Feature
Hidden in plain sight: mental health in India

A small brown sign adorns the front of the building, which reads Parivartan Centre, literally meaning centre for transition, or change. The names Dr Avdesh Sharma and Dr Sujatha Sharma are listed below in small print. I double-check the address, as I do not see the words mental health, psychiatry, or psychology anywhere near the entrance.

I enter the building and am told to wait in the main lobby. It is a peaceful, one-storey flat, decorated with small statues of Buddha and brochures about Stress Free Living. A piece of paper adorns the wall with the words, "We appreciate your maintenance of 'Quietness of Place'" and I notice that there are no clocks to remind me of the world outside. We are in New Delhi, a city where time is precious and which grows busier and faster by the second.

Parivartan Centre was created in the 1980s by Dr Avdesh Sharma, a psychiatrist, and Dr Sujatha Sharma, a clinical psychologist. Both doctors are mental health providers who trained at the National Institute of Mental Health and Neurosciences (NIMHANS), one of the most prestigious institutions in India for the study of mental health. The two have championed mental health through many media, including books, magazine articles, multiple television shows, including a television series called *Mann Ki Baat*, and of course, their own practice. Yet their advocacy stands in distinct contrast with the fact that the nature of their practice is never announced on the building; it is nearly hidden in plain sight, a fitting metaphor for how mental illness continues to be perceived within Indian culture.

India has been called the world's most depressed nation, with 36% of the population suffering from major depression according to some estimates. Neuropsychiatric disorders in India are estimated to contribute to 11·6% of the global burden of disease (WHO, 2008), and the country has the highest number of suicides in the world. According to a WHO report, 250000 suicides were reported in 2012, with over 40% of those in individuals under the age of 30 (Sareen and Trivedi, 2009). Additionally, among Indian women and teenage girls aged 15–19 years, suicide has surpassed maternal mortality as the leading cause of death.

Despite the prevalence of mental illness in India, there is a paradoxical silence within many families and communities, and it remains highly stigmatised in the popular imagination. According to Thara and colleagues (2003), both a public stigma and self-stigmatisation surround mental health. Speaking about mental health is sometimes viewed as a sign of weakness, and visiting a psychiatrist is often looked down upon. "I'm still not the type of doctor who will be invited to birthday parties", Avdesh Sharma says, with a grin.

Mental health remains an underdeveloped and under-staffed field in India's medical practice. According to Sharma, when he began practicing, psychiatry was seen by some in medicine as a so-called wastebasket profession, and this mentality has only slowly begun to change. Even today, out of the 936 000 doctors in India, there are only roughly 4500 psychiatrists, a small number of providers compared with the approximately 7000 psychiatrists of Indian origin in the USA alone. Mental health infrastructure is also severely limited, with only 43 Government mental health hospitals across all of India to provide services for the estimated more than 70 million people living with psychosocial disabilities.

Part of the reason for a lack of attention to mental health is a pervasive perception about those who have mental illnesses as being pathological or even criminal. Historically, this view was embedded in India's legal system, which previously punished attempted suicide with up to one year in prison or a fine under Section 309 of the Indian Legal Code, a section which is finally in the process of being removed from the constitution of India. Mental illness has long been viewed as "...the exclusive fault of individuals who are sociopathic, criminal, or, at best, irresponsible or organically sick", (Bourgois, 2010). Those who manifest such symptoms are perceived as abnormal, outside of the normative social order, and therefore not deserving of the type of rehabilitation given to those with physical ailments.

Priya Shankar is an MD-MPH candidate at Boston University School of Medicine and Harvard School of Public Health

Arjun Shankar is a Postdoctoral Fellow at School of Social Policy and Practice, University of Pennsylvania

Corbis

Such an unforgiving outlook towards mental health has been compounded by massive changes occurring in Indian cities. According to Dr Sujatha Sharma, the pressure on India's population is increasing, with many Indians experiencing migration, changes in their lifestyle, and decreased family support systems. "There is increased stress and decreased resilience, which are fertile ground for psychological problems. Today, we have also become a very aspirational society, and when people cannot meet their own expectations they feel hopeless", Sujatha says.

She also discusses the tricky balance that exists between India's traditional values and the country's rapid modernisation. "Our cities bring together a potpourri of different backgrounds, religions, and castes, and when teenage relationships are not fully acceptable, we witness honour killings or suicides", she adds.

It is within this complicated, dynamic atmosphere that Sujatha and Avdesh Sharma have conducted their mental health advocacy. In 1978, while Avdesh Sharma was completing his higher education in psychiatry, he was given the opportunity to work in television. He battled severe social anxiety at the time and describes how his media platform was a way for him both to bring to life important social issues and battle his own phobia.

He anchored and helped develop several programs, including a weekly health program entitled *Jan Hai Jahan Hai* that focused on wellbeing, a series on drug abuse called *Andhi Galiyan,* and a 26-episode mental health-related serial called *Mind Watch*, which is now the longest running non-fiction mental health serial in the world. Behind the scenes, his wife Sujatha served as a researcher and scriptwriter for the serial.

His most recent work has been the hit series, *Mann Ki Baat*, which first aired on the Doordarshan channel in July, 2010. *Mann Ki Baat* has garnered critical acclaim and has been nominated for the Doordarshan awards. The 78 episodes have ranged from social topics such as adolescent relationships, divorce, and gender discrimination to classic psychiatric illnesses such as obsessive compulsive disorder, anxiety, suicide, eating disorders, and social phobia. Each segment begins with voices from individuals asking questions that both doctors hear on a daily basis at Parivartan Centre, including, "How can I talk about this? Who will listen? Won't they laugh? Will anyone understand? Why do I have to be this way?"

Avdesh, in an episode of *Mann Ki Baat,* describes how "a person does not choose to get mentally ill and cannot 'just snap out of it,' just as a person cannot simply snap out of a physical illness simply by willing it." He goes on to describe how negative attitudes towards people suffering from a mental illness are actually a violation of their human rights. "People suffering from a mental illness are considered dangerous only because of a lack of proper awareness on the issue…and it is the attitude of the Indian public that is generally more disabling for patients than their illness."

While Avdesh and Sujatha Sharma have used *Mann Ki Baat* and other platforms as a means of breaking the silence surrounding mental health, they both recognise that India still needs to take many steps forward. India's first Mental Health Care Bill, which was conceived in 2013, made affordable, good quality, and easily accessible mental health care a right for all citizens of India; however the bill has not yet been passed and is undergoing revision for further Parliamentary approval.

According to Dr Ameeta Parsuram, a professor of Psychology at the Jesus and Mary College of New Delhi, although much discussion and dialogue occurred in 2013 at the Governmental and political level, "nobody has really felt the impact. I don't think that the people who deserve it have benefited. If we pick a sample of 100 Indian people, many still would not have even heard of the word 'schizophrenia', and [individuals] with mental illness continue to be viewed under the word 'pagal' (crazy)." She describes how mental health education continues to be limited, and the number of allocated seats in the fields of psychiatry and psychology is still minimal. "There are less than 10 merit based seats in psychology at NIMHANS, India's preeminent institute specialising in mental health, and students are not even rewarded for their efforts if psychology is a field of interest for them", she says.

Despite these challenges, Avdesh and Sujatha Sharma remain optimistic. "In the future, my dream is that mental illness should be on par with physical illness. By having a mental health counsellor in every school, we can change the very way that mental illnesses are looked at. Maybe then the moment people realise they have a problem they will seek out help, rather than taking months or years. When people have a stomach ache, they go to see a doctor. When they are anxious, they should visit a psychologist or psychiatrist", Sujatha Sharma says.

She turns to her husband for his thoughts. "Global mental health needs to grow as a field," he says, now as the International Lead of the Public Education Initiatives of the World Psychiatric Association. "While we are growing fast in terms of economic growth, it is also necessary that the growth of the individual takes centre stage. There is a lot of work ahead, but I am hopeful."

Priya Shankar, Arjun Shankar