

International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 4, Issue 8, April 2024

# Impact of Mental Asylums in India's Mental Health Crisis: A Systematic Review

# Gracy Michael Marian<sup>1</sup> and Dr. Tulsi Shringi<sup>2</sup>

<sup>1</sup>Department of NURSING, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu Rajasthan, India <sup>2</sup>Department of NURSING, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu Rajasthan, India

Abstract: This article provides a comprehensive overview of the state of mental health in India today, highlighting the challenges faced, the ongoing initiatives, and the possible future directions for improving the delivery of mental healthcare. In India, mental health conditions include depression, anxiety disorders, bipolar disorder, schizophrenia, and drug use disorders are very common. Individuals, families, and society at large bear a tremendous price when it comes to mental health issues. They have detrimental effects on functioning, a reduction in life quality, and significant social and economic ramifications. Many social and cultural factors, including as stigma, discrimination, gender inequality, poverty, rapid urbanisation, and cultural perspectives on mental illness, make addressing mental health concerns more challenging. Access to mental healthcare is seriously threatened by the persistent gaps in the availability in rural areas. Inadequate infrastructure, ignorance, and integration into primary healthcare systems all impede access to quality care. The founding, operation, and developmental history of mental asylums in India are examined. The discourse centres on the drawbacks and challenges associated with mental asylums, including the need for substitute approaches to mental health care, stigma, violations of human rights, absence of human-centered approaches, and care quality

Keywords: community participation, policy reforms, access to care, challenges, India, mental health

# I. INTRODUCTION

India has a large and diversified population, which contributes to a significant mental health burden that needs immediate treatment. Mental health illnesses affect people from all walks of life and transcend age, financial status, and geographic location. The consequences of these disorders include pain on an individual basis, difficulties with day-to-day functioning, and significant expenses to society. The increasing public health concern is a result of the steady growth in the prevalence of mental health diseases in India in recent years. It is estimated that approximately 15% of Indians suffer from mental health problems. Numerous conditions are included in this figure, such as substance use disorders, anxiety disorders, depression, bipolar disorder, schizophrenia, and neuro developmental disorders.

The effects of these mental health issues are felt by all members of society. First of all, because mental health issues frequently make it difficult for sufferers to lead satisfying lives, they cause great personal suffering and grief. They could find it challenging to keep up connections, pursue chances for school or work, and engage in social activities. Furthermore, mental health issues have a significant impact on how well communities and the country as a whole function. Reduced productivity is a major economic impact, both in the workplace and in households. Mental health problems have a detrimental effect on worker productivity and economic growth since they frequently result in absenteeism, decreased work efficiency, and long-term impairment.

One cannot undervalue the financial cost of mental health issues. The requirement for mental healthcare services, such as diagnosis, treatment, medication, and therapy, results in higher healthcare costs. The economic impact is further compounded by the indirect expenses, which include lost productivity and an increased strain on carers. Beyond the financial side, mental health issues in India have significant social ramifications. In many communities, stigma and discrimination related to mental illnesses still exist, which prevents people from getting the support and assistance they need. Delays in diagnosis and treatment result from this, which exacerbates the long-term effects and prolongs the suffering cycle.

Copyright to IJARSCT www.ijarsct.co.in

DOI: 10.48175/568





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

#### Volume 4, Issue 8, April 2024

A thorough grasp of the difficulties is required due to the increasing incidence of mental health illnesses in India and their diverse effects. It becomes imperative to address mental health concerns not only for the benefit of those who are affected but also for the advancement and development of the country as a whole. This review article seeks to shed light on various approaches to address mental health issues and enhance the lives of those in India who are battling with these disorders by examining the function of mental asylums in this setting. In-depth analysis of India's mental health issues and an examination of the function of mental asylums in resolving these issues are the goals of this review paper. This review seeks to shed light on the advantages, disadvantages, and possible future directions of mental asylums in the Indian mental health landscape by analysing the historical and contemporary circumstances.

# **II. METHODOLOGY**

A thorough method was used in the literature search strategy to find pertinent papers on mental health issues in India. We searched a number of databases, including PubMed, PsycINFO, and Google Scholar, with a combination of keywords including "prevalence," "burden," "access to care," "mental health disorders," and "India." To guarantee the inclusion of a broad range of studies, the search was carried out without regard to language or chronological constraints. To obtain a comprehensive grasp of the subject, reports from governmental bodies, non-governmental organisations, and international organisations were examined in addition to scholarly works. Some inclusion and exclusion criteria were used to make sure the right studies were chosen. Research on mental health issues in India, prevalence rates, categories of mental health disorders, availability of mental health services, social and cultural aspects impacting mental health, and mental health policies and programmes in India were among the inclusion criteria. Both qualitative and quantitative research were taken into account. Prioritisation was given to studies that shed light on the difficulties, contemporary treatments, and prospects for mental health care in India. Studies that did not specifically address mental health or the Indian setting were excluded based on certain criteria. Editorials, opinion pieces, case reports, and studies with insufficient data were not included. Peer-reviewed publications, systematic reviews, meta-analyses, and research reports that provide extensive evidence and analysis of mental health issues in India were the main focus. There were two steps in the process of choosing the studies. Initially, the relevancy of the titles and abstracts to the research topic was determined through screening. The full-text papers were then examined in accordance with the inclusion and exclusion criteria. The research team members discussed and came to a consensus on any disagreements or uncertainties that arose during the study selection procedure.

# Mental health problems in India

# **Types and Prevalence of Mental Health Conditions**

Mental health diseases affect a significant section of the population in India, where they are highly prevalent. According to epidemiological research, the prevalence of psychiatric diseases in India ranges from 9.5 to 370 per 1000 individuals. This prevalence covers a wide range of mental health conditions, indicating the variety of difficulties people in the nation encounter. Given the high rates of mental health issues in India, the country's population's mental health needs must be addressed with efficient interventions and support networks. In India, mental health illnesses include depression, anxiety disorders, bipolar disorder, schizophrenia, and drug use disorders are frequently encountered.

Depression: A prevalent mental health condition, depression is characterised by a loss of interest in or enjoyment from activities, as well as continuous unhappiness and hopelessness. Anxiety and depression accounted for 3.5% of deaths at the population level. It may have a detrimental effect on a person's attitude, ideas, actions, and physical health. Depression symptoms can include lethargy, altered appetite, insomnia, trouble focusing, and suicidal or self-harming thoughts. An individual's everyday functioning, interpersonal interactions, and general quality of life can all be severely impacted by depression.

Anxiety disorders: Symptoms of anxiety disorders include excessive and ongoing worry, fear, or anxiety that severely impairs day-to-day functioning. Anxiety related to multiple facets of life is intense and persistent in generalised anxiety disorder. Recurrent panic episodes, which are strong bursts of overwhelming dread, and physical symptoms such palpitations and dyspnea are the hallmarks of panic disorder. An extreme dread of one or more objects, circumstances, or activities is referred to as a phobia. The hallmarks of obsessive-compulsive disorder  $\frac{1}{1000}$  include intrusive

Copyright to IJARSCT www.ijarsct.co.in DOI: 10.48175/568





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

#### Volume 4, Issue 8, April 2024

thoughts, or obsessions, and repetitive behaviours, or compulsions, carried out as a coping mechanism for worry. Significant distress, avoidance behaviours, and decreased functioning can all result from anxiety disorders.

Manic or hypomanic episodes of heightened mood alternate with depressive episodes to form the hallmark of bipolar illness. People may have more energy, less sleep, racing thoughts, inflated self-esteem, impulsive behaviour, and an exaggerated sense of self-importance during manic episodes. Depressive episodes are characterised by melancholy, interest loss, exhaustion, and adjustments to sleep and eating habits. An people with bipolar disorder may experience significant effects on their emotions, behaviour, relationships, and general functioning.

Schizophrenia is a severe and persistent mental illness that impairs a person's ability to think clearly, feel emotions, behave, and perceive reality. Common signs and symptoms include diminished emotional expression, disorganised speech and behaviour, delusions (false beliefs), hallucinations (seeing things that are not there), and social disengagement. Cognitive functioning issues, including memory, attention, and executive functioning issues, can arise in people with schizophrenia. A person suffering from schizophrenia may find it very difficult to think clearly, communicate with others, and carry out daily tasks.

Substance use disorders: Despite the risks, excessive and compulsive use of substances, such as alcohol or drugs, is a feature of substance use disorders. Mental health may be significantly impacted by certain conditions. Addiction, dependency, and withdrawal symptoms when the substance is unavailable can result from substance usage. Many mental health conditions, such as mood disorders, anxiety disorders, psychosis, cognitive impairments, and social and professional difficulties, can be brought on by substance use disorders. Relationship challenges, legal troubles, financial hardships, and physical health issues are a few examples of the related issues.

# Aspects of Indian society and culture that impact mental health

# Social Discrimination and Stigma

*I*n Indian civilization, mental illness carries a heavy social stigma that causes discrimination and social isolation for those who suffer from mental health issues. Misconceptions, fear, and ignorance are typically the root causes of the stigma associated with mental illness. Because of this stigma, people may be reluctant to ask for assistance or support out of fear of being judged, rejected, or facing unfavourable outcomes. As a result, people might put off or refrain from getting therapy, which would lead to insufficient or delayed care and worsen their illness.

# **Disparities in Gender**

In India, gender inequality has a significant effect on mental health. Particularly women experience specific difficulties and are more susceptible to mental health issues. Women are more likely to experience stress, anxiety, and depression due to a variety of factors, including sexual assault, domestic violence, unequal power relations, limitations on their access to education and career possibilities, and social expectations. Mental health inequalities are exacerbated by the confluence of gender with other variables like caste and financial status.

#### **Socioeconomic Factors and Poverty**

In India, poverty and socioeconomic inequality are major contributors to the onset and aggravation of mental health illnesses. Mental well-being is greatly impacted by scarce resources, such as inadequate access to high-quality medical treatment, mental health services, and vital social support networks. Living in a stressful environment, having unstable finances, and having little prospects for career advancement all raise psychological distress and the likelihood of mental health issues.

# **Vigorous Migration and Urbanisation**

India's rapidly changing migration and urbanisation trends have a big impact on mental health. Urban environments frequently bring with them difficulties including social displacement, a loss of social support systems, heightened competition, and elevated stress levels. Migration, whether from rural to urban or within metropolitan regions, can upset conventional support networks, social cohesiveness, and stability, which raises the risk of mental health issues.

Copyright to IJARSCT www.ijarsct.co.in DOI: 10.48175/568





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

#### Volume 4, Issue 8, April 2024

# Family Structure and Social Influence

People are under strain from family dynamics and society expectations, which affects their mental health. Gender roles, marriage, career achievement, and educational expectations can all lead to a great deal of stress and anxiety. Dysfunctional family dynamics, strained relationships, and interpersonal conflicts can all lead to the development of mental health problems. The stigma attached to mental illness in some families can result in a lack of knowledge and support, which makes it even more difficult for the affected person to get treatment.

# **Cultural Views Regarding Mental Health**

In India, different areas and people have different cultural norms and customs regarding mental illness. These ideas may affect how people view mental health, how they seek therapy, and how they behave when seeking assistance. Cultural views can occasionally stigmatise mental illness, prevent candid conversations, and support dangerous or inefficient treatments. This may make it more difficult to receive evidence-based treatment and prolong the cycle of problems linked to mental health.

# The Cost of Mental Health Problems to People and Society

In India, mental health issues significantly impact both individuals and the broader society. A lowered quality of life, difficulties functioning in a variety of areas (including job, relationships, and education), and an elevated risk of suicide are common experiences for those with mental health illnesses. Socially, mental health issues cause major production losses because of incapacity, reduced work performance, and absenteeism. Economic effects include higher healthcare expenses and lower productivity, which impede social and economic advancement. Furthermore, mental health issues put a demand on resources and take focus away from other areas of healthcare, adding to the total burden on the healthcare system.

# Mental health services accessibility in India

# Lack of Experts in Mental Health

*Insufficient mental health specialists, such as psychologists, psychiatrists, and psychiatric* nurses, are available to fulfil India's expanding need for mental healthcare. In remote locations with limited access to mental health experts, the scarcity is more noticeable. The inequitable allocation of services is a noteworthy obstacle for individuals who are seeking prompt and suitable mental health care.

# **Insufficient Resources and Infrastructure**

*Particularly in remote locations, mental health facilities frequently lack the funding,* infrastructure, and equipment needed to offer comprehensive care. Psychiatric hospitals, outpatient clinics, and community-based treatments are in low supply. Inadequate infrastructure makes it more difficult to provide mental health treatments and restricts the range of requirements that people with mental health issues can have met.

# Insufficient Knowledge and Shame

The stigma associated with mental health issues and the lack of understanding about them in India are major factors in the underutilization of mental healthcare treatments. The stigma attached to mental illness creates prejudice, social exclusion, and discrimination against those who seek assistance. People are deterred from candidly addressing mental health issues and from promptly getting therapy because of this stigma.

# Not Enough Integrated Into Primary Healthcare

In India, basic healthcare systems do not sufficiently incorporate mental health services. A fragmented approach to mental healthcare is the outcome of this lack of integration, which makes it more difficult for people with mental health issues to receive continuous care, timely intervention, and early diagnosis of their problems. The treatment gap is sustained by the division of mental health from basic healthcare, which serves to perpetuate the idea that mental and physical health are unrelated.

Copyright to IJARSCT www.ijarsct.co.in

DOI: 10.48175/568





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

#### Volume 4, Issue 8, April 2024

Historical development of mental asylums in India

# The establishment of mental asylums and its goals

India has its share of colonial-era mental asylums, mostly run by the British. The Indian Lunatic Asylum, the country's first mental institution, was founded in Calcutta (now Kolkata) in 1745. The original purpose of these facilities was to house and isolate people suffering from mental illness from the general public. There was minimal emphasis on therapeutic interventions and more on custodial care.

The principal aims of mental asylums were to furnish an environment that was safe and regulated for persons who were considered "insane" and to oversee and regulate the perceived risks that these individuals posed. Asylums were built with the intention of separating those with mental illnesses from the general public, and they were frequently found in isolated locations far from major cities.

# The Evolution and Shifts in Mental Asylums Over Time

India's mental asylums have evolved and changed significantly over time. The method to care within mental asylums changed from custodial incarceration to a more humane and therapeutic approach as a result of advances in medical knowledge and shifts in society attitudes towards mental disease.

Mental asylums started implementing moral treatment tenets in the middle of the 19th century, encouraged by reform movements throughout Europe. The goal of moral treatment is to give mentally ill people a more respected and humane atmosphere. It put a lot of emphasis on encouraging moral and spiritual growth, getting patients involved in worthwhile activities, and establishing a nurturing therapeutic environment.

The development of psychiatric training facilities and research institutes in India during the 20th century added to the advancement of mental healthcare procedures. The knowledge, identification, and treatment of mental health illnesses have advanced significantly thanks to the work of these institutes. They also offered chances for research to be conducted in order to enhance care and for mental health practitioners to be trained.

# The Function of Mental Asylums in Treating Mental Health Issues

In India, mental asylums played a major role in treating mental health issues, especially when there were few other options. They offered shelter, minimal care, and some form of treatment, thereby serving as a haven for people suffering from mental illnesses. The asylums served as custodial facilities, guaranteeing the supervision and confinement of people deemed "insane" by society's standards.

While circumstances and care at mental asylums varied greatly, some asylums made an effort to offer their patients therapy and rehabilitation. To encourage functional development and reintegration into society, occupational therapy, recreational activities, and vocational training were implemented. Through training programmes and research, certain mental asylums have also advanced our knowledge of and ability to manage mental health illnesses.

It's crucial to recognise that mental asylums deal with a lot of opposition and difficulties. There were numerous problems, including stigmatisation, abuse, overpopulation, a shortage of resources, and insufficient staff training. These worries prompted an assessment of the asylum model and the realisation that more extensive changes to the provision of mental health treatment were required. The purpose of mental asylums has changed throughout time, and now the emphasis is on deinstitutionalization, community-based care, and the integration of mental health services into traditional healthcare systems.

# Critiques and challenges of mental asylums in India

# Social Attitudes Towards Mental Asylums and Stigmatisation

In the past, stigma and unfavourable social views have affected mental asylums in India. They've been linked to abuse, neglect, and transgressions of human rights. The idea that mental asylums are places of imprisonment and seclusion feeds the stigma associated with mental illness and stymies initiatives to advance community-based treatment. This stigma frequently keeps people from getting treatment and perpetuates the notion that people with mental health issues should be treated alone rather than in the context of a larger community.

DOI: 10.48175/568





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

#### Volume 4, Issue 8, April 2024

# **Concerns about Human Rights and Ethical Issues**

*Concerns about mental asylums in India have been highlighted with relation to human rights.* Inadequate living conditions, a lack of privacy, and overpopulation in certain institutions have all been reported. In these situations, patients' rights to privacy, autonomy, and dignity may be violated. To further safeguard people's rights and wellbeing, important ethical concerns pertaining to involuntary admissions, the application of constraints, and the requirement for informed consent in mental health care must be addressed.

# **Care and Treatment Modalities' Quality**

In India, there is a great disparity in the standard of care given in mental asylums. While several facilities follow evidence-based techniques, multidisciplinary approaches, and rehabilitation programmes, others have staffing shortages, antiquated procedures, and limited resources. Adequate psychosocial support services and an excessive dependence on drugs, combined with antiquated therapies, continue to be problems in the mental asylum system. Enhancing the standard of care necessitates concentrating on the education and development of mental health practitioners, guaranteeing that evidence-based therapies are accessible, and advocating for comprehensive strategies that attend to the social, psychological, and emotional requirements of the patient.

# Alternative Methods for Providing Mental Health Care

The debate about alternate approaches to mental treatment in India has been sparked by the critiques and difficulties associated with mental asylums. Community-based care, which prioritises the involvement of families, communities, and social support networks, has come to be recognised as a more successful and humane method. Early detection, prompt intervention, and comprehensive management of mental health issues are made possible by the integration of mental health into basic healthcare settings. Other alternative strategies include the use of telemedicine for remote consultations, mobile mental health units to serve underprivileged communities, and the application of psychosocial interventions that place a priority on resilience, individual empowerment, and well-being. By encouraging a move away from institutionalised care and towards person-centered care and community assistance, these alternative approaches help improve India's overall mental health ecosystem.

# Current mental health initiatives in India

# **Policies and Programmes of the Government**

The Indian government has put in place a number of policies and initiatives to deal with mental health concerns. One of the main projects to enhance mental healthcare services is the National Mental Health Programme (NMHP). The program's objectives are to train mental health practitioners, encourage community involvement, improve awareness of mental health issues, and offer easily accessible and reasonably priced mental healthcare. The integration of mental health into primary healthcare systems is also emphasised.

The Mental Healthcare Act of 2017 is another important piece of legislation that puts the rights and dignity of people with mental illness first. It decriminalises suicide, safeguards the rights of those suffering from mental illness, and encourages community-based care. It also offers a legislative framework for the provision of mental healthcare.

# **Community-Based Mental Health Providers**

In India, community-based mental health treatments are becoming more and more popular as a means of closing the treatment gap and expanding mental healthcare accessibility. By using a decentralised model, these programmes employ qualified specialists to provide mental healthcare at the community level. Outreach initiatives, awareness campaigns, counselling services, and support for people with mental health illnesses and their families are all part of community mental health programmes. Reducing stigma, improving accessibility, and offering all-encompassing treatment that is mindful of the cultural context of communities are the objectives.

# Mental Health Integration with Primary Healthcare

One important tactic to increase access to mental healthcare services is the integration of mental health into basic healthcare. One noteworthy project is the District Mental Health Programme (DMHP). The soal of the DMHP is to

Copyright to IJARSCT www.ijarsct.co.in DOI: 10.48175/568





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

#### Volume 4, Issue 8, April 2024

improve mental health services at the primary care level by teaching primary care providers how to recognise and treat prevalent mental health issues. It entails developing capacity, supplying necessary psychiatric drugs, setting up referral networks, and offering community-based rehabilitation programmes. By guaranteeing that mental and physical health are treated equally, this integration promotes early identification, prompt intervention, and continuity of care.

# **Campaigns for Awareness and Advocacy Initiatives**

In order to reduce stigma, increase public knowledge of mental health issues, and promote mental health literacy, awareness campaigns and advocacy initiatives are essential. Initiatives for destigmatization, education, and advocacy are actively pursued by community groups, mental health professionals, and non-governmental organisations (NGOs). These initiatives seek to dispel myths, impart factual knowledge about mental health, encourage behaviours that involve getting treatment, and establish supportive settings for those who suffer from mental health conditions. A variety of media channels, neighbourhood gatherings, and workshops are frequently used by awareness campaigns to reach a large audience and encourage favourable attitudes towards mental health. These present-day mental health programmes in India show how to tackle the issue from a variety of angles, including community-based services, government regulations, integration with primary healthcare, and awareness campaigns. Such all-encompassing initiatives are essential to tackling the intricate problems associated with mental health and enhancing the general mental health of the populace in the nation.

# Future directions for mental health in India

# Growing the Count of Experts in Mental Health

A multifaceted strategy is needed to address the shortage of mental health practitioners. Increasing the number of psychiatric nurses, psychologists, psychiatrists, and other mental health professionals is one tactic. Expanded training programmes that draw more people into the area and give them the abilities and information they need to practise successfully can help achieve this. In order to entice professionals to work in underprivileged areas where the shortage is more acute, scholarships and other rewards can be provided. Improving access to care can be achieved through expanding the mental health workforce.

# **Improving Education and Developing Capabilities**

It is essential to give mental health workers thorough and specialised training in order to guarantee the provision of high-quality mental healthcare. Programmes for ongoing professional development are one way to keep experts up to date on the most recent evidence-based procedures. By improving their knowledge and abilities in the diagnosis and treatment of mental health illnesses, professionals can offer interventions that are more focused and successful. Training courses ought to emphasise culturally aware methods and cater to the unique requirements of various groups.

# **Dispersing Mental Health Services**

Strengthening mental healthcare services and infrastructure at the district and community levels is crucial to closing the mental health care gap between urban and rural communities. This entails setting up community-based services, outpatient clinics, and mental health facilities in rural and isolated locations. People can obtain quicker interventions and better access to care if mental health services are provided closer to their homes. Additionally, this lessens the load on mental hospitals and tertiary care facilities.

# Mental Health and Primary Healthcare Integration

Given the significance of prompt identification and remediation, it is imperative to incorporate mental health treatments within primary healthcare environments. Primary healthcare professionals are being trained in the recognition and treatment of prevalent mental health issues as part of this integration. Establishing referral networks between primary care and specialised mental health services is another aspect of it. By incorporating mental health into primary healthcare, people can obtain timely support and treatment, and the stigma attached to seeking mental healthcare can be lessened.

Copyright to IJARSCT www.ijarsct.co.in DOI: 10.48175/568





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

#### Volume 4, Issue 8, April 2024

# **Increasing the Robustness of Referral Systems**

Strong referral mechanisms need to be established in order to guarantee smooth transitions between various levels of care. It is imperative that primary healthcare providers, specialised mental health services, and other pertinent sectors (including education and employment) coordinate and communicate effectively. Referral systems should guarantee that people with mental health issues receive ongoing assistance and follow-up care as they progress through the various phases of their therapeutic process. This supports addressing people's holistic needs and preserving continuity of care.

# Policy reforms and resource allocation

# **Providing Sufficient Resources**

It is crucial to increase financial resources set aside expressly for mental health. Enough money needs to be set aside to finance the construction of mental health facilities, outpatient clinics, and community-based services, among other infrastructure-related initiatives. Adequate resources are also required for research, addressing regional inequities in mental health, training primary healthcare practitioners, and recruiting and training mental health specialists.

# Giving Mental Health First Priority in the Healthcare Agenda

Effective change necessitates the recognition of mental health as a priority area within the larger healthcare system. This entails incorporating mental health into national health programmes, plans of action, and policies. Ensuring that interventions are evidence-based and progress is tracked is made easier by establishing quantifiable goals and indicators for bettering mental healthcare outcomes.

# **Creating a Sturdy Regulatory Structure**

A thorough regulatory structure must be established and put into place to guarantee the ethics, standards, and policies pertaining to mental health services. This entails creating procedures for mental healthcare providers to be licenced and accredited, keeping an eye on adherence to professional standards, and enforcing ethical norms. In order to determine areas for improvement, monitor and evaluate the effectiveness of mental healthcare delivery, and guarantee accountability, monitoring and evaluation systems need also be in place.

# **Making Sure Policies Are Implemented**

For policies to be implemented effectively, government departments in charge of mental health, social welfare, education, and employment must work together more closely. Coordinating policies and actions and promoting a comprehensive approach to mental health concerns are two benefits of intersectoral collaboration. In addition to collaboratively developing and overseeing mental health programmes, this coordination may involve exchanging resources, information, and skills.

# Holistic and multidisciplinary approaches to mental health

# **Combining Social, Biological, and Psychological Views**

Given the complexity of the origins and presentations of mental health diseases, an integrated strategy addressing the biological, psychological, and social factors of mental health is necessary. In order to create and manage mental health illnesses, it is necessary to acknowledge the interaction between hereditary variables, brain chemistry, individual experiences, and social circumstances.

# Models of Collaborative Care

A coordinated and team-based approach to the provision of mental healthcare is a feature of collaborative care models. In order to cooperatively address the needs of people with mental health illnesses, these models bring together a variety of stakeholders, including social workers, primary healthcare providers, mental health specialists, and community organisations.





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 4, Issue 8, April 2024

# Promoting community participation and support systems Including Organisations and Community Leaders

It is essential to work in tandem with religious and cultural institutions, community-based organisations, and community leaders to raise awareness of mental health issues, lessen stigma, and enhance access to care. Organisations and community leaders have a big impact and reach inside their areas. Together, we can carry out awareness campaigns, plan educational activities, and distribute factual information regarding mental health. By working together, we can establish supportive settings where people feel at ease asking for assistance and using mental health services. Additionally, community-based organisations can assist in locating those who require assistance and putting them in touch with the right people or resources.

# **Including People Who Have Firsthand Experience**

Involving people who have firsthand experience with mental health issues in planning services, making decisions, and engaging in advocacy work is crucial. Their distinct viewpoints and insights might help improve the personcenteredness and recovery-orientedness of mental health treatments. These people can offer insightful commentary on the difficulties they overcame, the kinds of supports that were beneficial to them, and the inadequacies in the current system of care. Their participation can assist in designing interventions, programmes, and policies that are more tailored to the needs and preferences of those suffering from mental health issues. Through sharing their experiences and stories, it also gives students the confidence to become mental health activists and lessen stigma.

# **II. CONCLUSION**

In India, mental health issues are extremely important because of the magnitude of the impact on human values that they have. The enormity of the nation's population emphasises how crucial it is to remove these obstacles. It is critical to understand that mental health problems impact a sizable section of the populace and that, if ignored, they can have catastrophic repercussions. As a result, coordinated efforts are necessary to successfully address these issues. To address mental health issues in India, stigma around mental illness must be lessened. Stigmatisation erects obstacles that prevent people from getting the support and assistance they need. To combat stigma and promote compassion and empathy towards persons with mental health disorders, public awareness campaigns and educational programmes are essential. To address India's complicated mental health issues, a thorough and caring strategy is required. India can make great strides in treating mental health concerns by lowering stigma, increasing accessibility, raising the standard of care, moving towards community-based care, defending human rights, and incorporating mental health into regular healthcare systems. The advantages will go beyond personal gain and advance the general growth and welfare of society.

# REFERENCES

- [1]. Ahmedani BK: Mental health stigma: society, individuals, and the profession . J Soc Work Values Ethics. 2011, 8:4-1-4-16.
- [2]. Caulfield A, Vatansever D, Lambert G, Van Bortel T: WHO guidance on mental health training: a systematic review of the progress for non-specialist health workers. BMJ Open. 2019, 9:e024059. 10.1136/bmjopen-2018-024059
- [3]. Daund M, Sonavane S, Shrivastava A, Desousa A, Kumawat S: Mental hospitals in India: reforms for the future. Indian J Psychiatry. 2018, 60:S239-47.10.4103/psychiatry.IndianJPsychiatry\_434\_17
- [4]. Diminic S, Carstensen G, Harris MG, et al.: Intersectoral policy for severe and persistent mental illness: review of approaches in a sample of high-income countries. Glob Ment Health (Camb). 2015, 2:e18.10.1017/gmh.2015.16
- [5]. Give C, Ndima S, Steege R, et al.: Strengthening referral systems in community health programs: a qualitative study in two rural districts of Maputo Province, Mozambique. BMC Health Serv Res. 2019, 19:263. 10.1186/s12913-019-4076-3
- [6]. Gupta S, Sagar R: National Mental Health Policy, India (2014): where have we reached? . Indian J Psychol Med. 2022, 44:510-5. 10.1177/02537176211048335

Copyright to IJARSCT www.ijarsct.co.in DOI: 10.48175/568





International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

# Volume 4, Issue 8, April 2024

- [7]. Hossain MM, Purohit N: Improving child and adolescent mental health in India: status, services, policies, and way forward. Indian J Psychiatry. 2019, 61:415-9.10.4103/psychiatry.IndianJPsychiatry\_217\_18
- [8]. India state-level disease burden initiative mental disorders collaborators: The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990-2017. Lancet Psychiatry. 2020, 7:148-61. 10.1016/S2215-0366(19)30475-4
- [9]. Jain A, Mitra P: Bipolar Disorder. StatPearls [Internet]. StatPearls, Treasure Island (FL); https://www.ncbi.nlm.nih.gov/books/NBK558998/:
- [10]. Laws and Regulations. (2023). Accessed: June 9, 2023: https://www.samhsa.gov/about-us/who-we-are/laws-regulations.
- [11]. Malhotra S, Shah R: Women and mental health in India: an overview . Indian J Psychiatry. 2015, 57:S205-11. 10.4103/0019-5545.161479
- [12]. Math SB, Basavaraju V, Harihara SN, Gowda GS, Manjunatha N, Kumar CN, Gowda M: Mental Healthcare Act 2017 - aspiration to action. Indian J Psychiatry. 2019, 61:S660-6.10.4103/psychiatry.IndianJPsychiatry\_91\_19
- [13]. Math SB, Gowda GS, Basavaraju V, et al.: Cost estimation for the implementation of the Mental Healthcare Act 2017. Indian J Psychiatry. 2019, 61:S650-9.10.4103/psychiatry.IndianJPsychiatry\_188\_19
- [14]. Mental Health in Emergencies . (2023). Accessed: June 9, 2023: https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies.
- [15]. Mishra A, Mathai T, Ram D: History of psychiatry: an Indian perspective. Ind Psychiatry J. 2018, 27:21-6. 10.4103/ipj.ipj\_69\_16
- [16]. Murthy P, Isaac M, Dabholkar H: Mental hospitals in India in the 21st century: transformation and relevance. EpidemiolPsychiatr Sci. 2016, 26:10-5.10.1017/S2045796016000755
- [17]. Pandya A, Shah K, Chauhan A, Saha S: Innovative mental health initiatives in India: a scope for strengthening primary healthcare services. J Family Med Prim Care. 2020, 9:502-7.10.4103/jfmpc\_jfmpc\_977\_19
- [18]. Raju NN: Psychiatry training in India. Indian J Psychiatry. 2022, 64:433-9. 10.4103/indianjpsychiatry.indianjpsychiatry\_649\_22
- [19]. Singh OP: Closing treatment gap of mental disorders in India: opportunity in new competency-based Medical Council of India curriculum. Indian J Psychiatry. 2018, 60:375-6.10.4103/psychiatry.IndianJPsychiatry\_458\_18
- [20]. Srivastava K, Chatterjee K, Bhat PS: Mental health awareness: the Indian scenario . Ind Psychiatry J. 2016, 25:131-4. 10.4103/ipj.ipj\_45\_17
- [21]. Stigma, Prejudice and Discrimination Against People with Mental Illness . (2023). Accessed: June 9, 2023: https://www.psychiatry.org.
- [22]. Trivedi JK, Sareen H, Dhyani M: Rapid urbanization its impact on mental health: a South Asian perspective. Indian J Psychiatry. 2008, 50:161-5.10.4103/0019-5545.43623

Copyright to IJARSCT www.ijarsct.co.in