

Mental Health Gains via Unconditional Cash Transfers

Why in news?

\n\n

Approximately 150 million people in India experience one or the other mental health condition, according to National Mental Health Survey conducted by the National Institute of Mental Health and Neurosciences (NIMHANS).

\n\n

What are the challenges in providing mental health care?

\n\n

\n

- Poverty is the major challenge. In this context, it is not surprising that depression and anxiety are **extremely high among the poor** and it is twice as prevalent among women than men.

\n

- Still, in the Budget 2017, growth in health and disability budgets remained marginal.

\n

- It also had negligible focus on mental health, considering India's suicide rates are among one of the highest globally.

\n

- Allocations were primarily assigned towards upgradation of premium institutes thus, leaving issues around long-term care in inclusive community spaces or constructing a robust social care.

\n

- Lastly, access to care are limited to clinics, psychiatrists or therapists, all serving only for a essential and distinct purposes.

\n

\n\n

What needs to be done?

\n\n

\n

- A concerted attack on inequality through innovative social interventions

which could decrease the poverty and discrimination could influence the well-being and mental ill health.

\n

- Therefore, this in conjunction with effective health systems which is marked by early identification and appropriate care paradigms, could yield good results.

\n

- We can also apply creative options like **unconditional cash transfers** (UCTs) for those among the 150 million, who are in need of financial recourse.

\n

- A study from Kenya indicates that UCTs resulted in increase in earnings, greater nutritional spend, decrease in domestic violence and **increase in mental health gains**, and reduction in stress etc.,

\n

- Even there, if the woman received the transfer, it resulted in better outcomes for girl children.

\n

- In India also, **Banyan's service users' disability allowance** of Rs. 3,600 per annum for over 11 years indicated enhanced social mobility and sustained engagement with the mental health system.

\n

\n\n

What is the way forward?

\n\n

\n

- **The bi-directional influence between mental ill health and poverty is clear.** So, it is time to to make meaningful investments and pursue inclusive development.

\n

- We need to discern the thought that whether our fiscal climate would allow UCTs. As the scholars suggest, it very well would.

\n

- Direct bank transfers would eliminate middlemen, corruption, subsidy leakages and related administrative costs too.

\n

- But, UCTs cannot operate independently or as a substitute for public goods, namely health and education.

\n

\n\n

\n\n

Source: The Hindu

\n

