

## EDITORIAL

### MENTAL HEALTH BY THE YEAR 2000 A.D.

The historic Alma-Ata Declaration has now become a household word. Its ultimate goal—health for all by the year 2000 A.D. is a dream worth realizing. This seemingly simple and straightforward statement is a tremendous venture in the field of health care and is breathtaking in its scope. The emphasis in health care would follow the principles of Primary Health Care as mentioned in the Alma Ata Declaration and which aims at deprofessionalizing and decentralizing health care. Achievement of the goals as envisaged above will have to include approaches and strategies for the improvement of all aspects of health, physical, mental and social. Since all are signatories to it, it does attain a somewhat mandatory status. Our concern of course relates to the prospects of adequate care being provided to the mentally unwell. We are well aware that mental health, in the past, was a relatively neglected area in the national and state health planning. This neglect is, however, now giving way to an increasing consciousness of the essentiality of the mental health component in schemes of health planning. Previous misconceptions regarding mental illness are being disproved; the importance of mental health skills in improving the quality of general health services is being recognized, and the aim of healthy psychosocial development of the people is rapidly gaining prominence. However, these are rather slow whereas the problems requiring our attention are growing in all dimensions. They require a strong commitment from the Government and dedicated endeavours by a vast number of health personnel of all categories as well as by the entire community.

A consideration of the existing state of mental health delivery systems in India indicates that there is a strong disparity between requirement and existing facilities. It has been estimated that no more than 10% of those requiring urgent mental health care are receiving the needed help with the existing services. Moreover, these health services are mainly concentrated in the urban areas, thus further emphasizing the disparity, mentioned above, in the rural areas, which constitute 80% of our population. Deliberating over these matters, almost 15 years ago, an expert committee of the Indian Psychiatric Society concluded that "Even if almost all the five-year plan efforts in the fields of health were only geared to increasing the number of psychiatrists, it would be impossible to provide an adequate number of hospital beds and mental specialists even in the next 50—100 years..." This statement of fact merely serves to emphasize the futility of the centre-to-periphery approach in the development of a mental health system in our country, or meeting the goal of achieving health for all by the year 2000 A.D. Hence, there has to be a major refocussing of approach, away from the traditional institutional approaches, involving the alternative strategy of training an increasing number of different categories of health personnel in basic psychiatric and mental health skills. There would thus be a viable functional infrastructure prior to completion of a physical infrastructure. This approach is the one which is basically directed from the periphery to the centre. It is distinctly the more basic approach, beginning, so to say, at the grass-root level and allowing for a speedy coverage of the mental health needs of the rural poor and hitherto neglected areas of society. Both these strategic approaches are not mutually exclusive; rather, they are complementary.

For satisfactorily achieving the above-mentioned goal we would have to aim at diffusion of mental health skills to the periphery of existing network of health service

system. At each level of the system (village worker, sub-centre, primary health centre, district hospital, regional hospital) the tasks to be performed will be appropriately apportioned and a referral system set up so that the total system works in an integrated fashion. Only then could we hope that mental health problems are handled effectively at the appropriate level of the health system. Areas particularly deficit in mental health care services would be tackled on a priority basis, thus strengthening mental health care in those regions at present deprived. As mentioned above, the basic mental health care would be integrated into the general health services, facilitating the application of mental health skills when dealing with patients without gross psychiatric disturbances. Another important aspect of this system would be the involvement of state, district and block leadership in the implementation of the mental health programme. Hopefully it would lead to active community participation in preventive efforts directed at psychosocial problems. Treatment, rehabilitation and prevention sub-programmes would form major components of the proposed services to be rendered. Finally, another important focus has been delineated; that of training of a mental health team, which would include in its scope, apart from post graduate training and under-graduate training, the training of psychiatric auxiliaries and parapsychiatric personnel.

For a realization of these aims an outline of a plan of action is a must. This would specify targets to be achieved and, working in concert with the state and administrative machinery, would delineate ways of achieving the goals. An important feature of this plan is the proposed integration of psychiatric services into the general health care delivery. A linkage of mental health care with social welfare, schools and medical colleges is imperative and the coordination of all these activities through a National Advisory group is a must.

Finally an adequate emphasis must be ensured to two further aspects of mental health care : Firstly, that indigenous systems of treatment like Yoga, Meditation and Ayurveda would receive encouragement and secondly, appropriate research into all aspects of mental health care is assured. Research has an important bearing on the quality of services rendered. Moreover, it is a strong monitoring and evaluative method to assess the efficacy of any programme. Hence, all these comprehensive aspects have to be geared up to their maximal potential in order to achieve our set target of health for all by 2000 A.D. We thus strongly suggest to the planners, thinkers and implementators to accord a super-speed priority in evolving the strategies of tomorrow and to ensure a very early adoption of *National Mental Health Programme* now under active consideration of the National and State authorities.

B. B. SETHI