



MENTAL HEALTH IN INDIA: POLICIES AND ISSUES

Desh Raj Sirswal

INTRODUCTION

Mental health generally refers to an individual's thoughts, feelings and actions, particularly when he faced with life challenges and stresses. A good mental health isn't just the absence of mental health problems. It is the achievement and the maintenance of psychological well-being. Mental Health is the state of one's peace of mind, happiness and harmony brought out by one's level of adjustment with himself and his environment. In describing mental health, Anwar said, "...mental health is the health of one's mind which can prove a potent determinant of one's integrated personality and balanced behaviour identified on the basis of the level of his adjustment to himself, others and with the environment. A mentally healthy individual possesses a number of characteristics which influence his life positively and help him in achieving his goals of life effectively. He has adequate ability to make adjustments in the changed circumstances and situations. His intellectual powers are adequately developed. He is able to think independently and take proper decision at the proper time. He tries to accomplish his work as effectively as possible but he does not prove to be an extremist by becoming a perfectionist. Though these characteristics are expected from a mentally healthy individual, but these should be taken as essential and necessary conditions for the maintenance of proper mental health and thus absence of one or the other characteristic does not necessarily mean negation of mental health. Good mental health is not just the absence of mental problems. Being mentally healthy is much more than free of depression, anxiety or other psychological issues."¹ In this paper an attempt is made to discuss about the mental health policies and issues in India.

MENTAL HEALTH: CONCEPTUAL ANALYSIS

"Mental health is of paramount importance for personal well-being, family relations and an individual's ability to contribute to society," Mr. Ban said in his message on World Mental Health Day, observed annually on October 10.

Dr. P. Lavanya Kumari explains that mental health is a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life. According to Schreiber (1951), mental health means the ability of an individual to pursue reasonable, purposeful goals; use his capacities and talents fruitfully. As a part of one's overall health, mental and emotional health or wellbeing is a necessary condition to enable one to manage one's life successfully. It gives him or her capacity to live life in fulfillment of what he or she wants to achieve in accordance to the available resources. This condition also provides an individual the capacity to be resilient to the stresses he meets and to respond to these challenges without having to compromise his well-being. This also makes him productive and fruitful for himself and his community. Mental health is important as it affects everything one does – how one sleeps, what one eats, the risk one will take and the types of things one does to relax and enjoy one self. Some of the criteria for good mental health are :

- Adequate feeling of security
- Adequate self-evaluation
- Adequate spontaneity and emotionality
- Efficient contact with reality
- Adequate bodily desires and the ability to gratify them
- Adequate self-knowledge
- Integration and consistency of personality
- Adequate life goals
- Ability to learn from experience

- Ability to satisfy the requirements of the group
- Adequate emancipation from the group or culture ²

Therefore, mental health in the broadest sense suggest a degree of positive conformity and satisfaction under conditions that warrant a state of mind and a capacity for making balanced personal and social relationship. A mentally healthy person shows the balanced behavior and can face the realities of life boldly. According to *National Center for Education in Maternal and Child Health*, every child and adolescent deserves to experience joy, have high self-esteem, have friends, acquire a sense of efficacy, and believe that he or she can succeed in life.³ It is also added that intelligence consists of an individual's those mental or cognitive abilities which helps him in solving his actual life problems and leading a happy and well contented life. A mentally healthy individual also aims at leading a well-adjusted and successful life.⁴

Several studies are available which defined the concept of mental health. A detail description is available in the research paper entitled, "Teacher's Mental Health in relation to Personality Development of Students" of Purnima Sood Bhushan and some are cited below:

- (a) In the world of today everyone is threatened by increasing population and degraded circumstances. Health is and has been always one of the most important areas where we need to focus. Concept of health extends beyond the proper functioning of the body; it includes controlled emotions, a sound and efficient mind. This means that mind and body both are working efficiently and harmoniously (Kaur, 2006-07).
- (b) The expression "Mental Health" consists of two words- 'Mental' and 'Health'. 'Health' generally means sound conditions or well-being or freedom from diseases. Mental health, therefore, means a sound mental condition or a state of psychological well-being of freedom from mental disease (Singh, 2004).

- (c) The word ‘mental’ usually implies something more than purely cerebral functioning of a person. It includes one’s emotional affective states. It is the equilibrium in one’s sociocultural context that is reflected by the relationship one establishes with others. Similarly, ‘health’ refers to more than physical wellbeing. It also connotes the individual’s intraphysic balance, the interaction of one’s physic-structure with the external and social environment (Kaur, 2006-07). For example, a person who is academically sound and also knows, what is to be taught but at the times is not able to impart it due to certain factors of adjustment with his/her environment.
- (d) Mental health stands for the health of the mind, “The wholesomeness of mind”– analogous to the wholesomeness of the body as implicit in physical health. Accordingly, mental health is concerned with the health of one’s mind and its functioning in the same way as the physical health is concerned with the health of one’s physical organs and their functioning. The concept of mental health has been defined as “Which includes subjective well- being, perceived self- efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one’s intellectual and emotional potential, among others. From a cross-cultural perspective, it is nearly impossible to define mental health comprehensively. It is however generally agreed that mental health is broader than a lack of mental disorders”. While, if we see the interpretation of mental health.
- (e) “Good mental health can be achieved by following the principle of mental hygiene, which is the science of the investigation and application of those measures that prevent mental disorder. Mental health is a way of living satisfactorily and effectively with other members of the society”.⁵

Mental health is very important issue for the developing countries and got a worldwide attention. To promote mental health, there is a need to create such living conditions and environment that support mental health and allow people to adopt and maintain healthy lifestyle. A society that respects and protects basic,

civil, political, and cultural rights is needed to be built to promote mental health.⁶ R. Srinivasa Murthy described the development of mental health program as, “At the International level, the World Health Report 2001 on Mental Health has been a landmark in the development of policies and programmes relating to mental health in the world and specifically in the developing countries. The Report provides a framework for countries with different development levels to initiate actions appropriate to their resources. Already there is an evidence of change in many countries. Another important document neurological, psychiatric, and developmental disorders: meeting the challenges in the developing world, published by the Institute of Medicine in 2001 also focusses on the research needed to support mental health programmes in developing countries.”⁷

MENTAL HEALTH INITIATIVES IN INDIA

Indian concept of mental health is available in the *Atharva Veda* which provides detailed information on mental disorder and their treatment. According to Artha Veda mental personality consists of three gunas or characteristics: Sattya, Rajas and Tamas. The imbalance of these gunas causes mental disorder. These gunas are in the mind since birth, but they keep certain equilibrium in a normal person. So normal mental health means living in Rajas and Tamas to a certain degree. The *Charak Samhita* and *Susrut* have also given the concept of mental health, but they do not differ significantly from the Atharva Veda’s concept of mental health. These concepts of mental health are used in Ayurveda. The rise of mental health issues are a growing concern in the school as well as in the community and got the attention of psychologist, educationist and other academicians. India enters the new millennium with many changes in the social, political, and economic fields with an urgent need for reorganization of policies and programmes. The mental health scene in India, in recent times, reflects the complexity of developing mental health policy in a developing country. There has been a critical examination of the existing mental hospitals in the country by the National Human Rights Commission of India The Supreme Court of India is continuously examining the

wide variety of issues relating to mental health care, following the Erwadi Tragedy in which mentally ill persons were burned to death while chained to pillars. The National Health Policy clearly spells out the place of mental health in the overall planning of health care.”⁸ The statically data given by the WHO is more horrifying for the mental health.

There are some development regarding mental health issues as noted by R.Sinivasa Murthy, “Indian psychiatrists have examined and utilized the traditional healthcare systems for the care of mental disorders, using Yoga and Ayurveda, Indian philosophy and traditional healers. Systematic research has been done on yogic practices and their effect in different mental disorders in the past 2–3 decades. There is a resurgence of academic interest in the effects of different types of yogic practices and the mental health relevance of the *Bhagavad Gita*. In January 2009, the Indian Psychiatric Society published a volume on *Spirituality and Mental Health*, containing over three dozen articles on various aspects of spiritualism and mental health. Initially, yoga and meditation were used in a wide range of mental disorders. In addition, the special relationship between the patient and the therapist in the Indian context and its advantages were explored. This was followed by a comparison of standard treatment with yoga in psychoneuroses, anxiety, drug addiction and psychogenic headache. There were also a number of studies on various aspects of transcendental meditation and its physiological effects.”⁹

NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

WHO estimated that globally over 450 million people suffer from mental disorders. Currently mental and behavioural disorders account for about 12 percent of the global burden of diseases. This is likely to increase to 15 percent by 2020. Major proportions of mental disorders come from low and middle income countries.¹⁰ During the last two decades, many epidemiological studies have been conducted in India, which show that the prevalence of major psychiatric disorder is about the same all over the world. The prevalence reported from these studies

range from the population of 18 to 207 per 1000 with the median 65.4 per 1000 and at any given time, about 2 -3 % of the population, suffer from seriously, incapacitating mental disorders or epilepsy. Most of these patients live in rural areas remote from any modern mental health facilities. A large number of adult patients (10.4 - 53%) coming to the general OPD are diagnosed mentally ill. However, these patients are usually missed because either medical officer or general practitioner at the primary health care unit does not ask detailed mental health history. Due to the under-diagnosis of these patients, unnecessary investigations and treatments are offered which heavily cost to the health providers.

Programme by the Government of India¹¹

The Government of India has launched the National Mental Health Programme (NMHP) in 1982, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it. This programme has the following objectives:

1. To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of population.
2. To encourage application of mental health knowledge in general health care and in social development.
3. To promote community participation in the mental health services development and to stimulate efforts towards self-help in the community.

District Mental Health Programme

1. Training programmes of all workers in the mental health team at the identified Nodal Institute in the State.
2. Public education in the mental health to increase awareness and reduce stigma.

3. For early detection and treatment, the OPD and indoor services are provided.
4. Providing valuable data and experience at the level of community to the state and Centre for future planning, improvement in service and research.

Agencies like World Bank and WHO have been contacted to support various components of the programme. Funds are provided by the Govt. of India to the state governments and the nodal institutes to meet the expenditure on staff, equipments, vehicles, medicine, stationary, contingencies, training, etc. for initial 5 years and thereafter they should manage themselves. Govt. of India has constituted central Mental Health Authority to oversee the implementation of the Mental Health Act 1986. It provides for creation of state Mental Health Authority also to carry out the said functions. The National Human Rights Commission also monitors the conditions in the mental hospitals along with the government of India and the states are currently acting on the recommendation of the joint studies conducted to ensure quality in delivery of mental care. “ *Intervention by the National Human Rights Commission* A very important development was the recognition of the human rights of the mentally ill by the National Human Rights Commission (NHRC). The NHRC carried out 2 systematic intensive and critical examinations of mental hospitals in India in 1998 and 2008. Following the initial report, as part of the NMHP, funds were provided for upgrading the facilities of mental hospitals. This has resulted in positive changes over the past 10 years as shown by the 2008 NHRC/National Institute of Mental Health and Neurosciences (NIMHANS) report.”¹²

10th Five Year Plan

- District mental health programme in an enlarged and more effective form of covering the entire country.
- Streamlining/ modernisation of mental hospitals in order to modify their present custodial role.

- Upgrading department of psychiatry in medical colleges and enhancing the psychiatry content of the medical curriculum at the undergraduate as well as postgraduate level.
- Strengthening the Central and State Mental Health Authorities with a permanent secretariat. Appointment of medical officers at state headquarters in order to make their monitoring role more effective;
- Research and training in the field of community mental health, substance abuse and child/ adolescent psychiatric clinics.

Mental health in the Eleventh Five-Year Plan (2007–2013)

- R.Srinivasa Murthy highlighted the mental health programme in eleventh five-year plan as , “There is an acute shortage of manpower in the field of mental health, namely, psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses. This is a major constraint in meeting mental health needs and providing optimal mental health services to people. The existing training infrastructure in India produces about 320 psychiatrists, 50 clinical psychologists, 25 psychiatric social workers and 185 psychiatric nurses per year. Due to the shortage of manpower in mental health, the implementation of the DMHP suffered in the previous plan periods. During the Eleventh Five-Year Plan, there has been a substantial increase in the funding support for the NMHP. The total amount of funding allotted is 472.91 crore (a 3-fold increase from the previous plan). The areas identified for support consist of the following:
 - Manpower development, in the form of the establishment of centres of excellence in the field of mental health (338.121 crore), will be undertaken. Centres of excellence in the field of mental health will be established by upgrading and strengthening identified existing mental health hospitals/ institutes for addressing the acute manpower gap and provision of state-of-the-art mental healthcare facilities in

the long run. These institutes will focus on the production of quality manpower in mental health.

- A scheme is envisaged for the development of manpower in mental health (69.80 crore). Support would be provided for setting up/strengthening 30 units of psychiatry, 30 departments of clinical psychology, 30 departments of psychiatric social work and 30 departments of psychiatric nursing, with support of up to 51 lakh to 1 crore per postgraduate department.
- Spill-over activities of the Tenth Plan will be completed. These include upgradation of the psychiatric wings of government medical colleges/general hospitals and modernization of government mental hospitals (58.03 crore). Up to 50 lakh will be provided per college.
- It is planned to modernize state-run mental hospitals. A grant of up to 3 crore per mental hospital would be provided.
- The implementation of the existing DMHPs will be continued as per existing norms (6.9 crore). There are plans to integrate the NMHP with the National Rural Health Mission (NRHM).¹³

Special Issues:

- The National Mental Health Programme will focus special attention on psychiatric problems specific to certain vulnerable sections of the population who are often marginalized and neglected owing to lack of effective advocacy.
- Senior citizens suffering from severely disabling diseases such as Alzheimer's and other types of dementias, Parkinson's disease, depressions of late onset and other psycho geriatric disorders.
- Victims of child sexual abuse, marital / domestic violence, and dowry related ill – treatment, rape and incest.
- Children and adolescents affected by problems of maladjustment or other scholastic problems, depressions/psychosis of early onset, attention deficit hyperactivity disorders and suicidal behavior

resulting from failure in examination or other environmental stressors.

- Victims of poverty, destitution and abandonment such women thrown out of the marital home or old and infirm parents left to fend for themselves.
- Victims of natural or man-made disasters such as cyclones, earthquakes, famines, war, terrorism and communal/ethnic strife, with special attention to the specific needs of children orphaned by such disasters.¹⁴

The other major contribution of professionals has been in mental health research. The ICMR, New Delhi, gave a big push to mental health research in the 1980s. This research has not only brought to light the importance of understanding mental disorders such as schizophrenia in the cultural context, but has also shown the feasibility of developing models involving schools, primary healthcare and general practitioners, as well as working with families. This new knowledge has continuously supported the development of mental health programmes.¹⁵

IMPORTANT FACTS:

1. For the first time in the last 40 years mental health has been chosen as the theme for the World Health Day 2001: "Mental Health: Stop Exclusion - Date to Care", Why? The recent evidence for the importance of mental health has been so striking that the WHO decided to give it a priority during year 2001, the beginning of 21st century.
2. There is no initiative from the mental health professional to take active part in this programme. Most of them are not aware of the programme.
3. There is shortage of professional manpower and training programmes are not able to meet the demand in providing all medical private practitioners and medical officers.

4. Appropriate mental health can be provided at the sub centre and village level by minimum training of the health workers that will help in providing comprehensive health care at the most peripheral level.
5. The targets set for the programme are not achieved till today after lapse of more than one decade. This indicates that there is a poor commitment of the government, psychiatrists, and community at large.
6. The programme has given more emphasis on the curative services to the mental disorders and preventive measures are largely ignored. More public awareness programmes are required.
7. The medical care in the hospitals is custodial in nature and this need to be changed to a therapeutic approach.¹⁶

The National Mental Health Policy is aimed at doing “the greatest good to the largest number” through five interdependent and mutually synergistic strategies, to be implemented in a phased manner over the next two decades. There is a need of extension of basic mental health care facilities to the primary level and strengthening of psychiatric training in Medical Colleges at the undergraduate as well as postgraduate level. We need modernization and rationalization of mental hospitals to develop them into tertiary care centers of excellence. Also a need to Empowerment of Central and State Mental Health Authorities for effective monitoring, regulation and planning of mental health care delivery systems. This is our need to promote research in frontier areas to evolve better and more cost-effective therapeutic interventions as well as to generate seminal inputs for future planning.¹⁷

MENTAL HEALTH AND EDUCATION

Education is a human development effort which contributes towards the cultural transformation of the citizens. It is a powerful instrument of social, economic and cultural development. If education is to achieve this end, it must be planned to enable every individual in a society to develop innate potentialities and aptitude to

the maximum extent so that country can achieve full economic growth and healthy social order. The Competitive world of today imposes stress factors such as interpersonal competitions, peers group pressure, undue emphasis on marks, setting up of unrealistic goals by parents, inadequate time and resources, condemnation as dullards etc. which in turn may develop feelings of worthlessness and lack of confidence in Adolescents. Such feelings during most turbulent years get reflected as lack of concentration, disturbed sleep, memory loss, headaches etc. As a result, all these factors affect the Academic Achievement of the students.¹⁸

Educational Institutes and Mental Health

Adolescence is a period of physical, psychological, emotional and personality change, which can lead to stress, and emotional and behavioral problems.¹⁹ A healthy home offers security to the children. The schools cannot simply provide a continuation to home environment. Home's psychologically climate plays an important role on Child emotional state and Academic performance . The poor communication between parents and their children lead to learning and behavioral problems which lead to maladjustments and affect their Mental Health. So parental attitude towards Adolescent is an important educational foundation on which Academic Achievement is dependent. Therefore Parents should create conducive home environment so that it would help in their wards achievements. They also need to give them not only emotional support but also educational guidance and encouragement.²⁰

Traditionally the teaching job enjoyed a considerably high level of prestige and only dedicated and selected individuals joined the profession. The teachers were usually held very high esteem by the different sections of people and society was sensitive to take care of the needs of the teacher. With the changing socio-economic scenario and increasing unemployment, the values of teacher and their professional concern with the job have forcibly undergone a change which adversely affects the mental health of the teacher. The level of mental health of teacher can affect his working as well as his organizational climate. If teacher

doesn't enjoy sound mental health, they cannot concentrate in teaching and retain the knowledge given to the students. Also, he cannot have a proper and well-adjusted personality. So, teacher's mental health plays an important role in teaching and learning process.²¹

There is a significant effect of mental health of teachers and the personality development of both, the girls and the boys. Also, the teachers having good mental health have more extrovert students and less psychotic and neurotic students. While, if we see the data of the teachers having ill mental health, their students have psychotic and neurotic trait more dominant in their personality as compared to extroversion. The individual factors of teachers not only influence their work, but also bring deep and everlasting impact on the students' development. The sentiment state of a teacher not only influences the cognition, motive and behavior system of the teacher himself, but also brings direct and in- direct influence to those of the students. Thus, we can say that teachers having ill mental health have adverse effect on the personality development of the students, while the good mental health teachers have students with effective and impressive personality.²²

Central Institute of Behavioural Sciences has undertaken the task of designing and implementing modules which address the common and specific problems of children and adolescents. School is an ideal clinic for mental health program and teachers are the best therapist for its prevention in collaboration with parent's education. The sound mental health of the person is important for those who (teacher) work for the development of the nation. It is generally believed that the satisfaction of job is closely related to one's efficiency. Problems dealt under this program:

1. Academic failures.
2. Learning disability.
3. Hyperactivity.
4. Indiscipline in classroom.

5. Exam stress.
6. Conduct problems and oppositional defiance.
7. Shyness, depression, aggression.
8. Adolescent crisis.
9. Parents stress and problem.
10. Overall quality of performance and life problems of teachers, parents and children.

It is a comprehensive activity for students, parents, and teachers that can identify issues of poor performance and correlate it with mental disorder or disease as a cause. The programme screens all the factors responsible for success of a student and finally uplifting the psycho-social and educational health. Mental Health is a very important issue now a day and got the attention of psychologist, educationist and other academicians. The experience of the institute and its staff in handling psycho social disorders has elaborated certain issues. The issues for schools are highlighted as:

STUDENTS: Aggression, Declining interest in studies, Suicide among children, Oppositional defiance, delinquency, slow learning, early indulgence and adult behaviour.

PARENTS: Rising anxiety and insecurity, Non responsiveness, Apathy, Personalized attitude, Disharmony and discord Anti-social

TEACHERS: Poor job satisfaction, Self-stress and fear, Indifferent attitude, Declining emotional maturity, Expectations, Extra occupational burden.

SCHOOL: Administration problems, Staff Management problem, Pressure of higher quality, Results of students, Human rights issue.

All these factors have shown a rising trend in last 12 years. The impact is on the psychological, social and academic profile of the children and adolescents. It leads to a plethora problem.²³ The issue of teacher mental health has long been a topic of

interest and concern to researcher in the field of education and psychology. Anand (1998) studied the job satisfaction of the teachers and found that central school teachers are more satisfied as compared to state school teachers. As Lakshaira and Panda (1996) found no differences in the degree of job satisfaction of male college and higher secondary teachers. C.W. Kamau (1992) studied burnout and mental health of male and female teachers and found out that male teachers are more capable of coping with stress in comparison to female teachers.²⁴

School administrators and higher educational authorities should arrange in-service training for teachers to refresh their knowledge of content and teaching method. Seminars, workshops and conferences should be organized in which teachers should be invited to refresh their knowledge and discuss their problems which they face in their work environment. It would be a better idea, if limited workload given to the teachers according to their capacity and special facilities like medical care, travelling allowance, special increment and rewards will be also helpful in improving the mental health of the teachers. So, in last special measures should be identified for the results of research being undertaken seriously by policy makers and school administrators, in order to lower down the problems faced by the teachers.²⁵ If there is cooperation and mutual understanding among the administrator, teachers and other staff in an educational institution one finds a very conducive environment which helps to develop good mental health. But this is lacking in the most of the schools. Our educational institutions are be set with various problems of caste, creed, religion and regional feelings. It is not unusual for the students to suffer from serious problems of mental health under such circumstances. There is favoritism, partial treatment on the basis of caste, creed religion, and region etc. which affects mental health of the student's body.

CHALLENGES

India is the home to a pluralistic approach to all types of healthcare. Not only are there other systems of healthcare other than modern medicine such as Ayurveda,

Unani, Naturopathy and Homoeopathy, but also people approach religious places for help, especially in case of mental illness. The current approach is one of 'live and let live'. However, this leaves the situation unclear to the general public. There is a need for professionals of all systems of care to initiate a dialogue and communicate the relative suitability and effectiveness of different approaches to care in different aspects of mental health (prevention, promotion and treatment). There is no need for each of them to be equally suitable and effective in all areas. There is also a great need for linkage of services according to a need-based approach.²⁶

Most strongly associated factors with mental disorders are deprivation and poverty. Individuals with lower levels of education, low household income, lack of access to basic amenities are at high risk of mental disorder. Lifetime risk of affective disorders, panic disorders, generalized anxiety disorder, specific phobia and substance use disorders are found to be highest among illiterate and unemployed persons. Suicidal behavior was found to have relation with female gender, working condition, independent decision making, premarital sex, physical abuse and sexual abuse. Ongoing stress and chronic pain heightened the risk of suicide. Living alone and a break in a steady relationship within the past year were also significantly associated with suicide. Work environment, school environment and family environment plays important role in pathogenesis of mental disorders.²⁷

The development of psychiatric services in India, in contrast with economically rich countries has occurred against the backdrop of almost no mental health services at the time of Independence. Almost all people with mental disorders live in the community; most often do not have access to any organized services, with their family providing care in whatever form it is able to do (ranging from isolation to committed care).²⁸ Stigma related to mental disorders, lack of awareness in common people, delayed treatment seeking behavior, lack of low cost diagnostic test and lack of easily available treatment are the main hurdles in combating the problem of mental health in India. In addition factors pertaining to traditional

medicine and beliefs in supernatural powers in community delays diagnosis and treatment. India had focused its attention mainly to maternal and child health and communicable diseases. This leads to lack of political commitment to non-communicable diseases further aggravating the load of mental disorders.²⁹

CONCLUSION

There is the need for a vision for the development of mental health that is broad-based, inclusive of all the needs of all the people, which are community based and community intensive. The ICMR and the mental health professionals in India have their roles clearly cut out. India has begun this process and made important progress. There is a need to continue the process by widening the scope of mental health interventions, increasing the involvement of all available community resources, and basing the interventions on the historical, social and cultural roots of India. This will be a continuing challenge for professionals and people in the coming years. National mental health policies should not be solely concerned with mental disorders, but should also recognize and address the broader issues which promote mental health. It includes education, labour, justice, transport, environment, housing, and health sector. For attaining this, intersectoral coordination is a mainstream. We have much scope to discuss on the issue of mental health in forthcoming years and it should be done and implemented in the proper manner.

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