Mental Health of Scheduled Tribe Populations in India
Policy and Research Recommendations, January 2018

The George Institute for Global Health | India

Mental health is one of the biggest causes of disability and carries enormous economic burden in India. It is estimated, from the recently reported National Mental Health Survey (2016) that one in every ten Indians is suffering from some form of mental disorder. Especially in productive age of 20 to 40 years, prevalence of mental disorders is very high.

India is home to the largest tribal populations of the world, with 8.6% of total Indian population belonging to Scheduled Tribes who constitute 705 tribal groups across India. The tribal populations have greater vulnerability to mental health issues for multiple reasons. The impact of rapid social changes alters their lifestyles, beliefs and community living. The strain of acculturation to moving to urban spaces and use of alcohol and other substances predisposes them to a number of mental health issues.

There has been research in the broader field of mental health, carried out in India. However, mental health of tribal populations is something that has been neglected till now and needs our attention. The Indian Psychiatric Society stresses the lack of data on mental health of tribal populations and the need for conducting more research to bridge the gaps in knowledge.

Round table on Mental Health of Scheduled Tribes in India

On 28th August 2017, The George Institute for Global Health India organized a roundtable to start a dialogue with key researchers and policy makers to understand the current status and various challenges that need to be addressed in order to understand the mental health of tribal communities.

The purpose of the meeting, was to understand the state of mental health of Scheduled Tribe (ST) populations of India.

Role of Overall Socio-economic Development on Tribal Mental Health

Dr. P.S Subramaniam, Tribal Research Centre, Ooty, in his presentation highlighted socio cultural factors among the tribal communities to understand the prevalence of mental illnesses, for example, alcohol and substance abuse (mainly tobacco) are often part of the culture and both genders and individuals from even young age groups use it. Alzheimer's disease, mental retardation, suicide, schizophrenia and substance abuse are some of the diseases that are prevalent in this region.

Coordination of activities between the various state level tribal health research centers is done by the Ministry of Tribal Affairs. The focus of these state level tribal health centers is general health and education with little focus on mental health. The role of displacement, urbanization, and modernization on alcoholism and suicide among tribal communities and reasons for alcoholism and suicides need to be explored from a cultural perspective in a robust way.

State policies like TASMAC are changing drinking habits in tribal communities. While in the past locally brewed drinks with low alcohol content were consumed in the communities, the government outlets under TASMAC may be providing alcoholic beverages with high alcohol content. To address substance use, the tribal populations have to be educated and awareness has to be created about new coping strategies to overcome stress.

Tribal Communities and Mental Health – Key Challenges and Issues

Prof. R.S. Murthy (Retd.), National Institute of Mental Health & Neuro Sciences (NIMHANS), shared the key challenges faced by tribal communities related to loss, trauma, alienation. Prevalence estimates from past research hint at increased alcohol and substance use, high suicide rates, risk of depression and intimate partner violence. He stressed on:

- developing universal, targeted and person-focused interventions,
- the gaps in knowledge and the need to conduct participatory research,
- understand local perceptions about mental health and help-seeking,
- identify risk factors and ascertain the role of larger environmental and government policies on mental health, and

- identify appropriate interventions, were some of the key points that need to be addressed through future research.

He also mentioned the need for development of a community-based approach including self-care techniques to provide mental health services and to document and disseminate evidence.

The role of traditional healers within the larger health system was highlighted. Not only the first healthcare provider whom many approach, but traditional healers could also play a role in referring cases to psychiatrists.

Tribal Mental Health and Its Service Needs

Prof. M.S.V.K. Raju, President, Indian Psychiatric Society shared that though there have been various initiatives taken in tribal mental health through formation of Ministry of Tribal Affairs in 1999, formation of National Commission for Scheduled Tribes in 2004, UN Declaration of Rights of Indigenous Population in 2007, there has not been much evidence generated about the mental health morbidity, mental health needs of this population, strategies to approach ST communities for service delivery, and monitoring or evaluations of any ongoing programs or those completed recently.

In addition to this, little or no mention of the mental health of ST communities have been made in ICMR Bulletin (2003), Health status of primitive tribes of Odisha, burden and pattern of illnesses among tribal (2015), Report of the Technical Committee on Mental Health (2016), National Mental Health Survey (2016). Even the High-Level Committee Report on the Socioeconomic, Educational and Health Status of Tribal Communities in India (2014) had limited information on mental health of tribal populations and reported only alcohol use related data.

Mental health cannot be seen in isolation, it must be seen in correlation to socioeconomic factors and Human Development Index, and this is especially applicable to ST areas where socio-developmental issues are often at the root cause for stress. Key points shared were:

- Creating mental health awareness at the community level by various novel means, providing mental health services that are accessible to populations in remote areas by organizing mobile camps and securing help of local medical colleges and NGOs to provide services.

- Increasing the capacity of mental health professionals in the tribal areas, especially professionals from the same community was suggested, as they would understand the local scenario better and provide culturally relevant treatment given their experience.

- The need for changes at the policy level with special inclusion of tribal population in the existing mental health infrastructure was discussed.

Emphasis was also made to understand - different aspects like the mental health practices among tribal populations; different help seeking practices; psychopathology specific to tribal population; and identify if the instruments/tools that are intended for use in this population need validation and adaptation.

Role of Indian Council of Medical Research on Tribal Mental Health

Dr. J.K. Chakma, Indian Council of Medical Research (ICMR), shared current ongoing research projects in mental health of tribal communities through ICMR's own institutes/centers. As a funding agency. Various ways of support extended through extramural research to promote mental health in tribal populations through grants in aid, task force studies, long term projects, open ended research etc, were outlined.

Dr. J.K. Chakma informed that ICMR plans national registry to document psychiatric illnesses. A registry will ensure international comparisons and facilitate cohort development, and ICMR plans to develop a software for data archiving at the point of contact level and at registries.

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Case Study 1: Project SHIFA, The Community Mental Health Project at Padhar Hospital

Dr. J. Ebenezer from Padhar Hospital, Madhya Pradesh, presented the case study. He shared that the study was conducted in a rural mission hospital in the Betul district of Madhya Pradesh which caters to at least 4 districts around that region. It highlighted the mental illnesses prevalent not only in the tribal areas but overall in central India. The main scope of the study was to screen and identify patients with mental illnesses and epilepsy (a new tool – PaCoMSI - was conceived to gather data), facilitate treatment, community reintegration, create mental health awareness in the community and assess mental health service delivery in those communities.

The screening tool used for the study was used by the lay health workers who used it to screen one family at a time rather than individuals. Different strategies for treating were used for severe mental disorders and epilepsy, common mental disorders, and developmental disorders.

The most salient feature of this study was that it was a low-cost Intervention where less than Rs 300/month/patient was paid which made it economically attractive to scale up. The major challenges of the study were lack of manpower, finance, overcoming magico-religious belief systems prevalent in the community, and lack of accessibility. Common mental disorders were not addressed completely in the study and the tools used are still being evaluated.

Specific experience of the caregivers and any bias against the patient from the caregivers were explored. Stigma was common across the community and most of them did not consider mental illnesses as some health issue and linked it with spiritual reasons, so when they experienced the improvements in people using treatment they felt better and happy.

Case Study 2: The SMART Mental Health Project, West Godavari, Andhra Pradesh

Ms. S. Kallakuri and Mr. S. Devarapalli from The George Institute for Global Health India presented the study. The study was conducted in the ST areas of the West Godavari region of Andhra Pradesh. Task shifting and strengthening skills of existing primary health care workers, using electronic decision support systems, incorporating clinical decision support tools on a mobile phone platform, and conducting an anti-stigma campaign were the major components of the study.

The key objectives of the study were - development of a multifaceted Intervention and demonstrating feasibility, acceptability and effectiveness through a large pilot study. The tools used for this study were Patient Health Questionnaire- 9 item (PHQ9) and Generalized Anxiety Disorder-7 item (GAD7) for screening common mental disorders in the community by the Accredited Social Health Activists (ASHAs), and mhGAP-IG by the doctors for clinically diagnosing and treating. Raising community awareness by conducting an anti-stigma campaign was one of the salient features of this study where different multimedia strategies were used to reach out to the community.

The key outcomes of the study were - mental health services use increased from 0.84% to 12.6%; depression and anxiety scores amongst those who were screen positive reduced significantly following intervention; use of mobile health to provide mental health services was appreciated by all stakeholders; ASHAs felt empowered by the training and took initiatives of their own to motivate people to seek care; ASHAs could follow up on 80% of screen positive cases. Remuneration for ASHAs were based on performance and were as per government guidelines for ASHAs.

Key Recommendations

There is an urgent need to consider the mental health of the tribal communities and develop interventions both to mitigate their occurrence and provide services is an acceptable, accessible, affordable way. Following recommendations emanated from the round table:

Policy Recommendations:

1. To develop a national level policy on mental health of tribal communities or populations.

2. To create a national level knowledge repository on prevalence of mental disorders and mental health issues related to tribal communities which will provide updated data.

3. To develop innovative strategies to provide mental health services that are relevant to different communities and age groups.

4. To bring out an Annual progress report on mental health of tribal populations where latest updates about the activities or initiatives taken in this area is showcased. Additionally, newsletters or e-bulletins dedicated to mental health of tribal populations can be published and shared widely.

5. The Indian Psychiatric Society can play a role in coordinating research activities with support of the government which can ensure regular monitoring and dissemination of the research impact to the tribal communities. This would then actually be seen as proper implementation research.

Research Recommendations:

6. Mental health research across India needs to be coordinated to create a data pool at national level.

7. There is a need to identify 20–25 key research ideas and send it to different research organizations and medical colleges across the country which will allow students or research teams to work and implement these ideas to generate data.

8. There is a need to implement tribal mental health awareness programs as it of utmost importance. There is a need for a strong action plan for implementing these campaigns.

9. Research to understand the development of personality of tribal populations is needed.

10. Better understanding is required about the relationship between social/ community cohesion and mental health of individuals.

11. There is a need to understand how mental health symptoms are perceived in different tribal communities and investigate the healing practices relating to distress/disaster/death/loss/disease. This could be done in the form of cross sectional or cohort studies to generate proper evidence which could also include the information on prevalence, mental health morbidity and any specific patterns associated with a specific disorder.

12. The course and outcomes of mental disorders and effectiveness of interventions among tribal populations need to be investigated.

13. There is a need to compile available literature related to mental health of tribal populations and continuously update such literature. Organizations need to do systematic reviews to generate evidence on the research done in India till date on the tribal population.

14. New validated instruments to measure mental morbidity relevant to tribal populations need to be developed. Culturally robust tools need to be developed for identifying mental disorders in the community, and qualitative methods can be used to understand the perceptions and barriers for health seeking behavior.

15. The resilience models in tribal communities need further investigation.

16. Mental health problems relevant to children and adolescent groups need to be investigated using school based or community based interventions to understand the mental health knowledge and ascertain risk factors related to mental disorders faced by this age group. Programs to increase mental health awareness in this population is needed.

Way forward

Health research needs to be understood in the context of the overall health system in which it is being done to enable the findings of the research to be implemented. As India is a diverse country with varied cultures and practices these health systems vary in every state and are impacted by socio-cultural aspects.

Social determinants are key risk factors associated with mental disorders, more particularly among disadvantaged tribal populations. Knowledge about mental health in the community, stigma, effective strategies to specifically approach and interact with this population in providing mental health care, and the acceptability and feasibility of different mental health services delivery modalities in these communities need to be well researched and understood, prior to scaling up services.

It is also important to find out that even among these disadvantaged people there could be people who are specially disadvantaged for example women, adolescents or elderly. Gender based analysis, studies on adolescents and elderly for example to understand how they may be affected while seeking limited healthcare, or what specific factors affect their mental health or how they consume mental health services are key questions that are worth exploring.

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