MENTAL HEALTH ISSUES OF INDIA

Christian Medical College
Vellore, India

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OBJECTIVES

➤ Examine community health interventions established by Christian Medical College (CMC), Vellore

➤ Experience Psychiatric Nursing and observe evidence based practices for treatment of mental health diagnoses

➤ Build relationships with health care professionals at CMC

➤ Assimilate in the culture of India while gaining competence of culture to better understand culturally exclusive interventions
BACKGROUND INFORMATION

➤ Population of India: 1.241 billion (2011)
➤ India constitutes 2.4% of the total land area in the world while being occupied by 16.87% of the population
➤ India has the highest rate of suicide at a mortality rate of 21.1 per 100,000 people (World Health Organization, 2014)
➤ Indian culture relies heavily upon their family structures to provide for needs of women, children, and ill
  ➤ This is true for mental health treatment as well, families provide much of the care for patients with mental health diagnoses (Avasthi, 2010)
➤ Spirituality very important in India
  ➤ Majority are Hindu (81%)
  ➤ Followed by Muslims (13%), Christians (>3%), Sikh (2%), Buddhists (>1%), and Jains (>1%) (CultureGrams, 2014)
➤ Income levels vary
  ➤ Vellore (Southern India) - lower and middle class
  ➤ Delhi (Northern India) - middle to upper class
➤ Much of healthcare provided by government programs in partnership with NGOs, NO OVERLAP OF SERVICES
CHRISTIAN MEDICAL COLLEGE, VELLORE

➤ Private Hospital

➤ Works well with government healthcare services, partners

➤ Started in 1900 by Ida Scudder, an American Missionary

➤ Three Knocks...

➤ Efforts in advancing women through medicine and nursing
DEPARTMENT OF PSYCHIATRY

➤ Outpatient Clinic
  ➤ Can see up to 200-400 patients per day
  ➤ 2 adult, 1 children/adolescent, and 1 autism team

➤ Inpatient wards
  ➤ Three wards, income dependent
  ➤ Acute care room
  ➤ All provide patient and family housing; floor mat to bed
  ➤ No patient identifiers, reduce stigma
MENTAL HEALTH ISSUES IN INDIA

➤ Depression, Schizophrenia, Bipolar, Obsessive-Compulsive behaviors, emotional and marital problems (adjustment disorder)

➤ Addiction (primarily alcohol)

➤ Suicide seen primarily with addiction and adjustment disorders

➤ Lack of proper treatment due to lack of access to resources
  ➤ Transportation
  ➤ Financial burden
  ➤ Families do the best they can based on their level of understanding

➤ Conflict of medicine versus homeopathy (D. Kattula, Personal Communication, 2016)
  ➤ Additionally conflicts arise with insistence of no overlap of services between NGOs and government programs
Alcohol Prevalence

Inadequate Care

Culture Conflict
SYSTEM INTERVENTIONS

➤ Mental Health Bill of 2013 (Pending)
  ➤ Decriminalizes suicide
  ➤ Ensures rights of those with mental illness
    ➤ Right to care (provided or funded by government)
    ➤ Right to legal counsel
    ➤ Greater oversight of mental health facilities
  ➤ Additional training for law enforcement
➤ Mental Health Act, 1987 (Current)
  ➤ Terminology changes
  ➤ Oversight begins of mental health institutions
COMMUNITY INTERVENTIONS

- Destigmatizing mental health disorders in society
  - Moving away from belief that mental health issues stem from supernatural causes while respecting culture
  - Social and biological understanding of mental health is growing, however many still believe there is a supernatural aspect to mental health disorders (Saravanan et al., 2008)
  - Reporting suicides as cause of death rather than natural causes. Vellore rates higher: 95 per 100,000; due to accurate reporting from community (Manoranjitham et al., 2010).

- Greater awareness of human rights violations
  - Chaining loved ones
  - Erwadi mental asylum tragedy

- Basic needs must be met first
  - Water, Sanitation, Social Justice
INTERVENTIONS IN PRACTICE AT CMC (INDIVIDUAL LEVEL)

➤ Removing stigma
  ➤ No patient identifiers
  ➤ No gowns
  ➤ No restrictions placed on movement

➤ Family integration into psychiatric care
  ➤ Family living space provided for all inpatient wards
  ➤ Family expected to provide personal care and food for patients
  ➤ Inclusion in psychotherapy sessions, history/interview, discussion of care plan

➤ Removing barriers
  ➤ Home visits
  ➤ Reduced cost for medications and services provided, decided by practitioner
INPATIENT WARD
Occupational Therapy - Home Visits - Therapeutic Environment
CONCLUSIONS

➤ CMC is an example of inpatient mental health services that works.

➤ While the United States moved away from inpatient facilities due to abuses; CMC is an example of how inpatient treatment can work even long term.

➤ Family integration into care of mental health patients is paramount and is working at CMC (D. Kattula, Personal Communication, 2016).

➤ Data collection is something CMC would like to improve to provide evidence of their model of care

➤ Case studies are proving the model works though

➤ India is culturally accepting of this less private approach (Would this work in the United States? After destigmatization?)

➤ Conflicts arise due to varies beliefs and system issues within India
MOST PROFOUND CLINICAL EXPERIENCE

2 Deaths first day & 1 Suicide attempt by pesticide
MOST PROFOUND CULTURAL EXPERIENCE

Cultural Assimilation


