Human resources development for mental health

Kuldip C Sharma

I bow my head to the Almighty, who bestowed His Kind blessings upon me to enable me to reach this position in my life. I bow to my revered benevolent teachers, who spared no efforts to help me to inculcate the best professional and personal virtues to save the aliening humanity. I am indebted to my wife Dr. Sunita Sharma, son Dr. Satyen, daughter Dr. Vidushi, parents and other family members who inspired me to excel in life. Above all it is all due to my dear members of the society and my professional colleagues, who reposed faith in me and provided me this slot in society. I can't forget my students, who whole heartedly worked with me. The gratitude of my patients who came to me with great faith can't be under estimated.

In Shri Bhagwat Gita, Lord Krishna explains to his dear pupil, Arjun, who is ridden with sorrow that ultimate goal of human existence is to attain "Sat Chit Anand".

All human efforts deserve to be directed towards the achievement of this all blissful state of mind. Hence, human life is meant to be blissful away from miseries, disease and sorrow. However, if we look at ourself, we have started just now thinking of "wellness" from disease as a goal of mental health professionals. Though the ancient knowledge advocated that everyone of us deserves to be not only happy but blissful, yet we lag far behind. At present, we are grappling with the mental illness and disease only and can hardly think of promotion of mental health.

THE NUMBERS

The IPS directory shows that number of psychiatrists registered with Indian Psychiatric Society is 3300 on October 2006 including 200 associate members. So there is one psychiatrist for 3.5 lakh population. However a large number of psychiatrists are leaving for UK, Australia and other countries further depleting the numbers.

However position in North India is very grim as number of psychiatrists is very less, which the following table illustrates :

Table 1

Psychiatrists and psychologists in states of north India

State	Population	Psychiatrists			Psychologists		
		A	I	D	A	I	D
Punjab	24289259	89	242	153	18	363	345
Rajasthan	56473122	75	565	490	12	798	786
Haryana	21082989	39	210	171	2	315	313
Himachal Pardesh	6077248	8	61	53	2	90	88
Jammu & Kashmir	10069917	4	100	96	1	150	149
Delhi	13782976	155	137	+18	43	207	164
Chandigarh	900914	31	9	+22	14	14	-

Based on ratio of one psychiatrist per one lac population and one psychologist per 1.5 lac population.

A : Available   I : Ideal   D : Deficit

Table 2
Psychiatric Social Workers and Nurses in States of North India

State	Population	Psy. Social Worker			Psychiatric Nurses		
		A	I	D	A	I	D
Punjab	24289259	21	4984	463	10	85	75
Rajasthan	56473122	4	1130	1126	-	74	74
Haryana	21082989	-	420	420	1	19	18
Himachal Pardesh	6077248	-	122	122	-	6	6
Jammu & Kashmir	10069917	1	200	199	-	12	12
Delhi	13782976	13	274	261	172	32	+140
Chandigarh	900914	10	18	8	1	6	5

Based on ratio of   Psychiatric social worker 2 per 1 lac

Psychiatric Nurses 1 per 10 Psy. Beds

A : Available   I : Ideal   D : Deficit

However though the number of mental health professionals is very much below the minimum expected numbers, yet their distribution is very much skewed. It is very much concentrated in urban areas of metropolitan and big cities. However even in such cities the number of mental health professionals is far from satisfaction.

Table 3
Mental Health Professionals in Urban Areas

State	Delhi			Chennai			Lucknow		
	A	I	D	A	I	D	A	I	D
Psychiatrist 1 : 50000	176	276	100	103	260	157	39	50	11
Psychologist 1 : 25000	149	552	474	12	520	508	27	100	78
Psy. Social workers 1:25000	73	552	512	50	520	491	31	100	60
Psy. Nurses 1 : 25000	231	552	321	121	520	399	55	100	45

A = Availability   I = Ideal   D = Deficit

Not only professionals, but number of beds available/10000 population is very low in India. The following table shows availability in North India.

Table 4-A

hospital beds for psychiatric patients

	Govt. Sector	Private Sector
Punjab	580	267
Rajasthan	627	110
Haryana	89	98
Himachal Pardesh	14	3
Jammu & Kashmir	120	-
Delhi 329	13	
Chandigarh	57	20

(Source : National Survey of Mental Health Resources, Govt. of India, May 2002)

Table 4-B

Psychiatric beds/10000 population

Region	Number/10000
Africa	0.34
America	3.30
Europe	8.70
South East Asia	0.33
India	0.25
Delhi	0.5
Chennai	2.5
Lucknow	2.0
Punjab	0.34
Rajasthan	0.13
Haryana	0.80
Himachal Pradesh	0.02
Jammu & Kashmir	0.11
Chandigarh	0.06

Morbidity and Burden due to Mental Disorders

WHO report 2001 states that 450 million people suffer from mental or behavioral disorder in the world, which accounts for 12% of global burden of disease In 1990 it was estimated that 10% of disability adjusted life years (DAYS) across all age groups were due to depressive disorder, suicide and alcohol related problems yet mental health budget is less than 1% of total health expenditure. Further 40% of countries have no mental health policy, and 30% have no mental health programme. According to NIMHANS report (1999) in India, one hundred million people are in need of mental health services.

Various studies indicate that nearly 1% of Indian population suffer from serious mental disorders and 5 to 10% from moderate disorders requiring psychiatric services. A more recent meta analysis (Reddy and Chander Shekar, 1998) of 13 epidemiological studies in India comprising 33,572 individuals concluded that prevalence of mental disorder is 58.2 per thousand population. The various disorder per 1000 are schizophrenia 2.7, Affective disorders 12.3, Neurotic disorders 20 alcohol related problems 6.9, mental retardation 6.9 and organic psychosis 0.4. Further nearly 1.5 million people suffer from severe and 5.7 million suffer from various psychiatric disorders requiring immediate help at any given point of time. Ganguly (2000) found National prevalence to be 73 per thousand with 70 (rural) and 73 (urban).

Patel (1999) in a recent review showed that the prevalence of common mental disorders (CMD) range from 20% to 57%. Prevalence in general/primary healthcare vary from 20% to 45%. Ganguly in the summary of 15 studies reports prevalence of depression to be 34 per thousand population, psychotic depression 7.8 and neurotic depression 22.8 per thousand. Although one third of patients in primary care have CMD in both rural and urban areas, yet only 1/3rd of these are identified by primary health care doctors.

Table 5
Mental illness burden of states of north india

State	Population	Major mental disorders	Minor mental disorders
Punjab	24289259	242892	1114460
Rajasthan	56473122	564731	2823655
Haryana	21082989	210829	1054145
Himachal Pardesh	6077248	60772	303860
Jammu & Kashmir	10069917	100699	503495
Delhi	13782976	137829	689145
Chandigarh	900914	9009	42045

Inspite of such a huge number of psychiatric patients requiring psychiatric care they can't or do not avail fully whatever is available for treatment as the following table shows :

Table 6
Service load of specialist mental health services

Sectors	%age break of service load		
	Delhi	Chennai	Lucknow
Government	67	64	46.3
Private	30	34	50
NGO's	3	2	3.7

Table 7
Service load in primary care general health services in urban areas

Sectors	%age break of service load		
	Delhi	Chennai	Lucknow
Government	8.52	11.23	42.5
Private	60.2	47.2	46.2
NGO's	*	10.8	3.4
Non-formal services	31.2	30.6	7.9

Barriers to Approach to Mental Health Services

Inspite of such a huge number of patients requiring psychiatric care, all can't avail of whatever services the mental health professionals offer. There are barriers between the patient and treatment which are as follows :

A. Community Perception

Key informant interviews & focus group discussion with patients indicated that patients don't avail of psychiatric treatment due to :

1. Lack of awareness regarding mental illness
2. Expensive treatment
3. Social stigma
4. Long term treatment
5. Negligence of care givers
6. Private treatment costly
7. Govt. hospital unhygienic
8. Time consuming treatment procedures
9. Afraid of admission
10. No proper medicine

B. Service Provider Perception

According to Practitioners of modern medicine, alternative medicine and non-formal service providers. The patients don't avail fully services because of

- Social stigma   38%
- Financial problem   22%
- Lack of awareness   12%
- Logistics (staff behaviour rush)   28%
  (Desai NG, 2004)

Unmet Needs of Mentally Ill Patients

Inspite of our claim that mental health professionals are trained to meet the needs of patients, a large number of inadequacies are found in our approach towards them.

Community Perception

Key informant interviews & focus group discussion showed that people in the society think that there is :

- Lack of awareness programme regarding mental illness and availability of mental health professional.
- Lack of specialists
- Lack of mental health professionals
- Counselling service not available
- Govt. need to step up services
- Stigma
- Accommodation for outside patients to stay at night

Service Provider Perception i.e doctors dealing with patients, also found out the inadequacies in the services as follows :

- Inadequate manpower and
  service utilization   53%
- Treatment service needs e.g.
  public education, counselling
  services not adequate   30%
- Special group needs (de-addiction, homeless mentally ill, domestic violence) not met   17%

- Services for children with psychiatric problems 26%
- Services for mentally retarded children   12%

How to create manpower to meet the challenges

Community Perception

Key informant interviews & focus group discussion revealed that

- Free medical services should be encouraged
- Increase in number of mental health services and specialists
- Organising camps
- Seminars and educational programmes

Service Provider Perception

According to Mental health service providers

- Streamlining existing services
  (in terms of 5 A's-Availability,
  Awareness, Accessibility,
  Affordability and Acceptability)   50%
- Infrastructure development   30%
- Planned IEC activity   20%
- Increase awareness camps/seminars
- Trained & qualified mental health professionals
- Increase number of services
- Drugs to be made available at Govt. hospitals

INTEGRATION WITH PRIMARY HEALTH CARE SYSTEM

National Mental Health Policy, Vision 2020

Even after two decades of NMHP, DMHP has covered only 27 districts out of 593 districts in the country. In 1982, NMHP had 5 points to work :

- To redesign a zonal medical college as the nodal institution.
- Strengthening of psychiatry department of medical colleges.
- Modernisation of mental hospital as tertiary care centre from custodial mode.
- Strengthening central & state mental health authority
- Research and training

10th Five Year Plan (2002 – 2007)

- Time frame work enhanced
- Budget increase to 190 crore from 28 crore
- Coverage increased from 27 districts to 100 districts
- 50 lacs grant to 100 medical colleges for psychiatry department upgradation
- Modernization of mental hospitals

11th Five Year Plan (2007 – 2012)

- DMHP to 400 more districts
- Psychiatry department will be upgraded
- Mental hospital to be disinvested on modern lines

12th Five Year Plan (2012 – 2019)

- DMHP extended to all districts of country
- Psychiatry department to be upgraded further.
- Mental hospital to be disinvested.

Undergraduate MBBS Training

- Undergraduate Training for Psychiatry should be upgraded. There are more than 200 Medical Colleges which turn out about 20000 students every year. By any means these young medicos should be trained to diagnose mental illness like depression, anxiety, alcohol etc. We should think of doing

something drastic to get it done. It will be cheap source to meet the requirement.

Postgraduate MD (Psychiatry) Training

- 44 institutions in India impart training in psychiatry. There are 92 seats of DPM, 123 MD seats in psychiatry (MCI Website Information, July 2006). In the last 25 years, only 13 institutions have started M.D. training. No seats in Himachal Pradesh and Uttranchal State.

School Mental Health Promotion

- It should be taken care by guiding teachers and students in the school.
- Sarv Sikhsha Abhiyan should be approached.
- NGO's should be involved in awareness, education programme.

Make Drugs Available at Cheaper Rates

Enroll Local Resources

- Indigenous practitioners of medicine and faith healers can be contacted. It is estimated that about 30 to 50% of patients go to faith healers after or before visiting psychiatrists.

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Dr. Kuldip C. Sharma

Professor and Head,

Deptt. of Psychiatry,

Govt. Medical College, Rajindra Hospital, Patiala

President : Indian Psychiatric Society : North Zone

Address read at : 31st Annual Conference of

Indian Psychiatric Society (North Zone)

14-15 October 2006 at Shimla