



Mental Health: Among the essential Human Rights of the 21st Century

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Introduction

South Asian nations such as India, Nepal, and Pakistan are home to approximately 1.8 billion people, and 150-200 million have a mental illness. However, the severity of the issues relating to mental health are often overlooked in the south Asian region and this results in leaving out millions without any treatment and support. According to the World Health Organisation, approximately one-third of the population which is suffering from depression resides in the South Asian region, making it the home for the majority of depressed people. It has been

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development with total disregard for the fact that it also comes at the cost of the environment, natural human bonds, or even human life. Mankind has transformed its brain and its psychology into a selfish, egocentric, and self-absorbing wish-granting factory. However, does not purport or allegedly indicate that mental health issues are a result of only rapid technological development, it simply corroborates the fact that in today's day and age, technology plays a very crucial role in perpetrating mental health issues.

Mental health circumscribes emotional, spiritual, psychological, and civic welfare and safety. Along with this, it also ascertains and shapes how individual manoeuvres and handles stress, personal relationships, and social contingencies. The mental health of a person determines his or her social perception, understanding, and behaviour. It is a key aspect of how a person reacts to his surroundings on different occasions. It influences its behaviours in many different ways at the different junctures of her life. The kind of mental health an individual has cajoles his understanding of his life and his relations in general and in specific. It makes him react accordingly. Thus, a person's mental health plays an extremely important and crucial role in shaping his or her life.

Let us focus on the topic of prime importance in this section of the document and that is mental health legislation. Now, before we start comprehending what the mental health legislation of India states, let us first throw some light on what mental health legislation is? The law regarding mental health encompasses a diverse and heterogeneous assortment of legitimate subject matters and discussions. It directly relates to and concerns those persons who are detected or have a rather likely chance of being diagnosed with a mental health issue or condition. In addition to this, mental health legislation also focuses on and lays out a framework for the treatment and management of those suffering from it.

Even though it is widely stated that a healthy mind stays in a healthy body, the former is given very little or no attention in most cases and many countries, including the developed ones as well. When we specifically focus on our country India, we experience the same careless attitude of people towards taking care of their mental well-being, as if the well-being of the mind carries little to no importance at all in their daily routine life. Most families in India, even the highly educated ones pay almost no heed to the rising concern of mental health that may be suffered by a child, a teenager, or a grown person in the family. Serious mental health issues like anxiety, depression, and even suicidal tendencies are invalidated by statements like mood swings and are a result of being over-sensitive rather than taking things seriously. This stubborn attitude is what has led India to be amongst one of the unhappiest countries in the world. India is placed in 136th position out of 146 countries that were assessed in the current year, that is 2022, United Nations World Happiness Report. Previously, it was ranked 139th in this same report in 2021. By looking at these numbers, we can easily assess how grim and tense the situation in India is.

The above facts will be very well corroborated by the data provided by the National Mental Health Survey conducted in the year 2015-16. It highlights that just about 15% of adults in India require immediate and active medical intervention for one or more likely than one mental health issue. And, it also states that one in twenty Indians, unfortunately, struggle with depression. In a country as populated as this one, the mathematical figure of one in twenty is very frightening.

This means that all of us must be in contact with someone who may be suffering from depression that we may or may not have even the slightest idea about.

One reason for this can be the social stereotypes and taboos that surround mental health issues. Most people, with very minute knowledge and information on the subject, make uninformed comments and label the person suffering as crazy or mad. They project it to be a kind of disorder that can only be treated in a mental asylum with harsh electric shocks. Although a few years ago, there was less information available about the topics of mental welfare and the need for the same, however, as times are changing, there is a lot of knowledge that people can gather from the internet itself. The path to reaching a counsellor or psychologist has become easier than ever and the path to bringing help to someone in need has also become possible. Thus, the way Indians viewed mental health issues has transformed miraculously and possibly for the best.

The Indian heritage and customs since ancient times have viewed the connection that exists between the mind, body, and soul as a crucial one and also the resultant impact of the same on mental health. It broadly narrates how to strengthen the bond between all three aspects of a human's life and live to the fullest, in the healthiest way imaginable.

The government of India strongly surmises that mental health is an indispensable proportion of a person's wholesome approach to achieving overall fitness.

As a result, India launched its 'National Mental Health Programme' in 1982. This policy was formulated in obedience to the World Health Organisation's (WHO) guidance on providing and implementing mental health services to people who were covered in the ambit of the framework of the general health care system. Back then, India was one of the major WHO's member countries to take a step ahead in the wake of mental health awareness and policies.

In the year 2013, the 65th world health assembly was organised, during which the WHA 65.4 Resolution was adopted. This resolution is on the worldwide implication of mental suffering and a recognition and the necessity for an extensive, synchronised reaction from the health and civilised provinces at the local and regional levels. India had been one of the prime sponsors of this event. The 'NMHP' has now been formulated and designed following the intentions of the WHA Resolution. The motive of 'NMHP' is to nurture and develop mental health, intercept mental sickness, empower the recuperation from mental sickness, de-stigmatise, and dis-condemn mental health taboos. It also includes taking a proactive actions to make sure social and economic incorporation of all those suffering from mental maladies by providing them reachable, inexpensive standard health and civil care as per the formulated framework.

Apart from this, India passed its Mental Healthcare Act 2017 on the 7th of April, 2017. It was enforced from the 29th of May, 2018.

This act was in one way historic because it successfully decriminalized attempted suicide, which was regarded as an offence under section 309 of the Indian Penal Code (IPC - 1860). [iii] The law was described in its opening paragraph as "An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto."

This Act superseded the previously existing Mental Health Act of 1987, which was passed on 22 May 1987. This act corroborates that mental sickness should be regulated in agreement with the national and internationally undertaken medical excellence and standard that also comprises the International Classification of Disease of the WHO.

This act also postulates that no individual or institution shall declare a person with mental sickness except for when it is in direct relation to the treatment of the sickness. Above all, India made the consistent

labours has massively increased. The past two years of pandemics have been nothing but an economic and mental burden on the citizens of India. Due to the involuntary unemployment, several low and middle-income countries faced psychological disorders to a great extent. The higher degree of work distress causes a huge degree of depression and anxiety that are mostly seen in the people who are bearing able to make their ends meet. With the work-from-home culture, the ones who can work have shown signs of mental disorders as they are completely isolated from any physical movement of the body and have low social tolerance in society. The short-term economic crisis with the recession has fueled the intensity of the psychological impact on an individual during the pandemic.

In India, mental health is often considered taboo. People are forced to remain silent and keep the issues under the carpet. It is estimated that 71 per cent of Indians still associate mental illness with stigma. From a global perspective, an estimate of overall mental health costs amounts to 7 per cent in the US, 3.2 per cent in China and 1.8 per cent in Australia. The direct cost of the diseases like depression and schizophrenia is estimated at 1-2 per cent of the national health care expenditure which is primarily less than the indirect costs. Thus the negative economic consequence of mental illness exceeds the cost of the treatment.

Low socioeconomic status is often associated with frequent mental health problems. The people who have low economic status are 2-3 per cent more likely to have a mental illness than the people with high SES.

The above statement is elaborated with a help of a theory that studies the response of stress to demand and resource imbalance. People with low socioeconomic status are more vulnerable to exposures that impose a greater threat to their health and economic conditions. They are accompanied by few resources to cope with the vulnerabilities. Work-life is one such factor that directly affects the economic status of the individual and mental disorders if there is an imbalance. The work-life conflict has recently been in light of the steady increase in the number of females in the working population. The balance between the professional and the personal worlds has somewhat been unsteady for both genders but in females mostly. As the world is rapidly progressing, individuals are practically evolving and thus the bleak line of distinction between work-life balance is diminishing.

Mental health and poverty have a cyclic link between them in India. beasa lsbent 0rcare6(an)4 -1cTjpr1.2F0y0.0.5()Tens of fe isaTjc2 Tw T*2Dases like dw T*up threatlvs dimFs but iev(dur1

of a Mental health policy are undoubtedly economic support and the inclusion of mental health as a vibrant part of the ever-evolving definition of Human rights. Both these aspects are indeed related to the country's state of development. And so, there are differences in how a country perceives mental health or how it is forced to see mental health in its own country. Another analogy that can be equated with a country's perception of mental health and its relation to the state of development is how people from different sections see mental health, the poor don't even know the definition of mental health but that doesn't mean that they don't suffer from it, the middle class know the definition of mental health but pay no heed to it as it is considered a luxury they can't afford to have, and the rich care too much about mental health. In the same way, a country's trajectory to development plays an important role in its perception of mental health which in turn affects the government's policies and directly affects the people.

Developed Countries

The developed nations have experienced a different trajectory to development. They were the first set of nations to achieve the status of developed nations because they had a head start as compared to other under-developed nations. They started the process of industrialization and colonised the African and Asian nations which provided an impetus to modernization in these nations. Having attained a considerable boost in development, these nations were able to focus on various aspects of human development which would ultimately grow to include various facets of healthcare like mental health. However, there is a substantial difference when we talk about policies for a better mental healthcare system and how people view them, like if it is an issue worth taking treatment for or if it is something that gets better with passing time or even defenestrates the whole issue to begin with. It must thus be noted that many mental health conditions, at least in the beginning stages, can be treated with a lesser expenditure as compared to other health conditions. So, what stands between an efficient system and a country's system

diverse culture that acted as roadblocks in their path of development clubbed with their robbed economy. After facing harsh conditions under foreign control these countries were desperate to speed up the process of economic development after independence. Some scholars referred to their approach to human rights as the third-world approach, for development was the priority and the state's prime responsibility was to ensure that the concept of the state as a guardian of rights was not given much importance.

Mental health is gaining increasing importance in developing countries, but it is nowhere near where it should be. There are numerous reasons for these countries to fall behind the developed countries in numerous parameters. Even the general healthcare system has a long way to go. In the same way, there are a lot of reasons which contribute to the worsening mental health conditions in these countries and age-old policies which have failed the common man. Some of the reasons are as follows-

Poverty- is a cause of both physical and mental health deterioration in a developing country. There is still a significant population of people who are living below the poverty line and they often get ignored in the tussle between the government and the private sector. Poverty can force a person to live in poor conditions which may unknowingly generate mental health disorders, research has shown that mental health disorders are exacerbated by poverty. A poverty-ridden person is forced to live with such disorders without even proper diagnosis which only worsens with time.

Stigma- In developing countries, the gap between the rich and the poor is significantly much higher than in developed or underdeveloped countries. The main reason behind this is the stratification of people into rich, middle-class and poor in a developing society. And here the dilemma faced by the middle-class community is the grimmest one. If someone from a middle-class community is found to be seeking medical help for mental illness, they are treated differently. The stigma associated with mental health is widening because of a lack of awareness regarding the issue.

Not at par with physical health- In developing countries, most households don't go to the doctor unless there is a physical symptom of a disease. And so, mental health conditions are often overlooked because they are considered not as harmful. However, approximately 73% of the suicides in the world happen in developing countries, considering that most of the suicides go unreported. People often tend to let superstition eclipse their mental condition, where, many times, such illnesses are cured by finding a religious or spiritual solution. It not only gives rise to misconceptions but also harbours a patient to get appropriate medical attention when they might need it most.

Competition and complex social structures- The competition and the will to be on the top is the primary reason behind depression, anxiety and other mental health issues in the developing world. The perpetual risky status of the economy forces people to get into a do-or-die situation that increases the level of stress in their lives thus causing mental health problems. For example, competitive exams like JEE in India, Gaokao in China, etc. cause immense stress in students which often ends up in suicide. The same goes for jobs, the stress starts from getting a job then shifts to getting a promotion then shifts to making it last. This is coupled with the complex social structures like casteism, racism, sexism, etc., further makes life difficult for a common man in developing countries.

In de e... e, the effect of poverty is the prominent cause of mental health illness. Not only does it bar the person from

getting medical help but also makes him/her isolated from society. Lack of equal opportunities and rampant nepotism often becomes the source of mental health problems. The stigma then contributes to further worsening of the condition

If we talk about the Mental healthcare system in developing countries, the government is not putting nearly enough effort to help the people because other health conditions often steal the limelight.

There is a substantial dearth of psychiatrists in developing countries because medical professionals often prefer other branches and there is also a lack of qualified nurses for mental health conditions. The growing population also increases the mental health complexities for both the government and the people.

The improvement of mental health conditions in developing countries lies thus on the twin pillars of central mental healthcare planning and investment and the second would be changing the narrative that mental health conditions have in these countries, for

capital which directly affects any policies of the government. Many of these nations are still fighting ethnic wars amongst themselves like in Somalia, Rwanda, Syria, etc. The unstable economical and political situation of the country has led the country in perpetual war mode which has worsened the condition of civilians in these areas. The people have to often rely on foreign aid for any support of the economy but due to a lack of a stable government, the aid fails to achieve anything in these countries. The perception of people is thus directly associated with what position the country has given to Mental health. And when there are so many issues to deal with, both the perception and priority of mental health get lost.

Mental health in underdeveloped countries is often linked to external factors like social injustice, poverty, malnutrition, pandemic, war, etc. When a psychiatrist named Vikram Patel during his study in Zimbabwe asked locals what their perception of mental health was, they called it an extreme concern regarding any problem which can be thought of as social injustice. However, there is a largely believed narrative among the people that mental health problems are a source of cultural hegemony used as a modern tool of neo-colonialism, which repels many people who are still bitter about colonisation by the rich. They believe that such cases are not possible in countries where a strong communal feeling is present. This adversity of perception is the reason why there is close to no medical help available for mental health in underdeveloped countries.

Mental illness is among the 25 leading causes of the Global Burden of Diseases. The underdeveloped countries have an amplified effect of any negative change because they have the lack resources to withstand it. Climate change is also emerging as a major cause of mental illness in many countries, for example in Bangladesh after the 2019 floods 57.5% of the survivors had suicidal tendencies. With the effects of climate change and diversity, people can lose their livelihood which can be a source of anxiety and depression thus causing mental health disruption. And this effect is much more staggering in underdeveloped countries.

Absolute poverty is an indicator of health, so it is tacit that mental health in underdeveloped countries comes with poverty. Childhood poverty causes inadequate literacy which leads to a lack of awareness and knowledge about mental health. There is usually generational poverty that follows then which causes the youth to indulge in rogue activities like drugs and violence ultimately causing the whole country to fall prey to the wide term of mass poverty. Studies suggest that low social and economic conditions have eight times more chances of causing Schizophrenia, which in turn shows that they won't be able to gain employment due to the largely prevalent prejudice.

In Low- and Middle-Income Countries (LMIC), the budget for mental health was less than 3% of the health budget. The plight of underdeveloped and developing countries overlap when it comes to poverty, it is just the scale that differs. In developing countries, some rich people enjoy a mental healthcare system like that of the developed countries and the government is also trying to link technology and mental healthcare and releasing schemes that can help people with mobile phones. There is a lack of equity in developing countries but when it comes to underdeveloped countries there are only a handful of rich people and the majority of people live in poverty. Mental health is like a far-off concept to them much like living in luxury.

People in underdeveloped countries are more susceptible to mental health conditions because they have a lot of stress in life and are often forced to take steps that they don't want to. There is a perpetual feeling

of injustice which has become a budding cause for terrorism in many countries, it has also become a source of tension in society. The youth is brainwashed and made to join such terrorist institutions which affect their fragile state of mind thus increasing susceptibility to mental health problems.

Ultimately the problem is linked to the economic condition of the country that has affected all the people equally in underdeveloped countries. The burden falls on the world to support these countries and to provide them with a basic healthcare system that could help pull out these countries from the verge of poverty to at least the status of a developing country. The growing importance of mental health has further accentuated because of the ongoing COVID-19 pandemic. And the underdeveloped countries were badly affected because of the pandemic and once again the mental health of the people worsened because of the falling economy. Though mental illness is more prevalent in high-income countries because there is effective infrastructure in place to deal with such conditions and people are also more accommodating. The developing and underdeveloped countries still have a large population of people who are suffering quietly.

Mental Health Conditions in the Below-Mentioned Nations

Globally mental health illness is reaching an unprecedented level. According to the reports of the World Health Organisation, mental health problems account for 30 per cent of the total burden of diseases that are non-fatal and an estimate of 10 per cent of the overall burden of diseases that include disability and death. According to reports by WHO mental health is the most neglected area of health globally. It has drastically increased post the pandemic period. There are several reasons for ignorance towards mental health such as associated stigma, it is also not considered an actual illness. Currently, nearly 1 billion people in the world live with a mental disorder and approximately 75 per cent of the people in low-income countries do not receive treatment. By the age of 14, 50 per cent of people suffer mental health disorders and every 40 seconds a person dies due to suicide.

Across the globe, many mental healthcare institutions are constantly trying to create pressure on the governments to identify and bridge the gaps that are causing mental health issues.

Caribbean Nations

A combination of reasons are the cause of neglect towards mental health issues, these might be economic, cultural, social or political. The degradation in mental health is also a result of the socio-economic situation of Caribbean Nations which has allowed income inequality, poverty and unemployment to be deeply rooted in their society. The countries of the Caribbean only spend 4.3% [1] of the healthcare budget allotted to them for mental healthcare. Another factor that contributes to reoccurring mental health issues in the said nation is the social stigma and taboo that revolves around it.

Further, it has been suggested that all the Caribbean Nations need to introduce certain policies and practices in mental healthcare. Countries like Guyana and Suriname have the highest rates of suicides in the entire world. Communities at the grassroots level and local NGOs such as Swarnapath and the Guyana Foundation come into force and bridge this gap, the results of their efforts are impressive and they continue to be resilient.

Pacific Nations

The Covid-19 pandemic has led to unemployment in several

countries in the Pacific. Although it has been observed that there is an increase in the number of people who are now accessing mental health services, however, it has also been highlighted that the alarming spike in the suicides committed across the Pacific Nations is disturbing.

The International Committee of the Red Cross provides funding that enables the Red Cross Societies to develop programmes to spread awareness on Psychological support and mental health.

Asian Continent:- India, China, Burma, and the Middle East Part of Asia

The largest continent i.e. Asia in terms of an area that exceeds a population of 3.5 billion people cannot be considered a homogeneous continent. Therefore mental health across this continent is not standardised and is extremely varied. According to the World Health Organisation, approximately one-third of the population which is suffering from depression resides in the South Asian region, making it the home for the majority of depressed people.

Some aspects of mental health such as community care for the mentally ill people, social security for the mentally disturbed, and free treatment for mental health patients, are usually taken for granted in developed countries that are not available in the vast region of Asia. Despite the emphasis put on mental health internationally during the time of the pandemic, Asian countries are still in slumber. The reforms that are needed in the Asian society concerning mental healthcare need to be preceded by building blocks of change in the perception of society towards it.

Hopefully, shortly this will eventually trigger the awareness that is lacking in Asian countries such as Pakistan, India and China. Along with spreading awareness the institutional image of mental healthcare

of an individual helps to boost the hormones that reduce stress, depression, anxiety and frustration. To help the individual reach its maximum capacity, the corporates have come up with a healthy work environment that is designed specially to protect the mental health of an individual.

Lastly, several experts offer services like therapies that run intending to assist an individual suffering from any mental illness. Like other fields of economics, the economics of mental health has now been one of the prioritised agendas of the country.