A Depressing Malady

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The rising incidence of suicides, and mental health problems in India, especially among youth, cannot be wished away. There is a critical need to recognise the malevolent neglect of the state of mental health and set things right.

It is by now widely recognised that India severely under-estimates the stress of mental health—one hopes one does not have to trot out a barrage of statistics all over again to prove this point. It is part of our surreal cultural wiring that for many, it takes a celebrity ‘endorsement’, like Deepika Padukone on depression, to prove that yes, depression really is a killer disease, and that one’s parent or child or cousin or aunt may be actually in a life-threatening situation when they speak of a feeling of prolonged hopelessness.

Within this broader population, there is a more acute sense of stress among the youth/student population—in this, again, India is only in line with global trends. In the preliminary assessment by esocialscience.org itself, a fair number of youth spoke of suicidal ideation. One needs to urgently ask what steps are being taken in this regard, for the situation is truly unconscionable.

Again, it is part of our strange cultural and educational wiring that one might actually need to ask this also in the context of Indian universities (and the media) endlessly fussing over international university rankings. No doubt our research quality has to improve. But among the deeper signs of our insensitivity (and may one say backwardness?) is that a sign of the vast difference between a high quality international university and Indian ones (be they governmental or private) is the utter lack of quality mental health care. On the one hand, you have a high-risk youthful population, often living away from the home for the first time, in a soup of intense academic competition, often discovering the difficulties of their sexualities, as well as India’s numerous complexities of language, caste, religion etc. On the other, you have the least number of trained, accessible, communicative, or welcoming mental health staff.

One of the first things that struck me when I studied abroad (and I was not in a wealthy private university, but a state one) was a whole floor in the hospital dedicated to mental health, with round-the-year high-publicity programmes constantly asking people to drop in, even if only

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to vent their anxieties. The mental health professionals in the field (an army of doctors, psychologists, social workers, counselors, etc.) were always at hand—this is important to remember, for the strategy in mental health has to be two pronged. One prong is the emergency hotline for immediate intervention (like a reliable suicide hotline, still completely unavailable in most universities), and the other prong is the more everyday managerial reliefs provided through the day and year, so that ideally, self-harm thoughts are not allowed to build up and fester in the first place.

In the Humanities one is used to falling back on saying that culture is the ultimate explanation. This has some truth to it, for the larger denial of mental health problems is a profound cause for the mess we are in (to many, no doubt, depression, like homosexuality, is a sign of our degenerate westernisation). Let me give you two instances of this denial, or what one may well call a malevolent neglect: one instance, when I have raised this issue at inter-university meets or public talks, a typical response given by authorities in power has been that the teacher should function also as a mentor figure. This is unfair as the teacher is already over-burdened, and, much more crucially, does not have the skills to deal with high-risk situations. Who will bear the blame (moral and legal) if an incidence of self-harm occurs?

The second instance is even stranger. Several counsellors, or counsellor-figures embedded in the university system, take offense if I bring up the issue of mental health at all (some of this, I have been told directly, is because I am a humanities person, so I should stop interfering in what I am not an authority on). Though, as far as I understand it, I am only saying that student mental health is a large issue that requires a wide number and variety of professional roles, these counsellors feel that I am saying that they are not up to the task. They insist that there are enough of them, that they can do all the differentiated roles, that there is too much student fraud around this issue as a way of extenuating poor academic performance, and that most of this is harmless ‘adjustment’ disorders which need for the most part a firm hand. I have met this sentiment often, but I really do hope that this is not the dominant sentiment—and I have no doubt that at an individual level, there are many heroic counsellors.

Nevertheless, the need is less for heroism, and more for planning and investment (the latter of course is a large part of the problem. Mental health is seen as a pure, and mostly wasted, expense, by both the government and the private sector). But in financing, as in capacity-building, we first need to learn what to learn from the best international university systems. Research and autonomy are certainly not our only lessons on this score.