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# Mental health: A global challenge to deal with

**Dr. Sunil Kumar Choudhary**

Associate Professor, Udaipur School of Social Work, JRN Rajasthan Vidyapeeth (Deemed to be) University, Udaipur Rajasthan, 313001

Corresponding author email: [sunil\\_msw@rediffmail.com](mailto:sunil_msw@rediffmail.com)

**Abstract**---Mental health of an individual determines how they think, act and feel. Good mental health is followed by a positive attitude towards life enabling the person to cope with all the pressures life throws at her/him. If there are issues in dealing with everyday problems, it is a sign of an unhealthy mind which must be acknowledged and addressed as soon as possible. People who suffer from mental disorders are extremely vulnerable in the society. They are generally isolated, marginalized, humiliated, discriminated and stigmatized. They usually end in inhumane and unhygienic living conditions in mental hospitals as well as their own communities following grave violation of human rights. Now a day's poor mental health seems to be a global challenge. Service delivery in the mental health system has not progressed much especially in low and middle income nations. Present article deals with the determinants directly associated with the mental health. Barriers to the progress include delivery of quality mental healthcare services with challenges in mere availability at primary centres; mental health at the lowest priority in public-health issues; and small numbers of professionals trained in providing care to the people with mental illness. Almost everyone nowadays is affected by mental disorders irrespective of class, living standards, gender or age.

**Keywords**---Mental Health, Global Challenge, WHO, fundamental right.

## Introduction

Multiple opportunities for spreading awareness around mental health needs to be explored for enhancing prevention, stimulating practical and simple interventions, combating stigma and guaranteeing early recognition of mental health issues. For protecting the dignity and rights of people with mental disorders proper legislation is required to be in place along with ensuring their strong implementation. Legal framework is provided through the legislation for dealing with the issues of admission, discharge, care and treatment in the institutions; civil, cultural, social, economic and political rights; and program and policy implementation on

mental health issues. Dr. Margaret Chan, the former Director-General of the WHO, suggested that “good mental health enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities”.

## Definitions

As per **World Health Organization (WHO)**,

“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.”

According to **J.P. Koplan**, mental health is defined as

“the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide”. According to the **World Health Organization's Ottawa Charter for Health Promotion**, “mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality”.

## Mental health as a fundamental right

- In order to establish protection of rights as an accountability and resolve increasing inequality in global health, violence and poverty, it is critical to employ a human rights approach.
- Human rights are the rights available to people on the virtue of being born humans which are concerned with protection of their rights, entitlements and freedom. They include political, cultural, social, economic and civil rights.
- Moral values like equality, accessibility to justice and dignity inspire human rights. Although moral values covered under human rights are legally guaranteed hence they are more than just the moral entitlements.
- Position of human rights being indivisible, interdependent, interrelated and universal has been accepted by the international community (Vienna Declaration and Programme of Action, 1993).
- Health and human rights are connected in numerous ways. All the persons irrespective of their mental ability and illness are entitled to similar privileges which include a right to more and better accessible care, to better recovery and increased desires of reintegration into community.
- Human rights and health are connected in a number of ways. The mentally ill person deserves the same privileges as enjoyed by any other human being. This includes a right to better and more accessible care, to good recovery and increased hopes of reintegration into society.
- The National Human Rights Commission (NHRC) is mandated under section 12 of the Protection of Human Rights Act 1993 to visit government run mental hospitals to study the living conditions of the admitted persons and make recommendations thereon. It is critical to have a human rights approach towards health which must be recommended wherever inequity is witnessed and health care access is poor.

- Mental health care is given the least or no priority among other health needs. Absence of insight, ignorance towards mental illness, dearth of understanding and stigma about the treatment of mental disorders lead to discrimination of mentally ill people and mental health. This type of attitude exists among policy makers, insurance companies and judiciary as well apart from the health professionals.
- Persons with mental disorders face human rights violations such as education, work, privacy, right to health, right to enjoy scientific progress, and non-discrimination. In a shocking incident in Ramanathapuram district in Tamil Nadu, a fire broke out in a mental health institute of Ramanathapuram district, Tamil Nadu which killed 25 persons with mental illness as they were chained to beds or poles and could not escape the fire. After this incident, Supreme Court intervened and ordered the state to follow the provisions mentioned in the Mental Health Act along with undertaking a survey of mental health institutions for ensuring that minimum standards are maintained for care of mentally ill.
- People are not aware that mental health is an essential part of health and that health is a fundamental right available to them. Provision and protection of the right to health is under the responsibilities of the state.
- Every citizen has a right to request, to be listened to, and demand access to acceptable, affordable and appropriate health services. Increasing economic and social empowerment with the help of education, rights and awareness legislation will narrow the gap of knowledge.
- For all aspects of life and well-being of a person, human right to health must be enjoyed which is very important in realizing other fundamental freedoms and human rights.

## **Social Determinants of Mental Health**

### **Risk factors at the individual level**

Mental health is among the most important components of human health. It can enrich the body, mind and soul if maintained well which would lead to psychological well-being while if bad habits such as unhealthy diet and smoking are practiced then depression, autism and schizophrenia types of serious illnesses might be induced. Biological, behavioral and psychological factors are the risk factors which could be classified at the individual level. However every factor uniquely contributes to disruption in mental health, experts believe that there is interaction of multiple risk factors which results in mental illness.

#### a) Biological factor

Majority of the mental illnesses are linked genetically running in patients' biological relatives. For example, mental illnesses are five times more likely to be experienced by children whose either of the parents has a history of mental disorder. Inheritability of mental disorders related to schizophrenia is 80% as of 2002 (MonWHO, 2015). More than one gene contributes to mental disorders.

#### b) Psychological factor

Loss of a loved one, inability and neglect to relate to other people, sexual, emotional or physical abuse are some of the psychological stressors. It is commonly believed that prolonged stress or traumatic events in life trigger mental illness. Most of the children who are exposed to war suffer from

psychological morbidity. Gulf War resulted in 70% children of Kuwait being facing mild to severe Post-Traumatic Stress Disorder (PTSD) symptoms according to a research (MonWHO, 2015). Exposure to chronic and intense stressors puts people at higher risk of mood disorders and anxiety.

c) Behavioral factor

Our emotional and mental health is shaped by lifestyle. Balanced diet, regular exercise, abstention from smoking and appropriate drinking are healthy habits which can help in raising self-esteem, improving sleep and reducing anxiety and ultimately contributing to positive mental health. On the other hand, bad habits can increase tension and anxiety level. Adults with depression in the UK are twice more likely to smoke than the ones who do not smoke. Apart from lifestyle, control on emotions is an extremely important indicator of mental health.

d) Comorbidities: multiple sclerosis and depression

Brain, optic nerves and spinal cord are affected by multiple sclerosis which is an autoimmune disease. Patients become blind or paralyzed in severe cases whereas mild cases lead to numbness in limbs. It has been widely seen that people suffering with multiple sclerosis are under depression and with its longer prevalence patients might be at risk of suicide.

### **Social and economic determinants**

Economic and social environment in which people live shapes their mental health to a large extent. Work setting, social exclusion and low income contribute to higher stress levels in psychological context which results in personal insecurity. Disorders in mental health are also due to cardiovascular diseases, alcohol misuses and violent injuries.

a) Economic determinant

Industrialized countries have a wide body of evidence showing a correlation between risk and poverty for common mental disorders. A Canadian research revealed that social deprivation makes people with low income vulnerable to mental issues. It causes health problems also which increase the chances of depression.

b) Social determinant

Unsupportive and fragmented families, sexual or racial discrimination, inadequate healthcare and poor housing are social determinants which also significantly impact on mental health. Many studies have highlighted the association between dysfunctional/fractured families and mental illness. Family discord and poor attachment affects the puberty time which contributes to their low esteem, company of deviant peers and scuffles with parents. Children living in poverty with adverse experiences are highly susceptible to mental health issues.

### **Environmental Factors**

Although the main reason of mental illnesses are somewhat evasive, it is believed that environment and genes both contribute to development of mental illness. Role of factors relating to environmental risks have increased lately which results in poor mental health. There are various environmental determinants which

include psychosocial conditions like abuse, discrimination, political instability and violence.

a) Inequality and Racism

Inequality is one of the main environmental factors which lead to mental stress. It is mostly prevalent in ethnic and social minority groups and is characterized by inconsistency in mental health access. Prolonged racism also results in mental health issues. It affects the victims psychologically leading to depression and might induce self-harm. There was a study conducted in the US which found that the majority of the people in need involving imprisoned and homeless persons belong to minority groups. The incidence of mental illness are higher among this population showing that the greater burden of disability is suffered by ethnic minorities because of their unmet needs of mental health.

b) Discrimination in the Context of Homophobia

Another major determinant of mental illness includes discriminating against people who distinguish themselves as lesbian, homosexual, bisexual and trans (LGBT). Freedom from discrimination and social exclusion are the two key determinants of mental health which impact the individuals. LGBT community experiences high levels of stigma and discrimination and are also at high risks of physical and sexual assault.

c) Refugee Mental Health, War and Immigrants

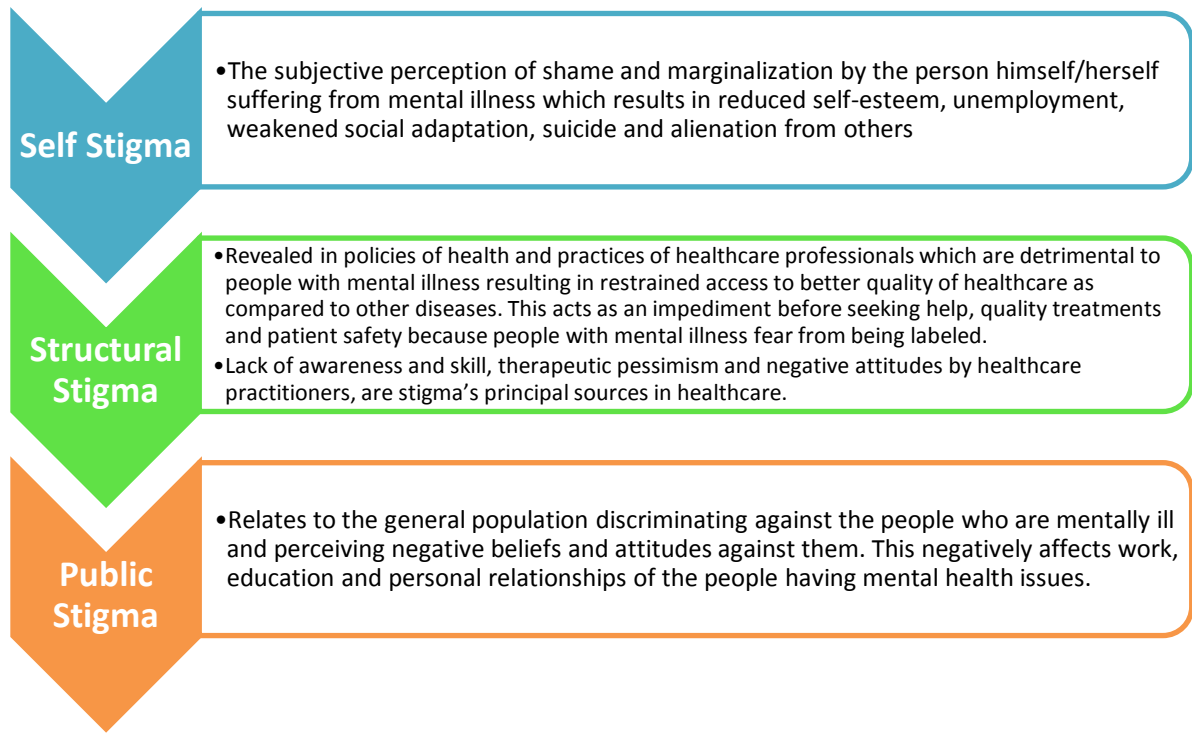
War is an overlooked but significant determinant of mental health whose consequences highly impact the survivors. War is an environmental stressor which greatly affects the stability of a person. It specifically leads to growing incidences of mental illnesses impacting the whole population especially the women. It is believed that women are more vulnerable to stress than men in war times because of increased burden of responsibilities on them.

### **Stigma associated with mental health disorders**

Discrimination and stigma are commonly faced by people having mental health conditions. The stigma which people suffering from mental illness face is worse than the illness itself. It doesn't just affect the people facing the mental illness but their caregivers too. Because of the lack of accessibility to the education and awareness regarding mental health and cultural influences, people in developing countries face shame and stigma more than the ones in developed countries.

Stigma related to mental health means societal disapproval. It refers to situations when people living with mental illness are addressed with shame and they are disgraced on seeking help during anxiety, bipolar disorder, PTSD or depression. Anyone from the family, society, co-workers and friends can exert the pressure of stigma related to mental health. Stigmas abstains people with mental illness from getting support, fit into society and lead a comfortable and happy life. Various people with mental disorders are labeled as 'crazy' just for seeking help from psychiatrists or therapists. It is generally believed that people with mental illness are violent towards others. Very few of the people with mental illness are violent. Such people are actually more likely to harm themselves than others hence they should be protected instead of being fearful of them.

Following three levels are addressed by stigma –



### Issues faced in Mental Healthcare

#### **Stigma**

- Mental health has a huge stigma attached to it among patients and doctors as well. Until a critical health situation is experienced by the patient they or their families would be reluctant to reach out to the doctors. Stigma stops the people from seeking medical help from the professionals.
- There is a huge ignorance among people related to mental health due to lack of knowledge in the public domain. People do not acknowledge if anyone in their family suffers from mental illness or disorder and even if they internally accept it, they hide it from other people.
- Person suffering from mental illness is more likely to be taken to 'tantrikbaba' rather than a practicing doctor. Stigma is a road-block to seeking treatment and is a huge burden on mental morbidity. It affects education, marriage and work accessibility of people with mental disorders which also affects their family members.

#### **Not enough Mental Health Professionals**

- The profession of mental health does not have enough psychiatrists, clinical psychologists or other professionals.
- The entire workforce in mental health is of 7000 people which includes psychologists, clinical psychiatrists, psychiatric nurses and psychiatric

social workers whereas a total of around 55000 are actually required, as per the National Crime Records Bureau 2015 (Times of India, 2018).

- Also, psychiatry is the last choice of specialty among doctors.
- Limited human resources in the mental health profession acts as a barrier in offering essential and quality mental healthcare to those in need.

### **Economic burden is huge of mental disorders**

- Caring for a person with mental disorder involves a huge economic burden. According to the National Mental Health Survey 2016 (NMHS 2016), around 1000-1500 INR per month was spent by the families for the purpose of travel and accessing treatment.
- Many of the costs are intangible and hidden which makes its monetization difficult adding to the burden. Expenditure on conventional or even treatments involving religious practices brought upon huge economic burden on the families.
- Substantial morbidity, significant disability and even mortality were reported among those who had mental disorders.
- People suffering from mental illnesses experience low earning potential, inferior quality of life and have low productivity.
- There is a requirement for the state to intervene and provide insurance against mental healthcare too as a poverty alleviation measure and prevent people from spending out of their pockets.

### **Low levels of incomes and education are linked to mental disorders**

NMHS 2016 data shows that households with poor education, limited employment and lesser income have higher probability of mental disorders. Because of adverse economic and social determinants vulnerability of developing mental disorders is greater.

### **Limited public awareness activities on mental health**

- Activities concerned with the education on mental health are sporadic, invisible and isolated in nature and lack direction and focus.
- Low literacy on mental health, treatment gap and prevailing stigma are the reasons for exemplifying the need of IEC activities all around India.
- NMHS 2016 found out that only pamphlets and posters were available in the name of spreading awareness but these too were infrequently used. Other communication channels were not utilized and specific activity plans were not available.

### **Minimal rehabilitation programs**

- People above 18 years who suffer from mental health issues are around 14% while moderate to severe disability is experienced by 50% of people suffering from epilepsy, bipolar disorders, psychoses and depressive disorders which call for an effective management strategy. (NMHS, 2015-16)
- But facilities of day care, sheltered shops, half way homes, etc. in many states and mental health personnel like counselors, social workers and

physiotherapists were limited and concentrated mainly in district or city headquarters.

- Activities of social welfare for people with mental disabilities limited to pension, job reservations and disability certificates.

### **Misleading Material on Internet**

Availability of a variety of information on the internet makes it difficult to know the reliability of the content. Although social media provides the platform to voice the issues and concerns but sometimes expressing openly on social media also garners bully and hateful comments. Stories shared can also bias the people making them afraid of undergoing treatment as the bigger picture is not visible through the posts.

### **Government Intervention for Mental Health**

Mental disorders make the people suffering from it susceptible to violation and abuse of their rights. They are vulnerable to abuse at the hands of their family members, caregivers, spouses, friends, law enforcing agencies, professionals and any fellow citizen for that matter if a proper protective mechanism is not in existence. For ensuring humane, timely, adequate and appropriate services of health care, legislation is a crucial mechanism. Human rights of vulnerable, disadvantaged and marginalized are also protected with the help of the legislation. In India, mental health is not considered a crucial aspect of public health which highlights the importance of the legislation in upholding the rights of people with mental disorders or illnesses. The principal aim of legislation in mental health is to improve the lives, protect the rights and promote the wellbeing of people.

### **Mental Health Legislation in India**

- Around the world legislations related to mental health are concerned with quality of care, rights of mentally ill, use of budget control and administrative measures, and involvement and participation of consumers in management and organization of services related to mental healthcare.
- Significant advances have been witnessed in legislations related to mental health in Indian context. Legislations related to mental health include:

#### **Mental Health Act 1987 (MHA 1987)**

- This is the principal act related to mental health. It was formed in 1987 but came into force in 1993 which replaced Indian Lunacy Act of 1912.
- It is defined as “An Act to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto”.
- Objectives of this act include establishing a central and state authority for services of mental health, regulating standards for controlling, establishing and licensing psychiatric hospitals and nursing homes, protecting the rights of people with mental disorders while in custody, facilitating custody or



guardianship of people with mental illness, providing free legal aid at state expense and avoiding offensive terminologies.

**National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999(NTA, 1999)**

- For the welfare of people with cerebral palsy, multiple disabilities, mental retardation and autism this act constitutes a national body.
- It is mandatory under the act to promote measures for care, provide protection in case of demise of the parents, line the procedures to appoint trustees and guardians and support organizations for providing services as per the needs in family crises of the people with mental disorders mentioned above.
- Formation of Parent's Associations are supported under this act for persons with intellectual disabilities who themselves are unable to advocate for their rights.

**Rehabilitation Council of India Act 1992 (RCI 1992)**

- Monitoring, standardizing and regulating professional training courses for the people interested in rehabilitation, maintaining Central Rehabilitation Register of professionals, and according recognition to organizations running these courses are covered under this act of the Constitution which was later amended in the year 2000.
- The amended act gives the additional responsibility to RCI of promoting research in special education and rehabilitation. It only has three chapters which include Preliminary, Rehabilitation Council of India and Functions of the Council.
- Standard of training, examination and education is regulated by the act which can also withdraw the recognition of institutions which do not meet the requirements as mentioned in the Act. Illegal practice and infamous conduct by the rehabilitation professionals may cause elimination of their name from the register.

**The Protection of Women from Domestic Violence Act 2005 (DMV 2005)**

- The act defines domestic violence in terms of physical, economic, emotional, verbal, sexual and 'mental' abuse which recognizes the right of women to live a life which is critical to mental health of a person and free of violence.
- Gender differences, criticisms, economic difficulties, differences of opinions and disputes are witnessed in almost every family. These problems were sorted out within the families only by the elders but now these issues demand legal solutions.
- This act is very helpful for the women who are facing domestic violence. If the act is utilized in appropriate manner it can act as a boon to the Indian women.
- There was a case filed by the wife against her husband for beating her with an umbrella which reflected grave injuries on her face. The wife shared that the husband used to beat him mercilessly when he asked for money for

alcohol and she refused to give in to his demands. The husband was then arrested and was also sent for counseling sessions to improve his mental behavior. This indicates that the violence inflictor also possesses mental disorder to a certain extent who needs to be counseled.

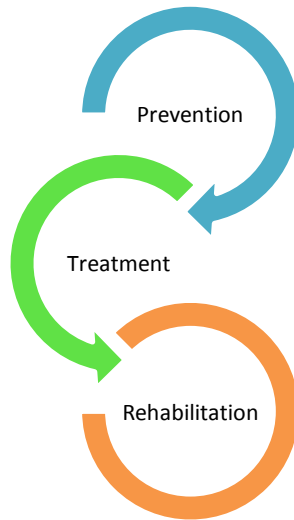
- There is a higher possibility of severely affecting the mental health of the victims of domestic violence. Various studies and experiences have indicated that persistent violence may lead to acute or chronic mental health disorders.

### **Rights of Persons with Disabilities Act, 2016 (RPWD Act, 2016)**

- The Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act 1955 has been successfully replaced by the RPWD Act 2016. The act was replaced due to India signing and ratifying the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007. The new act included 21 types of disabilities.
- This act is focused on empowering the people with disabilities by safeguarding their freedom, independence, position and dignity in the society.
- People with disabilities tend to face exclusion and discrimination in the society which usually alienates them from the mainstream. This act helps in bridging the gap between people with disabilities and the society.
- The act clearly elaborates the definition of mental illness and has mentioned them under intellectual disabilities. Anyone who misbehaves or tries to abuse the people with mental disorders in any form can be reported against under the provision of the RPWD Act 2016 and such persons can be booked in jail for the act performed punishment of which depends on the severity of the conduct.
- The implementation of the act needs to be modified as the status of services provided is appalling in India.

### **Social Work Intervention and Promotion of Mental Health**

Many roles played by social workers are similar to all the disciplines of mental health. Domain specific roles of social workers include partnership building among professionals; community collaboration with the objective of creating environments which are supportive for clients; helping in program development with regard to prevention; changing and challenging social policy for addressing poverty, social justice, housing and employment issues; and advocating for accessibility and quality of services. Prevention can be undertaken on multiple levels focusing on public and individual education, improving accessibility for information, services and resources and early intervention.



### **Specific Roles**

Three levels of services are included in mental health settings which include rehabilitation, treatment and prevention. It is acknowledged that social workers may practice any of the services exclusively or all the three together for catering to the needs of diverse communities, families and clients.

### **Prevention**

Social workers engaged in prevention aim to lower the incidence of mental dysfunction or disorder in the population by reinforcing among individuals the ability to cope through altering and adjusting the stressful environments around them. Promoting and maintaining good health through protection against risks already known, education and keeping in mind adequate standards for fulfillment of basic needs are included in prevention services. Enhancing client and public education related to healthy relationships and emotional self-care, advocating for social justice, social action and development of community skills and knowledge are the preventive activities which are included in settings of mental health.

### **Treatment**

Social workers involved in treatment aim to lower the number of existing cases of dysfunction or disorder and it includes early identification, intervention and treatment. Experience of symptoms related to acute psychiatry, emotional trauma, crisis, distress, stress, and relationship problems are some of the treatment activities in mental health settings which are concentrated on individuals. It includes assessment, counseling of group, family, couple and individuals, advocacy, therapy or intervention and risk management. Relationships are used as the premise of all interventions in social work.

### **Rehabilitation**

Rehabilitation by social workers aims at lowering the after effects of dysfunction or disorder and includes services for rehabilitation and retraining to ensure utmost utilization of the individual's capacities. The activities for rehabilitation in

the settings of mental health are focused on people with mental illness and may comprise of group, family, couple and individual interventions to capacitate the skills and knowledge, changing community attitudes, advocacy for ensuring development of required services and specialized residential, leisure and vocational resources. Following professional services are delivered by mental health social workers as per their employment settings:

- Direct Services to groups, families, couples and individuals through counselling, resource coordination, advocacy, therapy, crisis intervention, etc.
- Case management by coordinating integrated services for a specific population, group or client.
- Community development by engaging with communities for facilitating identification of issues and developing resources from the needs perspective of the community related to mental health
- Consultation and supervision services through maintenance of management and quality audits
- Program management or administration by managing service delivery, organizational development, overseeing mental health programs
- Teaching at college and university level and participating in conferences, workshops and seminars
- Program, resource and policy development by planning, establishing and analyzing standards
- Social action
- Research and Evaluation

### **Promotion of Mental Health**

#### **Structured nation-wide campaign to eliminate social stigma**

Awareness around mental health and wellbeing requires government owned large scale campaigns like 'Beti Bachao Beti Padhao'. It will definitely have a positive impact on the Indian. For successfully promoting mental health there is a need to involve multiple stakeholders such as NGOs, communities, mental healthcare practitioners and technology/data firms from the private sector for integrating action, awareness, pivoting and tracking impact at regular intervals.

#### **Tackling resource shortage**

There is a need to promote innovative ideas for mainstreaming mental health like embracing community level efforts, NGOs revolutionizing mental healthcare and tele-solutions for mental health. These efforts can help in reaching out to the most untouched areas. New and creative resources can also help in extending to wider public, people going through issues which are mild to moderate enabling traditional channel providers to transition clients in various cases. Insights can be uncovered with the help of companies expertizing in data analytics for promotion of treatment and drug development. Development of an integrated value chain will be a thoughtful step in mental healthcare for reaching out to each of the Indian in need of it.

### **Celebrating and rewarding role models**

Professionals like psychologists, psychiatrists, private companies, social workers and others must be recognized for working relentlessly on mental health issues and awarded for their contributions. This will help in incorporating creativity and innovation in the field of mental health and regular recognition will encourage people from multiple disciplines to support mental health practices.

### **Affordable and Accessible Mental Health Care**

Services under mental health must also be taken under the umbrella of insurance. Various issues of mental health need long term hospitalization, medication and therapy regime and the cost of such care need to be covered. Services around mental-wellness need to be developed to prevent issues/diseases. These services will make India a happier and healthier nation by helping in negating the stigma.

### **Building a healthy image of the ecosystem of mental healthcare**

Structured programs with relevant quality metrics need to be rolled out which should be followed by benchmarking and auditing private and government units of healthcare. Knowledge for upgrading the units of mental healthcare which are falling below standards is very important. Positive imagery needs to be destigmatized of mental healthcare through traditional and social media.

### **Conclusion**

Delivery and organization of integrated and comprehensive services of mental health in India, which are economically stratified and politically and socio-culturally diverse, are definitely a daunting task which is very much required to be adopted by the policy makers. Over the last few years, advocacy actions, new Mental Health Bill, the Mental Health Policy, National Human Rights Commission initiatives and judicial directives aim at enhancing the scenario and are undoubtedly the correct steps towards this direction.

It is very well acknowledged that quick or complete results are not achieved with a single solution. Integration of multiple activities and components, promotion of new actions and their implementation need to be strictly followed. Integration of mental health with public health needs to be done sooner for developing strong health systems as this has been backed widely by the evidence.

Key roles are played in this process by the data-driven programs and policies. The National Mental Health Survey, 2016 was conducted with standardized and uniform methodologies across 12 Indian states with an aim of combining prevalence, system analysis and health seeking for providing stimulus for mental health services to create a roadmap.

According to the National Mental Health Survey 2015-16, long and short term mental health care and interventions are needed by approximately 150 million people. High-priority actions are required among all populations, be it among

urban or rural populations or male and female, for impacting mental health services for them.

Political leaders, health professionals, society, opinion-makers and policy makers in India need to be attentive of the colossal burden of behavioral, substance and mental disorders. It is a high time when India's developmental agenda must provide higher priority to mental health. Mental health agenda should be integrated and included in all programs and policies in health and all sectors of education, employment, welfare and related programs.

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