

BRIDGE THE **CARE GAP**

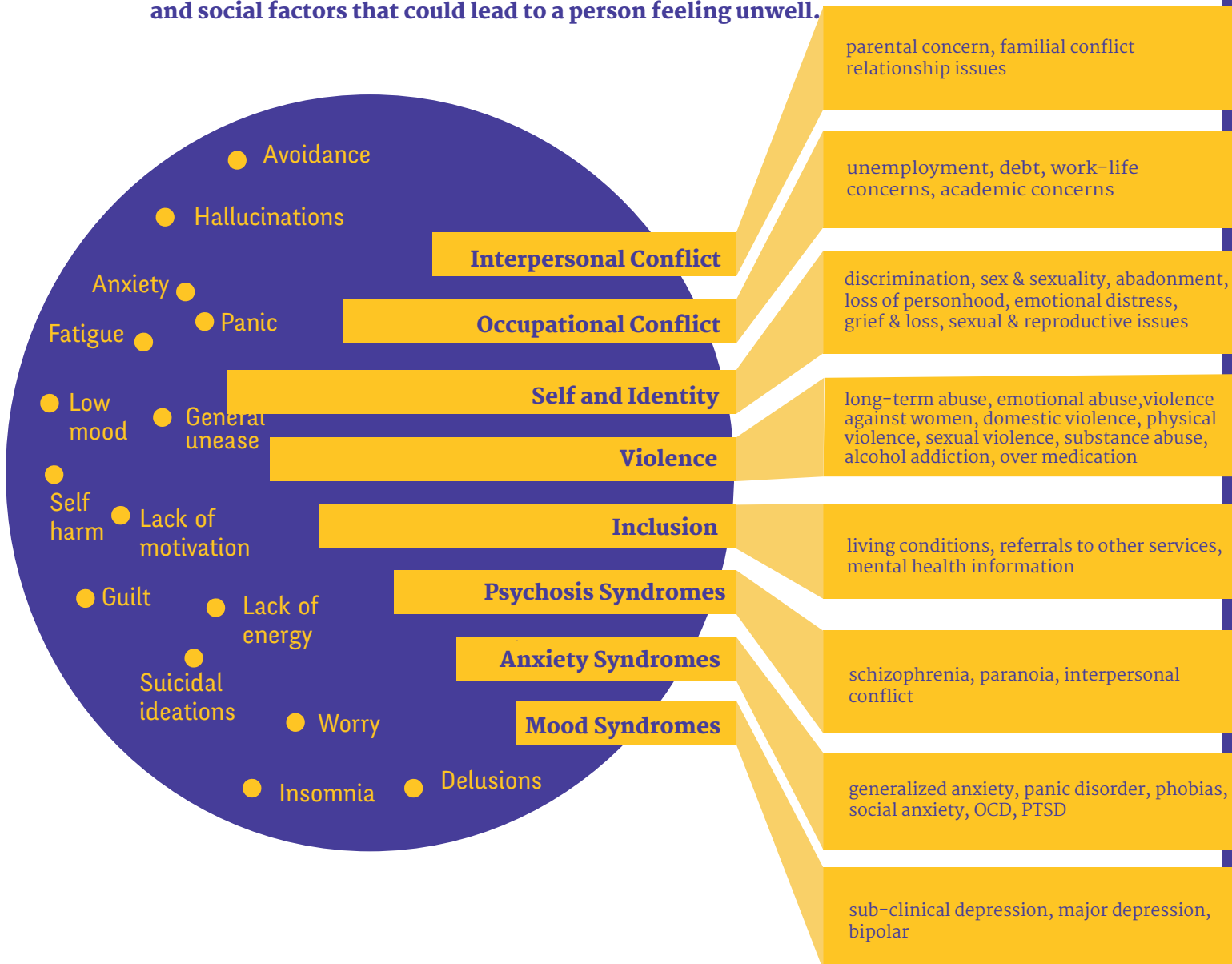
One in four of us is likely to have a mental health issue in our life-time. The mental health care gap should concern us all.

WHAT IS MENTAL HEALTH?

Mental health is a spectrum, ranging from well-being to a common or severe mental health disorder. This includes emotional, psychological & social well being. Mental health is important at every stage of life, from childhood through adulthood. Mental health can deeply affect daily life, relationships and physical health too.

Spectrum of Mental Health Challenges

Examples of manifestations of mental health stressors and biological, psychological and social factors that could lead to a person feeling unwell.



Scale of the Issue



EVERY
40 SECONDS
One person takes
their life globally

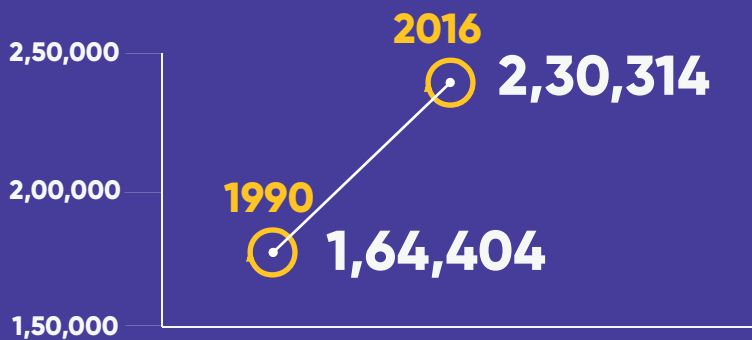
EVERY
3 SECONDS
Someone attempts
suicide in India

Though suicide rates have declined globally,
they have increased in India



18%
of global population
lives in India, however
India accouts for

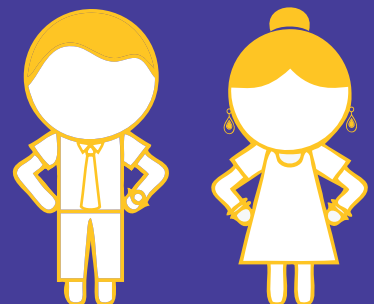
24 - 37%
of the global suicide
deaths



Deaths due to suicide
have been increasing
since 1990

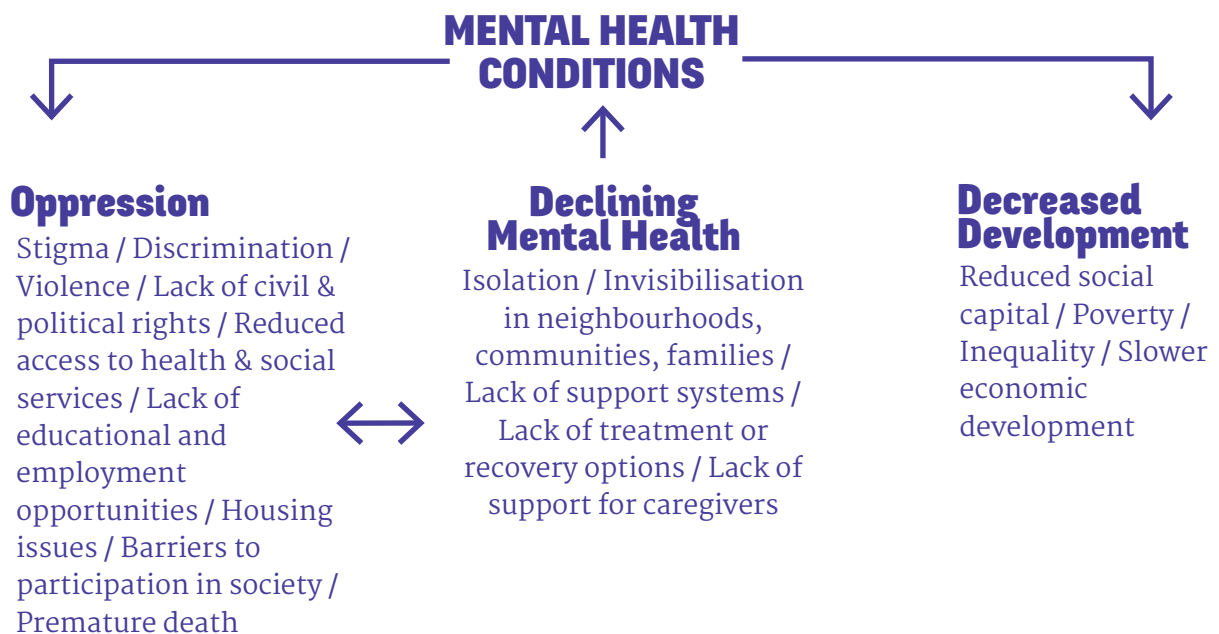
Young adults are taking their own lives
in alarmingly high numbers, consti-
tuting a public health crisis.

**Suicide is the second leading cause of
death among those aged 15-29 years
in India.**



IMPACT OF MENTAL ILLNESS

Mental wellness is not only a health issue but also a development issue. People with mental health issues are subjected to discrimination and stigmatization in their daily lives and are prone to physical and sexual violence. Most people with mental issues face barriers not only in availing proper education and finding good jobs but also in exerting their civil and political rights.



Employability

Research indicates that living with mental health issues is linked to higher rates of unemployment and shorter employment spells. Being unemployed for significant periods, is also known to impact a person's mental health.



Source:

Unemployment and mental health | Institute for Work & Health. (2009). Retrieved from <https://www.iwh.on.ca/summaries/issue-briefing/unemployment-and-mental-health>

Bell, A. (2018). Is income inequality damaging our mental health?. Retrieved from

<https://www.nationalelfservice.net/populations-and-settings/poverty/is-income-inequality-damaging-our-mental-health/>

Sareen, J., Afifi, T., McMillan, K., & Asmundson, G. (2011). Relationship Between Household Income and Mental Disorders. Archives Of General Psychiatry, 68(4), 419. doi:

10.1001/archgenpsychiatry.2011.15

Orpana, H., Lemyre, L., & Gravel, R. (2009). Statistics Canada, Catalogue no. 82-003-XPE · Health Reports, Vol. 20, no.1, March 2009 21 Income and psychological distress: The role of the social environment

Expenditure

Monthly costs of treatment



INR
1,000

**Schizophrenia &
Other Psychotic
Disorders**



INR
1,000 – 1,500

**Medicine
& Travel**



INR
1,500

**Depressive
Disorder**



INR
2,250

**Alcohol Use
Disorder**

Source: National Mental Health Survey of India 2015-16 (Median Estimate in INR Per Month)

Economic Status

There is a remorseless, self-fortifying cycle of poverty associated with mental illness in India. The poor are significantly more likely to experience mental health problems and conversely those with mental health problems are more likely to slide into poverty. Inclusion of persons with mental illness as a vulnerable group who require development assistance is therefore essential.



MENTAL HEALTH CARE GAP

Mental health has been historically ignored in the political agenda in India. Mental illness (psychosocial disabilities) have either been used as a pejorative term for the opposition or proposed as a case for charity, which have maintained stigma and discriminatory practices. Despite the high incidence of mental health problems, the focus of the State has been centred on a 'medical' model of care that is mainly institution-based care. Even within the institution-based care, there is a lacuna of mental health care professionals that increases this 'mental health care gap'.

Persons with mental illness who require mental health care either do not have accessible services, or those receiving services cannot access quality care that is affordable, easily available, and acceptable. Mental health is also impacted by and impacts various other social, economic, and political factors. Mental health, therefore, cannot be seen in isolation of people's lives and contexts. Thus, understanding the 'care gap' is a recognition of an inter-sectoral approach towards mental health

Expenditure on Mental Health

Mental illness contributes to 31% of the impact of global diseases but receives 1% or less funding from national health budgets worldwide. India spends 1.3% of health expenditure on mental health



Mental illness as a percentage of impact of global disease

Funding for mental illness

Access to Treatment

The Treatment Gap is the lack of enough mental health professionals (MHPs). This ranged from

28 ↔ 83%

80%

of those living with psychosocial stressors or mental health issues remain without support due to lack of access, despite being unwell for > 12 months.

Social Exclusion & Mental Health

Marginalization and social exclusion impacts mental health as individuals are discriminated against, face a lack of social support, trauma and isolation.

Marginalization — based on caste, class, gender, sexuality, ability, religion, race and age — leave those on the fringes vulnerable to many mental health issues.

CASTE

CLASS

GENDER

SEXUALITY

ABILITY

RELIGION

RACE

AGE

MENTAL HEALTH CARE ACT + POLICY

The new Mental Health Care (MCH) Act — is based on principles of equity, justice, integrated and evidence-based care. It assures access to free and good quality of mental health care to ALL citizens, with or without below-poverty-line proof. It also mentions making psychiatric medication available for free state-run facilities. However, without implementation of the Act, these goals will remain an ideal and not become a reality. States need to establish the State Mental Health Authority as directed under S. 45 of the MCH Act.

Furthermore, as per the directive of the Health Ministry, States are required to set up Mental Health Review Boards and increase resources to ensure effective implementation of the Act. There is an urgent need to implement the MHC Act to improve lives of people with mental health issues for them to lead healthy and fulfilling lives. Implementation of the National Mental Health Policy will promote a de-centralised model of care, involving multiple stakeholders to respect rights of persons with psychosocial disabilities. Therefore the campaign makes a strong appeal to policy makers, politicians, civil society and other stakeholders to implement the act and policy .

Objectives

- To provide universal access to mental health care
- To increase access to mental health care especially to vulnerable groups including homeless persons, persons in remote areas, educationally, socially and deprived sections
- To reduce risk and incidence of suicide and attempted suicide
- To ensure respect for rights and protection from harm of persons with mental health problems, and reduce stigma associated with mental health problems
- To enhance availability and distribution of skilled human resources for mental health
- To identify and address the social, biological and psychological determinants of mental health problems and to provide appropriate interventions

Key points



Acknowledges vulnerable groups



Includes care givers



Aims to promote mental health



Aims to reduce suicide and attempt to suicide



Emphasizes the need for increased resources

Rights Safeguarded

- Sections 5-13: Right to make an Advance Directive
- Sections 14 to 17: Right to appoint a Nominated Representative
- Sections 18(1) and 18(2): Right to access to mental healthcare.
- Section 18(7): Right to free services
- Section 18(8): Right to get quality services
- Section 18(10): Right to get free medicines
- Section 19(1): Right to community living
- Section 20(2): Right to protection from cruel, inhuman and degrading treatment
- Section 20(2)(b), (c), (d): Right to live in an environment, safe and hygienic, having basic amenities.
- Section 20(2)(e): Right to clothing
- Section 20(2)(f): Right to refuse work and to get remunerated for work done
- Section 27(1): Right to legal aid

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MENTAL HEALTH MANIFESTO

“

We are committed to improving the situation for mental health and the lives of persons with mental illness in our country. We therefore promise to allocate adequate financial and human resources to implement the National Mental Health Policy (2014) and the Mental Health Care Act (2017) in its letter and spirit.

”

– **Election Manifesto**