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Arju Saini

Ph.D. Student, Department of Human Development and Family Studies, I.C College of Community Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Dr. Poonam Malik

Assistant Professor, Department of Human Development and Family Studies, I.C College of Community Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Renu

Ph.D. Student, Department of Human Development and Family Studies, I.C College of Community Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Priyanka Panghal

Ph.D. Student, Department of Human Development and Family Studies, I.C College of Community Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Corresponding Author:

Arju Saini

Ph.D. Student, Department of Human Development and Family Studies, I.C College of Community Sciences, Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

Mental health programmes run by national and international agencies for vulnerable families

Arju Saini, Dr. Poonam Malik, Renu and Priyanka Panghal

Abstract

This review provides an overview of mental health programs tailored for vulnerable families, conducted by both national and international agencies. With a growing recognition of the profound impact of mental health on overall well-being, concerted efforts have been made to address the unique needs of vulnerable populations, including families facing socio-economic hardships, trauma, displacement, and other adversities. This review synthesizes the key components, methodologies, and outcomes of such initiatives, highlighting their significance in promoting resilience, improving coping mechanisms, and fostering community support networks. Drawing upon a diverse array of interventions ranging from psycho education and counselling to community-based outreach and policy advocacy, these programs strive to mitigate risk factors and enhance protective factors associated with mental health challenges within vulnerable family contexts. Moreover, the abstract discusses the role of national and international agencies, including governmental bodies, and intergovernmental entities, in orchestrating these efforts through funding, policy formulation, capacity building, and collaborative partnerships. Through a comprehensive analysis of the existing literature and empirical evidence, this abstract offers insights into the effectiveness, challenges, and future directions of mental health programs targeting vulnerable families, thereby informing policy-makers, practitioners, and researchers in their endeavours to promote mental well-being and social equity on a global scale.

Keywords: Mental health, national programmes, international programmes, policies

Introduction

Chronic mental health issues have an impact that lasts forever. These people and their families eventually have a low quality of life as a result of this long-lasting effect. While few ailments account for a rising mortality, mental problems contribute significantly to morbidity and impairment. Global health organisations have reported recently that mental health is becoming more visible and should be prioritised globally (Chisholm, 2007; Eaton, 2019) ^[2, 3]. People of all ages, races, and socioeconomic backgrounds are affected by mental health illnesses, according to the World Health Organisation (2022) ^[20]. The WHO's most recent data highlight the seriousness of this problem by showing that a sizable amount of the world's disease burden is caused by mental diseases. Among the most common illnesses are substance addiction disorders, depression, anxiety, and schizophrenia. These conditions frequently result in significant psychological suffering as well as negative economic effects. Additionally, the World Health Organisation (WHO) highlights the relationship between mental health and other public health domains, including physical health, education, and employment. It is stated that disregarding mental health compromises not only an individual's well-being but also hinders societal advancement and economic development. The National Mental Health Survey of India (2015–16) found that 14% of Indians suffer from a mental illness, with the most commonly reported conditions being depression, anxiety disorders, substance abuse, and schizophrenia.

The Mental Healthcare Act (2017) ^[9], which attempts to safeguard the rights of people with mental illness and enhance access to mental health services, is one of the actions the Indian government has taken to address these issues. Furthermore, programmes like the National Mental Health Programme (NMHP) work to increase public awareness of mental health issues and include mental health services into primary healthcare. To close the gap between the demand and supply of mental health care, however, there is still a lot of work to be done.

To create a comprehensive mental health care system in India, funding for mental health infrastructure, professional training, and community-based initiatives are crucial.

Concerns on the necessity of significantly increasing funding for mental health services are widely shared by interested stakeholders. The promotion of mental health and preventative measures is one of the Sustainable Development Goals and Agenda 2030 (Patel *et al.*, 2018; United Nations, 2021) [15, 19]. In this context, it is critical to agree on whether further funding for all aspects of mental health services—including promotion, prevention, treatment, and recovery—should continue along the current route or whether something else has to change. In the event that a change is necessary, consider if it should be significant enough to constitute a paradigm shift. In order to close the treatment gap for individuals with mental health disorders, mental health

activists want fair funding for mental health services that is commensurate with the severity of these conditions. Human rights are a cross-cutting factor within the essential suggested elements of how mental health services should be delivered, such as treatments that are accessible, easily available, and supported by evidence as well as recovery-oriented care (Puras & Gooding, 2019) [16].

Current Policy and Programmatic Landscape

A number of the programmes examined by the five ministries—Social Justice and Empowerment, Women and Child growth, Youth Affairs and Sports, Health and Family Welfare, and Education—have acknowledged mental health as a crucial component of peoples' general growth and well-being.

Policies and programs impacting mental health of people in India

Sr. No.	Policies, programs, or legislations	Year of launch	Themes pertinent to mental health that are addressed in laws, programmes, or policies
1.	National Mental Health Program (NMHP)	1982	Prevention, treatment, and rehabilitation of individuals with mental health issues. Enhancement of human and material resources in order to promote excellent mental health.
2.	District Mental Health Program (DMHP)	1996	Early detection and treatment, raising public awareness, providing basic psychiatric care, community-based mental health services, and integrating mental health into the public health system.
3.	National Mental Health Policy	2014	Children of those with mental health issues should have access to mental health care regardless of their age, and the DMHP should be expanded to include all of the nation's districts.
4.	Rashtriya Kishor Swasthya Karyakram (RKSK, National Adolescent Health Program)	2014	The programme aims to raise awareness about adolescent health issues, such as mental health and substance abuse, in the community and at school through peer education, village-level "Adolescent Health Days," monthly "Adolescent Friendly Club" meetings at the sub-center (which serves five villages), and facility-based counselling and healthcare support provided by "Adolescent Friendly Health Clinics."
5.	Mental Healthcare ACT	2017	Decriminalization of suicides, promotes rights-based approach to access mental health services for people with mental health problems, medical insurance for the treatment of mental health problems on the same basis as the treatment of physical ailments.
6.	School Health Program (Ayushman Bharat)	2018	It is a joint program with the Ministry of Education encompassing physical and mental fitness by promoting healthy behaviour, yoga and meditation, safe use of internet and digital literacy
7.	Telepsychiatry Operational Guidelines ("Telepsychiatry," 2020)	2020	Jointly developed by National Institute of Mental Health and Neurosciences (NIMHANS) Bengaluru, Indian Psychiatric Society, and
			Telemedicine Society of India as specific guidance to psychiatrists in setting up, implementation, administration, and provision of telepsychiatry services. These guidelines complement the Telemedicine Operational Guidelines prepared by the Board of Governors, Medical Council of India, in partnership with the National Institution for Transforming India (NITI Aayog) and released by MoHFW in 2020.
8.	National Digital Health Mission	2020	Envisaged to develop the 'Digi Doctor' platform for including information on doctors from across the country to streamline telemedicine and telepsychiatry services.

Health

There is a clear intention to provide quality mental health services to all people through preventive, promotive, curative, and rehabilitative services across the lifespan in the National Mental Health Policy 2014, National Health Policy 2017, and Mental Healthcare Act 2017 (MHCA). The social determinants of mental health, alcohol and tobacco usage, and the elimination of the stigma attached to mental health issues are prioritised. Additionally, they advocate for utilising digital technologies in particular to enhance access to experts. In addition, the MHCA decriminalises suicide and requires the government to offer assistance with care, therapy, and rehabilitation to those who have tried suicide. Since 1982, the Ministry of Health and Family Welfare (MoHFW) has been implementing the National Mental Health Programme (NMHP) through the three-tier public healthcare delivery system. With the establishment of the District Mental Health

Programme (DMHP) in 1996 (under the NMHP), the focus was shifted to enhancing sub-district access to mental health care via outreach programmes in the community and at facilities. The DMHP operates in 704 districts at the moment and is mostly focused on adult care (Ministry of Health and Family Welfare, 2022) [10]. However, the extent of DMHP's functionality at the ground level has not been thoroughly evaluated due to the lack of systematic routine monitoring and data on the number of individuals receiving care for mental health issues (International Council for Market Research, 2009; Murthy and Isaac, 2016) [6, 12]. Recent initiatives like the Telepsychiatry Practice Guidelines 2020 and the National Digital Health Mission 2020 (NDHM) have acknowledged the use of text, audio, and video modes of consultation in routine clinical practice, including psychiatric consultations. These guidelines include information on legality, prescription guidelines, consultation processes, and documentation of tele

psychiatric consultations. The Mental Health and Normalcy Augmentation System (MANAS) app was released by the Indian government in April 2021 for people in the 15–35 age range ("MANAS Mitra | Principal Scientific Adviser," 2021)^[7]. This programme, which is available in multiple languages, aims to combine the health and wellness initiatives of several government departments for people of all ages, from 0 to 70.

Mental Health and the Global Health Agenda

A number of global stakeholders are crucial in assisting low- and middle-income nations in developing suitable mental health policies and practices.

1. World Health Organization (WHO)

The WHO, a global, technical, and normative organisation that establishes guidelines and offers general support, is one important participant. Its active Mental Health Division has produced numerous advising documents for governments and other stakeholders, as well as fostered research. The World Health Report on Mental Health served as a driving force behind action, providing a general structure and justification for the creation of mental health projects in three different national contexts: low-, middle-, and high-income nations. But there are some significant issues. The WHO's primary role is not to provide aid, thus because of its limited resources, it is unable to fund the development of mental health services. The great majority of its funding is provided voluntarily by foreign donors with funds set out for particular initiatives like health systems or maternity and child health. The priorities of the WHO's country offices, regional offices, and headquarters are subsequently impacted by this. Additionally, it indicates that each low-income nation's average biennial budget for WHO country offices that focus on mental health is approximately \$50,000 USD. This is used for national advocacy campaigns like World Mental Health Day, stakeholder consultations, or even office supplies like computers for the ministry of health's mental health division. Although this is a great help to health ministries, it is substantially less than what is required to significantly aid in the establishment of organised mental health services in low-income nations.

2. World Bank

The World Bank is another important stakeholder. Its goal is to end poverty by making investments in public sector governance, health, education, empowerment, security, and social inclusion. The Millennium Development Goals (MDGs), climate change, environmental health, fragile states, road safety, school health, tobacco, and diseases (avian and human influenza, disease control priorities, HIV/AIDS, malaria, onchocerciasis, and tuberculosis) are among the cross-sectoral issues that the World Bank prioritises within its Health, Nutrition, and Population (HNP) division. Although it is not one of its objectives, mental health is addressed in some sponsored initiatives, mainly in connection with the building of the post-conflict environment. Additionally, the World Bank benefited from a mental health specialist sent from the World Federation for Mental Health (WFMH) from 1999 and 2006, with funding from the MacArthur Foundation, the National Institute of Mental Health, and the US Centre for Mental Health Services. Worked with nations to design mental health components for supported programmes and incorporate mental health into Poverty Reduction Strategy Papers (PRSPs), the Senior Public Health Specialist (Mental Health) conducted analytical assessments. Efforts were also

made to strengthen partnership activities with the WHO and other global institutions.

3. The Department for International Development (DFID)

The Department for International Development (DFID) of the United Kingdom has made a significant contribution to the advancement of mental health through various initiatives associated with its aims of reducing poverty, fostering economic recovery and environmentally sustainable growth, and establishing peaceful states and societies.

Policy Challenges in Mental Health

1. People with mental illnesses become invisible and marginalised when there are insufficient fundamental indications.

The absence of clear fundamental indications is one reason why mental health is not given the importance it deserves. Internationally acknowledged indicators of health needs, progress, and outcomes, like those in the MDGs, do not include mental health indicators. Areas like mental health and cancer, which account for a significant portion of the illness burden, do not benefit from international investment as resource allocation and development agendas are increasingly driven to fulfil internationally agreed targets. The capacity of Ministries of Health to effectively present their case to Ministries of Finance is hampered by the paucity of international investment in mental health infrastructure, information systems, and research. One contributory factor to the low priority given to mental health is a lack of visible core indicators. Mental health indicators do not feature among internationally agreed indicators of health needs, progress and outcomes, such as those in the MDGs. As resource allocation and development priorities are increasingly driven to meet internationally agreed targets, areas such as mental health and cancer, which constitute a large burden of disease, do not benefit from international investment. The lack of international investment in mental health infrastructure, information systems and research hamper the ability of Ministries of Health to make an effective case to Ministries of Finance. These indicators could look at other important economic and development metrics, such as socioeconomic position and involvement in regular activities like work and education, in addition to clinical measures of health and/or mental health.

2. People do not believe that there are fast fixes for mental illness

Another difficulty is that decision-makers do not believe that there are clear-cut, inexpensive, understandable, and simple ways to address mental health issues. It is necessary to present a convincing financial rationale for funding mental health services. For instance, medication plays a crucial role in treating serious mental illnesses, and the psychotropic drugs included in low-income nations' essential medicine lists are reasonably priced, efficient, and accessible. Research from the WHO CHOICE initiative makes it abundantly evident that a variety of mental health therapies can be extremely cost-effective on a global scale.

3. Integration of mental health into the social development sector

Research on the causes, consequences, and multifaceted nature of mental disorders has been shown through studies on the epidemiology, aetiology, and impact of these conditions. However, the belief that psychiatry is still primarily based on

biomedical models alienates social development experts, who would otherwise be a natural partner for those seeking to improve the mental health of populations. Better mental health contributes to social development in ways that go beyond the reduction of clinical symptoms and disability. These include a host of other issues like decreased productivity in the workplace or in agriculture, subpar educational results, a decline in social capital, and lost income as a result of informal family carers becoming unemployed.

Conclusion

This review paper provides an overview of several international organisations as well as the current multisectoral programmatic environment in India concerning the mental health of young people across five ministries of the Indian government: Social Justice and Empowerment, Health and Family Welfare, Education, Women and Child Development, Youth Affairs and Sports, and Youth Affairs and Sports. Although people's access to mental health information, resources, and services needs to be improved, existing policies and programmes for people have identified mental health as a priority for holistic youth development and well-being. However, the approach across the sectors is still insufficient and fragmented. However, important obstacles such as a lack of knowledge about mental health issues, a lack of willingness to seek assistance, and the stigma attached to mental health issues are not given enough priority (Mirza and Singh, 2019).

In order to address the complex issues these communities face, national and international agencies for vulnerable families have developed mental health programmes that are essential. These programmes, which include counselling, education, and support services, have shown to have a major positive impact on the mental health of both individuals and families. These programmes help to create stronger and more resilient communities by promoting resilience, improving coping strategies, and lowering stigma. Still, there are still a number of areas that need work and development. Establishing long-term funding sources is necessary to guarantee the efficacy and continuation of these initiatives. Furthermore, outreach and accessibility should be improved, especially in isolated or disadvantaged areas. The scope and impact of mental health efforts can be further enhanced through collaborative relationships between local communities, non-profit organisations, and government authorities.

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