

MENTAL HEALTH DISORDERS

Posted on June 12, 2020 by Abhishek Ganesan



Category: [Opinion](#)

INTRODUCTION:

Mental health is more than the mere lack of mental disorders. The optimistic dimension of mental health is clearly stated in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

A report by the World Health Organisation (WHO) revealed that 7.5 per cent of the Indian population suffers from some form of mental disorder. Mental illnesses constitute one-sixth of all health-related disorders and India accounted for nearly 15% of the global mental, neurological and substance abuse disorder burden. The treatment gap, which is defined as the prevalence of mental illnesses and the proportion of patients that get treatment, is over 70 per cent. WHO also predicts that by 2020, roughly 20 per cent of India will suffer from mental illnesses.

BURDEN OF MENTAL DISORDERS:

Burden not only refers to estimations of pervasiveness or costs associated with the disorder, but also of disability, stigma and impact of living with a patient in terms of quality of life or health of family members. Mental illness affects almost all areas of day-to-day functioning, resulting in greater disability and increased burden on caregivers. Unfortunately, the lack of understanding on the part of most employers, and the lack of special employment schemes to address this issue, sometimes render it difficult for family members to gain employment or to hold on to an existing job, or they may suffer a loss of earnings due to days taken off from work.

STIGMA AND DISCRIMINATION

Too often, the widespread stigma attached to mental health problems jeopardizes the development and implementation of mental health policy. Stigma is the main cause of discrimination and exclusion: it affects people's self-esteem, helps to disrupt their family relationships, and limits their ability to socialize and get housing and jobs. This compounds the financial costs associated with treating and caring for someone with a mental disorder.

HOW CAN MENTAL DISORDERS BE TREATED?

As in other arenas of health, early intervention or prevention can be an effective way to address potential mental disorders before they reach the stage requiring treatment. Although not all mental disorders are accompanied by early warning signs, people who interact with and care about their own people should be alert to marked changes in mood or behaviour that may suggest problems. At the same time, the family members of the person who is suffering from mental disorder can help to maintain positive mental health by providing caring, supportive relationships, encouraging healthy behaviours, and teaching effective strategies for coping with stress.

PREVENTION OF HARMFUL STRESS AND SUICIDE

People in many countries are exposed to harmful stress that leads to an increase in anxiety and depression, alcohol and other substance use disorders, violence and suicidal behaviour. Countries are now aware of the potential assistances of activities to reduce harmful stress and the importance of reducing suicide rates. The social causes of mental health problems are manifold, ranging from individual causes of distress to issues that affect a whole community or society. They can be induced or reinforced in many different settings, including the home, educational facilities, the workplace and institutions

Mental health situation in India demands active policy interventions and resource allocation by the government. To reduce the stigma around mental health, we need measure to train and sensitize

the community/society. This can happen only when we have persistent nationwide effort to educate the society about mental diseases. We also need steps to connect the patients with each other by forming a peer network, so that they could listen and support each other. Moreover, people experiencing mental health problems should get the same access to safe and effective care as those with physical health problems.

MEDICO-LEGAL ASPECT OF PROVIDING MENTAL HEALTHCARE TO PATIENTS:

Competent care

Doctors caring for patients with mental health conditions should have the knowledge and clinical competence to appropriately deliver care. The skills include screening for and detecting mental illness; initiating, monitoring, or discontinuing treatment, when appropriate; providing motivational interventions; supporting self-management, as appropriate; and developing links with other partners in care.

Patient assessment and diagnosis

It is important to carry out an adequate and effective assessment of patients with mental health conditions. This may include the need for collateral information from the patient's family, when appropriate. To help make a diagnosis, physicians may wish to consult appropriate mental health screening tools, such as those for depression, anxiety disorders, bipolar disorder, and suicide risk. As a mental health condition may rapidly change, appropriate and timely re-evaluation may be required.

Appropriate prescribing

The use of psychotropic medication is on the rise, and physicians should remain vigilant. This is especially important in cases of off-label prescribing or when prescribing medication to children, youth, and seniors. At all times, a consent discussion should be conducted and documented in the patient's medical record. Moreover, physicians and other healthcare providers should monitor patients who are on medication.

Consent

Physicians are always required to obtain consent prior to non-emergent treatment. Consent must be voluntary, patients must have the capacity to consent, and they must be properly informed by their

doctors. Patients who are suffering from mental incapacity may still retain sufficient mental ability to give valid consent for medical treatment. Much depends on whether the patient is able to adequately appreciate the nature of the condition, the proposed treatment, its anticipated effect, the alternatives, and the potential consequences of treatment refusal. The laws applicable in most provinces and territories provide a means to obtain substitute consent when the patient is incapable of giving valid consent by reason of immaturity or incapacity.

CONCLUSION AND SUGGESTIONS:

Mental disorders are seen to vary across time, within the same populations at the same time. This dynamic nature of the medical disorders impacts its planning, funding and healthcare delivery. In our country, the discovery of a mental illness is often followed by denial and hesitation to seek help. Despite its enormous social burden, mental health remains a taboo subject that is susceptible to age-old stigmas, prejudices and fears. Even though mental disorders can be cured or controlled, most people tend to sweep their issues under the carpet and suffer in silence. Not only do we need to actively foster awareness about mental health, we also need to create awareness about the absurdity of the stigmas attached to mental health, in order to eradicate them.

The integration of mental healthcare into the primary healthcare system can increase easy accessibility and early intervention. Most hospitals do not screen for mental illness unless specifically asked by the patient or family members. However, routine screening for mental disorders can lead to early detection and intervention, which can lead to a better prognosis. In addition, interventions should not be seen as being isolated from one another; rather, they should be incorporated into different delivery platforms, such as primary care and community health. Although insurance policies have recently begun to cover mental healthcare, there are several challenges that are likely to hinder universal coverage of mental healthcare, and this needs to be addressed immediately to make treatments more affordable.

Here are some of the suggestions which could be used as a method to reduce mental disorders:

- Consider whether the patient should be assessed before treatment decisions are made or before medication is prescribed.
- Obtain a thorough medical history that includes risk factors (e.g. medications, suicide risk assessment), family history, and collateral information (e.g. medical records, speaking with family) to obtain a comprehensive assessment of the patient. A deficient evaluation can contribute to potential underestimation of the risk for self-harm or harm to others, and the inappropriate prescription or tapering of medications.
- Preventive and promotional strategies can be used by clinicians to target individual patients,

and by public health programme planners to target large population groups.

- There is also an immediate need to introduce and develop a well-supported and well-equipped rehabilitation centre that mainly focusses at people suffering from mental illness be recovered quickly.

REFERENCES:

1. Sahithya B. R. & R. P. Reddy (2018): Burden of mental illness: a review in an Indian context, International Journal of Culture and Mental Health, DOI: 10.1080/17542863.2018.1442869
2. Ganguli HC. Epidemiological findings on prevalence of mental disorders in India. Indian J Psychiatry. 2000;42(1):14-20.
3. Patel V, Kirkwood BR, Pednekar S, Weiss H, Mabey D. Risk factors for common mental disorders in women. Population-based longitudinal study. Br J Psychiatry. 2006;189:547-55.
4. https://www.who.int/mental_health/media/investing_mnh.pdf
5. <https://www.who.int/whr/2001/chapter2/en/index3.html>
6. Who.int (2020), https://www.who.int/mental_health/media/investing_mnh.pdf (last visited Jun 6, 2020).
7. http://origin.searo.who.int/india/topics/mental_health/about_mentalhealth/en/ (last visited Jun 6, 2020).
8. Manupatra

ABOUT THE AUTHOR:

Abhishek Ganesan is a lawyer in training at Symbiosis Institute, Pune and Research Intern at CHD Group.

Disclaimer: Views expressed are the authors own. CHD Group takes no liability on behalf or for the contents expressed.