
National Mental Health Policy of India - New Pathways
New Hope — A Journey on Enchanted Path

Om Prakash Singh

Indian government, in particular, Ministry of Health and Family Welfare, came out with a visionary document titled: National Mental Health Policy of India - New Pathways, New Hope in October, 2014 for promotion of mental health, prevention of mental illness, enabling recovery of mental illness, promoting destigmatization and desegregation, and ensuring socio-economic inclusion of persons affected by mental illness by providing accessible, affordable and quality health and social care to all persons through their life span, within a right-based framework.

Values and principles as envisioned in the document are equity, justice, integrated care, evidence based care, quality, participatory and right based approach, governance and effective delivery, value based in all training and teaching programmes and holistic approach to mental health.

GOALS AND OBJECTIVES

Goals
1. To reduce distress, disability, exclusion, morbidity and premature mortality associated with mental health problems across life-span of the person
2. To enhance understanding of mental health in the country.
3. To strengthen the leadership in the mental health sector at the national, state, and district levels.

Objectives
1. To provide universal access to mental health care.
2. To increase access to and utilisation of comprehensive mental health services (including prevention services, treatment and care and support services) by persons with mental health problems.
3. To increase access to mental health services for vulnerable groups including homeless person(s), person(s) in remote areas, difficult terrains, educationally / socially / economically deprived sections.
4. To reduce prevalence and impact of risk factors associated with mental health problems.
5. To reduce risk and incidence of suicide and attempted suicide.
6. To ensure respect for rights and protection from harm of person(s) with mental health problems.
7. To reduce stigma associated with mental health problems.
8. To enhance availability and equitable distribution of skilled human resources for mental health.
9. To progressively enhance financial allocation and improve utilisation for mental health promotion and care.
10. To identify and address the social, biological and psychological determinants of mental health problems and to provide appropriate interventions.

Cross Cutting Issues were identified as stigma, right based approach, vulnerable populations, poverty, homelessness, persons inside custodial institutions, orphaned persons with mental illness, children of persons with mental health problem, elderly caregivers, internally displaced persons, persons affected by disaster and emergencies, other marginalized populations.

Policy has provision for adequate funding, promotion of mental health and special emphasis on research, and building research capacity.\(^{(1)}\)
MENTAL HEALTH ACTION PLAN 365 was made with specific responsibility for all the sectors to be covered. It clearly defines the role of each sector\(^2\).

Two years have elapsed since this ambitious policy has been passed but mental health care is languishing and it has the same fate as District Mental Health Program (DMHP) initially had. It promises the earth and the moon and even points towards the pathways, and shows how it can be achieved and provides action map but still it is more of a document of intention rather than a document of action.

Mental Health Policy takes upon itself the goal of poverty eradication and social inclusion and rightly so, but implementing it requires a higher level of general development of country which is sadly lacking at the moment. Political will behind the policy is abating.

IPS task force on mental health policy in its report has pointed out following facts:

1. The National Mental Health Policy has already been notified whereas the National Mental Health Care Bill is yet to be passed. There are several discrepancies between the Policy and the Bill (including that of definition of mental illness, definition of mental health professional, etc) that need to be addressed. There should be synchrony between the Policy and the Mental Health Care Bill.

2. There are certain areas of conflict and contradiction between the Policy and the fundamental rights in the Constitution, particularly with regard to right to freedom and right to treatment.

3. Since the Persons with Disability Bill has been passed now, there is need to make the Policy concordant with that.

4. Already two years have elapsed since the Policy was notified in 2014. It is time to revisit the Policy in the light of the above.\(^3\)

It is time that key provisions of this policy are implemented and at the start it should address the lack of technical capacity in most states and districts to implement this approach.\(^4\) It will aggressively need to reform 40 odd mental hospitals in country to transform them into institutions which are seamlessly linked to community.\(^5\)

India has done path breaking work in the field of community psychiatry but still all the programmes are hampered by the mindset of health bureaucracy. There is a huge gap between any national programme and its implementation. Planners sitting in their insulated chambers devise plans for the benefit of masses, it comes from colonial legacy and some time they show complete lack of ground realities. Author can recall afforestation programme in its initial stage in which there was monetary input for tree plantation but no provision for money for manpower to look after the plants or protect them from cattle resulting in complete failure of the scheme.

However, this policy has inputs from psychiatric professionals and we require an understanding of this policy in devising future plans of development both in private and government sector because National Mental Health Policy is a tool to demand better services and allocation for promotion of mental health. It is a new path, may be an enchanted path but mastering the journey will lead to quantum leap in the field of mental health in India.

REFERENCE


2) Mental Health Action Plan 365 - MOHFW, Government of India, 2014

3) Communication of Honorary General Secretary, IPS

4) Vikram Patel – State of the Mind – Indian Express