implementation is the key to resolving several issues.

Timely Implementation of the Mental Health Care Act (MHCA)[14]

Several states have not yet adopted or implemented measures under MHCA. For example, states like UP, Rajasthan, and Orissa, among others, **have not constituted State Mental Health Authority (SHMA) (Section 45).**[15] Since the committee has not been appointed, ex-officio and non-official members and CEOs have not been appointed so far **(Sections 46, 52 & 55).** For a few states, even if the committee has been appointed, the members have not been identified, or the information is not available in public domains.

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13 World Health Organization. "The optimal mix of services for mental health". *Mental Health Policy, Planning, & Service Development*. Retrieved 2 July 2012.

14 MHCA 2012 Implementation tracker https://indianlawsociety.sharepoint.com/:x:/s/IndianLawSociety/EZtaOMBK7qZFrnqK8U188QUBEDkgAdb83B5t6cwaYTFuYw?rtime=9tReOt7c2kg

15 https://egazette.nic.in/WriteReadData/2017/175248.pdf

Section 73 of the Act recommends the constitution of the Review Board (MHRB), which many states have not adopted or appointed yet.[16] The Act requires a medical officer in prison or jail to be trained to provide basic and emergency mental healthcare,[17] but many states have not yet implemented the same. Section 55(e) of MHCA requires training sessions for law enforcement officials, mental health and other professions; however, there is no such information available and many states have not even implemented the provision.[18]

A way forward step could be to:

A. Track the current status of state implementation
B. Fast-track the process to advance MHCA.
C. Achieve other policy objectives through stakeholder consultation and evidence-based research.
D. Adoption and institutionalisation of **Regulatory Impact Assessment (RIA) for better policymaking**[19]

1. Regulatory instruments have widespread impacts and affect multiple stakeholder groups differently. A sub-optimal regulation has the potential to increase the cost of administration and compliance, have unintended outcomes and limit the likelihood of achievement of its objectives. Therefore, it is paramount to understand the impacts of any regulation, proposed or in operation, to achieve favourable outcomes.

2. It systematically identifies and assesses regulatory proposals' and existing regulations' direct and indirect impacts using consistent analytical methods. It involves a participatory approach via a public consultation to assess such impact, determine costs and benefits, and select the most appropriate regulatory alternative.

Easy Access & Cost-effective treatment

Policymakers must promote mental health and easy access to cost-effective treatment of common mental disorders at the primary healthcare level. The present mental health situation in India requires dynamic policy and resource allocation by the government. There is an urgent need to use media, social media, and other community services to increase awareness and reduce the stigma around mental health Condition by implementing nationwide programmes.

There is an urgent need for providing psychological help with trained mental health professionals as first aid to reduce distress and ensure easy access to mental-health facilities

16 MHCA 2017 Implementation Tracker
17 Section 31(3)
18 MHCA 2017 Implementation Tracker
19 https://cuts-ccier.org/regulatory-impact-assessment/

for citizens. Mental disorders also need to be covered under insurance, as a plea pending before the Supreme Court has prayed for.

As is clear from the above sources, the number of psychiatrists in India currently is about 9000 and counting. Added to this, about 700 psychiatrists graduate every year. Going by this figure, India has 0.75 Psychiatrists per 100,000 population,[20] while the desirable number is anything above 3 Psychiatrists per 100,000. This is a very conservative estimate going by the figures of 6 Psychiatrists per 100,000 population in high-income countries.[21] Taking three Psychiatrists (per 100,000 population) as the desired number, 36,000 is the number of psychiatrists required to reach that goal. India is currently short of 27,000 psychiatrists based on the country's current population

Towards this, the need of the hour is to –

1. increase the number of psychiatrists,
2. improve psychiatry training of MBBS doctors,
3. explore AYUSH doctor's training to provide basic mental health care,
4. improve the availability of training for existing medical professionals in identifying and treating common mental health conditions.

Bridge the Urban and Rural Mental Health Divide – Tele-Mentoring

Adoption of and Effectiveness of NIMHANS ECHO blended tele mentoring model on Integrated Mental Health and Addiction for counsellors[22]

Case Study – the study was conducted to ascertain the effectiveness of Project ECHO, a Hub and Spokes tele mentoring model to bridge the urban-rural divide in mental health and addiction care in the context of a developing country like India. The Counsellors from 11 rural and underserved districts of Chhattisgarh were periodically connected to NIMHANS multidisciplinary specialists by a smartphone app and underwent virtual mentoring to learn and translate "best practices" in Mental health and Addiction by using "patient-centric learning", a core component of NIMHANS ECHO model. The outcome evaluation was modelled on Moore's evaluation framework focusing on participant engagement, satisfaction, learning, competence and performance. Over the period of 6 months i.e., 12 tele-ECHO clinics, 41 patients' case summaries were discussed by the Counsellors with NIMHANS Hub Specialists. Half of the counsellors could join >80% of clinics; overall, there were no drop-outs. There was a significant increase in learning and self-confidence after six months. The participants liked the "relevance of the courses to clinical practices". "Group-based discussions" and "a reduction in professionals' isolation". The results indicate the promise of the NIMHANS ECHO tele mentoring model as one with the potential for capacity-building in mental health and addiction for remote and rural areas by leveraging technology.

[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6341936/#ref3
[21] World Health Organization. Mental Health Atlas 2014. Geneva: WHO; 2015.
[22] https://pubmed.ncbi.nlm.nih.gov/30086513/

Quality of Mental Health Care

In India, persons with mental Conditions either do not have accessible care services, or those receiving services cannot access quality treatment that is affordable and easily available. Government and stakeholders must ensure that the quality of Mental Health care services meets the standards mandated globally and is perceived as suitable by local users and caregivers.

Role of Education

Half of all lifetime mental disorders would have first appeared by mid-teens and another one-fourth by the age of 24 years, i.e., 75 per cent of all lifetime mental disorders would have their first signs by the age of 24 years. That's why especially it is important to train teachers to identify mental health conditions. School environments play a vital role in mental well-being – so having a healthy school environment helps. Finally, schools can help in the holistic development of adolescents – and provide life skills that can improve well-being.[23]

Early education can play a key role in accepting mental health conditions. There is a growing need to equip teachers and allied caregivers with the requisite information and skills to facilitate early identification and basic intervention (psychosocial first aid) for the flag signs of mental health conditions in children and adolescents. Schools should have a mental health advisory panel to help create awareness and equip people to be more susceptible to the concern.

Lack of Trained Professionals

One of the main challenges we face today is the lack of trained professionals. Approximately 150 million people in India need therapy for their mental health disorders.[24] Yet, less than 30 million people seek help. There is a shortage of trained professionals, which India needs to work on.

Unaffordable Mental Health Treatment

India not only deals with disease burden but lacks affordability, accessibility of treatments and awareness around mental conditions. One session can cost close to Rs. 1500, which is a luxury affair making the treatment unavailable for the poor and vulnerable. With decreasing public spending on healthcare, the private sector has remarkably grown over the years, making it difficult for low-income populations to access mental healthcare treatments. The Union Budget 2021-22, proposed a corpus of Rs 71,269 crore for the Ministry of Health and Family Welfare, which included a budget for mental healthcare – a total of Rs 597 crore.

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23 Kessler at al 2007 - https://pubmed.ncbi.nlm.nih.gov/17551351/

24 Sagar et al – "In 2017, 197·3 million (95% UI 178·4–216·4) people had mental disorders in India, including 45·7 million (42·4–49·8) with depressive disorders and 44·9 million (41·2–48·9) with anxiety disorders." - this statistic is best used to show the staggering burden v/s the availability of psychiatrists, psychologists etc.

Shockingly, only 7 per cent of the entire budget went to the National Mental Health Programme (NMHP), Rs 57 crore for Lokpriya Gopinath Bordoloi Regional Institute of Mental Health in Tezpur and the rest went to the National Institute of Mental Health and Neuro Sciences (NIMHANS) in Bengaluru (Rs 500.44 crores).[25]

these institutes need the money they are getting and they are using it well. The problem is with allocation of NMHP – which is very less – like 40 Cr in 2021-22. And then there is gross underutilisation. All new schemes such as the tele-mental program, suicide prevention strategy need strong mental health programming at primary level close to the community – with this allocation, it is very tough to expect a radical change on ground level.

Besides, the HWCs are yet to implement mental health services at scale. e-Sanjeevani also is yet to be used for mental health.

Data shows that around 80 per cent of people with the mental condition live in low-income countries, of which nearly 75 per cent never receive treatment. Although there is a significant gap between high-income and low-income countries' spending on mental health, on average, countries spend only 1.7 per cent of their health budgets on mental health. For many high-income countries, the health budget allocated to mental health is over 3 per cent, while for developing countries it is less than 0.5 per cent. Evaluating budgetary allocations and utilising funds for mental health at the national, state and district level is the need of the hour. In Australia, the government allocated an annual budget of US$2.3bn mental health package that also includes the establishment of a National Suicide Prevention Office[26] and a new network of mental health counselling clinics for Australians aged over 25 that will be set up across the country.

Amid the pandemic, the United Kingdom government promised an extra £2.3bn annually to transform mental health services by 2023. But the experts are calling for additional funds on top of existing government commitments to tackle other issues, such as the poor condition of mental health buildings.

Best practices & tooling Mental Health[27]

The policies must promote real-life experiences and bring out cases that can help promote mental health and well-being. The policies must promote an effective way of living and indulgence in a healthy lifestyle. Path-breaking interventions and best practices to promote mental health need to be documented. Awareness campaigns, social media etc, must be utilised to advance the cause. The government takes several initiatives to better mental well-being and health.[28]

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25 https://twitter.com/CMHLPIndia/status/1488484626918084609?t=ftt5OyKsOIfFzf6hecd-qg&s=08
26 https://pubmed.ncbi.nlm.nih.gov/33817993/
27 https://www.forbes.com/sites/onemind/2022/05/12/the-right-path-to-incorporating-digital-mental-health-services/?sh=1ccc8491b5a3
28 https://wellcomeopenresearch.org/articles/6-275/v1

Further, selective and targeted use of technology within care and welfare can have several advantages, including improved quality of care and active user involvement.[29] However, tech is a tool with several limitations. It is recommended to have a judicious use of tech to promote access to mental health services. Nearly 10 per cent of young people in India experience mental disorders, yet barriers to accessing mental healthcare remain. Young people need a supportive healthcare system to treat and accurately diagnose related mental health issues. Innovative digital approaches to mental healthcare can make support more accessible to youth.[30]

Mental health–focused online support groups, communities on social media platforms, and apps are becoming increasingly popular as smartphone ownership and internet penetration are increasing rapidly. These digital resources and support systems have great potential but come with challenges. The MHCA can use digital technology to its advantage to reach the masses and provide easy access to clinics, doctors etc. However, it is pertinent to address data confidentiality and privacy concerns early on.[31]

From flagging symptoms to monitoring recovery, digital innovation can make the mental healthcare journey more accessible, effective and responsive at every step. Relevant apps for meditation etc must be promoted. Section 55 (1a) of the Mental HealthCare Act, 2017 requires a digital register of mental health establishments created by the State Mental Health Board, no such details have been mentioned by a few states or action taken in favour of this.

Media Guidelines for Reporting Suicide[32]

An increase in online news media reports of suicides and attempts during the COVID-19 lockdown may indicate an increase in journalists' awareness about suicide, more sensational media reporting, or maybe a proxy indicator of a real community increase in suicidal behaviour. It is difficult to attribute changes in demographic profiles and methods used only to changes in journalists' reporting behaviour and should be further explored.[33]

There should be specific guidelines for suicide reporting in media and generate sensitivity. How the media reports a case can change how people see and feel about mental health and suicides. There have been several suicide behaviours, patterns and gender analysis that several organisations have done pre-and post-COVID. These systematic studies can help prevent suicide and create more informed behaviour.[34] Additionally, policies could be created around those studies to have a more targeted approach to the problem.

29 https://uprisehealth.com/resources/5-ways-to-innovate-digital-mental-healthcare/
30 https://mobisoftinfotech.com/resources/blog/digital-mental-health-tools-are-revolutionizing-mental-health-care/
31 https://e-manas.karnataka.gov.in/#/
32 https://pubmed.ncbi.nlm.nih.gov/33292383/
33 https://www.mdpi.com/1660-4601/18/12/6206
34 https://www.who.int/mental_health/prevention/suicide/resource_media.pdf

General Recommendations

Among other specific recommendations, the following are a few generic recommendations -

1. **Capacity Building** - Provide capacity-building support to mental health care professionals, caregivers, policymakers, law enforcement officials, and civil society organisations through technical support and training workshops. Further, providing technical support to policymakers.
2. **Developing Training manuals** - develop reference manuals & training content to assist mental health professionals, caregivers and service users in understanding the MHCA's provisions and rights-based approaches to mental healthcare and treatment.
3. **Entertainment (TV shows)/Movies**: There is a social deficit in mental health issues and television, daily soaps etc can play an important role in bridging the gap. These shows may act as the primary source of information about mental illnesses and may shape the perceptions and attitudes of viewers. Movies and theatres can play a similar role in sensitising the community. The government must promote such television.[35] The community will be more informed and aware of mental health and the ways it can be curbed or prevented.
4. **Support Groups** - train other stakeholders such as peer support volunteers, caregivers, paralegals, and law students to provide legal aid support to persons with mental Conditions in mental health establishments. This will create conversations around mental health among peers, partners and parents.
5. **Pre-suicide signs –** Education and awareness can play an important role in identifying pre-signs of suicide or mental health issue.[36]
6. **Network -** Developing a network of collaborators such as civil society organisations, policymakers, caregivers, researchers, mental health professionals, funding organisations, media, and other stakeholders for monitoring, evaluating, and disseminating data on the mental health system. Social media[37] can also help develop and unite people to speak on such issues.

CUTS looks forward to the committee accepting the above suggestions and assisting in its efforts to overcome any stigma around Mental Health. The suggestions will help in the urgent need to integrate mental health with other healthcare services, create awareness, and better the status of Mental Healthcare, ultimately focusing on reducing the mental health burden in the country.

Consumer Unity & Trust Society (CUTS) expresses gratitude to Parliamentary Standing Committee on Health and Family Welfare headed by Shri Bhubaneswar Kalita for inviting comments examining the subject – "Mental Health Care and its management in Contemporary Times" to overcome the stigma associated with Mental Health. We would be happy to make an in-person presentation of our submissions.

For any clarifications/further details, please feel free to contact: Ujjwal Kumar (ujk@cuts.org) or Tanya Goyal (tng@cuts.org)

[35] https://stopmedicineabuse.org/blog/details/can-tv-shows-help-teens-with-their-mental-health/

[36] https://timesofindia.indiatimes.com/city/bhubaneswar/lets-pay-attention-to-pre-suicide-signs/articleshow/93993376.cms

[37] Example: https://itsoktotalk.in/