

To,
Mr. Arvind Kejriwal
Honorable Chief Minister of Delhi

Subject: Gratitude for your mental health initiative as well as some suggestions.

Dear Sir,

In the past two years due to covid, we have all experienced instances of hopelessness, loss, and sadness. Amidst these challenging times, your mental health initiative provides a much-needed glimmer of hope to all of us. Mental health continues to be a stigmatized and underemphasized issue in our country. The pandemic has further exacerbated this issue. Hence, we must formulate strategies and programs to combat this emerging crisis. The Delhi government has formulated a proposal regarding an on-ground outreach project consisting of 11 mobile mental health units (MMHUs) (Pandit, 2021)³. These units are available in the form of well-equipped ambulances. The project strives to assist in the treatment of severe mental illnesses prevalent among the homeless and homebound communities. Since this project has been designed to help combat the mental health crisis, it is important to evaluate whether it serves as an effective tool to deal with a crisis of such dire and sensitive nature. We at Heal believe that there are several merits to this service. It is a stepping stone towards a healthier and efficient mental health ecosystem.

- **Assistance during emergencies:** These units may serve as a beneficial tool in assisting those who battle with suicidal tendencies or thoughts. Suicidal ideation or behavior must be addressed by a mental health professional, hence reaching out to these units may help in such times.
- **Accessibility:** Mental healthcare is not easily accessible in our country. For every 343,000 Indians, we have only one psychiatrist (Yellowlees & Chan, 2015)⁴. However with the help of these services, we may be able to make treatment a little more accessible especially for those who are less likely to seek help (e.g., homeless people, marginalized communities).

While we believe that this is a powerful initiative, we should also keep in mind that there are certain demerits to this service that are important to address.

- **Stigma:** Sir, as you may already know the stigma associated with mental health runs deep within Indian society, do you think that this service will be successful without first dealing with the stigma? Due to the stigma, there is a high likelihood that people will not avail of these services unless the situation is quite dire. People in India often refrain from seeking therapy because of the stigma associated with it, hence having an ambulance arrive at one's doorstep for a mental health emergency can be quite intimidating for someone who wants to seek help.
- **Financial constraints and long-term commitment:** People are often unable to receive necessary treatment because of the inaccessibility and cost of mental health treatments (Abraham, 2021)¹. Although people in need will be connected to counseling and follow-up services, there is a possibility that they may not be able to continue with those services because of the expenses. Sir, if are physically sick we often have to make multiple appointments with a doctor to monitor our progress, similarly, mental healthcare also requires multiple sessions over a period of weeks, months, or years altogether. Fundamentally, mental healthcare is about long-term

commitment. While a speedy intervention may be necessary in emergency cases, we have to keep in mind that seeking mental healthcare is a long process that is often quite costly for people.

- **Availability of qualified mental health professionals:** The availability of qualified mental health professionals must also be taken into consideration. The treatment gap which refers to the “prevalence of mental illnesses and the proportion of patients that get treated” is over 70 percent in India (Birla, 2019)². WHO also predicted that by 2020 approximately 20% of India will suffer from mental illnesses and to cater to this widespread population we have less than 4000 mental health professionals (Birla, 2019)². Hence, preparing a robust team of professionals for the project will pose quite a few challenges.
- **Timely delivery of treatment:** The timely delivery of treatment is yet another concern that we must acknowledge. Sir, if our loved ones are in urgent need of help but there is a delay in the service due to traffic or because of the unavailability of the units, how will we manage such a situation? We may encounter instances wherein clients with suicidal tendencies might want to seek help and if timely intervention is not provided it could lead to devastating consequences. Since there is one unit available for every district it would be quite challenging to reach a patient on time.
- **Ethics and confidentiality:** Ethics play a critical role in psychotherapy and treatment. Ethical concerns such as confidentiality, informed consent, etc must not be violated in therapeutic settings. Hence, this is another aspect that should be given careful consideration as it is designed to protect the rights of the client.
- **Discomfort in the presence of a stranger:** Establishing a rapport is important in therapy which is why it is pivotal to consider whether someone exhibiting symptoms of a psychological disorder would feel comfortable in the presence of an unfamiliar professional. Sir, it is quite difficult to imagine that someone who is already struggling with the symptoms of a disorder will feel at ease in the presence of a professional who is a stranger?
- **Security of the mental health professionals:** This may also be intimidating for the therapists as they would be required to provide help in places they are not familiar with. The security of the professionals must also be taken into consideration.
- **Impact on existing mental health professionals:** This will also negatively impact existing mental health practitioners. Sir, what about the existing professionals who are working day and night to earn a living in a country where mental health is not given much importance? If mental health services are offered at subsidized rates, there is a high likelihood that people would opt for those services which would cause other professionals in the field to suffer.

Other suggestions

- **Psychoeducation:** Another initiative worth investing in is education. Recently, environmental studies have become mandatory in schools and colleges. Similarly, sessions of psychological first aid and courses on emotional intelligence and life skills should also be a part of the curriculum as that equips students with the skills to manage difficult circumstances and emotions. It is also important to inform parents of the symptoms of these disorders as disorders can often go undetected. Early intervention is helpful in the treatment of disorders hence educating parents as well as teachers is important.

- **Streamlined Services:** MMHUs can be beneficial, however, the services could perhaps be streamlined. I think focusing on the homeless, domestic violence victims, those with suicidal tendencies, or perhaps those who exhibit severe symptoms (such as delusions, hallucinations, self-harm, harm to others) is of paramount importance.

I would like to express my heartfelt gratitude to my diverse group of colleagues for their insight and contribution.

Credits:

Ms. Sakshi Didal, *MA Psychology from Delhi University*
Ms. Kirtika Chopra, *Masters in clinical psychology, Amity University*
Ms. Vidhi Parmar, *M.A. Clinical Psychology, Symbiosis College of Arts and Commerce*
Ms. A B Hariharini, *MSc applied psychology, Bharathiyar University*
Ms. Akanksha Duggal, *MA psychology from DAV College, Panjab University*
Ms. Sreeshti Sharma, *BA (Hons) Psychology, University Of Delhi*
Ms. Shreya Namdeo, *BA Psychology Majors from Mumbai University*
Ms. Radhika Mundhra, *BA from Banasthali University*
Ms. Karishma Narula, *B.A Psychology Honours, Delhi University*
Ms. Trusha, *B.A. Psychology and History Double Major, Sophia College, Mumbai*
Ms. Amrita Jain, *B.A.(psychology special), Ferguson College, Pune*
Ms. Riya dcruz, *B.A (psychology Hons), Jesus and Mary College, Delhi University*

Yours sincerely,
Manya Tuteja
Academic Research Intern, Heal.Expert
Psychology student, Ashoka University

References

1. Abraham, P. (2021, May 31). *Making mental health a public health priority.* businessline. Retrieved September 25, 2021, from <https://www.thehindubusinessline.com/opinion/making-mental-health-a-public-health-priority/article34692415.ece>.
2. Birla, N. (2019, October 10). *Mental health in India: 7.5% of the country affected; less than 4,000 experts available.* The Economic Times. Retrieved September 22, 2021, from <https://economictimes.indiatimes.com/magazines/panache/mental-health-in-india-7-5-of-country-affected-less-than-4000-experts-available/articleshow/71500130.cms?from=mdr>.
3. Pandit, A. (2021, September 11). *Mental health: Aid at your doorstep in Delhi: Delhi News - Times of India.* The Times of India. Retrieved September 22, 2021, from <https://timesofindia.indiatimes.com/city/delhi/mental-health-aid-at-your-doorstep/articleshow/86101469.cms>.
4. Yellowlees, P., & Chan, S. (2015, October). *Mobile Mental Health Care--an opportunity for India.* The Indian journal of medical research. Retrieved September 25, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4683818/>.