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Review Paper

A Review on Burden of Psychiatric Illness in India

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ABSTRACT

Mental illness in India is one of the most challenging disorders that causes an extreme burden to the patients as well as their caregivers. Denial and reluctance to seek treatment are frequent responses to mental illness. According to the World Health Organization, there are 2,443 disability-adjusted life years lost due to mental health issues for every 100,000 people. Hence, there is a need to study about the mental illness and its burden which will help in initiating policies for improving the quality of life of mentally ill patient as well as for their caregivers and in developing strategies for the reduction of burden of mental illness. This review explains about the scenario of mental illness in India, its burden, and steps to improve it.

Keywords: *Burden, Psychiatric Illness*

Human flourishing depends on good mental health. According to the World Health Organization (WHO) mental health is "a condition of well-being in which every individual fulfills their potential, can manage with the usual demands of life, can work successfully and fruitfully, and can make a contribution to their community". (1) Mental health is a vital component of physical and mental well-being, mental health is more than the absence of mental diseases. It is the foundation for a person's wellbeing and effective performance. It covers mental health, mental problem prevention, treatment, and rehabilitation. (2)

One of the most severe issues we face today is mental illness. According to changes in a person's behavior and mental state, mental disorders can be divided into many sub-disorders. Reports indicated that one in seven persons had mental illnesses (3) A clinically significant impairment in a person's intellect, emotional control, or behavior is what is known as a mental disorder. It is frequently associated with distress or functional limitations in important areas. There are numerous distinct types of mental illnesses. Mental health issues are another name for mental problems. The latter is a more inclusive term that includes mental disorders, psychosocial problems, including (other) states of mind associated with significant distress, functional impairment, or risk of harming oneself. (4) In terms of years lived with disability (YLDs), mental disorders were the second leading cause of disease burden worldwide in 2017 and the sixth leading cause of disability-adjusted life years

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(DALYs), posing a significant challenge to health systems, particularly in low- and middle-income countries. In addition to being recognized as a key area in health programs across the world, the Sustainable Development Goals also include mental health. (5)

The term "burden of disease" refers to the total mortality and morbidity, and it can be calculated using a statistic called " Disability Adjusted Life Years" (DALYs). A standardized statistic that enables direct comparisons of the disease loads of various diseases between nations, between various populations, and over time DALY measures the lost health. The concept of a DALY is the loss of one year of healthy life due to an early death, illness, or disability. One year of healthy life is equal to one DALY. (6)

Mental Disorder

Up until the early 17th century, all abnormal behaviors were thought to be the work of the "devil," or "against God." Those who were mentally ill were seen negatively and labeled as witches. Ultimately, as time went on, mental illness was seen as "deviant behavior," and those who suffered from it were stigmatized in society and imprisoned alongside criminals. In the contemporary age, the word "evil" gave way to the word "sick." Mentally ill people were labeled as "crazy" or "insane" and were kept in institutions known as "asylums". But, over time, these asylums turned into locations for the exploitation of people. The first psychiatrist to release these mentally ill patients from an asylum was Phillipe Pinel. The treatment of these individuals in asylums was made public by Clifford Beer's book "The mind that discovered itself," which sparked a passionate response to the condition of the mentally sick. This controversy led to the birth of the "mental hygiene" movement. In the 20th century, scientists like "J.B. Watson & B.F. Skinner" integrated biological and social theories to explain how mental disease develops. (7)

The social model contends that mental illness is societal, whereas this model suggests that it is a chemical imbalance in our brains, which is a neurotic problem. It is the individual's departure from their typical way of life and their failure to fulfill the required and defined societal roles. Mental pathology, or disturbances of mental functioning, which are comparable to disturbances of body functioning, is a defining characteristic of mental diseases. Many cultures have very different ideas about what constitutes mental health, what constitutes mental illness, and what separates physical illness from mental illness. In a broad sense, we might say that just as physical illness is evident in the body, mental illness is evident in conduct. (8)

Mental Disorder Burden

Psychiatric illnesses are among the most onerous diseases, according to estimates from the World Health Organization (WHO) Global Burden of Disease Study, and they are expected to become more prevalent in the coming decades. Although general population surveys are urgently needed, these forecasts are primarily based on a review of the literature. Both the people's economic circumstances and their quality of life are impacted by them. The socio-demographic shifts, epidemiological change, media revolution, and changing lifestyles have created new difficulties for issues relating to man-made lifestyles. People's once-strong social, biological, and psychological makeup is gradually being replaced by a frail new way of life, making them more susceptible to social, mental, and psychological issues than in the past. (9) Patients with pre-existing mental illness have been highlighted as a susceptible category considering the COVID-19 pandemic as a global public health concern. This patient population is thought to be at risk for poor results in terms of their mental health

given the immediate disease-related threats of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and pandemic-related containment efforts (10)

There is a vast spectrum of mental diseases, ranging from subclinical conditions to extremely severe types. Mental health issues can progress to the level of an illness, disease, or syndrome, which are typically thought of as being simple to spot, characterize, diagnose, and treat. So, in a community, they can be referred to as "Visible Mental Health Issues." These overt mental health issues are once more divided into Major and Minor mental diseases. Slight mental problems are widespread in the community, while major mental problems are simple to identify and frequently encountered in mental hospitals. Another category of mental health issues still exists at the sub-clinical, non-clinical, or sub-syndrome level and is typically based on a person's behavior. They are challenging to identify, describe, and diagnose. They are therefore referred to as "Invisible Mental Health Issues." Because it is difficult to define and identify the case, psychiatric epidemiological studies have avoided this group. Several researchers have also argued against pathologizing the issues people confront. (11)

According to the World Health Organization's (WHO) Global Health Estimates, there has been a dramatic shift in health issues during the previous 20 years. According to the findings, noncommunicable diseases (NCDs) now account for around 16% more deaths globally. One of the main causes of disability-adjusted life years (DALYs) (7%) and years lived with disability (years lost to disability) among NCDs is mental and drug use disorders. The United Nations (UN) also highlighted the fact that mental illnesses are becoming more commonplace in the world. Hence, in 2015, the UN added mental health to the Sustainable Development Goals for the first time (SDGs). (12)

Mental Disorder Burden in India

In India, the prevalence, disease burden, and risk factors of mental disorders are among the main contributors to non-fatal disease burden, however, there isn't a thorough understanding of these elements for every state (13). One in four patients in India's primary care clinics suffers from a mental illness (14). Next to cardiovascular and respiratory diseases in terms of the primary causes of DALYs in India, mental and substance use disorders are the third most common NCD. (12)

In 2017, there were seven out of every 100 Indians experienced a mental illness of some kind. Since 1990, India's total disease burden has nearly doubled in proportion to the proportional burden of mental disorders. The burden of various mental diseases and their changes over time varied significantly between states. In 2017, depressive disorders (33.8%), anxiety disorders (19.0%), idiopathic developmental intellectual disability (10.8%), schizophrenia (9.8%), bipolar disorder (6.9%), conduct disorder (5.9%), autism spectrum disorders (3.2%), eating disorders (2.2%) and 8% of DALYs were accounted for by other mental disorders. (13)

Anthropologists, sociologists, and psychiatrists have long been interested in how different cultures see mental illness and how they communicate their distress. The way that the public understands mental illness has mostly been researched in terms of its causes, explanatory models, attributions, and metaphors. Current research has concentrated on the significance of patients, families, and the general public's social, cultural, and religious views about comprehending and managing mental diseases. (15) To draw attention to this largely unrecognized issue, the WHO designated "Mental Health: End Exclusion - dare to Care" as

the World Health Day topic for 2001. To create a database for mental health planners to analyze the state of mental health in the nation, data on the prevalence of mental diseases in India must be produced. (16) India, a UN member, is also anticipated to achieve two mental health-related goals by 2030. Decrease premature mortality by one-third through prevention, treatment, and promotion of mental health and well-being, according to goal 3.4, and "Strengthen the prevention and treatment of substance misuse, including the harmful use of alcohol and narcotic drugs, according to goal 3.5. (12)

In under-served rural areas of India, people with mental illnesses frequently receive insufficient diagnosis and care (17). The National Mental Health Program was established to help both rural and urban residents. But even today, 80% of those living in rural areas lack access to these services. Only a few institutions use a multidisciplinary approach to treating mentally ill patients. The treatment of mentally sick individuals is given priority, and efforts to prevent mental illness and advance mental health receive little attention. Psychology and social psychiatry do not receive the respect they deserve, while biological psychiatry and psychopharmacology are accorded more weight. (7)

Causes for the Growth in Mental Cases in India

Rapid urbanization and social modernity have left behind a breakdown in family values and the social support system, economic instability, inadequate health care facilities, social isolation, and elder abuse that has resulted in a wide range of mental diseases. (18) Poor mental health is a result of many stresses brought on by low socioeconomic position, including insufficient shelter, food, and medical treatment, as well as family and community instability.

According to the Indian belief structure, youngsters should show their elders respect, reverence, and physical care. The elderly who are economically unproductive are regrettably ignored as our social and cultural standards change. It is understood that vicissitudes such as social isolation, hunger, economic and emotional distress, and other factors make aged people more susceptible to psychological diseases. (19)

In India, the superstition myth has a high percentage of illiteracy. Superstition spreads quickly throughout the nation, particularly in rural regions. Illiterate individuals fall victim to the trap of babas when disorders like epilepsy are referred to as witchcraft, leading to their treatment. These patients are frequently physically assaulted because of a lack of knowledge and education. Also, many believe that neurological disorders are incurable regardless of the ailment. Such ideas are common even in metropolitan regions. When a patient learns that he has a neuro-disease, he frequently thinks that there is no solution for his condition and that he will have to live with it for the rest of his life. (20)

Economic Burden

The development, distribution, and consumption of products and services are all aspects of economics. Its link to mental health is complicated and bidirectional. With the aid of disease burden and COI research, the enormous impact of mental illness on economics - via its detrimental repercussions, such as loss of productivity and higher use of money for treatment - is increasingly recognized. The latter adds up all a condition's expenses, both direct and indirect. The full course of one's life may be impacted by these personal and financial repercussions, which may also influence the family and a larger community. The World Economic Forum predicted in 2011 that by 2030, mental illness will be responsible

for more than half of the $6 trillion in worldwide economic costs associated with non-communicable diseases. (21)

Jeetendra Yadav and colleagues did a study in 2023 to assess the out-of-pocket costs, catastrophic health costs, and the impact of mental illness on poverty in India and indicated that 18.1 % of the household's monthly consumption expenditure was spent for mental illness, 59.5% of the households were exposed to catastrophic health expenditure and 20.7% of the households were forced to become poor from non-poor due to mental health expenses. (22)

The most recent National Mental Health Survey of India found a greater financial burden associated with caring for a person with a mental illness, mostly in the form of out-of-pocket expenses. The families had to spend close to Rs. 1000–1500 each month, which is roughly three times higher than what had been estimated by other studies. This money was mostly used to pay for therapy and travel to get care. They omitted, however, the difficult-to-quantify hidden and intangible expenditures that add to the stress and can plunge families into financial trouble. (23)

Disability Burden

The global public health, economic, and social challenges associated with disability are on the rise. In 2011, it was projected that 23 million people in India, the world's second-most populous country, were handicapped. Of which mental retardation and mental illness account for 5.5% and 2.7% and compared to other impairments, mental illness, and retardation manifest at younger ages. (24) In 2017 mental illnesses were responsible for the second-highest number of Years lived with disabilities (YLDs) and the sixth-highest burden of Disability-Adjusted Life Years (DALYs) worldwide. They also significantly burden both people and communities economically. In India, one in seven people suffers from mental disorders of varying severity, according to a 2016 study by the Indian Council of Medical Research (ICMR). Depression and anxiety disorders, which impacted 45.7 million and 44.9 million persons, respectively, were the most common. According to the GBD 1990-2017, the percentage of DALYs caused by mental diseases in India grew from 25% in 1990 to 47% in 2017. (5)

Unemployment Burden

Employment offers people a sense of belonging to their communities status, a routine for their days, and the resources to engage in the activities they value. Although the competitively paid job is still frequently viewed as being overly stressful, work has long been known to be beneficial for those with mental and physical health disorders. There is a lot of damage caused by unemployment. (25) According to the National Mental Health Survey of India, 2015–2016, three out of every four people with a serious mental disease suffered considerable handicaps in their capacity to work, interact with others, and maintain a family. The lifetime incidence of mental morbidity was found to be 13.7%. Mental illness leads to issues including diminished focus, weariness, and sensitivity to criticism that influenced a patient's capacity to work. And also, family problems developed as a result of being unable to handle employment. The most often mentioned career obstacles were stigma and incorrect assumptions about the condition. (26)

Patient's Caregiver Burden

One in four patients in India's primary care clinics suffers from a mental illness. A network of informal or untrained carers is crucial for the effective management of mental illness in

the community. A family member who has lived with the patient for more than a year and has been closely involved in his or her activities of daily life, healthcare, and social contact has been characterized as a caregiver. The presence of issues, challenges, or negative consequences that have an impact on the lives of those who care for mental patients is referred to as a burden. (14)

According to the World Health Organization, caretaker load refers to "the emotional, physical, financial demands and responsibilities of an individual's illness that are placed on the family members, friends, or other individuals involved with the individual outside the healthcare system."(4) It includes attending to the patient's hygiene as well as providing emotional support through the methods of listening, counselling, providing companionship, and informative caring such as how to change the patient's living environment. (27)

Family carers help and care for their mentally ill relatives in a clinical capacity. Medical services ignore, undervalue, and marginalize their battle with stigma and the responsibility of caregiving. Particularly in the Middle East, families are the primary carers for those with mental problems. Being a carer requires a lot of time, which can lead to social, emotional, behavioral, and financial issues for the carers as well as several restrictions on their personal lives. Their physical and emotional health is negatively affected by the ongoing stress of providing care. Additionally, it could impair their capacity to look after mentally sick family members. However, mental health practitioners mainly pay attention to the index patient, ignoring the demands and worries of the families. (28)

Rural Mental Health

Rural India's lack of mental health treatment raises severe concerns. Our health system focuses primarily on curative healthcare and illness prevention, paying little attention to social and emotional health. The most neglected of these, especially in rural regions, are mental health and well-being. (29) Most of the people in rural India reject mental illness because of the stigma associated with it, their belief in magico-religious healers, the scarcity of mental health treatments, and their socioeconomic circumstances. Delays in seeking to help hands are caused by a lack of understanding and awareness of mental health. (30) Many studies have revealed that Rural Indians had greater stigmatizing attitudes towards people with mental illness, However, they also exhibited attitudes that were comparatively more charitable and tolerant towards community-based rehabilitation services for those with mental illness. Hence proper awareness regarding mental illness must be given. (31)

Steps to Improve the Burden

The National Mental Health Policy of India was adopted by the government in 2014 to address the country's enormous burden of mental disease. The policy's fundamental objective is to "ensure socioeconomic inclusion of persons with mental illness by promoting mental health, preventing mental disease, promoting de-stigmatization and desegregation, and ensure socioeconomic inclusion of persons with mental illness by providing accessible, affordable, and high-quality health and social care to all persons throughout their lifespan, within a privileges framework". (17) To make up for the lack of psychiatrists in rural areas, the District Mental Health Program was started in 1996 and put into place to train doctors and other healthcare professionals in the treatment of mental diseases. Similar to this, the 2013 Mental Healthcare Bill likewise intends to increase the rights and resources available to those who are mentally ill. (32)

The Mental Healthcare Act, 2017, which was implemented in India on May 29, 2018, aims to abide by the UN Convention on the Rights of Persons with Disabilities. One-sixth of the world's population, or more than 1.3 billion individuals, are given an enforceable right to mental healthcare. Key actions consist of a) definitions of "mental illness" and "mental health establishment" that have been updated, (b) reevaluating how "capacity" is considered when discussing mental healthcare, (c) advance directives, which let persons with mental diseases decide how their future medical care will be delivered; (d) "nominated representatives," individuals do not have to be family; (e) the right to mental healthcare and a wide range of social rights for people with mental disorders; (f) the establishment of governmental agencies to oversee services, (g) the use of Mental Health Review Boards to examine admissions and other issues, (h) revised policies for "independent admission" (voluntary admission), "supported admission" (admission and treatment without patient consent), and "admission of minor", (i) revised guidelines for treatment, restraint, and research; and (j) suicide has been formally decriminalized. (33)

Although mental illness has been recognized as a condition of impairment, it is clear from a reading of the Act that the unique requirements of people with mental illness and their families have not been adequately taken into consideration. Due to the nature of their ailments, PWD with mental illness requires distinct and unique sorts of care. People who suffer from serious mental illness frequently lack the insight necessary to recognize their sickness. Their family is a huge asset in helping to care for and support them in these situations. Family is a high asset in the management of mental illness in our nation since there are relatively few people and resources available for mental health care. The Rights of Persons with Disabilities Act, 2016 states that the provision of section 7(2) of the Act can contribute to a scenario where family members and other caretakers are less likely to take initiative and are more likely to be afraid to offer the necessary assistance. Anyone who intervenes and attempts to help a PWD with a mental illness may be accused of breaking the law by a passerby and held accountable by the authorities in charge of executing the law. Since the individual may pose a risk to himself or others, the Act criminalizes the service provider and the family for treating people with serious mental illness. According to Section 38, anybody with a benchmark disability who feels they need high assistance, or any individual or group acting on their behalf, may apply to an authority to give high support. As a result, the Act overly depends on NGOs, places the onus of seeking assistance on the PWD, and ignores the value of the family. Recognizing mental state and comprehending impairment during treatment and care would be a justifiable goal, and making particular provisions in this regard may be quite helpful for providing the PMI with the necessary care they need and, eventually, benefiting society as a whole. (34)

According to research, increasing healthcare spending won't close the treatment disparity. Instead, in collaboration with other sectors, we must strengthen healthcare promotion initiatives like awareness campaigns, increase access to and affordability of treatment, and lessen the stigma associated with mental illness. These results also demonstrate the need for a paradigm shift away from severe mental disease and towards ordinary mental illness. According to the Global Burden of Disease survey, depression, and anxiety disorders are among the main causes of disability globally, accounting for almost 50% of mental disorders-related impairments in India. According to estimates, it would cause an annual economic loss of almost USD 1 trillion. Even so, less than 2% of worldwide public health funding goes toward mental health. (12)

The Indian government has been operating the "National Mental Health Program (NMHP)" for many years, improving it regularly by closing the gaps to improve mental healthcare at the community level, especially in impoverished regions. Rural mental healthcare is included in the District Mental Health Program (DMHP). The Tele-Manas program was just launched to help those in need of mental healthcare. The Mental Healthcare Act of 2017 places a strong emphasis on everyone having access to necessary mental healthcare. Strengthening all these structural adjustments is anticipated to improve everyone's access to and availability of rural mental healthcare and would be adequate to take the position of psychiatrists' rural bond service. (35)

CONCLUSION

The prevalence of mental health in India is rising day by day which is of great concern. There is a greater challenge for the people of India affected by mental illness in gaining health care access due to various reasons such as the development of stigma, increased expenditures for mental health illness, lack of knowledge about mental illness, and social stressors. The world forum Economics has also stated that by 2030, there will be a rise in economic expenditure due to mental illness. Mental health is very important as it was one of the leading causes of disability in India. An effective care must be established for mentally affected patients in both urban and rural areas of India. People must be provided with awareness about government laws and schemes established for mentally affected patients which will help in improving the quality-of-life patients. Rural hospitals must be equipped with an upgraded system of services. There is a greater need for research to be done on the prevalence and burden of mental illness in India as the availability of data is limited. people must be given awareness about the magico-religious system as most of the population of India depends on traditional healers for mental illness due to their cultural beliefs. Many epidemiological studies must be conducted to determine the costs of mental illness which would be helpful for the policymakers in implementing policies regarding the investment in mental health to provide good mental health for the people of India. It will also help in the reduction of the burden of mental illness on both patients and caretakers in terms of monetary value. Thus, it is very important to eradicate the increase in mental illness in India by improving the affordability of mental health treatment, expanding the behavioral health workforce, and removing barriers to seeking care.

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Conflict of Interest

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ABBREVIATIONS

WHO- World Health Organization; **DALYs**- Disability Adjusted Life Years; **YLDs**- Years lived with disability; **SARS-CoV-2**- Severe Acute Respiratory Syndrome Coronavirus 2; **NCDs**- Non communicable disorders; **UN**- United Nations; **COI**- Cost of Illness**; SDGs**- Sustainable Development Goals; **ICMR**- Indian Council of Medical Research; **GBD**- Global

Burden of Disease; **PWD-** Patient with Disability; **NGOs-** National governmental organizations; **PMI-** Person with mental illness; **USD-** United state dollar; **NMHP-** National Mental Health Program; **DMHP-** District Mental Health Program