DOI: 10.25259/ijmr 1466 23

Perspective

Promoting quality mental healthcare across India: The potential of the QualityRights programme

In the fast-paced world that we live in, priority for mental health has become challenging but is imperative. Mental well-being plays a crucial role in shaping individuals, communities, and societies as a whole. By giving priority to mental health, we foster resilience, productivity, and overall happiness, leading to a healthier and more prosperous society. Ignoring mental health concerns can have severe consequences, impacting not only the individuals but also their families, workplaces, and communities at large¹. This piece discusses this critical issue of mental health and presents some points for consideration for improving mental healthcare across India.

One promising intervention that holds the potential to transform mental healthcare is the QualityRights programme². Mental health investment remains insufficient on a global scale, including in India³. The QualityRights programme, launched by the World Health Organization (WHO) which is based on the United Nations Convention on the Rights of Persons with Disabilities (CRPD), focuses on improving the quality of care in mental health services by promoting human rights, and creating recovery-oriented and community-based services. It underscores importance of upholding the rights as well as the dignity of individuals with mental health conditions, enabling them to actively engage in decisions pertaining to their treatment and care. This programme centers on various crucial domains, encompassing advocacy, policy formulation, enhancing the skills of mental health practitioners, and fostering community involvement. The objective is to transition mental health treatment from a purely medical perspective to a comprehensive and rights-oriented approach, guaranteeing that individuals with mental health disorders have the necessary assistance and care while upholding their autonomy and dignity⁴.

Gujarat, a State in western India, was chosen as the initial implementation site for the QualityRights intervention due to its progressive mental health reforms, including the development of a comprehensive mental health policy in 2012⁵. The government's efforts in Gujarat offer a promising foundation for further improvements in mental healthcare across the State.

The primary findings of a recent article by Chatterjee *et al*⁶ and previous studies suggest that human resources are a significant cost driver for the QualityRights programme^{6,7}. This highlights the importance of appropriate planning during the scale-up phase to ensure all staff members receive the necessary training without compromising treatment quality. Additionally, cost projections indicate that scaling up the QualityRights intervention across the entire State would require a relatively small increase in financial investment. The potential benefits of this investment are, however, substantial, as it can significantly enhance the quality of mental healthcare services while respecting and promoting the human rights of individuals with mental health conditions.

Recognizing the various challenges, such as poor awareness about mental illness symptoms, stigma, and a lack of knowledge about treatment availability, India's National Mental Health Programme (NMHP) was launched in 19828. The NMHP aimed to ensure the accessibility and availability of minimum mental healthcare for all in addition to promoting community participation which also stimulating self-help initiatives. The QualityRights programme differs from the NMHP and the Mental Healthcare Act (MHC) 2017 in several key ways. Firstly, while the NMHP and MHC 2017 also address mental health issues, the QualityRights programme specifically emphasizes the promoting and protecting human rights in mental health care. Secondly, it focuses on promoting social inclusion while reducing stigma and discrimination, and empowering individuals with mental health conditions to live full and meaningful lives. Thirdly, the QualityRights programme emphasizes the importance

of community engagement and participation in mental health care. It encourages collaboration between mental health professionals, end users, families, and communities to develop and implement culturally appropriate and contextually relevant interventions. Lastly, the QualityRights programme includes capacity-building initiatives aimed at enhancing the skills and knowledge of mental health professionals to provide rights-based and person-centered care. It provides training and support to ensure that mental health services are delivered in a manner that respects and upholds the rights of individuals with mental health conditions. Morever, mental health can get worse by prevailing stigma and this has especially increased during COVID-19 pandemic9. Despite the current efforts, there is still much work to be done in creating an inclusive and effective mental healthcare system. By prioritizing interventions like QualityRights, one can take practical steps to improve mental health services across India. The successful implementation of the QualityRights programme in Gujarat should serve as an inspiration for other States and regions to adopt similar initiatives.

Expanding the QualityRights programme to a national level holds immense potential to revolutionize mental healthcare in India. Policymakers and stakeholders need to recognize that mental health is not a luxury but a fundamental human right. By directing resources towards mental health initiatives, one can establish a more equitable and just society where individuals with mental health conditions are not overlooked but empowered to lead fulfilling lives. The QualityRights programme has demonstrated its efficacy in Gujarat, showcasing the positive impact of a human rights-based approach to mental health care. By scaling it up nationally, we can create a uniform standard of care that ensures the rights and dignity of all individuals, regardless of their geographical location or economic status. This programme can serve as a beacon of hope for the countless individuals who have long suffered in silence due to societal stigma and a lack of accessible services.

Moreover, promoting mental health is essential for fostering economic growth and development. A mentally healthy workforce is more productive, innovative, and resilient, leading to a positive impact on the nation's overall productivity. Investment in mental health programs would be an investment in enhancing the potential of citizens, unlocking their full capabilities, and contributing to the nation's prosperity.

Scaling up the QualityRights programme also requires a comprehensive review of existing mental health policies and their implementation. Policymakers must identify gaps and challenges in the current mental health infrastructure and address them proactively. Effective coordination among different sectors such as health, education, and social welfare is crucial for creating a robust mental health support system that leaves no one behind.

Additionally, community engagement participation are key pillars of the QualityRights programme. By involving local communities, families, and individuals with lived experiences in the decisionmaking process, it can be ensured that mental health services are culturally appropriate, relevant, and effective. This inclusive approach will empower individuals with mental health conditions and their families to actively participate in their care and support. Furthermore, the QualityRights programme's success relies on the availability of trained mental health professionals who can deliver high-quality services. Policymakers need to prioritize the training and capacity-building of mental health professionals to meet the increased demand for services as the programme scales up. This will require investments in education, training institutes, and ongoing professional development to ensure a skilled and compassionate mental health workforce. In addition to enhancing mental health services, promoting mental health literacy in the general population is vital¹⁰. By fostering a culture of understanding and empathy, stereotypes can be challenged and stigma associated with mental health conditions reduced. Public awareness campaigns and school-based interventions can play a significant role in promoting mental health literacy from an early age¹¹.

Another crucial aspect of the QualityRights programme is the integration of mental health services with primary healthcare 12. By embedding mental health care within the broader healthcare system, it can be ensured that individuals receive holistic care that addresses both their physical and mental well-being. This integration can improve early detection, timely intervention, and better management of mental health conditions. As we expand the QualityRights programme nationally, it is essential to establish a robust monitoring and evaluation mechanisms. Regular assessments will help identify areas of improvement and track the programme's impact on individual lives and communities. By gathering evidence on the programme's effectiveness, policymakers can make

informed decisions and allocate resources effectively. Therefore, scaling up the QualityRights programme across the whole country would be an imperative step towards advancing mental health care in India. By investing in mental health and upholding the rights of individuals with mental health conditions, a more compassionate, inclusive, and progressive society can be fostered. Policymakers, stakeholders, and communities must unite in their commitment to prioritize mental health and collectively work towards a brighter and more equitable future for all citizens.

Financial support & sponsorship: None.

Conflicts of Interest: None.

Use of Artificial Intelligence (AI)-Assisted Technology for manuscript preparation: The authors confirm that there was no use of AI-assisted technology for assisting in the writing of the manuscript and no images were manipulated using AI.

Shampa Ghosh^{1,#}, Rakesh Bhaskar^{4,#}, Soumya Ghosh² & Jitendra Kumar Sinha^{1,2,3,*}

Divisions of ¹Discovery and Basic Neurosciences, ²Neurotechnology, & ³Cognition and Translational Sciences, GloNeuro, Noida, Uttar Pradesh, India, & ⁴School of Chemical Engineering, Yeungnam University, Gyeongsan, Republic of Korea *For correspondence: jitendrakumarsinha@gmail.com

Received July 26, 2023; Accepted July 29, 2024; Ahead of print October 15, 2024; Published October 22, 2024

#Equal Contribution

References

- Singh V, Kumar A, Gupta S. Mental health prevention and promotion-a narrative review. Front Psychiatry 2022; 13: 898009.
- 2. Funk M, Drew N. WHO QualityRights: Transforming mental health services. *Lancet Psychiatry* 2017; 4: 826-827;

- declaration of interests. Erratum in: *Lancet Psychiatry* 2017; 4: e25.
- Chisholm D, Sweeny K, Sheehan P, Rasmussen B, Smit F, Cuijpers P, et al. Scaling-up treatment of depression and anxiety: A global return on investment analysis. Lancet Psychiatry 2016; 3: 415-24.
- 4. World Health Organization. Global launch of the WHO QualityRights e-training on mental health. Available from: https://www.who.int/news-room/events/detail/2022/04/12/default-calendar/global-launch-of-the-who-qualityrights-e-training-on-mental-health, accessed on September 8, 2024.
- Pathare S, Funk M, Bold ND, Chauhan A, Kalha J, Krishnamoorthy S, et al. Systematic evaluation of the QualityRights programme in public mental health facilities in Gujarat, India. Br J Psychiatry 2021; 218: 196-203.
- 6. Chatterjee S, Pathare S, Funk M, Bold ND, Das P, Chauhan A, *et al.* Cost of implementing the QualityRights programme in public hospitals in Gujarat providing mental healthcare. *Indian J Med Res* 2023; *157*: 524-32.
- 7. Funk M, Bold ND. WHO's QualityRights initiative: Transforming services and promoting rights in mental health. *Health Hum Rights* 2020; 22:69-75.
- Press Information Bureau. Ministry of Health and Family Welfare. Government of India. National Mental Health Programme (NMHP). Available from: https://pib.gov.in/ Pressreleaseshare.aspx?PRID=1580416, accessed on September 8, 2024.
- Ghosh S, Sharma G, Sinha JK. The pandemic of COVID-19 needs awareness and preparedness instead of stigma and panic. *Indiarxiv* 2020; gy2t7.
- Sinha JK, Ghosh S, Raghunath M. The neuroscience global village: young investigator program for students from countries with limited resources on the occasion of the 8th IBRO World Congress. *Bioessays* 2012; 34: 7-9.
- 11. Wei Y, Hayden JA, Kutcher S, Zygmunt A, McGrath P. The effectiveness of school mental health literacy programs to address knowledge, attitudes and help seeking among youth. *Early Interv Psychiatry* 2013; 7:109-121.
- 12. Pandya A, Shah K, Chauhan A, Saha S. Innovative mental health initiatives in India: A scope for strengthening primary healthcare services. *J Family Med Prim Care* 2020; 9: 502-7.