



# India

## GENERAL INFORMATION

India is a country with an approximate area of 3288 thousand square kilometers (UNO, 2008). The population is 1,214,464,312 and the sex ratio (men per hundred women) is 107 (UNO, 2009). The proportion of the population under the age of 18 years is 37% and the proportion above age 60 is 5% (UNO, 2009). The literacy rate is 88% for men and 74% for women (UN Statistics, 2008). The life expectancy at birth is 63 years for males and 66 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 56 years for males and 66 years for females (UNPD, 2010). The country is in the lower middle income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 4.16% and the per capita government expenditure on health (PPP int. \$) is \$22.0 (WHO, 2006). The suicide rate for males is 12.2 per 100, 000 population and for females is 9.1 per 100, 000 population. In India, neuropsychiatric disorders are estimated to contribute to 11.6% of the global burden of disease (WHO, 2008).

## GOVERNANCE

An officially approved mental health policy does not exist. However, mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2009. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Funding allocation for the implementation of half or more of the items in the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.
- Integration of mental health services into primary care.

Dedicated mental health legislation exists and was initiated, or most recently revised, in 1987. Legal provisions concerning mental health are also covered in other laws (e.g., welfare, disability, general health legislation etc.).

## FINANCING

Mental health expenditures by the government health department/ministry are 0.06% of the total health budget. Mental hospital expenditures are not available.

Note: India has a federal system of governance and consists of the Central Government, as well as 35 states and union territories/administrations. All 35 states and union territories/administrations have their own mental health budgets. The Central Government implements the National Mental Health Programme (NMHP) to support the state governments and union territory administrations. However, the data provided above pertains to the Central Government only.

## MENTAL HEALTH CARE DELIVERY

### Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. In contrast, the department of health does not

Data collected in 2011

UN = information unavailable, NA = item not applicable

authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Similarly, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care exist as do referral procedures from tertiary/secondary to primary care.

## Mental Health Services

### Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	4,000	0.329	UN	UN
Day treatment facilities	UN	UN	UN	UN
Psychiatric beds in general hospitals	10,000	0.823	0	0.0
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	43	0.004	0	0.0
Beds in mental hospitals	17,835	1.469	0	0.0

### Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	UN	UN	UN
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	UN	UN	UN
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	14.52	UN	UN

### Long term care in mental hospitals (% of persons staying):

Less than 1 year	62%
More than 1 and less than 5 years	24%
More than 5 years	14%

Data collected in 2011

UN = information unavailable, NA = item not applicable

## HUMAN RESOURCES

### Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	0.301	0.0364
Medical doctors, not specialized in psychiatry	UN	2.893
Nurses	0.166	0.016
Psychologists	0.047	0.010
Social workers	0.033	0.003
Occupational therapists	UN	UN
Other health workers	UN	NA

### Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	UN	UN
Participation in the formulation/implementation of policy/plan/legislation?	not routinely	not routinely

## MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines <sup>1</sup>	UN
Medicines used for bipolar disorders <sup>2</sup>	UN
Medicines for psychotic disorders <sup>3</sup>	UN
Medicines used for general anxiety <sup>4</sup>	UN
Medicines used for mood disorders <sup>5</sup>	UN

<sup>1</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>2</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>3</sup> N05A (excluding N05AN)

<sup>4</sup> N05B & N05C

<sup>5</sup> N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable

## INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	No	No	No
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	No	No	No
Persons treated in mental health outpatient facilities	No	No	No
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment facilities	No	No	No
Admissions in general hospitals with psychiatric beds	No	No	No
Admissions in mental hospitals	Yes	Yes	Yes
Days spent in mental hospitals	Yes	Yes	Yes
Admissions in community residential facilities	No	No	No

Note: Mental health data (either on the public system, private system or both) have been compiled for general health statistics in the last three years, but not in a specific mental health report.

## OTHER INFORMATION

India's National Mental Health Programme (NMHP) has been implemented since 1982. Under the NMHP, community mental health services are provided through the District Mental Health Programme (DMHP) by integrating mental health care, at the primary care level, with supervision and support from a mental health team at the district level. At present 123 districts are covered under the DMHP.

The government also supports the following:

- 1.) Upgrade of psychiatric wings of several medical colleges/general hospitals. Currently, psychiatric wings of 88 medical colleges/ general hospitals have been improved.
- 2.) Modernisation of state-run mental hospitals. Thus far, 29 state-run mental hospitals have been upgraded.
- 3.) Development of post-graduate departments in mental health specialties. The establishment and/or strengthening of 120 post-graduate departments in mental health specialties including Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric nursing are planned, in order to address the shortage of mental health professionals in the country.
- 4.) Development of centers specializing in mental health. Currently, 11 centers of excellence in mental health are being established, by upgrading existing mental health institutions and increasing their training capacity in mental health specialties, to augment their mental health service provisions.
- 5.) Focused information, communication and education and research in mental health. For example, awareness campaigns in mental health are being undertaken through multiple media in the National as well as regional languages.
- 6.) Strengthening of the State and Central Mental Health Authority for improved monitoring and evaluation.