

# **A Community Model of Mental Health Promotion - Its Relevance in Education - The Story of MEHAC in India**

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Mental health is a vital aspect of health and essential to human development. Despite advances in mental health policy and delivery of services, India still has a fragmented mental health system which needs to grow in several dimensions. Stigmatisation and negative attitudes towards people with mental illness are widespread among the general public. As in other parts of the world, the prevalence of mental disorders including depression and substance use is high. Suicide is increasing at an alarming pace especially among youth and the higher education student population. Within this context, the cross-cultural perspectives on mental health and mental illness, demands attention from policy makers, researchers and practitioners.

A community model of mental health promotion in Kerala, India - Mental Health Care and Research Foundation (MEHAC) – is designed to work proactively in the community, establishing partnerships and enabling participation to provide long term care for persons who have poor access to mental health care. The program promotes mental health literacy in schools and the wider community, knowing transforming attitudes and values toward persons with mental ill health is pivotal to paradigm change. Mental health awareness and mental health literacy sessions conducted by the MEHAC team are designed to instigate a shift in values and attitudes towards mental illness in India. Volunteering with the MEHAC project enables community members to build their knowledge, understanding and skills when working with individuals accessing mental health care. This article highlights the initiatives of MEHAC in responding to mental health issues in India, describing how MEHAC in action facilitates mental health promotion and education.

Key Terms: mental health, mental health care, MEHAC, community, India.

## Introduction

India is a country that prides itself on its boundless cultural heritage, which encompasses vibrancy of all sorts. Culture plays a pivotal role in society's understanding of mental health and mental ill-health, uniquely influencing people's attitude to preventative and curative care. Mental health and culture cannot be isolated, they are entwined. Both constructs mould attitudes and perceptions towards persons with mental illness, influencing diagnosis and treatment.

India is facing an unprecedented crisis in mental health. It is estimated that 11-31 million of the youth suffer from reported mental health problems in India (National Mental Health Survey, 2016). According to the recent National Mental Health Survey (2016), mental morbidity of individuals is 10.6%. The life time prevalence in the surveyed population of 13.7% represents the population currently experiencing mental ill-health that demand active intervention. Nearly 1.9% of the population are diagnosed with severe mental disorders during their lifetime, with 0.8% currently identified with a severe mental disorder. Depression and substance use are increasing at an alarming pace especially among young adults in India. The weighted prevalence of depression for both current and life time is 2.7% and 5.2%, respectively, indicating that nearly 1 in 40 and 1 in 20 have experienced depression / are experiencing depression, respectively. Substance Use Disorders (SUDs), including alcohol use disorder, moderate to severe use of tobacco and use of other drugs (illicit and prescription drugs) is prevalent in 22.4 % of the population (National Mental Health Survey, 2016).

Mental health issues are often prevalent among the young which include student population. Mental health issues such as depression, anxiety, or other conditions may lead to behavioural problems at home and school, increased participation in risk-taking behaviours, such as tobacco, alcohol and drug use, and under achievement in schools. However, these sensitive issues are rarely addressed in schools and within families (Ranasinghe, Ramesh, & Jacobson, 2016). The prevalence of mental morbidity in the age group of 18-29 was found to be 7.3%, nearly 9.8 million of young Indians aged between 13-17 year are in need of active intervention (National Mental Health Survey of India, 2016). This usually creates a remarkably deteriorating negative impact on students. While studying the impact of mental health on academic achievement among 200 college students in Bihar, North India, it was revealed that high achiever group was mentally healthy compared to the low achiever group. Mental health was positively related with application to academic study (Singh,



2015). As students and young adults tend to have unique perceptions about mental illness, strengthening mental health literacy among the student population has become crucial and essential. In order to answer the mental health challenges faced by the student population, the government needs to make strategic plans to utilize available settings and resources.

Mental health disorders occupy an outstanding position in the causation of suicide among young adults. The suicide rate in India in 2015 at 15.7/100,000 is higher than the regional average of 12.9 and the global average of 10.6 (World Health Organization, 2017). Suicide is the leading cause of death among those aged 15–29 in India - 38 per 100,000 population (Rajagopal, 2004; Patel et al., 2012). Importantly, this age group is at highest risk in one-third of the developed and developing countries (Vijayakumar, Perkis, & Whiteford, 2005). Manorajitham et al.'s (2010) study from rural South India reported that 37% of those who died by suicide had a DSM–III–R psychiatric diagnosis of which, alcohol dependence (16%) and adjustment disorders (15%) were the most common categories. The emerging phenomenon of “cyber-suicide” in the internet era is a further cause for concern (World Health Organization, 2017; Rajagopal, 2004; Birbal et al., 2009).

Despite the agonizing number of people who need treatment and care, mental health has been grievously neglected in India. Stigmatization and negative attitude are enormous obstacles that people with mental illness have to face. The health care system in India is universal, the National Health Policy (National Health Policy, 2001) envisages as its goal the attainment of highest possible level of health and well-being for all at all ages. In spite of efforts to increase services and reach of the programme, lack of adequate coverage, facilities and man power force a large majority of people to turn to private health care. The World Health Organization (WHO, 2001) has long proposed the development of community based mental health services worldwide. Hence, it is crucial to strengthen community based mental health care which often provides services which are cost effective.

Traditional/indigenous systems as well as NGO's are another crucial sector that play a salient role in health care promotion in India. Even though the role of NGO's in community health promotion and education are commendable they can offer only fragmented service. Hence, the present scenario in India calls for an urgent need to address the mental health needs, forging wholesome and sustainable collaboration from various stakeholders involving government, non-government and community-based organizations. Establishment of autonomous organisations to provide

accountable and evidence-based good-quality care and development of appropriately trained human resources has been suggested as one of the methods to response to the escalating rates of mental ill-health, in conjunction with improving mental health care (Reddy et al., 2011).

The focus of prevention and intervention activities commences with awareness, and needs to integrate: identification, treatment, care, rehabilitation, advocacy, empowerment, community-based activity, research and training. In response to the large gap for long term care models in the community for mental illnesses, the **Mental Health Care and Research Foundation (MEHAC)** (Venkateswaran, Jose, & Abraham, 2014) a not-for-profit organization in Kerala, India was formed. MEHAC carries out collaborative work in the pursuit of advancing public health promotion and treatment in mental health. This approach does not aim at curing or fighting mental illness, but at the optimal management of the impact of the illness on quality of life.

### **The Story of MEHAC Foundation**

Kerala is a state in India where the health system is almost on par with that of developed countries, and struggles to implement mental health care policies. Kerala's achievement in physical health is widely celebrated. Kerala's position is the highest among other Indian states with regard to health and demographic indicators and Kerala has achieved advanced health care facilities. Kerala compared to that of other states in India has made remarkable progress in indicators like the literacy rate standing at 93.91%, the improvement in the health status of the rural population in general and of children and infants in particular with low infant mortality rate (IMR) – 12 per 1,000 births compared to national average of 40. Kerala's achievement in the health field becomes all the more significant and relevant to low income countries when viewed against the facts that the level of per capita income, per capita expenditure on health, and medical infrastructure measures (The Economic Review, 2016; Simon, 2007).

Unfortunately, indicators of mental health suggest that the burden of mental illness is so much that the achievements in education, physical health and well-being are under threat. Responding to the need for a model looking into long term care in the community, the MEHAC program seeks to provide psychosocial care particularly to such sections of the society who do not have access to health care resources.

MEHAC focuses to employ the principles of palliative care for mental health promotion. The goal is to improve the quality of life of people with chronic mental illnesses and their families through the prevention and relief of suffering with a timely assessment, regular follow up and treatment of associated physical, mental, social, and spiritual needs (Trachsel, Irwin, Biller, Hoff, & Riese, 2016). To achieve this goal, the model focuses on enabling local ownership in the community for mental illness. In a country like India, stigma associated with mental illness can be considered as one of the primary causes for mentally ill people not receiving adequate treatment and care (Venkatesh, Andrews, Mayya, Singh, & Parsekar, 2015; Shrivasthava, Johnson, & Yves, 2012). Communities segregate the affected and their families, further stigmatising and discriminating them both. Rural India compared to urban scored high on stigma scores and urban Indians showed a strong link between stigma and not willing to work with an individual with mental illness (Jadhav et al., 2007).

MEHAC involves collaborating with local communities and training health professionals and volunteers to effectively deliver mental health services to the needy. Keeping this in mind, the programme strives to provide mental health care free of cost to people living with mental health issues who belong to the low socio-economic strata. In order to achieve this, a network of outpatient clinics are being setup across various districts in Kerala. These clinics provide services through fifteen functioning service units across five districts. A district (zila) is an administrative division of an Indian state or territory) (Province).

The MEHAC team includes psychiatrists, psychologists, and social workers, most operating in paid roles and some volunteers who reside in the local area. The team work usually ranges from assessment, clinical management, psychotherapy, behaviour intervention, conducting training sessions, psycho-education and counselling. Currently, each person with mental illness has support from a volunteer whose role is to implement individual treatment plans, conduct home care services on a regular basis and direct persons in need mental health care to vocational training services to support their recovery. Moreover, these volunteers provide care and support in conjunction with education about the nature of the mental health illness and the treatment offered.

By establishing free community based services, the MEHAC team ensures speedy recovery and enables people with mental illness to participate in family and community life. Some of the units have additional vocational rehabilitation services that provide day care support for the mentally ill and also focuses to lessen the financial burden on care takers. The main objective of community



rehabilitation centre/ social enterprise is to provide skill training, supported education and employment, manage recovery-oriented programmes and most importantly encourage the family to take the member back to their homes. The program follows a cost effective method allotting 500 INR per month per person and is very cost effective. People with acute mental health challenges and those who belong to economically disadvantaged sections of the society benefit enormously from the services.

MEHAC collaborates with the local governing body (Panchayat) in various districts and this collaboration leads to sustainable intervention. Medicines are provided for no costs and the volunteers (ASHA- Accredited Social Health Activists) of the National Health Mission programme take an active role in the execution of services. The MEHAC team conducts various awareness sessions for students addressing mental health literacy, and training programmes are conducted for volunteers to work in the community partnering with governmental agencies. Community awareness programmes are conducted regularly addressing specific of depression, suicide, stigma etc in the society.

The MEHAC model has been able to replicate itself in increasing number of Panchayats and this has resulted in local ownership. With eight years in operation, the MEHAC team operates in 20 partnerships, including partnerships with community, government, voluntary organisations, academic and research projects.

### **Relevance in Education**

Young adults are considered a valuable human resource as they are the future hope of the society, so it becomes crucial that their perception and attitudes are shaped in a healthy way. MEHAC intends to provide mental health literacy and awareness for students which in turn answer many of the mental health challenges in the long run. Projects to bring mental health literacy into schools by conducting awareness sessions for adolescent students on depression and suicide have become a priority. These sessions provide effective teaching and learning experiences of the process and practice of community health practice and building meaningful, sustainable collaborations between various stakeholders. There is a component of empowering and enabling, with the MEHAC team initiating shifts in values and transforming attitudes of the adolescents participating in the mental health literacy programs.

The students in the community have opportunities to take part, to observe, to gain learning experience and offer support to people with mental illnesses. They join home visits, identify needy people in school or community and refer them to MEHAC. Some students volunteer in finding local funds, or in the organisational work and data and information management systems of MEHAC.

## Conclusion

Community models have been working in various domains in improving the mental health scenario in India. In more recent times these models have expanded to include partnerships with the education sector. The purpose of these collaborations is to fill the gaps, and further strengthen the future generations in understanding and responding to individual, group and societal mental health and well-being challenges, by learning unique ways of care and support both for self and others.

## References

- Birbal, R., Maharaj, H .D., Clapperton, M., Jarvis, J., Ragoonath, A., & Uppalapati, K. (2009). *Cyber suicide and the adolescent population: Challenges of the future?* International Journal of Adolescent Medical Health. 21,151–9.
- Jadhav, S., Littlewood, R., Ryder, A, G., Chakraborty, A., Jain, S., & Barua, M. (2007). *Stigmatization of Severe Mental Illness in India: Against the Simple Industrialization Hypothesis*, Indian Journal of Psychiatry, 49 (3), July-September, 189-194.
- Manoranjitham, S., Rajkumar, A., Thangadurai, P., Prasad, J., Jayakaran, R., & Jacob, K. (2010). *Risk factors for suicide in rural south India*. British Journal of Psychiatry, 196(1): 26-30. [doi:10.1192/bjp.bp.108.063347](https://doi.org/10.1192/bjp.bp.108.063347)
- National Health Policy. (2017). Department of Health and Family Welfare, Ministry of Health and Family Welfare, Government of India. Retrieved from [https://www.thehinducentre.com/multimedia/archive/03145/National\\_Health\\_Po\\_3145\\_484a.pdf](https://www.thehinducentre.com/multimedia/archive/03145/National_Health_Po_3145_484a.pdf). Accessed on 30/07/2018.
- National Mental Health Survey of India, (2016). *Prevalence, Patterns and Outcomes*, Government of India, National Institute of Mental Health and Neurosciences (NIMHANS). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5419008/>

- Patel V., Ramasundarahettige C., Vijayakumar L., Thakur J.S., Gajalakshmi, V., Gururaj G., & Suraweera W., & Jha P. (2012). *Suicide mortality in India: A nationally representative survey*. Million Death Study Collaborators. *Lancet*. 2012 Jun 23; 379(9834):2343-51.
- Rajagopal, S. (2004). *Suicide pacts and the internet*. *BMJ*. 329, 1298–1299.
- Ranasinghe, S., Ramesh, S., & Jacobsen, K.H. (2016). *Hygiene and mental health among middle school students in India and 11 other countries*. *J Infect Public Health*. Jul-Aug; 9(4):429-3.
- Reddy, S. K., Patel. V., Jha, P., Palul, V.K., ShivKumar, A.K., & Dandona, L. (2011) *Towards Achievement of Universal Health Care in India by 2020: A Call to Action*, *The Lancet*, 377 (9767), 760-768.
- Shrivasthava, A., M., Johnson. & Yves Burea. (2012). *Stigma Of Mental Illness-1: Clinical Reflection*, *Mens Sana Monograph*, 10(1), 70-84.
- Simon, T.D. (2007). *Health Care Scenario in India-An Overview "Health care accessibility and socio-economic groups: A study of Kerala"* Thesis. Department of Economics, Dr.John Matthai Centre, University of Calicut.
- Singh, S.K. (2015). *Mental Health and Academic Achievement of College Students*. *The International Journal of Indian Psychology*, 2 (4), 2349-3429.
- The Economic Review. (2016). State Planning Board, Government of Kerala. Retrieved from [http://spb.kerala.gov.in/EconomicReview2016/web/chapter04\\_13.php](http://spb.kerala.gov.in/EconomicReview2016/web/chapter04_13.php). Accessed on 19/09/2018.
- Trachsel, M., Irwin, S.A., Biller-Andorno, N., Hoff, P., & Riese, F., (2016). *Palliative psychiatry for severe persistent mental illness as a new approach to psychiatry? Definition, scope, benefits, and risks*. *BMC Psychiatry*. Jul 22; 16:260.
- Venkatesh, B.T., Andrews, T., Mayya, S.S., Singh, M, M., & Parsekar, S.S. (2015). *Perception of stigma towards mental illness in South India*, *Journal of family medicine and primary care*, V(3):449-453. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4535113/>
- Venkateswaran, C., Jose, S., & Abraham P. F. (2014). *Community mental health and NGO engagement: The Kerala experience. Social Work in Mental Health: Areas of practice, challenges and way forward*. SAGE Publications, New Delhi.
- Vijayakumar, L., John, S., Pirkis, J., & Whiteford, H. (2005). *Suicide in developing countries (2): Risk factors and Crisis*. 26:112–9.
- Vijayakumar, L., Pirkis, J., & Whiteford, H. (2005). *Suicide in Developing Countries (3): Prevention Efforts and Crisis*, *The Journal of Crisis Intervention and Suicide Prevention*; 26(3): 120-124. Retrieved from <http://dx.doi.org/10.1027/0227-5910.26.3.120>
- World Health Organization. (2001). *Mental Health New Understanding*, New Hope Geneva: World Health Organization.
- World Health Organization. (2017). *Suicide rates per 100,000 by country, year and sex*, (Last accessed on 26/07/2018), Retrieved from [http://www.who.int/mental\\_health/prevention/suicide\\_rates/en/index.html](http://www.who.int/mental_health/prevention/suicide_rates/en/index.html).