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MENTAL AND BEHAVIOURAL PROBLEMS IN INDIA: A REVIEW STUDY

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Abstract
The review was conducted to assess the burden of mental disorders and to study various issues and challenges at the community level. We searched electronic databases for studies related to the prevalence of various psychiatric morbidities and associated factors at the community level. The World Health Organization has estimated that mental and behavioural disorders account for about 12 percent of the global burden of diseases. The burden of mental and behavioural disorders in India ranges from 9.5 to 102 per 1000 population. The burden of mental disorders seen by the world is only a small part of the iceberg. Various studies have shown that the prevalence of mental disorders is higher among women, the elderly, disaster survivors, industrial workers, children, adolescents and people with chronic medical conditions. There is a need for improved living conditions, political commitment, primary health care and women empowerment.
Keywords: Mental health, Mental disorders, Psychiatric disorders, Psychiatric illness

INTRODUCTION

The burden of mental disorders has increased in the last few decades. Mental health is a state of well-being in which a person realises his or her abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. WHO has estimated that more than 450 million people globally suffer from mental disorders? Currently mental and behavioural disorders account for about 12 percent of the global burden of diseases. This is likely to increase to 15 percent by 2020. The bulk of mental disorders are from low and middle income countries. There are gaps in psychiatric epidemiology due to complexity related to case definition, sampling methodology, under-reporting, stigma, lack of adequate funding and trained manpower and low priority of mental health in health policy.

METHODOLOGY

We searched PubMed and Google Scholar for studies related to prevalence of various mental disorders and associated factors at the community level. All databases were searched from inception and searches were updated on 30 November 2012. In addition, we checked reference lists of reviews and retrieved articles for additional studies. From the searches we reviewed the title and abstract of each paper and retrieved potentially relevant references.

BURDEN OF MENTAL DISORDERS

A study conducted in Maharashtra in 2012 reported that the total lifetime prevalence of mental disorders is about 5 percent. Men were reported to be at a higher risk. The main cause was depression, followed by substance abuse and anxiety disorders. These findings were similar to the results of a meta-analysis, which estimated the prevalence of mental disorders

in the Indian population to be 5.8 percent. In 2010, a study conducted at NIMHANS, Bangalore reported that the burden of mental and behavioral disorders ranged from 9.5 to 102 per 1000 population. The reason behind such a wide range of prevalence may be that some studies focused on different settings.

Another study conducted among the elderly in South India in 2009 found the prevalence of depression to be 12.7 percent. In contrast, the prevalence of mental disorders was reported to be as high as 26.7 percent in a study of elderly people with major depressive disorder, dementia, generalized anxiety disorder, alcohol dependence and bipolar disorder. A study conducted in the urban population of Kerala in 2005 found the prevalence of dementia to be 33.6 per 1000. Alzheimer's disease was the most common cause (54%), followed by vascular dementia (39%). In 2000, a review of epidemiological studies estimated that the prevalence of mental disorders in India was 70.5 per 1000 in rural areas and 73 per 1000 in urban populations.

In 1999, a study stated that the prevalence of mental disorders in the child and adolescent population was 9.4 percent. The study also revealed that there was no significant difference in the prevalence rates of mental disorders in the urban middle class, slums and rural areas, with an annual incidence of 18 per 1000 population. The prevalence of mental disorders in children aged 0-3 years was 13.8 percent, most commonly caused by breath-holding attacks, pica, behavioural disorder NOS, expressive language disorder and mental retardation. The prevalence rate in children aged 4-16 years was 12.0 percent, most commonly caused by enuresis, specific phobias, hyperkinetic disorder, stuttering and oppositional defiant disorder.

Compared to the general population, industrial workers were more vulnerable to mental disorders. In 2002, the prevalence rate of mental disorders in the Indian industrial population was estimated to be 14 to 37 percent. In contrast, the Western world reported it to be around 75 percent. Another study among industrial workers noted a lifetime prevalence of mental disorder to be over 50 percent. The most common associated factor among industrial workers was substance abuse (12.3%). Apart from substance abuse, suicide among youth has emerged as a major public health problem. India's National Crime Records Bureau reported that the recorded number of suicides increased by 27.7 percent between 1995 and 2005, with a suicide rate of 10.5 per million. Further, a Hyderabad study stated that about 35 percent of suicides occurred among youth (15–29 years), with a rate of 152 per million for girls and 69 per million for boys. Compared to suicide rates of high-income countries, these rates were four times higher for boys. In 2009, a study showed that a total of 3.9 percent of youth reported suicidal behavior. A study conducted in rural areas of South India in 2010 reported that 37% of people who committed suicide had a mental disorder. The two most common causes were alcohol dependence (16%) and adjustment disorder (15%). The prevalence rate of mental disorders in India is much lower than studies conducted in the Western world. This may be because Indian epidemiological studies were not able to measure mental disorders adequately or the prevalence rate of mental disorders in India is actually lower due to genetic causes, good family support, cultural factors, lifestyle and better coping skills, and comfortable environment. Issues and Challenges of Mental Disorder the factors most commonly associated with mental disorders are deprivation and poverty. Individuals with low levels of education, low household income, lack of access to basic amenities are at higher risk

of mental disorder. Illiterate and unemployed individuals are found to have the highest lifetime risk of affective disorders, panic disorder, generalized anxiety disorder, specific phobias and substance use disorders. Suicidal behaviour was found to be associated with female gender, working conditions, independent decision making, pre-marital sex, physical abuse and sexual abuse. Persistent stress and chronic pain increased the risk of suicide. Living alone and having a breakup in a stable relationship in the past year were also significantly associated with suicide. Work environment, school environment and family environment play an important role in the pathogenesis of mental disorders.

Women are more likely to suffer from mental disorders due to rapid social changes, gender discrimination, social exclusion, gender-related disadvantages such as marrying at an early age, anxiety about husband's substance abuse habits and domestic violence. Divorced and widowed women have a slightly higher risk of mental disorders. Domestic violence is a major problem in India. A survey conducted in Maharashtra reported that 23 percent of women had been beaten in the previous six months and 12 percent of these had been explicitly threatened with being burned to death. Poor women are more likely to suffer from adverse life events, live in overcrowded or stressful conditions, have fewer occupational opportunities and suffer from chronic illnesses; all of these are recognised risk factors for common mental disorders. Psychological factors such as headaches and body pain, sensory symptoms and non-specific symptoms such as fatigue and weakness also make people vulnerable to mental disorders. Biological factors influencing mental disorders are genetic origin, abnormal physiology and congenital defects. Disasters are potentially traumatic events that produce massive collective stress as a result of violent encounters with nature, technology or mankind. Various international studies have shown 30–70 percent of mental health morbidity. A meta-analysis showed that post-traumatic stress disorder, generalised anxiety disorder and panic disorder were common among disaster victims. Stigma related to mental disorders, lack of awareness among the general public, delay in seeking treatment, lack of low-cost diagnostic testing and lack of easily available treatment are the main barriers to combating mental health problems in India. Also, factors related to traditional medicine and belief in supernatural powers in the community delay diagnosis and treatment. India has focused its attention mainly on maternal and child health and communicable diseases. This leads to a lack of political commitment towards non-communicable diseases, which further increases the burden of mental disorders.

WAY FORWARD

The burden of mental disorders witnessed by the world is only a small part of the iceberg. To promote mental health, there is a need to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. Promoting mental health requires building a society that respects and protects basic, civil, political and cultural rights. National mental health policies should not only be related to mental disorders but also identify and address the broader issues that promote mental health. This includes education, labour, justice, transport, environment, housing and health sectors. To achieve this, interdepartmental coordination is a mainstream.

It is increasingly being recognised that symptoms of many mental disorders begin at such a young age. India should aim to improve child development through early childhood

interventions such as preschool psychosocial activities, nutrition and psychosocial help to lay the roots of a healthy community. The community is currently also demanding skill building programmes and child and youth development programmes.

To reduce the burden of mental disorders among women, socio-economic empowerment of women needs to be done by improving access to education and employment opportunities. Women should join collective activities like farmer's club, Mahila-Mandal and adolescent girls' group. These collective activities will bring people together for social, health and educational causes as well as income generating activities. Society should be free from discrimination and violence. Reducing discrimination on the basis of gender, caste, disability and socio-economic status is an important aspect of reducing mental disorders. More community and day centres for the elderly should be developed. Programs targeting indigenous people, migrants and people affected by disasters should be established. The program can be implemented through schools like programs supporting ecological changes in schools or stress prevention programs at the workplace. Various organizations around the world are now focusing on mental health on a large scale. The World Health Organization Mental Health Gap Action Program aims to increase services for mental, neurological and substance use disorders. Since its launch, more than millions of people worldwide have been treated for depression, schizophrenia and epilepsy, prevented from suicide and started leading normal lives. This was particularly efficient in low and middle-income countries that had limited resources. Another key to reducing mental morbidity is to strengthen the treatment of mental disorders at the primary health care level. Multiple interventions are needed to prevent the progression of mental disorders from early manifestations to more severe and chronic cases. Simple, easily available diagnostic tests and low-cost treatments are urgently needed to provide better primary health care. Psychiatric epidemiologists need to redirect their research in such a way that the true burden of mental disorders can be estimated at the community level. This will reveal the true state of the mental health problem. Secondary prevention should focus on strengthening the capacity of primary care services to provide effective treatment.

CONCLUSION

Mental disorders are seen differently over time as well as in the same population at the same point in time. This dynamic nature of psychiatric illness affects its planning, funding and health service delivery. Various studies have shown that the prevalence of mental disorders is higher in the female gender, child and adolescent population, students, elderly population, people suffering from chronic medical conditions, disabled population, disaster survivors and industrial workers. The advantage of community surveys is that they are more representative.

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