

CHAPTER - 9

MENTAL HEALTH



9.1. Literature Review

Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community” (Organization 2004)¹⁰⁵. Every 40 seconds, someone in the world takes their life. 75% of these deaths are from low- and middle-income countries and mental health has a significant role to play in such extreme steps (Release 2019)¹⁰⁶. In the era of booming social media and an ongoing pandemic, the importance of mental health cannot be overstated. 50% of mental health conditions begin by age 14 and 75% of mental health conditions develop by age 24. Statistics in India show that 1 in every 5 individuals suffers from some form of mental illness symptoms (Deepika Padukone 2018)¹⁰⁷. The World Health Organization (WHO) estimates that in India, the burden of mental health problems is 2,443 DALY (disability-adjusted life years) per 100,000 population (Desk n.d.)¹⁰⁸. This is only reflective of the growing burden of mental illnesses resulting from behavioural and psychiatric disorders and the problems worsen in the context of rapid urbanisation. When examined from the social, economic and psychological lenses, there are still knowledge gaps owing to the stigma and lack of awareness. In the gaps of this vicious cycle is where most of the misinformation is bred in terms of myths and misconceptions.

Mental health literature and data is a fairly new concept compared to the literature of physical illnesses. This also implies that there are issues both on the supply and demand sides. For instance, while patients are not aware of/recognise the symptoms of mental illnesses, those who do recognise the problem face obstacles like availability, affordability, and accessibility of mental health in terms of skewed doctor-patient ratio, expensive medication and continued support of therapy or medication. The National Mental Health Survey of India, 2015-16 study reveals that due to the stigma associated with mental disorders, nearly 80% of those with mental disorders had not received any treatment despite being ill for over 12 months (Gururaj G 2016)¹⁰⁹. India's number of mental health beds was found to be well below average with only 2.15 beds per 100,000 compared to the global figure of 6.5. Treatment gaps greater than 70% exist due to insufficient funding of mental, neurological, and substance use disorders.

According to Lancet, one in seven Indians was affected by mental disorders of varying severity in 2017 (Prof Lalit Dandona 2020)¹¹⁰. An infodemic of the kind seen in the case of the pandemic is not new to mental health. The mental health crisis has especially been exacerbated during the COVID-19 pandemic. Especially with lockdowns and the never-ending scrolling of the COVID-19 feed related to infections and deaths, the risk of mental health illnesses is on a rise. Mental health has always been that grey area where there has been a dearth of true/factual

information. Even traditionally, the media has always portrayed mental illnesses as something enigmatic, ‘abnormal’, and often associated with paranormal activities. This has translated into the continued practice of faith healing and ritualistic practices that vary in different socio-cultural traditions. The National Mental Health Survey of India, 2015-16 study reveals that 10% of the population has common mental disorders and 1.9% of the population suffers from severe mental disorders (Gururaj G 2016)¹⁰⁹. It is observed that almost one in 20 suffers from depression, being higher in females in the age-group 40-49 years. 22.4% of the population above 18 years suffers from substance use disorder, with the highest contributed by tobacco and alcohol use disorder and detected more among males. With the extensive penetration of fake news (misinformation) in our daily lives, especially in a sensitive issue like COVID-19, there has been a severe impact on mental health. While it is pertinent to clear mental health misconceptions through robust awareness/communication campaigns, this chapter does not dwell on the scientific details of various kinds of mental illnesses but gives an overview of the nature of misinformation that is prevalent in this subject. Owing to the vastness of the subject, this chapter will focus on the generic understanding of mental health and the impact of misinformation in our approach and understanding of mental health.



9.2. Common Myths and Misconceptions

MYTH:
01 | **Mental illnesses are not real illnesses; they are just a phase and go away on their own.**

FACT: Mental illnesses are equally if not more real than physical illnesses. From change in lifestyle behaviour to coping with things in life, people face real challenges, and these problems require effective treatments from mental health professionals.

MYTH:
02 | **The treatments for mental illnesses are often brutal and involve electric shocks.**

FACT: Such brutal methods are a thing of the past. Today, with the discovery of effective drugs and evolved methods of therapy, the treatment is more humane.

MYTH:
03 | **Mental illnesses last for life and often, one cannot recover from them.**

FACT: With timely medical help, the right treatment plan and supportive friends and family, there is a recovery out of the issues.

MYTH: | **People with mental illnesses cannot handle work or academics.**
04

FACT: While mental health concerns do have an impact, there are a lot of professionals/students who cope with it, and seeking professional help at the right time can result in rather successful careers. Many celebrities and well-known people with successful careers too have experienced mental health issues.

MYTH: | **Mental health issues won't affect me and is only a thing prevalent in extreme socio-economic strata.**
05

FACT: Mental health issues are not a choice and can happen to any one of us at any point. While the best we can do is to limit stress and remain healthy, a lot of other factors such as genes, function of our environment, past experiences, incidents/circumstances can affect our mental health or our loved ones. Just like physical illnesses, it can happen to anyone and is not restricted to a particular stratum of the society.

MYTH: | **Children do not experience mental health problems.**
06

FACT: Very young children can also show signs of mental health concerns, and they need to be identified at an early age and seek early interventions to help the child to not let these issues interfere with their growth and development.

MYTH: | **Mental illnesses can be cured through prayers, willpower and determination.**
07

FACT: Like how willpower cannot heal a headache or a fracture, mental health too is not a thing of grit. Mental health requires equal efforts/approach to identify symptoms such as appetite changes, sleep changes, mood changes and cure the illness in the likes of physical health.

MYTH: | **Psychiatric medicines are harmful and addictive.**
08

FACT: Not all psychiatric medicines are addictive or toxic when used under medical supervision and must only be taken in the recommended dosage and duration suggested by a qualified and professional psychiatrist after a correct diagnosis. This will assist in balancing the chemicals in the brain and help the patient feel better.

MYTH: | **The odd behaviour is often because the patient is possessed by supernatural phenomena.**
09

FACT: Unlike the symptoms of physical health, symptoms of mental health are manifested in thought and behaviour. Therefore, it is difficult for people to comprehend what exactly is transpiring and this odd behaviour must not be attributed to supernatural possession.

MYTH: | **Mental illnesses are hereditary.**
10

FACT: While genes are a factor to be considered, experts are not yet sure how significant genetics are in determining one's risk of mental illness. While it is wise to remain aware, one should not worry too much about the risk factors they cannot control.

MYTH: | **Depression is not an illness and is a weakness of character.**
11

FACT: Depression is a complex mental illness that has social, biological, and psychological origins. It is often characterised by anxiety, stress, sleep concerns, impacted decision making, laziness, appetite changes, etc. If not treated in time, depression can end one's life.



9.3. Case Study- Religious Healing Practices in Mehendipur Balaji Temple in Rajasthan

When it comes to understanding or treating mental health issues, supernatural attribution to the symptoms/behaviour is not a novel concept in India. The folklore of almost every religion including Hindu, Buddhist healing temples, the Sufi dargahs, church healings, etc. have existed for a long time now and includes a range of religious practices and mortification rituals. These include long periods of fasting, tying up in chains, exorcism, etc. in what essentially is a dissociative state of the patient. One such case study in India is the Mehendipur Balaji temple located in Rajasthan's Dausa district that has a reputation for treating psychological ailments through ritualistic healing and exorcism of evil spirits (Sood 2016)^{III}. Generally, people with inappropriate social behaviour, people having incomprehensible fears or symptoms that cannot be medically explained, and other such cases visit the temple for recourse treatments. Usually, these symptoms are akin to psychosomatic and dissociative disorders. The treatment process in Balaji, involving extreme acts that subject the body to pain, does not align with global

mental health definitions of humane or evidence-based care. The temple follows the harshest punishments to the ‘spirits’ that have ‘possessed’ the devotees. There are numerous rules to enter, stay and leave the temple for visitors.

Millions of people visit this temple from far and wide and it is believed that the devotees will be cured of negative energies and find salvation at the temple. Owing to the skewed doctor-patient ratio in psychiatry and the unavailability of trained medical health professionals, especially in the rural and interior regions, people from these regions often resort to magico-religious alternatives mainly associating mental health issues with such harsh customs and treatments. This, in turn, exacerbates the stigma and misconceptions about psychiatric problems. While the debate on Western vs folk medicine continues, the global mental health framework is at the intersection of biology, beliefs, and human rights of mentally ill people. For instance, in this temple, the people believe that the magical powers of the temple will exorcise evil spirits and give them relief from their possessions/black magic. The affected people are often subjected to inhumane methods and their loved ones are not supposed to intervene. In the battle between belief and science, often the former takes precedence, especially in the case of mental health.

However, the ultimate blow to the traditional mental health sector was delivered in early 2002, when the Supreme Court of India passed the following ruling in the conclusive stage of the Writ Petition hearings in the order dated 5 February 2002:

Both the Central and State Governments shall undertake a comprehensive awareness campaign with a special rural focus to educate people as to provisions of law relating to mental health, rights of mentally challenged persons, the fact that chaining of mentally challenged persons is illegal and the mental patients should be sent to doctors and not to religious places such as temples or dargahs. (Supreme Court of India 2002)¹¹²

“

The Mehendipur Balaji temple in Rajasthan is known to treat psychological ailments through ritualistic healing and exorcism of evil spirits through the harshest punishments. (Sood 2016)¹¹¹

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This ruling became a milestone in guiding the future mental health policy formulations in India and affected the functioning of traditional healing sites across the country in many ways. However, till date, owing to the lack of mental health infrastructure, personnel and communication material, people—especially in the rural areas—continue to visit such local religious places for relief from the alleged spirits instead of seeking proper mental health care.



9.4. Expert Speaks



DR DEBANJAN BANERJEE

He completed his post-graduation (M.D.) and post-doctoral (D.M.) in Geriatric Psychiatry from the esteemed National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore. He was attached with the Geriatric unit of NIMHANS for over five years and specialises in ageing and old age-related mental health problems. Dr Debanjan is presently a Consultant Old Age Psychiatrist in Kolkata and a member of the Advocacy Committee, International Psychogeriatric Association (IPA).

01

Misinformation and disinformation can affect us by creating anxiety, fear, depression, or stress and this was especially exacerbated during the pandemic. What is the impact of misinformation on mental health?

Dr Banerjee : I think this is a very pertinent question, considering the present times of the COVID-19 pandemic. As you rightly said, misinformation is considered one of the very serious public health hazards. And in the digital world, there is no limit to the amount of information that we can consume. The same is the case with misinformation too. And partially because we have an inherent need to know; that is the very basis of our psychology or human psyche at times of crisis. So, when there is any public health disaster like COVID-19, there is, in general, a lot of perceived need for information. And I think in that case, any form of misinformation or disinformation will lead to panic, uncertainty and fear. And there is also something called panic activities. To give you a very common example, there was a lot of panic buying during both waves of COVID-19. So, people went after toilet paper, tissues, sanitisers, soap, and sprays. Such social chaos and public health risk behaviours increase when there is uncontrolled misinformation. And pandemic or not, I think related to any aspects of health, including mental health, we do see the spread of misinformation on social media. It also leads to harm in certain ways. For example, if there is a lot of anti-vaccine campaigning, people will refrain from vaccination. If there is stigma propagated against mental health, people will not seek professional advice. And finally, the way sometimes certain health issues are portrayed, especially in terms of cancer and mental health, people develop unreasonable fears that prevent them from seeking timely help. So, these are all the ways in which misinformation can cause health hazards propagating stigma and false beliefs.

02

The conversation around mental health has only picked up in recent times. What is the impact of the rise of social media influencers on the mental health space?

Dr Banerjee: As a psychiatrist, it is really good to see that there is a lot of discussion, discourse and debate—both academic and unacademic—on mental health; a lot of people have come forward to share their experiences. The pandemic has, in fact, shown us the crevices, the social inequalities, the need to place our minds equally beside our bodies. Given all that, it is also very ironic to me that we needed such a global wide-scale infection to serve as an eye-opener to the importance of mental health. And that brings the further concern that considering the stigma and the societal attitudes that we have here towards psychological wellbeing and mental health, when the pandemic eventually ends, will the resultant awareness related to mental health concerns also cease? I am a little sceptical about that. But I'd like to hope and believe that whatever lessons we have learned, the importance of mental health as an integral part of public health and the importance of mental health during disasters, and the need to seek professional help, I really hope that these lessons are carried forward. Consideration for mental wellbeing needs to transcend the pandemic.

03

What has been the impact of COVID-19 on mental health across age groups and various sections of the society?

Dr Banerjee: This is a never-ending saga—the effects that the pandemic has on the mind has many angles to it. One, what the virus does to the brain directly. When we talk about the mind, it is an abstract entity. But with regard to how certain parts of the brain are affected, which deals with our emotions and thinking, there can be psychiatric side effects. So, the virus has shown to have a certain affinity towards the nerve tissue and over the last two years, there has been a lot of research on this. Especially, early this year, there have been two large studies published in The Lancet psychiatry that show that a lot of people affected with COVID-19 are suffering from confusion, strokes and memory problems that persist for quite some time, including new-onset epileptic attacks. People who have severe infections are even more prone to having long-term effects—the neurological and psychiatric effects of the virus.

Coming to the wider and the larger picture, what are the effects of the pandemic as such? The public has had a lot of fear and uncertainty as their schedule has been disrupted, lives and living have been disrupted. The earlier structure has gone. Online education and work from home have emerged as the new normal challenges. It's been a paradigm shift in the way we used to live, especially when it first started and then when many countries were hit by the second wave.

Now, besides that, I think there are certain sectors that have been affected more. We talk about COVID-19 being the great equaliser, but no, it isn't. In fact, people on the margins—children, older people, migrants, people who are on the front line, gender and sexual minorities—have taken a larger hit due to the pandemic. So, in general, those who had pre-existing psychiatric problems like depression, psychosis, dementia, sleep disturbances and anxiety have seen an increase in these problems. The availability of medicines and accessibility to care have decreased owing to the risk of COVID-19. A lot of people are afraid to visit the doctors, so many of them had the symptoms that resulted from stress and lack of medicines. So, I think it is still the tip of the iceberg that we are seeing. And over the next few months to two years, we are going to see an even larger picture, especially with posttraumatic stress, because this is a kind of trauma that continues in a prolonged and fluctuating fashion.

04

Given that there is skewed doctor-patient ratio and other supply-end issues like accessibility and affordability, how should people navigate through mental health challenges?

Dr Banerjee: There have always been resource constraints in our country. In fact, latest National Mental Health Survey data tells us that there is one psychiatrist for roughly every 10 lakh people, and the number of clinical psychologists is even lower. Also, only 15% of those with mental health issues receive the help that they need. Having said that, I think it's also important that we have our awareness straight because mental health, as I keep saying, is not something exotic, that you have to discuss on one fine day. It is something that is involved in our day-to-day lives, the way we work and live, how we interact with people, it's involved in everything. So, there has been an attempt to train lay counsellors, the grassroot health workers, district physicians, general physicians, to be equipped with basic mental health care, what we call Mental Health First Aid, and also involve the media, local resources, community resources, in having a primary and tertiary healthcare tie up, so that patients do not really need to go everywhere. Certain common mental health issues can even be dealt with by general physicians or by any specialties, especially with Indian tele psychiatry guidelines, which were very aptly released in 2020. During COVID-19, I think there is an immense scope, because people can actually access tele psychiatry care from many regions and we can also train a lot of doctors and handhold them to provide better psychiatry care in communities. So, resource limitation was there and will be there but if we raise our awareness and fight the stigma associated with mental illness, I'm sure that the proportion of people who will seek professional care will be much higher.

05

What are some of the urgent public mental health problems that require immediate attention and how do we address these issues?

Dr Banerjee: I think the first thing will be to understand and acknowledge mental health issues as an integral public health problem. To give you a very basic example, when you visit a hospital, before or after COVID-19, you are advised about hand hygiene and sanitation, right? You wear a mask if you are going to an infectious disease unit. But do we talk about mental hygiene? We normally don't discuss it, but mental hygiene means giving yourself space, taking care of your happiness, having hope, doing something that you like.

These things may seem philosophical; they might appear generic. But basic things like spending 15-20 minutes a day for what you like, what makes you happy, like humming your favourite tune, reading a few lines of your favourite book, writing, talking to friends—these things are missing. And the last two years have taught us the real importance of social touch, no matter how much you were connected digitally—a friendly hug, a pat on the back, a handshake or playing with friends or children. There is no substitute for these. So, in our venture to become more civilised, we are getting separated from our roots of being social animals. Public mental health priority starts at an individual level. So, individuals need to be more aware, and develop knowledge, the right attitude and practice about mental health.

Mental health literacy is a public health top priority, involving people in the community, or using community resources like health workers, the district mental health team, panchayats in villages, the municipal corporation's key stakeholders and leaders locally, the media and trying to build a good community network. Integration of primary and tertiary care is also important, because there are very few qualified mental health professionals. So, they can help train the more general physicians in giving very basic mental health care. And if you really talk in terms of illness, I think three things need to be put right in the front. One is major depression and another is dementia. We are talking in the month of September, which is considered World Alzheimer's Month. The population above 60 years is rapidly increasing in India, and along with that, the burden of Alzheimer's disease or dementia is also increasing significantly. So, that is definitely a public health priority. Suicide prevention must also be a top priority and it is important that we discuss the national suicide prevention strategy. I'm sure that the government is already working on it, and we can hope that ultimately, it materialises, and there is some blueprint for suicide prevention in such a huge and populous country like ours. But if we really talk about public mental health priorities, the first thing is to fight social stigma and increase awareness at all levels so that people can seek professional help, especially in the rural areas.



9.5. Conclusion

While the discourse on mental health has been picking up, the pandemic has exacerbated mental health issues across age groups and economic strata. Having said that, it has also led to a robust and comprehensive response from mental health professionals (psychiatrists, therapists, and allied workforce) to tackle the gravity of the situation on ground. Even workplaces have taken cognisance of mental health and have taken multiple steps to make the situation easier for employees. However, this is restricted to large companies in the organised sector. Misinformation and mental health issues continue to affect the unorganised sector workforce and vulnerable populations equally if not more than others, and especially so after the onset of the COVID-19 pandemic. There is need for evidence-based research to fully gauge the impact of COVID-19 on varied stakeholders including children, adolescents, migrants, LGBTQIA+ communities, specially abled people, new mothers and other vulnerable populations, and accordingly plan interventions.

It is pertinent to note that there two types of misinformation in mental health: 1. Misinformation that triggers mental health; for instance, COVID-19 misinformation has not only led to hindrance of mental wellbeing, but has caused real-time and large-scale paranoia across the world. 2. Existing misinformation (myths and misconceptions) as discussed above in the mental health space; for instance, owing to multiple traditional beliefs or fear of ‘addiction’, people are generally reluctant towards accepting and seeking treatment for mental health unlike with physical health. Therefore, the most effective antidote to misinformation is increased awareness, and especially in a subject like mental health, this is all the more true. While it is necessary to be sceptical and question things, people are often sceptical of life-saving medications and fall prey to misinformation which ideally should have been the other way around.

Misinformation in the already stigmatised mental health has only added another significant barrier to seeking proper treatment. Unlike physical health where there are definite and tangible parameters, mental health is about how one feels and is, therefore, abstract. However, one must be careful in analysing whether their feelings are contextual/circumstantial or if they continue for long periods of time. Therefore, it is important to discuss mental health and make it a part of our daily conversation like how we discuss diabetes or blood pressure, and not treat it like a new, exotic subject. There must be more focus on disseminating mental health literature through various media. The outdated information on treatments and medication has to be replaced with factual literature and the same must be disseminated effectively. It is important to understand the psychological and behavioural aspects of misinformation and its impact on mental health and, therefore, the root cause of the problem must be addressed. The onus of this

lies on multiple stakeholders including mental health professionals, healthcare professionals, the media, and the government. Even at the individual level, efforts must be put into educating oneself and loved ones on the issues of mental health and guide them accordingly. This is especially true in the case of the ongoing pandemic.