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# Poor drug supply, counselling infra plague mentally ill: Study

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Mumbai: Suresh\* was 21 when he, like many of his friends in a village in Mahableshwar, came to Mumbai for a job. However, he hated the hectic pace of life here, as well as the strain of travel and housing. The last straw was when a cousin, with whom he lived, died by suicide. Suresh soon started experiencing dizzy spells with rapid heartbeats and rushed back home.

But the urban-to-rural dash only worsened his plight. It was months—after visits to the primary health centre doctor and local godmen—before his condition was diagnosed as panic attacks by a psychiatrist in a private hospital, 100km away from his village. "I would take Suresh on my bike once a week, and the medication has helped him," said his father. However, not only was the diagnosis delayed, but the duo would also cover 200km each time to meet a psychiatrist for 10 minutes and spend thousands in fees and medicines. This, even though Satara was the first district in the state to initiate the district mental health programme almost a decade ago with a psychiatrist, psychologist, and free medicine.

Suresh isn't the only one. A study by the Worli-based Foundation for Medical Research (FMR) has found that many mental health patients in the same administrative block as Suresh suffered due to poor access to good mental healthcare. "Suresh is now better and plans to return to Mumbai because his family could access private healthcare," pointed out researcher Dr Shilpa Karvande.

Take the case of Deepak\* (35), diagnosed with a serious mental disorder when he lived in Mumbai as a teenager. When his father deserted the family, his mother took him to her village in Satara and would travel 70 km by bus

to a semi-private hospital every fortnight. "But free medicines are not always available, and they have to keep returning every week in hope," said Dr Karvande. The mother hopes Deepak will get a job if he gets a steady supply of medicines.

The FMR study found interruptions in the drug supply, under-diagnosis of several disorders, and poor infrastructure for counselling patients in most rural govt centres. A district officer told TOI that availability of medicines is the biggest hurdle in govt mental healthcare. "We were told to dedicate a day in the district hospital for mental health OPD, but people realised patients who come on a certain day are different. There was a lot of stigma, and people stopped coming on the dedicated day," said the doctor.

The reason FMR took up the study is to focus on the urgent need to give primary mental health the attention it deserves, said Dr Nerges Mistry. "We found that addiction isn't considered a mental health problem in villages. There is such low mental health literacy that there is a delay in starting treatment for many patients," she added.

When contacted, Director of Health Services, Dr Swapnil Lale, said the state's insurance scheme (MPJAY) covers hospitalisation and medication for certain critical mental health diseases.