

# Enhancing Mental Health Services in Primary Healthcare

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## Abstract

India's healthcare system faces critical challenges in enhancing mental health services within primary care. The integration of mental health services into primary healthcare has made strides, supported by legislative advancements such as the Mental Healthcare Act of 2017. However, significant disparities persist between urban and rural areas, compounded by insufficient mental health funding and a shortage of trained professionals. The high prevalence of mental health disorders, including schizophrenia and depression, further emphasizes the need for systemic improvement. Key areas for development include expanding community-based mental health services, reducing reliance on institutional care, and strengthening workforce capabilities. Ensuring access to essential psychotropic medications and enhancing training for primary care providers are crucial for building a more effective and inclusive mental health care system. Addressing these needs will help India advance towards a comprehensive mental health care approach, ensuring better service delivery across all primary healthcare institutions.

**Keywords:** *Mental Health Services, Primary Healthcare Integration, Mental Healthcare Act 2017, Urban-Rural Disparities, Workforce Development, Community-Based Care.*

## 1. Introduction

Mental health care is a critical component of overall healthcare systems, yet it remains a significant challenge in many countries, including India. The country's healthcare landscape is characterized by a blend of public and private sectors, with notable disparities in access and quality between urban and rural regions. Despite progress in integrating mental health services into primary care, as supported by legislative milestones like the Mental Healthcare Act of 2017, substantial gaps persist. India's growing burden of mental health disorders, such as schizophrenia and depression, underscores the urgent need for systemic enhancement. The current challenges include insufficient mental health funding, a shortage of trained mental health professionals, and an overreliance on institutional care. These issues are further exacerbated by the uneven distribution of resources and services, which affects the accessibility and quality of care. Addressing these challenges requires a multifaceted approach:

expanding community-based mental health services, reducing dependence on institutional care, and bolstering workforce development. Improving access to psychotropic medications and enhancing the training of primary care providers are also crucial steps in developing a more inclusive and effective mental health care system. By tackling these areas, India can advance towards a more comprehensive mental health care framework, ensuring equitable and effective service delivery across all primary healthcare institutions.

## 2. Methodology

The primary data source was the World Health Organization's Assessment Instrument for Mental Health Systems (WHO AIMS), which evaluates global mental health systems. Additional data were obtained from service utilization records and peer-reviewed journal articles.

**Country Profile – India:** India is the seventh-largest country in the world, located in South Asia, with a population exceeding 1.4 billion, making it the second-most populous country globally. Classified as a lower middle-income country, India is experiencing significant demographic and epidemiological transitions. The annual population growth rate is approximately 1%, with a median age of 28 years. About 26% of the population is under 15 years old, while the elderly population, particularly those over 60 years, is growing rapidly. The country has a crude death rate of 7.3 per 1,000 people and an average life expectancy of 69 years for men and 72 years for women. India's healthcare system is a blend of public and private sectors. The public sector, funded by the government, provides healthcare services at low or no cost, while the private sector relies on out-of-pocket payments, insurance, or fee-for-service. Public health services are delivered through a network of primary health centers, community health centers, and hospitals, with varying access across urban and rural areas. Despite this, there is a significant disparity in healthcare resources between urban and rural regions. Public hospitals provide a large portion of hospital beds, but many healthcare providers work in the private sector. This context underscores the urgent need to enhance mental health services across all primary healthcare institutions in India.

**Mental Health Context:** In India, the prevalence of schizophrenia is around 1-2%, and the suicide rate is 12

per 100,000, higher than the global average. Approximately 10% of the population experiences depression, often co-occurring with other medical conditions. The rate of Disability-Adjusted Life Years (DALYs) lost due to mental health issues is 2,443 per 100,000. Stigma towards mental illness is lower among those with affected family members.

**Adoption of the Primary Healthcare Model:** India's primary healthcare system, strengthened since the 1978 Alma-Ata Declaration, integrates mental health services, although challenges persist. Efforts to integrate these services began in the 1980s, but full integration remains limited, particularly in rural areas. This highlights the urgent need to enhance mental health services across all primary healthcare institutions in India.

**Financing of Mental Health:** India allocates 1.15% of its GDP to health, with only 0.05% of the health budget dedicated to mental health, indicating a need for increased investment.

**Mental Health Policy:** Mental health has become a priority in India, with key reforms starting with the National Mental Health Programme in 1982, which aimed to integrate mental health into general healthcare. Recent policies emphasize community-based services, human rights protection, and care for vulnerable populations.

**Mental Health Legislation:** India's mental health laws have evolved from the custodial focus of the Indian Lunacy Act of 1912 to the progressive Mental Healthcare Act of 2017. The 2017 Act emphasizes patient rights, community-based care, and the integration of mental health services into primary healthcare. These developments highlight the urgent need to enhance mental health services across all primary healthcare institutions in India.

**Co-location of Mental Health Professionals:** Until 1964, mental health care in India was confined to mental hospitals. That year, community mental health nurses were trained and deployed to health centers and district hospitals, initiating the integration of mental health services within general health facilities. This shift improved referrals, communication, and collaboration among healthcare providers.

**Establishment of a Mental Health Unit:** In 1992, the Ministry of Health created a Mental Health Unit to handle policy formulation, mental health promotion, program development, and service coordination.

**Appointment of a Mental Health Director:** The appointment of a dedicated mental health director within the Ministry of Health has been crucial in advancing mental health services in India, guiding policy development, program implementation, and securing funding.

**Decentralization of Healthcare Services:** In 2000, India established regional health authorities to integrate and

streamline healthcare services, including mental health. This decentralization improved coordination and integration of mental health within the broader healthcare system.

**Mainstreaming Mental Health into Primary Care:** By 2006, mental health services were fully integrated into regional health services, allowing them to be mainstreamed into primary care. Today, mental health services are available in health centers and community hospitals across India. This context highlights the need for continued enhancement of mental health services across primary healthcare institutions in India.

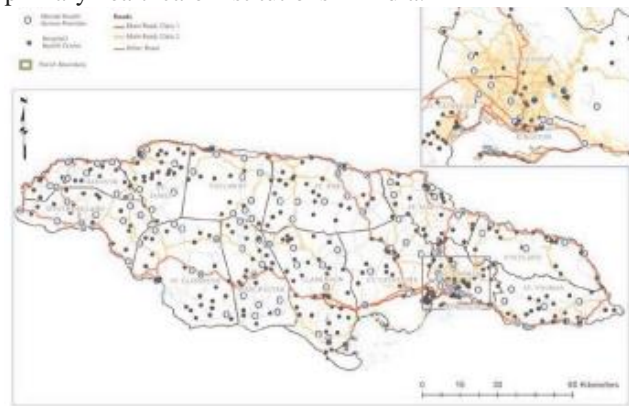


Figure 1 Health facilities providing mental health services

**Training of Primary Care Staff:** Primary care staff in India are trained to identify, intervene early, and refer mental health issues. Community health workers, public health nurses, and midwives are key in detection and referral, while primary care practitioners handle diagnosis and treatment with specialist support.

**Depression Screening:** Depression is common and linked with chronic illnesses in India. Since 1994, primary care staff have been trained in depression screening, supported by ongoing collaboration with mental health teams. General practitioners receive regular mental health training.

**Availability of Psychotropic Medication:** Access to psychotropic medications in India is crucial but limited. The National List of Essential Medicines includes these drugs, and efforts ensure their availability in primary care, with subsidies for vulnerable groups. Treatment protocols are also provided to healthcare providers.

This context underscores the need to enhance mental health services across primary healthcare institutions in India.

**Mental Health Beds:** In India, general hospitals provide emergency psychiatric care and have dedicated beds on medical wards for mental health treatment. This integrated approach, unique in some regions, often results in better patient outcomes. Specialized psychiatric units within

major hospitals offer intensive care but are limited in number.

**Beds in Mental Hospitals:** India's mental health hospitals cater to chronic patients and those needing long-term supervision. They face capacity challenges and represent a significant portion of psychiatric admissions.

Expanding bed availability and enhancing mental health services in both general and specialized facilities is essential to improving care across primary healthcare institutions in India.

**Human Resources:** In India, regional mental health teams are led by psychiatrists and include psychiatric nurses who manage medication, crisis response, and outreach. India has 0.6 psychiatrists and 1.5 psychiatric nurses per 100,000 people, below global averages.

**Human Resource Development:** The shortage of mental health professionals in India impedes service improvement. Training programs for community mental health nurses and postgraduate psychiatry programs have been established to address this. These professionals are crucial for medication management and crisis response.

**Training of Doctors:** Mental health is integrated into medical education in India, with students trained in diagnosing and treating mental disorders through their curriculum and practical clerkships. Enhancing mental health services and expanding the workforce in primary healthcare institutions are essential for improving mental health care in India.

**Competency Development:** In India, doctors in Family Medicine and Emergency Medicine programs complete a Psychiatry rotation, and general nursing students receive psychiatric training. Specialized programs are available for psychiatric nurse practitioners to enhance skills in managing mental disorders in hospitals and primary care.

**Police Training:** Police in India are trained to identify and understand mental disorders, as they play a key role in referring individuals to mental health services.

**Guidelines and Standards:** India has established quality assurance systems and guidelines to ensure the effectiveness, consistency, and accountability of mental health services.

**Consumer Involvement:** Consumer groups in India are actively involved in policy development, legislation review, service design, and auditing of mental health services. This highlights the need to enhance mental health services across all primary healthcare institutions in India.

### 3. Results & Discussion

Jamaica has successfully integrated mental health services into its primary care system, demonstrating an effective model of Integrated Collaborative Primary Care. Key achievements include:

- **Policy and Legislation:** The development and implementation of comprehensive mental health policies and legislation have been crucial. These include efforts to integrate mental health services into general healthcare, as well as legislation that supports mental health care at the community level.
- **Reduction of Mental Health Hospital Size:** The reduction in the size of the mental health hospital and the expansion of community mental health services have shifted the focus from institutional care to community-based care.
- **Drug Availability:** Access to essential psychotropic medications at the community level has improved, ensuring that individuals receive necessary treatments without the need for specialized facilities.
- **Mental Health Promotion and Stigma Reduction:** Programs aimed at reducing stigma and promoting mental health have been implemented, contributing to better community engagement and support.
- **Training of Mental Health Professionals:** Enhanced training for mental health professionals has strengthened the capacity of primary care providers to manage mental health issues effectively.
- **Despite these advancements, challenges remain:** Mental Health Hospital: The existing mental health hospital continues to serve as a facility for chronic patients and the homeless. There is a need to further reduce reliance on this institution and enhance community-based care options.
- **Human Resource Development:** There is a pressing need to develop a more robust workforce to meet the growing demand for mental health services.
- **Expansion of Community Services:** Expanding the range of services available at the community level is essential to provide comprehensive mental health care and support.

The integration of mental health into primary care in Jamaica serves as a valuable model for other countries, particularly in the context of limited resources. The success of this model highlights several critical factors:

- **Policy and Infrastructure:** Strong policies and legislative support are foundational for integrating mental health into primary care. Jamaica's efforts in this area provide a framework that can be adapted to other contexts.
- **Community-Based Care:** Shifting from institutional to community-based care has proven

effective in improving access to mental health services. By reducing the size of the mental health hospital and expanding community services, Jamaica has made significant strides.

- **Access to Medication:** Ensuring the availability of essential psychotropic medications at the community level is crucial for effective treatment and management of mental health conditions.
- **Stigma and Training:** Addressing stigma and investing in the training of mental health professionals are key components of a successful integration strategy. These efforts contribute to more effective care and better outcomes for patients.

However, the challenges identified—such as the continued reliance on the mental health hospital, the need for further human resource development, and the expansion of community services—highlight areas where additional efforts are necessary. To enhance mental health services across all primary healthcare institutions, it is essential to focus on:

- **Reducing Institutional Care:** Moving away from institutional care and enhancing community-based support systems will provide more comprehensive and accessible mental health care.
- **Workforce Development:** Investing in the development of a skilled mental health workforce will address the growing demand and improve service delivery.
- **Service Expansion:** Expanding the range of services available at the community level will ensure that all aspects of mental health care are addressed.

By addressing these areas, countries can build on the successes observed in Jamaica and work towards a more integrated and effective mental health care system.

#### 4. Conclusion

India's efforts to enhance mental health services within its primary healthcare system underscore the critical need for continued development and integration. The country's healthcare landscape, characterized by significant urban-rural disparities and a dual public-private system, presents both challenges and opportunities for mental health service improvement. Despite progress, including the integration of mental health services into primary care and evolving legislation like the Mental Healthcare Act of 2017, substantial gaps remain. The prevalence of mental health disorders such as schizophrenia and depression, coupled with inadequate mental health financing and a shortage of professionals, highlights the urgency of addressing these issues. Expanding community-based mental health

services, reducing reliance on institutional care, and investing in workforce development are essential steps. Ensuring access to psychotropic medications and enhancing the training of primary care providers will further strengthen the system. By building on these foundations, India can advance towards a more effective, inclusive, and comprehensive mental health care system across all primary healthcare institutions.

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