

Expanding Mental Health Research in India and Providing Funding Agencies—Is the Need of the Hour

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Mental and behavioral problems are a rising part of the world's health problems, particularly in this age of globalization. There is a significant burden of disease arising from these conditions. It is grossly under-represented by traditional public health estimates, which concentrate on mortality rather than morbidity or dysfunction, and are marginal in the domains of prevention, rehabilitation, and wellness. Funding and services for mental and behavioral problems are inadequate compared to the burden of these disorders globally. In most developing countries, such as India, treatment services for people with mental and behavioral problems are of less importance. Treatment coverage is limited to a small number of institutions, which are usually understaffed and overcrowded.

ICMR research projects, in the field of mental health over the past few decades, will be helpful to researchers and planners in their attempts to strengthen mental health services in the region. The Council's Mental Health Research

Initiative currently focuses on the development of mental healthcare modules in urban environments, psychological morbidity in crisis circumstances, and suicidal behavior compared to routine peacetime psychiatric epidemiology.

Projects carried out by task force committees and Centres for Advanced Research over the past few decades can be categorized into seven parts: (a) community mental health, (b) phenomenology, natural history, and outcome studies, (c) mental health indicators, (d) child and adolescent mental health, (e) drug and substance dependence, (f) suicide behavior, and (g) mental health consequences of disaster.¹

Research in psychosocial rehabilitation is overlooked. Psychosocial rehabilitation centers are limited in India, and research facilities are also less. Research in rehabilitation activities includes yoga, light physical exercises, group discussions, training for daily living skills, social skills, life skills, vocational training, individual, and family counseling. In addition to this comprehensive outreach programs,

mental health camps, activities, and services to the patients diagnosed with schizophrenia, psychosis, bipolar disorder, depression, and intellectual disability should be encouraged.²

Disability research should also be emphasized along with rehabilitation research. The concept of disability has shifted from individual impairment to a more social phenomenon in the past three decades. Disability is thus a complex phenomenon, representing an association between characteristics of the body of an individual and characteristics of the culture in which he or she resides. Persons with disabilities are seen to be restricted in carrying out daily activities due to a complex set of inter-related factors, some pertaining to the person and some pertaining to the person's environment, social, and political arrangements.

Government programs and initiatives have grown to include addressing the environment and offering income assistance or work-related support to help people with disabilities engage more

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completely in the community and in workplace. The WHO recognizes the role of the environment in promoting the functioning or raising of barriers.

Discrimination of individuals with disability leads to consequences like increasing individual's vulnerability to disability, self-stigmatization, and depriving care and treatment. Individuals with disability have to cross many barriers to access the due benefits. Such barriers are stigma associated with disability, poor knowledge regarding certification, fear of misuse of certificates, uncomfortable to approach government hospitals, time constraints, rigid negative thinking about legal issues, denial of disability, and "outside" pressure to issue disability certificates.³

In public mental health practice, there is an important paradigm shift that includes a wellness approach. Wellness is holistic and multi-dimensional; it is a conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying lifestyle. Wellness is the process of creating and adjusting behavior patterns that lead to improved health in the wellness dimension and increased satisfaction with life. A wellness lifestyle requires a balance of health habits, such as adequate sleep, exercise, nutrition, daily activity, productivity, and social and supportive relationships. In the recent years, many researchers proposed wellness approaches for mental health practice.

Major differences are noted between the medical model and the wellness approach. The medical paradigm concentrates on minimizing symptoms, rapid stability, and deficiency and

disability-related therapies. This deficit-based approach shows individuals in terms of illness; the interests, skills, abilities, and potentials to achieve personal goals are often overlooked. Focusing on limitations often exacerbates the mental illness or crisis rather than supporting recovery.⁴

In India, as a potential therapeutic intervention, yoga is emerging as a wellness measure and has already reached psychiatrist's armamentarium. In order to integrate yoga into clinical practice, research is required to objectively evaluate yoga therapy further in multi-center trials. In the days ahead, a yoga therapist could become a very useful member of the mental health team.⁵

Yoga and spirituality is our Indian national wisdom, and this has been acknowledged by the world community and the United Nations. The word yoga translates to the term "union," which is, the union of one's own personal consciousness with cosmic consciousness. Yoga helps in personal growth from "I" to "We," that is, from being a self-centered individual to a global human being. From a psychiatrist's point of view, "union" could also mean the unification of thought and affect, as well as of mind and body, which may have therapeutic potential both in the field of illness and wellness. Yoga is a systematic, scientific method with a spiritually approaching practice that helps human consciousness (self) to gain control over the mind and body (prakriti) in order to achieve coherence between self and mind-body complex. Our researchers and funding agencies should recognize this as a priority in the future and raise

the flag of India by contributing research evidence to the world.⁶

The present supplement to mental health research covers a wide range of research areas in the field of mental health. The strength of ICMR mental health research program lies in including experts from different parts of the country and their work in different domains. The research protocols published in this supplement has covered nearly all parts of the country and will generate data on various aspects of mental health problems in the country. I hope it will be useful to young researchers as well as mental health planners in advancing the cause of better mental healthcare in the country.

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