



HEALTH AND WELLNESS COMMITTEE, NATIONAL LAW UNIVERSITY ODISHA

PRESENTS

ARTICLE WRITING COMPETITION- 2022 ON "MENTAL HEALTH"

IN COLLABORATION FOR THIS EVENT
[HTTP://WWW.TALKTOANGEL.COM/](http://www.talktoangel.com/)



INTRODUCTION

ABOUT THE COMMITTEE

Student in a university is subjected to a various competitive atmosphere where other aspects of his/her life sometimes become dormant. The University, to cater to the psychological needs of the students and to help them throughout their academic journey in the University, established a committee known as The Health and Wellness Committee. Considering the major objective of the Committee, it has collaborated with an expert that works on an efficient online model where the students get the benefit to connect anytime from anywhere.

The Committee believes that Mental Health is a substantial aspect of everyone's life that is still not very much discussed and debated. The Committee in the campus and even virtually, through its various events and activities strives to build an atmosphere where Mental Health is accorded great care and always tries to encourage and share its importance among all.

VISION OF THE COMMITTEE

The Health and Wellness Committee is one of its kind as like other committee it doesn't focus much on academic side but on the psychological and mental health of the students, therefore we have the vision to normalise talking about mental health and destigmatize the taboo around mental health. We see ourselves as a committee working towards bringing such discussions about mental health to the forefront and making more and more people aware about it.

ABOUT THE COMPETITION

As Covid-19 assailed the world, it brought everything around us to a halt, not only was it a shock to all but it gradually became a part of our lives and continued to hinder and affect our day-to-day lives in one or another manner. With the different phases of lockdown, many things in our lives were at stake. But above all, the crisis majorly took a toll on the Mental Health of every individual. Mental Health, is a topic that is not only less recognized but is also least discussed.

Therefore, The Health and Wellness Committee to recognize and bring up the importance of Mental Health organized its 1st Article Writing competition where we invited articles on the subject area of “significance of Mental Health”. The Committee received Articles where the importance of Mental Health is recognized and how the world and especially India needs to have a more commending approach concerning such situations for the times ahead.

PREFACE

The Coronavirus pandemic halted our daily life and forced us to live our lives virtual reality- some are calling it as the 2nd innings of their life. Such drastic changes in our daily schedule did not go as smoothly as expected since many people have faced a myriad of problems, where many people suffer due to financial or health issues as there were shortage of opportunity and increase in uncertainty due to exponential increase in the circulation of the fake news, and new cases every day. Issues like these have compelled us to increase awareness regarding various aspects of mental health and how to keep sane in such situations where we need to keep extra care of not only physical but mental health, therefore Health and Wellness Committee (HWC) has organised its 1st Article Writing Competition on the theme of “Mental Health” in collaboration with “Talk-to-angel” for this event.

The details of the competition were released in the form of a brochure in the month of March on various platforms and the results were declared on 29th may. Over the course of the competition, we have received various submissions from under-graduate and post-graduate students across various colleges from all over India. Each of the articles dealt with various issues related to mental health in-depth manner which made the selection process tougher.

So, we undertook a 2-stage review process wherein, in the 1st stage the articles were checked for plagiarism and in the 2nd stage double blind-review was undertaken by the Committee. In the end, we selected 9 articles out of 21 to be published on the website.

Though we couldn't publish all the articles, we were glad to see that participants were quite aware of the various issues related to mental health and are doing their bit to increase awareness. It is only when people start to write about neglected issues that the attention of the mass at large is shifted. That's why it is said that the first step towards curing any social evil is to write about that issue. We, as a committee believe that till the time people continue to write about such issues, no issue will go unaddressed. We wish all the participants the best of luck for their future endeavours.

Lastly, we would like to thank our Hon'ble Vice-Chancellor Prof. Ved Kumari and our registrar Prof. (Dr.) Yogesh Pratap Singh for their constant support, guidance and motivation in conducting this competition. We, as a committee would also like to thank our faculty advisor, Ms. Divya Singh

Rathor, Ms. Sonal Singh & Ms. Rujitha Shenoy for believing in us and standing with us whenever we needed their guidance and support.

Last but not the least our members of the committee:

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RELIGION, SPIRITUALITY AND MENTAL HEALTH

- By Hardika Narang

Human miseries are as old as human civilisation itself and in times of despair humankind has always held onto spirituality for hope. Religion and mental disorders have been closely associated since centuries. In fact, there was a time when psychiatry was not a separate branch and mentally challenged patients found asylums in religious institutions. It has long stood as a pillar of strength in their existence. However, with time the faces of misery and spirituality have changed.

Before we begin to analyse this crucial relationship of mind and spirituality, it is important to note the difference between religion and spirituality. Religion¹ is a personal set or institutionalized system of religious attitudes, beliefs, and practices. It is the service and worship of God or the supernatural. Spirituality² on the other hand is something that in ecclesiastical law belongs to the church or to a cleric as such. It is sensitivity or attachment to religious values. Spirituality is relatively a broader term.

The term psychiatry and psychology had never been used before 1800s. Practically, religion was the only solution for people suffering from mental illnesses. For ages mentally challenged people have resorted to religious and community institutions for help. In some severe cases, they were disowned by their families and religion was their only refuge. However, religion associated every psychological problem with supernatural causes such as the influence of devil, sin, eclipse, fault of stars or simply disappointment of God. They made people fear God by using the cases of patients as an example. Their treatment at times involved simple activities like religious prayer ceremony or offerings to the priest. But sadly, they often deployed harsh practices like exorcism³, blood-letting⁴ and Trephination⁵.

It wouldn't be wrong to say that the relationship between mental health and spirituality has been a bitter-sweet one.

¹ According to <https://www.merriam-webster.com/dictionary/religion>

² According to <https://www.merriam-webster.com/dictionary/spirituality>

³ Cambridge English dictionary -the process of forcing an evil spirit to leave a person or place by using prayers or magic

⁴ The surgical removal of some of a patient's blood for therapeutic purposes.

⁵ The surgical procedure in which a hole is created in the skull by the removal of circular piece of bone

CAN RELIGION AND SPIRITUALITY POSITIVELY IMPACT YOUR MENTAL HEALTH?

It took a long time for people to understand and accept mentally unstable people. Despite modern advancements we cannot deny that religion or spirituality have no role to play in the lives of mentally challenged people. Even today in 21st century people resort to religious ceremonies apart from therapeutic treatments as it gives them satisfaction and peace. Now, the big question is if religion or spirituality can truly in any way promote mental health or positively effect the lives of patients.

Religion and the path of spirituality undoubtedly make a person more resilient, optimistic, hopeful and perseverant. He/she feels connected to a supreme being which gives them the power to endure every situation. Additionally, it makes them a part of support group to derive strength from, both tangible and emotional. In difficult days, one feels at peace after praying or meditating because of the hope that is generated in our minds. Some might call it placebo but it has worked for many people and its efficacy can certainly not be overlooked.

In 1994 DSM-IV included “religious or spiritual problems” as a category of psychological diagnosis. It made health professionals more sensitive to a person’s religious beliefs and attitudes. This was a remarkable change as religion and spirituality can have a great influence in one’s life. Prior to that in 1980 Albert Ellis⁶ too had dictated that religion, emotional and mental illness share a causal relationship that cannot be denied. These points are clear indicators of the value religion can add in one’s life.

Studies⁷ and researches⁸ have made it evidently clear that religious people are likely to be less prone to depression or suicidal thoughts. Moreover, most religions condemn malpractices of substance abuse. Therefore, religion has been an influential tool in controlling this behaviour and indirectly minimising the risks of mental illnesses that follow.

Psychologically, religion and spirituality completely align with the humanistic school of psychology as it teaches a person to reach the level of ‘self-actualisation’ or find meaning in life.

⁶ American psychologist and psychotherapist

⁷ Smith T, McCullough M, and Poll J. Religiousness and depression: evidence for a main effect and the moderating influence of stressful life events. Psychol Bull. 2003;129:614-636.

⁸ Wink P, Dillon M, Larsen B. Religion as moderator of the depression-health connection. Research on Aging. 2005;27:197-220.

The main goal of religion and spirituality also overlaps with it. For centuries it has guided people to gather their focus at one point and feel elated.

Imparting religious education and spiritual guidance to adolescents can help them overcome their self-esteem and other such issues of this delicate age. It will not only strengthen them to face problems but also bring optimism and clarity in their approach towards life. Meditation is all about concentration and focus, two most needed virtues in a teenager's life. Apart from that it can promote mental health in the masses.

CAN RELIGION AND SPIRITUALITY NEGATIVELY IMPACT YOUR MENTAL HEALTH?

It would be unjust to impart half knowledge and talk of only one side of the subject. One cannot afford to overlook the possibility of religion or spirituality having a downside on mental health. Religion has catered to many mentally challenged people of the society since centuries. However, their cruelties and lack of sympathy cannot be forgotten. The very idea of exorcism and witchcraft is spine-chilling.

In western societies, religion is considered irrational and outdated. They believe that it deviates a person from reality and gives them a false sense of being. They advocate to keep religion separate from other institutions. It is viewed as interfering with the rationality and modernity of today's society.

Religion sometimes can make a person rigid, dependent and overly possessive. This leads to family and marital issues. Such people are unable to prioritise things in their lives. They resort to strict means and denounce worldly pleasures leaving their families abandoned. They often cause dilemmas and one is encountered with difficult choices.

Religion also holds various stereotypes and strict rules. Those who deviate from such rules are looked down upon and are considered outcast, which harms the mental health of people. They are filled with guilt, shame and displeasure that they are unable to revive back from this state of shock. It becomes confusing to either abide by the religious norms and values or to pursue something for your own happiness.

Religion can often turn men against men and cause violence which affects both person's physical and mental health. Mental illness is viewed as a punishment by extremist religious people and they may force one to not seek professional help for their atonement.

One might resort to unhealthy measures to cope with negative emotions like anger, frustration, jealousy etc. Sexual desires are a very common and primitive needs of humankind and religion teaches us to abstain from it. Therefore, this conscious suppression can further hamper growth and emotional stability.

RELIGION, SPIRITUALITY AND MENTAL HEALTH IN INDIAN SCENARIO

Religion and spirituality have prevailed in India since the early civilisations. Religious teachings are highly valued and regarded by Indian citizens. The ancient scriptures and mythologies too are indicative of religious and moral standards of people. Even now they are viewed as pillars of strength by their followers.

During the pandemic, people were restricted to their homes and many of them lost their loved ones. In such difficult times, people prayed and meditated as only means of attachment and hope. Senior citizens often make religious activities their means of life and are able to live a mindful life.

In a populous, poverty-stricken and diverse country like India, religion is the backbone of all activities among the middle and lower class. It instils in them a sense of belonging and gives them hope in times of despair. It has become their coping mechanism.

India has a scarcity of health infrastructure and mental health practitioners. The awareness among the masses is also extremely low. In such scenarios it is important to empower spiritual gurus and religious centres with resources so that they can assist people in their healing process. Traditional means should be combined with modern day knowledge and serve as a means of dissipating help.

CONCLUSION

It can be said that we all know religion has been a little too harsh on the mentally challenged people but we cannot defy the fact that it what also gives them hope. Every mental health practitioner must take into account their patient's religious beliefs and offer them help accordingly. Spiritual

guidance can help people in leading a better life and it must be widely prophesied among the masses. Basic self-help techniques can be

taught in educational institutes, workplace etc. However, religion or spirituality should not be followed blindly but practiced with a wise and open mind. In the end, leaving you with a thought to ponder upon, that if someone derives their power, hope and optimism from religion or spirituality then who are we to deny them of it?

MENTAL HEALTH AND INSURANCE: A CRITICAL ANALYSIS

- Ravi Bang and Drishti Yadav

INTRODUCTION

Health care expenditures obtrude a significant financial burden for both individuals and the government. 'Health Insurance' in this aspect plays a cardinal role, as it provides protection against future medical or surgical costs. Certainly, insurance acts as a saviour for various individuals and families, but in the initial period it failed to cover a vital area, i.e., mental health issues. Mental health refers to a person's emotional, psychological, and social well-being. It has an impact on one's thoughts, feelings, and actions. With the advent of Covid- 19 pandemic, the issue of mental health gained momentum and significance. With time, the importance of the mental well-being of an individual is being acknowledged and duly taken into consideration by various stakeholders, which, in turn, led to formulation of laws and regulations regarding the same.

One such instance is Mental Health Care Act (MHCA) 2017, which is a landmark moment for insurance coverage of persons with mental illness. Section 21 (4) of MHCA 2017 states, "every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for the treatment of physical illness."⁹ This act raised and set a benchmark for including mental health in insurance, which in turn directed the insurance agencies (private as well as public) to cover mental health in their insurance.

Here, the question that arises is whether the objective with which the provision was formulated is being achieved? This article delves into various aspects of the issue and gives the road next up.

THE MAIN OBJECTIVE

The main objective behind providing health insurance is to provide monetary reimbursement in the event of a medical emergency, at a reasonable cost to the policyholders.¹⁰ With the recent advances in the field of insurance such as 'Mental Illness'¹¹ being covered under Health

⁹ Mental Healthcare Act, 2017, Section 21 (Section 21 talks about 'Right to equality and non-discrimination).

¹⁰ InsuranceDekho, What is the Main Purpose of Health Insurance?, InsuranceDekho (Nov 03, 2021, 11:00 AM), <https://www.insurancedekho.com/health-insurance/news/what-is-the-main-purpose-of-health-insurance-3866#popup>.

¹¹ 'Mental Illness' has been used as a broader term and covers Mental Health Disorders like Psychological Disorders (like Depression, Schizophrenia, Anxiety, Obsessive-Compulsive Disorder, etc.), Neurodegenerative Disorders, etc.

Insurance¹² it induces financial assurance in the minds of those seeking treatment relating to their Mental Illness that the expenses of their treatment (hospitalization, post-hospitalization therapy) is covered. With this, it delivers two-fold benefits, Firstly, it strikes off the stereotypical notion of the society relating to Mental health and the latter assumes greater significance and acceptance. Secondly, it ensures that financial factors would not act as a hindrance to seek an effective mental health treatment.

IS THE OBJECTIVE REALLY BEING SERVED?

As discussed earlier, the objective behind covering ‘Mental Illness’ in the insurance is to consider mental illness as important as that physical illness and assist (financially) patients to receive an effective treatment. However, is the objective with which this inclusion was made is being achieved? Are the patients being indemnified for their treatment in entirety? The answer to this is NOT FULLY BUT PARTIALLY. The benefits, which were intended to be delivered, are not being delivered efficiently to the targeted segment of the population. The further part of the article analyses the factors that are acting as hindrances towards achieving (in totality) the objective and suggests some measures relating to the same. In addition to this, references have also been sought from the way foreign jurisdictions dealt with the inclusion of mental illness in their insurance schemes/policies.

HINDRANCES FOR FULLY ACHIEVING THE OBJECTIVE

With the passing of MHA 2017 and especially Section 21 (4) of MHA¹³ it has been successful in issuing directives to the concerned authorities to cover ‘mental illness’ in the insurance. This can be observed in Pradhan Mantri Jan Arogya Yojana¹⁴, which has coverage of mental disorders. Further, IRDAI’s (Insurance Regulatory and Development Authority of India) issuance of circular¹⁵, directing the insurance authorities to include Mental Illnesses in their insurance policies and complying the same by October 1, 2020, has also acted as a catalyst factor for inclusion by

¹² supra note 1.

¹³ supra note 1.

¹⁴ The Ayushman Bharat Scheme of Government of India, National Health Authority, <https://www.pmjay.gov.in/>.

¹⁵ IRDAI circular IRDA/HLT/MISC/CIR/128/08/2018 on Mental Healthcare Act, 2017, https://www.irdai.gov.in/admincms/cms/whatsNew_Layout.aspx?page=PageNo4140&flag=1.

several insurance companies like National Insurance Company Limited¹⁶, Oriental Insurance Company Limited¹⁷, etc. However, despite the wider acceptability as well as inclusivity depicted by the public as well as private insurance companies towards mental illness in the insurance coverage, there exist several hindrances to meeting the end goal of financial coverage for the treatment of mental illness.

1. Outpatient Treatment Exclusion

The insurance companies¹⁸ in their policy's terms & conditions have laid out that the mental illnesses covered under insurance do not cover outpatient treatment.¹⁹ The terms and conditions of the insurance policies have one important clause, viz. a patient can be eligible to file a mental health claim if he/she is hospitalized for (at least) 24 hours.²⁰ This acts as a major hindrance with the objective that is sought to be achieved via insuring mental illness. It has to be considered that not all mental health issues (or disorders) require hospitalization, most of them (except for psychotic disorders) can be cured via outpatient treatment like Individual or Group Therapy, Intensive Outpatient Care etc.²¹ Outpatient treatment is an effective course of action for patients with problems like Anxiety, Depression, Eating Disorders etc.²² Despite having an insurance, if an individual has to pay out of his/her own pocket for the medical treatment (without any reimbursement from the insurance company), the entire purpose of the insurance as well as coverage of mental illness in it gets defeated.

2. Widening of Arbitrary Treatment Gap

This is a consequential aspect of Outpatient Treatment Exclusion. Excluding outpatient treatment from the cover acts as a major deterrent factor to seeking treatment, even if people are willing to. As the cost of treatment is not insured, it puts a financial burden as the people have to pay by

¹⁶ National Medclaim Plus Policy (Individual Plan), National Insurance Company Limited, <https://nationalinsurance.nic.co.in/en/health-insurance/national-medclaim-plus-policy-individual-plan>.

¹⁷ Oriental Arogya Sanjeevani Health Insurance, Oriental Insurance Company Limited, <https://www.insurancedekh.com/health-insurance/oriental/arogyasanjeevani-policy>.

¹⁸ *supra* note 8, 9.

¹⁹ 'Outpatient Treatment' basically means a treatment or a medical service that doesn't need hospitalization.

²⁰ *supra* note 5, 6.

²¹ Types of Mental Health Treatments, PsychGuides.com An American Addiction Centers Resources, <https://www.psychguides.com/mental-health-disorders/treatment/types/>.

²² Mental Health Treatment Options: Inpatient Versus Outpatient Treatment, Sunrise Services Inc., <https://sunriseservicesinc.com/mental-health-treatment-options-inpatient-vs-outpatient/>.

themselves. According to the National Mental Health Survey of India 2015- 16 (hereafter NMHS 2015-16)²³, it was held that poor households with less income are more prone to mental health problems. This means the ones who are most vulnerable to mental illness are the ones who are not insured and provided financial assurances. It naturally results in a ‘Treatment Gap’ because of the already subsisting economic constrain, it is unaffordable for them to spend on their mental treatment unless any financial incentives are provided. In NMHS 2015-16, ‘affordability of care’ was identified as one of the critical factors influencing the treatment²⁴ and it can be related in this scenario as well. Therefore, if the financial component is acting as hindrance despite the fact that insurance is in place, this depicts the contradictions between the goal for which the insurance policy was formulated and the end result.

3. Systemic Inconsistencies & Policy Provisions

As discussed earlier, the IRDAI issued circular to direct the insurance companies (both private & public) to cover mental illness (or disorders) as well. Despite this directive, New India Assurance Co. Ltd, a nationalized general insurance company, in its prospectus has clearly included ‘Treatment of Mental Illness, stress or psychological disorders and neurodegenerative disorders’ in its ‘Exclusion List’²⁵ which discusses about the areas which the insurance policy does not cover. From this, severe inconsistencies in implementing the directives are observed from public insurance sectors. Secondly, the insurance policy is not much comprehensive and doesn’t cover many dimensions relating to mental illness. Like, for example, provisions relating to post-hospitalization treatment are not mentioned, mental disorders sometimes recur or relapse²⁶ and the same is not covered in the insurance etc. This lack of inclusivity in the insurance policies can have a significant impact on the treatment of the patient as well as reimbursement procedure of the cost.

SUGGESTED MEASURES

²³ Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. Bengaluru: National Institute of Mental Health and Neurosciences Publication; 2016. National Mental Health Survey of India, 2015-16: Summary

²⁴ id.

²⁵ New India Premier Mediclaim Prospectus, THE NEW INDIA ASSURANCE CO. LTD., https://www.newindia.co.in/cms/9c049387-5410-49d0-8c8ccb7b450d9244/Prospectus%20New%20India%20Premier%20Mediclaim%20wef%2001%2004%202021.pdf?g_uest=true.

²⁶ Mental disorders tend to recur or relapse like depression, anxiety disorder etc. See, Burcusa SL, Iacono WG: Risk for recurrence in depression. Clin Psychol Rev 2007; 27:959–985.

1. Outpatient treatment, which has been shown to be an effective means of treating mental diseases (or disorders), should be insured. Outpatient therapy accounts for the majority of mental health spending, and insuring it would provide them with a larger financial incentive. Finally, it would instill trust in the minds of those considering purchasing an insurance coverage.
2. A comprehensive policy drafting of principles and rules of insurance policies in a detailed manner should be done, which should be abided by every insurance agency. This is needed to ensure uniformity among these agencies and will decrease the existing systematic discrepancies.
3. While amending the relevant provisions of the insurance policy, emphasis can also be placed upon foreign nation's policies in the field of mental illness. For instance-

UK – The National Health System (NHS) is the United Kingdom's publicly funded scheme for all residents of the UK. These include free-of-cost treatment of psychological therapy and counselling services.²⁷

SWITZERLAND – Every Swiss resident, including foreign people, is compelled to purchase statutory health insurance from one of many competing insurers. Local governments will fund expenditures based on income in the event of financial difficulty (subsidies). Swiss residents can receive outpatient mental health care in a variety of facilities, including private practices and public clinics.²⁸

Taking references from the above policies can also help the stakeholders to better arrive at an amended policy, which will be fruitful for the insured.

CONCLUSION

Although the inclusion of mental illness in the insurance coverage by the insurance companies is a new area and the proper execution might take some time. But it also needs to be taken into consideration that action, amendments should be carried out in a quick and efficient manner. It needs to be considered that covering families with health insurance is a must, particularly for the

²⁷ Josh Chang, Felix Peysakhovich et. al, The UK Health Care System, <http://assets.ce.columbia.edu/pdf/actu/actu-uk.pdf>.

²⁸ Andres R. Schneeberger and Bruce J. Schwartz, The Swiss Mental Health Care System, psychiatryonline (Dec. 15, 2017) <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700412/> last visited April 1, 2022, 10.04 pm)

poor, and this can be done by insuring relevant treatment procedures. This article summarizes how mental disorder has been accorded significant attention in India and has been included in health insurance, though with several infirmities. The MHA 2017 is a positive start to the changing face of health insurance relating to mental illness, however there is still more to be done. There exist significant treatment gaps, lack of comprehensive and inclusive provisions, and so on. The relevant stakeholders as well as authorities should delve into a deeper analysis of these pointed hindrances, in order to roll out an amended insurance provision which proves to be beneficial for society at large.

INTRODUCTION

India's Constitution provides the right to life under Article 21. It goes beyond simply living like an animal²⁹. It would encompass the “right to live in dignity, the right to health, the right to drinkable water, the right to a pollution-free environment, and the right to education”, among other rights that have been considered part of the right to life³⁰. Apart from the rights described above, it also includes the right to live, work as much as possible in the society, privacy, and a normal family life for mentally ill people. Mental health varies from overall health in that people who are mentally ill may be unable to make judgments on their own in certain situations. Mentally ill people deserve a shot at a better life that is free of exploitation.

A meaningful law safeguarding the mentally ill People's Human Rights is essential in order to offer protection, privacy, and medical attention to those with serious mental illnesses. Mental health law is critical for safeguarding the rights and self-worth of those who suffer from mental illnesses, as well as creating efficient and usable mental health services. A meaningful reform may create a legal foundation for integrating mental health care into the community and overcoming the stigma, prejudice, and social isolation of mentally ill people. According to studies, in India, the stigma associated with discriminatory actions is widely held in the family and community³¹.

The failure of India's health-care system can be attributed to a variety of factors. Some of it has to do with the stigma of seeking therapy from a psychiatrist, as well as the scarcity of mental-health institutions and the high expense of treatment. These illnesses that go untreated are a major cost on families and society. Mental disorders are still viewed as a symptom of retardation or as being tied to superstitions, rather than as a spectrum of poor mental health like other diseases. Those who suffer seldom receive adequate medical care since their family are ashamed of their illness and strive to hide it.

²⁹ Kharak Singh v State of UP, AIR 1963 SC 1295.

³⁰ Maneka Gandhi v Union of India, (1978) 1 SCC 248.

³¹ BS Chavan, “Why the new mental health bill is retrograde”(2015) The Tribune <<https://www.tribuneindia.com/news/archive/comment/why-the-new-mental-health-bill-is-retrograde-48889>> (last accessed on 20 feb, 2022).

MENTAL HEALTHCARE ACT 2017

“The Mental Health Act” was enacted in 2017 after being tabled in Parliament in 2013. It was commended for its foresight, as seen by its increased awareness of mental illness and acknowledgment of mental disease rights, advance directive, and decriminalisation of a mentally ill person's suicide attempt.

Certain elements, however, such as the exclusion of certain forms of psychotherapy and vagueness surrounding financial resources, have been criticised. The Mental Healthcare Act of 2017 represents a landmark event in India's history of mental health-related legislation, although it is not without flaws. Several changes in the current outdated legislation demonstrate that this is a great start in the right direction and has a reformist bent.

Over time, India's mental health policy has undergone a progressive pontifical shift. The basic phrase employed to define the law reflects this shift. The Mental Health Act was renamed from the Indian Lunacy Act in 1912 to the Mental Health Act in 1987, a much- appreciated reform that marked a shift in how mental health was understood and described. The expression "lunatic," which meant "an idiot or a person of a deranged mind,"³² was substituted for "mentally ill person," which meant "a person who requires care for any mental illness other than mental retardation."³³ By de-highlighting diagnosis and emphasizing the treatability of mental disorder, it effectively established that mental health was no longer restricted to insanity or lunacy, but rather embraced a far larger variety of diseases.

Not just the term, but also the aim, strategy, and the definition of mental health chosen by 2017 legislation have all contributed to this inclusion. The act is currently known as the Mental "Healthcare" Act, and it defines mental healthcare as "analysis and diagnosis of a person's mental state, as well as treatment, care, and rehabilitation of such individual for his or her mental disease or suspected mental illness³⁴."

The 1987 Act, on the other hand did not define what mental healthcare or treatment entails, it did mention rehabilitation along with recreational activities as part of the support services that

³² Indian Lunacy Act, 1912.

³³ The Mental Health Act, 1987 (Act No. 14 of 1987), Ministry of Law and Justice, Government of India.

³⁴ The Mental Healthcare Act 2017, s 2.

psychiatric hospitals must provide³⁵, the 2017 act effectively stressed that rehabilitation is at the heart of mental health treatment and that it must be addressed.

The purpose of the legislation has also changed significantly. The subsisted Act of 1987 limited its goal to "the treatment and care of mentally ill persons, and to make better provision with respect to their property and affairs³⁶," but the 2017 act broadens it to "protect, promote, and fulfill the rights of such persons during the delivery of mental healthcare and services"³⁷. "The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol", approved in 2006 and ratified by India on October 1, 2007, acknowledges and pledges for safeguarding the rights of those suffering from mental illnesses.

The Mental Healthcare Act of 2017, which takes a rights-based approach, is the first step in aligning and harmonizing current legislation with the Convention³⁸. Unlike the 1987 Act, which merely gave broad safeguards against indignation or harsh treatment, the 2017 law's Chapter V functions as a legacy or collection of rights for people with mental illnesses, enshrining and protecting their fundamental human rights.³⁹

The act recognizes and protects a number of rights for people with mental diseases, along with the "right to mental healthcare, the right to equality and non-discrimination, the right to protection from cruel, inhuman, and degrading treatment, the right to confidentiality, the restriction on the release of information about mental illness, the right to access medical records, the right to information, the right to personal contacts and communications, and the right to community participation. Furthermore, as part of the right to equality and nondiscrimination"⁴⁰, the act mandates that all insurers provide medical insurance for mental illness treatment in the same way that physical ailment is covered⁴¹.

Despite the fact that mental illness has never been clearly defined in India's history of mental health legislation, the 2017 act accepts a complex definition of mental illness as "a significant disorder

³⁵ Supra note 5.

³⁶ Ibid.

³⁷ The Mental Healthcare Act 2017.

³⁸ Ibid.

³⁹ The Mental Healthcare Act 2017, Chapter 5.

⁴⁰ Ibid.

⁴¹ The Mental Healthcare Act 2017, s 21(4).

of thinking, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, mental conditions associated with alcohol and drug abuse."⁴² It does not include mental retardation, a condition in which a person's intelligence stagnates or develops insufficiently, as assessed by a low IQ.

CONCLUSION

In India, the condition of those suffering from mental illnesses is gloomy. After nearly 70 years of independence, we lacked suitable laws or a mechanism to ensure the treatment of such individuals. Typically, these patients experience societal shame and prejudice, which leads to an infringement of human rights. Superstition and ignorance regarding the genuine condition of mental illnesses also affect such viewpoints.. Most Indian states lack residential facilities for the destitute and mentally sick. As a result, the vast majority of them wind up in prison. In such a state of disarray, this act seeks to provide some coherence and optimism.

It's worth noting, however, that the Mental Healthcare Act of 2017 includes mandatory rights asserting measures for people with psycho-social deficiencies for the first time. In “Chapter V, 'Rights of Persons with Mental Illness’”, the “right to mental healthcare, the right to communal living, the right to protection from cruel, inhuman, or degrading treatment, the right to equality and nondiscrimination, and the right to information and secrecy” are all protected. These rules are in accordance with the “United Nations Convention on the Rights of the Child”.

⁴² Ibid., s 2(s).

THE COVID-19 PANDEMIC AND IMPACT ON MENTAL HEALTH

- Bhavna Pandey

March 2020: Sitting in front of the television and counting the number of cases daily created anxiety and fear which was an entirely new experience for everyone. The COVID-19 pandemic had arrived. No one knew what was going on, what a pandemic was, and when it will be over? There were plenty of questions and uncertainties, but no one had an answer.

The COVID-19 pandemic had a severe impact on physical and mental health. According to a study in the journal Nature, among people from 32 different countries, 28.0% were depressed, 26.9% were anxious, 24.1% had post-traumatic stress symptoms, 36.5% had stress, 50.0% had psychological distress and 27.6% faced sleep problems.⁴³ Female gender, students, symptoms of COVID-19, and poor access to health care all have been associated with higher rates of psychiatric issues, whereas the availability of accurate information and use of preventive measures seemed to mitigate these effects.⁴⁴

There were multiple factors behind mental health issues during the pandemic. The most important reason was the direct effect of the virus. Those who got the infection became even more lonely, and spending time in isolation wards and not getting to meet their families made the situation even worse. A few of the common mental issues experienced by people in isolation were; fear, confusion, uncertainty, and loneliness. According to the World Health Organization, fear of contracting the virus was natural during a pandemic. Many people also suffered from post-traumatic stress disorder (PTSD) as they lost their loved ones.

Other than the personal reasons there were many financial reasons as well. Lockdown and restrictions made the situation worse as they added fear among people, especially the poor. Most of the cities witnessed the mass exodus of labourers. Lockdown also led to the collapse of global markets. The stock market crashed and business sentiments were severely disrupted. The job loss

⁴³ Nochaiwong S and others, "Global Prevalence of Mental Health Issues among the General Population during the Coronavirus Disease-2019 Pandemic: A Systematic Review and Meta-Analysis - Scientific Reports" (Nature May 13, 2021); <https://doi.org/10.1038/s41598-021-89700-8>; accessed March 31, 2022.

⁴⁴ Wang C and others, "Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (Covid-19) Epidemic among the General Population in China" (International journal of environmental research and public health, March 6, 2020); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7084952/>; accessed March 31, 2022.

was more severe among low-income group people. Apart from increased anxiety and depression job loss also led to difficulty in sleeping and eating and an increase in alcohol and substance abuse. Those addicted to tobacco and smoking were likely to have a worse outcome as they had poor lung function and weak immune systems.

The impact on children in any age group has been severe. Their schools were closed and there was uncertainty about exams. School closure caused changes and disruptions in daily routines which led to worsening mental health. Women, especially mothers, were more likely to experience these health issues. Many schools shifted to online classes, but they were marked by frequent internet disruptions and power cuts leading to frustration among the students. Poor availability of smartphones and computers among the children of the lower middle class and poor families was another reason for depression and other psychological problems.

Work from home was the new norm and offices, conferences, meetings, and even parties shifted over zoom. But, all of these had a severe impact on the mind. People lost track of dates and time. They started suffering from disorders like ‘zoom fatigue’ and ‘Alzheimer’s disease’.⁴⁵

The healthcare workers, recognized as Covid-warriors faced severe mental issues in the last 2 years. Seeing deaths every minute and running to save lives in a PPE kit was not an easy task. No one felt as helpless as doctors, who lost patients in need of oxygen or bed. Many of them slipped into depression. A few articles even reported doctors taking their families' life, thinking this pandemic would remain inevitable.

Other essential workers like policemen, media persons, and grocery store employees were required to work outside their homes without maintaining social distancing. So, they were at increased risk of getting the infection and also the possibility of exposing their family members. All these factors contributed to their poor mental health.

Stigma and discrimination related to mental health were also noticed during the pandemic. The health care workers and people released from quarantine were more discriminated against. In some

⁴⁵ Mantani H and others, “Impact of Videoconferencing Applications on Mental Health: Bjpsych International” (Cambridge Core August 13, 2021); <https://www.cambridge.org/core/journals/bjpsych-international/article/impact-of-videoconferencing-applications-on-mental-health/4B9828ED413AD07B93043BD39109ABD8>> accessed March 31, 2022.

places, they were excluded, denied jobs, and were targets of verbal and physical abuse. This created lots of mental health issues among the patients and essential workers.

There was also a positive side to these COVID-19 related mental health issues. To tide over the anxiety and other mental issues, people worked on their hobbies. Many of my friends started learning dance and yoga classes. People practised in-house workouts and focused on meditation to stay calm. CDC (Centers for Disease Control and Prevention)

had released a guideline, helping people to cope with stress during the COVID-19 pandemic. This included not getting exposed to media coverage too much, and getting in touch with friends and family members on a regular interval using social media.⁴⁶

The pandemic indeed became a time of realization and the transiency of human life became more evident. People have realized that the need of the hour is to work on sound mental health. Continuously running in life does not guarantee happiness. It is high time we realize to pause and live every little moment of joy. Indeed, the lessons learned during the pandemic will make the world happier....

31st March 2022: Maharashtra drops all COVID related restrictions from 2nd April 2022 including masks. “Just when the caterpillar thought the world was ending, he turned into a butterfly.”— Anonymous proverb

⁴⁶ 46 Kar SK and others, “Coping with Mental Health Challenges during COVID-19” (Shailendra K Saxena ed Coronavirus Disease 2019 (COVID-19): Epidemiology, Pathogenesis, Diagnosis, and Therapeutics April 30, 2020); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7189395/>> accessed March 31, 2022.

According to the 2011 census, India is inclusive of 79.8% Hindus, 14.2% Muslims, Sikh 1.7%; Buddhist 0.7%, Jain 0.4%, Other Religions & Persuasions 0.7%. India is a diverse multicultural artwork painted with a blend of multiple hues residing together in harmony.

This article will be divided into two for a complete overview regarding the impact of religion on mental health. Religion provides people in a community with a common belief and a common purpose in life. People show this through public as well as private worship sessions. They also practice spirituality through meditation. Meditation is one of the religious practices which helps relieve stress, anxiety, and clears the mind.

Religiosity is a sphere combining people who are religious and hence providing them with a common community space fostering their social health. Spirituality, although different from religion, often plays an elemental role in religion. While religion and spirituality are not the same they do overlap in more than a few aspects. Spirituality is defined as seeking a connection with something bigger and divine than ourselves and our sensory experiences. It involves the pursuit of the purpose of life. Spirituality shifts the focus of one from one's problems to what one has to complete in life to accomplish his/her purpose. This gives the person an unwavering mindset often associated with strength and good mental health.⁴⁷

Religion involves granting the figurative remote control of your life to a greater being or the creator of all. This is a coping mechanism: letting go of things not in our control and having faith in God that whatever be his will, everything will be for a reason nothing will be in vain. Simplified outlook to life similarly provides a much stable mental health even in times of agitation. Moreover, associated with religion is a less risky, healthier lifestyle. Simple lifestyle as such prevents dilemmas and unnecessary stress.

However, religion itself accompanies rigidity which can generate issues. It gives rise to guilt and anxiety when someone is unable to follow a restricted, unalterable set of moral standards. Various religious practices have often been compared to compulsions stemming from obsessions in which

⁴⁷ Behere, Prakash B, et al. "Religion and Mental Health." Indian Journal of Psychiatry, Medknow Publications & Media Pvt Ltd, Jan. 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3705681/?report=classic#ref3>.

implies that if worship is not done in a specific way, it is immoral. Doing something immoral, or something that is prohibited or proscribed in a religion equals committing a sin. This thought creates guilt which can manifest in the form of hypochondriasis that is obsession with the idea of having an underlying health condition. Its origin lies in misconceptions mixed with guilt as a by-product of performing an act that is considered immoral. An example is Dhat syndrome seen in Indian men. These men strongly believe that they lose semen and hence their vitality in urine.⁴⁸

Hence the effect of religion on mental well-being of a person is often related to how a person perceives his role in a religion. Therefore, in India, where people claiming to be atheists are a minority, it is important that treatment of issues pertaining to mental as well physical health be done keeping in mind the different religious backgrounds of the people of India.

⁴⁸ Behere, Prakash B, et al. "Religion and Mental Health." Indian Journal of Psychiatry, Medknow Publications & Media Pvt Ltd, Jan. 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3705681/?report=classic#ref3>.

LGBTQ COMMUNITY AND MENTAL HEALTH ISSUES: A FIGHT TO SURVIVE

- Shreya Talwar

On the bright morning of 6th September 2018, the rainbow flag flew high over the smiles of millions of members of the LGBTQ community in India. A mere two years after striking down Section 377 of IPC which criminalized same-sex relationships, another tragedy hit the world and India; Covid-19. As India heals itself from this deep wound that has claimed over five lakh lives, the queer community has become a victim of increased prejudice and suffering.

History is a testament to the institutionalized abuse, socio-economic inequalities, discrimination, and just plain rejection of essential care that sexual minorities have had to face in India. Up until the 1970s, homosexuality was termed as a mental disorder but that narrative is still considered the truth in our majorly conservative society. The result is the suffocation of minorities and thinly stretched resources of the support system for the LGBTQ+ community.

The story of Alexi, a young trans woman shows us how the status of queer individuals has only witnessed a downfall in India. Alexi was a strong, happy, and outspoken child, but as she grew up, she faced abuse from her family due to her exploration of her gender. During the pandemic, she lost her job and had to move back to her hometown, where she was welcomed not with warm hugs but sour comments. Her parents disappointed that her “phase” had not passed, decided to marry her. Faced with stigma from everyone around her Alexi had to run away and cut all her connections. Now being practically homeless and with no one to turn to, Alexi had to resort to the desperate measure of prostitution. Meanwhile, the pressure of being safe during a global pandemic overwhelmed her. Unfortunately, this world lost a beautiful soul as she was found on a footpath having a high fever and malnutrition and couldn’t be saved in time.

This heartbreaking story is just one of the many as evident by the data given by Sappho for Equality, an organization working for the rights of marginalized women, and trans men based in Kolkata. They were taken aback by the sheer number of distressed calls on their helpline number, from 290 calls from April 2019-March 20 to 3,940 calls in April 2020-May 2021.⁴⁹ Sherosi, who

⁴⁹ Sreemanti Sengupta, Family Prejudice, Lack of Safe Spaces: What the Pandemic Has Meant for India's LGBTQI Community, The Wire, 2021 (<https://thewire.in/lgbtqi/lgbtqi-community-pandemic-family-support-groups>).

is a member of the organization talked about how the people calling would more often than not talk in low whispers to not alarm their parents.

A study done concluded that sexual minority women faced anxiety, high substance abuse, and suicidal thoughts. Moreover, the discrimination these individuals face from mental health professionals restricts them from accessing mental healthcare.⁵⁰

The reputed psychiatrist and activist Dr. Rnjita Biswas (she/they) shared an episode where a gender-nonconforming person (they) died under questionable circumstances. They had just gone back to their birth parents in their hometown because of the lockdown. They were dressed in bangles and a saree during their final rites. This deep disrespect and total ignorance of the wishes of someone even after their death is truly a sad sight to witness. When asked why she chose to dress them in a saree, their mother replied, “it was natural”, as she was her “daughter”.⁵¹

This demonstrates the amount of rejection faced by the community. During the pandemic as many were forced to stay in isolation or with their conservative family, the community experienced a rise in depression and suicidal behavior.

In 2020, Y'all, an NGO for the queer community in Manipur, accepted over 1,000 calls from anxious LGBTQ+ persons. They received 450 calls in May 2021 alone, which shows a rise of LGBTQ+ people looking for help during the second wave of the pandemic. All these calls were full of stressed voices and highlighted the weaknesses of our mental healthcare system.⁵²

In a world where access to good healthcare became a necessity, the exclusion faced by sexual and gender minorities in India only grew. It is vital to consider Dalit transgender and intersex people who face a higher degree of alienation than their upper-caste counterparts. A grieving reality was painted by a survey conducted in the southern Indian states, in which 24% reported being denied treatment, 16% stated that their health professionals were unequipped to deal with their issues and 4% were faced with physical and sexual assault from the people in the healthcare system.⁵³

⁵⁰ Deepkas Nikarhil and Saahil Kejriwal, India's health systems exclude LGBTQ+ people. This needs to change.: IDR, India Development Review, December 16, 2021 (<https://idronline.org/article/health/indias-health-systems-exclude-lgbtq-people-this-needs-to-change/>)

⁵¹ Supra note 49.

⁵² Ibid.

⁵³ Supra note 50.

The situation did not get better as India struggled to survive from the grasp of Covid 19, as even during the vaccination drive, queer people faced more barriers to access. Many of them lacked an acceptable proof of photo ID, especially the transgender people. It is evident from the facts that this tragedy was like a gunshot wound to the LGBTQ+ community and it is rapidly bleeding. Plagued by stress, depression, anxiety, abuse, and blunt separation from society the people of this community are on their knees now.

There have been more open dialogues about the hardships faced by the community and open representation in media, especially in movies such as “Chandigarh Kare Aashiqui” which is a story of a male falling in love with a trans woman. This has been like a breath of fresh relief for many young queer individuals who feel more accepted in the younger age groups.

But as the number in the community grows it is vital for us to fix the holes in our system so that no family loses another Alexi.

A few ways to enhance the system and provide the best mental health support are listed as follows:

1. Introducing Inclusive terms in society and government paperwork as this not only validates their identity but also slashes back the stigma surrounding different identities.
2. Work on solving the physical barriers to seeking help such as sexual abuse by health professionals etc.
3. Opening up or funding more NGOs to provide the right resources to the individuals in need.
4. Training healthcare professionals to overcome their stigma and provide positive support to queer people.
5. Introducing more safe spaces for members of the LGBTQ+ community to openly discuss their issues and seek peer support.
6. The community, unfortunately, lacks proper visibility and a lot of misconceptions surround the individuals which lead to gaps in policymaking, and thus, it is an area to analyze upon. For example, currently, conversion therapy only has a civil liability where the doctor has to pay some monetary compensation. It is barely anything substantial to prevent this practice from spreading.

7. Lack of knowledge also translates itself into parents terming their queer children as “abnormal” and trans persons facing misconceptions about their bodies. It is necessary for us to spread awareness.
8. The programs in place to help the community are too complex and limited and thus need to be changed.

It is essential to note here that we cannot progress and help LGBTQ+ people unless we regularly communicate with them and consult with them on every stage of development of the above-said programs. This will ensure that we are indeed aiding them. In addition to this, we require objective data to make informed decisions.

In conclusion, as in the great words of Barbara Gittings, “Equality means more than passing laws. The struggle is really won in the hearts and minds of the community, where it really counts.” The Indian society needs to accept that love is love and provide support to sexual and gender minorities as we all are humans. It is only by starting the dialogue that we can free society from suffering mental health and aid people to genuinely thrive.

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INCREASING SUICIDE RATES IN INDIA

- Kumari Srishti Choudhary & Rahul Raj

ABSTRACT

Every year around 800000 people die by suicide globally, which means one person dies every forty seconds. And when talking about India, it becomes a more perilous issue as per the data which says that more than 1,00,000 people die due to suicide every year. We have chosen this topic because it is one of the critical issues in India as well as in the World. In this paper, we have discussed how a crisis leads to mental disorders which usually result in suicide. This paper explains the causes of suicide and also depicts the important data related to it. So, that we can get a detailed analysis of suicidal rates in India.

Keywords: Suicide, Mental Disorder

[1.] SUICIDE

Suicide is a critical health problem that basically means terminating your own life. Suicide rates have been largely increased among youths. This is the group that is at the apex risk in 1/3rd of the developing and developed countries. Suicide is a personal and confidential act that precipitately put to death. It has a chronic knock-on effect, a powerfully grievous effect on parents, siblings, friends, relatives, and communities.

Suicide is a critical health problem that basically means terminating your own life. Suicide rates have been largely increased among youths. This is the group that is at the apex risk in 1/3rd of the developing and developed countries. Suicide is a personal and confidential act that precipitately put to death. It has a chronic knock-on effect, a powerfully grievous effect on parents, siblings, friends, relatives, and communities.

[1.1.] SUICIDE IN INDIA

National Crime Records Bureau in India has recorded a rapid surge in suicide cases between the years 1978 to 1990 with the number of cases from 6.3 per 100000 in 1978 to 8.8 per 100000 in 1990. It has increased by about 41.4% in this time. Considering the most recent data, the rate of suicide saw a declining trend from the years 1999 to 2002 and it had a mixed trend in the years

2003 to 2006. But in the years 2006 - 2010, it again increased. The most recent report of the NCRB⁵⁴ depicts that in the year 2010 the suicide cases increased by 11.4% per 1000000 population which was an almost 6% increase in the total number of suicide cases. In table 1.1.A, the percentage share of suicides in the top 5 states has been shown.

S. No.	STATES (2018)	STATES (2019)	STATES (2020)
1	Maharashtra (13.4%)	Maharashtra (13.6%)	Maharashtra(13%)
2	Tamil Nadu (10.3%)	Tamil Nadu (9.7%)	Tamil Nadu(11%)
3	West Bengal (9.9%)	West Bengal (9.1%)	West Bengal(9.5%)
4	Madhya Pradesh (8.8%)	Madhya Pradesh (9%)	Madhya Pradesh (8.6%)
5	Karnataka (8.6%)	Karnataka(8.1%)	Karnataka(8%)

Table 1.1.A

[1.2.] LEGAL ASPECT OF SUICIDE IN INDIA

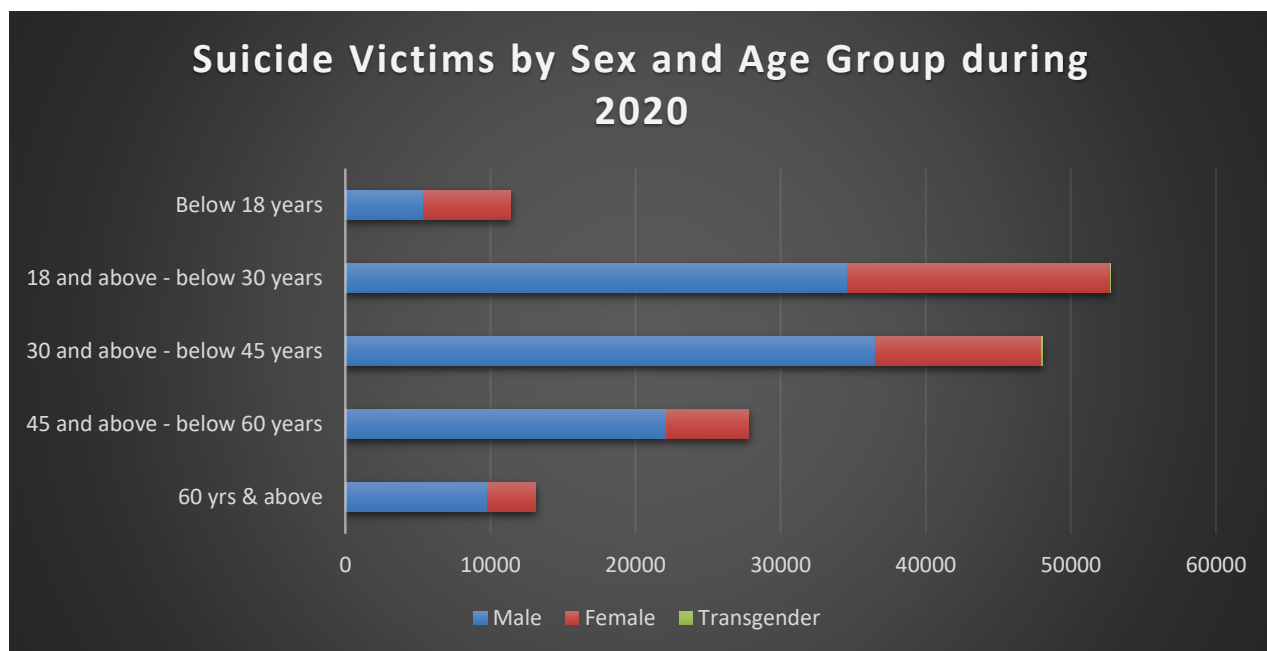
Section 309 of IPC⁵⁵ says " Whoever attempts to commit suicide and does any act towards the commission of such an offense shall be punished with simple imprisonment for a term that may extend to 1 year or with a fine or with both". Despite this, the goal of the law is the prevention of suicide by using legal methods which have proved to be counterproductive. Emergency services are not provided to the people who attempt suicide because of the fear of legal hassles. There is no actual count of the people who have attempted suicide for avoiding entanglement with courts and police.

[2.] DEMOGRAPHY OF SUICIDE IN INDIA

There are different sections of demographics of suicide in India.

⁵⁴ National Crime Records Bureau.

⁵⁵ Indian Penal Code



[3.] CAUSES OF SUICIDES IN INDIA

[3.1.] FAMILY PROBLEMS & ILLNESS

Based on the report of NCRB, Delhi once reported the maximum number of suicide cases which was 2526 in number. According to the report of ASDI⁵⁶ in the year 2018, the second cause of suicide was an illness which was about 17.7% or 3788. If we talk about the total number of suicides reported in the year 2018 in India was 134516 in number and it increased by 0.3% in 2018 in comparison to 2017.

[3.2.] DRUG ABUSE AND ADDICTION

The number of suicides resulting from drug abuse and alcoholism increased a lot in the previous year. In view of the latest data which was published by NCRB the total suicides because of truck abuse and alcohol addiction were 7193, 7860, and 9169 in the year 2018, 2019 and 2020 respectively.

Some initiatives taken by the government such as the Nasha-Mukt Bharat Abhiyan is running successfully in 272 most vulnerable districts and 380 rehab centers have been created for the

⁵⁶ Accidental Death and Suicide in India

addicts and 80 community-based peer-led intervention centres for vulnerable adolescents and children have also been developed in almost 93 drop-in centres.

[3.3.] LOVE AFFAIRS

Around 10 people commit suicide due to the reason of love affairs, stated by the data of NCRB, 2008. Love affairs have been a major reason for suicides in the distraught. The total number of cases of suicide because of love affair was 314 in the year 2015 and the number of suicides because of unrequited love increased by 58% with 495 sufferers in the year 2019.

[3.4.] PROFESSIONAL/CAREER PROBLEMS

Nearly 3 persons committed suicide every day on average because of career problems in the year 2014. The total number of suicides because of career problems resulted in 458 suicides in the year 2014 which is near 1.25 deaths per day while a fall in social replication also resulted in a high number of 490 according to the data.

[3.5.] POVERTY

The major reason for suicide between the years 2014 to 2018 were three reasons which were poverty, joblessness, and addiction according to the data 12373 and 6957 people committed suicide due to the problem of joblessness and poverty respectively.

In the year 2018 unemployment was also a major reason for people committing suicide in India. A high number of 2700 people committed suicide because of this reason, and this was an average of 7 per day. This data depicts that 2400 more such cases came up in the year 2018 when compared to 2017. Almost three people were posted to death because of poverty in the year 2018 with a total number of deaths to be equal to 1202 which was a sliding increase from the total number of deaths in 2017. A total of 25009 people died due to poverty and more than 2800 people committed suicide due to joblessness.

[3.6.] FAILURE IN EXAMINATION

The major reason for suicides in India is that almost 75000 students committed suicide between the years 2007 and 2016 because of failure in examinations. According to the report of accidental deaths and suicide released by NCRB in 2015, every hour one student commits suicide in the

country. The fear of academic failure has increased a lot, and this has indulged the idea of suicide among the students which has been recognized as a category known as “Failure in Examination” by the NCRB.

The rise of suicide cases due to failure in examinations increased by 52% from 17 every day in the year 2007 to 26 every day in the year 2016.

[3.7.] UNEMPLOYMENT

According to the reports of NCRB over 24,000 children between the age of 14 to 18 years committed suicide in the years 2017 to 2019 because of unemployment. The total number of suicide cases that were registered because of unemployment has increased by 24% from the year 2016 to the year 2019. It is evident from the reports of NCRB that 2851 people died due to suicide and the reason behind suicide was unemployment in the country in the year 2019.

The greatest number of cases due to unemployment in the country was recorded in Karnataka. 50053 people committed suicide in the year 2019 in Karnataka which was followed by 452 people in Maharashtra and 251 people in Tamil Nadu.

The government has brought some flagship programs such as Make in India, Swachh Bharat Mission, Digital India, and Smart City mission for the mission of urban transformation and rejuvenation. These missions were brought up to generate jobs and fight unemployment in the country.

[3.8.] BANKRUPTCY/ INDEBTEDNESS

More than 16000 people were dead due to bankrupts in the year 2018 and about 9140 people in 2020. A total number of 3548 people have committed suicide because of the reason of unemployment resulting in bankruptcy. According to the reports of PLFS⁵⁷ in the year, 2019- 2020 the rate of unemployment for people of years of age and above them in urban areas was about 6.9% in 2018-19 and 7.7% in the year of 2017-18. According to the PLFS data, the unemployment rate was 6% in 2017-18 and 5.8% in the year 2018-19 and it reduced to 4.8% in 2019-20.

⁵⁷ Periodic Labour Force Survey.

[3.9.] FARMER'S SUICIDE

India is known as an agrarian country having 48.90% of its population depending upon the agriculture sector directly or indirectly. Considering this as the utmost important issue, the NCRB has collected detailed information on the suicides of farmers for the 1st time. Farmers include the people who work or own a field and the people who hire or employ workers for farming or fieldwork activities excluding the agricultural laborers.

Sl. No.	Cause	below 14 years				14 and above – below 18 years				18 and above – below 30 years			
		Male	Female	Trans gender	Total	Male	Female	Trans gender	Total	Male	Female	Trans gender	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Poverty	0	0	0	0	0	0	0	0	22	2	0	24
2	Property Dispute	0	0	0	0	0	0	0	0	13	0	0	13
3	Marriage Related Issues	0	0	0	0	0	2	0	2	36	41	0	77
	3.1 Non Settlement of Marriage	0	0	0	0	0	0	0	0	11	10	0	21
	3.2 Dowry Related Issues	0	0	0	0	0	1	0	1	1	30	0	31
	3.3 Extra Marital affairs	0	0	0	0	0	0	0	0	4	0	0	4
	3.4 Divorce	0	0	0	0	0	0	0	0	1	0	0	1
	3.5 Others	0	0	0	0	0	1	0	1	19	1	0	20
4	Family Problems	1	0	0	1	5	0	0	5	300	39	0	339
5	Farming Related Issues	0	0	0	0	16	10	0	26	191	33	0	224
	5.1 Failure of Crop	0	0	0	0	16	10	0	26	191	33	0	224
	5.2 Due to Natural Calamities	0	0	0	0	12	10	0	22	96	13	0	109
	5.3 Due To Other Reasons	0	0	0	0	4	0	0	4	95	20	0	115
	5.4 Inability to Sell	0	0	0	0	0	0	0	0	0	0	0	0
6	Illness	0	0	0	0	3	1	0	4	127	13	0	140
	AIDS/STD	0	0	0	0	0	0	0	0	0	0	0	0
	6.1 Cancer	0	0	0	0	0	0	0	0	1	0	0	1
	6.2 Paralysis	0	0	0	0	0	0	0	0	0	0	0	0
	6.3 Insanity/Mental Illness	0	0	0	0	1	0	0	1	37	4	0	41
	6.4 Other Prolonged Illness	0	0	0	0	2	1	0	3	89	9	0	98
7	Drug Abuse/Alcoholic Addiction	0	0	0	0	1	0	0	1	42	0	0	42
8	Fall in social reputation	0	0	0	0	0	0	0	0	2	0	0	2
9	Bankruptcy or Indebtedness	0	0	0	0	2	0	0	2	166	2	0	168
	9.1 Due to Crop Loan	0	0	0	0	0	0	0	0	135	2	0	137
	9.2 Due to Farm equipment's' Loan (Tractor, Pump-set, etc.)	0	0	0	0	2	0	0	2	0	0	0	0
	9.3 Due to Non Agricultural Loan	0	0	0	0	0	0	0	0	31	0	0	31
10	Causes Not Known	0	0	0	0	2	0	0	2	50	15	0	65
11	Other Causes	0	2	0	2	5	9	0	14	182	24	0	206
12	Total	1	2	0	3	34	22	0	56	1131	169	0	1300

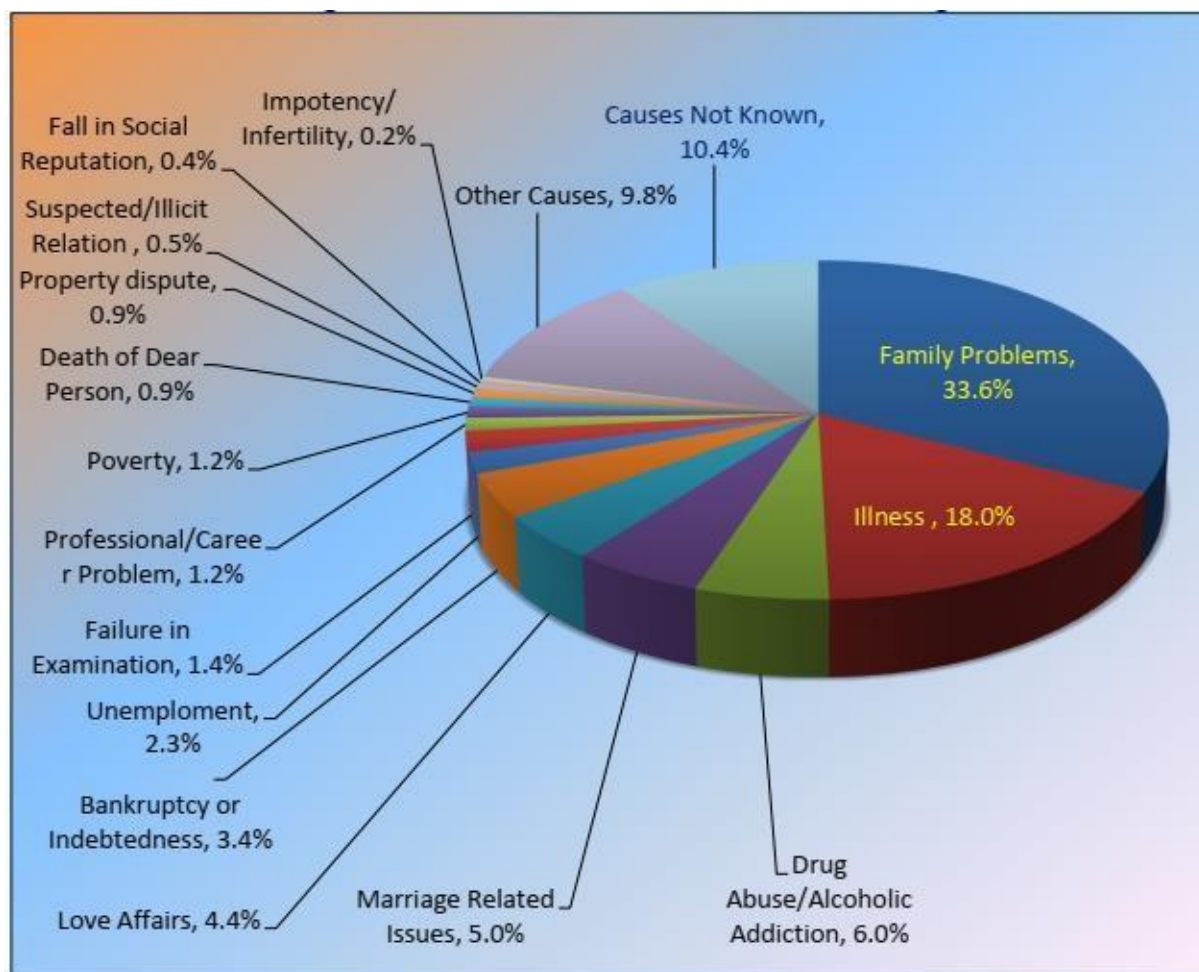


Fig. 3.8 Percentage-wise distribution of causes of deaths

CONCLUSION

In this paper, after doing a detailed analysis of the suicide trend in India we got to know that the rate has been increased in last few years. Looking state-wise, Maharashtra has the highest number of suicide deaths. And, when analyzing the causes of suicide, the family problem is the main cause among all causes of suicide deaths. The Government has also taken this issue into concern and also took various preventive measures like, The National Mental Health Programme and Health and Wellness Centres under the Ayushman Bharat Program to control it.

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	due-to-divorces-and-love-affairs/articleshow/77922452.cms > accessed 30 March 2022
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A bright sunshine, beautiful moon and its stars, so is the Almighty and the humans with all its grace confined in this universe. Then who is the one that robs this grace, the grace of the human mind. That is mine, no one has ever got to accomplish it. Did ever peace of your mind say to you are enough. Once while talking to myself my brain demanded, don't ever betray me at the cost of living. I marked those words, I just wanted to cross-check myself if this is something close to enlightenment.

I was just clueless about what was that just strike in my head and began contemplating about it. I had thought of a life of beautiful colors, volumes of valuables, richness, etc. Although a lot of us define our life in this manner, it was my self-talk that allowed me to go over my life again and the most unexpected part of it is life can be renewed at any moment just with a little need of self-belief.

Today when I value self-talk I wonder about skies, kindness, tranquility, happiness, nurturing, peace of mind, calmness, etc. which provides far better accomplishments and sense of relief from daily hustles. This world is a stage that sings and dances back to you and it needs skills to stand out and offered a stage like this. I believe there is no skill greater than to keep a peaceful mind.

Is it we are unaware of the importance of our mini kingdom, 'the brain', I think we are unaware of the consequences that we do all the possible exertion? Looking deep and beyond the skies and realizing as much as the sky allows us to sink deep into it, it can be as much as within ourselves and that is what is called peace of mind, deep enough isn't it! I think when I am talking all about mental health and relating it to peace of mind, I am not barring myself to a particular age-group.

A six-month-old child exposed to loud noises and rough atmosphere would be as much torn and debilitated as a forty-year-old man. Peace of mind is a necessity that not only gives you inner completeness but also an ability to grow naturally. What it does is basically to free a room for tons of processing and storage. Yes, it's true our brain and body together is a system of huge capacity, after being aware of this what we all have got to do is know it right and utilize it in the right manner.

I as a techno-legal student dream and wonder of fathoms of wisdom but over a time period I realize it is the peace of mind that allows us to reach that extra mile. Without our mind we would be unable to think and without peace of mind we would be unable to think right at the least damaging our own self. While caring about the minutest of the things it is only a soulful body where peace of mind can be realized. Here comes the significance of meditation and yoga. Yoga helps to bring our body in alignment to our natural structure and meditation makes this alignment even more powerful by connecting it with our natural environment.

When it is observed it is found that we humans are the best performers in our natural environment. Natural environment means freshness, calmness and quietness which boosts our peace of mind. What does this peace of mind achieve us? Peace of mind makes our atmosphere happier, brings in clean and positive energy, good mental and physical health, emotional well-being, ability to connect better with our environment and many more. And above all how all of these can help us at study and work, it can help us be a good learner, achieve a stronger and better memory, positive attitude, cheerful approach, balanced life, good body language, and in fact everything.

Keeping positive approach towards a peaceful mind gives us positive benefits, but what lies on the other side of the coin is depression, anxiety, panic attacks, stress, worries, harmful cholesterol levels, paranoia, and anything that can have a negative effect on our mental and physical well-being. We keep on flipping from one side to another of it in our daily lives. When we begin with our semesters and until the middle of it, we are joyful, boisterous, noisy, full of energy and almost ready to take challenges but what happens till we reach its end we become more anxious, life becomes stressful and our goal seems to be far-fetched as a result we become more lethargic, demotivated, pre-occupied and sometimes this becomes the cause of depression.

To come out of it what can be done, leading a well-balanced life can help us in a far better way which ultimately leads to mental peace. How does this well-balanced life be attained; it begins with every morning? Imagine our brain like our study table when everything is lying around it becomes difficult to work or even find things, same is the condition of our soft brains which when trained and kept well can achieve us miraculous results. It is like any other muscle of our body which needs to be groomed and greased regularly for effective functioning.

It is found that our daily routine and a healthy diet is an essential part of our mental health. Eating processed food can only happen at the cost of our time, money, physical and mental health deterioration. For a balanced life a balanced diet is the key. This was all about what happens at the stage, what about the backstage. We must not miss out on our relationships which are always at the backend of our minds, continuously affecting us emotionally. Our relationships define us in a lot of more ways than we might have ever known.

A positive healthy relationship with our family, partner and friends can help us achieve peace of mind and grow manifolds whereas a toxic relationship can tarnish us and make us like every other autumn leaf which has sustained severe weather conditions. So, we must always remain careful about what kind of relationship we are preferring to live in. All the intoxicants of life can be helped by achieving a balance with our natural environment, which provides us with the elixir of life, the peace of mind.

While living in India we grow up hearing the stories of Gods and Goddesses, Hindu mythology, magic and many other marvels. Considering it a reality can only be created by our intellectual powers and even as a myth it will be result of our imagination and other mental faculties. One can easily realize the power of our brains by referring to our culture and holy books which has time and again established the beauty and power of our brains. To achieve the unimaginable a positive inclination with a peace of mind is an essential.

THE TRANSGENDER COMMUNITY AND THEIR MENTAL HEALTH ISSUES

- Suhas Medam

In a world so full of binary systems, like good and bad, dark and light, strong and weak, hot and cold, positive and negative, people are breaking away from these categories, and are slowly but gradually coming to realise that everything should be acknowledged not in black or white, but in shades of grey. Similarly, people are starting to acknowledge the existence of more than 2 binary genders, and the existence of the difference between sex, gender identity, and gender expression.

There are many ways to define the word ‘transgender’, and sometimes it is even used as an umbrella term. The community as a whole has many diverse identities, and the most popular definition of Transgender is “an umbrella term that describes people whose gender identity or expression does not match the sex they were assigned at birth”⁵⁸. So, for example, a person may identify as male, even if they were ‘a female at birth’ (popularly denoted amongst young people as ‘afab’, or ‘amab’ for ‘a male at birth’).

The term transgender is not just confined to individuals that identify with the binary genders (male or female), but it also includes individuals that may identify as both, none, or a combination of the 2 genders, i.e. gender fluid, nonbinary, or genderqueer respectively. The term cisgender in this article refers to individuals that identify with the same gender as they were assigned at birth.

Today, the way Transgender people are seen in India has changed drastically as compared to years, or even months ago. While we’re gradually moving towards progress in all aspects of life, be it social, political or economic, it is especially a slow walk for transgender members of the LGBTQIA+ community. There isn’t just transphobia seen amongst straight cis individuals against trans individuals, but it is also seen coming from cis members of the LGBTQIA+ community, and the mere existence of transgender is something that is highly debated amongst cisgendered individuals, straight or gay.

Due to the level of rampant transphobia that exists to this day in India, there is a clearly visible decrease in the quality of trans individual’s mental health. This deteriorating mental health can

⁵⁸ Bradford A and Williamson T, “What Does Transgender Mean?” (LiveScienceNovember 18, 2021) <<https://www.livescience.com/54949-transgender-definition.html>> accessed March 2, 2022.

lead to a variety of mental illnesses, making it even more difficult for transgender individuals to cope with society's discrimination against them.

A mental illness⁵⁹ is essentially a neurological disorder that has effects on the cognition, behaviour, energy, or emotion of the individual, making it difficult for them to comply with everyday life obligations. There is a significant correlation⁶⁰ between mental health and gender identity, not simply because of being transgender, but rather because of the social stigma they face on a daily basis. The two most commonly seen mental illnesses amongst all individuals are anxiety disorders and mood disorders (depression or bipolar disorder), both of which are seen in significantly higher⁶¹ numbers amongst trans individuals comparatively. Research⁶² suggests that transgender people are somewhat more likely to be diagnosed with a mental illness relative to cisgender people.

It is the sad truth that transgender children and adults both face discrimination in society. They are made to feel unwelcome at home, at school, at work or just about in any social setting. They face more physical and verbal assault as compared to cisgendered individuals. They are bullied and discriminated against, and so they express considerable psychological distress as a result of these traumatic and agonizing events.

One of the biggest mental health problems amongst transgender individuals is “gender dysphoria”⁶³. This dysphoria is the psychological distress that occurs within an individual from the discrepancy between their gender identity and the sex assigned to them at birth. It is a mental condition that seems to affect trans individuals before they transition (into their identified gender). Gender dysphoria can cause serious emotional and psychological suffering if left untreated.

⁵⁹ Holthaus J, “The Importance of Mental Health Awareness: Pine Rest Blog” (Pine Rest Christian Mental Health Services Grand Rapids, MI January 7, 2022) <<https://www.pinerest.org/mental-health-awareness-blog/>> accessed March 2, 2022

⁶⁰ Dickey LM, “History of Gender Identity and Mental Health” [2020] The Oxford Handbook of Sexual and Gender Minority Mental Health 24

⁶¹ Bouman WP and others, “Transgender and Anxiety: A Comparative Study between Transgender People and the General Population” (2016) 18 International Journal of Transgenderism 16; Witcomb GL and others, “Levels of Depression in Transgender People and Its Predictors: Results of a Large Matched Control Study with Transgender People Accessing Clinical Services” (2018) 235 Journal of Affective Disorders 308

⁶² Dawson AE and others, “Exploring Rates of Transgender Individuals and Mental Health Concerns in an Online Sample” (2017) 18 International Journal of Transgenderism 295

⁶³ “Overview of Gender Dysphoria ”(NHS choices) <<https://www.nhs.uk/conditions/gender-dysphoria/>> accessed March 2, 2022

Not only is gender dysphoria difficult to deal with, but it can also lead to other mental health challenges like a low sense of self-esteem, physical and emotional shame, social isolation, and it is also reported to be interconnected to Post-Traumatic Stress Disorder (PTSD), as well as anxiety and depression.

Due to the ever-increasing number of mental illnesses trans individuals have the potential of developing, they also tend to seek out coping mechanisms that can be harmful or unhealthy in the long run, such as alcoholism, substance abuse, self-harm, eating disorders, and suicidal ideation or suicidal behaviour.

In addition to the greater frequency of mental health concerns, transgender individuals often face obstacles in healthcare⁶⁴, such as denial of care, physical or verbal assault, and a lack of understanding amongst healthcare professionals.

In order to tackle these issues, not only is it very important for transgender individuals to seek professional help, but it is crucial to have that help be easily provided to them in the first place. They must be able to find mental health professionals that they can actually trust. It would be ideal for them to interact with a mental health provider that actually specializes in transgender issues regularly, or even has training in dealing with transgender clients. It's important to find a provider with whom they can speak openly about their issues with their gender, transitioning and the dysphoria they face.

Unfortunately, there isn't enough awareness raised in order to erase the stigma that lies against the transgender community. Consequently, there aren't enough counselling techniques that are specifically tailor-made for transgender and gender-nonconforming individuals, and their problems specific to their sexual orientation and gender identity.

Many trans individuals have trouble finding mental health professionals where they live, who are also knowledgeable about transgender issues. Even in countries like the USA that are known for having a higher quality of mental health services, trans individuals describe a slew of obstacles to accessing proper mental health treatment. In a 2015 U.S survey⁶⁵, it was seen that 77% of trans

⁶⁴ Roberts TK and Fantz CR, "Barriers to Quality Health Care for the Transgender Population" (2014) 47 Clinical Biochemistry 983.

⁶⁵ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M, "The Report of the 2015 U.S. Transgender Survey" (2016). Washington, DC: National Center for Transgender Equality.

individuals wanted therapy to talk about issues related to their gender identity, but only 58% of them had ever received it.

It is important to remember that for centuries, professionals have had a tense relationship with trans problems. In fact, gender dysphoria was previously termed as “gender identity disorder” which was labelled as a mental disorder right up until 2013⁶⁶.

Transgender individuals have had a tough time receiving therapy, not just for issues related to their gender identity, but also for their regular life challenges like family issues, work stress, heartbreak, traumas, and so on – issues that most cisgender people have had easy access to receiving therapy for.

This is because most healthcare providers don’t even have the basic knowledge on how to treat transgender patients, from getting their names and pronouns right, to helping them work out various issues in their social and personal lives. What is important is the proper research, development, and training that is needed to go into the queer community and their daily struggles with their sexuality and identity.

Research in this area should be encouraged, because new and improved therapeutic techniques tailored to transgender issues will have a significant impact on transgender people's counselling experiences, and emphasising the importance of a good relationship between the client and their mental health will aid in helping trans people move beyond their struggles and beyond therapy.

⁶⁶ “DSM–5 Fact Sheets” (DSM-5 Fact Sheets 2013) <<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>> accessed March 2, 2022.