



# Mental Health Crisis and Inequalities in the SAARC Region

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## Abstract

Mental health is a topic of growing concern in the era of digital lifestyles and globalization. Willingly or unwillingly, we have moved rigorously toward the technological panacea in all spheres of our life. On one hand, the digital world is undoubtedly easing us while on the other hand, it has caused significant changes in people's lifestyles threatening the incumbent ethical considerations. Suffering from this ethical dilemma, enormous mental health issues have erupted today at an extremely fast pace. However, the world has limited infrastructures, particularly in the SAARC region to deal with these problems of mental health. In this article, we (authors) have tried to discuss psychiatric issues of the present time and available mental health infrastructures including mental health professionals (MHPs) in the SAARC region. We have also proposed some of the ways to mitigate all those problems to come in the near future.

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Mental health is “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community”, according to the World Health Organization (WHO).<sup>1</sup> Mental health is the result of three forces that act in unison and also define our vulnerability to mental crisis. These three forces are collectively called the ‘biopsychosocial model’ in the discipline of Psychiatry. Hormones, neurotransmitters, cellular receptors, genetics, diseases, drugs, toxins, and diet constitute the ‘biological force’ while our beliefs, emotions, thoughts, attitudes, coping skills, intelligence quotient (IQ), emotional quotient (EQ), and spiritual quotient (SQ) comprise ‘psychological force’. Humans are social animals, so our relationships, upbringing, family, culture, religion, caste, class, finance, etc. reflect ‘social force’. These forces when collide with each other pave the way for weakening the pillars of our minds. Hence, mental health ailments take birth which ranging from personal emotional crisis to insomnia, anxiety, depression, and different kinds of other severe psychiatric illnesses like psychotic and delusional disorders. On one side, the world is achieving milestones in almost all the spheres of technology but on the other side, these massive developments have posed threat to the incumbent ethical principles of every religion, society, and culture. The rampant use of digital platforms traps

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the novice mindset of youngsters into illicit practices and at the same time throws them into intra-psychic conflicts, a prodromal stage of any psychiatric disorder. The institution of marriage is under threat due to the new concept of cohabitation and extra-marital relations which are honest realities of our present-day society. These issues can be directly traced back to the unethical use of different digital platforms open to everyone.

About 21 percent of the global population lives in the region of South Asia and approximately one-fifth of mentally ill patients in the world reside in this geographical area. The South Asian Association for Regional Co-operation (SAARC) was formed on 8<sup>th</sup> December 1985 in Dhaka, Bangladesh. SAARC comprises eight member nations namely, Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Srilanka. The headquarter and secretariat of SAARC are in Kathmandu, Nepal. SAARC comprises around 3 percent of the world's area and 4.21 percent of the global economy as of 2019.<sup>2</sup> Despite vast socioreligious, sociocultural, geopolitical, and geoeconomic diversities, the factors affecting mental health remain the same across this extensively large area. All the eight SAARC countries belong to the group of low-income countries. The prevalence and problems of psychiatric disorders in all these countries are almost similar. Calculating a prevalence of 12-15 percent of mental disorders, the total number of psychiatric patients in this region was found to be around 200 to 250 million.<sup>2</sup> National mental health policies are present in a few of these countries like India, Pakistan, Nepal, and Bhutan. Though mental health legislation is present in some countries, they are in a state of obsolescence and need immediate amendments. The manpower in the field of mental health is grossly inadequate. The number of mental health professionals available in these countries is significantly fewer in number in proportion to the number of individuals requiring mental health care. Moreover, the number of psychiatric beds in general hospitals of respective countries is also limited hindering the proper inpatient psychiatric care required by the suffering people.<sup>2</sup>

The unfortunate death of film actor Sushant Singh Rajput incited a much-needed talk on the topic of

mental health. Mental health issues are stigmatized and people suffering from mental disorders are tagged as lunatics. This ill and regressive mindset of people, ironically living in the digital age has caused a vicious cycle of shame, suffering, and isolation of patients from the available mental health care resources. Indian Council of Medical Research (ICMR) and the Public Health Foundation of India (PHFI) in a joint venture conducted a study on the psychiatric burden which was later got published in LANCET (December 2019). According to this study, mental health issues are the leading cause of non-fatal disease burden, one out of seven Indians is the victim of mental health turmoil, proportional burden of mental health ailments to total disease burden has almost doubled since 1990. The growing menace of 'suicide' is leading from the front in the cause of deaths among young people aged between 15-39 in the year 2016.<sup>3</sup>

Contrary to the need, the sad reality of India is that the expenditure on mental health is very low. In the financial year 2019 and 2020, the budget allocated to National Mental Health Program (NMHP) has been brought down to 40 crores from 50 crores as opposed to the financial year of 2018.<sup>4</sup> There are only 9000 psychiatrists in India out of which many got settled outside India, giving only one psychiatrist for every 100,000 people.<sup>5</sup>

Mental health is one of the most neglected areas of public health and the condition has got worsened by the COVID-19 pandemic. During humanitarian crises, rates of mental health conditions can double. The geopolitical changes in the state of Afghanistan, political conflicts in middle-east countries, refugees in the South Asian countries, and militant activities in India's Jammu and Kashmir have resulted in masses of people, including children and women in these areas becoming victims of various psychiatric disorders like acute stress reactions, post-traumatic stress disorder, depression, anxiety, insomnia, etc. South Asia has been deficient in the field related to research on psychiatric issues largely due to limited financial support, inadequate infrastructure, and poor collaboration among various health agencies in this wide region due to political rifts among the countries. Almost all countries of South Asia are suffering from inequalities in 'public health' in

general and 'mental health in particular. The majority of people belong to rural areas or urban slums with no access to care. New and innovative measures are needed to target these groups. Some areas having the potential for research collaboration in South Asia have been figured out like psychiatric rehabilitation, culturally sanctioned psychotherapy, community delivery of mental health services, studies on epidemiology, the burden of care, course, and outcome of mental disorders, various classificatory systems, psychoeducation techniques, and transcultural psychopharmacology. Mainly, India has made noticeable contributions to research in the field of Psychiatry with the help of ICMR and WHO. The worldwide pharmaceutical companies focus on India by incorporating multiple Indian institutions in various multicentric studies going internationally. Also, praiseworthy is the contribution of the Indian Psychiatric Society (IPS) as it is the largest assembly of trained psychiatrists in South Asia and has a significant role to play in collaborating research among fellow institutions in the region. The Indian Psychiatric Society has worked extraordinarily in promoting the participation of the entire region in its annual conferences to expedite a reasonable intra-regional fraternity and cooperation in research.<sup>2,5</sup>

Lastly, it is important for society not to stigmatize individuals seeking psychiatric care and for a community support structure to be made available so individuals do not have to battle such problems alone. Responsibility is also on the media to be careful while reporting on deaths due to mental health issues. The government of respective nations should make sufficient budgetary sanctions to address the existing infrastructure gaps. There is an urgent need for easy and cost-effective treatment to provide optimum primary mental health care.

Furthermore, the governments have to take initiatives in insurance covers for mental illness to slow down the economic burden. It is the need of the hour to develop a society that respects and protects the fundamental, civil, political, and cultural rights of people. It is essential to aim at child development through early childhood interventions like preschool psychosocial activities, nutritional and psychosocial help. It is necessary to generate public awareness about the commonness of mental disorders, understanding of mental disorders as illnesses, treatment, and the importance of acceptance by the family and community. Coordinated efforts from all stakeholders (government, medical fraternity, civil society, and educational institutions) are needed to address the growing concern of mental health crisis in India and neighboring nations. At a personal level, support from colleagues, friends, and family is essential considering the fact '*there is no health without mental health.*'

**Note:** Views expressed and facts quoted by us (authors) are based on our observations and experiences along with a quick review of some literature.

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