Report on Mental Health – Lancet

Why in news?

\n\n

The medical journal Lancet recently published a report at the first ministerial on global mental health hosted by the UK.

\n\n

What does the report say?

\n\n

- Mental ill health is on the rise worldwide and it causes massive amount of disability, early deaths and fuelling cycles of poverty.
- Most people with mental health problems do not receive care, which prolongs suffering and leads to colossal societal and economic losses.
- They are also often subjected to human rights abuses and discrimination.
- No other cause of suffering has been so profoundly neglected.
- The situation in India is on par with amongst the worst country-level mental health indicators in the world.
- In India, suicide is now the leading cause of death of young people.
- Alcohol use is blatantly promoted by commercial interests and its abuse has been relegated to a moral issue to be addressed by primitive, punitive policies rather than through a public health approach.
- People with severe mental health problems languish in horrific conditions in mental hospitals or on the streets.
- They were also severely deprived from under-nutrition to neglect that affect the development of the brain in childhood.
- There are virtually no community-based mental health services in the

country.
\n

\n\n

What does it recommend?

\n\n

\n
- The Sustainable Development Goals (SDGs) made specific references to mental health and substance use as targets within the health goal reflects this transformative vision.
\n
- To help achieve these targets and the SDGs, the Commission outlines a comprehensive blueprint for action.
\n
- **Focus** - Our approach to mental health must cover its full spectrum, from day-to-day wellness to long-term, disabling conditions.
\n
- Knowledge to promote mental health, prevent mental disorders and enable recovery has to be used to benefit entire populations.
\n
- **Early intervention** - Mental health is the product of psychosocial, environmental, biological and genetic factors interacting with neurodevelopmental processes, especially in the first two decades of our lives.
\n
- Because our experiences in childhood and adolescence shape our mental health for life, it is crucial that these years unfold in nurturing environments, which promote mental health and prevent mental disorders.
\n
- **Rights based approach** - Mental health should be respected as a fundamental right by putting people living with mental health problems at the centre of planning services.
\n
- Everyone should be entitled to dignity, autonomy, care in the community and freedom from discrimination.
\n

\n\n

How should it be achieved?

\n\n

\n

- Mental health services must be scaled up as an essential component of universal health coverage.
\n
- Barriers and threats to mental health, such as the pervasive impact of stigma, must be assertively addressed.
\n
- New opportunities must be enthusiastically embraced, in particular those offered by the innovative use of community health workers and digital technologies to deliver a range of mental health interventions.
\n
- Substantial additional investments must be urgently made, with special focus on research and innovation.
\n

\n\n

\n
- This could be made by redistribution of budgets from large hospitals to district hospitals and community-based local services to efficiently use existing resources.
\n
- Initiatives like Rashtriya Bal Swasthya Karyakram to the Mental Health Care Act provide a robust policy foundation for realising these aspirations in India.
\n
- A genuine partnership of a diverse range of groups from the mental health and development communities to policy makers and civil society coming together could transform mental health across the country.
\n

\n\n

\n\n

Source: The Indian Express

\n\n

Quick Facts

\n\n

Rashtriya Bal Swasthya Karyakram

\n\n

\n
- The Scheme was launched under National Rural Health Mission to screen

and manage children from birth to 18 years of age for Defects at Birth, Deficiencies, Diseases and Developmental Delays including disabilities.
\n
- All new-borns delivered at public health facilities and homes are screened for birth defects by health personnel and ASHA.
\n
- The children in the age group of six weeks to six years include those attending Anganwadicentres and children in the age group of 6 years to 18 years enrolled in government and government aided schools are screened by dedicated Mobile Block Health Teams.
\n
- The children identified with any health condition are then referred to an appropriate health facility for further management and linking with tertiary level institutions.
\n
- The establishment of District Early Intervention Centre (DEIC) is also one of the components of the scheme.
\n

\n

SHANKAR IAS PARLIAMENT
Information is Empowering