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# Journey from seclusion to inclusion: Development of mental health services in India since independence

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Mental health is an integral and essential component of "Health". It is more than the mere absence of mental disorders or disabilities. It determines the quality of life of the individuals. The progress and prosperity of a nation depend on the overall quality of health of its citizens. However, until early twentieth century the issues of mental health and well-being were inadequately addressed. Often people with psychological ailments were considered to be non-productive people, confined in asylums, received inhumane treatment and were completely secluded from the mainstream society. Since independence initiatives have been taken by individuals and by the central government and the state governments, to develop the mental health services in India. This paper reviewed published articles, book-chapters and books to explore the development of mental health services in India since Independence. It was observed that measures were taken to improve the conditions of the mental hospitals. A trend towards deinstitutionalization was set by the Government of India and that initiated the creation of general hospital psychiatric units and community mental health services. Humanistic approach in treatment, development of psychotropic drugs and psychotherapies facilitated the management and care of the patients with psychiatric diseases, thereby improving their quality of life.

**Keywords**: Antipsychotic drugs, Community mental health services, General hospital psychiatric units, Mental hospitals, Psychotherapy

The constitution of the World Health Organization states that *Mental Health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community*. It is an integral and essential component of "Health". Mental health is more than just the absence of mental disorders or disabilities[1]. This definition emphasizes that both physical and mental health and well-being are essential for the progress of an individual who further contributes for the prosperity of his or her country. Thus, a mentally healthy individual is able to work productively, enjoy his or her leisure time and contribute fruitfully to his or her community[2]. Never-the-less until early twentieth century issues related to mental health and well-being were inadequately addressed. Often people with psychological ailments were considered to be non-productive people[3], confined in asylums, received inhumane treatment and were completely secluded from the mainstream society. This is evident from the autobiographical account of Clifford Whittingham Beers where he had mentioned that "…*I was subjected to a detestable form of restraint which amounted to torture*"[4]. This scenario prevailed worldwide and India was no exception. Before independence there were no clear-cut strategies for the care of the mentally ill patients in India. 'Asylums' were custodial rather than therapeutic centres. There were gross inadequacies in the medical personnel. All these asylums were taken care by the superintendents and deputy superintendents rather than by the consultants and specialists[3].

Since independence various initiatives have been taken by individuals and by the central government and the state governments, to develop the infrastructure of the basic health facilities. Development of the mental health services in India has also received an impetus. Therefore, the present investigation attempts to review the studies that led to the development of mental health facilities in India.

## Materials and Methods

Articles were retrieved, through intensive online search, from two databases, PubMed and Google Scholar. The keywords such as "History of mental

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health services in India" "Community mental health service", "Psychotropic drugs" "Antipsychotic drugs" and "Psychotherapy" were used for the search. Relevant published articles from the period 1958 to 2021 were considered in the present study. The official website of the World Health Organization (WHO) was referred to enhance the knowledge about the subject. Further, few books, and e-books were consulted to substantiate the findings of the study.

#### Inclusion criteria

Full-length scientific research articles and review articles in the English language have been included.

#### Exclusion criteria

Articles in any other languages and abstracts were excluded due to a lack of detailed methodology, results and discussions.

#### Delimitation of the study

The present paper focuses the development of mental health services especially for the management of psychosis.

## Results and Discussion

The results and discussion of the paper have been presented in the following five sections:

#### Mental Hospitals in India

Mental Hospitals are an integral part of mental health services in India[5]. Establishment of psychiatric hospitals in India started during the colonial rule in the eighteenth century. First Mental Hospital was established in Calcutta in 1787 during the tenure of Lord Cornwallis. The primary purpose for such establishments was to segregate the mentally ill from the community and to detain them[5,6]. Later, in 1906 some initiatives to improve the conditions of these hospitals were undertaken by Lord Morley when he had shifted the charge of these hospitals from the Inspector General of Prisons to the Civil Surgeons of the Indian Medical Service. Secondly, Psychiatrists were appointed as the full-time medical officers. In 1918 the Central European Hospital was established in Ranchi[3,5] for the treatment of the mentally-ill persons. However, the Bhore Committee Report of 1946 revealed that during the pre-Independence era seventeen asylums existed in India with 10,189 patients, all living in terrible conditions[3].

In the mid 1940's Col. M. Taylor's report recommended for the improvement of the existing seventeen mental hospitals and for the establishment of seven new such hospitals within a period of ten years. Training of the medical and ancillary mental health personnel was also emphasized. Furthermore, theAll India Institute of Mental Health (AIIMH) was established in Bangalore in 1954, later it became the National Institute of Mental Health and Neurosciences (NIMHANS) in 1974[7], for the training of the psychiatrists, psychologists and psychiatric nurses. From January 1955 diploma courses in psychological medicine were started. At present training facilities are available for the clinical psychologists, psychiatric social workers and psychiatric nurses in various institutions all across the nation[3].

Since independence, the numbers of psychiatric hospitals in India have increased from 31 to 45[5]. Also, to set a trend toward deinstitutionalization the Government of India initiated the creation of general hospital psychiatric units (GHPU)[3,5,7,8]. Mid-1950s witnessed the rapid development in the GHPUs in India[7]. Murthy (2011) observed that at present most medical college hospitals and major hospitals have the GHPUs. This has twin advantages. First, services come closer to the population and services can be provided in a non-stigmatizing manner. The amalgamation of mental health and primary attention led to the major shift from the concept of custodial care to one that emphasized on care and treatment[9]. By 1960s, the traditional institutions like CIP, Ranchi and Madras Mental Hospitals offered specialized services like child and adolescent clinics, geriatric, epileptic and neuropsychiatric services in OPDs[7]. Development of the mental hospitals enhanced in the improvement of the treatment of patients with psychological illness. Also, various psychological movements all across the world initiated the humanistic approach in treatment of mental disorders.

#### Humanistic Approach in treatment of mental disorders in India

The first two decades of independent India witnessed the increase in the number of seats along with humanizing the services at the hospitals for such vulnerable patients[9-11]. In 1957, the veteran psychiatrist Dr. Vidya Sagar transformed the Amritsar Mental Hospital into a centre of humane and liberal treatment. He involved the relatives of the patients in looking after them. They were invited to stay with the patients and in the process, they got familiarized with the principles of mental health, which they could then take back to the community[3,9]. The humanistic approach gradually changed the outlook of the people towards those who suffered from insane conditions.

People eventually started valuing and accepting them as any other ailments. This set the trend of inclusion of people with mental disorders in the mainstream society. Further the hospital-based psychiatry began to be replaced by a larger community based mental health movement[3]. This propelled the development of community mental health services in India.

**Community Mental Health Services in India**

The Central Institute of Psychiatry, Ranchi were the pioneer to take initiatives in community mental health services. In 1967 at Mandar, near Ranchi, they started the rural mental health clinic[7].By 1975 new initiatives were taken to integrate mental health with general health services, called community psychiatry initiative, and thus develop the mental health services in India[9].

Efforts to develop a national-level community mental health services were initiated with the National Mental Health Programme (NMHP), launched in 1982 and re-strategized in 2003[9,12,13].Through NMHP initiatives to address a wide variety of mental well-being needs of the community, such as suicide prevention, care of the elderly, substance use and disaster mental health care were undertaken. Also, the day-care centres, half-way homes, long-stay homes and rehabilitation facilities were set to meet the needs of the community[9,14-16]. Rapid growth of psychiatry in private sectors, although confined in urban centres, is providing valuable services to the community[9].

**Development of Psychotropic drugs in India**

Another breakthrough progress in the field of psychiatric well-being in India was the development of Psychotropic drugs. The psychoactive or psychotropic drugs have significant effect on higher mental functions[13]; thus, they are used to treat various psychiatric disorders[17]. The era of pharmacotherapy in India started with the use of chlorpromazine by Delay and Denikar for the treatment of patients suffering from schizophrenia in early 1950's[5,18]. India has maintained a pace with the rest of the world in this aspect. Indian researchers have evaluated the efficacy of the antipsychotic and other psychotropic drugs in various conditions. They have also evaluated the important safety and tolerability issues too[18].

Avasthi, Aggrawal, Grover, and Khan(2010) observed that the first-generation antipsychotics (F.G.A) or the typical antipsychotics are very useful in the treatment of schizophrenia, especially in alleviating paranoid and catatonic symptoms. They are able to control the aggressive and depressive symptoms too. Depot antipsychotics are useful for the management of schizophrenia in acute phases and also for the long-term sustenance. Chlorpromazine in combination with electroconvulsive therapy (ECT) helps in the management of the treatment resistant schizophrenia (TRS)[18].

During the 1980's the second-generation of antipsychotics (SGA) or the atypical antipsychotics were developed[19]. In India too during the same period the atypical antipsychotic drugs like resperidone, clozapine, olanzapine, aripiprazole, quetiapine, haloperidol and centbutindole were developed and used for the treatment of psychotic patients. Studies showed that risperidone is as efficacious as haloperidol and centbutindole. It is more efficacious than the quetiapine. Patients treated with risperidone for one year showed better social functioning, productivity and education and significantly fewer patients had suicidal ideation or attempts or needed rehospitalisation. Clozapine was found to be useful in the treatment of the TRS. Olanzapine was found to be effective in reducing associated depressive and anxiety symptoms. Treatment of the patients with schizophrenia through antipsychotic drugs facilitated in the decline of disability of these patients[18].

Drugs like risperidone and haloperidol were found effective for the treatment of the Mania patients too. Thioproperazine can be effectively used for the treatment of children and adolescents with acute and transient psychosis[18].

Studies done in 1970s and 1980s show that effective management of anxiety can be done with low dose of haloperidol, flupenthixol, trifluperidol, pimozide, prochlorperazine and trifluperazine. The antipsychotics were found to be effective in the management of violent and agitated behaviour of the patients. The haloperidol-promethazine combination acts as fast tranquilizer and helps in the clinical improvement of the patients. Delirium can be effectively treated with risperidone and delusional parasitosis is well managed with antipsychotic drugs like trifluperazine, haloperidol and chlorpromazine[18].

Empirical reports of 1960s and early 1970s show that drugs like trifluperazine, prothipendyl and trifluperidol are able to overcome the behavioural problems of children with epilepsy or with epilepsy and mental retardation[18].

The rapid availability of antipsychotics and other psychoactive drugs in India since 1950s made it quite obvious that the psychiatric illnesses could be treated cheaply and effectively by medicines. Hence

gradually the treatment of the patients with mental disorder became more accessible and less stigmatised. Establishment of general hospital psychiatric units quickly became the norm leading to a marked expansion in services and human resource development across the country[20]. The management of mentally-ill patients improved further by combining the use of psychotropics with psychotherapies.

#### Development of Psychotherapy in India

Psychotherapies are the non-pharmacological modes of treatment of psychological disorders. Through biological evidences it is inferred that psychotherapies bring changes at neural level in the brain[21]. Psychotherapy, as practised in the western countries, was initiated in India during the pre-independence period. The advent of Freudian theories and psychoanalysis had an influence on Indian practice. Dr. Girindrashekhar Bose, eminent Indian psychoanalyst and an associate of Dr. Sigmund Freud, had established the Indian Psychoanalytical Society in Calcutta in the year 1922. Small numbers of practitioners were trained. There were not too many adherents to the school and so its clinical impact was limited[20].

During the post-independent period some efforts were undertaken to develop the psychotherapies in India by considering the social and cultural aspects of the country. However, the progress of psychotherapies in India has been limited. Never-the-less few sporadic studies and case reports[22] show that psychotherapies are appropriate mode of treatment for the emotional problems. In 1958, a patient with schizophrenia was successfully treated with psychoanalytical-oriented psychotherapy[23]. Gralnick (1962) had reported that psychoanalytical psychotherapy may be applied on in-patients with schizophrenia[24]. Another case of Anxiety Neurosis was successfully treated with existential therapy and without medication, in the year 1990[25]. Patients with factitious schizophrenia can be well treated with supportive psychotherapy[26]. Tamakuwala, Shah, Dave and Mehta (2005) had used insight-oriented psychotherapy to treat patients with dermatitis artefacta successfully[27].

In India psychologists and psychiatrists have successfully applied psychotherapies in the treatment of children and adolescents too[28]. Psychotherapy was effectively used for the treatment of adolescents in Hysterical Twilight state[29]. Jain, Vythilingam, Eapen and Reddy (1992) reported that childhood sexual abuse was brought out in five adults during the process of supervised psychotherapy[30].

The National Mental Health Programme (1982) mentions that the contemporary understanding of appropriate mental health policies, programmes and service models to deliver optimal mental healthcare to all parts of India has evolved over several decades. These policies suggest the development of health systems, which are primarily community-based, integrated with primary care and linked to overall developmental processes[31]. In the current dispensation, psychological hygiene promotive and preventive approaches are accorded importance equal to that of curative services. Finally, increasing attention is being paid to issues ranging from human rights to initiatives that attempt to demystify mental health through community participation[32].

It is important to recognise that the comprehensive framework of policies, programmes and service models has not occurred because of any dramatic paradigm shifts, but has been built on a cumulative body of clinical knowledge, research and administrative acumen, techno managerial capacity-building and visionary foresight and experience by succeeding generations of mental health professionals, health planners and policy makers[32]. Further, the community care programmes should be such that would support and help the weak and powerless so that they are able to live in a manner that raises their self-respect. It facilitates stability, prosperity and the dignity of the nation[33].

#### Limitation of the study

Less numbers of studies related to development of psychotherapy in India were found.

## Conclusion

Since Independence various efforts have been made to improve the health facilities for the citizens of India. Significant milestones have been achieved in the area of mental health services in India. The involvement of the family and caregivers in the treatment of the patients with psychiatric illness has acted as an ice-breaker in changing the attitude of the people towards those who suffered from psychological ailments. This humanistic approach facilitated the development of the community mental health services. Together with this the development of psychotropic drugs and psychotherapies made the process of management and care of the people with mental disorders effective. Now these individuals are no longer secluded from the society instead they are included in the society with dignity and this has improved the overall quality of life of this cohort.

## Conflict of interest

All authors declare no conflict of interest.

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