GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 1816 TO BE ANSWERED ON 11TH FEBRUARY, 2022

MENTAL ILLNESS

1816. SHRI RANJEETSINGH HINDURAO NAIK NIMBALKAR:

SHRI ARUN SAO:

SHRI DEVJI M. PATEL:

SHRI SUDHAKAR TUKARAM SHRANGARE:

SHRI SUNIL KUMAR SINGH:

SHRI PARBATBHAI SAVABHAI PATEL:

SHRI NARANBHAI KACHHADIYA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government is cognizant of the study which indicate that more than 15 crore people in the country suffer from mental illness, if so, the details thereof and the number of such cases reported, State/UT-wise including Chhattisgarh and Maharashtra;
- (b) whether the Government is aware that youths in rural and urban areas are afflicted by mental illness, if so, the details thereof and the reasons therefor;
- (c) the action plan formulated and implemented by the Government to address the mental illness afflicting the youth particularly at the district and block level across the country, State/UT-wise particularly in Gujarat;
- (d) whether the Government has noted that the financial stress on families affected by mental illness is severe if the patient belong to the low income category, if so, the details thereof; and
- (e) whether the Government proposes to provide financial assistance to such patients and their families for treatment, if so, the details thereof?

ANSWER THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. BHARATI PRAVIN PAWAR)

(a) & (b): As per the National Mental Health Survey (NMHS) 2016, conducted by the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru in 12 States of the country, the prevalence of mental disorders in adults over the age of 18 years is about 10.6%. Further, as per the Survey, the prevalence of mental morbidity is higher in urban metro regions (13.5%) as compared to rural areas (6.9%) and urban non-metro areas (4.3%). The prevalence of common mental disorders in the 12 surveyed States is as under:

S.No.	Name of the State	Prevalence of common mental disorders
1.	Assam	5.3 %
2.	Chhattisgarh	11.2 %
3.	Gujarat	7.1 %
4.	Jharkhand	10.8 %
5.	Kerala	11 %
6.	Madhya Pradesh	13.5 %
7.	Manipur	13.3 %
8.	Punjab	13 %
9.	Rajasthan	10.1 %
10.	Tamil Nadu	11.3 %
11.	Uttar Pradesh	5.9 %
12.	West Bengal	11.3 %

(c) to (e): For providing affordable and accessible mental healthcare facilities to the population, including the poor and underprivileged, the Government is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 704 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre(CHC) and Primary Health Centre(PHC) levels, inter-alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.

To generate awareness among masses about mental illnesses Information, Education and Communication (IEC) activities are an integral part of the NMHP. At the District level, funds upto Rs. 4 lakh per annum are provided to each District under the DMHP under the Noncommunicable Diseases flexi-pool of National Health Mission for IEC and awareness generation activities in the community, schools, workplaces, with community involvement. Under the DMHP various IEC activities such as awareness messages in local newspapers and radio, street plays, wall paintings etc. are undertaken by the States/UTs. Further, funds upto Rs. 12 lakhs per annum are provided to each district supported under DMHP for targeted interventions with the following objectives:

- (i) To provide class teachers with facilitative skill to promote life skill among their students.
- (ii) To provide the class teachers with knowledge and skills to identify emotional conduct, scholastic and substance use problems in their students.
- (iii) To provide class teachers with a system of referral for students with psychological problems to the District Mental Health Team for inputs and treatment.
- (iv) To involve other stakeholders like parents, community leaders to enhance development of adolescents etc.