Know Your Mental Health Act

Vaishali(Host)- Hi, I am Vaishali Pandiyen, reporter for Suno India and I will be hosting this episode.

Ahead of the World Mental Health Day, we reached out to Dr Soumitra Pathare, who is a psychiatrist by training and is currently working as a director for centre for mental health law and policy at the Indian law society, he is also currently working with the government of the Bahamas to help them draft their new mental health legislation. Apart from this, Dr Pathare has helped draft India's new mental health law and was a member of the Policy Group appointed by the Ministry of Health and Family Welfare, Government of India, to draft a new national mental health policy for India.

In this episode, Dr Pathare introduces us to the legal aspects of mental health.

To start with, what are the legal rights of a person with mental illness?

Dr Pathare- The simple answer to that question is that the rights of a person with mental illness are the same as everybody's rights, your rights, my rights. Unfortunately over a period of time, societies and communities have got used to the idea that people with mental health problems have less rights than everybody else and so really the challenges to go back to the original Idea and assert that all people have equal rights and dignity which is what the Universal Declaration of Human Rights is in article 1. So we should be using that as a standard whenever we compare any law or policy to see people with mental health have do they enjoy the same rights as you and me or anyone else in that community. The whole notion of rights is that everyone be treated equally while accounting for your disability. So you might need some accommodations made because you have a certain disability but that does not equal to special rights. So I can use an example from physical disability if somebody has a visual problem then I think we do have a responsibility to ensure that they are able to read and that might provide them material in Braille for example. So that's not a special right that is just providing an accommodation to take into account if somebody has a disability and you're trying to bring on par in a sense with everybody else and often gets confused with special rights but that's not special rights, it's just adjusting for your disability to enable you to be on equal power with everyone else. So in the same way people with mental health problems don't have any special rights but because of their mental health problems might require some adjustments to be made some accommodations to be made so that they are able to exercise their rights like everyone else just like me.

Host- When was the first mental health act introduced in India?

Dr Pathare- The first mental health act in India was really introduced around 1860 by the Britishers who were ruling in India at that time. Subsequently there was some amendments to that and then there was a new Indian lunacy act which came in 1912 and that's really the act which everyone remembers. From subsequent to 1912 at we have mental health act 1987 and now we have got the mental healthcare act in 2017. So that the kind of the movement of mental health in our country.

Host- What new changes have they brought in the new mental healthcare act of 2017? What does it propose?

Dr Pathare- It is a difference of how the rights of perceived in mental healthcare act versus the previous acts which they were trying to do. If you look at or older mental healthcare act which is the act from 1987 or from 1912 or the ones before they primarily concerned with protecting society. Some people who had mental illness and they primarily concerned about how do you isolate people segregate people away from mental health problems so that they are not a danger to other people in the society. But the mental healthcare act 2017 really changes that around and is largely concerned or is only concerned with protecting the rights of people with mental health problems especially when they receive mental health care and treatment. So fundamentally there is a whole shift in emphasis from protecting society to protect the rights of people with mental health problems and if you want to encapsulate entire philosophy that's the philosophy shift that mental healthcare does. It puts the person with mental health problems at the centre of the law, it recognises the people with mental health problems are vulnerable and their rights my get violated when they are receiving mental health care treatment and hence the law is there to protect these vulnerable people and that was not the emphasis on the primary purpose of previous legislation.

Host- Apart from that, are there any other acts related or allied to it?

Dr Pathare- There are no other mental healthcare act in India because mental health care is on the concurrent list so usually the federal government of the union government makes a law which becomes applicable across the country. The other law which is relevant to people with mental health problems is in India is the rights of person with disabilities act which is shortened to the RPD act and that's from 2016 which again is aimed at protecting the rights of persons with disabilities including those with mental illnesses because it recognises the person with mental illness as a person with disability and so a forced protection of the law do people with mental health problems. So what the rights of the person with the disability does actually in a much more broader sense protect their rights in all different settings. It protects rights in education, in employment, in marriage, in property and that kind of things. So it's a broad anti discrimination and protection of rights legislation for people with all disabilities including mental health problems and that is what the rights of the person with disability does.

Host- So, what's the status of covering mental health issues under insurances? This was a feature in 2017 act right?

Dr Pathare- Well until we had the mental healthcare act 2017 you could be denied mental health coverage for mental health insurance. That is what used to happen. if you look at all health policy in health insurance health policy had an exclusion saying it does not cover treatment from mental illness and what the 2017 mental healthcare act said was a kind of said that there should be parity in health insurance which meant that is health insurance cover physical health problem then it should also cover mental health problems. and it should cover it on at par, there shouldn't be any special things done to get mental healthcare covered and so that has resulted in a situation where then IRDA issued guidelines to the insurers to ensure that this exclusion of mental illness is remove from all health insurance policies, but it

is badly implemented and I think the implementation happen faster than it is happening. it's not happening as quickly as it should few insurers have already complied with IRDA, the IRDA is also come out with white paper saying that by 2020 all policy should remove these exclusions which I had has been recently extended to October 2020, but I wish it was happening sooner. but basically until the act came into force in 2018 there was no legislative backing to say that mental illness treatment should be covered in any health insurance policy. so what the law now says that it does discriminate and you can't do that and you have to remove that exclusion.

Host- What are the challenges in implementing mental health act? Are there any regarding budgetary allocations or are there any gaps, which you feel, that needs to be addressed?

Dr Pathare- I think that the challenges that are always mentioned frequently are the whole notion of resources. I mean the resources can be of different types, budgetary gap is an example of financial resources. people also highlighted the gap of human resources and I think that is something that is always highlighted as a challenge implementing the mental healthcare act. but I would like to step back a little bit and think of slightly higher order challenges which I think we solve the resources problem can be solved. I think one of the fundamental challenges is generating political will so if you had governments which actually took the spirit of the law which they themselves have enacted and try to implement it then I think will see much faster improvement. I think the political will and by political will I don't mean the political parties will, but as in alarms of a government including the bureaucracy,politicians, regulators, policymakers, everybody that political will that this is a law which is meant for the benefit of vulnerable section and should be implemented. It is something that we need and if we had that then finding the resources become quite easy and that is related to another problem which is that the mental health community which is the mental health stakeholder which include the people with mental health problems, their families, Human rights advocates, the society, the professionals, they need to really get organised in absence of that kind of organised pressure from the stakeholders. You cannot generate the political will so in a sense these things are related if you had the political will you will get good implementation, you are probably not going to generate the political will until the stakeholder community got it self organised a very passionately and forcefully advocated for their rights which will then push political will and if you had the political will you will find the resources. so I think the challenges are just not at the resource level the challenges much higher at a higher level which is organising the stakeholder of the community and generating that political will for implementation.

Host- What are the measures taken by the government to create awareness about mental health?

Dr Pathare- I don't actually believe that tackling stigma is a very good approach because you know the evidence the research evidence from across the world on any anti-stigma campaigns show that they do not achieve much. The largest anti-stigma campaign, most expensive one which was launched in the UK about a decade ago called ‘Time to Change’ and the recent evaluation of it shows that it really had no difference in people's attitude towards persons with mental illness or the discrimination that they face in the society. So really I think that focusing on stigma is actually not such a fruitful exercise. What we should be focusing

on, what the government should be focusing on is on discrimination because the anti stigma research has also showed us one thing, most effective way of reducing stigma is if people coming in contact with persons with mental illness. That challenges people's perception much better than any anti stigma will do. How do you get people in contact with persons with mental illness is if you ensure that people with mental illness are included in society. So if you pursue social inclusion in that is more likely to include the needle on stigma. So really how do you get social inclusion, your gonna get social inclusion if you stop discrimination, if you stop exclusion, most exclusion happens because of discriminatory practices. So for example the insurance that we talked about excluding mental illness is a discriminatory practice in health insurance policies. So eliminating those discriminatory practices is what the government should be focusing upon. There are many examples of that, another good example is how the mental health problem might be denied the right to vote for example. So Eliminating that as a discriminatory practice, is equally important. The Hindu Marriage Act says is that a mental illness is a ground for divorce, if no other illness is a ground for divorce then why mental illness is a ground for divorce. That again is a discriminatory practice which needs to be eliminated. So what the government really needs to do is to identify laws, policies, rules regulations which discriminate actively against people with mental health problems and to actively remove those discriminatory policies because if you remove the discriminatory policies then you will find there is social inclusion and that is likely to reduce stigma. And there is a procedure of doing this and the government understand this because recently the government said that they are going to remove 'leprosy' as an exclusion from close to 100 odd legislations in the country, they are going to remove 'leprosy' as a ground for divorce for example because leprosy suffers from just the same stigma and discrimination as a mental health patient suffers from. So they understand doing for leprosy that they understand that if we remove the discrimination legislation, if you remove the discriminatory mechanisms you will reduce the stigma against a particular condition. And what they are trying to do with leprosy is what is required to be done for mental illness and mental health to reduce the stigma against persons with mental health problems.

Host- When it comes to medical professionals dealing with people with mental health issues, what's their status and share? What's their contribution, and how can they be better?

Dr Pathare- Talking about physical health problems you know there is now a lot of research evidence from across the world, people with mental health problems have a life expectancy which is almost 15 to 20 years less than their peers, which means that people with mental health problems die 20 years earlier than people were born at the same time and didn't have the mental health illness. And clearly a lot of that is related to how the health professionals are so discriminate against people with mental health problems because very often people forget that people with mental health problems are also likely to have physical health problems. And what we know from evidence, from research, what we know from practice that very often physical health problems of people with mental health problems are not being addressed. A large part of it has to do with stigma and discrimination, the people in the health system, health professionals of all types frequently will not take people with mental illness seriously. If you have schizophrenia and if you turn up and say I have got a chest pain they are more likely to call a psychiatrist then to actually see for you. Whereas if you go to a casualty and say if you have chest pain the first thing they will do for you is do an ECG for you. But if they come to know that you have a mental health problem they will actually call psychiatrist

to see before they actually doing anything. That's a very simple example of discriminatory practices work. So all health professionals need to address people with mental health problems also has physical health problem which needs to be addressed and that is not happening not just in India but across the world. People are systematically discriminated against when it comes to provision of health services if they have a mental health problem.

Host- India has the highest suicide rate in the whole of southeast Asia, according to WHO data, What do you think are the major factors that lead to this?

Dr Pathare- The number which is an absolute number is obviously going to be high because we are a large country. So the absolute numbers even small percentage of the absolute numbers of 1.3 billion will be a large now but we also know our rates are high. So in southeast Asia, India suicide rates are higher then the suicide rates of other countries we are ahead of the average. There are many reasons for this, India suicide rates have 2 very particular striking features which needs to be kept in mind because they are so different from the rest of the world. The first is that most of a suicide or a large majority of our suicides is of younger people which is unusual. In many parts of the world it's the older people who make the majority. In India largest number of suicides happen in young people age anywhere between 15 to 40 years. In fact in that particular age group of 18 to 39 for women suicide is now higher cause of death then even maternal mortality. So you know suicide is ahead of maternal mortality when it comes to cause of death. So that's one thing that we do we have a younger population which is dying of suicide. The second important factor is that there are many more women in India who died of suicide then the rest of the world, the male female ratio that is called that is the number of men dying, one woman dying of suicide across the world tends to be anywhere between 2:1 or 4:1. So many more die in India that ratio is hardly 1.5:1, which means we have a lot of women dying because of suicide which is very unusual and most of these women tend to be young women. So clearly we do have a demographic of suicide which is very different to the rest of the world. Another striking feature in our suicide rate is also the high preponderance of death due to injection of pesticides and insecticides which are called as the organophosphorus compounds. That's very unusual about one in four suicides in India with this method. Across the world suicide due to pesticides are very rare across the South East Asia. So there are differences in our suicide demographics, are thing is that suicide is not primarily a mental health problem. Although the final common pathway for suicide might go through a mental health issue, people get depressed and die, the fact is that we know from research again from India that more than half of the people who died of suicide in India at least do not have a diagnosable mental illness. So many people are dying not necessarily because they have a mental illness. And, suicide is a complex psychosocial phenomena, we need to look at a range of social determinants why people die of suicide. This is true not just in India but across the world, for example in economic crisis suicide rates go up, we saw that happen in Greece in 2008. That when they had a financial crisis the suicide rates went up by 25 to 30% in the coming years. So clearly economic thing has an impact, unemployment has an impact, you also know for example in India the woman who died of suicide probably one third of them might have been survivors of exposed to interpersonal violence in the domestic space, so clearly domestic violence or interpersonal violence plays an important role. With children we know that the education sector has an important role why young people might be dying of suicide there are other factors in India. For example caste discrimination is a major factor for suicide among the dalits for example. So we need to kind

of realise that why suicide might be something that the health sector has to deal with the causes of suicide very often do not necessarily lie only in the health sector. Of course we need to deal with depression, of course we need to provide treatment for health or mental health problems which might be causing suicides. There is a vast number of a large number a large majority of people who do not necessarily have an individual problem like a mental health problem but there are social and structural determinants which put people at risk for suicide so we need to shift focus away from the individual in suicide prevention to broader social structures. As a focus for suicide prevention for example I'll give you an example what I mean by that in Tamilnadu you had a lot of young people specially after the board exams results were declared who die of suicide and what the Tamilnadu government did many years ago is to implement method of supplementary exams so that the minute the board exams results were out they give you a 15 day or a one month period in which you can give your supplementary exams and if you pass your exam then you don't lose a year and continue with your studies. What we have seen subsequent to that in happening in Tamil Nadu is that special in Chennai is that suicide numbers immediately after the declaration of the board exams result dropped automatically by 50-60 percent. So now that's a good example of how a system in solution at a policy level actually can make huge impact.

Host- How pertinent do you think are the role these celebrities who talk about mental health as well as getting involved in mental health advocacy would be?

Dr Pathare- As we have seen with other health problems that what celebrity environment does is to get a particular issue up on the agenda and give it the kind of exposure that it won't happen without their involvement. So for example we have seen that happening with tuberculosis, that happened with HIV, and I am sure we will see that happen with mental health to. But you also need to remember that just celebrity involvement without that backing up with the civil society movement which involves average ordinary people with mental health problems talking about your own problems is not gonna work. So just celebrity involvement for that example is not going to work unless you had a large civil society movement in which then build on that momentum and I think that's a very crucial factor.

Host- So, one of the biggest challenges facing Indian population is access to mental health aid. Mental health act basically talks about decentralizing these facilities. Can you tell us about its necessity today?

Dr Pathare- The fact of the matter is that is a national mental health survey which show that 85 to 95 percent of people with mental health problems in this country don't receive treatment for mental health problems. So that's the kind of what is conventionally referred to as the treatment gap for the care gap, I prefer the term care gap because it's much broader than treatment. This is what we are dealing with and this gap has remained such a long time even after independence so we have systematically not invested in services people with mental health problems not only mental health services but also social services. People with mental health problems so the question is not can it be feasible the question is can we afford not to invest in mental health services, to provide care and treatment to people with mental health problems because a lot of research will show that for every dollar invested in mental health treatment the societal benefit that is a benefit to society in terms of increase productivity, in terms of better quality of life, in terms of increased life expectancies, is about

4 dollars, so every dollar invested gets you $4 return. That substantial benefit that the society stand to gain in resolving mental health problems. So I don't think the question is of feasibility as i said earlier the question is always about the political will to do something. You know when India was in their 1990s or 1980s, we were talking about HIV becoming a major problem in India, India had absolutely zero capacity to deal with the HIV problem but we have actually built of that capacity very quickly because we took it as a priority issue, we said it's a priority that we need to address so we have build that capacity to deal with HIV and the same needs to have fun with mental health, that we need to take it as a matter of priority, we need to realise that we no longer continue to ignore people with mental health problems. I mean the national health survey for example said that 150 million people that's about 12% of the population had a diagnosable mental illness. That's a huge chunk of our population we can't just be ignoring, we can't say oh sorry we don't just have anything for you when we know that mental health problems are responsible for many downstream effects.

So for example the relationship of mental health illness with poverty it goes both ways as with people with mental illness live in poverty and people who are poor have a higher rate of mental illness. If you want to address poverty which is a part of sustainable development goals there is no way you can address poverty until you can address mental illness. So in many ways these are such interlinked problems that for us to say we don't have the capacity or we don't know if it is feasible is actually avoiding solving bigger problems too. So I don't think feasibility is an issue, I think fundamentally it's down to the will on the part of our policy makers to address the problem and place put forward the effective measures to address the problem. If you do that I think it is feasible, we have shown we are able to do amazing feats in science, we are able to get our aircrafts to go to the moon, then solving the mental health challenge cannot be far more difficult scientifically actually. So the real challenge is reaching where we need to reach and that depends on political will.

Host- What are some of the positive steps you have noticed in recent past with regards to this?

Dr Pathare- One of the most positive steps is people's willingness to come out and speak about their mental health problems in the open. And that's not just celebrities but even other people with we have journalist talking about their mental health problems, we have average people come out in the open in say that we have a mental health problem and it's fine and realise how their contribution to society. Psychiatrists for example come out on social media in India and say hey look i have been treated with mental health problem and I am completely fine. The other positive thing that we have seen is the gradual fledgeling movement of stakeholders coming together to advocate for mental health. So you have many more user groups, you have care groups, you have family groups which are talking up speaking about mental health problems. The third equally important thing has been the interest that funders, For example have shown in the mental health problems. So you have large funders like the Mariwala Health Initiative, you have Azim Premji Foundation which are now funding mental health services, which obviously bodes very well for the future. Unfortunately not seen as much of policy action from governments, although there are good examples of that from many state governments, where broadly if you want to talk across the boards you can do it so for example Kerala and Tamil Nadu have some excellent policy health descriptions, have implemented health services which are really model for other states to follow but we don't see that across the country.

Host- What are some of the initiatives that specifically target these people, either by the government or the NGOs?

Dr Pathare- There are quite a few initiatives, there are initiatives on the governments and their initiatives from the civil society space. Governments for example are now widen the scope of this district mental health programme which is there flagship mental health programme and in many states especially in the Southern States the district mental health programme really does reach town at least up to the taluka level if not up to the village level. So the district mental health programme does provide services and sub District hospitals and taluk hospitals. That is specially governments in the southern States have really pushed for and done very well. There are also community based initiatives in rural areas and also in urban area. In rural areas there are program, for example, which is called atmiyata, we are based in Gujarat in the district of mehsana. In this program covers every single village in the district of mehsana which is about 600 villages and covers a population of about one and a half million people and provide community based services for common mental disorders. It links people with the government services at the taluka hospital and district hospitals for severe mental disorders helps people obtain social benefits so that initiative which is at the rural level. Similarly there are programs which are been run by for example Banyan in Tamilnadu call the Nallam program which reach out to people with common mental disorders in rural areas. There are other programs in places like Kerala, Inhak is an excellent program which reaches out to rural population in urban areas. I don't know if you are aware of but Anjali which is based in Kolkata run excellent community based mental health program which reaches out to the urban poor. ishwar sankalp works with homeless mentally ill people on the streets of Kolkata so there is a lot of these civil society initiatives which are trying to reach the marginalised sections in our community whether they are urban marginalized or rural marginalized. So the poor and homeless people who have less access to mental health services. so there is a kind of true prompting that is happening, there are policy initiatives that there are service initiatives that is happening while the Civil societies are also spreading it's access to mental health care.

Host- If there is one message that you would like to give to the listeners about mental health, what would it be?

Dr Pathare- One message to the listeners who are listening to this podcast is that mental illness affects everybody either directly or indirectly one in four of us, or one in six of us are going to have a mental health problem. some of our family friends, relatives are going to have mental health problems. so really we should all be concerned as citizens to address mental health issues so it doesn't happen to other people it actually happens to us and so it's about us and it's not about them.

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