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EDITORIAL

IMPLICATION OF ERWADI TRAGEDY ON MENTAL HEALTH CARE SYSTEM IN INDIA

The theme of the world health day 2001 was stop exclusion - dare to care. The message was that there is no justification for excluding people with mental illness or brain disorder from our communities- there is room for every one (WHR,2001). This year marks the 10th anniversary of the rights of mentally ill for protection and care as laid by the UN a decade ago. In this very year we saw the horrific incidence at Erwadi in our country, in which 26 persons with mental illness died in a tragic fire accident. Overtly this may appear just another callous neglect in attention of policy makers in our overpopulated accident prone society, but the reason is more deep and multifactorial with an equal contribution from ,false beliefs in the masses, faulty state policies, lack of knowledge about mental illnesses in the health care policy makers, stigma towards mental illness and beliefs about its untreatability

India with population of more than a billion, houses one of the highest number of mentally ill persons who require long term care. With less than 10% availability of the inpatient care required for very ill mental patients and less than one psychiatrist available for one lac Indians, the gap between resources and requirements remains too broad.

Due to this wide gap ,large number of psychiatric patients do not receive adequate treatment and suffer from long standing illness and resulting disability. A large portion of the patients who do ultimately reach to the psychiatric outdoor, reach late, when the illness has already become chronic and resistant to therapy. Chronicity due to poor access to mental health care, age old beliefs about the non medical explanations of mental illnesses, widespread illiteracy and poverty combined together stigmatize both the mental illness and the mentally ill.

One of the major reasons for the poor infrastructure of mental health care is that the mental health care has never been a priority area for national health policy planners. The reason for this neglect in the past may partly be explained by the fact that the health policy of any developing nation is directed more by the direct mortality rates and not by morbidity or indirect mortality. The scene is now changing with new concepts like Disability Adjusted Life Year (DALY) and global burden of disease. Parameters for measuring the impact of illness on mankind are now being revised.

Already, mental disorders represent four of the ten leading causes of disability world wide and amount for approximately 12% of global burden of disease. With these facts in the background the whole basis of our mental health policy needs a revision followed by its proper implementation.

Apart from the much needed physical infrastructure there is also acute shortage of the man power in the field of mental health care. The issue of less number of psychiatrists is further compounded by the striking ignorance about, and lack of adequate skills for treating mentally ill persons among the general care physicians and members of other medical subspecialities . Reason for this again is the neglected status of psychiatry as a subject in the undergraduate curriculum of the M.B.B.S(Trivedi 1998) If only these general physicians can correctly identify and treat the major mental illnesses like schizophrenia and depression, a lot of burden on the society, family and on the mental health care facilities would be prevented. This can also reduce

the chronicity and resistence of the mental illness and can thus help in destigmatization and medicalisation of mental illness.

What is needed to be done?

A few steps have already been taken, but there is still a lot to be done. National mental health programme (1982) , adoption of mental health act(1987) , persons with disability Act (1995), integration of the mental health with primary health care at district level(GOI,2000),are the few steps taken in the right direction (Murthy, 2001;Selvaraj,&Kuruvilla,2001).

Gradual implimentation of district mental health programme in a phased manner with support of adequate managerial and financial inputs is the need of the day. Trained mental health care personnel , treatment, care and rehabilitation facilities should be made available and accessible to the masses. This can only be made possible by the sharing of responsibility by government and non government organizations dedicated to the cause of mental health.All the medical schools of our country should be having a separate department of psychiatry to ensure adequate training of undergraduates and more number of postgraduate psychiatry trainees.

Due correction should be made in the guidelines laid by the medical council of India.With a small step of making psychiatry a subject for evaluation in the final professional M.B.B.S, like pediatrics or otorhinolaryngology will ultimately reflect itself as a giant leap towards the envisaged goal .

Any programme howsoever well planned can not succeed unless there are no takers. There is an urgent need for proper IEC i.e. information, education and communication about the mental illness among the masses . This will not only help in breaking the age old myths and false beliefs about the mental illness but also prevent the neglect of mentally ill and there abandonment at places like Erwadi. Inspiration to this effect can be taken from the fact of extreme popularity of programmes like DATE on Radio in 1992 and Mindwatch on T.V. in 1997. The wide spread availability and reach of media can be furtner utilized for this purpose. An extra care should also be taken to prevent misuse of media like films and television for wrong depiction of mentally ill persons and methods of treatment such as ECT .

The role of us, that is psychiatrists will be central in any effort which can,or is intended to be of benefit for mentally ill. We can bear this responsibility only if we keep ourselves updated about every new change happening in the field of diagnosis and treatment . The practice of evidence based psychiatry will not only benefit patients but also increases our own confidence about our specialty and its scope.

Amidst all these discouraging facts and figures a tower of light which stands firm and unshakeable is about the great Indian family system with its traditions and values. One can not neglect the great work being done by our family system in caring and supporting choronically ill patients. These are our answer to west's old age homes, day care centers, half way homes etc. What all is more required is a little support from the policy makers in the form of accessibility to health care services, scientific knowledge and treatment and expert help at the time of need. This will prevent the abandonment of chronic mentally ill persons by the burnt out families to places like Erwadi which though based on the principle of care can prove dangerous some times.

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