



Concept Article

Trends in Mental Health Care in India

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Mental disorders account for nearly 12% of the global burden of the disease. By 2020, they will account for nearly 15% of disability-adjusted life-years lost to illness. The burden of mental disorders is maximal in young adults, the most productive section of the population. Developing countries are likely to see a disproportionately large increase in the burden attributable to mental disorders in the coming years. People with mental disorders face stigma and discrimination in the society.

Over the past five decades, services for the mentally ill in India have steadily improved. From a predominantly asylum care moved to mental hospitals and general hospitals and primary health centres. Apart from involvement of medically qualified psychiatrists the need for nurses with psychiatric diploma has been recognized. This paper briefly reviews the improvement in mental health care facilities and discusses the significance of current trend.

Historical Perspectives

In order to get an insight in understanding of the origin of the current burden of mental illness & of trends in care and treatment it would be necessary to review some historical aspects. This would be discussed in five phases.

Phase- I The early medical approach did not encourage compassion or tolerance towards the mentally ill but implied punishment. Mental illness was shrouded with many myths like-incurable infectious disease & activity of evil spirits, black magic etc. From the latter part of the eighteenth century, several "lunatic asylum" were built in different parts of the country.

The pressure to reform these asylums coincided with the raise in humanitarian concerns where 'asylums' rechristened as 'mental hospitals' in the early part of the 19th century. The Indian Lunacy act was introduced in 1912. Later, a high profile committee under the chairmanship of Sir Joseph Bore, was appointed to plan the development of health services in independent India. The committee felt that the mental health services in the country were grossly inadequate. The committee recommended starting of additional mental hospitals and creating facilities for training in mental health care for medical & non-medical persons in the country.

Phase-II Several important developments occurred during the first two decades after independence. The Indian psychiatric society was founded in 1947. A major landmark of this period was the opening of the All India Institute of Mental Health in 1954 in Bangalore, which twenty years later became the National Institute of Mental Health and Neuro Sciences (NIMHANS). NIMHANS, is the largest centre for training of psychiatrists; clinical psychologists, psychiatric social workers and psychiatric nurses in India. Many new hospitals were built in different places such as Amritsar (1947) Hyderabad (1953) Srinagar (1958), Jamnagar (1960) and Delhi (1966). This phase was rightly called as an era of mental hospitals in free India. Today, there are more than 40 mental hospitals of varying sizes in different parts of the country, with a total bed strength of about 20,000. While some states such as Maharashtra & Kerala have 3 or more mental hospitals, many states do not have even one. During this period several revolutionary reforms were tried. Late Dr.Vidyasagar introduced