ROUND TABLE ON EMBEDDING AND SCALING MENTAL HEALTH SERVICES WITHIN PRIMARY HEALTHCARE

Report   **Nov 12th 2021**

ABOUT THE ROUNDTABLE

Mental health and well-being are essential to an individual's capacity to lead a fulfilling life. India faces an acute mental health crisis, wherein one in five adults tends to suffer from depression at some point in their lifetime. However, mental health programmes account for only 0.05% of the total health budget in India, as compared to an average of 5% in developed countries[1].
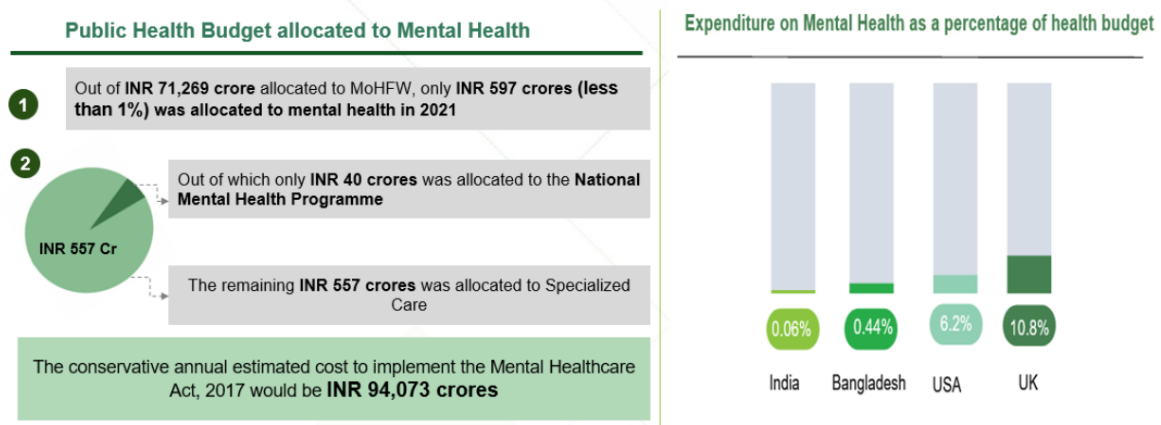
Public Health Budget allocated to Mental Health

1 Out of **INR 71,269 crore** allocated to MoHFW, only **INR 597 crores (less than 1%)** was allocated to mental health in 2021

2 Out of which only **INR 40 crores** was allocated to the **National Mental Health Programme**

INR 557 Cr

The remaining **INR 557 crores** was allocated to Specialized Care

The conservative annual estimated cost to implement the Mental Healthcare Act, 2017 would be **INR 94,073 crores**

Expenditure on Mental Health as a percentage of health budget

India	Bangladesh	USA	UK
0.06%	0.44%	6.2%	10.8%

FIGURE 1: INDIA'S MENTAL HEALTH BUDGET[2]

The lack of awareness around mental health, and the resulting social stigma is a major reason for nearly 70% of Indians with mental illnesses being reluctant to seek help[3]. While it has largely been approached from a clinical and biomedical lens so far, mental health is a broad issue that can result from stressors such as domestic violence, food insecurity, poverty, lack of opportunities and discrimination based on caste, gender, religion, and other such problems prevalent in society. Disadvantaged sections of society are even more vulnerable to mental health issues, further necessitating an inclusive approach to mental healthcare.

70 % of people with mental illness do not seek treatment due to **lack of awareness and social stigma**

In a study that covered 10,233 individuals across 175 districts in India, these are the results
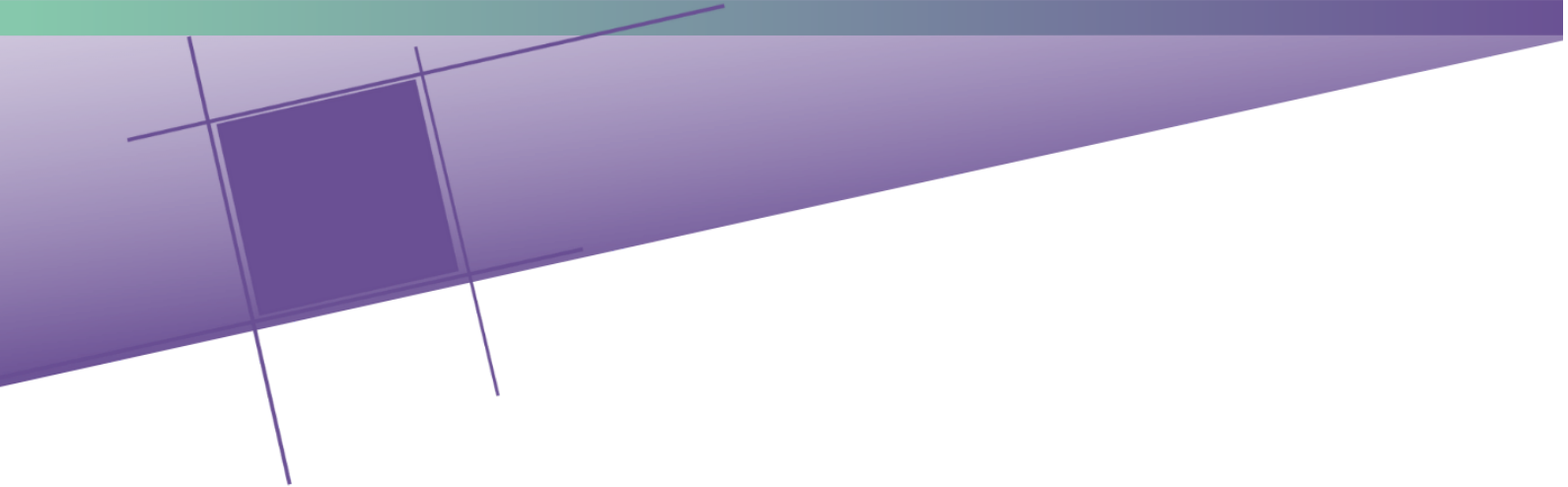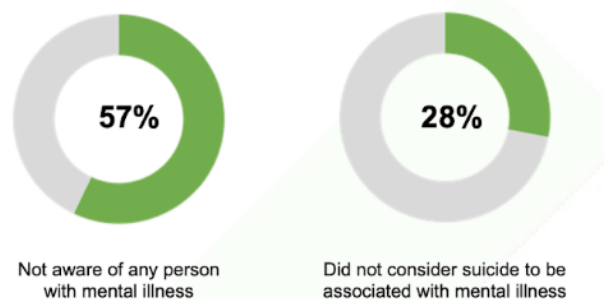
57% — Not aware of any person with mental illness

28% — Did not consider suicide to be associated with mental illness

FIGURE 2: HIGH DEMAND GAPS ARE USUALLY ATTRIBUTED TO STIGMA AND LACK OF AWARENESS[4]

The strong network of primary health centres (PHCs) in the country has been leveraged to conduct welfare initiatives in areas such as maternal and child health and vaccination campaigns, in the past decades. It has been identified as a viable medium to make mental healthcare accessible to all populations. While there have been policy-level initiatives, community-based solutions and digital innovations, there is a pressing need, as well as an opportunity for these interventions to be strengthened and scaled at a primary health level, to make affordable and quality mental healthcare accessible to all Indians.

Sattva brought together government, philanthropy, not-for-profit, and private sector leaders and policymakers for a round-table conversation on embedding mental health services within primary health care, on November 12, 2021. The discussion centred around identifying existing paradigms of mental health, recognizing the gaps and the need to redefine current approaches, critical challenges, scalability and feasibility of solutions. The panelists also explored digital innovations in delivering mental health services, the role of governments, philanthropists, and private markets, and to arrive at actionable steps to address existing systemic issues.

SUMMARY OF KEY INSIGHTS

In order to address mental health at scale, there is a need to shift the paradigm from approaching mental health as a purely health issue to a larger development issue.

> Most actions needed for promotion and prevention (of mental health issues) actually need action on social determinants and in the inter-sectoral space.
>
> Dr. Soumitra Pathare

Mental illnesses cannot be viewed in isolation from the socioeconomic determinants that contribute to these issues. It is important, while defining mental health, therefore, to integrate health and social welfare in general. Only when we arrive at a comprehensive definition of mental health, is it possible to identify core areas for intervention. Hence, the focus should be on evidence, and a rights-based approach, where we move from the traditional biomedical approach, to a psychosocial and biopsychosocial approach to address the root causes for mental health. This would involve identifying and addressing structural determinants and social stressors (increased exposure to violence or food insecurity, or multidimensional poverty, to name a few) as core drivers for mental health issues as a part of community development initiatives[5].
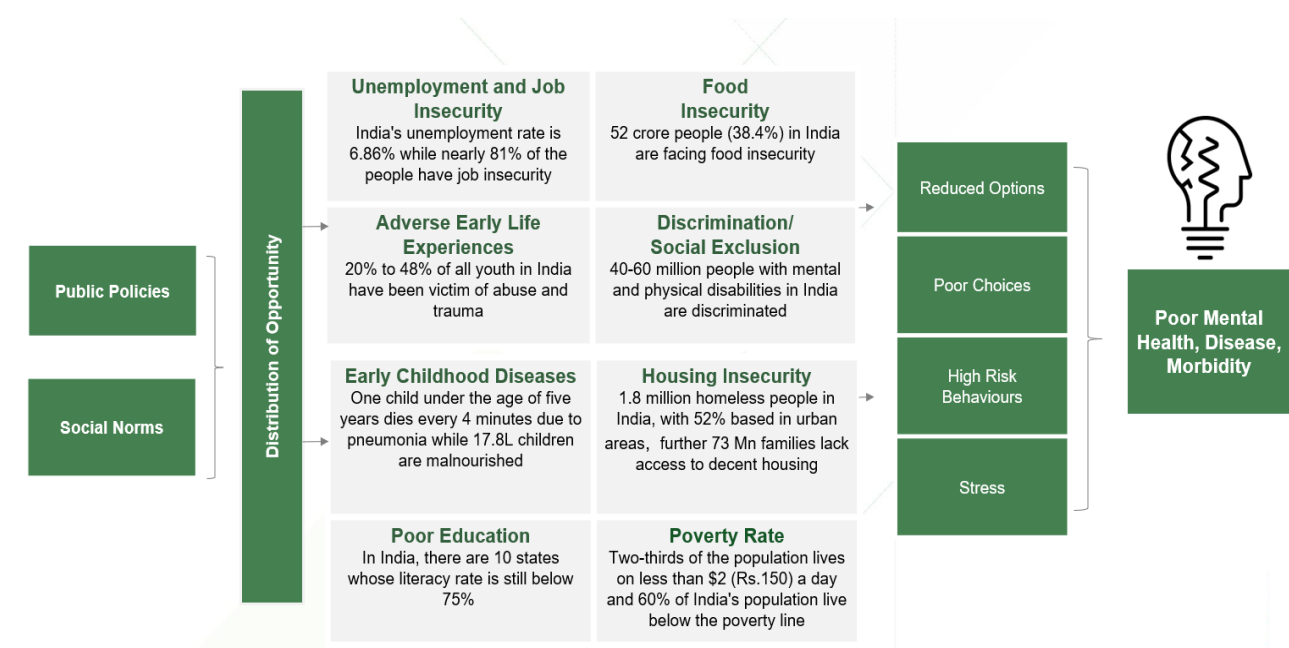
Another crucial shift that the situation calls for, is shifting the focus from the treatment gap, to addressing the care gap. In other words, the focus of service delivery should be on the quality of healthcare made available, rather than just the proportion of patients treated. The term *treatment gap* is often used to refer to curative clinical interventions. It excludes a range of effective psychosocial interventions that are also required by patients. A more comprehensive term to talk about interventions would be the *mental health care gap*, which is the aggregate of the biomedical treatment gap, the psychosocial care gap, and the physical healthcare gap[7].

> Health and Wellness Centres could be a primary focus in actualizing mental health within primary health care - advocacy is key so that we create awareness.
>
> Smt. Preeti Sudan (IAS)

The first step to this is to formulate a multi-tiered approach to mental illnesses - from common illnesses to severe disorders. This could facilitate targeted capability-building of health workers by cadre, enabling first-rung workers to offer care for a larger proportion of cases.

For mental healthcare interventions to be effective, it is necessary to depart from the pre-existing top-down approach. Stakeholders must ensure strong community
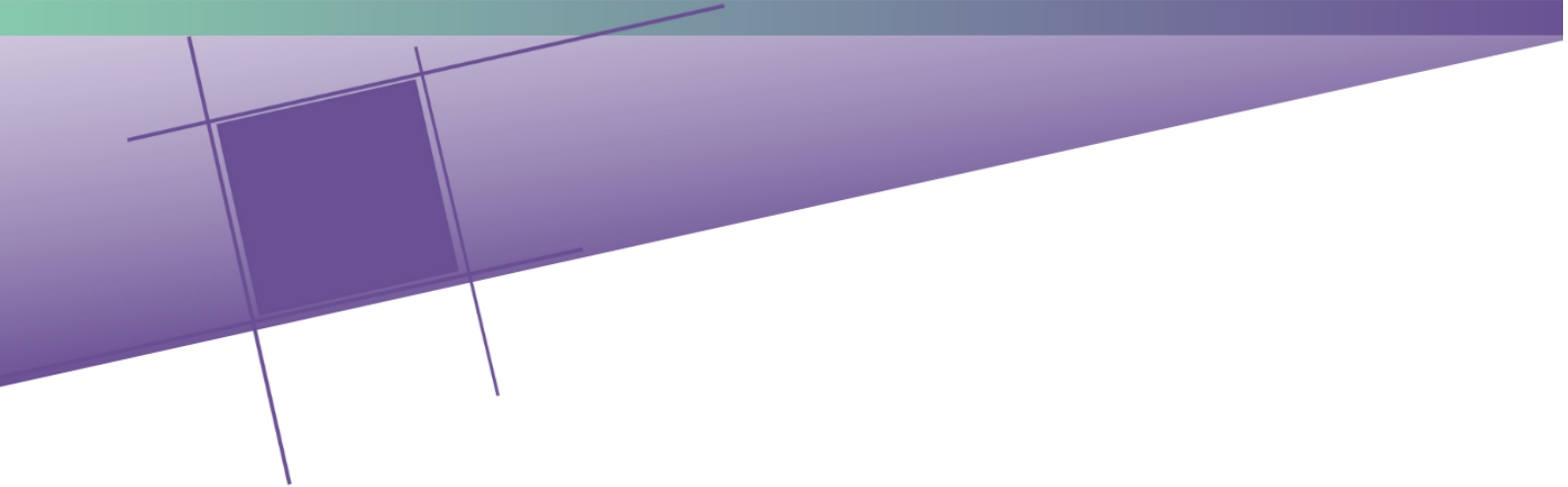
involvement and engagement, both in designing the solutions, and participating in care delivery.

Primary healthcare is a critical channel to enable mental health service delivery, however, there is a stronger need for government funding, capacity building (both in-service and pre-service), and more local accountability for implementation at the state and district levels to deliver care effectively.

The comprehensive primary healthcare system in India presents a key opportunity in making mental health services available to all populations. However, the existing structure needs significant ramping up of resources in the form of funds and skilled manpower.

While mental health services have been embedded in the primary tier since the late seventies, replicating the model across the country has been challenging, owing to the ambiguity about what entails mental healthcare, and thus the inability of PHC workers (and practitioners in general) to receive relevant training. One significant area for intervention, therefore, is the standardized skilling of healthcare professionals. The recently passed National Commission for Allied and Healthcare Professions Act (2021) provides for standardization of courses in care delivery[8]. This, coupled with institutions such as the NIMHANS Digital Academy which offers short term courses for doctors as well as non-specialists (psychologists, nurses, social workers et al) could allow for consistency and quality management in healthcare delivery. Standardization would also facilitate the setting up of a registry for mental health practitioners, enabling efficient allocation of manpower and improvement of remuneration for workers in the system.

It is critical for an accountability mechanism to be set up within the administration, so that continuous evaluation and monitoring of interventions can be facilitated. The Ayushman Bharat initiative by the MoHFW offers an avenue to operationalize this in a tiered manner. Health and Wellness Centres established under Ayushman Bharat currently offer service packages that cover a spectrum within healthcare[9]. It is crucial that mental health management, currently categorized as a Desirable service package, be designated as Essential, for it to be recognized as a significant aspect of overall well-being. This could also facilitate awareness programmes and demand generation for mental health services at the community level.

Embedding effective healthcare delivery through Primary health workers is critical for care to be democratized; however, there is a need to clearly define the nature of care that will be provided by them, along with ensuring that care is appropriately contextualized for the target population.

It is thus established that mental healthcare can be universalized by tapping into the primary health network. However, the absence of a clear approach to mental health issues is a major impediment to effective service delivery at this level. Given the responsibilities that primary healthcare workers have on a regular basis - offering curative and preventive services for physical ailments, promoting governmental initiatives, other administrative duties - it is imperative to clearly define the nature of care that they should provide under the ambit of mental health.

> " Decentralizing mental health care requires a great degree of conviction and commitment - primary health care personnel have to be mentored by mental health specialists consistently, and incentivized for effective service delivery.
>
> Dr. K. V. Kishore Kumar "

Standardized care protocols that are contextual to target populations should be designed and disseminated among FLWs and PHC personnel. Additionally, capacity-building interventions should be conducted for these workers, to enable them to diagnose and triage effectively, and then provide the requisite care and referrals.

Incentivizing primary health cadres to deliver healthcare, particularly non-medical interventions, could be another way to ensure effective healthcare delivery. These cadres could also benefit from consistent monitoring and hand-holding by mental health professionals.

There needs to be a structured approach for community involvement to be at the core - for both design and delivery of care.

Within the system
Enable infrastructure and systems strengthening towards delivering care to ensure inclusive and decentralised mental health interventions

Within the community
Ensure community agency to participate in the design of delivery and care, which in turn fosters community resilience, de-stigmatisation and mental well-being for all

Continuous engagement
Creating space for continuous dialogue between the community and the system to drive contextual solutions and enable effective care delivery
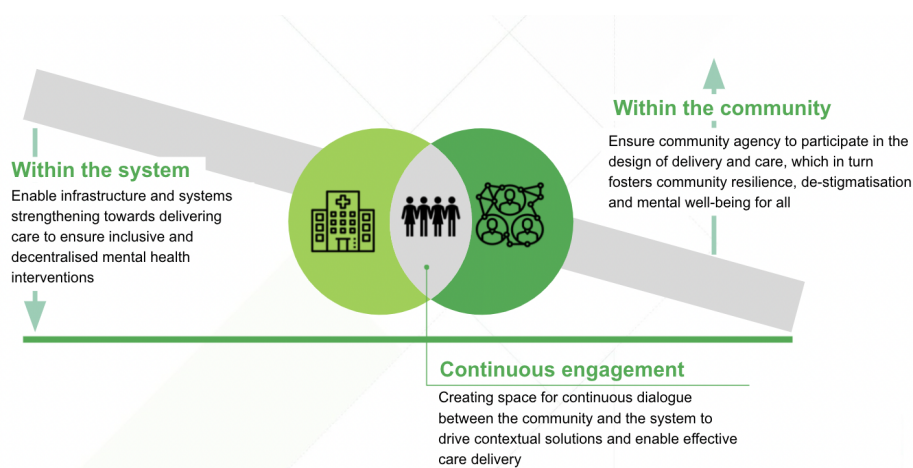
FIGURE 4: COMMUNITY AT THE CENTRE FOR DESIGN AND DELIVERY OF CARE

Current discourse around mental health tends to exclude underserved sections of the community. As such, there is a disconnect between caregivers and those seeking care. For mental health to be truly democratized at the primary level, it is important to identify non-specialist workers representative of the community itself, who can complement the services offered by PHC personnel and other referral systems.
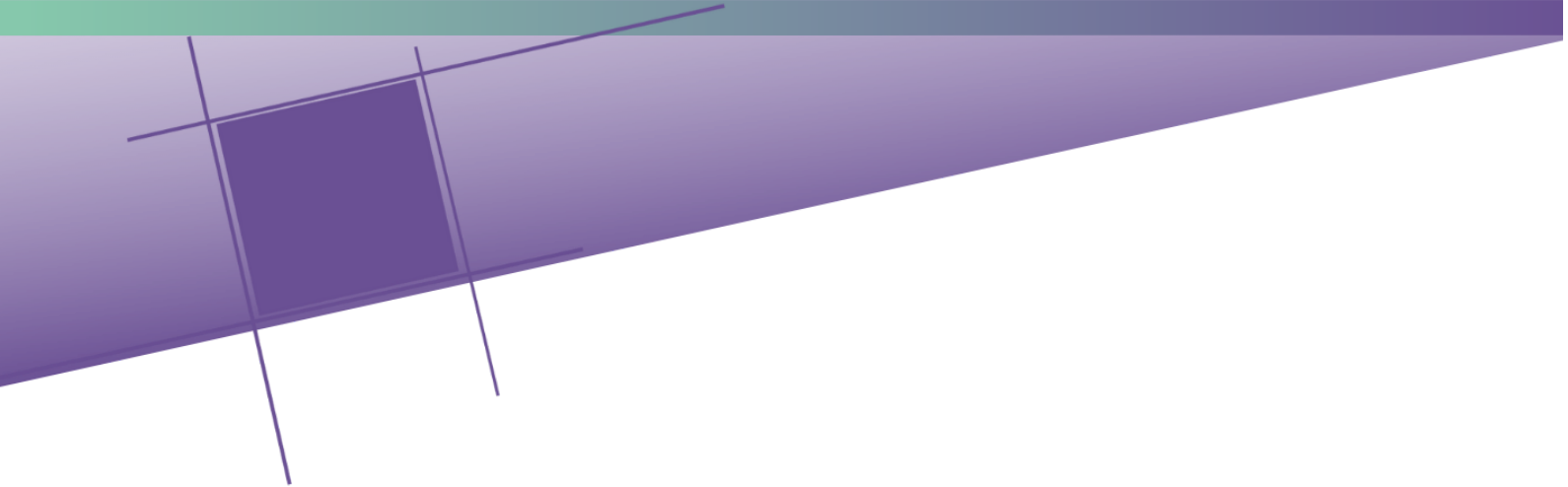
> We are trying to build a community-based step care model, where we are trying to identify non-specialist workers from the community itself. Our data shows that out of 1800 adolescents who were screened, around 12% went for psychiatric referral. Apart from that, there were around 49% who could really benefit from either a social safety net or an understanding of peer-to-peer support.
>
> Dr. Rama Shyam

Additionally, driving mental health services and programmes at the community level also calls for the provision and expansion of the social safety net. Inclusion of members from all sections allows for specific interventions that take into account the peculiar needs of a particular group, thus improving the quality of welfare initiatives directed towards them.

Employer participation in offering preventative and curative services has emerged as a key aspect of community engagement. The pandemic saw many organisations, including the government, take cognizance of mental health issues of its employees, especially

frontline workers. There is potential for sustained involvement of this manner for a more holistic approach to community-based initiatives. It is crucial, however, that such initiatives be regular, outcome-centric, and consistent with their messaging.

Technology is a key enabler for mental health at scale, however, it should be contextualised to local needs and should weave in the element of human touch to ensure effective service delivery.

Several organisations have successfully utilized digital solutions to implement and scale up mental health interventions. It is important to recognize, however, that technology is the means, and not the end to universal mental health care. Digital solutions require a human touch, and their design should respond to the needs of patients. An efficiently designed digital platform would ideally contain layers of solutions - call-based, app-based, bot-based/self-directed and so on - so that a spectrum of issues can be addressed for patients with varying levels of comfort with technology.

> "Unlike the stigma we see around discussions on mental health, we observe that once you embed a solution at the right place, there isn't any stigma in adoption.
>
> **Ms Shipra Dawar**

Tech platforms for mental health need to evolve continuously to remain responsive. Hence it is necessary for developers and providers of tech-enabled mental healthcare to create quality circles, and sustain engagement at a local level to ensure that there is a continuum of input and feedback from the community.

As with all digitally-enabled interventions, providers must ensure that the ethics of delivering care around technology, including consent, privacy and safeguarding patients' details, need to be comprehensively and transparently laid out.

> "Philanthropy in mental health is nascent in India. There is a need for collaboration and inclusion so that we do not reinvent the wheel and learn from the collective knowledge of our experiences.
>
> **Dr Tasneem Raja**

PATHWAYS TO PHILANTHROPY

It is evident that there are active interventions to improve mental health at the primary level that have the potential to address systemic gaps in care delivery. However, for healthcare to be made accessible to a larger proportion of the population, these need material support. Philanthropic entities (including Foundations and Multilaterals, HNIs and CSR initiatives) need to play a more active role in the mental health ecosystem, taking a two-pronged approach - on the one hand supporting

necessary programmatic interventions and on the other hand, focusing on system-level strengthening, to enable appropriate, evidence-based care in a sustainable manner.

Philanthropy intervention and support is required throughout the following systemic areas:

FIGURE 5: PHILANTHROPY INTERVENTIONS MAPPED TO PATHWAYS OF SYSTEMS CHANGE ADAPTED FROM THE DONELLA MEADOWS FRAMEWORK

- Leadership and paradigm
- Establishing rules and structures in the system
- Creating information flows between stakeholders
- Strengthening the system's infrastructure
- Improving capacity of individuals and organisations

1. Leadership and Paradigm
For mental health to be given the necessary attention, it is crucial that the leadership in stakeholder organisations - government bodies, corporate firms, not-for-profits, other implementing agencies - be sensitized to mental health. Interventions are needed to initiate the conversation in these organisations, and to steer a paradigm shift in the approach to mental health.

2. Establishing rules and structures in the system
A significant area of intervention is alignment in mental health paradigms, which enables the conceptualization of mental health around common principles. Using an evidence-based approach, it is important to establish a common nomenclature and define universal concepts, so as to ensure consistency in service delivery at scale.

3. Creating information flows between stakeholders
Stakeholders in the ecosystem could benefit from developing a collaborative approach that enables creation of commons, sharing of data and best practices. Philanthropic spending could be directed towards building ecosystem-level assets that enable information flow, data culture, evidence-building, and dissemination of best practices, which will ensure efficiency and reduce duplication of effort on the part of caregivers.

4. Strengthening system infrastructure
Digital platforms have emerged as a viable avenue for healthcare delivery, particularly in the post-pandemic scenario. There is value in creating responsive platforms for healthcare delivery, as well as channels for product innovation that facilitate peer-to-peer learning.
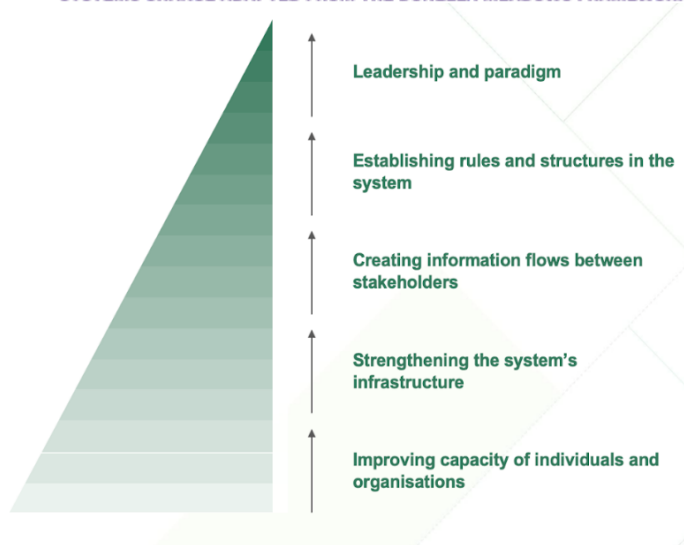
5. Improving capacity of individuals and organisations

Intervention in existing programmatic areas, including mental health awareness generation, skilling of healthcare personnel and quality management in service delivery, is of immediate priority. It should be an important point of focus for philanthropic organisations in the near future.
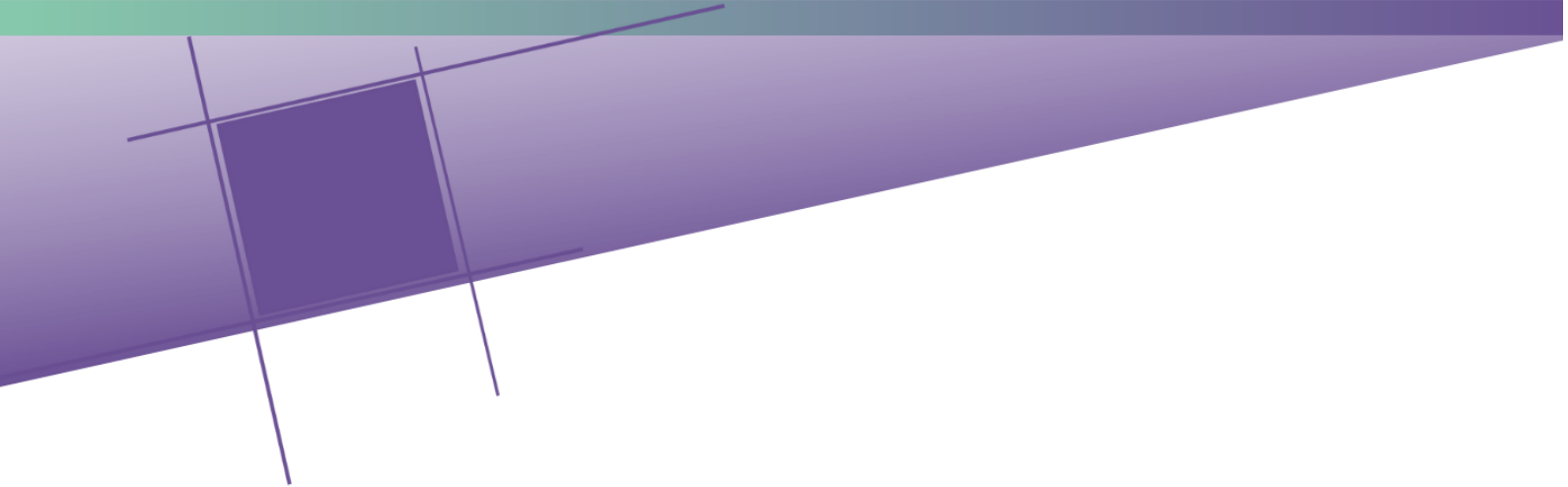
WAY FORWARD

Embedding mental health care in primary health calls for the incorporation of two paradigms - viewing mental health as a function of social determinants and stressors, and defining the appropriate care delivery mechanisms. The roundtable has shown us that no one organisation can make this happen as a standalone agent, given the cross-sectoral nature of the actors involved and has highlighted how important it is to drive collaborative action. At Sattva, we hope that this discussion serves as a starting point towards this and are committed to working with the ecosystem in taking this forward.
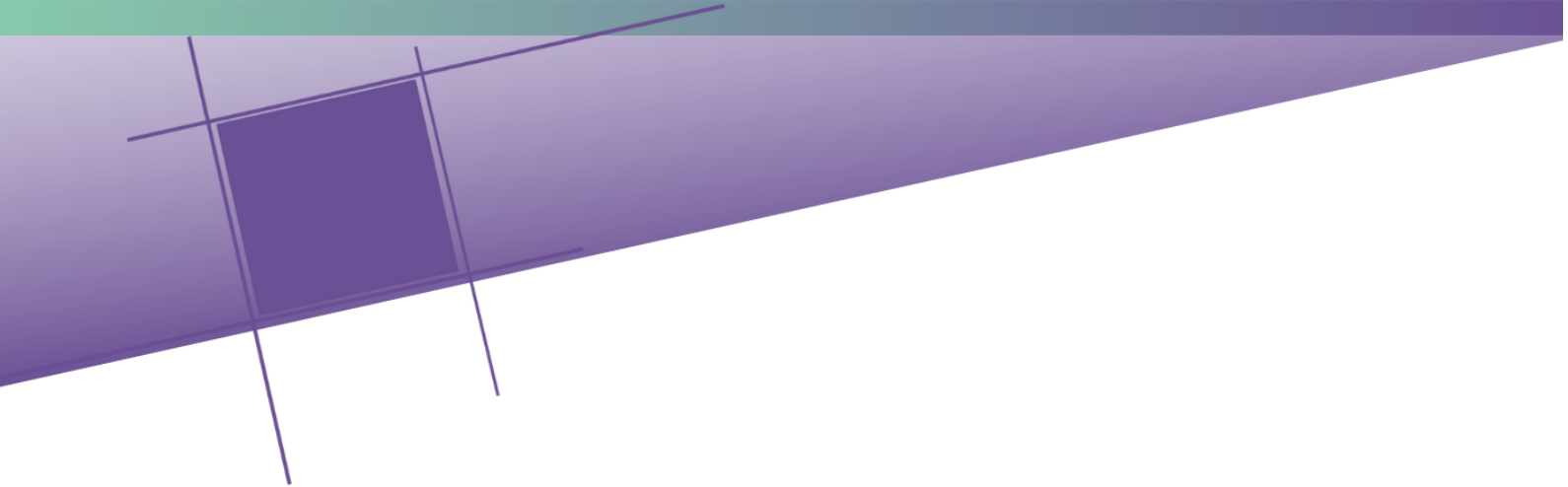
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We strongly appreciate the time and valuable insights from all our esteemed participants.

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ABOUT SATTVA

We are an organisation driven by the mission to end poverty in our lifetime. Our work focuses on scalable solutions for sustainable social impact. We work with our clients - corporations, philanthropists, foundations and social organisations - to achieve social impact goals effectively and maximise the social return on their investment. Deep understanding across sectors and collaboration with multiple stakeholders drive our work. This approach helps us and our clients develop holistic solutions for solving critical societal problems.

We offer end-to-end support covering:

♦ Research

♦Strategy consulting

♦ Implementation support

♦ Programme design and management

♦ Monitoring and Evaluation

♦ Impact assessment

♦ Social audit

♦ Talent solutions

♦ Organisation development programmes

♦ Data and technology products and more as needed in our quest for better solutions.

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