

MENTAL HEALTH

The health effects of the gas disaster in Bhopal are not just physical -- the terrible tragedy and trauma of the of these neighborhoods left deep psychological scars and on those who survived. The economic and social damage and continuing chemical poisoning due to water contamination fuel and sustain the existing problem as well as claim new victims. Their problems include depression, anxiety, aches, pains, numbness, headaches, and a host of other psychological and neurological afflictions. People with mental problems do not get compensation or treatment. In fact, they are ridiculed and dismissed by the government and gas relief health care infrastructure. At the time of the disaster, Bhopal did not have trained psychological or psychiatric professionals. 19 years later, government hospitals have just four psychiatrists. Another 10 practice in private. Thousands suffer in silence. Mental health intervention is an urgent and necessary element of responding effectively to the ongoing Bhopal disaster.



What We Know

- The first study of mental health in gas-affected communities was undertaken in 1985 by the National Institute of Mental Health and Neuro Sciences. Findings were that an estimated 20% of those approaching medical facilities and 50% of the community as a whole were suffering from mental health problems such as depressive neurosis (37%), anxiety neurosis (25%), adjustment reaction with prolonged depression (20%), and adjustment reaction with predominant disturbance of emotions (16%).
- In 1985-86, an Indian Council of Medical Research study of patients consulting government hospitals showed that mental health problems were as high as 132.9 per 1,000 people in affected areas compared to 24.85 per 1,000 people in non-affected areas. Neurotic depression was the most common ailment. There is no data on the number of psychiatric patients after 1990.
- In the year 2000, The Fact Finding Mission on Bhopal found that high percentages of gas-affected subjects suffered from anxiety, sleeplessness, lack of concentration, and lack of motivation. 58% of subjects experienced memory loss in the year following the gas leak.

Nine years after the disaster, the International Medical Commission on Bhopal (IMCB) carried out an epidemiological study of a representative gas-exposed population in January 1994. They studied 474 subjects and a control group. Of this sample, 76 were subjected to detailed neurological testing which included vestibular and peripheral sensory function and tests for short-term memory. In this study a high proportion of subjects reported a wide variety of neuropsychiatric symptoms like abnormal smell, abnormal taste, faintness, headache, difficulty in staying awake, and abnormal balance:

- Headache was reported by 80% of the subjects as compared to 50% in the control population.
- Neurological examination showed that a high proportion was judged to have clinical evidence of central, peripheral, or vestibular neurological disease.
- The mean short-term memory scores were lowest among those most heavily exposed, which was found to be three times as impaired as the control group.
- In this group the psychological symptoms reported were fatigue (88%), anxiety (65%), difficulty in concentration (64%).
- Difficulty in decision-making was reported in 80% as compared to 35% in the control population. Irritability was reported by 33% as compared to none in the control group.
- Approximately 25% reported symptoms of depression.

What is Needed

The government must first acknowledge the fact that the trauma of the Bhopal combined with the ongoing social, economic, and medical harm to survivors and contamination victims has huge psychological implications that must be addressed. Research projects must be initiated and treatment programs designed and integrated into the broader strategy for health care in affected communities. All personnel working with gas and contamination affected populations should be trained in mental health. Also necessary is public education about mental health issues in gas and contamination affected communities. Programmes to address mental health must be culturally sensitive, participative, and accessible to all.

Who must step in and do something?

Finding and helping the mentally ill in Bhopal's gas and contamination affected communities is the responsibility of the central government and its Ministry of Chemicals and Fertilizers. In 1990, when the Indian Supreme court revisited the 1989 civil settlement agreement with the Union Carbide Corporation over liabilities arising from the Bhopal gas disaster, it stated that the government would fund and manage any further medical needs arising out of the gas disaster.

WE DEMAND that the central government set up a National Commission on Bhopal with the necessary authority and funds to provide mental health treatment and support to members of communities poisoned by Union Carbide / Dow Chemical. The commission must have active participation of non-government doctors, psychologists, and representatives of survivor's organizations.

**This padyatra is our march for justice and dignity. We shall struggle until our last breath.
21 years is enough!**

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"The recent developments at Bhopal involving the exposure of 'normal' human beings to substances toxic to all the exposed and fatal to many, raises a number of mental health needs. The service needs and research can be viewed both in the short-term and long-term perspectives. The acute needs are the understanding and provision of care for confusional states, reactive psychoses, anxiety-depression reactions and grief reactions. Long term needs arise from the following areas, namely, (i) psychological reactions to the acute and chronic disabilities, (ii) psychological problems of the exposed subjects, currently not affected, to the uncertainties of the future, (iii) effects of broken social units on children and adults, and (iv) psychological problems related to rehabilitation."

Official statement issued by the Advisory Committee on Mental Health of the Indian Council of Medical Research (ICMR) on December 12-14, 1984.