

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:3166

ANSWERED ON:19.08.2011

CASES OF DEPRESSION

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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has taken note of a recent study sponsored by the World Health Organisation (WHO) and another study done by Nielson which state that India has the highest rate of major depression, particularly among the women in the world;
- (b) if so, the details thereof alongwith the facts in this regard;
- (c) the number of people, particularly women suffering from Major Depressive Episode (MDE) alongwith the average age of depression in the country;
- (d) the reasons for the high prevalence of MDE in the country; and
- (e) the steps taken/proposed by the Government to control, lower and treat the cases of MDE, particularly among the women and to increase the number of psychiatrists in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) & (b): Yes. The findings from study sponsored by WHO has sample representation only from Puduchery, India. This cannot be generalized to rest of the country. Moreover, the Life time prevalence and 12 months prevalence rates of India are not the highest in world. The other low-middle income countries like Colombia and Brazil have higher rates than India.

As per study, the life time prevalence of Major Depression in India is 9.0% and 12 months prevalence of Major Depression is 4.5%.

(c): The overall prevalence of MDE is 9.0%; the sex wise distribution of MDE is not available. The average age of onset of MDE in country is 31.9

(d): The reasons for high prevalence of MDE in the country can be attributed to various precipitating factors like poverty, low female literacy, exposure to violence and deprivation as a child, rising inequality, high rates of gender discrimination and violence, effect of family breakdown and single parenting and nutritional and health causes.

(e): To address the huge burden of mental disorders, Government of India is implementing National Mental Health Programme (NMHP) since 1982. A total of 123 districts in 30 states and UTs have been covered under the District Mental Health Programme (DMHP) to provide treatment and management of mental disorders/ illness.

Further, in the 11th Five Year Plan, NMHP has been restructured to include the following components:

(i): Centres of Excellence in Mental Health and Establishment of PG training departments in mental health specialties to increase the PG training capacity in mental health as well as improving the tertiary care treatment facility in mental health with the objective to address the shortage of mental health professionals in the country. Ten Institutes have been funded under the Centre of Excellence Scheme and 10 institutes have been funded for establishment of 23 PG training departments in mental health specialties.

(ii): DMHP has been re-strategized during the 11th Five Year Plan and is being implemented in 123 districts of the country with added components of suicide prevention services, work place stress management, life skills training and counselling in schools and colleges.

(iii): In addition, the NMHP includes schemes for upgradation of Psychiatry wings of Govt. General Hospitals/ Medical Colleges, modernization of Govt. Mental Hospitals, support for Central/ State Mental Health Authorities, Monitoring and Evaluation, Research and Training, Information, Education and Communication activities.