

Shifting towards rights- and recovery-oriented mental health care in India: Call to action

SUMMARY

150 million people in India are estimated to live with mental health conditions. However, nearly 70-92% do not have access to mental health services, creating a large mental health care gap. There is a significant lack of acceptable and affordable quality care. Social determinants are drivers of mental health and therefore mental health needs to be addressed as a development issue related to social, cultural, and economic factors, not merely biomedical ones. Biomedical interventions by themselves have not helped to close the mental health care gap; therefore, we need rights- and recovery-oriented care that can address systemic and structural barriers to mental health care. Given the impact of the current pandemic on mental health, we need to address this as an inter-sectoral concern.

The first meeting for a new recovery network called *Recovery-Oriented Mental Health System Transformation in India* (ROMHSI-1) was held in Pune in February 2020. The aim of the meeting was to conceptualise recovery and research in the Indian context for mental health system transformation towards upholding rights and supporting recovery. The meeting was attended by 50 people from across India with representatives from funding organisations, and mental health NGOs; people with lived experience; clinicians; journalists; academics and researchers; designers; and human rights activists.

RECOVERY-ORIENTED MENTAL HEALTH CARE

Most agreed on a people-centred definition of recovery, where mental health services, policies, and interventions should be focused on supporting a person's will and preferences. This requires a paradigm shift from the existing notion of symptomatic recovery to an approach where rights and access to social care are also looked at.

RECOMMENDATIONS

- 1. Implementation of the Mental Healthcare Act, 2017¹ and National Mental Health Policy, 2014²**
 - ▶ Need to strengthen and create adequate resources in the mental health sector to implement the national law and policy on mental health.
 - ▶ Need to identify and close the gaps in the implementation of the aforementioned law and policy.

¹ To know more about the Act: <https://www.prsindia.org/uploads/media/Mental%20Health/Mental%20Healthcare%20Act,%202017.pdf>

² To know more about the Policy: https://nhm.gov.in/images/pdf/National_Health_Mental_Policy.pdf

2. Need a shared understanding of recovery

There are multiple interpretations of 'recovery' within mental health and its allied sectors. We need to move towards a shared understanding of the concept to implement and evaluate services, policies, and interventions.

3. Document and disseminate recovery stories in the public domain

There is a need to change the notion of symptomatic recovery to a more holistic understanding of the concept. Arts, culture, and various forms of sharing stories can help in bringing about this shift. This can also raise awareness amongst those with lived experience of mental health problems.

4. Inter-sectoral and intersectional approach

- ▶ Recovery- and rights-based care is dependent on an inter-sectoral and intersectional approach with emphasis on marginalised groups to address the impact of gender, caste, religion, sexuality, and other social determinants on mental health.
- ▶ The mental health sector should therefore collaborate and work across sectors such as gender, education, livelihood, and other social care interventions.³

5. Accessible resources for persons with lived experience and care providers

- ▶ Need to provide accessible training and resources for persons with lived experience and care providers that uphold the principles of rights- and recovery-oriented care.
- ▶ Enable access to and increase the number of social care benefits for mental health conditions such as creating anti-discriminatory policies at work.

6. Co-design mental health care interventions

Inclusion and participation of persons with lived experience, care providers, and mental health professionals when designing mental health programmes, such as peer support⁴, will ensure that policies are representative of people's needs.

7. Effective use of media

- ▶ Work with media professionals to provide reliable, person-centric recovery narratives.
- ▶ Sensitive and ethical reporting of recovery narratives to be covered by local and national media by prioritising people's will and preferences.

8. Forming alliances

Work with support groups, online and offline platforms for persons with lived experience to share stories of recovery.

3 List of potential resources: <http://bridgethecaregap.com/resources.php>

4 To know more about peer support: <https://www.upsides.org/>

We urge persons with lived experience to break the stigma on mental health and invest the resources required to implement a recovery- and rights-oriented care in mental health.

For further details, email us at info@cmhlp.org



@CMHLPIndia



cmhlp.org

References

- Slade, M., Amering, M., Oades, L. (2008). Recovery: an international perspective. *Epidemiologia E Psichiatria Sociale*, 17(2), 128-137. DOI: 0.1017/s1121189x00002827
- Pathare, S., Kalha, J., Krishnamoorthy, S. (2018). Peer support for mental illness in India: an underutilised resource. *Epidemiology and Psychiatric Sciences* (2018), 27, 415–419. Cambridge University Press 2018. DOI: 10.1017/S2045796018000161
- Reframe: Bridging the Care Gap. (2019). *The Mariwala Health Initiative Journal* (2). Retrieved from https://mhi.org.in/media/insight_files/MHI_ReFrame19.09.30_DIGITAL_bXDTARb.pdf

Acknowledgements

This work was funded by the Global Challenges Relief Fund through a grant to the University of Nottingham, UK and the Centre for Mental Health Law and Policy.