



Review Article On Current Trends In Mental Health Advocacy And Practice

Dinesh Kumar^{1*}, Imran Khan², Blessing Nimasajai XS³, Niharika Tiwari⁴, Neha Kakran⁵, Shivani Sharma⁶, Natasha Verma⁷, Sheetal Singh⁸, Manju Rajput⁹, Garima Rohilla¹⁰

CRedit author contributions (author initials)

Dinesh Kumar, Imran Khan, Blessing Nimasajai XS: Conceptualization; Data curation; Resources; Visualization; Writing - review & editing. Niharika Tiwari, Neha Kakran, Shivani Sharma, Natasha Verma: Roles/Writing - original draft; Conceptualization; Formal analysis; Project administration; Visualization; Writing - review & editing. Sheetal Singh, Manju Rajput, Garima Rohilla: Validation, Writing - review.

All persons entitled to authorship are listed as author

Abstract

Mental health refers to cognitive, behavioral, and emotional well-being; it is all about how people think, feel, and behave (White, 2022). 197 million persons, roughly one in seven Indians, suffered from mental disorders of varying severity in 2017; these include depression, anxiety disorders, schizophrenia, bipolar disorders, idiopathic developmental intellectual disability, conduct disorders, and autism (PFHI, 2019). According to the latest 2019 data the prevalence of depression is highest in older adults of India, which is further associated with suicide deaths; furthermore childhood onset mental disorders such as idiopathic developmental intellectual disability, conduct disorders, and autism is higher in the northern states when compared to other states across India (PFHI, 2019). Poor implementation of mental health services has been documented, with a high treatment gap for mental disorders, poor evidence-based treatment, and gender-differentials in treatment in India creates an ideal scope for research studies (Sagar et al., 2020). To prevent mental illness among the community; community based programmes have the potential to reduce the treatment gap for mental disorders along with school-based mental health programmes that can help improve mental health in children; yoga, a traditional Indian practice, is also suggested to be potentially beneficial for depressive disorders (Sagar et al., 2020). Conclusion, is that mental disorders adversely affect a large proportion of Indians because of poor coverage of mental health services, misconceptions in families and communities, relation between mental health and environment, on ground realities, lack of research and evidence based practice, lack of practitioners, integration of technology into mental health, virtual reality, health informatics, the lack of awareness, and the stigma attached to mental disorders; India needs to invest heavily in mental health services to facilitate prevention where possible and to provide affordable treatment, care, and rehabilitation, as well as to attempt integration of mental and physical health services.

1450

Key words: Mental Health, Families and Communities, Ground Realities, Stigma, Care, and Rehabilitation, Health Services.

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Introduction

Health can be defined as a state of complete physical, mental, social and spiritual well being and absence of any disease or infirmity; healthy body adapts to physical, mental, and social changes that it is exposed to (Quddusi, 2019). A person's physical health means that the body does not have any diseases in all parts of his body, and the safety of all its membranes; while

mental and social health is represented by the ability of a person to accomplish social tasks entrusted to him without defect or error (Quddusi, 2019). Health is a positive concept emphasizing social and personal resources, as well as physical capacities i.e. a full life with meaning and purpose (Sampson, 2020).

Fact sheet article by world health organization,



in 2019, 1 in every 8 people, or 970 million people around the world are living with a mental disorder (WHO, 2022a). Mental health includes our psychological, and social well-being; it also helps determine how we handle stress, relate to others, and make healthy choices (WHO, 2022b).

In India, 2017 data shows that, 197.3 million Indians (14.3% of the total population) were suffering from various mental disorders, mental health burden in India has increased from 2.5% to 4.7% which is a cause of concern (Adil, 2019). The Indian national prevalence rates for 'all mental disorders' is at 73 per 1000 population, statement showed urban population suffered more mental disorders than rural India (Ganguli, 2000). Mental disorders starts as early as 14 and peaks at the age of 16 which is followed by subdued between the age of 25 to 73 years of age; mental health disorders reduce life expectancy by 10 to 15 years (Solmi et al.,2022).

Risk factors for mental health disorders include individual psychological and biological factors, such as poverty, violence, disability, obesity, and inequality against gender disadvantage, emotional skills as well as genetics (WHO, 2022a). Furthermore, unemployment, living conditions, large family size, physical health, economic crisis, trauma, cultural & religious issues, access to safe housing – water – sanitation, lack of food and indebtedness, reproductive health and many more unwarranted and undeniable causes affect the human mind at various circumstances and situations in life (Patel et al., 2006).

In the current article the researchers tend to look at trends in mental health advocacy and practice. Mental health advocacy is a literature concept stating a person who provides support to those with mentally ill person, promote their human rights, reduce stigma, and discrimination (Saha, 2021). Advocacy actions includes awareness raising, information, education, training, mutual help, counseling, mediating, defending, denouncing; promoting and protecting the rights of people with mental disorders along with policy making and help create the conditions necessary for positive reforms towards wellbeing of the society (Saha, 2021).

Many research have identified various barriers under which mental health advocacy and practice are scrunched they are

- “Lack of mental health services”
- “Unaffordable cost”
- “Lack of parity between mental health and physical health”
- “Poor quality of care in mental hospitals and other psychiatric facilities”
- “Right to self-determination and need for information about treatments”
- “Need for services to facilitate active community participation”
- “Violations of human rights of persons with mental disorders”
- “Lack of housing and employment for persons with mental disorders”
- “Stigma associated with mental disorders, resulting in exclusion”
- “Absence of promotion and prevention in schools, workplaces, and neighborhoods”
- “Insufficient implementation of mental health

***Corresponding author:** Dinesh Kumar

Address: ¹Dean, School of Nursing, Noida International University Mental Health Nursing Department, Greater Noida, Uttar Pradesh, India.

²Associate professor, Department of Medical Surgical Nursing, Narayan Nursing College, Gopal Narayan Singh University, Jamuhar, Rohtas, Bihar, India

³Lecturer in Nursing, Applied Medical Science College For Females, Alnamas, University Of Bisha, Saudi Arabia.

^{4,8} Assistant Professor, School of Nursing, Noida International University, Medical Surgical Nursing Department, Greater Noida, Uttar Pradesh, India

⁵Assistant Professor, School of Nursing, Noida International University, Maternal Health Nursing Department, Greater Noida, Uttar Pradesh, India

^{6,10} Associate Professor, School of Nursing, Noida International University, Child Health Nursing Department, Greater Noida, Uttar Pradesh, India

⁷Assistant Professor, School of Nursing, Noida International University, Mental Health Nursing Department, Greater Noida, Uttar Pradesh, India

⁹Vice Principal, Professor, School of Nursing, Noida International University, Maternal Health Nursing Department, Greater Noida, Uttar Pradesh, India

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policy, plans, programmes and legislation” (Saha, 2021)

Mental health advocacy and Nursing

Nurses need to be made aware of the legal framework within which they practice, in terms of duty of care within their role of nurse advocate, maintaining standards of advocacy acceptable to their professional body, accountability relating to action and omission of

actions, guidance on guarding against stepping beyond the boundaries of their professional practice of advocacy, and to have adequate knowledge of the law (Jugessur,2009).

The current trends of mental health advocacy and practice that are shaped and modeled for easy understanding, i.e.,

Table 1: Current trends of mental health advocacy and practice

Mental Disorders - Families and Communities	Mental Health and Environment	On Ground Realities	Research & Evidence Based Practice
Value-based care	Behavioral health treatment	Traumatic stress care	Psychedelic research
Family Practitioners	Tele-health	AI in clinical settings	Trans-cranial magnetic stimulation
Virtual reality	Health informatics	Chronic pain and care	Mental Health & COVID-19
Cost-effective care	Geriatric Care	Job Opportunities	Blood tests for mental illness
Healthy boundaries with social media	Mental Health Support system	Specialty Delivery Models	Collaboration, Longitudinal Research

The mental health advocacy can be represented into following headings

I.MENTAL DISORDERS - FAMILIES AND COMMUNITIES

Quality of life of the patient’s family members as well as increased social distance from the community and the family caring for the mentally ill would impact on the health advocacy.

- a. Value based care:** Transformation of facilities into more value based organizations will embrace allocative, technical and personal aspects of mental health care; value is measured for discrete medical conditions across the whole cycle of care that would give a broad overview of health care system (Wallang et al.,2018).
- b. Family Practitioners:** Physicians regularly evaluate, diagnose, and treat patients with mild to moderate mental health disorders, they believe that physicians have enough knowledge and skills to competently and effectively provide brief counseling to mentally ill leading to a positive impact on quality of care (Oyama et al.,2012).
- c. Virtual reality:** Virtual reality (VR) is being

used more and more often as a therapeutic tool in psychology or psychiatry, it is more affordable and flexible in nature, the virtual reality helps in cases like addictions; anxiety; chronic pain; exposure therapy; mental health; PTSD; phobias; rehabilitation (Mishkind et al.,2017).

- d. Cost effective care:** Rising health care costs leads to burden on families and in turn on the society; care providers are in a unique position to take a leading role in addressing disparities in access to mental health care; the impact of poverty on mental health leads to barriers to care in behavioral health care (Hodgkinson,2017).
- e. Healthy boundaries with social media:** The growing prevalence of adolescent mental disorders poses significant challenges for education and healthcare systems globally, social media appears to have potential to promote positive mental health to an extent but frequently utilize social media and the internet to seek information has lead to decrease in the thought process.

II. MENTAL HEALTH AND ENVIRONMENT

The built environment has direct and indirect effects on mental health, psychological well-



being of humans; surroundings and design elements that affect ability to regulate social interaction; either it might be self or society / community (Evans,2003). The environment involves pollution, green spaces, community facilities, fear of crime, personal control, socially supportive relationships, restoration stress / fatigue, psychosocial process of self-regulatory ability & aggression (Evans,2003).

a. Behavioral health treatment:

Disruption limited to both private and public domain of cultural, social and comprehensive aspects of life where integration with others is essential, if that gets snapped, there are many view points for behavioral manifestations clinically as well as operationally (Levey,2012). The behavioral issues are seen in early childhood as well in the current world due to increase in screen time, society shift – no time attitude, scaled data corruption management, increase of lime light and fame and defame under scrutiny of social media.

b. Tele – health:

Tele-health is the provision of healthcare distantly by means of telecommunications & technology. Information regarding the true merit of telemedicine applications and intervention is now of paramount importance among policymakers, providers of care, researchers, payers, program developers, and the public at large (Bashshur,2016); this paradigm shift is seen post covid-19, where people could not go for there sessions and most of the treatment went online. Substantial empirical evidence is present for supporting the use of telemedicine in care of mental illness across a broad range of demographic and diagnostic groups.

c. Health informatics:

Health informatics is a multidisciplinary field that uses data analytics to develop insights and drive innovations in the health care industry; health iinformatics & innovations play a role in reducing that disease burden through accelerating neuro-biological, neuro-imaging health services, and epidemiological research efforts; Information technology itself is creating social connections and social experiences that promote well-being (Dewan,2011). The cognitive and decision science involving public

health and epidemiology is leading to revolutionizing health care system at any given point of time.

d. Geriatric care:

The accelerated population growth of the elderly across the globe has many indications, including changes in demography, health, the psycho-social milieu, and economic security; mental health advocacy has completely shifted to health results of continuous everyday life interactions between the individuals and inevitable social-, economic-, cultural-, physical-, mental- and biochemical stressors that are arising (Pandey,2022). Sense of coherence and those resources that promote health and facilitate coping with stressors are called generalized resistance resources which can be identified qualitatively assessing lived experiences of the elderly.

e. Mental Health Support system:

The definition of a support system is that you have a network of people that can provide you with practical or emotional support; a support system means that you have people to rely on when you need them the most, Social support helps to reconnect you to the external world while giving you the opportunity to focus on other people and interactions. The support system provides unprompted check ins, positive influence, healthy distractions, professional referrals, helps reclaiming and building life (Hood, 2020).

III.ON GROUND REALITIES:

a. Traumatic stress care:

Traumatic stress disorder develops in some people who have experienced a shocking, scary, or dangerous event; it is quite natural to feel afraid during and after a traumatic situation. Confronting the feelings and seeking professional help is often the only way of effectively treating any mental health issue. The main concepts to treat traumatic stress are early assessment, active monitoring, psychological therapies, cognitive behavioral therapies, other therapies like eye movement de-sensitization and reprocessing, combact stress, rape crisis, victim support, and lastly the medications.

b. AI in clinical settings:

Artificial intelligence is the simulation of



human intelligence processes by machines, especially computer systems. Artificial intelligence in behavioral and mental health care solves practical issues in clinical settings, ethical considerations, and limitations of decision-making, early diagnosis and treatment. It also helps in providing education to clients, robot assisted task completion, and for research and data gathering. Mental health practitioners used artificial intelligence to incorporate comprehensive review in mental health practice and consultation; only backdrop of artificial intelligence is lack of compassionate and ethical understanding (Lee,2021).

c. Chronic pain and care:

Pain is a common reason people visit physicians, unfortunately alleviating pain and repeated episodes are addictive in mental health illness. People cope with the thoughts, feelings and behaviors that accompany chronic pain but when it comes to pain stress can contribute to a range of health issues which are more sophisticated than human brains can imagine. Meditation or breathing exercises to keep stress levels under control, coping involves staying active, knowing your limits both physical and mental, regular exercise, improving social connections, sticking to medication order (Clay,2013).

d. Job Opportunities:

Employers are increasingly customizing jobs to fit workers with all types of abilities and limitations; intellectual disability doesn't have to be a barrier to landing an interesting job perfectly suited to your unique skills and abilities. Underutilized potential of mentally ill people can be represented by assessing their IQ's , widening influence and contributions towards society. There are certain drawbacks in the level of skills, lifestyle, accommodation, freedom of choice, financial stability, discipline (Andrews,2005).

e. Specialty Delivery Models:

The continuum of mental health services are essential part of the policies to help mentally ill, there are many services available for mental health services they are

- Special school delivery services
- Community based referral services
- Patient centered physician care

- Medical boards
- Continuing medical education offerings to deliver evidence-based information on best practices
- Governmental and private insurance coverage for the mentally ill
- Collaborative care (Tim,2017).

IV. RESEARCH AND EVIDENCE BASED PRACTICE:

a. Psychedelic research:

A therapy that is proposed use of psychedelic drugs, such as psilocybin, MDMA (methylenedi-oxy-methamphet-amine is a derivative of amphetamine), LSD (lysergic acid diethylamide) , and ayahuasca, to treat mental disorders. Interest in the therapeutic potential of psychedelics, having been kept relatively dormant in the face of stigma and heavy regulations for decades but in recent years there is a dramatic shift in care using psychedelics. There is a strong recommendation to build a rigorous, transparent, replicable psychedelic science that would provide a base to understand psychedelics' potential as they re-enter science and society (Petranker, 2020).

b. Trans-cranial magnetic stimulation:

Transcranial magnetic stimulation (TMS) is a noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain. In this an electromagnetic coil is placed against scalp near forehead. The electromagnet painlessly delivers a magnetic pulse that stimulates nerve cells in the region of brain involved in mood in order to control and reduce level of depression. Many research have suggested that in almost 30 to 60% of cases there is promising response. Further, research is being conducted to assess the procedure may even improve motor dysfunction, making it potentially helpful for Parkinson's disease, multiple sclerosis, or stroke rehabilitation (Rakusen,2021).

c. Mental Health & COVID-19:

Across all the countries the COVID-19 crisis has heightened the risk factors generally associated with poor mental health – financial insecurity, unemployment, fear – while protective factors – social connection, employment and educational engagement, access to physical



exercise, daily routine, access to health services – fell dramatically, this has led to a significant and unprecedented worsening of population mental health. Decisive efforts to scale up mental health services, and put into place measures to protect jobs and incomes, thereby reducing mental distress; policies are being craved out to provide aid transitions and support systems to provide cushioned environment for the mentally ill, digital mental health tools along with tele-mental health were introduced. The need of the hour being tackling the mental health impact of the COVID-19 crisis through an integrated whole of-society response (OECD, 2021).

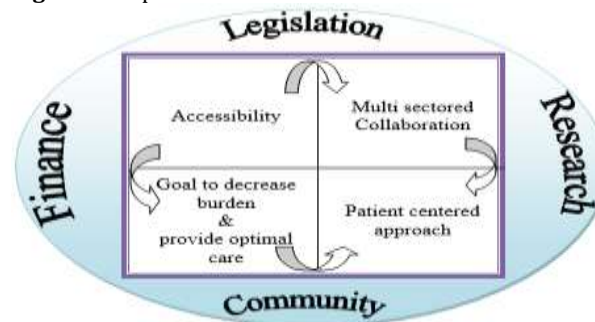
d. Blood tests for mental illness:

A blood test using DNA / RNA markers is offering new hope to people with mental disorders, what could be seen as a significant breakthrough in the diagnosis of mental health conditions; the research conducted showed measurable indicators of a biological state in the form of RNA, DNA, proteins would initiate an immune response along with inflammation in the brain. There are also studies that indicate there is alteration in white blood cells. The drawback being lack of many clinical trials to prove the scientific approach; the current research focuses on alteration on cholesterol, vitamins, enzymes, and other bio markers that would show alteration in case of mental illness.

e. Collaboration, Longitudinal Research:

Longitudinal studies have long been recognized as important vehicles for obtaining high-quality evidence about the determinants of development across the lifespan. The important aspect of longitudinal research are it helps to track continuities & discontinuities; identify ‘critical periods’, and transition points during the course of developmental research; it also helps test models, it helps in identification of maladaptive models, promote positive development. The collaborative research depends upon policy and practice, with a focus primarily on the critical area of concern in this case being mental wellbeing and factors affecting it.

Figure 1: Representation of collaborative care



SUMMARY:

Advocacy generally refers to the process of trying to persuade others to support your position or point of view. Advocacy can arise in many situations. Advocacy for those with mental illness and addictions is essential because it can increase the awareness of behavioral health issues that impact people affected by mental illness and addiction disorders and also it influences policy and decision makers to positively impact those in your county, state and on a national level who are affected by mental illness and addiction disorders. Advocating in the form of providing education and awareness helps to eliminate stigma attached to both mental illness and addiction disorders.

1455

CONCLUSION:

Advocacy is a powerful way to make a difference in people's lives. The only way things will change is if individuals stand up for change – sometimes even when there are unspeakable odds. Each one of us can make a difference, and all general public can provide a voice for those individuals or groups who may be afraid to speak up. The information provided in this review article has been insightful for us. Advocacy promotes equality, social justice, social inclusion and human rights. It aims to make things happen in the most direct and empowering ways possible.

The emergence of mental health advocacy movements in several countries has helped to change society's perceptions of persons with mental disorders. Consumers have begun to articulate their own visions of the services they need. They are increasingly able to make informed decisions about treatment and other matters in their daily lives. Consumer and family participation in advocacy organizations



may also have several positive outcomes.

