# Mental Healthcare Bill

Click Here for The Mental Health Care Bill - II

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## What is the issue?

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- **The Global Burden of Disease Study** shows that in 2013, 50% of all disease burden in India was caused by non-communicable diseases, while mental disorders accounted for about 6% of the total disease burden.
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- The Mental Healthcare Bill, 2016, which was passed in the Lok Sabha on March 27, 2017, has been hailed as a momentous reform.
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- The ground reality, however, suggests that these objectives are not just overambitious but an overkill .
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## What are major issues in mental healthcare?

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- Whether legislation help overcome supply and demand barriers seems highly unlikely, as the **root causes lie in pervasive negative attitudes,** massive neglect of mental health care, rampant abuse and unchecked inhuman practices, and weak redressal and enforcement mechanisms.
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- There are **only 43 government-run mental hospitals** across all of India to provide services to more than 70 million people living with mental disorders.
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- There are 0.30 psychiatrists, 0.17 nurses, and 0.05 psychologists per 1,00,000 mentally ill patients in the country.
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- At the macro level, the proposed health expenditure of 1.2% of GDP in the Budget for 2017-18 is among the lowest in the world. Of the total health budget, a mere **1-2% is spent on mental health.**

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- Underlying this abysmal quality, is a perception that those with mental illnesses are pathological/criminal. Hence they do not deserve the type of rehabilitation given to those with physical ailments.
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- Besides, **the treatment gap** is widened because of the social stigma attached to such illnesses.
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- Women typically face larger treatment gaps as they are vulnerable to violence, sexual abuse and inhuman treatment.
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- Ethnographic evidence from the **Human Rights Watch Report 2014** relating to women inpatients is gruesome.
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- Women and girls in institutions are often subject to not just physical and verbal abuse but also **sexual violence.**
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## What could be done?

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- An emphatic case could be made for shifting from institutional care to **community-based care** for people suffering from mental disorders.
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- A study published in **The Lancet Psychiatry, 2017** offers corroborative evidence from VISHRAM, which is a community-based mental health initiative.
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- The reduction in the treatment gap was due to **increased supply of mental health services through front-line workers** and their collaborative linkage with the physicians and psychiatrists in the facilities
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- The demand can be increased for mental health services due to **improved mental health literacy.**
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- The substantial reduction in the median cost of care resulted from availability of general as well as specialist services in the village itself.
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## What is the way forward?

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- The Bill seeks to address major lacunae in mental health care and is thus an important step forward.
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- However, its implementation will require larger public resources and restructuring of mental healthcare services with a **key role for the community in their provision,** rapid expansion of mental health literacy, effective monitoring and enforcement of the objectives envisioned in it.
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**Source: The Hindu**

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