

Burden of Mental Health: Present Status and Road Ahead

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Mental health is an integral part of overall health and functioning. Positive mental health is a prerequisite for success and achievement in life. Mental disorders are prevalent worldwide and affect all age and racial groups.

Prevalence

As per recent reports, approximately 1 billion people in the world have some kind of mental disorder, and majority of them live in low and middle income countries (LMICs).¹ Substance use disorder is also a major problem globally.² The most prevalent mental disorders are anxiety and depression.

Women are more vulnerable to mental illnesses during pregnancy and after childbirth, which negatively affects the health outcome of the mother as well as the newborn. Worldwide, the prevalence of postpartum depression is around 10%.³ Approximately 1 in every 8 children/adolescents suffer from mental disorder. The prevalence of dementia in people aged 65 years⁴ is approximately 7%, and the figure is expected to increase in future with increasing life expectancy.

Mental illnesses are reported from all the regions across the world with the highest prevalence of 15.6% in the region of the Americas.⁵ People suffering from schizophrenia have much lesser life expectancy than the general population.⁶ In young people, suicide is one of the top five causes of death in both the genders.⁷

National Mental Health Survey 2016 found a huge treatment gap for mental illnesses ranging between 70 and 92% for various types of mental disorders.⁸

Burden

Mental disorders contribute approximately 5.1% of the global burden of diseases.⁹ Mental disorders contribute significantly to overall years lived with disability (YLD), with depressive disorders being the second largest cause of all YLDs globally.

Economic Consequences

Economic consequences include costs of treatment, costs due to job loss, reduced productivity, absenteeism, etc. Major contributors to the overall national cost of mental health are depressive and anxiety disorders because of the higher prevalence.¹⁰

Gap in Public Health

There are major gaps in policies, laws, manpower, medicines, research, funding, and technologies in mental health all over the world.¹¹

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Insufficient Research

Most of the mental health research is supported financially by high-income countries and is done in developed countries, with approximately 5% of research funds assigned to LMICs.¹²

Inadequate Policies, Plans, and Laws

To be effective, mental health plans need to be adequately funded, implemented, and regularly evaluated. Reports suggest that few countries have a mechanism to monitor the implementation of existing mental health plans.¹³

Inadequate Funding

Most LMICs do not give priority to mental health, and resources are also not equally distributed across countries and regions. People in the lower socioeconomic class have the lowest access to care.¹⁴ Availability of services is also insufficient for many marginalized groups, such as religious minorities, differently abled, people living on the streets, people in conflict zones, and migrants. Underprivileged groups within all countries have less access to quality care.¹⁵ The average budgetary allocation by governments across the world to mental health is a meager 2%.¹⁶

Human Resources

Many countries have a huge shortage of mental healthcare professionals like psychiatrist, psychologist, psychiatric nurse, and psychiatric social worker. Approximately 50% of the world's population live in countries where one psychiatrist has to take care of the needs of 200,000 people.¹³

Lack of Essential Medicines

A major area of concern is lack of supply of essential medicines for the treatment of common mental illness, especially in LMICs. A review of national essential medicines lists of 112 countries found

Mental health conditions are widespread, undertreated, and under-resourced

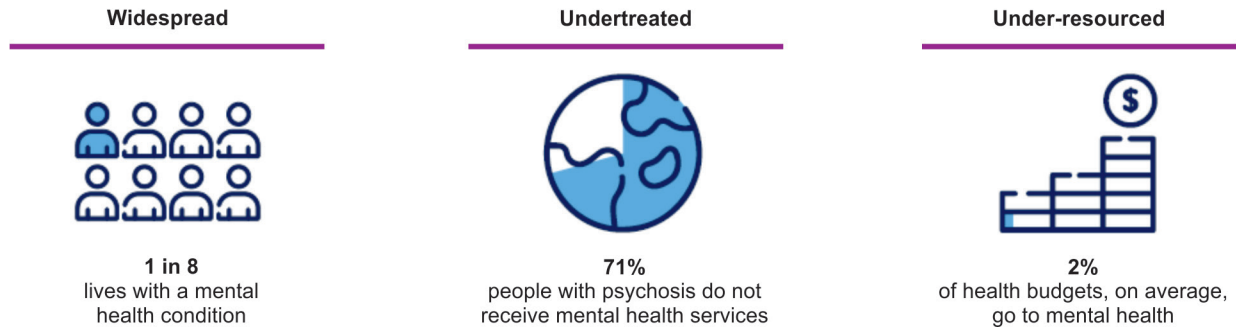


Fig. 1: Mental illness widely prevalent
 Source – IHME, 2019(98); WHO, 2021(5)

a huge gap in the availability of essential psychotropic medicines.¹⁷ It is estimated that the majority of mentally ill persons do not have access to effective treatment and only one in three persons with psychosis receive some kind of mental health services (Fig. 1).¹³

Barriers

As the existing services for mental illnesses are not fully utilized, there is a huge need for the same. This poor use of services may be due to – high cost, poor quality, limited accessibility, poor literacy about mental health, stigma, and prevailing beliefs and attitudes. All over the world, people diagnosed with mental illnesses face lots of stigma and discrimination.

What are the Benefits of Change?

Better investment in mental health can significantly improve various parameters of overall health. Improvement in psychological well-being is associated with better human rights fulfilment, improved educational outcomes, increased overall productivity, and stronger social harmony for the benefit of the community. Both physical health and mental health are closely connected, and investments in mental health can produce great benefits in physical health. Substance use, unhealthy diets, and lack of physical activity are all associated with various mental health conditions and can give rise to serious physical health consequences.¹⁸ An integrated approach to care ensures a better outcome for both mental and physical health.¹⁹

Sustainable Development

Poor mental health hinders the development by lowering productivity, increasing unemployment and homelessness, and escalating poverty. The links between mental health and the various sustainable human development goals like – better economic growth, to abolish poverty and social exclusion, better education, absence of hunger, reduced gender inequalities, etc., are in many cases, bidirectional.²⁰ The majority of interventions to improve mental health will lead to better outcomes, particularly in the fields of education and employment.²¹ Reports suggest that an increase in mental well-being is inversely related to overall healthcare expenditure.²²

Road Ahead

Four components are required to achieve a better mental health service delivery system: rigorous planning and well-monitored plans, public awareness and strong political commitment, adequate

and uninterrupted supply of funds and resources, and regular training to improve competencies in mental health care.

National Mental Health Programme (NMHP)

Introduction of the NMHP in 1982 was a landmark in the field of community psychiatry in India. The main approaches of NMHP are as follows:

- Dissemination of mental health skills to the primary care level.
- Effective assignment of tasks in mental health care.
- Rational allotment of resources.
- Integration of basic mental health care with general health services.

Over the last few decades, India witnessed major changes in the sociodemographic and healthcare delivery systems. To meet the new challenges, there is a need for the growing private sector psychiatry to be involved in the NMHP. The NMHP also stressed on the usefulness of integration of mental health with the primary health care services to make the mental health services more accessible and affordable and to provide basic treatment with free medicines at the primary care level.²³

The physicians at the primary care level should be trained to effectively treat, support, and refer to improve outcomes at the primary care level. Following diagnosis, the patient, family, friends, community, and spiritual leaders all should be involved in formulating an effective treatment plan. Common mental disorders such as depression can be treated effectively by trained primary care workers. It is important that a few essential psychotropic medicines are made available at the primary level to treat common mental illnesses. Four basic classes of psychotropic medicines can be used in primary care—antipsychotics, antidepressants, mood stabilizers, and anxiolytics.

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