MUKTAKSHAR

Oct-Dec Newsletter and Competition 2023!

Your Voice, Your Words, Your Prize

And your chance to get published.

This was the tagline of MHF's newsletter contest which was also a part of India's Biggest Mental Health Festival. We organized an e-newsletter contest in association with AIIMS, New Delhi. On October 3rd, 2023, the winners were announced and the results were released. The theme of the contest was "Mental Health as a Fundamental Human Right."

Vama Oswal was declared the winner of the contest and received a cash prize of 10,000 rupees.

Anushka Singh secured the second position in the contest and received a cash prize of 7000 rupees on stage from Prof. Dr. Nand Kumar Dept. of Psychiatry. AIMS, New Delhi and Dr. Sanjay Kumar, General Secretary, Hon. Director, MHF(I)

Lisha Kalra was awarded the third prize of the contest and received a cash prize of 4000 rupees.

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

Vama Oswal   Anushka Singh   Lisha Kalra

It was also announced that the top 10 entries of the contest would be published in the MHF(I) E-Newsletter.

So here are the top 10 articles

Mental Health 'IS' a Fundamental Human Right

-By Vama Oswal

Health, fundamentally defines our existence, even when the womb is nurturing life. Imagine, an individual who is perfectly healthy physically, but emotionally adrift following the loss of a parent. Functioning outwardly as they take care of their family, laughs when appropriate, they grapple with emotional numbness, midnight binges and morning lethargy. Although, she goes to work duly but it gets to a point where she is unaware of that fact that her productivity is decreasing. She just seems to get caught up in the spiral. Yet, on the face of it, she is perfectly healthy, physically! Mental health often hides beneath this facade. Countless people in our society share a story of health without mental health. Society's dearth of recognition, acceptance, and awareness concerning mental health adversely affects community well-being. Here's the proof. Take a moment to ponder upon a common question we ask- "How are you?"

We are often riddled with the fear of judgement to reply honestly about our feelings and hence we swear by with "okay", "fine", "good", etc. Do we really want a society where we can't even enquire about the well-being of others genuinely? This is why mental health is paramount in and for our society. There is a dire need to assess the access to mental healthcare services in India.

My school with over 2500 students only had 1 counsellor cum psychology teacher, whose idea of counselling was being 'nice to students'. Today, there are 4000 students with 2 counsellors courtesy the regulations by the education board. The reality is far from utopia for people grappling with psychological issues. There are roughly 0.75 psychiatrists for every 100,000 Indians whereas the required number is atleast 3 psychiatrists. (Garg, et.al., 2019). In 2011, Anant Kumar wrote, "even if all 3000 psychiatrists available in the country are involved in face to face patient contact and treatment for 8 hours a day, 5 days a week, and see a single patient for a total of 15-30 minutes over a 12 month period, they would altogether provide care for about 10%-20% of the total burden of serious mental disorders".

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

The National Mental Health Survey of 2017 reports 193 million Indians suffering with mental health conditions. Shockingly, this number surpasses the population of most countries. For a country glorifying having the largest number of youth, not providing them with proper well-beings services does not skew towards a brighter future. Additionally, while urban sectors still manage to find some resources, the difficulty is to reach out to the rural and remote regions.

Costs further hinder access. The Mental Healthcare Act of 2017 mandates the government to provide mental health facilities to all citizens, but the reality paints a different picture. Many individuals, especially those from marginalized backgrounds, cannot afford the care they desperately need.

Furthermore, social stigma continues to be a roadblock to seeking help. The shame associated with mental health issues prevents individuals from reaching out, exacerbating their suffering.

Incorporating mental health strategies either for awareness or as a form of preventive intervention within spaces of daily life increases the chances of reliability and upkeep. We normalize physical health maintenance because it's intertwined with daily tasks like eating healthy. The abstract and relatively invisible nature of mental health it is tricky to navigate. Digital platforms are pivotal for mental health advocacy, offering accessibility and anonymity for support and information dissemination. However, digital mindfulness is also necessary. Spread of misinformation which is counter intuitive to the very cause of mental health, addiction, online harassment and privacy concerns can be detrimental. Balancing the benefits with careful monitoring ensures positive digital contributions to mental health advocacy while minimizing adverse effects. Leveraging digital platforms for storytelling and creative expression widens the reach of mental health advocacy efforts.

Presently, the professionals are leading the charge at spreading the awareness. Perhaps, within the community we can have ambassadors of change eg. a young college student, a mother, a retired business person or even an elderly speaking up more about it to reach out to the masses in a language their community understands best. The potential that a chain reaction of community based ambassadors can create is immense and must be explored.

A government in India is made by the people and for the people, yet little is being done in the latter facet. An increase in the petrol prices by a rupee could prompt an urgent parliamentary session. But, every year, so many people die due to suicide, and yet we didn't see any concrete steps being taken by the administrations. In 2021, 164033 deaths due to suicide were reported (Singh, 2022). Our leaders can only step up when we, the people who elected them, speak up. Mental health care must not be seen independent of general healthcare. This not only reduces stigma, but also plays a role in building holistic awareness and increasing access to healthcare services by the community. Governments should allocate more funds for research, training centers, and educational programs in psychology, enforcing stricter regulations and fostering ongoing professional development.

Quickly mushrooming mental health startups and organizations must realise that this is a human venture before a commercial venture. A sense of unhealthy competition leads to a dip in quality, impulsive hiring of untrained psychologists and so on. To a large extent, it is up to the organizations employing the healthcare professionals to work toward their well-being as that will have a domino effect on the care the patients receive form the professionals.

While training school teachers on understanding childhood development and disorders, one of them said at the end. "Ma'am, I've noted the warning signs, but it's hard to remember it all when a class of 50 students is creating noise and is inattentive. They keep crying and cribbing about little things. Nowadays children are so weak. Our generation was stronger." The takeaway- Understand the baseline awareness and need of the audience.

We must focus on building some basic human understanding about mental health before we delve into technical jargon which fazes out the layman. It is understandable not to expect a 100% acceptance rate of the information. But, it's unreasonable to teach sentences before the alphabet? In many cultures, religion can sway over people's lives.

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

Mental health advocacy must navigate this terrain sensitively, as cultural and religious beliefs can impact perceptions. While working at a drug rehabilitation unit in Punjab, oftentimes we had to cope with cases of the patients 'leaving against medical advice' because of religious pilgrimages that they or their families would undertake as a part of 'healing' them. This prompted us to initiate awareness drives in villages from the grass root level and encourage the panchayats to hold orientations and workshops especially with the village elders. This was significant since the village elders are seen as knowledgeable and wise people so, when they understand mental health as a reality, the reality on ground actually shifts in our favour. Our work over 6-7 months resulted in better treatment interventions for the patients.

Additionally, embracing storytelling as a means of communication can break down barriers and foster understanding.

Mental health exists even without the presence of illness. Innovations in mental health advocacy should encompass prevention by working with schools, parents, and communities to create supportive environments through programs like social emotional learning. With the advancement in technology, innovations in virtual reality and AI-driven interventions also hold promise especially for the elderly with Alzheimers, children with ASD, ADHD or developmental disorders.

Innovation in mental health advocacy extends to embracing diverse therapeutic approaches like Expressive Arts based Therapy etc. Mindfully collaborating with artists, musicians, and performers to create mental health awareness campaigns and events can engage a wider audience. Art exhibitions, concerts, and live performances can convey messages of hope and healing while raising awareness about mental health challenges.

Mental health is not a luxury; it is a fundamental right that forms the bedrock of our overall well-being. It is a right that also enables you to make the most of other rights too. The story about the future of mental health is not dull. The murmurs around mental health have now turned into a resounding and a more united cheer.

BUT, it's not the time to take a break. Regardless of who you are or where you come from, mental health belongs to everyone. And, it is up to us to take care of it.

Accessible Mental Health: From Awareness to Advocacy and Action

–By Anushka Singh

Merriam-Webster dictionary reported "gaslighting" as the word of the year 2022. A term used in psychology to imply manipulation of a victim to the point that they start to question their thoughts and beliefs. This word alone showed a 1740% increase in search history. More and more people are becoming interested in understanding various mental health concepts. A quick social media search would show thousands of people talking about their experiences with therapy, mental health, and its impact on their lives. In fact, a survey by Suicide Prevention Foundation India (2020) reported that 68 percent of Mental Health Practitioners (MHP) saw a rise in people seeking therapy.

Mental Health, now more than ever, finds its relevance in our lives. However, its accessibility does not. In 2016, the National Mental Health Survey of India found that over 150 million Indians needed some form of mental health service yet only 30 million had access to them. From this lens, the need for mental health to be considered a fundamental human right becomes dire. This article tries to tackle the hurdles in the way for mental health to be considered a fundamental human right through 3As- Awareness, Advocacy, and Action.

Awareness- The first step to making mental health more accessible to people is through awareness. Here, Education and de-stigmatisation play major roles. Education, in itself, is a tool for de-stigmatisation.

Students should be introduced to mental health as a part of the curriculum. Just like physical health should not only be seen as a means to prevent disease but also lead a more enriched socio-emotional life, Mental health education should not be limited to mental health disorders but expand more on a holistic idea of healthy mental health. Students can be taught mental health vocabulary to introduce them to disorders and identify signs and symptoms.

They can also be taught basic stress management techniques like breathing exercises from a young age. However, to look beyond the disorders, the curriculum can also include teaching young children the emotional vocabulary to better express themselves.

An interesting approach utilized by the Delhi govt is that of the Happiness Curriculum. According to the State Council of Educational Research and Training (SCERT) website, the objectives of this curriculum focus on developing self-awareness, mindfulness, critical thinking, building empathy, healthy relationships with social groups, and life skills for better conflict resolution and deeper human values. Even though this is a recent act, this leaves an opportunity for children to learn and explore mental health in educational settings.

At a community level, ASHA workers can be taught mental health awareness as a means to utilize community education through people who are part of the community. Even in work settings, mental health vocabulary can be taught to employees. Better HR policies along with open and concise communication networks should be established for employees to feel comfortable discussing their troubles with their HR. More workshops with trained professionals can be introduced at both the community level and work setting to educate people on the necessity of mental health.

Lastly, mental health awareness can only be achieved through open communication, creating a safe space for learning and unlearning, and comprehensive mental health education in schools and community settings to reduce stigma, increase understanding, and promote help-seeking behaviors.

Advocacy- Advocacy for mental health focuses on legislative means to ensure accessibility to mental health services. The Indian government has introduced a few acts over the years to address the mental health of its situations.

The history of these laws can be traced back to the 'Lunacy Act of 1912' which focused on patients within asylum care. This law was repealed by the 'Mental Health Act 1987'which replaced the word lunacy with more appropriate verbiage and focused on

psychological support for the mentally ill. However, this act put a lot of focus on the institutionalization of the patients, regardless of the effectiveness of the treatment. The Mental Health Act of 2017 which came into effect in May 2018 made a landmark judgement and decriminalised suicide which was punishable under Section 309 of the Indian Penal Code. The law also focused on the definition of mental illness as, "a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, especially characterized by sub normality of intelligence" (Chadda, 2019). Owing to this definition many disorders such as depression and anxiety were also recognized as mental illnesses and the rights of such persons were ensured in terms of access to mental healthcare and treatment, the right to dignity, the right to confidentiality, and the right to community-based rehabilitation.

The act also made it necessary for insurance policies to include mental health illnesses and their treatment in the insurance plan. The Insurance Regulatory and Development Authority of India (IRDAI), hence, made it necessary for insurance companies to recognize the MHCA. Certain government insurance policies like the Ayushman Bharat healthcare program now, include the costs for screening and diagnostic procedures, pre and post-hospitalization charges, therapeutic counseling, and regular follow-ups for patients with severe psychiatric disorders. The Mental Health Care Act (2018) was considered a footstep in the direction of mental health accessibility. However, like our understanding of mental health, the act in itself needs to keep evolving with time, at par with the research developments. For eg, the act continues to not account for the caregiver toll, some of the people directly affected by the patients. These people spend their time, energy, and other resources to help their loved ones, often missing work and their personal life events, yet no provisions have been made to ensure their well-being. An article published in The Wire titled "How India Continues To Punish Those Who Attempt Suicide" (2023) shed light on how section 309 of IPC is yet to be repealed by the parliament. Even though, the MHC Act, suggests that attempts of death by suicide should not be punished,

the ambiguous nature of section 309 allows the police to investigate and unintentionally further harass the victim. Thus, the decriminalization proposed by MHCA continues to be only an intermediate solution for the victims of attempted suicide.

Other than the MHCA, the Prevention of Children's Sexual Offences Act (2012), and the Persons with Disability Act (2016) also recognize the the importance of mental well-being of those included.

It is only through advocacy, that mental health rights and accessibility can be ensured for all irrespective of their background.

Action- Action focuses on the effective implementation of the policies and laws included in the awareness and advocacy sections. However, I see the action part as an inclusive space for every individual to do their part for accessible mental health resources. This could mean simply being there for a person in need to helping an NGO working towards mental health advocacy and awareness through financial and in-person support. The action also sees us, people who are active members of the mental health community take initiative and educate and empower as many people about mental health. Forming college support groups, advocating for better mental health policies, using the right vocabulary and not casually using mental health terminology out of context, and educating friends and family on the importance of mental health awareness are some of how we can work towards mental health awareness.

Lastly, people who aspire to be future mental health practitioners should recognize and adhere to the therapeutic standards and appropriate educational qualifications. There seems to be a rise of "quacks" or people with an inappropriate understanding of mental health promoting toxic ideology surrounding mental health. Such people seem to do more harm than good. It becomes important for us to identify and report such individuals.

Conclusion

India is among the unhappiest countries in the world, ranking 126 out of 136 countries included in the World Happiness Report (2023).

It reports among the highest recorded deaths by suicide rates (Vijayakumar et al., 2022). A study conducted at the National Institute of Mental Health and Neuro Sciences (2016) found that at least 13.7% of Indian adults suffer from mental illness, and 10.6% of them require immediate treatment and intervention. These are just some of the stats that show the ground reality of where mental health stands in India. These stats also reflect the need and urgency to accept mental health as a fundamental human right for all. The Universal Declaration of Human Rights, adopted by the United Nations, recognizes the right to health as a fundamental human right. Acts such as the Mental Health Care Act (2017) aim to work towards reaching the goals of accessible mental health for all. However, the journey to accessible mental health is long and strenuous and can only be achieved through mental health awareness, higher standards for mental health advocacy and actively working towards a better and brighter tomorrow.

By looking at mental health as a fundamental human right, we recognize the importance of mental health, we destigmatize its negative notion, and leave room for more and more people to educate themselves about the importance of healthy mental health and seek necessary help.

Mental Health – A Fundamental Human Right

– By Lisha Kalra

Among the prime contributors to disability-adjusted life years (DALYs) in mankind worldwide are psychiatric or psychological disorders and abnormalities related to mental health (Global Burden of Disease Study [GBD], 2019, as cited in Lancet, 2020). Recent empirical publications concerning psychopathology have converged focus on its increasing prevalence at any point in time among different population segments. For instance, in their meta-analysis, Charlson et al. (2019) found approximately one in five people living with severe mental disorders (e.g., depressive and anxiety disorders, post-traumatic stress disorder, bipolar disorder, schizophrenia, etc.) in areas affected by humanitarian emergencies with point prevalence higher than the previous WHO estimates (World Health Organization [WHO], 2005, as cited in Charlson et al., 2019). Noting a deficit in epidemiological studies for psychological issues in children below 7 years of age, Vasileva et al.
 (2020) conducted a systematic review revealing a significant number of young children living with mental disorders –

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

the most common being oppositional defiant disorder and attention-deficit hyperactivity disorder, besides depressive and anxiety disorders. Similarly, psychiatric disorders also affect a considerable proportion of adolescents aged between 10 to 19 years, with the global prevalence being 58.1, 51.4, and 31.0 for in-patients, the general adolescent population, and high-risk adolescents, respectively (Ghafari et al., 2022).

Such figures become even more critical in a country like India where the population is diverse and its size has been known to comprise a large chunk of the global burden of psychological disorders despite an under-reporting of the actual number of occurring cases and an absence of a nationwide psychiatric epidemiology (Charlson et al., 2016; Singh et al., 2023).

Although there have been progressive attempts to develop mental health practices in India, their current status still remains underwhelming. A not-so-recent but sufficiently relevant meta-analytic review conducted by Misra & Rizvi (2012), for instance, analyzed the trends restraining the growth of clinical psychology in India. Delineating issues at two levels, namely, systemic and practice-based, Misra & Rizvi (2012) provide an evidence-based framework to examine the various challenges entrenched in the basic constitution and application of clinical psychology in India. At the systemic level, issues pertaining to the credentials of clinicians, the neglect of ethical guidelines and codes of conduct, and inadequate indigenization attempts by scholars, and at the practice level, poor collection of empirical clinical data due to stigmatization and prepotent faith in mythological and religious principles – – all contribute towards limiting its scientific applicability in India.

Combined with these are the questionable credentials of many practicing clinical psychologists and the neglect of academic guidelines (e.g., references and citations) by some scholars, further housing doubts regarding the legitimacy of the work done in the field (Misra & Rizvi, 2012).Despite these challenges, progressive developments such as supervised training in national institutes for clinical psychologists

(e.g., National Institute of Mental Health and Neurosciences [NIMHANS]), an increasing number of trained professionals and publications, and increased awareness of mental health in recent years – all point towards a brighter future for clinical psychology in years to come.

I have been fortunate enough to be given the opportunity to visit the Institute of Human Behavior and Allied Sciences (IHBAS) during my degree in Bachelor's. The experience was rather enlightening and captured my zeal for mental health. If I had previously indulged in visualizing cases while reading them in theory, this exposure helped me observe patients in actual time and space, and experience the various underlying complexities and issues that occur in practical setups. There is a thin line demarcating theory and practical, and this entails the spontaneity to use the theoretical paradigm in a manner that is contingent on the context of the individual concerned. Reverting to Stokols's (1996) socio-ecological framework, it is imperative that the idiosyncrasy of contexts while interacting with, diagnosing, and treating patients matters the most.

In addition, I realized how important it is to let patients know that one cares for their well-being. Within its vicinity, for instance, IHBAS has two long-stay homes that harbor chronically ill or abandoned patients and ensure that they are assisted, engaged, and not neglected. Saksham, as they call it, made me realize that such individuals needed something to hold back on. And I soon cognized that we might be their something – or someone – they are waiting timelessly for, perhaps…? Perhaps, they were just happy to see some new faces, or perhaps, they were happy to realize that we cared about them. Whatever the case, seeing their pretty faces smile at us with all their heart made me feel more grounded and grateful for what I have been privileged with in life. Such an experience on top made me clearer regarding what I wish to pursue. . I envision my life as being able to help others to the best of my capacities, and perhaps, trying to make the world a place a bit better to live in if not much – because each step counts.

Just like IHBAS, various other Indian mental health institutions are working towards mending the treatment gaps that exist with respect to the stigma associated with mental health and related issues. Patients were generally willing to approach psychiatrists to identify their problems and improve the quality of their lives.

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

While the set of patients entering IHBAS, for instance, constituted probably just a third of the whole Indian population, the fact that it was diverse and that patients approached a psychiatric/behavioral setup may be a positive indicator of the improving conditions of mental health in India. Moreover, the Government of India (GOI) has been focusing on and formulating schemes for ensuring public mental health and well-being with the latest ones being the National Mental Health Program (NMHP), Rashtriya Kishor Swasthya Karyakram (RKSK), Manas, Pradhan Mantri Atmanirbhar Swast Bharat Yojana, and Helplines and Counseling services (e.g., Roshni Helpline [91-22-25706000], Vandrevala Foundation's 24x7 Helpline [1860-2662345 or 1800-2333330]). Combined, such attempts are manifestations of progress, thereby justifying that mental health is truly a fundamental human right.

I would like to end my article by sharing an excerpt from my write-up – Healed.

"I shall not give up on myself for I have such a beautifully resilient spirit. Yesterday was a melancholic season, with autumn leaves littered all over the heartless face of the earth – crying helplessly yet hopeful for a happy ending, ironically. I felt sad indeed – uncertain of my being, and truly tired. Overtly, I seemed so strong; Covertly, I was breaking down. I didn't talk about it much, because my feelings flunked to figure a trail out to the language of the human species. 'I am such a worthless being', I'd say such things – unaware of the weeds they attached to my beautiful bonsai every day, piece by piece, breath by breath. Yet, I harbored them. I watered them and learned something from them. The lesson, like the first ray of shine at dawn, made the fall gone. I realized that yesterday was truly just a season born to end, and how I shaped today depended on what I wanted from me this season. I craved happiness. That is what I eagerly wished for. Happiness for self and others in a garden that grew flowers than insecurities, embracing everyone's being

But it wasn't me. It wasn't me alone. Help. Help was there. A kind person. A loving being who passed through the depths of language to see me…see the wavery sea that had me in…Help. Help. I said. Save me. Save me. I cried…And that is how my darling sweetheart, I healed."

No Health Without Mental Health: A Fundamental Human Right

–By Priya Jain

"Mental health is the foundation of every person's ability to live a fulfilling life, and it should be upheld as a fundamental human right."

-Office of the High Commissioner for Human Rights

Good Mental Health is an essential part of our overall well-being and people are realising its importance with every passing day. A healthy mind helps people to learn well in life, deal with their stresses in a positive way, work well towards their goals, and contribute to their community as well. No doubt, Mental health is a fundamental human right that contributes to personal, community, and socio-economic development.

Many people think that mental health should only be taken into consideration when there is the presence of any severe disease. But Doctors suggest that as soon as you realise and accept that you are facing a lower level of mental well-being, you should visit your counsellor. This would not only help you to decrease your suffering but also reduce the risk of getting into the trap of severe mental health conditions.

According to the research, 80% of the Indian population is suffering from mental health disorders and there is no surprise in stating nearly 14% of India's population required active therapeutic interventions, according to the National Mental Health Survey conducted by NIMHANS in 2016. As per the data, about 70% to 80% of persons in India struggling with mental illness receive no care. According to the survey, only one out of every ten people in India suffering mental health issues get evidence-based treatment.

Now the question arises "If the mental health of people is in this severe state then why don't people take care of it?"

India is known for its vast and diverse population, where people experience several mental health challenges because of never-ending social, economic, and cultural factors. Before addressing any mental health issue it is important for society to be aware of their mental health and recognize if they are having any mental illness.

Not only mental illness, our soundness of mind is also associated with psychosocial disability,

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

distress, impairment in suffering, and also self-harm activities. When someone is unable to work with their fullest potential that could also be a sign to see a counsellor.

Challenges to Practice Mental Health as a Fundamental Right:

1. Stigma: The most significant barrier surrounding mental health is stigmatisation. Most of the people who face any mental illness find it hard to express and ask for help. This mindset of people that suffering through bad mental health is a matter of shame is worsening their condition and also suppressing the need to practise their fundamental rights.

2. Limited Access: In various parts of the world, there are no mental health services or any awareness about it. This is becoming a serious concern for the small villages as this is costing their lives.

3. Inequality: Various inequalities such as gender discrimination, refugees, minorities, and people with disabilities, in general, are more prone to face additional barriers to accessing mental health care. Discrimination and inequality exacerbate their mental health struggles.

4. People are unaware of mental health and their rights: There are many people who are suffering from mental health illness but are entirely unaware of their conditions and the majors to deal with it.

How To Spread Awareness about Mental Health Issues?

One of the biggest challenges that we need to overcome is making people aware of their own mental health. If we look back a few decades ago, then we could find that people barely even considered mental health into their "healthy is wealthy" mindset, for them health was all about physical wellbeing. But now not only the doctors but the government is also spreading awareness and teaching people about the importance of taking care of their mental health. Here are several effective ways to raise awareness about mental health:

Educational Workshops and Seminars- These seminars should focus on spreading awareness about what mental health is, how we can take care of it, whom to ask for help and most importantly telling them that it's okay to ask for help.

Public Awareness Campaigns- The real stories and engaging way of telling them is the basic key to successful campaigns. Utilising social media platforms (Use hashtags like #MentalHealthMatters to increase visibility), posters, flyers, and street theatre performances could be a great way to reach a wide audience.

Organising Events - Just like the Mental Health Foundation (India) initiates Mental Health Festival every year to spread awareness among people as well as mental health practitioners about Mental health with fun activities, could be followed by other organisations too. These events can include activities like yoga sessions, stress management workshops, or panel discussions with experts

Inviting Guest Speakers and Celebrities- People are following various influencers and celebrities wholeheartedly these days, and inviting them to talk about their personal experiences of mental health journey could be a good source of reach.

Mental health screening programs- Encourage regular mental health check-ups and screenings in healthcare settings, schools, and workplaces. Make sure individuals have access to professionals who can assess their mental well-being.

Policy Reform- Governments must prioritise mental health by allocating sufficient resources to mental health services, implementing mental health policies, and integrating mental health care into primary health care systems.

With all the above-mentioned strategies, the government is also contributing to the healthcare sector of mental health. By coming up with free counselling and providing affordable mental health checkups at government hospitals, building separate set-ups of mental health, and launching mental health policies. Attempts are being made on the global level to spread awareness about Mental health .

On a Final Note: Mental health is not a privilege but a fundamental human right that deserves equal attention and protection as physical health. It has become highly crucial to recognize and promote mental health as a fundamental right for a healthier and more equitable society.

We have already discussed how people are unaware of mental health issues that they face during their lifetime and those who are aware lack the courage to accept it due to social stigma. It's our responsibility as citizens to make people more and more aware of Mental well-being and also break the stigma by promoting " it's okay to ask for help".

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

"Mental health...is not a destination, but a process. It's about how you drive, not where you're going." — Noam Shpancer

Mental Health: Necessity of New India

-By Deepak Malik

Research Scholar (Psychology), Clinical Psychologist
Department of Psychology,
Central University of Haryana,
Mahendergarh, Haryana - 123031

Mental Health: Necessity of New India

"India does not simply have a mental health challenge... it is facing a possible mental health epidemic," – Shri Ram Nath Kovind (Former President of India)

Introduction:

Mental health is the state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health which supports individual and societal capacities to form decisions, and relationships, and shape our shared world in a more positive way. Sustaining a sound state of mind and well-being is a fundamental human right and also the major reason for personal growth, community advancement and socio-economic progress. In the present world, a comprehensive understanding of mind and behaviour in all aspects has brought about a transformation in our endeavours to address these issues where incessant activity and commotion often take precedence over personal well-being thus posing a considerable challenge to our mental well-being.

Where do we stand today?

The World Health Organization (WHO), projected in 2022 that globally, one out of every eight individuals would suffer from a psychiatric problem, and India constituent the largest portion of people with mental health concerns in different forms accounts for almost 15% of the world's mental, neurological and substance abuse disorder burden.

The shortage of healthcare professionals (especially in the mental health sector) has become a constant concern for the healthcare system. The National Institute of Mental Health and Neurosciences (NIMHANS), on the issue of scarcity of mental healthcare services and their seeking pattern among the population, found that just 30 million people really seek such services, despite the fact that there are around 150 million people who need them at ground level. Similarly, the Lancet also reported that the burden of mental health problems has doubled between 1990 and 2017, rising from 2.5% in 1990 to 4.7% in 2017. 3,4 Additionally, the WHO has predicted that between 2012 and 2033, mental health problems in India would cost a $1.03 trillion devaluation.

However, inadequate knowledge of mental health symptoms, social stigma, and lack of proper resources and facilities hinder people from accessing the care they require.6 Besides, especially in rural areas, there is a huge lack of trained mental health professionals in healthcare setups.

In India, as per the Indian Psychiatric Society estimation, there are only 9,000 psychiatrists, or 0.75 per 100,000 individuals, in comparison with mostly developed countries where this ratio is 6.6 per 100,000, while the number of clinical psychologists stands at 3190 (according to the Rehabilitation Council of India report, 2023). Consequently, India necessitates at least 27,000 psychiatrists, in light of the existing population and an additional 38,000 psychiatric social workers, and 38,000 clinical psychologists are imperative, considering the ratio of mental health professionals per 100,000 people.

Booster dose to mental health issues:

The Pandemic and Mental Health: The global challenges brought about by the COVID-19 pandemic have undoubtedly left an indelible mark on the past few years of history and left a profound impact on mental health. Mental health issues in the context of COVID-19 are particularly complex and challenging due to the significant size of individuals who are socially and economically vulnerable, the substantial burden of precedent mental illness, limited infrastructure related to mental health, insufficient use of digital mental health platforms, and, most importantly, the fear provoked by misinformation spread through social media platforms which ultimately a concern of "infodemic".

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

The pandemic unleashed a cascade of emotional turmoil. Individuals faced isolation, fear, and uncertainty as lockdowns and social distancing measures took hold. The grief of losing loved ones, coupled with the relentless stream of alarming news, cast a shadow of despair across communities worldwide. The pandemic has set in motion a series of emotional upheavals, feelings of loneliness, fear and uncertainty to due lockdowns, grief of losing loved ones, and economic repercussions further exacerbating the strain on an individual's mental well-being.

Stigma and Mental Health: Due to poor awareness, ignorance and outright emotional bond, generally, people suffering from any kind of mental health issue are labelled as 'lunatics' in society which results in a vicious cycle of shame, suffering and underreporting, and feeling of exclusion among them. A survey report in 2018 stated that only 27% of the population expressed their support for someone perceived as having a mental illness. A similar percentage (26%) of participants admitted to actively harbouring fear towards those with mental illness. Additionally, 47% of the participants claimed that they had the notion of the mentally ill person as "retard" and "mad". Furthermore, 44% had notions that individuals with mental illnesses are always violent, while a further 41% believed that interacting with the mentally ill could negatively impact the mental health of an otherwise healthy individual.

The imperative of early intervention: Similar to physical health, mental health also requires timely consideration. Unaddressed mental health conditions possess the potentiality to intensify, impacting not solely the individual but also their families and communities.
Therefore, it is more important to prioritize early intervention and the government should come forward to guarantee that mental health services are accessible to everyone.

Step towards Mental health:

This year's commemoration of World Mental Health compels our recognition of a jarring truth:
mental health isn't a luxury but a fundamental necessity. As proponents of transformation, it is incumbent upon us to champion all-encompassing systems of mental health services.

This includes raising budgets for mental health services, launching destigmatization campaigns, and integration of mental health education within our educational institutions and workplaces.

However, surpassing the realm of policies and programs, our collective consciousness must undergo a metamorphosis. Each of us has a pivotal role to fulfil in nurturing our own mental well-being and supporting those in our midst. As families, communities, and institutions, we must cultivate environments that promote a sense of security, enabling individuals to openly articulate their challenges without fear of condemnation.

Conclusion:

In conclusion, the diverse nature of mental health in society saturates all aspects of our lives.
The significance of tackling mental health problems in India cannot be exaggerated, particularly given the profound impact on human well-being. Further, acknowledging the importance of mental health issues which impact a significant segment of the population is of utmost priority, and can have severe repercussions if neglected. Hence, rigorous efforts are essential in the effective management of such challenges. Also, the reduction of societal stigma associated with mental illness paramount importance in the context of addressing mental health issues in India.

There is more to access than meets the eye

–BY PRAIRNA KUMAR

Founder at Unhush
"Water water everywhere,
Not a drop to drink."

Do you recall these lines from 'The Rime of the Ancient Mariner' by Samuel Taylor Coleridge?

I remember I was a curious little teenager, wearing my hair in two plats, when I read this never-ending poem in school. Of the million and eighty lines the poem had, these two have stuck with me the longest. I find myself quoting these in multiple scenarios, but in no other scenario have these been more relevant than in the context of getting access to mental health.

When we think 'access', we typically think 'availability'. We talk about the supply gap issue in the sector – and rightly so –there just aren't

enough mental health professionals (MHPs) to cater to the population size, let alone catering to the remotely located population. And that isn't just true for India, but all countries across the world, with the exceptions of a few like Argentina.

At most, we find some mental health organizations talk about discoverability-of-the-available professionals and getting connected with them remotely. All of that is great. And much needed.

But I have a different question for us to explore today.

While we should solve for availability, discoverability, and remote connectivity, is that enough to solve the world's mental health crisis?

Much like the lines in the poem, does being in a boat surrounded by water solve the thirst of the mariner?

If Access = (Availability + Discoverability + Connectivity), is Access = Positive Outcome?

In my curious inquiry on this topic, I came across some facts that blew my mind:

• Of every 10 people who get help for their mental health,
o 5 do not think they are benefitting from it2
o 6 drop out prematurely3
o One gets worse4
o Those who benefit, typically do so with their 4th therapist

What's worse is that it takes an average American 11 years to seek help from the time that symptoms first develop.6 This gap is predicted to be longer for the average Indian.

Imagine the agony – after 11 years or more of suffering and denial and frustration of nothing else working out, a person gets past the social stigma and 'availability' hurdles, only to have a coin-toss chance at improving.

We don't see that happening with any other healthcare profession. Then why are these stats so alarming in mental health?

A cautionary tale from experience

Personally, it took me 5 years to seek help. I am a domestic abuse survivor and even though my ex-husband was hurting me physically, emotionally, financially, and sexually, I protected him to no end and believed that I was in love with him. More accurately, I was trauma-bonded, as I now know. I thought he needed help. I thought I needed help. And no, availability, discoverability, or connectivity were not hurdles for either of us. Yet, it took us 5 years to finally get the help. Even then, my experience with my first MHP pushed me further down the rabbit hole of co-dependency and abuse enablement. Not because my MHP was not skilled or not good, but because we did not have a good working rhythm. I quit therapy and took a break from getting any help at all. But when I tried a second time with a different MHP, that experience was transformational. It helped me recognize abusive patterns, break the trauma bond, and learn to draw boundaries and build healthy coping mechanisms for my post- traumatic anxiety. But most of all, it helped me create such a life for myself that I do not need an escape from it anymore. Therapy moved me from crippling self-doubt and helplessness towards obtaining enough agency to begin a start-up and live a wholesome life today.

I say therapy, but I mean the way my second MHP and I worked together. Not therapy in and of itself.

Not just therapy. Therapy done right.

I have interviewed over 50 therapy goers in India, to date, and many of them share a similar experience to mine that not all therapy relationships are equal.

On the flip side, I have also interviewed over 35 mental health professionals and it is evident that they find it heartbreaking to see their clients quit prematurely, and worse, ghost – likely for no fault of theirs. Even with the best of intentions and training, sometimes, it just doesn't seem to be working out.

So the more meaningful question that I grapple with now, when I think about access, is 'How can we ensure that people don't just seek help, but that when they do, they benefit from it?'

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

Mental health is different from the rest of healthcare in that this is the one form of care where the 'alliance' between the therapy seeker and the provider (the therapeutic alliance) is more important than the choice of treatment itself. While the therapeutic alliance is important in other forms of healthcare as well, it is paramount in mental health.

Several meta-analyses of studies examining the linkage between such alliance and outcomes in both adult and youth psychotherapy (Martin et al., 2000; Shirk and Karver, 2003; Karver et al., 2006) have indicated that the quality of the alliance was more predictive of positive
outcome than the type of intervention.7

Quoting from one such study, "Some theorists have defined the quality of the alliance as the "quintessential integrative variable" of a therapy (Wolfe and Goldfried, 1988), and in the present state, it seems possible to affirm that the quality of the client-therapist alliance is a consistent predictor of positive clinical outcome independent of the variety of psychotherapy approaches and outcome measures (Horvath and Bedi, 2002; Norcross, 2002)."

Yet, when we talk of access to mental health treatments, we hardly ever talk of access to mental healthcare with a strong therapeutic alliance.

The World Mental Health Report 2020 by the World Health Organization states, "Nearly a billion people around the world live with a diagnosable mental disorder. Most people with mental health conditions do not have access to effective care.[…] For people with mental health conditions that are detected, the care and treatment they get is all too often inadequate or improper."

It's not enough to bring a person to a mental health professional, the intended therapeutic outcome needs to be achieved. Access is not enough. Meaningful access is key.

Not just access. Meaningful access.

**Meaningful Access =
(Availability + Discoverability + Connectivity) *
Therapeutic Alliance**

Access to meaningful mental healthcare, like other forms of healthcare, is a fundamental human right. And so, while we think of ways of creating access, we need more systemic ways to ensure that we get the therapeutic alliance right, every single time. The solutions that help create access to other healthcare, may not give the same results when applied to mental health. Mental healthcare needs unique solutions that promote alignment, collaboration, and trust between the MHP and their client.

Going back to the analogy in the lines from 'The Rime of the Ancient Mariner', surrounding oneself with water is not enough. The water needs to be potable, the water needs to be consumed, and the water needs to be absorbed in the body for the Mariner's thirst to be quenched.

"Mental Health as a Fundamental Human Right," Innovation in mental health advocacy

-By Avantika Singh

27/09/2023

Innovation in Mental Health Advocacy

"Mental Health", as crucial as it has become in today's time, it not only carries the burden of stigmas but also denied a seat in our fundamental rights. Despite the fact that Indian laws have acknowledged the value of mental healthcare since 1987, the nation has denounced its importance for a long period. People are not even aware of the laws, their rights, or the appropriate channels to use for assistance of any type, even if the issue gets acknowledged and help needed. Currently, the Mental Healthcare Act of 2017 is the main legislation controlling mental healthcare in the nation. However, Mental health comes under the spectrum which reflects the emphasis given to it.

We can't deny the fact how a healthy society creates healthier ecosystem for the younger generation, in absence of a robust mechanism which can support the individuals of the society, not only we will be contributing in the chaos but will also be unfair to the coming generation. Therefore, it's essential that we hold accountability in establishing a trustworthy mechanism which could create a stronger tomorrow.

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

With so many external influences such as pandemic, technology, war, inflation, recession, etc., things are not going to get easy for current or future generation, especially for teenagers who are struggling with identity crisis and identity uncertainty by virtue of their life stage. The start of puberty and the various social and physical changes bring about causes the teenager to become fascinated with the issue of identity.

{As per Erikson's philosophy which is centred around the ideas of identity, identity crisis, and identity uncertainty, the theory refers identity as a sense of consistency and continuity "in the inner core of the individual" that is preserved despite exterior change.}

However. as a school counsellor, the first thing I observe in my daily practice is high incidences of low self-esteem, anxiety, social fear, escapism and inability to have healthier personal and inter personal interaction, the preference is given to social media interaction over one to one.

So, how can we establish an efficient mechanism which actually works?

Mental and emotional health have been a major component of peoples' lives since the Covidian crisis. According to the World Health Organization (WHO), health is "a state of complete physical, mental, and social well-being."

According to this definition, mental and physical health are on an even playing field, highlighting the fact that mental health is a basic human right rather than an extra superfluous red tape. Innovative methods of mental health advocacy are now possible, thanks to this paradigm shift that the world is now witnessing.

Community based programs by Adolescents : -

Reaching out and caring for another person may be rewarding on a personal level, even if it is not always simple. Our youth are inquisitive, engaged, and creative. They enjoy being a part of the solution because they feel ownership over it. They take ownership of the priorities set in response to what they have to say, which eventually improves their sense of self. They will grow more during the weaving process, realize they are not alone, and work to overcome their social awkwardness and denial of the outside world while engaging local communities in open discussions about mental health.

This fosters understanding and support through peer support groups, awareness campaigns, and educational workshops.

Creating Digital Mental Health Platforms:-

Access to mental health care is now easier than ever, thanks to mobile apps, online counseling platforms, and tele-counseling programs. In our published research paper, 'Correlates of Internet Addiction in Adolescents,' we found that continuous use of the Internet makes young people more dependent on it, resulting in social withdrawal. However, to no one's surprise, the potential and power of the internet can't be ignored; it could also be utilized to counteract its own negative impact.
For example, the wider reach of internet can help in over ruling geographic restrictions and its higher exposure can help with easier penetration of key messages .

Increasing the awareness of Government Policies and its benefits :-

It is crucial to address mental health issues and give everyone in India access to mental health therapies that are both inexpensive and readily available. Unknown to most people, Indian government programs for mental disorders are as follows:-

• National Mental Health Programme (NMHP)-

This was established in 1982 with the goal of giving everyone access to mental health care. A number of activities are carried out under the NMHP, including the establishment of mental health clinics, mental health training for health professionals and community-based mental health programs. The program also provides free medication to people with mental health problems who cannot afford it.

• District Mental Health Programme (DMHP)-

In order to provide district-level mental health treatments, it was established in 1996. The program focuses on integrating mental health services into primary health care with the goal of increasing the availability of mental health services in rural and remote areas.

•National institute of Mental Health and Neurosciences (NIMHANS)-

It was founded in 1925 and is a renowned mental health facility in India. The institute is focused on the diagnosis, treatment, and study of neurological and mental health diseases.

• Rashtriya Kishore Swasthya karykram (RKSK)-

It is a nationwide initiative that was started in 2014 with the goal of enhancing the health and happiness of teenagers in India.

•Ayushman Bharat- Health and wellness centres (AB_HWC) -

It is a key initiative of the Indian government that was started in 2018 with the goal of giving everyone access to full primary healthcare services.

• Atmanirbhar Bharat Abhiyan -

It is a self-reliance initiative that was just launched in 2020 with the goal of fostering India's economic growth and development. The program also emphasizes how the COVID-19 epidemic has affected people's mental health.

Conclusion

It is evident that progress is being made as community efforts, technology platforms, and legal changes continue to redefine the environment of mental health assistance. Yet there are still issues, such as the need for more worldwide awareness and financing for mental health care. Around 150 million Indians have mental health issues, such as depression, anxiety, and drug addiction, according to the National Mental Health Survey (2015–2016).
Only one psychiatrist is employed in India for every 100,000 residents, and less than 1% of the country's health care budget is set aside for mental health.

To guarantee that mental health is not just a lofty goal but a reality for everyone, it is crucial that people, communities, and governments all around the world continue to collaborate. We can create a more welcoming and caring society where everyone has the chance to succeed by recognizing mental health as a fundamental
human right.

Mental Health as a Fundamental Human Right: A Journey of Transformation and Advocacy

–By Steven Francis Fernandes

The Significance of Mental Health Advocacy

Mental health is undeniably a fundamental human right, yet it often remains obscured and stigmatized. In this article, I will recount my odyssey, sharing the transformative journey I embarked upon in mental health advocacy. It all began during my teenage years when I grappled with introversion, struggling to articulate my thoughts and emotions. Little did I know that this journey would lead me through the corridors of Mechanical Engineering, the embrace of cherished friendships, and the solace of faith. Through these experiences, not only did I surmount personal trials, but I also found the inspiration to become an advocate for mental health awareness and support.

The Power of Purity of Thought: A Guiding Quote

James Allen eloquently reminds us of the paramount importance of purity of thought with his words, "If a man's mind Hath evil thoughts, pain comes on him as comes The wheel the ox behind... If one endures In purity of thought, joy follows him As his own shadow--sure." This quote underscores the necessity of maintaining a pure and wholesome mindset, serving as a beacon on our collective journey toward mental health awareness.

The Urgent Need for Mental Health Awareness:-

Often shrouded in stigma, mental health needs our voices and stories to break through the barriers that isolate and stigmatize individuals experiencing its myriad challenges. In sharing my narrative and experiences, I aim to contribute to this vital conversation, shedding light on the transformative power of understanding, empathy, and support.
As we delve further into this article, I hope you will appreciate the importance of mental health as a fundamental human right and the potential for personal transformation and advocacy that arises from embracing this essential cause.

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

Parental Support: The Heart of Mental Health Advocacy

With their unwavering love and understanding, my parents were my anchor during my introversion . They provided a safe space to express my thoughts and feelings and encouraged my growth. Their continuous prayers were a source of strength, reinforcing my Christian faith and teaching me the importance of spirituality in the journey to mental well-being.

Additionally, my parents played a pivotal role in my transformation by granting me the freedom to participate in various communities, including youth groups. This involvement allowed me to break free from my shell, build confidence, and form meaningful connections with others who shared my values. It was their trust and support that enabled me to explore new horizons and ultimately become an advocate for mental health awareness.

From Silence to Stress: The Teenage Struggle

As a teenager, I found myself trapped in a cocoon of introversion. Sharing my thoughts, views, or opinions with anyone seemed impossible. This inability to communicate led to a growing sense of stress, as even the most minor problems couldn't be shared, eventually giving rise to depression. My silence was both my refuge and my prison.

Mechanical Engineering: A Path to Transformation

College brought a glimmer of hope. Pursuing Mechanical Engineering expanded my horizons academically and pushed me out of my comfort zone. Here, I met friends who taught me to embrace life and not take myself too seriously. They helped me transform from a severe introvert into someone who cherished every moment, laughed heartily, and learned to fight for what was right.

The Power of Asking Questions: An Einsteinian Insight

Albert Einstein's wisdom that "Education is not the learning of facts but the training of the mind to think" resonated with me intensely during my engineering years. I evolved into a person with countless questions, regardless of how trivial they may have seemed. This curiosity and eagerness to ask questions became a cornerstone of my personal growth.

Self-Love and Emotional Well-being: A Key Revelation

Along the path of self-discovery, I realized self-love was fundamental to receiving love from others. I needed to be filled with happiness and joy to genuinely share those feelings with others. This revelation underscored the Importance of self-care and emotional well-being as prerequisites for healthy relationships.

The Art of Letting Go: Lessons on Love and Relationships

My journey also led me to understand that holding onto someone too tightly, putting them in a symbolic cage, would only push them away. True love, I learned, involves giving one's whole heart while allowing the other person to be free. If someone wants to stay, they will, regardless of external circumstances. Conversely, if they're going to leave, no amount of control or possession can change their decision.

The Wisdom of "As A Man Thinketh" by James Allen

I found valuable insights in the book "As A Man Thinketh" by James Allen. The quote, "Circumstance does not make the man but reveals him to himself," struck a chord with me. My challenging circumstances had revealed my inner strength, but my faith provided me with the emotional strength and confidence to navigate life's trials.

The Importance of Asking: Unlocking Possibilities

Another crucial lesson I learned was the significance of asking. While asking doesn't guarantee receiving, it opens the door to possibilities. Quoting from "As A Man Thinketh" once more, "Not what he wishes and prays for does a man get but what he justly earns. his wishes and prayers are only gratified and answered when they harmonize with his thoughts and Actions." This reinforced the idea that action and thought alignment are essential.

Positive Thinking vs. Right Thinking: The Power of Compassion

Positive thinking is undoubtedly valuable, but practical review, rooted in reality, is equally essential. Practical thinking leads to purity of thought, allowing us to act with compassion rather than anger. This shift empowers us to empathize with others and change our actions, habits, character, and, ultimately, our destiny.

MENTAL HEALTH AS A FUNDAMENTAL HUMAN RIGHT

Faith as a Pillar of Strength: My Christian Journey

My Christian faith emerged as a pillar of strength during my transformational journey. Engaging in youth and church activities provided a supportive community that bolstered my spiritual and emotional resilience. Christianity changed my character and transformed me emotionally and spiritually, equipping me to tackle life's challenges.

Forging a New Path: Pursuing Psychology and AI Mastery

My goal is two-fold: I aim to embark on a dual educational journey where I pursue a Master's in Data Science and Artificial Intelligence to become proficient in this field. Simultaneously, I am equally committed to obtaining a Master's in Psychology. Furthermore, I envision my professional path seamlessly integrating the worlds of data science and AI with my passion for psychology. Along this trajectory, My goal is to attain a Master's In Psychology and, subsequently, an MPhil in this field, armed with the expertise and empathy to assist those grappling with mental health challenges. Ultimately, my objective is to make a meaningful impact on the lives of individuals facing these hurdles.

Conclusion: Illuminating the Path to Mental Health Advocacy

My journey from the shadows of introversion to the forefront of advocacy has illuminated the profound significance of mental health as an undeniable human right. This expedition has uncovered the transformative potency of education, the enchantment of genuine friendships, the wisdom entwined in incorrect thinking, and the depth of self-love. Christianity, an unwavering companion, fortified my determination and resilience throughout.

However, at the core of my mental health advocacy, my parents stand as beacons of unwavering support. Their enduring love, ceaseless prayers, and sensible counsel guided me through the darkest alleys of introversion. Crucially, they bestowed upon me the liberty to explore diverse communities, particularly youth groups, which nurtured my self-assuredness and encouraged the embrace of my authentic self.

In conclusion, I offer you a steadfast mantra: **"You remain a champion until the moment you choose to surrender."** I invite you all to carry this beacon of resilience forward on your journey toward mental health, self-discovery, and advocacy. Mental health is undeniably a fundamental human right, and together, we must ensure that every individual has the support and resources needed to thrive. Remember,

"You Are A Winner Until You Decide To Quit Within" These Two Quotes I crafted. Convey's the idea you consider yourself a winner with determination, perseverance, and a Realistic mindset. It emphasizes that your internal attitude and willingness to keep going despite challenges or setbacks define your success. However, when you give up on your goals or dreams, you no longer see yourself as a winner. In essence, it encourages resilience and the belief that one's inner determination plays a significant role in achieving success.

Mental Health: A Fundamental Human Right

-By Mehul Tyagi

WHO states that health is a state of complete physical, mental and social well-being and not merely the absence of disease. Mental health, a state of serenity and feeling of well-being, is essential for us to lead a meaningful life. It directly influences individual well-being, productivity, relationships, and economic stability. Although it is an essential component of quality of life, mental health remains largely neglected. Ted Kaczynski quoted, "The concept of mental health in our society is defined largely by the extent to which an individual behaves in accord with the needs of the system and does so without showing signs of stress" in his infamous manifesto; which still holds true.

Mental health is a fundamental right and every individual has the inherent entitlement to mental well-being. One in eight people in the world lives with a mental disorder (WHO, 2022) but self-reporting of mental illnesses remains low. (Ranjan et al. 2023)Mental illnesses cause significant morbidity and mortality, thereby violating fundamental human rights. Stigma, seclusion, and discrimination continue to plague our society. Involuntary placement, involuntary

treatment and long durations of inpatient stay for people with mental disorders impact on some of their most fundamental rights, including the right to liberty, equality and the right to exercise legal capacity. People with mental disorders are deprived of their right to be treated with dignity. The problem is compounded by a persistent lack of access of mental healthcare to select population groups. (Payne et al. 2023) Higher socioeconomic status is more likely to be associated with easier access and higher self-reporting. Due to a lack of robust social healthcare service, private sector shoulders the majority of responsibility for mental health services. (Ranjan et al. 2023) Money matters when it comes to availability of these services. Young, successful patients are more appealing to a therapist as clients versus old, poor, or patients of different culture.

Strategies for promoting mental health awareness should target different populations with different media platforms and native languages. Cross cultural interventions like direct education channels should be setup with regular community-based interactions. A holistic strategy including social, religious, demographic and economic factors is a necessity. The incorporation of diverse technological innovations, including teletherapy, virtual healthcare platforms, mental health applications, and wearable devices, presents significant potential for enhancing access to mental health services and improving overall care. Mobile applications for mental health enable individuals to track their emotional wellness, engage in mindfulness exercises, and conveniently access self-help materials while on the go. Additionally, wearable gadgets equipped with biometric data capabilities offer valuable information regarding stress levels and sleep patterns, potentially serving as significant indicators of one's mental health condition. There is ongoing research to assess the effectiveness and safety of digital interventions, encouraging collaboration among researchers, mental health experts, and technology innovators. Adequate training in the ethical use of technology is vital for mental health professionals to ensure the maintenance of therapeutic boundaries while responsibly harnessing technological advancements. Improving e-health literacy reduced the negative effects of coronaphobia on loneliness, irritability, depression, and stigma.(Xu et al. 2023). Following the rapid digitisation of India, e-health initiatives should aim to reach

and educate people even in remote areas. Governments and organizations need to take cognizance of lacunae in mental healthcare services. Global mental healthcare services remain underfunded and underserviced. Newer policies based on evidence and population directed interventions should be the focus of political will. Organisations can continue to highlight these issues with advertising campaigns, marathons, gatherings, posters, social media and sensitising people towards the importance of mental health. Understanding and dictums of international organisations for human rights and mental health should align with the domestic policies implemented by the governments, Creating policies, plans, and laws for mental health is the important for good governance and service development.

The Government of India introduced the National Mental Health Programme (NMHP) in 1982, aiming to address mental health conditions, promote positive mental health, and facilitate rehabilitation. Additionally, the District Mental Health Program was launched to offer basic mental healthcare services at the grassroots level. The NHRC has undertaken assessments of mental health institutions and proposed changes to the government. The Indian Psychiatry Society (IPS) has made significant contributions through ongoing research in the field of mental health. Collaborative models between government bodies and NGOs, such as the Medico Pastoral Association and the Institute of Human Behaviour and Allied Sciences (IHBAS), have been established to aid the rehabilitation and reintegration of individuals with mental health conditions. NGOs have also initiated community programs to enhance mental health awareness through research, university training, and mental health boot camps in both rural and urban areas. (Thara et al., 2010) The new Mental Healthcare Act, 2017 has shifted the focus to a rights-based approach to provide treatment, care, and protection of a person with mental illness compared to previous Mental Health Act 1987. This dynamic shift is to align, harmonize, and fulfil the requirements of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

JEEVANI is the first structured state-wide college mental health service in India. Directorate of Collegiate Education, Government of Kerala, implemented the program in 2019 in 66 colleges for approximately 60,000 students. Describing the framework, technical material, and providing an overview of its functioning from a resource-

constrained setting in India may encourage higher education institutions to consider similar projects. (Jaisoorya et al., 2023)

Being a doctor with a mental disorder has given me a unique insight into these challenges. Anticipating stigma, possible ridicule and seclusion, negative impact in social interactions delayed my approach to mental healthcare services by many years. Contrary to intuition, medical fraternity still lacks insight into its fallacies when mental health is concerned. Financial constraints and dependence, poor emotional expression, an unhealthy positive reinforcement of stoicism considerably hindered me in seeking medical care. An institutional student welfare initiative provided me access without barriers, and use of multiple online peer communities, messaging groups, art and creativity, sports within the institute have fostered a feeling of inclusion. I have benefitted from a robust mental health program with a holistic approach, and strongly advocate for aggressive implementation of such interventions on a larger scale. Recognising the need for mental health is the need of the hour.

Mental Health as a Fundamental Human Right in a Pluralistic Society

-By Shailija Tripathi

Privilege or Right?

"The privilege of a lifetime is to become who you truly are." said the Swiss psychiatrist and philosopher Carl Jung. In today's times, anyone coming across these words would indeed meditate upon them for a split second. However, I believe that what catches our attention is the phrase 'to become who you truly are' and we indulge in fantasies of our ideal self and the hypothetical path to achieve this self. What seduces me about this quote is how Jung selected the word 'privilege' to describe the experience of self-actualisation. In a world where the Global Hunger Crisis impacts a sizeable 10% of the total population (Action Against Hunger, 2023), access to affordable healthcare, let alone mental health care, remains a luxury available only to small socioeconomic strata, which has both the awareness and the resources to act on it.

What Does the Data Say?

As of October 2021, Indian women had the highest share of the nation's mental health disorders,

amounting to 39 and 30 per cent for stress and anxiety disorders respectively. Comparatively, 33 per cent of men had depression as compared to women with 31 per cent during the same period (Minhas, 2023). According to the latest report of the National Crime Records Bureau 2019-21, 4.7 crore, including more than 17.56 lakh women ended their lives in the 54 years of available records (The New Indian Express, 2022). The numbers hit a peak in 2021 when 1,65,033 suicides were reported, as compared to 1,53,052 and 1,39,123 in 2020 and 2019, respectively.
Between 2014 and 2021, 310 transgenders were recorded to have committed suicide. As many as 28 transgenders took their lives in 2021. The worst year for suicides was 2021 when 131 cases of mass and family suicides were reported from across the country, 33 cases of mass and family suicides were reported from Tamil Nadu in 2021, followed by 25 in Rajasthan, 22 in Andhra Pradesh, 12 in Kerala and 10 in Karnataka (The New Indian Express, 2022). What is even grimmer is the fact that this data only considers reported cases and not the stories that remain invisible to us.

While these numbers melt into each other and appear to us as mere statistics, they reflect a calamity that superficial conversations cannot hack. Consumerism-fueled 'self-care' talks may help some, but they cannot be generalised to a greater marginalised section, as they treat mental disorders as a personal failure. Wrapped in a positive tone, sprinkled with therapy-speak, they regard mental illnesses as a result of what we haven't been doing. Rarely do we talk about this crisis being a product of the structural failure of our society. We may treat a sick child with jaundice in an infirmary, but if we send him back to live by an open sewer, he will revert to his original symptoms. This allegory can be applied to how we cannot expect mental wellness in a society whose very composition works against it.
In a pluralistic society such as India, which comprises various overlapping caste-class-gender-based communities, a single solution cannot target all populations. According to the Union Budget for Mental Health (2023-24), the total mental health budget is 1,199 Crore, with special emphasis laid on the National Mental Health Programme's digital arm T-MANAS, which will improve access to tele-mental health in remote areas of the country. While it is an essential service, especially since the COVID-19 pandemic, there are limited pieces of evidence of how effectively it is implemented and what is the efficacy of these services. Moreover,

in the absence of sturdy data privacy regulations in our country, it is difficult to ensure the privacy and rights of citizens would be protected. This poses a threat to the dignity of the citizens availing these services and also robs them of their agency over their own stories and struggles.

While T-MANAS has received a much-required sizeable budget, the National Suicide Prevention
Strategy (NSPS), which was introduced by the Ministry of Health & Family Welfare to reduce the number of suicides per year by 10% by 2030, has neither received increased funding nor a mention in the budget speech. Without allocating ample resources to NSPS, delivering emergency mental health services to those who suffering, especially on such a large scale, will be next to impossible. India's mental health sector is overworked, underpaid and a victim of stigmatisation, which gives rise to not only malpractice and exploitation but also an efflux of professionals to foreign countries in search of a better quality of life.

Some Plausible Solutions

There are two ways through which we can tackle the aforementioned issues: intersectional action research (a paradigm that focuses on bringing about social change through science) and using its findings as a basis for future policies. Indian academics, social workers, sociologists and the government need to function harmoniously and work with marginalised communities. This nation needs honesty and integrity in action-based academia, where sampling and data collection must be done in a way that truly represents the Indian population. It is only through a combination of multiple perspectives and fields that we can generate a comprehensive knowledge of people's struggles (especially the communities that are often underrepresented), barriers to mental wellness and how these communities can be empowered and made to realise that mental wellness is not mythology, but a state of being they have every right to enjoy.

The very core of Indian society is built upon the ethos of 'Vasudhaiv Kutumbakam' (the world is a single abode). The value we hold for communities is our strength and policies need to be devised to tap into this strength. Ample investments should be made into strengthening community-based healthcare

services (such as the District Mental Health Programme mandated by the Mental Healthcare Act, 2017) that can be tailored according to the cultural strengths and requirements of specific communities.

For a multicultural society such as ours, it is essential to treat people not in a vacuum but as a part of a larger socio-political-economic system and be sensitive towards social privileges and lack thereof. According to NCRB, in 2021, 26% of people who died by suicide were daily wage earners. Climate change, which leads to extreme temperature turbulence and unexpected rains forces small farmers and landless labourers to secure personal loans with hefty interest rates. Upon inability to pay them off, they often resort to suicide to escape the crushing pressure of debt. Along with mental health services, annual expenditure on schemes aimed at providing food security, affordable education, livelihood and employment (such as the Mid-Day Meal Scheme, Samagra Shiksha and MNREGA) must also be invested in. An improvement in quality of life will heavily contribute to the better mental health of the masses.

Conclusion

As romantic as it sounds, striving for a society where everyone can access the help they need without guilt, shame, stigma and economic limitations may be the antidote to tackling this ongoing mental health crisis. Realising our solemn duty as citizens, academics, practitioners and activists in spreading awareness and demanding mental health as a fundamental right is the only way to ensure that every Indian will live a life of dignity and vitality, both in the body and the mind.