MENTAL HEALTH SERVICES IN HILLY REGION

MANISHA CHANDRA

PH.D SCHOLAR

UNIVESITY OF DELHI

Abstract:

Mental health is a global concern, which includes mental well-being, prevention of mental disorders, treatment and rehabilitation. Mental illnesses contribute significantly to the burden of disease in India. It is accounted for nearly 15 per cent of the global burden from mental, neurological and substance abuse disorder (WHO). Therefore the treatment of mental health disorders is of utmost importance. It calls for comprehensive strategies in mental health services for promotion, prevention, treatment and recovery. But due to poor awareness of mental health, social stigma, and lack of adequate resources and facilities prevent people from assessing the mental health services. This results in urgent need to strengthen mental health services. It is time to act at all levels with all stakeholders to bring mental health at the forefront to reduce this burden. So this article described the mental health services in the mountain community in India.

Keywords: Mental Health Services, Uttarkhand, Mountain Community, Hilly Area

INTRODUCTION

In view of the 'Alma Ata Declaration" goals "Health for All by the year 2000AD" is one to be achieved by our country. Health herein is not conceived as a mere absence of disease or illness or disorder as many of us interpret it. It includes physical, mental, social and spiritual aspects as well and play crucial element for the growth, development, and productivity of the society.

Mental health is an integral part of health and the foundation for well-being and effective functioning of individuals. The WHO (2004, p.1) further defines the mental health as "a state of well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community". It is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the

importance of culture, equity, social justice, interconnections and personal dignity (Public Health Agency of Canada, n.d.). when the mental health problems and illness arises then it lead to vulnerable in internal feature such as a lack of emotional resilience, poor self-esteem, feeling trapped, helpless, problems associated with sexuality or sexual orientation, isolation, poor integration, social status whereas external factors include poor social conditions (housing, poverty, unemployment), discrimination or abuse, cultural conflict, stigma, poor autonomy (Health Education Authority report, 1997cited in Bhugra, Till & Sartorius, 2013).

In a recent report said that mentally ill person need immediate expert intervention since mental health statistics may rise up and affect about 20 percent of the population by 2020 from 2015 estimate of roughly 7.5 percent of India's population (WHO, 2017). In addition, evidence indicates that the global burden of mental illness damage the economic growth of any country. Sagar et al. (2020) assessed disease burden of each mental disorder for the states of India from 1990 to 2017**.** As per the report finding there are 197·3 million people suffering from mental disorders in India which including 23.16% (45·7 million) with depressive disorders and 22.75% (44·9 million) with anxiety disorders. The contribution of mental disorders to the total DALYs increased from 2·5% in 1990 to 4·7% in 2017. According to W.H.O. (n.d.), in India the burden of mental health problems is of the tune of 2,443 disability-adjusted life years per 100,000 population and the age-adjusted suicide rate per 100,000 population is 21.1. It estimated that the economic loss is USD 1.03 trillion due to mental health conditions from 2012-2030.

Despite growing incidence and prevalence of mental disorders, the current mental health services could not met the demand of the population. There is a huge shortage of mental health workforce as compared to the number of people suffering from mental health issues. WHO (n.d.) states that in India, (per 100,000 population) there are psychiatrists (0.3), nurses (0.12), psychologists (0.07) and social workers (0.07), while the desirable number is anything above 3 psychiatrists and psychologists per 100,000 population. Another reason is stigmatization which including negative attitudes towards families caring for the mentally ill. This may manifest as belief that the mentally ill are possessed, dangerous, contagious or morally deficient. They may be socially excluded, hindering efforts to form long-term relationships or find stable employment. It leads to problems in avoidance of diagnosis and treatment of mentally ill patient. The organisation of mental health services demands a wide variety of interventions, ranging from public awareness, early identification, treatment of acute illness, family education, long-term care, rehabilitation, reintegration and ensuring of human rights of the ill persons (Murthy, 2010). Mental health services have to be accordance with the socio-economic, cultural and ecological factor in which people live. As person's mental health problem, access to, and utilization of mental health treatment depends upon their knowledge, motivation, perception, cultural, religious and societal norms.

AIM

To describes the available mental health services and suggest ways to strengthen it in Uttarkashi district.

METHODOLOGY

A cross-sectional qualitative study was conducted in villages and wards of Block- Chinyalisaur of Uttarkashi district, Uttarkhand. I selected two ward and two villages for this:

- Village Chinyali (ward no.1)
- Village Chuphalya Syampur (ward no.2)
- Village Devisour (Gram Panchayat- Tulyara)
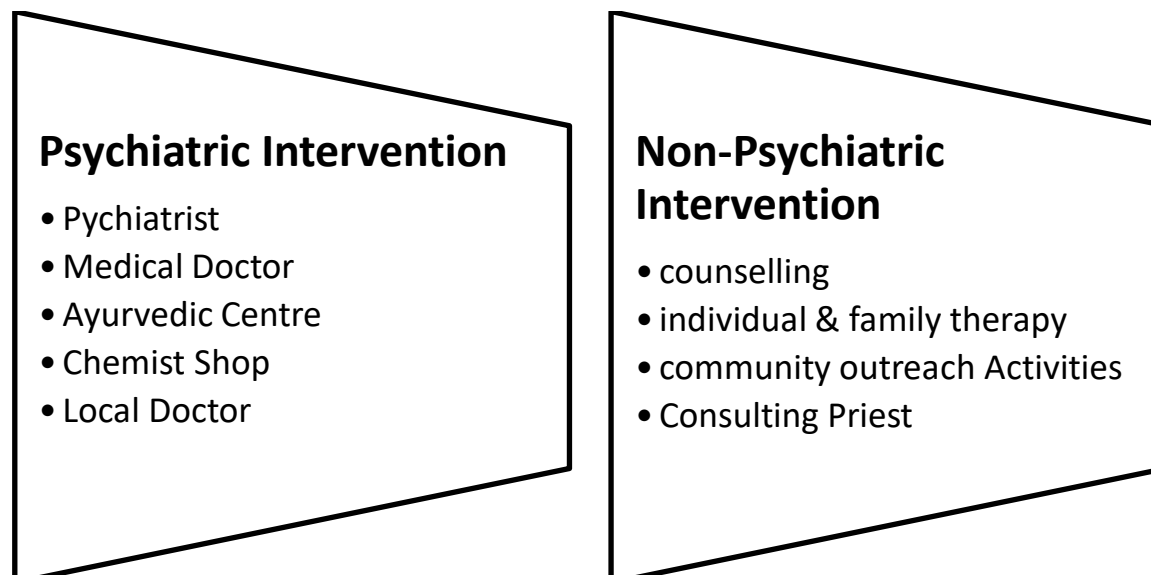- Village Mar Gaon (Gram Panchayat- Mar Gaon)

This study involved both primary and secondary data. The respondents were selected judgmentally through purposive sampling. The personal interview conducted with doctors and other health professionals; focus group discussion with community's people to collect information regarding mental health services in their area. The thematic Analysis was done as qualitative research guidelines.

FINDINGS AND DISCUSSION

Mental Health Services In Uttarkashi

The mental health services in study area can be divided into two parts: - psychiatric and non-psychiatric intervention. It depends upon their belief and cultural norms that most of respondent shared their view on utilization of mental health service. The patients and their family member will consulate the allopathic and religious treatment simultaneously for their illness in the mountain community. It is not only for mental health illness or problem but in other physical illness also.

Fig No.1: Flow Chart of Mental Health Service

Psychiatric Intervention
- Pychiatrist
- Medical Doctor
- Ayurvedic Centre
- Chemist Shop
- Local Doctor

Non-Psychiatric Intervention
- counselling
- individual & family therapy
- community outreach Activities
- Consulting Priest

Psychiatric intervention

- **Visiting Specialized Doctor/ Psychiatrist-** First interaction of mental ill patient and doctor is done in general OPD. Then the case is referred to Psychiatrist in District hospital.

  Due to lack of knowledge and awareness about mental illness and its treatment, the patient and their family members do not visit the Department of Psychiatry in District Hospital initially. The stigma and discrimination attach to mental illness is also another reason for not consulting the Psychiatrist.

- **Visiting Medical Doctor-** For mental health problem such as insomnia and epilepsy, the medical doctor able to prescribe medicine to patient but for further treatment refer the case to Department of Psychiatry, District Hospital, Uttarkashi.

- **Visiting Ayurvedic Centre-** There is Government Ayurvedic Centre at main city of Uttarkashi. The very few patient visit there for treatment for their symptoms such headache, lack of sleep, body aches, lack of appetite which associated mental health problem like tension, upset, worry, fear.

  Due to lack of knowledge and awareness about mental illness and its treatment by Ayurvedic method, the patient and their family members do not visit the department more often. There is inadequate supply of Ayurvedic medicine and lack of workforce in centre. In treatment process, there is no instant relief and long term process, people do not prefer it.

- **Visiting Chemist Shop-** The people (somatic symptoms such as headache, pain, lack of sleep) prefer going to chemist shop for consultation instead doctor because they able to safe doctor consultation charges. Due to business purpose the chemist shop owners also give medicine without prescriptions.

  Here, chemist shop owners said that they only gives only 1 or 2 dose of medicine to the patient of mental health problem and suggest them to consulate doctor in the case of further treatment.

- **Visiting Local Doctor-** The people go to local doctors for their treatment because they are nearby their house and easy to approach in medical expenses, their personal relationship between the local doctor and their community.

Non-Psychiatric intervention

- **Counselling (*samjhana*) -** The informal counselling is given by family members, relatives, well-wisher, local doctor to ill person.

- **Consulting Priest-** The patient and their family member have strong believes in *Kul-Devta or Kul-Devi*. They consult *Puchari* (priest) in relation to prevent and protect their health with the help of pooja.

  They also take help of Ojha, Jhar-fook and traditional medicine man for prevent and protect their health

Barriers To Mental Health Services

There are many barriers in utilization of mental health services in the mountain community. These barrier can be due to infrastructure issue, cultural, personal' perceptive in association with mental illness. Some of barriers were identified in the study area which is grouped as hospital and individual & community level.

Hospital Level

Overburdened in Community Health Centres (CHC) And District Hospital, which face the following challenges: limited staff, multiple tasks, a high patient load, multiple concurrent programs, lack of training, supervision, and referral services, and non-availability of psychotropic medications in the healthcare system

There is no multi-disciplinary team with psychiatric social work, clinical psychologist, psychiatric nurse in Department of psychiatry, District Hospital, Uttarkashi. Only psychiatrist is appointed. So patient's psychological assessment, individual and family therapy in mental health services are not provided.

Individual and Community Level

Fear of stigmatization, discrimination, social exclusion, lack of awareness of mental health services, scarcity of financial support and lack of geographical accessibility, which limit the patients to utilize mental health services.

STRATEGIES TO STRENGTH MENTAL HEALTH SERVICES

For strengthening the mental health services in the study area all the stakeholders- Government, NGO, Community and Individual, have to working in direction of preventive, promotive, curative measures. Some of these strategies are-

- Sensitization and Awareness about Mental Health

  Such as making people's aware about availability of mental illness treatment at district hospital; Correcting the myths and misconceptions about mental illness; Accepting of cultural belief and treat accordingly.

- Implementation of Mental Health Policy

  Close monitoring and evaluation should be ensured in implementation of policies and programmes on health and mental health; Availability of human resources for mental health services, medicines, infrastructure, medical educational intuitions

- Non-specialist mental health programs

For improving the accessibility to mental health treatment and services, the use of task-sharing with community-based workers within collaborative systems of care delivery model is evident. There is growing support that shows non-specialists can be trained to identify, diagnose, and treat people with mental health problems, improving adherence and clinical outcomes in a range of mental disorders. It was evidence that integration mental health services into primary health centers (PHCs) had strengthen the quality of health services (Sukumar et al., 2020)

- Inter-sectoral mental health programs

  Local community members who are not professionals in mental health care can provide a variety of health services (Murthy et al., 2004). These people can be community workers, lay volunteers, staff in advocacy organizations, coordinators of self-help groups, traditional health workers such as faith healer, priest and other professionals such as teachers and police officers. These informal community-care providers with basic training in mental health care can help in mental health service delivery. They are usually accessible and generally well accepted in local communities. They can help with the integration of people with mental disorders into the community, and thus play an important supportive role to formal mental health services.

- Tele-Mental Health Programs and Mobile-Technology Based Mental Health Programs

  The new innovation in technology also creates opportunities for extending mental health services to remote areas. For example, the Schizophrenia Research Foundation in Tamil Nadu, India runs mobile tele-psychiatry programme which enables specialists from urban areas to supervise non-specialist workers and to provide consultations for people living with schizophrenia in rural areas through mobile tele-psychiatry unit, which consists of a consultation room with video conferencing (Patel et al, 2016).

CONCLUSION

With an enormous mental illnesses burden and disability, inadequate treatment access, mental health services are urgently needed innovative solutions in India. In community mental health care system local community resources are increasingly being recognized as a valuable part of the health system. The cultural aspects of the ways mental illnesses and disorders are viewed, presented and treated, to acknowledge traditional care- family and community must be considered when applying an intervention model that is acceptable to the local community. These solutions will address the high-burden need in mental health care.

REFERENCES

1. Bhugra, D., Till, A., & Sartorius, N. (2013). What is mental health? International Journal of Social Psychiatry, 59(1), 3-4. https://doi.org/10.1177/0020764012463315

2.　Murthy,　R.　S.　(2010).　Mental　Health　Care　in　India–Past,　Present　and　Future. https://mhpolicy.files.wordpress.com/2011/05/mental-health-care-in-india-past-present-and-future-rs-murthy.doc

3.　Murthy, R. S., Kumar, K. K., Chisholm, D., Thomas, T., Sekar, K., & Chandrashekar, C. R. (2004). Community outreach for untreated schizophrenia in rural India: a follow-up study of symptoms, disability, family burden and costs. *Psychological medicine*, *35*(3), 341-351.

4.　Patel, V., Xiao, S., Chen, H., Hanna, F., Jotheeswaran, A. T., Luo, D., ... & Saxena, S. (2016). The magnitude of and health system responses to the mental health treatment gap in adults in India and China. *The Lancet*, *388*(10063), 3074-3084.

5.　Sagar, R., Dandona, R., Gururaj, G., Dhaliwal, R. S., Singh, A., Ferrari, A., ... & Dandona, L. (2020). The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017. *The Lancet Psychiatry*, *7*(2), 148-161.

6.　Sukumar, G. M., Yalgudri, B. D., Narayana, M., & Rao, G. N. (2020). Mental health services provided by medical officers in primary health centres in Kolar district in Karnataka, India: A situational assessment. *Journal of Family Medicine and Primary Care*, *9*(1), 173.

7.　 W.H.O. (2017). Depression and Other common mental disorders: global health estimates. *Geneva: World Health Organization*, *24*.

8.　W.H.O.　　　　　　　　　(n.d.)　　　　　　　　https://www.who.int/india/health-topics/mental-health#:~:text=WHO%20estimates%20that%20the%20burden,100%20000%20population%20is%2021.1.

9.　WHO World Mental Health Survey Consortium. (2004). Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *Jama*, *291*(21), 2581-2590.