Navigating the National Mental Health Survey

A Factsheet

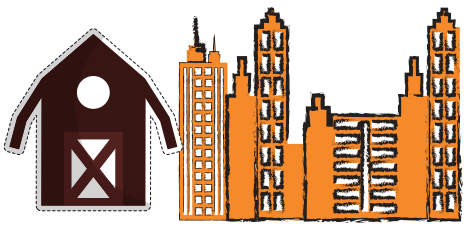
The National Mental Health Survey (NMHS) 2016 by the Ministry of Health and Family Welfare (MOHFW) through the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore is the first comprehensive survey of mental health at the country level.*

*The NMHS surveyed 12 states to provide a nationally representative sample

Some Facts & Figures

150 million

Adults in India are in need of mental health interventions and care

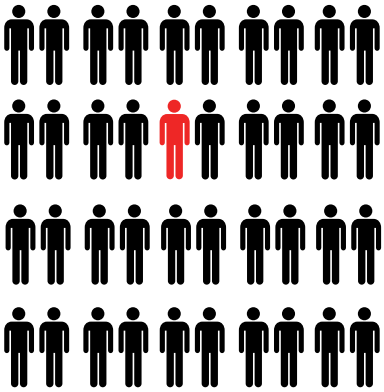


- Residents from **urban metros** and from **lower income groups** had a greater prevalence across the different disorders
- The prevalence of schizophrenia and other psychoses, mood disorders and neurotic or stress related disorders was **2-3 times more in urban metros**

10%

- Depression, anxiety disorders and substance use disorders affect 10% of the population
- They either cause or are a result of a Non Communicable Disease, thus contribute greatly to disease burden

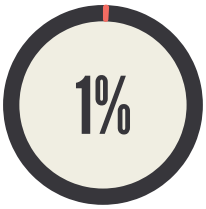
- The burden of mental health disorders is mostly seen in the 40-49 age group
- Psychotic disorders, Bipolar Affective Disorders (BPAD), Depressive disorders and Neurotic and stress related disorders



Depression

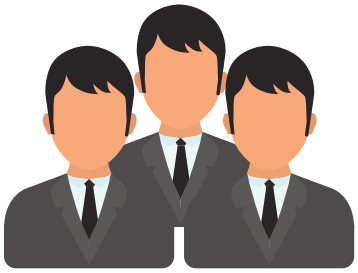
- 1 in 40 have suffered depression in the past
- 1 in 20 are currently suffering from depression
- Depression is **higher in females** in the age-group of 40-49 years among those residing in urban metros
- Equally high rates were reported among the elderly (3.5%)

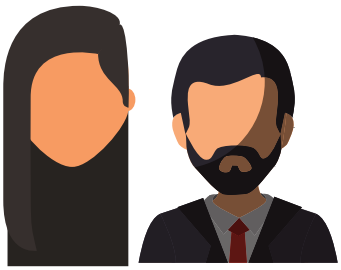
- 22.4% of population were found to have Substance use disorders (SUDs)
- These included alcohol use disorder, moderate to severe use of tobacco and use of other drugs (illicit and prescription drugs)
- SUDs were highest among 50-59 age group (29.4%)
- Mental health and SUDs have a bidirectional relationship
- **High prevalence of SUDs in India is a serious concern**



- Nearly 1% of the population reported high suicidal risk
- Among those, the prevalence of high suicidal risk is higherore risk is higher in the 40-49 age group among females and those living in urban metros
- Half of those reporting suicidal risk had a co-occurring mental illness

- **Nearly 1.9%** of the people surveyed were affected with a **severe mental disorder** in their lietime
- Schizophrenia, other non-affective psychoses (Denoting or relating to mental disorders which are not characterized by disturbance of mood) and bipolar affective disorder were detected more among males and in those residing in urban metro areas
- Significant stigma associated with these disorders
- Affect all domains of life & require long term rehabilitation services
- Psychotic disorders affected men and women nearly equally

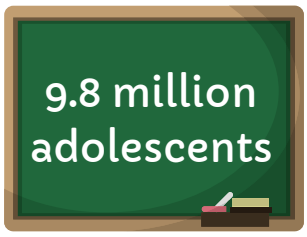




Significant gender differentials exist with regard to different mental disorders

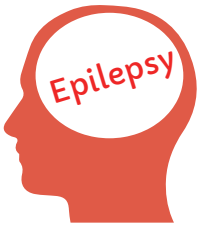
- **Overall prevalence of mental morbidity** - Males (13.9%) higher than women (7.5%)
- Specific mood disorders (depression, neurotic disorders, phobic anxiety disorders, agarophobia, generalised anxiety disorders and obsessive compulsive disorders) - Higher in females
- Small number of female alcohol users identified in the present survey were reported to be dependent users

Adolescents



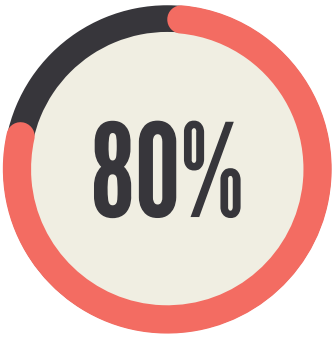
- 7.3% of those in 13-17 age group (both girls and boys) had a mental disorder
- 9.8 million of young Indians in need of active interventions
- Prevalence of mental disorders was nearly twice (13.5%) as much in urban metros as compared to rural (6.9%) areas
- Most commonly prevalent problems are:

- Depressive Episode & Recurrent Depressive Disorder -2.6%
- Agoraphobia (a type of anxiety disorder in which you fear and avoid places or situations that might cause you to panic and make you feel trapped, helpless or embarrassed) -2.3%
- Intellectual Disability - 1.7%
- Autism Spectrum Disorder - 1.6%
- Phobic anxiety disorder - 1.3%
- Psychotic disorder - 1.3%

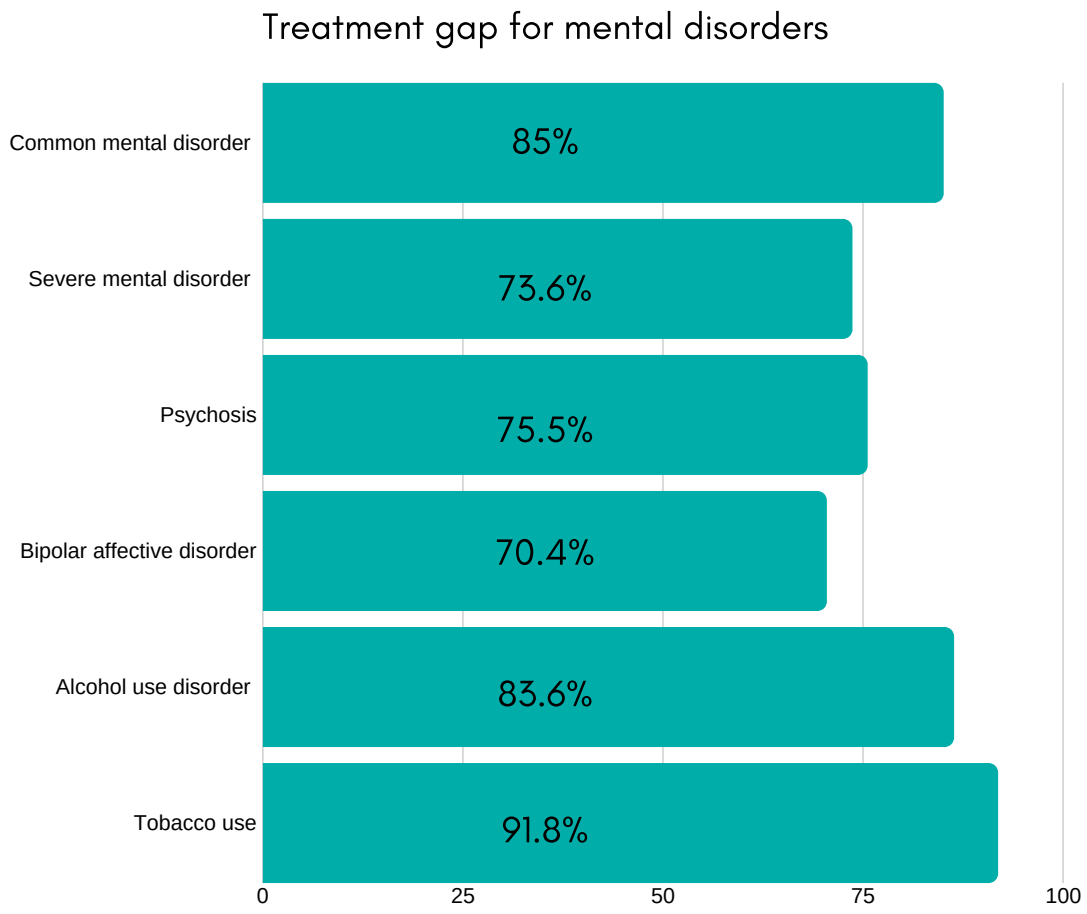


- Nearly 2 million people require care for epilepse
- Epilepsy (Generalized Tonic Clonic Seizures) prevalence was 0.3%

- Intellectual disability affected 0.6% in the surveyed population
- 4 million people require care



- Nearly 80% of those suffering from mental disorders, had not received any treatment despite the presence of illness for more than 12 months
- Stigma is a roadblock to seeking treatment and contributes to mental morbidity



Most of those identified, had not sought care or were not able to access appropriate care despite seeking. Multiple factors ranging from lack of awareness, to affordability of care, which varied between rural and urban areas, appear to critically influence these wide treatment gaps

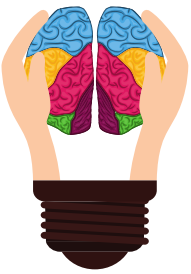
- The median duration for seeking care from the time of the onset of symptoms varied from **2.5 months for depressive disorder** to **12 months for epilepsy**
- Government facility was the commonest source of care

Impact of mental health problems on normal life

Three out of four people with a severe mental disorder experience significant disability in work, social and family life

- **Huge economic burden** - Families having to spend **Rs 1,000 - 1,500 per month** mainly for treatment and travel to access care
- Mental disorders have a higher prevalence in the economically productive population, particularly males in the 30 - 49 age group because they affect work productivity, earning potential and quality of life.

Common mental disorders have previously been unaddressed in the planning and delivery of health care programmes. Individuals and families also **ignore and neglect** these disorders till they become severe.



Mental Health Programmes in India

- Low priority on the public health agenda
- Fragmented, dis-organised in most states
- Low priority during implementation

- All states have less than 1 psychiatrist per 1 lakh population, except Kerala
- Availability of psychiatric social workers was relatively low across all the National Mental Health Survey states
- Limited availability of specialist mental health human resources (psychiatrists, clinical psychologists and psychiatric social workers) one of the barriers in providing essential mental health care to all
- Those available are situated in urban areas

Mental Health Act, 1987

- Following the Supreme Court directive there has been significant progress in the setting up of a Mental Health Authority in each state
- The State Mental Health Authority has a defined role for improving care in institutions and the certification of institutions
- The delivery of mental health care in each state is the responsibility of that state's health services
- Some of them had an in-charge programme officer who had diverse roles and responsibilities with very little time left for mental health
- Coordination between the mental health authority, the state department of health, medical education and welfare was found lacking in many states

Story angles to explore

The National Mental Health Programme functions at the district levels through the District Mental Health programme (DMHP). The DMHP is the key implementation arm of the NMHP, currently led by a psychiatrist or a medical doctor trained in mental health. Strengthening the knowledge and skills of DMHP officers in each state should move beyond diagnosis and drugs towards acquiring skills in programme implementation, monitoring and evaluation. How do the DMPHs perform? To what extent do they lack funds, human resources and training? How are the programs delivered and monitored?

How well are the mental health services integrated with the other NCD control programmes? To what extent to people get screening for common mental disorders (depression, suicidal behaviours, substance use problems?)

Do the states have their own mental health action plans?
Do they cover severe mental disorders, common mental disorders and substance use problems?
Does that include specified and defined activity components, financial provisions, strengthening of the required facilities, human resources and drug logistics in a time bound manner.

What is the current status of existing mental health facilities to treat and rehabilitate persons with mental illness? (More than 85% of medical care occurs in the private non-governmental sphere)

Considering the substantial burden of mental health disorders in the country, do health and sectors such as education and employment integrate mental health in their respective policies, plans and programmes?

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If you have any questions, please write to us at rashmika.reach@gmail.com

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