

## Addressing Mental Health: Review Of Status, Policy, Programmes And Expenditure In SAARC Countries

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### Abstract

Mental health is fundamental component of overall health and well-being supporting our distinct and cooperative abilities to make decisions, build relationships with others, shape the world, realize our abilities and learn and work effectively. This research article explores the programmes and expenditure on mental health in South Asian association for regional cooperation countries. This research paper is based on secondary data published by the respective government of the country. The objective of the research is to find out the mental health status, policies and programmes regarding mental health promotion and expenditure on mental health in SAARC countries. It is found that government has made policies for curbing down the mental health issues but due to lack of skilled and trained professionals and social taboos, mental health problems are not addressed properly. In SAARC countries, suicide rate is commonly decreasing day-by-day from 2000-2019. Only Bhutan and Pakistan show rise in suicide. Most suicide was committed in Sri Lanka and the least in Pakistan during selected period. Most countries show either steady or fluctuating investments in general hospitals, while mental health hospitals receive significantly less funding. Nepal and Pakistan show consistent growth in healthcare expenditure.

**Key Words:** Mental Health Programmes, Government Intervention in Mental Health, SAARC Countries, Health Issues, Health Budget.

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### INTRODUCTION:

Mental health is a state of well-being that enables us to cope with the stresses of life, realize our abilities, learn well and work well, and contribute to our community<sup>1</sup>. Mental health is the component of behavioural health that includes our emotional, psychological, and social well-being<sup>2</sup>. Mental disorders are serious conditions that can affect your thinking, mood, and behaviour. They may be occasional or long-lasting. They can affect your ability to relate to others and function each day<sup>3</sup>. Anxiety disorders, generalized anxiety disorder, panic disorder, Phobias, Obsessive-compulsive disorder, PTSD, Mood disorders, Schizophrenia disorders are the common mental health disorders. Mental State of the World Report reveals that the dramatic decline in mental wellbeing that occurred between 2019 and 2020, and continued into 2021 through the COVID-19 pandemic, continues to persist with no sign of recovery<sup>4</sup>. Mental health is a growing concern in South Asia, with many countries in the region experiencing high levels of unmet need and a higher rate of mental illness than other parts of the world. South Asian Association for Regional Cooperation (SAARC) countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka<sup>5</sup>) are under developing countries categories. Medical facilities are not sufficient in these countries and the suicide rate is very high due to mental illness and other problems. South Asian countries have a high prevalence of common mental disorders (CMDs), with

estimates ranging from 14.2% to 26.4%. This is higher than the global prevalence of 13.4 per cent<sup>6</sup>. Despite the high prevalence of mental health problems in SAARC Countries, only a small percentage of the population has access to essential mental healthcare<sup>7</sup>.

### **Objectives and Research Questions**

The objective of this research is to find out the government initiative for curtailing the mental health problem and to establish a relationship between government expenditure on mental health issue and suicide in SAARC countries. This research paper also tries to explore the programmes and policies framed by the government regarding mental health. The following research questions are considered for this-

RQ1- What are the Policies and Programmes run by the SAARC countries regarding Mental Health

RQ2- How much budgetary provisions are made for Mental Health and other health related issues by the governments

RQ3- What is the suicide rate in SAARC countries due to mental illness.

RQ4- What is the relationship between government policies and programmes and suicide in SAARC countries.

### **LITERATURE REVIEW**

Jitendra K Trivedi et. al. conducted a Research entitled *Regional cooperation in South Asia in the field of mental health finds that SAARC countries* accounts for around one fourth of the world population and one fifth of psychiatrically ill patients in the world. The region lacks mental health policies and awareness programmes. Issues like community care, trained manpower, patient satisfaction and better legislation have been a focus of attention in recent years<sup>8</sup>. Springer book *Access to Mental Health Care in South Asia Current Status, Potential Challenges, and Ways Out* published research on Mental Healthcare in Afghanistan conducted by Sheikh Shoaib et.al. in 2024. The researcher finds out that the destructive effects of war have been harmful to the mental health of a population. Almost half of the population suffers from mental illnesses such as depression, anxiety disorders, post-traumatic stress disorder, suicide, drug misuse, and other conditions. It has been difficult to provide proper mental healthcare as the nation attempts to rebuild its foundation<sup>9</sup>. Christopher A. Lemon et. al. in their research, Priorities for research promoting mental health in south and east of Asia suggest areas of research identified as high priority were integrating mental health into perinatal care; providing culturally-adjusted support for careers of people with mental and physical disorders; using digital health technologies for mental health care in areas with limited resources and building local research capacity<sup>10</sup>. Md Aslam Mia and Mark D Griffiths (2021)'s numerous studies (as well as media reports) have highlighted a significant rise in mental health cases in SAARC countries. Based on these studies, there is a good reason to believe that the number of mental health cases will continue to rise in the South Asian region owing to the surge in COVID-19 infections in recent months<sup>11</sup>.

### **RESEARCH METHODS**

This is descriptive research based on secondary data. Government programmes and policies regarding mental health is accessed from the respective departments of the country. Researchers try to find out the programmes run by the respective countries for awareness and services available for mental health. These data were analysed in relation to key economic, social, and health-related indicators. The selection of these indicators was based on prior national and regional research and expert opinion as reported in the existing literature.

#### **Policies and Programmes for Mental Health in SAARC Countries Pakistan**

Government of Pakistan passed a bill in 2022, to decriminalize self-harm and suicide, and to reduce the stigma around mental illness. In 2019, President's Programme to Promote Mental Health Launched that focused on Training teachers to recognize and manage mental health problems in schools<sup>12</sup>. For Promoting mental health through early-life interventions government of Pakistan Implementing the WHO Thinking Healthy Programme for mothers, WHO School Mental Health Programme. Government of Pakistan has also laid down a Law related to mental health in 2010<sup>13</sup>. According to Law's

government establish psychiatric facilities for treatment, rehabilitation, and assessment, create separate units for men and women, children, adolescents, geriatrics, and those convicted of a criminal offense, establish community-based mental health services. An insurance scheme also formalized for the mental health named Sehat Sahulat Program. This health insurance scheme for underprivileged citizens includes mental health services to a limited extent efforts to improve mental health in Pakistan citizen. This includes promoting mental health literacy, integrating mental health services with primary health care, protecting the human rights of people with mental illnesses, reducing stigma and discrimination, allocating a portion of the budget to mental healthcare and focusing budget allocation on low-resource districts.

### **India**

In recent years, India has made noteworthy gaits in developing mental health policies and programs. Government laid down Mental Healthcare Act in 2017. This act aims to provide mental health care and services for persons with mental illness and emphasizes the right to access mental health services and seeks to decriminalize suicide<sup>14</sup>. The Act also establishes a framework for the involuntary treatment of individuals, ensuring their rights are protected. In India, National Mental Health Program (NMHP) was launched in 1982 to provide mental health care through a network of mental health services at various levels. This programme focus on integrating mental health into primary health care, promoting community-based care, and addressing stigma. Initiating District Mental Health Program (DMHP) under NMHP to establish mental health services at the district level. It involves training primary care physicians and providing mental health care in the community to ensure accessibility<sup>15</sup>.

Government of India framed a comprehensive mental health care policy named National Policy for Mental Health. This policy emphasizes prevention, treatment, and rehabilitation of mentally ill persons. Policy also advocates for integration of mental health services into general health services. Different state government of India also run programmes like SIFPSA. In India, Mental Health Awareness Programs is also run in school, college, NGOs and civil society organizations to reduce stigma and raise awareness about mental health issues.

### **Nepal**

The Government of Nepal has implemented several mental health policies and programs to address the mental health needs of its population. Government started National Mental Health Care Programme in 2022. The aim of the program is to strengthen primary care mental health services across Nepal<sup>16</sup>. This programme focuses on integrating mental health services into primary healthcare and improving access to mental health care. World Health Organization have started Special Initiative for Mental Health in Nepal. This programme is basically strengthening the administrative structure at the Ministry of Health and Population and Provincial Health Directorates<sup>17</sup>. During COVID-19, Government frame Mental Health & Psychological Support (MHPSS) Intervention Framework to developed in response to the COVID-19 pandemic. The aim of this framework was to draw attention to mental health and psychosocial support services in the national emergency response<sup>18</sup>.

plans for suicide prevention, dementia care, and support for persons living with epilepsy Government of Nepal framed National Mental Health Strategy and Action Plan. The aim of this action plan was to improve access to quality essential health services. To make municipalities aware about the mental health “Mental Health Toolkit for Municipalities” launched. This toolkit is designed to help municipalities in Nepal implement mental health programs and services effectively<sup>19</sup>. These initiatives of the Nepal government reflect the commitment to improving mental health care and support in Nepal.

### **Bhutan**

The Government of Bhutan has initiated various efforts in dealing with issues of mental health and well-being for its people. In this way, Government launched National Mental Health Programme (NMHP) in 1997. This is a program for integrating mental health services into the primary health care<sup>20</sup>. The NMHP focuses on training the health workers, provision of essential drugs, and free treatment including psychotropic drugs<sup>21</sup>. Along with this, Bhutan has a policy and plan on mental health named Mental Health Policy and Plan, though it lacks specific legislation on the mental health. The policy emphasizes

the importance of mental health and tries to eliminate stigma and discrimination associated with mental disorders<sup>22</sup>.

WHO has also started Special Initiative for Mental Health Bhutan participates in the World Health Organization's Special Initiative for Mental Health, who supports the transformation and scaling up of mental health services<sup>23</sup>. The government, with support from UN agencies like UNICEF, UNDP, and WHO, stresses the investment into the long term for health in mental wellbeing.

#### **Afghanistan**

Government of Afghanistan launched National Strategy for Mental Health for the period of 2019-2023. NSMH focuses on preventive, gatekeeper, and maintenance systems of mental health. This includes approaches for child and adolescent mental health, mental health for pregnant and post-partum women, survivors of gender-based violence, and community-based mental health for vulnerable groups<sup>24</sup>. World Health Organization (WHO) Mental Health Atlas 2020 Country Profile provides an overview of the mental health situation in Afghanistan and outlines the country's mental health policies and programs<sup>25</sup>. World Bank Discussion Paper on Mental Health in Afghanistan discusses the burden of mental health issues in Afghanistan, the challenges faced, and potential ways forward. It highlights the impact of conflict, unemployment, poverty, and inadequate access to health services on mental health<sup>26</sup>.

#### **Bangladesh**

The government of Bangladesh setup National Mental Health Policy in 2019. NMHP 2019 marks a shift from medical to psychosocial treatment model. This policy emphasizes decentralization and community-based care of mental illness. Policy aims to integrate mental health services into primary health care and improve access to mental health services for all the citizen of Bangladesh<sup>27</sup>. In the same way, government framed National Mental Health Strategic Plan 2020-2030 to outlines the vision, mission, and core principles for mental health care in Bangladesh. This Plan focuses on strengthening mental health systems, improving service delivery and promoting mental health awareness and education among citizens<sup>28</sup>. WHO have also running special Initiative for Mental Health in Bangladesh. The Initiative of WHO aims to transform mental health systems and scale up services. This includes strengthening service delivery, promoting telemedicine, and reducing stigma associated with mental health issues<sup>29</sup>. For Grassroot level care of Mental ill persons government started community Based Mental Health Programme in Bangladesh also.

#### **Maldives**

National Mental Health Policy was framed by the government of curtail down the issues of mental health in Maldives. This policy outlines the vision, principles, and objectives for improving mental health in the Maldives. Policy emphasizes the need for a comprehensive mental health system, including prevention, promotion, and treatment<sup>30</sup>. For promoting mental health awareness and strengthening services, Government also launched National Mental Health Strategic Action Plan 2019-2023. This plan integrates mental health care into primary health care sector<sup>31</sup>. To develop regional mental health services for mental health care government setup Central and Regional Mental Health Services Development Plan 2022-2025. This plan includes guidelines for setting up mental health services at different levels, from island-level primary health care to regional centres<sup>32</sup>. UNICEF Launched national mental health communication strategy and campaign to make awareness about the mental health. The campaign, called "Kihineh?", focuses on early identification of mental health problems and the role of family, friends, and the community in supporting mental health<sup>33</sup>.

#### **Sri Lanka**

The government of Sri Lanka have taken major steps for restrict mental health problem in the country. Government launched Mental Health Policy of Sri Lanka 2005-2015, National Mental Health Strategic Plan 2016-2025, National Plan of Action for the Management and Delivery of Psychosocial and Mental Health Services and Established Directorate of Mental Health in the country. The aim of the Mental Health policy of Sri Lanka 2005-2015 was to providing mental health services at primary, secondary, and tertiary levels, ensuring good quality care, and protecting the human rights and dignity of individuals

with mental health disorders<sup>34</sup>. Directorate of Mental health focus on policy development and capacity building programmes for mental health promotion in the country<sup>35</sup>.

#### **Suicide in the SAARC Countries**

Table No. 01 show the suicide rate in SAARC countries from 2000 to 2019. Suicide is the last stage of mental illness. Analysing this table, several notable patterns emerge. The suicide rate in India shows a slight decline over the years. It started at 17.5 Male and 16.4 Female in 2000 and dropped to 14.1 Male and 11.1 Female by 2019. In 2000 there are 17 suicides per 100,000 population and declined 12 per 100,000 population in 2019. Nepal shows an increase, starting at 14.8 Male and 2.3 Female in 2000, rising significantly by 2019 to 16.4 Male and 2.7 Female. Total rising in suicide from 2000 to 2019 is 0.2 per 100,000 population. In Afghanistan, There's a general stability in the suicide rates, with minor fluctuations. The rates start at 8.5 Male and

5.4 Female in 2000, remaining around the same mark over the years. Bhutan Shows slight ups and downs, starting at 4.8 Male and 4.9 Female in 2000, and ending at 4.6 Male and 3.6 Female in 2019.

In Sri Lanka, the rates are relatively higher compared to other countries, although decreasing over the years from 39.1 Male and 14.4 Female in 2000 to 22.3 Male and 6.2 Female in 2019. Maldives Shows generally higher rates, with a slight decline over the years, from 26.7 Male and 5.8 Female in 2000 to 14.3 Male and 3.9 Female in 2019. In Bangladesh, Decline in rates over time, from 12.8 Male and 4.5 Female in 2000 to 13.3 Male and 4.3 Female in 2019. Pakistan exhibits lower rates compared to other countries, starting at 3.3 Male and 1.6 Female in 2000 and slightly rising to 3.7 Male and 1.6 Female in 2019.

These variations can be attributed to numerous factors including Government programmes and Policies, economic conditions, mental health awareness, availability of mental health services, and cultural attitudes toward suicide and mental health.

#### **Expenditure on Mental Health**

Governmental expenditure on mental health is of importance for the implementation and maintenance of Awareness, preventive, and therapeutic services related to mental illness and other illness in low expenditures represent only a small portion of total health spending in many countries. Table No. 02 provides a breakdown of healthcare expenditure in current US million dollars across various SAARC countries. In Afghanistan, Fluctuations seen in Hospitals expenditure with a peak at 493 in 2017 and a low at 103 in 2021. Mental Health Hospitals have minimal investment with only two recorded data points, and less than significant amounts. Hospitals in Pakistan has notable expenditure at 3,583 in 2016, rising to 4,074 in 2020 and Mental Health Hospitals expenditures have a slight drop, from 50 in 2016 to 48 in 2020. In India, Hospitals expenditures are Steady increase from 35,557 in 2016 to 36,365 in 2017 and Mental Health Hospitals expenditures fairly stable with slight changes, from 93 in 2016 to 88 in 2017. Maldives' Hospitals expenditures steady figures with a slight decline from 218 in 2018 to 192 in 2020. Mental Health Hospitals Expenditures Insignificant amounts, with '<<1' indicating minimal expenditure. Nepal Hospitals expenditures consistent growth, from 260 in 2016 to 440 in 2021. Mental Health Hospitals expenditures increased from 212 in 2016 to 233 in 2021. Sri Lanka Hospitals expenditures slight fluctuations, with a slight drop from 1,484 in 2016 to 1,425 in 2018. Mental Health Hospitals expenditures consistently low, with only one recorded year at 557 in 2016.

Most countries show either steady or fluctuating investments in general hospitals, while mental health hospitals receive significantly less funding. There's a clear disparity in spending on mental health facilities compared to general hospitals, indicating potential areas for increased investment. Nepal and Pakistan show consistent growth in healthcare expenditure. This analysis highlights the varying levels of healthcare investment across SAARC countries.

#### **RESULT AND DISCUSSION**

Mental health is a fast-growing challenge of 21<sup>st</sup> century. Governments of SAARC countries have framed policies and programmes for tackling the mental health but the problem is increasing day by day. In India, government laid down mental healthcare Act 2017 and launched National Mental health Programme in 1982. But expenditure on mental health is too minimum. Although government policies and programmes have been implemented very successfully so Suicide rate declined from 2000 to 2019. In same way, Nepal government National Mental Health Care Programme in 2022, started Mental Health & Psychological

Support (MHPSS) Intervention during Covid-19 and launched Mental Health Toolkit for Municipalities but the suicide rate increase from 2000 to 2019 although mental health hospital budget also increases. There are some other factors such as employment and social stigma that increase the suicide rate in Nepal. All the countries launch too many Policies and Programmes for the awareness of the people regarding mental health and wellbeing's, but most of the countries have increase suicide rate. Mental health budget in SAARC Countries are too low. WHO and Other International organizations are supporting mental health programmes in SAARC countries.

**Credit authorship contribution statement**

Dr. Umesh Kumar: Conceptualization, Writing - original draft, Writing - review & editing, Visualization. Manish Prakash: Conceptualization, Editing- original draft, Writing - Review & Editing. Dr. Shweta Pandey: Visualization, Investigation, Data curation. Dr. Om Shankar Gupta: Conceptualization, Writing - original draft, Writing - Review & Editing. Pawan Kumar: Visualization, Investigation, Data Curation.

**Declaration of competing interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Suicide rate in SAARC Countries per 100,000 Population Suicide is the last stage of mental illness.

Table: 01

Year/ Country	India			Nepal			Afghanistan			Bhutan			Sri Lanka			Maldives			Bangladesh			Pakistan		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
2000	17.5	16.4	17	14.8	2.3	8.5	5	4.8	4.9	6.2	3.5	4.8	39.1	14.4	26.7	5.8	1.6	3.8	8.7	3.3	6	12.8	4.5	8.8
2001	17.2	15.9	16.6	14.3	2	8.1	5.2	4.8	5	6.2	3.5	4.9	33.5	10.2	21.8	5.8	1.6	3.7	8	3.2	5.7	12.9	4.7	8.9
2002	17.1	15	16.1	13.8	2.3	8	5.3	4.6	5	6	3.2	4.7	32.3	9.9	21	5.5	1.4	3.5	7.5	3.1	5.3	13	4.8	9.1
2003	16.6	14	15.3	13.5	2.3	7.8	5.3	4.6	5	6.1	3.1	4.6	31.7	10.2	20.9	5.6	1.3	3.5	7.1	3	5.1	13.2	4.9	9.1
2004	16.6	13.6	15.2	13.4	2.1	7.7	5.4	4.6	5	6	3	4.5	34.2	9.8	21.8	4.5	1.1	2.9	6.8	2.8	4.9	13.2	4.9	9.2
2005	17.1	13.7	15.5	13.5	2.4	7.9	5.4	4.5	5	5.9	2.9	4.5	38.7	18.8	28.6	4.8	1.1	3	6.9	2.8	4.9	13	4.8	9
2006	17.6	13.5	15.6	13.2	2.3	7.7	5.3	4.4	4.9	5.9	2.9	4.5	28.9	8	18.3	5	1	3.1	7	2.9	5	13.2	4.9	9.2
2007	17.4	12.9	15.3	13.7	2.4	8	5.3	4.3	4.8	5.9	2.7	4.4	31.7	8.7	20	4.8	1	3	7	2.8	4.9	13.1	4.7	9.1
2008	17.3	12.6	15.1	14.1	2.5	8.3	5	4.2	4.6	5.9	2.6	4.3	27.3	8	17.5	4.9	0.9	3	6.8	2.6	4.7	13	4.7	9
2009	16.5	12.4	14.5	14.7	2.5	8.5	4.8	4	4.4	5.9	2.5	4.3	37.7	8.7	22.7	4.6	0.9	2.9	6.5	2.5	4.6	12.9	4.6	8.8
2010	16.3	12.9	14.6	15	2.5	8.7	4.6	3.9	4.3	5.9	2.4	4.2	33	11.4	21.9	4.2	0.9	2.7	6.3	2.4	4.4	12.8	4.5	8.8
2011	16.3	12.8	14.7	15.6	2.6	8.9	4.5	3.8	4.1	5.9	2.4	4.3	29.1	7.4	17.9	4	0.9	2.6	5.6	2.2	4	12.7	4.5	8.7
2012	16.2	12.2	14.3	15.6	2.6	8.9	4.3	3.7	4	6	2.5	4.3	26.7	7.1	16.6	4	0.8	2.6	5.1	2.1	3.7	12.8	4.5	8.8
2013	15.5	11.8	13.7	15.4	2.6	8.7	4.3	3.7	4	6.1	2.5	4.4	24.4	6.7	15.2	3.9	0.8	2.6	5	1.9	3.5	13	4.5	8.9
2014	14.4	11	12.8	15.3	2.6	8.5	4.2	3.6	3.9	6.2	2.5	4.4	21.6	5.2	13.1	4	0.8	2.7	5.1	1.8	3.5	13.1	4.5	8.9
2015	13.7	10.8	12.3	15.4	2.6	8.5	4.3	3.6	4	6.2	2.6	4.5	24.2	6.7	15.1	4.1	0.8	2.8	5	1.8	3.4	13.2	4.5	9
2016	13.4	10.6	12.1	15.6	2.7	8.5	4.4	3.6	4	6.2	2.6	4.5	23.6	6.6	14.8	4.6	0.8	3.1	5	1.7	3.4	13.4	4.5	9.1
2017	13.4	10.5	12	15.8	2.7	8.7	4.6	3.4	4.1	6.3	2.7	4.6	23	6.4	14.4	4.5	0.8	3.1	5.3	1.6	3.5	13.5	4.5	9.1
2018	14	11	12.6	16.1	2.7	8.8	4.6	3.5	4.1	6.3	2.7	4.6	22.6	6.3	14.2	4.2	0.8	2.9	5.5	1.6	3.6	13.2	4.3	8.9

2019	14.1	11.1	12.7	16.4	2.7	9	4.6	3.6	4.1	6.3	2.7	4.6	22.3	6.2	14	3.9	0.8	2.7	5.7	1.6	3.7	13.3	4.3	8.9
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Source: World Health organization

Expenditure of Health care provider in million current US\$  
Table No. 02

Countries	Indicators	2016	2017	2018	2019	2020	2021
Afghanistan	Hospitals	:	184	449	356	311	203
	Mental health hospitals	:	1	1	:	2	<
	Mental health and substance abuse facilities	:	<	:	:	:	:
Pakistan	Hospitals	3,583	:	:	:	4,074	:
	Mental health hospitals	50	:	:	:	48	:
	Mental health and substance abuse facilities	:	:	:	:	:	:
India	Hospitals	:	35,557	36,365	:	:	:
	Mental health hospitals	:	93	88	:	:	:
	Mental health and substance abuse facilities	:	:	:	:	:	:
Maldives	Hospitals	:	:	218	197	192	:
	Mental health hospitals	:	:	<	<	1	:
	Mental health and substance abuse facilities	:	:	:	:	:	:
Nepal	Hospitals	260	270	338	336	416	440
	Mental health hospitals	2	1	2	2	3	3
	Mental health and substance abuse facilities	:	<	:	:	:	:
Sri Lanka	Hospitals	1,484	1,442	1,425	:	:	:
	Mental health hospitals	5	5	7	:	:	:
	Mental health and substance abuse facilities	:	:	:	:	:	:

Source: <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/government-expenditures-on-mental-health-as-a-percentage-of-total-government-expenditures-on-health-> (2)



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