ORIGINAL RESEARCH PAPER

Service Providers' Perception of Barriers to Access Mental Health Services

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ABSTRACT

Background: The literature shows that mental health services are yet not adequate and whatever is available is underutilized in India. The aim of the study was to identify the available mental health services; barriers to utilize and deliver mental health service and explore the strategies for effective delivery of mental health services. **Methodology:** The Expert Interview and Key Informant Interview were the methods of data collection. A standardized script for conducting the interviews was developed based on literature review and discussion with experienced qualitative researchers as per the objectives of the study. **Results:** The main themes identified under the study were - mental health services, services & facilities under District Mental Health Programme, mental health services in primary health centres, barriers to utilizing mental health services, policy-level barriers to provide mental health services, recommendations and suggestions from service providers to improve mental health service system. **Conclusion:** There are multiple barriers, which need to be addressed effectively. There is a need to create a network among all stakeholders.

Keywords: Mental health service, district mental health programme, India

INTRODUCTION

Health is a "State of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity".[1] Definition of health includes mental health also. According to the American Psychiatric Association (APA) "Mental illnesses are health conditions involving changes in thinking, emotion or behaviour or a combination of these. Mental illnesses are associated with distress and problems functioning in social, work or family activities".[2] Mental health is considered as part of general health. If a person is physically, emotionally, psychologically healthy and free from any mental illness, he/she is considered as healthy. As per WHO report, in India 7.5% of the population suffers from major and minor mental disorders, less than 2% of the population is suffering from severe mental illness, out of which 50% have moderate to severe disability and the onset of mental illness is between 30-40 years.[3] National Mental Health Survey (2015-16) reported that one person in every six needs mental health services, 0.9% of the population has suicidal tendencies, the prevalence of alcohol-related disorders and prevalence of illicit drug among men is 4.6% & 0.6% respectively.[4] In Karnataka, about 8 % of the population suffers from mental illness. Among them, 7.3% are from the age group of 13-17 years, who need mental health care.[5] The prevalence of mental disability in Karnataka is 2.3% which includes 3% females and 5% males.[6]

Studies show that there is inadequate manpower for mental health services in India and Karnataka as well.[7] Not only services, but there are also various other barriers such as poor staff motivation, lack of funding and lack of mental health education, financial barriers etc.[8] Due to the lack of accessibility and affordability and belief in the particular system, families seek help from nearest faith healers. Availability of health services is one of the factors which decide the accessibility

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from stakeholders. As per the available data, mental health services are concentrated in bigger cities. So far, the Government of India has implemented the District Mental Health Program (DMHP) in half of the districts of India though in Karnataka it has implemented in all the districts. Karnataka has two well known mental health services institutions National Institute of Mental Health and Neuro-Sciences (NIMHANS) and Dharwad Institute of Mental Health and Neuro Sciences (DIMHANS) which have been working since last 50 years. Moreover, the Bellary District Project in Karnataka was one of the two projects (the second was the Raipur Rani Project, Haryana) that have influenced the development of India's mental health services.[9, 10] The present study was conducted in Hyderabad Karnataka Region (HKR) which includes Bellary district along with five other districts - Gulbarga, Yadgir, Bidar, Koppal and Raichur with the objectives of to document the available mental health facilities and services, assess the barriers to utilize and deliver mental health services and explore strategies for effective implementation of mental health services as perceived by the service provider in HKR; the most backward and underdeveloped region which includes six districts out of 30 in Karnataka state of India having a total population is 1,12,86,343.[11]

METHODOLOGY

The study followed the qualitative research method; the Expert Interviews (EI) and Key Informants Interviews (KII) were selected as tools for data collection. A standardized script for conducting the EI & KII was developed based on the objectives of the study, literature review and discussion with experienced qualitative researchers. The researcher used non-participant observation techniques to document the physical environment, infrastructure, practices of hygiene and services provided by the hospitals. Through purposive sampling, respondents from hospitals and clinics where psychiatric services are available (Table-1) were selected. Informed consent was obtained from the participants. Each interview lasted for a minimum of 40 minutes to a maximum of one hour. Field notes were maintained to note down each day's observations, discussions, and feedback from the participants. The interviews were recorded, transcribed and analysed. Open coding has given to emerged themes and main themes were categorized separately. Sub-themes were identified and classified into main themes. Each theme and sub-themes were described after classifying all themes into sub-categories.

RESULTS

Most of the respondents are in between the age group of 30 to 50 years, were male (N=40, 78.43%), and half of them (N=25, 49.01%) had 1to 2 years of experience in their field.

Table 1: Socio-demographic profile of the respondents

Variable	f (%) n=51
Age	
51	1
30-50	32
20-29	18
Gender	
Male	40
Female	11
Designation	
Psychiatrist	11
Clinical Psychologist (CP)	6
Psychiatric Social Worker (PSW)	6
Programme officer	5
Trained doctors in Psychiatry	4
Medical officers	15
Psychiatric nurses	4
Educational qualification	
MD in Psychiatry	11
MBBS	24
Master in Social Work	6
Ph.D in Psychology	3
PG in Psychology	3
General Nursing Midwifery (GNM)	4
Experience (in years)	
1-2 years	25
3-4 years	11
5-6 years	4
More than 6 years	8
Less than 1 year	3

The collected qualitative data was analyzed thoroughly and total 150 factors emerged from the 20 expert interviews (Psychiatrist, DMHP officers, Trained Psychiatrists) and 31 key informant interviews (CP, PSW, Psychiatric Nurses, Medical Officers). They were further classified under six themes and under each theme sub-themes were grouped. The broad themes found were:

Theme I. Mental health services

Theme II: Services & facilities under the District Mental Health Programme

Theme III: Mental health services in PHCs

Theme IV: Barriers to utilize mental health services (service providers' perception)

Theme V: Barriers to providing mental health services in hospitals

Theme VI: Policy level barriers to provide mental health services

Theme VII: Recommendation and suggestions were given by mental health service providers

Theme I - Mental health services

Mental health services are defined as available mental health facilities to the public. There are four sub-themes

Sub theme 1 - Services under district hospitals (table 2): In each district, there is a psychiatry department with a team of psychiatrist, psychologists, social workers and staff nurse. The team provides Inpatient (IP) and Outpatient (OP) mental health services. Apart from Yadgir, all district hospitals have full-time psychiatrists. In Yadgir there is no permanent psychiatrist, but one consultant from Gulbarga Institute of Medical Science (GIMS), Kalaburagi visits every Tuesday and offers OPD services. Primary health centres, community workers, ASHA workers and others refer the mentally ill patients to district hospitals. After seeking treatment from psychiatrists; follow up is done by the doctors of a primary health centre, which ensures the availability of medicines at the doorsteps. The point to be noted is that psychiatrists working in a government setting have their private clinics and nursing homes. Few psychiatrists have more than one private psychiatric clinic in this region. Distribution of medical colleges shows that while Gulbarga has 4 medical colleges and Yadgir does not even have one.

Sub theme 2 - Facilities in hospital (table 3): Facilities in the hospital are divided into two sub-categories:

Available services: Inpatient services are available in all district hospitals. Except for Yadgir, all other district hospitals have an outpatient ward, emergency ward, psychological testing, psychotropic drugs and free medication. Most of the time counselling services are provided by either psychiatrists or social workers in psychiatric departments. A minimal fee for psychiatric treatment has to be paid in private psychiatric hospitals, clinics and nursing homes. Special mental health services such as de-addiction treatments are also provided in a few medical colleges. Most of the mental health care services can be seen in private hospitals.

Activities: Apart from giving services in the psychiatric department, they are providing counselling services for other department patients such as OBG, surgery etc. Integrating mental health services with other therapies is evident, i.e., meditation, etc. (especially in some private psychiatric hospitals). Under DMHP, psychiatrists are providing mental health training programmes to all Medical officers from every primary health centres and visiting taluka hospitals and providing treatment for people with mental illness.

Table 2: Services under district hospitals

Districts	Psychiatry Dept. in District Hospital	Services in District Hospitals	No. of Psychiatrists in District Hospital	Medical Colleges	Private Clinics/ Nursing Homes
Gulbarga	Yes	In-Patient/ OPD	3	4 (ESI, GIMS, KBN, BMC)	5
Yadgir	Yes	Out-patient	1 (consultant)	NIL	0
Koppal	Yes	In-Patient/ OPD	1	1	1
Bidar	Yes	In-Patient/ OPD	5	1 (BIMS)	5
Raichur	Yes	In-PatientOPD	4	1 (RIMS)	4
Bellary	Yes	In-PatientOPD	1	1 (VIMS)	2
Total			15	8	17

ESI=Employee State Insurance Hospital, GIMS=Gulbarga Institute of Medical Sciences, KBN=Khaja Banda Nawaz Institute of Medical Science, BMC=Basaveshwara Medical College, BIMS= Bidar Institute of Medical Sciences, RIMS=Raichur Institute of Medical Sciences, VIMS=Vijayanagar Institute of Medical Sciences

Table 3: Facilities in the hospital

Available services	Activities
IPD & OPD	Liaison with other departments for counselling (OBG, Surgery etc.)
Emergency ward	Working with NGOs (mental health)
Available psychotropic drugs	Integrating treatment with other alternative therapies (private hospital)
Counselling services	Involving in DMHP and visiting taluka hospitals
Disability certification and any medical certificates	Providing training programmes to mental health professionals
Treatment and care for children with mental retardation, autism, hyperactivity, conduct disorder, major psychiatric disorders	
De-addiction centres	
Free Medication	
Tobacco cessation clinic	
Psychological testing, IQ test, Personality test	

Sub-theme 3 - Available infrastructures at hospitals: Special wards, closed wards, EEG room, ECT room, clinical psychologist & PSWs room, separate block for a psychiatric department, recreational room and waiting room are identified as infrastructures in psychiatric departments of the district and private psychiatric hospitals. Most of the psychiatry departments in district hospitals do not have closed wards, recreational, separate waiting room and room for other staffs to provide counselling and therapies. Full-fledged infrastructures are available only in Gulbarga and in few private psychiatric hospital settings.

Sub theme 4 - Manpower: There is an acute shortage of mental health professionals including psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses (table 4). The researcher noted that those who were working as PSWs were qualified under generic social work and not specialized in medical and psychiatric social work. It was also found that psychiatric nurses are not available in psychiatric departments and private clinics. The present nursing staffs in the psychiatric department are qualified with general nursing, and moreover, they are shifted to other departments every month. As per the mental health care act 2014, CPs and PSWs do not fulfil the eligibility. Role of counsellor and PSW is played by the psychiatrists in all private clinics and nursing homes instead of appointing CPs & PSWs for conducting therapies and counselling.

Theme II - Services and Facilities under the District Mental Health Programme

In 1982, Government of India launched National Mental Health Programme (NMHP)[11] with the objective to ensure the

Table 4: Manpower

Districts	Population in lakhs as per 2011 census	Mental Health Professionals											
		In District Hospital			In Medical Colleges			In Private Clinics/ Nursing Homes			Total		
		Psy	PSW	CP	Psy	PSW	CP	Psy	PSW	CP	Psy	PSW	CP
Gulbarga	25.6	MC	2	1	8	5	2	5	-	-	11	8	3
Yadgir	11.7	-	1	1	-	-	-	-	-	-	-	1	1
Koppal	13.8	1	1	1	-	-	-	1	-	-	1	1	1
Bidar	17	MC	1	-	4	2	1	5	-	-	4	3	1
Raichur	19.2	MC	1	-	4	1	1	4	-	-	4	2	1
Bellary	24.5	1	1	-	4	-	-	3	3	2	5	1	-
Total	111.8										25	16	7

Psy=Psychiatrist, PSW=Psychiatric Social Worker, CP=Clinical Psychologist, MC=Medical College

accessibility and availability of minimum mental health care for all, especially to the vulnerable population. Under this programme, the district mental health program was launched in order to make the mental health care services reach to villages. In 1996, District Mental Health Program (DMHP) was added to NMHP and introduced in 4 districts, later on, on the phased manner it is extending to other districts. By the end of October 2017, 241 districts were covered under DMHP and it is proposed to expand to all districts in a phased manner.[12]

Under DMHP, two sub-categories were identified.

Sub theme 1- Available services & facilities

- Awareness campaigns
- Training programmes to all peripheral health workers
- Conducting treatment cum counselling camps
- Providing disability certificates
- Manochaitanya programme
- Creating awareness on mental health and services through mass media
- Use of jingle (display advertisement regarding mental health services and mental illness)
- Separate fund for NGOs
- OPD setup in taluka hospitals
- Emergency facility-108 ambulance service

DMHP was implemented in all six districts. Under this programme, awareness campaigns have been conducted for the general public, police department, KSRTC workers, high school teachers and faith healers etc. Mental health training programmes have been conducted for all peripheral health workers such as - ASHAs (Accredited Social Health Activists), ANMs (Auxiliary Nurse Midwifery), field worker, medical officers, teachers, public, faith healers etc. with an aim to generate an awareness regarding mental illness and available services DMHP team started "JINGLE" program, in which they display advertisements in bus stand & railway station regarding mental illness and available services. Under "Manochaitanya Programme" the DMHP team visits every taluka hospital on that particular day in which, community people and all peripheral health workers refer and bring patients for treatment. For severe mentally ill patients they refer patients to the district hospital for further treatment.

Sub-theme 2 - Manpower under DMHP

Table 5: Manpower under DMHP

District	Psy.	CP	PSW	Psychiatric Nurse
Gulbarga	0	1	1 (GN)	1 GSN
Yadgir	0	1	1 (GN)	No
Koppal	0	1	1 (GN)	1 GSN
Bidar	1	1	1 (GN)	1 GSN
Raichur	1	1	1 (GN)	1 GSN
Ballary	1	1	2 (GN)	1 GSN
TOTAL	**3**	**6**	**7**	**5**

Psy.= Psychiatrists, CP=Clinical Psychologist, GN=Generic Social Work, GSN=General staff nurse, PSW=Psychiatric Social Worker

In each district, DMHP is supervised by an in-charge officer, who is the DLO (District Leprosy Officer). In Gulbarga, Yadgir and Koppal there are no psychiatrists appointed under DMHP but CPs, PSWs have been appointed under DMHP, who visit communities and work on awareness creation. The table 5 shows that adequate emphasis is not given to DMHP and the manpower shortage is quite evident.

Theme III - Services in Primary Health Centres (PHCs)

Four subthemes were identified under services and facilities available for mental health in Primary Health Centres.

Sub-theme 1 - Identification of common mental illness: Each medical officer from PHC has to undergo three days training on mental health where they learn symptoms and basic treatments for common mental illnesses. In PHCs, medical officers identify the mental illness and provide basic treatment with the use of common psychiatric drugs available to them.

Sub-theme 2 - Minor and minimum treatment: Under DMHP, all Medical Officers (MOs) undergo a three-day training programme to identify and to treat common mental illness. After which it is expected that MOs identify and treat common mental illnesses in PHCs itself.

Sub-theme 3 - Common psychiatric drugs: Under DMHP, common psychiatric drugs are supplied to all districts hospitals and PHCs once in every six months. DMHP officer is the

in-charge for ensuring the availability of necessary drugs.

Sub-theme 4 - Regular follow ups and referrals: If the MOs find difficulty in treating patients at PHCs, they refer it to district hospitals. After the initiation of treatment, follow up is done at PHC and the history of the treatment will be documented every time.

Theme IV - Barriers to utilize mental health services.

Under barriers to utilizing mental health services, four sub-themes were identified

Table 6: Barriers to utilizing MH services

Lack of knowledge and family support
Lack of awareness
Illiteracy
Lack of support from family members
No time to take patients to hospitals
Financial Problems
Poverty
Distance (bus fare)
High treatment charges in private hospitals & clinics
Belief system
Stigma
A lot of misconceptions
Misguiding towards faith healers
Labelling
Accessibility
No inpatient services in taluka hospitals
Non-availability of psychiatrists in community level hospitals
No inpatient services in few newly established district hospitals
No private psychiatric clinics
No service accessibility in remote areas

Sub-theme 1 - Lack of knowledge & family support: For people living in remote areas, it was found that they were unaware of mental illness. Apart from this, there is a lack of support from family members for the patient to seek help from professionals due to stigma. Family members feel uncomfortable to disclose about the patient's illness in the community.

Sub-them 2 - Financial barriers: Due to financial barriers, most of the people are not in a position to bear the expenditure on treatment, travel and loss of pay in order to undergo treatment and so on. These barriers de-motivate the patients and their family members to seek treatment.

Sub-theme 3 - The Belief system: The belief system is one of the common and main causes for seeking help from faith healers for any type of illness in the community and stigma and misconceptions towards the people with mental illness worsen the problem. People think that if they seek treatment from the hospital, the society will give the tagline of "mad" and people will isolate them in the community. Because of this people, do not share about the mental illness with anyone, and they try to find the solution in their community itself.

Sub-theme 4 - Service accessibility: Accessibility is one of the major barriers to utilize mental health services from hospitals. Taking mentally ill patients from remote areas to district hospital costs time and money. Most of the people are belong to low-income category i.e. daily wage workers and hence they find it very difficult to come to the district headquarters. It was also reported that they are not aware of the availability of mental health services in PHCs.

Theme V - Barriers in hospitals to provide mental health services

There are barriers in hospitals which prevent access to mental health services. There are two sub-themes.

Man Power related barriers
No qualified psychiatrists in some districts
No designated staffs
No specialized counsellors and social workers
Lack of coordination between all staffs
The absence of trained mental health staffs
Lack of supporting staff
Trained doctors are not able to recognise the case
Least priority for mental illness in PHCs
Services related barriers
No inpatient services
Do not have ECT service
Shortage of medicines
No closed ward facilities
Lack of infrastructures
No proper documentation in private clinics

Sub-theme 1 - Manpower: As mentioned in theme 1, sub-theme 4, the number of mental health professionals in the HKR is very less. For 1.12 crores population, there are only 25 psychiatrists providing mental health care services. There are no specialized and designated psychiatric nurses in psychiatric departments and even in private clinics. General staff nurses are working in the psychiatric department, and they have been rotating to other departments on a monthly basis in district hospitals. In most of the psychiatric clinics and hospitals, psychiatrists are performing counselling and those are working in government hospitals prefer their own private clinics to treat mentally ill patients. One district hospital (Yadgir) does not have in-patient service.

Sub-theme 2 - Mental health services: Due to lack of Psychiatrists, few district hospitals do not have inpatient services. Severe mentally ill patients have to travel to other psychiatric hospitals which are far or out of their cities for treatment. Even if they manage to reach the hospitals, (especially in district hospitals) they do not find proper facilities such as closed wards, ECT, etc. It was reported that due to the lack of availability, most of the time prescribed medicines have to be purchased outside the hospital. It was observed that in private clinics, psychiatrists do not maintain proper documentation and records. One of the probable reasons for this could be the fear of inspection. If there is a record of more number of patients, they would have to increase their facilities such as increasing the number of mental health professionals, staffs, beds, special wards, etc. Hence, they resist maintaining proper documentation regarding patients.

Theme VI - Policy level barriers to provide mental health services

Policies of the Government should be supportive to provide mental health services. In this research, it was reported that due to policy level barriers, mental health services are not provided properly. They are

Sub-theme 1 - Barriers to recruiting psychiatrists: Most of the psychiatrists are working on a contract basis when there are permanent vacancies. However, these posts lie vacant due to various reasons, including lack of manpower, lack of reservation candidates, less salary, etc.

Sub-theme 2 - Lack of rehabilitation services: Especially in mental health care service, there are no rehabilitation centres in HK region. Most of the community people are not aware of the concept of rehabilitation. After treatment, they are taking the patient to home and provide medicines. The focus of the treatment is treating symptoms rather than enhancing the overall functionality of the patient. Very less focus has been given to rehabilitation centres and NGOs in HK region.

Theme VII - Recommendation & suggestions

The following are the recommendations and suggestions given by the service providers for improving the mental health services.

1. Creation of more awareness among community people on available mental health services.
2. Make provision of mental health services in general and taluka hospitals at least once a week. This will encourage people to seek treatment and lessen the accessibility issues.
3. There is a need to educate community health workers (ASHA and Anganwadi Workers) about mental illness and available services. This will make sure that appropriate referrals are made either to PHCs or specialist psychiatrists.
4. There is only a handful of de-addiction centres working in HKR, and there is a need to increase the numbers of de-addiction centres in all districts.
5. There is a need to enhance adequate and designated nursing and supporting staff.
6. Special mental health training programme shall be provided for DMHP officers and staff who are involved. As the government has given the responsibility of handling DMHP to all DLOs of each district and they are not much aware of mental illnesses in few districts.
7. Under DMHP three days training is provided to medical officers from each PHC in which there is a need to study the issues faced by PHC doctors in providing services.
8. The adequate supply of medicines on time from the Government is needed.
9. DMHP staff may establish liaison with faith healers and encourage them to send cases for treatment.

DISCUSSION

Mental health services: Even though mental health services are available in every district, infrastructure and facilities vary from district hospitals to private hospitals such as in-patient, outpatient facility and availability of free medications. The systematic evidence-based review reported that modern mental health service supports a balanced approach to community and hospital services and the availability of services will increase the accessibility.[13] Compared to other districts, Gulbarga district has four medical colleges, whereas Yadgirhas none and the rest of the districts have one medical college each. Distribution of health services in HKR is not done properly. For total 1.12 crore populations, approximately 25 psychiatrists, 16 PSWs and 7 CPs are available. That means for every 4,48,000 people only one Psychiatrist is available. This is very meagre and lesser than the country average.[4,12] The point to be noted is that these psychiatrists are not proportionately distributed in 6 districts. There are no psychiatrists in Yadgir district and only one psychiatrist in Koppal district. Their qualification shows that few psychiatrists completed their MD in psychiatry. It was also observed that many of them did a one-year diploma in psychiatry and had undergone the training programme in psychiatry. The other mental health professionals such as PSWs and Psychologist are from the generic background and are not trained in Psychiatry. There should be proper monitoring or supervision to evaluate mental health professionals' capacity to deal with psychiatric illness and infrastructures. Few psychiatric departments' do not have separate rooms to treat patients. Psychiatrists, psychologists and social workers were treating patients in a single room, which leads to problems among patients.

Services & facilities under the District Mental Health Programme: Before DMHP, sufficient mental health services were not available. People had to go to specialized treatment centres such as NIMHANS & DIMAHNS which are very far. After the implementation of DMHP, each district of HKR has mental health services and awareness about mental illness is being provided to them. However, the services are not available in taluka levels. The main reason for this is the unavailability of psychiatrists and other mental health professionals. The notable thing is that most of the psychiatrists, those who are working in government hospitals and medical colleges are running their own private clinics and nursing homes. The study by Saraceno, et al. revealed a lack of manpower in mental health services in government mental health settings and emphasized the need to focus more on improving mental health service system in HKR.[14] A study supports the present study that shortfalls in the provision of mental health care including insufficient numbers of mental health professionals, widespread stigma, and inequitable geographical distribution of services.[15]

Mental health services in PHC: Under DMHP, all MOs from PHCs have undergone a three-day training programme on symptom identification, prevalence, psychopathology, diagnosis, and basic treatment for common mental illness. It is expected that with this training, they conduct follow up with mentally ill patients at PHCs. Till date, there were no studies conducted to assess their ability to treat mental illness. Saraceno et al. reported that PHCs staffs were overburdened with multiple tasks, caseloads and all other health programs of the government.[14] Due to this, mentally ill patients were unable to receive appropriate treatment. The Ministry of Family and Child Welfare, Government of India, provides nine psychiatric drugs to all PHCs and CHCs. These drugs are supplied by state governments once in 6 months. There are hurdles to receive these drugs on time in district hospitals. There is a long process to receive necessary drugs from the state government which was explained by the service providers. This creates the shortage of necessary drugs and forces the patient to purchase from outside. Hence, authorities should ensure to make alternative plans to provide the necessary drugs in a short span of time. This will encourage the patients and family members to adhere to treatment.

Barriers to utilize mental health services: After the implementation of DMHP, significant improvement is seen in the reduction of misconception about mental illness,[12] but still, more rigorous community extension work is required. Due to the belief system, patients visit faith healers and do not approach mental health professionals in time.

Clement et al. conducted a meta-analysis wherein they analysed 144 quantitative and qualitative research studies.[16] The study reported that stigma is the fourth highest ranked barriers to help-seeking in mental health problems. Another study reported physical barriers (such as lack of hospitals, transportation); mental health service infrastructure (such as lack of manpower, medicines) and stigma are the major barriers in providing sufficient services to mentally ill.[8] Though adequate services are not available, the available services are not utilized fully due to stigma and lack of awareness among community people about the mental illness, available services and belief in traditional methods. All barriers are interconnected to each other as poverty leads to financial crisis, patients with financial crisis prefer nearest available treatment which is faith healing. One Psychiatrist reported that "most of the community people believe that in a government hospital treatment is not provided properly and if they go to private hospitals they get good treatment. Even though they have to pay more money, they prefer private clinics. Major mental illness requires long-term care, and this pushes them towards the financial crisis. I have seen some patients' families have sold their land to get treatment. This is not required if they take treatment in government hospitals".

Policy level barriers to providing mental health services: There is a need to recruit mental health professionals in all the districts. The results show that in HKR for the population of 4,48,000 one Psychiatrist is available, whereas, in the country for 1 lakh population one Psychiatrist is available.[4] Other mental health professionals are also very less in number. Those who are working are not specialized in mental health, which hinders the services. There is a need to send them for periodical training programs, and in future, only those who are trained may be appointed. One Psychiatrist reported that "though PSWs and CPs are working they are not trained in Psychotherapy, mental health, group therapy, family therapy and in other required areas. They have prescribed Master degree, and though they are not trained in mental health, based on their marks, they have been selected (deep breath). Hence, whenever required I do therapy myself and use them only for extension and disability assessment". Another important barrier is the non-supply of medicines on time. This will lead to medication compliance among poor patients. After the treatment, even if they want to rehabilitate some patients, there are no rehabilitation centres in HKR. The government should focus on establishing rehabilitation centres in each district of HKR, so that, apart from treatment, mentally ill patients can learn the necessary training and skills. This will help in the successful reintegration of the patients in the community. Studies also reported that treatment should be comprehensive which includes counselling, psychotherapy and rehabilitation.[18]

Kumar[19] was evaluated the mental health services under DMHP in 2005 and reported that mental health in India was still at a developing stage and DMHP services needed to be improved. Jain and Jadahv (2008) in their review reported that community psychiatry in India was bureaucratic and culturally unequal which increases the divide between psychiatry and local rural communities.[20] Similarly, Murthy (2014) in his review highlighted the large treatment gap between persons with mental illness, available mental health services and barriers to utilize the available services.[10] The present study is conducted after one and half decades of Kumar's study and the situation is remaining the same. It shows that mental health services are not given priority and not reaching the community. There is a need to strengthen the DMHP and other mental health services to reach the community effectively.

CONCLUSION

There are multiple barriers, which need to be addressed effectively. There is a need to create the bridge among all stakeholders and make sure that the people from lowest among the lowest strata of society are attended and get mental health services. All stakeholders need to work in synergy to achieve the goal of health for all and mental health for everybody.

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