

MENTAL HEALTH PROMOTION CAMPAIGN IN INDIA: ISSUES AND CHALLENGES

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Abstract - Psychiatric symptoms are common in general population in both sides of the globe. During the last two decades, many epidemiological studies have been conducted in India, which affirm that the prevalence of major psychiatric disorder and their condition is about the same all over the world. In countries like India, many of the patients are left untreated and are forced to lead a measurable life, knowingly or unknowingly, mostly because of lack of awareness and proper knowledge about the mental health in common mass.

One of the challenges is to spread awareness among the people to help them to identify and recognize the mental health problem at the early stage. In this context, the role of mass media for effective promotion of mental health becomes very important. Research confirms that negative images and stereotypes in film, television, advertising, magazines and newspapers are directly connected to the public's negative or positive attitudes toward people with mental health issues. Media portrayals also have a direct impact on individuals living with mental illness, as well as an impact on government responses to mental health issues. Some of the landmark health promotions campaigns in India provide eloquent testimony to the fact that intensive campaign can help substantially to check the problem. However, there are issues and tasks related to the strategies of information, education and communication (IEC) for mental health awareness in India.

Key Words - Media, Image, Mental health, Campaign, awareness

Introduction

Psychiatric symptoms are common in general population in both sides of the globe. During the last two decades, many epidemiological studies have been conducted in India, which affirm that the prevalence of major psychiatric disorder and their condition is about the same all over the world. In countries like India, many of the patients are left untreated and are forced to lead a measurable life, knowingly or unknowingly, mostly because of lack of awareness and proper knowledge about the mental health in common mass. One of the challenges is to spread awareness among the people to help them to identify and recognize the mental health problem at the early stage and

“stigmatization” attached to it like; mental illness is due to the black magic, it is untreatable and people who are mentally ill are harmful. Some of these misconceptions have aroused the need of communication regarding mental illness within the society and the country itself. In this context, the role of mass media for effective promotion of mental health becomes very important.

Objective

- The objective of this study is to analyze mental health promotion campaign run by the government of India.

Hypothesis

There is a lack of rigorous campaign related mental health as compared to other health promotion campaign.

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All promotion related mental health restricted to patients of their family only not to the whole population

Mental Illness

The World Health Organization (WHO) defines mental health as a positive sense of well being encompassing the physical mental, social, basic economic and spiritual aspects of life; not just the absence of disease. Mental health is a barometer of the social life of a population and the rising level of morbidity and mortality is a sign of social as well as individual malaise. The scope of mental health is not only confined to the treatment of some seriously ill persons admitted to mental health centers, rather it is related to the whole range of health activities.

Mental disorders are universal and uniformly distributed in the community across rural, urban and tribal location. Persons suffering from mental health problem do not access care because of several sectors. One of the most important issues is lack of awareness about mental disorders in the community and lack of avenues for early treatment. Another issue regarding mental illness is that it is of many different kinds and people do not differentiate it due to lack of knowledge. These include psychotic disorders, depressive disorders, neurotic and stress disorders, substance use disorders, mental retardation and epilepsy. One percent age of the total populations have been suffering from severe mental illness and five percent age of total populations have been suffering from some or the other mental problem. Among which depression is one of the top reasons.

Mental health system overview

The National Health Policy - 2002 incorporates provisions on Mental Health, however, no separate policy on mental health exists. The country has a National Mental Health Programme (NMHP), launched in 1982, restructured during 2002 for implementation during the 10th Five Year Plan (2002-2007) with a fiscal allocation (Rs 190 crores, up from Rs 28

crores during the 9th Plan).

The country also has a Mental Health Act (1987), which simplified admission and discharge procedures, provided for separate facilities for children and drug abusers and promoted human rights of mentally ill.

Other acts relevant to the mental health field are: the Juvenile Justice Act, the Persons with Disabilities Act and the Narcotic Drugs and Psychotropic Substances Act (amended in 2001). However, in terms of resources, India has 0.25 beds per 10,000 population (0.2 in mental hospital and 0.05 in general hospital).

Macro Economic Indicators

While the GDP has shown high growth from 3.4% to 8% (as announced by the Government of India in April 2004), the healthcare indicators have not shown improvements at the same rate.

India spending on healthcare is at 5.2% of the GDP, which is comparable to other developing countries, e.g. Korea, Thailand and Brazil spend 5-7%. (Table 1) However, with only 0.9 percent of the GDP, the government's spending on healthcare in India is low as compared to Korea, Brazil or Thailand.

The spending on healthcare per capita is likewise: Korea: 720US\$, Brazil: 453 US\$, Thailand:349 US\$, China: 143 US\$, India: 94 US\$). There are 0.2 psychiatrists per 100,000 population.

Comparison of India with Global Financial Indicators

Particulars	Spending on Healthcare % GDP	Government Spend on healthcare % of GDP	Per Capita Spending on Healthcare (US\$)
Korea	6.7	1.8	720
Brazil	6.5	3.2	453
Thailand	5.7	1.2	349
China	2.7	0.7	143
India	5.2	0.9	94

Mental health resources

The following table gives an outline of the availability of mental health resources comparing India with South East Asia and Global standards.

Status of Mental Health Policies, Programmes and Legislation

	world	South east Asia	India
Mental health policy	62.1%	54.5%	National health policy 2002 has provisions related to mental health
Substance abuse Policy	68.8%	72.7%	NIL
Mental Health programme	69.6%	72.7%	NIL
Therapeutic drugs policy/EDL	89.3%	100%	present
Mental Health Legislation	78.0%	63.6%	Mental health act formulated in 1987
Disability benefits	77.8%	81.8%	Persons with disabilities act 1995 provides benefits

National Mental Health Programme (NMHP) of India

A multi-pronged strategy to raise awareness about issues of mental health and persons with mental illness with the objective of providing accessible and affordable treatment, removing ignorance, stigma and shame attached to it and to facilitate inclusion and acceptance for the mentally ill in our society is the basis of the NMHP. Its main objective will be to provide basic mental health services to the community and to integrate these with the NRHM. The programme envisages a community and more specifically family-based approach to the problem. The Plan will strengthen District Mental Health Programme (DMHP) and enhance its visibility at grass root level by promoting greater family and community participation and creating para professionals equipped to address the mental health needs of the community from within. It will fill up human resource gap in the field of psychiatry, psychology, psychiatric social work and DMHP.

During the Eleventh Five Year Plan (2006-2011), the re-strategized NMHP is planned to be implemented all over the country with the following objectives:

- To recognize mental illnesses at par with other illnesses and extending the scope of medical insurance and other benefits to individuals suffering with them.
- To have a user friendly drug policy such that the psychotropic drugs are declared as essential drugs nation with State-wide

emergency medical service and trauma care. The components will include provision of equipment, communication system, training and provision of human resources, registry and surveillance. Eventually the plan is to start a National Programme for Medical Emergencies Response.

The strategies during the Eleventh Five Year Plan are

- To identify health care facilities along highways and upgrade them to specific levels of trauma care
- To establish a life support ambulance system
- To plug gaps in human resource training and availability for trauma care
- To establish communication linkages between various levels of health care
- To assist the States in developing and managing an appropriate trauma referral system
- To develop, implement and maintain State-wise and nation wide trauma registry as an integral part of e-Health.

Health Communication

According to Ottawa charter: "Health promotion is the process of enabling people to increase control over and to improve their health". To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Health promotion therefore goes much beyond the health care.

Feature of PHC paradigm

The key feature of PHC paradigm is the promotion of positive health than treatment. Its unit is intervention is the public not individual patients. Its strategies are to facilitate life styles and societal changes necessary for reduction of risks and promotion of health for communities as a whole.

Some of the landmark health promotion campaigns in India viz. the eradication of small pox, leprosy, TB, pulse polio, immunization and ongoing campaign against HIV/AIDS provide sufficient testimony to the fact that intensive multimedia campaign can help substantially check the problem. Recently other health promotion campaigns which used rigorous media campaign are save girl, hand wash campaign, swine flu campaign, but in case of mental health promotion there is lack of rigorous campaign.

Research methodology

To understand the communication strategies adopted by the various government agencies in India, the random samples were collected and analyzed and concluded. Content analysis of seven leading newspapers of India (The Hindustan Times, *Dainik Jagran* (National edition), The Hindu, Indian Express and *Dainik Bhaskar*, The Times of India, *Janasatta*) carried out. Apart from print media, two TV channels, one FM radio channel and websites of mental health hospitals were also.

Findings and Interpretation

Coverage in print medium of mental health week (10th OCT -16th OCT 2011)

Nwapaper	Press release	advertisements	News report	feature	editorial
Hindustan Times	Nil	Nil	Nil	Nil	Nil
The Hindu	Nil	Nil	Nil	Nil	Nil
Jansatta	Appeared on page6	Nil	Nil	Nil	Nil
TheTimes of India	Nil	Nil	Appeared on pag3	Nil	Nil
Dainik Jagran(national edition)	Nil	Nil	Nil	Nil	Nil
Hindustan	Nil	Nil	Nil	Nil	Nil
Dainik Bhaskar	Nil	Nil	Nil	Nil	Nil

The study was conducted during the 'Mental Health Week' that was held from 10th October to 16th October 2011. It was found that there were no advertisements for promotion of Mental Health Programme (National Mental Health Programme) by the government in any of the leading newspapers. Though it is very crucial that for any type of promotion, it is required to use public service advertisements in newspapers. There were no featured articles in the any of the

daily newspapers. Only few newspapers like *Jansatta*, one of the renowned Hindi language newspapers and 'The Times of India', English language newspaper had covered news report on page 3 and page 6 respectively, which have no coverage on this issue were :

Coverage of mental health issue on electronic media

As far as television channels are concerned, there were two news clips shown by the IBN 7 Channel on suicide and depression during this week with the duration of 2 minute 33 seconds and 3 minutes respectively.

While analysing the public broadcasting system, it was found that 'Mann Ki Baat' which is a television program telecasted on the National Channel of Doordarshan every Saturday at 8.30 morning. The program focuses on issues related to the mind and mental health- of individuals and the society at large. The content of these programmes were rich, informative and effective but the, therefore the possibility of its exposure among the masses is also poor. There were no coverage of mental health awareness promotion on radio. Though campaign like 'Beti bachao' and 'wash hand by UNICEF' were given preference on TV and radio as well. Overall there is no programme on radio or television which promotes National Mental Health Programme, Likewise there is lack of effective audio and audio-visual advertisements.

Coverage of mental health issue on government websites

As far as online resources administered by the government agencies are concerned, these websites are informative and cover all mental health related policies and programs. But, there is lack of basic IEC material for the common mass. IHBAS has organised workshops during the mental health week but was not covered by the local press and national press. Likewise, mental hospitals of all the states organise camps, street plays and distribte pamphlets, organise seminars but it is never covered by the local as well as national media.

This is primarily due to the insufficient

efforts on part of the government agencies to generate awareness through rigorous campaign. There are three famous mental health hospitals (whose websites have been analyzed) which are located in India namely Indian Institute of Human Behavior and Allied Sciences (IHBAS, New Delhi), National Institute of Mental Health and Neuro Sciences (NIMHANS, Bangalore) and Central Institute of Psychiatry (CIP, Ranchi). Each one of these follows District Mental Health Programme under National Mental Health Programme. These websites constitute types of information regarding mental health programme in India and projects. But as far as IEC materials are concerned, these websites have information restricted to the Doctors, Para-medical staff, victims, patients and their families. Websites failed to answer many queries regarding mental disorders. The language is tough and some times lacks persuasive quality. Internet is considered an interactive medium but as far as communication among the masses for the awareness of mental

illness is concerned, it is not found in any of the government websites

Conclusion

There is no specific communication strategy found for the awareness of general public. Likewise, there were certain flaws found in promotion of mental health campaigns. The focus of the entire government policy seems to be focused on other health promotion schemes like 'HIV/AIDS Prevention', 'Save Girl Child', 'Wash Hand Campaign', 'Pulse Polio Eradication' and so on. However, this issue is highly sensitive in terms of public health because one percent of the total population has been suffering from serious mental illness and 5% of the total population has been going through some or the other forms of mental illness. There is a need for rigorous campaign for mental health problems keeping in view the large rural and urban mass because it is the 'Sound Mind in Sound Body' that rejuvenates a healthy society and lead to a healthy nation.

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