

SANCHAR briefs

Science And News: Communicating Health And Research

Brief no. 14: Mental Health

- **Mental health** is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.
- **Mental illness or mental disorders** are generally characterized by a combination of abnormal thoughts, emotions, behavior and relationships with others. They refer to specific conditions such as schizophrenia, bipolar disorder, depression, or obsessive-compulsive disorder.
- **Substance abuse** refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs

Source: World Health Organization

As per the WHO, mental health is more than the absence of mental disorders.

Following SDG targets are directly related to mental health and substance abuse:

- Target 3.4 "By 2030, reduce by one third premature mortality from Non communicable diseases through prevention and treatment and promote mental health and well-being."
- Target 3.5 requests that countries: "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol."

Key Statistics of National Mental Health Survey 2015-2016:

The National Mental Health Survey is a nationally representative survey conducted across 12 states of India (39,532 individuals) by National Institute of Mental Health and Neuro Sciences (NIMHANS) Bengaluru. **The 12 surveyed states include:** Assam, Chattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Manipur, Punjab, Rajasthan, Kerala, Tamil Nadu, West Bengal, Uttar Pradesh. Key findings of the survey:

Mental Health Disorders

- Affected **~10%** of population surveyed
- Males in **30-49 years of age** most affected
- Neurosis and stress related disorders affected females nearly twice as much as males
- Found to be higher in households with lesser income, poor education and limited employment

Depression

- **1 in 20 people** in India suffer from depression
- Depression was reported to be higher in females, in the age-group of 40-49 years and among those residing in urban metros.

~ **80% persons** suffering from mental health disorders, had **not received any treatment** despite the presence of illness for >12 months.

Except for Kerala, all other states did not meet requirement of **at least 1 psychiatrist per lakh population**

Suicide

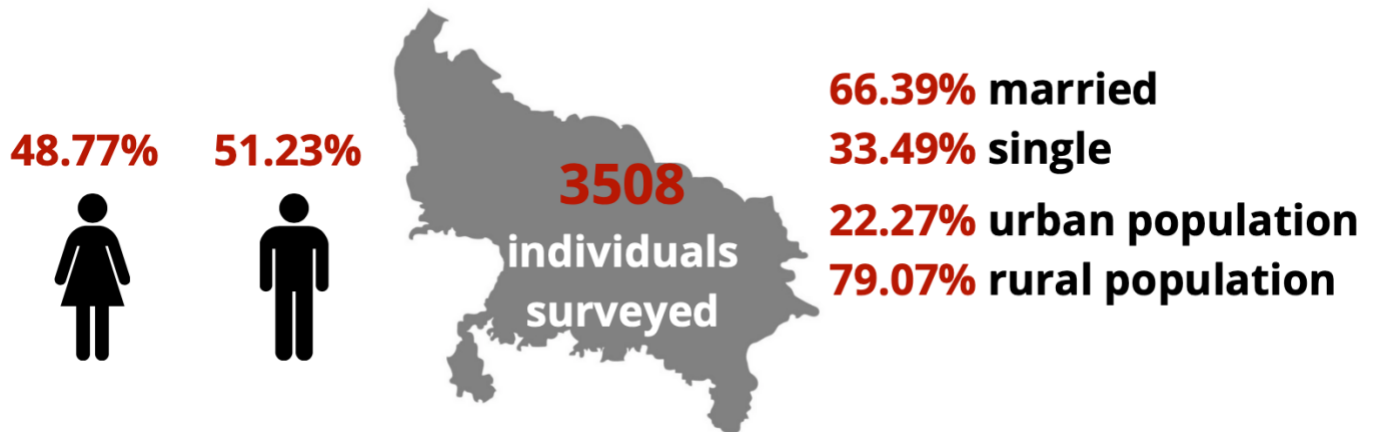
- Nearly **1%** of the population reported high suicidal risk

Substance Abuse

- Prevalent in **22.4%** of population above 18 years in all the states surveyed

→ **A huge treatment gap exists for all mental disorders** →

Uttar Pradesh



- Current prevalence of 'any mental morbidity'*: **6.08%**
- Lifetime prevalence of 'any mental morbidity'*: **7.97%**
- Prevalence of substance use disorders: **16.36%**, of which tobacco use disorders alone contributed **16.06%**
- Current prevalence of schizophrenia and other psychotic disorders: **0.09%**
- Population at high-risk for suicide: **0.93%**
- **146 per lakh population health workforce density** in UP vis a vis **995** in Kerala
- **0.1 medical officers per lakh population** at the state and district levels trained to deliver mental health services in UP vis-à-vis **9.73** in Manipur
- **12 training institutions in mental health** providing a postgraduate course in psychiatry in UP vis-à-vis **19** in Tamil Nadu
- **Limited** public awareness activities were reported in mental health

**excluding tobacco use disorders*

Mental Health & COVID-19

The Harvard T.H. Chan School of Public Health - India Research Center and Project SANCHAR conducted a series of webinars and focused on the below mentioned topics related to mental health:

- Webinar on '[Impact of COVID-19 on Mental Health of Young People](#)' by Project SANCHAR and Harvard T.H. Chan School of Public Health - India Research Center.
- Webinar on '[Mental Health and COVID-19: Coping Strategies for Young People](#)' by Project SANCHAR, Harvard T.H. Chan School of Public Health - India Research Center and U.S. Consulate General, Mumbai.

“ Owing to COVID-19, children are suffering from a loss of routine, regular activities, control, loss of play, peer interaction and social spaces. Caregivers must reinstate routine, spend time in relaxation activities, address stigma, avoid excessive reading of COVID-19 related information and engage children in health and physical related exercises. The ChildLine India Foundation with support from Ministry of Women & Child Development has circulated a tollfree child helpline number: '1098098'; the Government of India's voice-activated child helpline number is 080-46110007. ”

- Dr. Shekhar Seshadri

Psychiatrist and Professor, Department of Child and Adolescent Psychiatry in NIMHANS, Bangalore, India

“ Designate media free zones in the house and encourage zero screen time for kids younger than 2 years. Understand a child's temperament & personality as it is unique. Provide realistic assurances to children and parents to focus on things they can control, given the norms of physical distancing. Policy solutions to address children's wellbeing must account for their mental wellbeing contextualized in terms of the individual's economic status. ”

- Dr. Karestan Koenen

Professor of Psychiatric Epidemiology, Department of Social and Behavioural Sciences, Harvard T. H. Chan School of Public Health

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How can this inform your work?

Misunderstanding and stigma around mental health are widespread. Despite the existence of effective treatments for mental disorders, there is a belief that they are untreatable or that people with mental disorders are difficult, not intelligent, or incapable of making decisions. This stigma can lead to abuse, rejection, isolation and can exclude people from seeking support. As journalists, your reporting can empower citizens to identify and deal with mental health issues, and help destigmatize mental illnesses. Visit our dashboard [here](#) for more resources.

Project SANCHAR is aimed at building capacity and facilitating the adoption of practices to use or draw on evidence in public health communication and practice.

To facilitate this, SANCHAR collates and provides data from scientifically validated sources, from national datasets in easily interpretable formats, and accessible visuals that can be downloaded easily.



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