Trends in the development of psychiatric services in India

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Over the past five decades, services for the mentally ill in India have steadily improved. From a predominantly mental hospital based service, provision has now moved to general hospitals and primary health centres. A variety of factors have contributed to changes in the quality of services. This paper briefly reviews the changes and discusses the relevance of some of them.

The past few decades have witnessed great strides in the care of people with mental illness in India. In recent years, there has been a growing awareness of the suffering caused by mental illness and the problems in providing meaningful mental health services. This paper reviews the progress towards better provision of care and discusses the significance of some current trends.

The various events which influenced the development of psychiatric services in India have occurred over five discernible phases. The first is the colonial period, prior to India's attaining independence from Great Britain in 1947. From the later half of the eighteenth century onwards, several 'mad houses' and 'lunatic asylums' were built in different parts of the country. Largely modelled after similar institutions in Britain, their functioning too was similar. Some of the changes taking place in the care of the mentally ill in Britain in those days were partly reflected in British India, and 'asylums' were rechristened as 'mental hospitals' during the earlier part of this century. The Indian Lunacy Act was introduced in 1912. Later, a high profile committee under the chairmanship of Sir Joseph Bhore, appointed to plan the development of health services in independent India, noted that the mental health services in the country were grossly inadequate. The committee's recommendations (many of which have not been implemented even today) included the opening of new mental hospitals and creating facilities for training in mental health care for medical and non-medical persons in the country.

During the next phase which consists of the first two decades after independence, several important developments occurred. The Indian Psychiatric Society was founded in 1947. A major landmark of this period was the opening of the All India Institute of Mental Health in 1954 in Bangalore, South India, which 20 years later became the National Institute of Mental Health and Neuro Sciences (NIMHANS). NIMHANS which has been a World Health Organization collaborating centre for research and training in mental health since 1987 is the largest centre for the training of psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses in India. Many new mental hospitals were built in different places such as Amritsar (1947), Hyderabad (1953), Srinagar (1958), and Jamnagar (1960). The last of them was opened in Delhi in 1966. This phase can rightly be referred to as the era of mental hospitals in free India as most of the mental health care services in the country were centred around the mental hospitals. Today there are more than 40 mental hospitals of varying sizes in different parts of the country, with a total bed strength of about 20 000. While some states such as Maharashtra and Kerala have three or more mental hospitals, many states do not have even one.

This period also marked certain revolutionary reforms, at least in one of the mental hospitals in the country. The late Dr Vidya Sagar, when superintendent of Amritsar mental hospital, not only "introduced a humane and liberal regime on his crowded wards; but also pitched tents in the hospital's grounds and invited relatives to stay, to help to look after their own kin and join in mass meetings in which, adopting the language of one of their own religious Gurus, he expounded in simple terms his views on the principles of mental health" (Carstairs, 1973). However, overcrowding, a large percentage of chronic long-stay patients who cannot be discharged, poor funding, inadequate facilities for rehabilitation and a lack of adequately trained and motivated staff have continued to plague many hospitals and contributed to the poor quality of care and services.

The third phase began in the mid 1960s with the growth of general hospital psychiatry units. Although some of the earliest general hospital psychiatry units were opened around the initial post-independence years, it was only in the 1960s and later that psychiatric units were fully accepted in the setting of a general hospital.

Shorter periods of hospitalisation, the constant involvement of family members and active treatment strategies have contributed to greater acceptance of these services and to some extent, a reduction of stigma. More and more such units are being opened in different parts of the country each year both in government and private sectors. Some of the major field surveys of psychiatric disorders in urban and rural areas of the country carried out during this period showed that mental illness of all types was widely prevalent in the country.

The next phase of development of psychiatric services in the country saw the extension of care from mental hospitals and general hospitals to the primary health care centres and the community. By the mid 1970s, it was increasingly realised that the existing mental health services were highly centralised and situated predominantly in urban areas, catering to the needs of only a small proportion of the population. An expert committee of the World Health Organization had recommended that developing countries should organise mental health services by integrating these services with their existing system of primary health care (WHO, 1975). Some centres in India, notably Bangalore and Chandigarh, initiated pilot programmes to develop and evaluate an extension of mental health services for the rural underprivileged population. These programmes demonstrated that basic mental health care can be provided by health workers and doctors in primary health care centres, if they are adequately trained (Wig *et al*, 1981, Isaac *et al*, 1982). India adopted a 'National Mental Health Programme' in 1982, which has integration of mental health into general health services as the primary approach for delivering mental health care throughout the country. Although a number of centres have already initiated the implementation of the National Mental Health Programme in different parts of the country, the greater part of the task of providing adequate mental health services to the majority of India's population "still lies ahead" (Goldberg, 1992).

During the past few years, a wide variety of factors have contributed to the fifth phase of development, which is currently bringing about major changes in mental health services. A series of media exposés about the poor and scandalous situation in many mental hospitals and the plight of their inmates brought into the fore the issue of mental hospital reforms. The media also focused its attention on the rights of the mentally ill and the situation of mentally ill persons housed in jails. Coupled with these were several writ petitions on some of these issues, filed by social activists in courts in different parts of the country, including the Supreme Court. These have resulted in commissions of inquiry and certain momentous pronouncements by the Supreme Court of India, contributing to substantial increases in funding and improvements in the conditions of many mental hospitals. The Supreme Court also decreed against housing mentally ill persons in jails (Kumar, 1993). The archaic Indian Lunacy Act of 1912 has now been replaced by a new Mental Health Act (1987). Mental hospitals are steadily acquiring newer roles and functions. Many of them have opened out-patient services for ambulatory care of new patients and follow-up and after-care of discharged patients. Rehabilitation services of various types which never existed before are being added. The average period of hospitalisation is being reduced by several conscious efforts. Some hospitals have opened 'short-stay' wards, 'open wards' and 'family wards'. Mental hospitals with these newer functions will continue to be an important component of mental health services in India, especially for the care of patients with more severely disabling disorders.

In recent years, there has been a perceptible growth of voluntary and non-governmental organisations taking an active interest in various aspects of mental health. These organisations, in different parts of the country, are involved in a variety of programmes which include the rehabilitation of patients with chronic mental illness, running day care facilities, half-way homes, quarter-way homes and crisis intervention centres, suicide prevention work, the treatment and rehabilitation of substance abusers and mental health education. They have the advantage of highly committed volunteers and the potential for initiating innovative programmes. In a large country like India with a population of over 900 million, voluntary organisations can substantially contribute to governmental efforts at the prevention and treatment of mental disorders and associated disabilities and the promotion of mental health. There is a need for a larger number of such organisations.

Another visible development during the past few years has been the growth of a private sector in psychiatric services, especially in the urban areas. Numbers of private nursing homes and hospitals for the mentally ill as well as psychiatry wards in private general hospitals have been on the increase. Private consultant psychiatrists with office based practices have also been growing in number in most large cities. While these facilities have added to the overall availability and quality of psychiatric services, they cater to the needs of only certain sections of society such as the urban middle and upper classes. One of the factors which has contributed to the growth in the private sector is the steady increase in opportunities for obtaining postgraduate training in psychiatry. Today there are more than 25 postgraduate training centres and more than 100 psychiatrists graduate each year.

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The public health consequences of mental and psychosocial disorders are now being realised in India more than ever before. An increasing number of persons with various minor mental disorders are beginning to seek mental health care services. The special needs of certain categories of the population such as children, the aged, women and the rural underprivileged have been recognised. Although the availability of a variety of mental health services has steadily increased in India, there is still a wide gap between the existing morbidity and the available services. With the current rapid urbanisation and economic liberalisation in the country and the resultant social change the demand for mental health services is only likely to increase.

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