Reducing the mental health treatment gap in Kashmir: scaling up to maximise the potential of telepsychiatry

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Mental health in India remains a major concern with the country facing numerous challenges such as poor awareness of mental illness, stigma, high treatment gap and shortage of mental health professionals to manage widely prevalent mental illnesses. The National Mental Health Survey of India reported that the point prevalence of any mental illness was 10.6% while 5.1% of the adult population was estimated to have some level of suicidality.[1] The Global Burden of Disease Study 1990–2017 estimates the number to be 197.3 million people (95% uncertainty interval:178.4–216.4).[2] Between 2012 and 2030, mental illnesses would cost India 1.03 trillion US dollars.[3] The scenario is complicated by a very high treatment gap of 83% along with only 0.75 psychiatrists per 100,000 population, even though the WHO desires at least three psychiatrists per 100,000 population.[4] Having a population of more 1.38 billion, a low number of overall mental health professionals in India, especially in rural areas, is not surprising as most of these are concentrated in urban areas.

India was one of the first lower- and -middle income countries to adopt the Mental Health Program (MHP) in 1982. To take mental health out of the shadows, the government has tried to increase the number of psychiatric training institutes as well as seats. However, COVID-19 had a substantial impact on mental health, as the country witnessed approximately half a million deaths and bore prolonged lockdowns. To address psychological disorders associated with COVID-19 and improve overall psychological functioning, the Government of India has launched the National Tele-Mental Health Program (NTMHP), which involves setting up a network of 23 tele-mental health centres of excellence to cater to a wide range of cultures in a diverse country like India. There is also a provision of free round-the-clock telepsychiatry services via Tele-Mental Health Assistance and Nationally Actionable Plan through States (Tele-MANAS) and a mobile app called 'MANAS Mitra'.[5] Every Tele MANAS centre would have the facility of trained psychiatrists and counsellors who would refer the patients in acute psychological distress to locally available Government runs mental health centres in case the need arises so.

The impetus towards scaling up mental health services was taken by the Finance Ministry of India that added budget for tele-MANAS in its Union Budget of 2022 for nation wise coverage of Tele-MANAS.[6] With an estimated 1.2 billion mobile phone users and 600 million smartphone users, NTMHP is expected to reach a large portion of patients, eventually reducing the colossal treatment gap. Scaling up tele-psychiatry is especially relevant in regions such as Jammu and Kashmir that have faced political conflict and natural disasters such as earthquakes, floods, and including impacts from the ongoing COVID-19 pandemic. The area has a huge mental health burden that authorities have tried to address by increasing the number of trained mental health professionals, despite these efforts the gap remains largely unaddressed. Policymakers have also initiated the Tele MANAS centre in Kashmir, where mental health needs are being prioritised by introducing more professionals who can provide services in local Kashmiri and Urdu languages.

Since its launch on 4th November, 2022, the centre has received 4000 calls as people with mental illness from every district of the Union Territory are seeking professional help.[7] These numbers convey the enormous demand and needs but also show that TELE Manas is acceptable to people and they are initiating contact with mental health providers. The current step is expected to ensure cost-and-time-effective and comprehensive services for the poorly served population of the region, strengthening mental health, an area that has been historically neglected in Jammu and Kashmir. Similar efforts are made by WHO special initiative for mental health (2019–2023) which is targeting Bangladesh, Jordan, Paraguay, the Philippines, Ukraine, and Zimbabwe. Since then, Argentina, Ghana and Nepal. The initiative has started with a country level assessment led by government stakeholders to get a

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broad picture of the mental health needs, available services, opportunities, and main challenges for scale up and develop strategies for scale up of services.[8]

Contributors

AH, BK and MK conceptualised of the Comment. FR wrote the original draft of the manuscript which was edited and revised by MK and AH. All the authors agreed with the submission.

Declaration of interests

The authors have conflicts of interest to disclose.

References

1 Amudhan S, Gururaj G, Varghese M, et al. A population-based analysis of suicidality and its correlates: findings from the National Mental Health Survey of India, 2015-16. *Lancet Psychiatr*. 2020;7:41–51. https://doi.org/10.1016/S2215-0366(19)30404-3.

2 India State-Level Disease Burden Initiative Mental Disorders Collaborators. The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990-2017. *Lancet Psychiatr*. 2020;7:148–161. https://doi.org/10.1016/S2215-0366(19)30475-4.

3 Birla N. *Mental health may hurt India to tune of $1.03 trillion; here's a dose for cos*. Economic Times (Online); 2019. https://economictimes.indiatimes.com/magazines/panache/mental-health-may-hurt-india-to-tune-of-1-03-trillion-heres-a-dose-for-cos/articleshow/71045027.cms. Accessed February 27, 2023.

4 Garg K, Kumar CN, Chandra PS. Number of psychiatrists in India: baby steps forward, but a long way to go. *Indian J Psychiatr*. 2019;61:104–105. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_7_18.

5 Sagar R, Singh S. National Tele-Mental Health Program in India: a step towards mental health care for all? *Indian J Psychiatr*. 2022;64:117–119. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_145_22.

6 Ahmed T, Dumka A, Kotwal A. Tele MANAS: India's first 24X7 tele mental health helpline brings new hope for millions. *Ind J Mental Health*. 2022;9(4):403–406.

7 Bashir R. *In 3 months Tele-MANAS cell receives 4000 distress calls*. Srinagar: Greater Kashmir; 2023. https://www.greaterkashmir.com/todays-paper/front-page/in-3-months-tele-manas-cell-receives-4000-distress-calls. Accessed February 27, 2023.

8 World Health Organization. *The WHO special initiative for mental health (2019-2023)*. Universal Health Coverage for Mental Health; 2019. https://www.who.int/initiatives/who-special-initiative-for-mental-health. Accessed March 27, 2023.