VICIOUS CYCLE OF POVERTY AND MENTAL ILLNESS : A REVIEW WITH SPECIAL REFERENCE TO SCHEDULED CASTE POPULATION

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Introduction

There has been an increase in tenancy contracts in rural India since20India is a developing country in the world and has a large population of Scheduled Castes (SCs). The caste system serves as the foundation for Hindus out of various ancient scriptures. In this system, people are classified into social groups according to given hierarchical and unequal social positions and entitlements by birth. Out of India's total population about 16.2 percent population belongs to these Scheduled Caste, (Census of India, 2011). Scheduled Caste is a broader categorization of different castes to uplift the social and economic conditions by running affirmative action policies. This broader Scheduled Caste Category constitutes of 1108 different castes notified as per different legislations and Parliament of India. All the Scheduled Castes are homogenous in terms of educational and socio-economic backwardness.But are heterogenous in their social, economic, cultural, occupational conditions and the process of their social mobility (Ahmad, 1999).India already has tons of literature on above highlighted development indicators i.e., education, income, health , cultural, occupational but mental health of Scheduled Caste population has not become the priority of much of the scholars. The World Health Organisation (WHO) states that "mental health and well-being are fundamental to quality of life, enabling people to experience life as meaningful, become creative, and become active citizens." Health is defined as the composite union of physical, spiritual, mental, and social dimensions. A person with mental illness has the right to receive care that is consistent with human decency and dignity. According to Article 21 of the Indian Constitution, his human rights are derived from the fundamental right to life. The UN Sustainable Development Goals (SDGs) included mental health in September 2015. The United Nations (UN) made a historic move by recognising the burden of mental illness and designating mental health as a top priority for global development for the ensuing 15 years.

In India, the field of mental health research is fairly at its infant stage. Some of the obstacles to mental health research in India include the small research capacity, the shortage

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of qualified mental health professionals, the lack of financing, the lack of training opportunities for researchers, and the government's low priority for mental health.Administrative obstacles also include a delay in institute- or government-level ethical, scientific, and regulatory scrutiny.Recent scient metric analyses have shown that the output of research on mental health in India is disproportionately dominated by a small number of elite Indian institutes(Ramdas,2021).

Mental health is a crucial aspect of overall well-being and is often neglected among marginalised populations in India. Marginalised populations in India comprise groups such as Scheduled Castes, Scheduled Tribes, Other Backward Classes, and religious minorities like Muslims and Christians, among others. These populations face various forms of exclusion, discrimination, and social and economic disadvantages, which significantly impact their mental health outcomes.These groups often face discrimination and social exclusion, which contributes to poor mental health outcomes. According to a 2016 report by the National Institute of Mental Health and Neurosciences (NIMHANS), 1 in 5 Indians suffer from some form of mental illness. However, there is limited research on the prevalence of mental illness in marginalised populations.

Mental health is an integral and essential component of health.WHO definition of Health alsocovers this essential component at second position just after physical health.The definition is "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This term has a crucial implication: mental health encompasses more than just the absence of mental diseases/disabilities. A person is in a mentally healthy state when they are aware of their own abilities, able to handle life's typical challenges, able to work efficiently, and able to give back to their community. The ability of both individuals and society as a whole to think, feel, interact, work, and enjoy life depends on mental health. On this premise, it is possible to see the promotion, preservation, and restoration of mental health as a crucial concern for people, communities, and societies all over the world. Research published in 2017 on the mental health statistics in India found that,one out of sevenpeople are suffering is from mental health disorders. A total 197 million people were suffering from variety of mental health disorders. Out of this 45.7 million people were suffering from depression and 44.9 million from anxiety disorders. As per WHO a wide range of individual, family, community, and structural elements can work together to support and protect mental health. Even while the majority of people are resilient, those who are exposed to unfavourable conditions, such as poverty, violence, disability, and inequality, are more at risk.

Mental Health and Poverty

Poverty is a crucial social problem in India and is linked to several negative social outcomes, including physical and mental health challenges. Mental health problemsare severe among people living in poverty, which affects their quality of life, productivity, and social relationships. The relationship between poverty and mental health is multifaceted and complex, with poverty being both a cause and a consequence of mental health problems. Poverty in India is multidimensional and is characterised by a lack of access to basic needs such as food, health care, housing, and education, and exposure to various forms of violence and oppression.Poverty is also associated with other factors that impact mental health, such as malnutrition, poor living conditions, and exposure to violence and trauma. These factors can lead to chronic stress, which can increase the risk of developing mental illness.

Poverty measurement In India

Poverty measurement committees have become essential to set the poverty line in India. The poverty line is a measure of the minimum income required to sustain a basic standard of living. The concept of poverty measurement in India started in the 1960s when the First Five Year Plan was introduced. A poverty line was set based on the cost of a minimum diet, which was determined by the Planning Commission. However, the poverty line was updated1978-79 based on the cost of a minimum diet as well as other essential items like clothing, housing, and education by the recommendations of Alagh Committee (1979). Later, in 2005, the Tendulkar Committee was formed to review the methodology of poverty estimation.The Tendulkar committee established a cut-off of 22% of the population living below the poverty line with benchmark daily per capita expenditures of RS 27 and RS 33 in rural and urban areas, respectively.According to the Tendulkar Report, the percentage of individuals who were living in poverty in 2011 was as follows: Rural: 25.7; Urban: 13.7; Total: 21.9 in 2011-12. The committee recommended a revision of the poverty line, considering the increase in prices of different essential items.

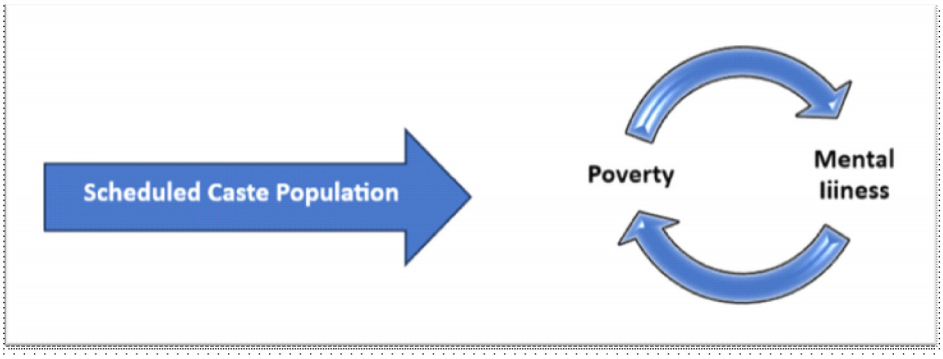
In 2011, the Rangarajan Committee was formed to review the poverty line and estimation methodology. The committee recommended a higher poverty line and suggested using a multidimensional approach to measure poverty.According to a report,the poverty threshold for all of India should be set at Rs 972 a month for consumption in rural regions and RS 1,407 in urban areas.If a family has five members, the monthly cost per household will be RS 4,860 in rural areas and Rs 7,035 in urban areas.The Rangarajan committee calculated the poverty line at close to 29.5% by using daily per capita expenditure estimates of RS 32 and RS 47 for rural and urban areas respectively.According to estimates from the Rangarajan

expert group, in 2011-12, 26.4 percent of urban residents and 30.9 percent of rural residents, respectively, lived in poverty. Additionally, the government has also introduced different poverty alleviation programs, such as the National Rural Employment Guarantee Act, Pradhan Mantri Awas Yojana, and Ayushman Bharat Yojana, to reduce poverty in the country.

Poverty and Scheduled Castes

Despite the constitutional provision of affirmative action and reservation in education, employment and politics, the SCs in India continue to be one of the most deprived and poverty-stricken untouchables and were subjected to social exclusion, discrimination, and oppression. Poverty, deprivation, and marginalization have been key features of their experience, making them one of the most disadvantaged groups in Indian society. According to Socio-Economic and Caste Census (SECC-2011) data, more than 54.67 percent of Scheduled Castes rural households lack access to land, only 3.96 percent of Scheduled Castes work for the government, 2.42 percent work for the private sector, and 83.56 percent of Scheduled Castes earn less than Rs.5,000 per month. Additionally, only 0.83 percent of Scheduled Castes own four-wheelers, and 6.49 percent of Scheduled Castes households have refrigerators. The states with the highest proportion of landless people are Tamil Nadu (55.8%), Bihar (54.33%), Andhra Pradesh (48.46%), West Bengal (48.02%), and Punjab (45.34%).

Fig. 1. Vicious cycle of Poverty and mental illness among Scheduled Caste;

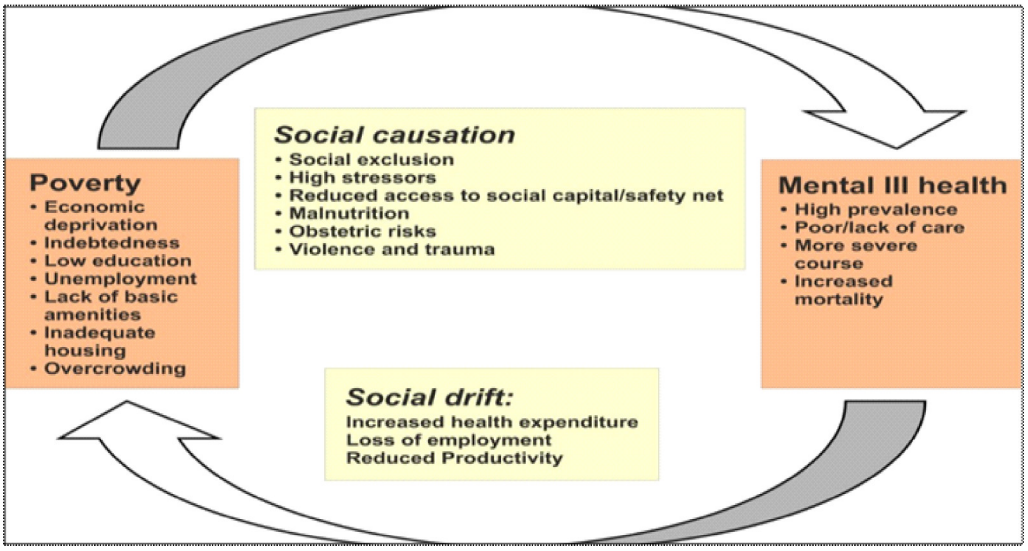


Poverty and mental health are closely linked. Poverty is a major risk factor for mental illness, and mental illness can also lead to poverty. Poverty and mental illness create a vicious cycle that can be difficult to escape. One of the main reasons for SC poverty is the deep-rooted caste system in India, which has led to their social, economic, and political marginalization. Poverty is a major risk factor for mental illness. People living in poverty are more likely to suffer from depression, anxiety, and other mental health conditions than

those who are not living in poverty. Poverty can cause stress, uncertainty, and feelings of hopelessness, which can all contribute to mental illness. The impact of poverty on mental health can also be seen in children. Children living in poverty are more likely to have poor mental health and to suffer from developmental delays. Poverty can affect children's cognitive development as well as their emotional well-being. It should be noted that the impact of poverty on mental health is not limited to those who are currently living in poverty. People who have experienced poverty in the past may also suffer from mental health conditions as a result.

The SC communities are employed in underpaid, menial jobs all over India. Due to affirmative action rules, there are a few SC and ST representations in the government sector, but for the most part, SC and ST employees work in the unorganised sector, where caste plays a significant role in employment segregation (Lerche, 2009). Adivasis and Dalits participate in the informal economy to a 95% degree (Sengupta, 2008). They still have limited access to capital assets like agricultural land and non-land assets, or such assets are inefficient. As a result, in terms of household income, level of education, and kind of employment, they continue to represent the lowest social strata (Entombed, 2017).

Fig. 2 Two-way interaction between poverty and mental illness.



Source: Developed by Prof. Crick Lund, a two-way interaction between poverty and mental ill health.

The data on poverty particularly the dalit poverty and the number and proportion of mentally ill among them are found to be interrelated at an aggregate level. This needs to be further investigated. This article is only to emphasise the need for such a study by bringing

issues for scrutiny.

Another significant factor is the lack of access to education and skills development programs. SCs have relatively low levels of literacy and education, compounded by poor quality education and inadequate infrastructure. Currently, there is a significant achievement disparity between upper castes and SC/STs in terms of schooling. There is a minimum two-year educational gap (Munshi, 2019). Scheduled Caste literacy rate according to the 2011 Census demonstrates that while SC literacy rate increased from 54.7 in 2001 to 66.1 in 2011,On the other hand national literacy rate increased from 64.8 in 2001 to 73.0 in 2011. Despite this increase in literacy, Scheduled Caste members continue to suffer the greatest rates of poverty, lack access to land, and depend on the dominant caste for jobs, income, and loans(Raghavendra,2020). According to research by The India Governs Research Institute, Dalits make up over half of the primary school dropouts. This often leads to a cycle of debt and poverty and further mental health conditions.

Mental Health and The State

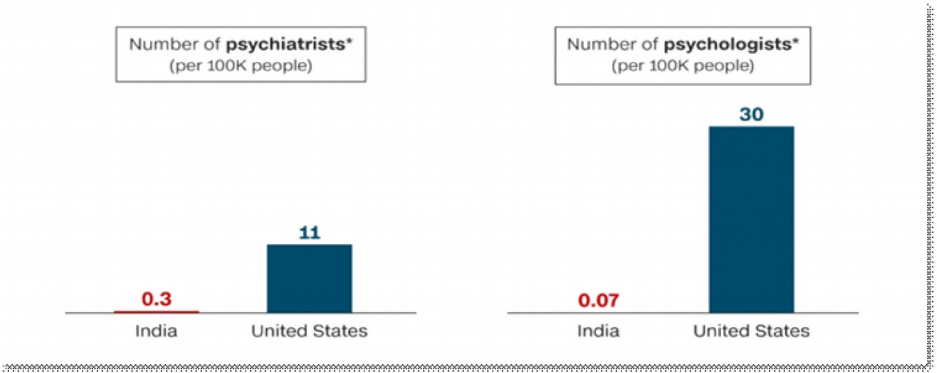
SCs experience higher levels of psychological distress and mental health problems than other castes. Studies have consistently shown that SCs experience a higher prevalence of depression, anxiety disorders, and post-traumatic stress disorder than other castes. Secondly, discrimination and stigma contribute significantly to mental distress in the SC population. SCs report experiencing discrimination in various domains of life, including healthcare, employment, and education.

Stigma is a social construct that is born out of societal expectations and beliefs that people possess towards certain groups or individuals. Although stigmas exist in various forms, one of the most persistent forms of stigma is associated with the caste system in India. Unfortunately, caste-related stigmas can have a significant impact on mental health and overall well-being. Individuals belonging to the lower caste are often subjected to different forms of discrimination and exclusion. Various experiences can be overwhelming and lead to low self-esteem, anxiety, and depression due to this stigma associated with caste. Additionally, stigma brought on by caste can limit a person's ability to obtain resources for mental health. Because of the social stigma associated with mental illness, people who already experience marginalisation run the risk cutting themselves off from their neighbours and medical professionals. Suppose those from lower castes routinely experience bias and discrimination when seeking care. In that situation, it may be difficult for people to feel at ease discussing their experiences and finding the right mental health assistance.

The 2016 National Mental Health Survey found that 83% of Indians with mental health issues lacked access to sufficient mental health care. According to the World Health

Organisation (WHO), India had three psychiatrists per million inhabitants that year, and significantly fewer psychologists. For comparison, there were approximately 300 psychologists and 100 psychiatrists per million persons in the US.

Fig3. : Detail of Number of Psychiatrists and psychologists in India and US.

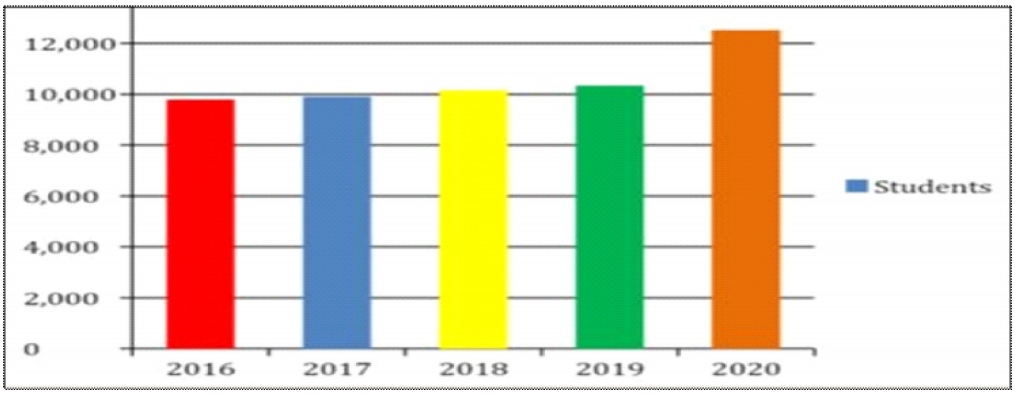


Source: World Health Organisation(2016)

The psychological impact of this discrimination is significant and affects mental health outcomes significantly. Social support acts as a protective factor against mental health problems in SCs. Studies have shown that social support is a significant predictor of mental health outcomes in the SC population. Additionally, low levels of social support contribute significantly to psychological distress and other mental health problems.

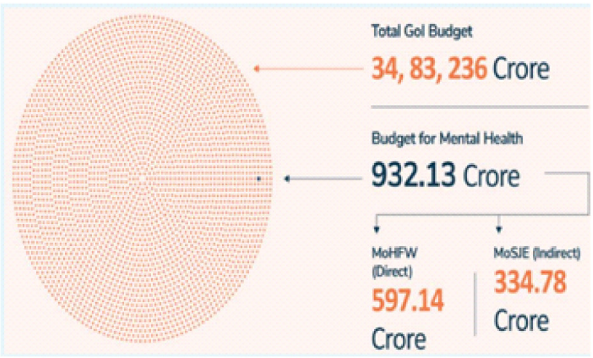
However, caste does play a part in death; in 2016, Rohith Vemula, a Dalit student, committed suicide and left behind a note in which he claimed to have been subjected to institutional harassment. Despite the seriousness of the situation, no investigation was opened since newsrooms claimed that depression was the sole contributing factor.

Fig 4. Detalis of Students suicide from 2016 to 2020.



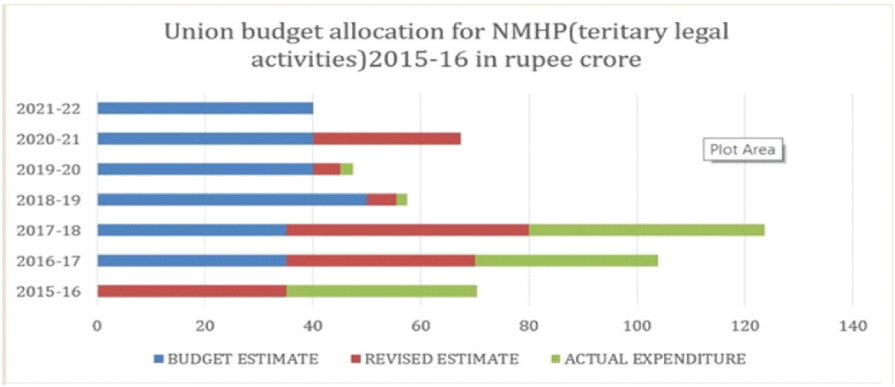
Source: National Crime Record Bureau (NCRB:2016-20)

Similar to this, Payal Tadvi, a doctor from a tribal clan in Mumbai, committed suicide in 2019 as a result of harassment from "high caste" elders at her hospital. According to Amnesty International, Dalits were the target of 65% of hate crimes in India in 2018, making them more susceptible to chronic stress, trauma, and a number of other mental health conditions.



Less than 1% of the entire health budget, or Rs. 5 97.14 crore, was allotted specifically for mental health under the Ministry of Health and Family Welfare. Even within the budget, 557.44 was allocated to two universities with central funding. Given that 14% of the population has a mental disease and that there is a significant treatment gap between 72 and 92%, the current direct funding for mental health care is woefully inadequate. For its 1.3 billion population, India only has roughly 9000 psychiatrists (and counting), according to recent polls. Against this, the US has 28,000 psychiatrists for its 325 million citizens. It is concerning to see that low-income Indians have a 40% greater risk of depression than the national norm, according to the National Mental Health Survey from 2016. On the other hand, organisations and people are addressing mental health awareness by providing free counselling sessions, discounts, and payment plans. However, the typical cost of a therapy session in India is between Rs. 500 and Rs. 1500, making therapy unavailable to a broader population.

Fig.5 Union Budget allocation for mental health programmes

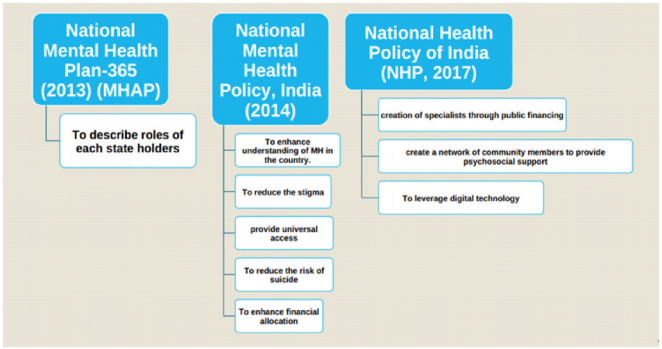


Source: India mental health observatory for Budget or mental health, Analysis of union budget 2021-22.

Above figure highlights the Union Budget allocation for mental health programmes from2015-2021. The Mental Healthcare Act, which was introduced to guarantee that all citizens have a right to obtain mental healthcare, has not yet left a lasting effect because of the implementation's shortcomings on a practical level. NGOs and community-based organisations are also working to provide mental health support and reduce stigma. According to a study by the Indian Journal of Psychiatry, the government have to spend a conservative yearly expenditure of Rs 94,073 crore for the implementation of the Mental Healthcare Act, 2017. However, the annual spending as of now is not even close to that amount. But, in contrast to affluent nations, where the average share of the total healthcare budget devoted to mental health is at least 5%, India's budget for mental health accounts for just 0.05% of that total healthcare Budget. The cost of mental health services in India is also a significant barrier for individuals living in poverty. Mental health services are typically not covered by most health insurance plans and are often provided by private providers, making them unaffordable for many individuals.

Untreated mental illness can have a significant impact on individuals, families, and communities living in poverty. Mental illness can affect a patient's ability to work, engage in social and recreational activities, and perform their daily activities. This can lead to decreased productivity, loss of income, and increased healthcare costs. Moreover, untreated mental illness can also exacerbate issues related to poverty, such as substance abuse and domestic violence, leading to increased rates of family and social dysfunction.

Fig 6 : Policy and Plan related to Meantal helath in India.



The National Mental Health Programme (NMHP) was established by the Indian government in 1982 in response to the severe burden of mental disease on society and the total lack of a national infrastructure for providing mental health care. in 1996, the District Mental Health Programme. Modernization of Public Psychiatric Hospitals and Promotion of Psychiatry in Medical Colleges/General Hospitals were included to the programme when

it was revamped in 2003. Mental Illness, Rehabilitation, Prevention, and Promotion of Mental Health are the three main pillars of NMHP. The main objectives of NMHP are to eliminate discrimination against patients who are mentally ill, integrate mental health with primary healthcare through NMHP, and provide tertiary care facilities to treat the mentally sick. In 1996, the District Mental Health Programme began. In 2003, the programme underwent a makeover that added two new programmes. modernization of public mental health facilities and promotion of psychiatry in medical schools and general hospitals. The district mental health program's key goals are to integrate basic mental health treatments with other healthcare services and to deliver these services at the community level. Additionally, they offer aid to the community and see patients early. By increasing public knowledge, the district mental health programme has a significant impact on lowering the stigma associated with mental illness. They also care for and rehab community-based psychiatric patients.

Numerous locations have seen the implementation of community-based health projects, which have offered a variety of services. Programmes for community health workers include activities for illness prevention, treatment, and health promotion. Peer worker interventions often centre on giving advice and information, as well as specialised health education. Community health programmes are locally focused education and treatment programmes often provided to people who are either uninsured or living in poverty. Typically non-profit, community health programmes receive funding from government grants, donations, and health department initiatives. A government statement outlining the ideals, guiding principles, and goals for mental health is known as a mental health policy. It can be implemented at various levels of legislation, policies, activities, and strategies for mental health. Mental health policy and other plans can be a crucial and effective instrument for nations to enhance mental health and lessen the burden of mental diseases if it is developed and executed effectively.

Conclusion

Poverty and mental health are deeply intertwined in India. Poverty has a significant impact on mental health outcomes, leading to a higher prevalence of mental disorders, decreased access to quality mental health care services, and increased healthcare expenditures. The consequences of untreated mental illness in poverty can be extensive and have long-lasting impacts on individuals, families, and communities. Addressing poverty is an essential step in improving mental health outcomes in India, and effective mental health services are necessary to ensure that individuals living in poverty have access to the care they need to thrive. Scheduled Caste poverty in India is a complex issue with deep-seated roots in the caste-based social hierarchy. The Indian government must take urgent

action to uplift SCs from poverty and ensure their full and equal participation in all aspects of society.

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