



Science and Mental Health



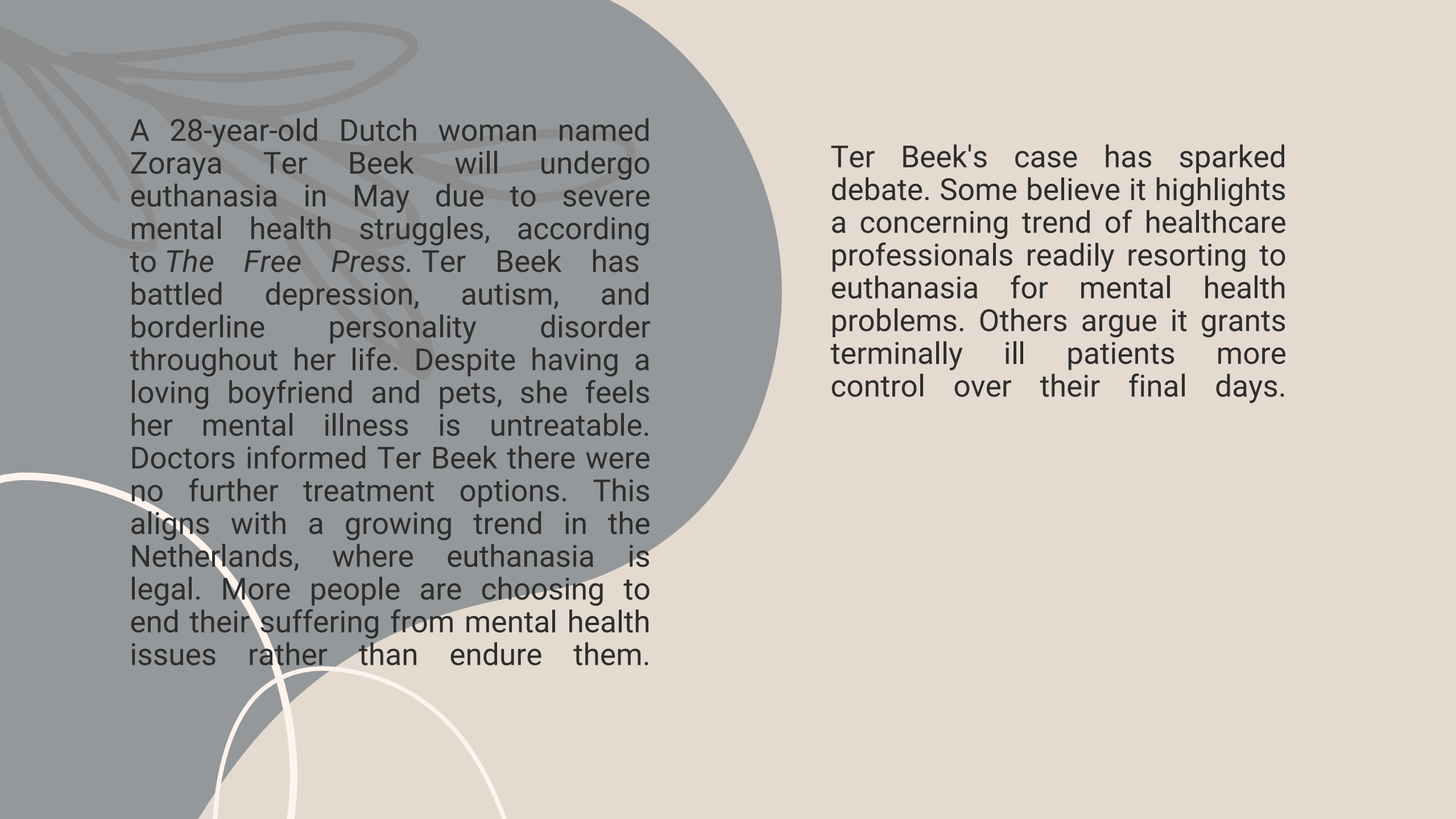
Image tweeted by @ZorayaTerBeek

Dutch Woman Chooses Euthanasia Due To Untreatable Mental Health Struggles

The procedure will take place at Ter Beek's home. Her doctor will first administer a sedative, followed by medication to stop her heart.

Edited by: [Nikhil Pandey](#)

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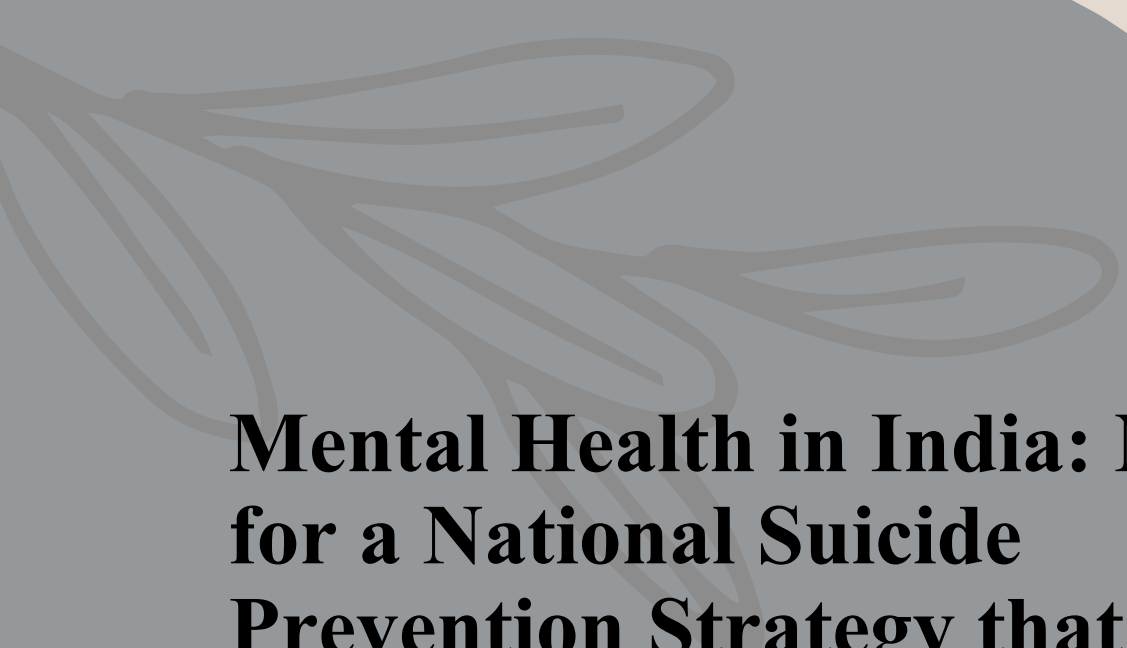


A 28-year-old Dutch woman named Zoraya Ter Beek will undergo euthanasia in May due to severe mental health struggles, according to *The Free Press*. Ter Beek has battled depression, autism, and borderline personality disorder throughout her life. Despite having a loving boyfriend and pets, she feels her mental illness is untreatable. Doctors informed Ter Beek there were no further treatment options. This aligns with a growing trend in the Netherlands, where euthanasia is legal. More people are choosing to end their suffering from mental health issues rather than endure them.

Ter Beek's case has sparked debate. Some believe it highlights a concerning trend of healthcare professionals readily resorting to euthanasia for mental health problems. Others argue it grants terminally ill patients more control over their final days.

Anxiety disorders grew from about 298 million people affected to 374 million, which is about a 25% increase. Close to 60 to 70 million people in India suffer from common and severe mental disorders. It is alarming to know that India is the world's suicide capital with over 2.6 lakh cases of suicide in a year.

-Economic Times, 2023.

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Mental Health in India: Need for a National Suicide Prevention Strategy that targets the youth

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- Indian Express

Karnataka sees rise in suicides due to mental health issues

- Deccan Herald

(Every day, in 2021, Karnataka witnessed 36 people ending their lives by suicide and out of them five did so because they were suffering from mental health issues. Reports state that men are killing themselves more than women.)

OCTOBER 10, WORLD
MENTAL HEALTH DAY

A cry for help that goes unnoticed

(Mental health issues, academic pressure, and social stigma are driving India's students to suicide. What can we do to prevent it?)

-Frontline



**India punishes those who
attempt suicide despite
Mental Health Act**

-Business Standard

From depression to suicide: Why more Indians are falling into the trap

Depression is one of the leading causes of suicide in India, which has become the second leading cause of death among young Indians, according to a study.

Ever wondered why?

- The Indian Express

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Depression to suicide: India battles mental health crisis

-Business Standard

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The Science Behind Mental Health

Mental health is full of misconceptions, the most common of which is that mental illness is rare when, in fact, about 1 in 2 people will experience a mental illness in their lifetime according to the Centers for Disease Control and Prevention, or the CDC.

Another is that living with a mental illness in a healthy way is a matter of an individual's ability or choice to do so.

This view doesn't treat mental illness as an actual illness that may require medical attention and, sometimes, treatment, so much as a state that can be changed with personal effort.

It also fails to take into account the many factors that affect our mental health, including biochemistry, current challenges, effective community support, and trauma.

In this lecture, we will discuss why this is incorrect, as well as the science behind mental illness in regards to biochemistry.

According to the [National Center for Biotechnology Information](#), or NCBI, many researchers or scientists who study the brain believe that the development of most mental disorders is caused, at least in part, by an imbalance of chemicals within the brain, or neurochemicals.

According to Very Well Mind, neurochemicals “are...chemical messengers that carry, boost, and balance signals between neurons, or nerve cells, and other cells in the body” and “can affect a wide variety of both physical and psychological functions.”

If an imbalance occurs, the brain cannot communicate with the body effectively, thereby inhibiting a healthy or safe response to various stimuli.

Take a look below at several neurochemicals that can be unsafe if processed in incorrect amounts and may be associated with a variety of mental disorders.

Adrenaline/ Epinephrine – According to the [Hormone Health Network](#), adrenaline is a hormone that helps regulate muscle contraction, heart rate, and blood pressure.

It also triggers the body's stress response, often called the fight or flight response.

Too much of this hormone can lead to chronic stress, difficulty concentrating, dizziness, and fatigue, as well as anxiety and anxiety disorders.

Dopamine – According to [Psychology Today](#), dopamine is a neurotransmitter that helps control the brain's reward centers.

It enables us to see rewards and take action to move toward them. It also helps regulate our emotional responses to various stimuli.

According to [Carolina Integrative Medicine](#), too little of this neurotransmitter may be related to addictive behaviors such as alcohol or drug use, cravings, compulsions, depression, and loss of motor control.

Too much may be related to attention disorders, autism, mood swings, and psychosis, a symptom commonly associated with schizophrenia.

Norepinephrine – According to [Everyday Health](#), norepinephrine is a hormone that helps mobilize the brain and body for action.

It does so by affecting blood flow, increasing alertness, regulating heart rate, and speeding up reaction time.

Too little of this hormone may be related to a lack of energy or focus, symptoms commonly associated with attention disorders and depression.

Too much may be related to anxiety, hyperactivity, and stress.

Serotonin – According to [WebMD](#), serotonin is a neurotransmitter that helps regulate mood and social behavior, appetite and digestion, sleep, memory, and sexual desire and function.

Too little of this neurotransmitter may be related to fluctuating hormones, high stress, and insufficient nutrients.

Too much may be related to anxiety and anxiety disorders, depression, and obsessive actions and thoughts, a symptom commonly associated with obsessive-compulsive disorder, or OCD.

There is, then, some relation here. However, despite the fact that the brain plays some part in our experience of mental health challenges, we also need to understand that this implication seriously affects how those with mental disorders are thought of or treated by others.

According to IFL Science, “people who attribute mental health problems to brain disease or heredity tend to blame affected people less. However, they are also more pessimistic about recovery, more willing to socially exclude affected people, and more likely to see them as dangerous.”

These beliefs are not only untrue but also unhelpful, as they don't generate a compassionate culture that builds resilience, inclusion, and hope in our communities.

IFL Science goes on to say that, though it is correct to say that mental disorders are technically biological disorders, that narrow definition leaves a lot to be desired.

The point here is that those facing mental challenges, just like those who aren't facing mental health challenges, are so much more than their brain's chemistry.

Like we all, they have the ability to change, grow, and improve over time.

Like we all, they deserve to be treated with empathy, kindness, and respect.

That said, it's still unfair to assume that one can simply "will" their mental illness away without having access to certain techniques and tools that engage and retrain the brain.

As those who aren't facing mental health challenges increase their understanding, they can work with those facing challenges firsthand to create supportive and accepting environments for healing and recovery and advocate for access to resources and services for all in need.

The Mental Health Care Bill, 2013

The Mental Health Care Bill, 2013 was introduced in the Rajya Sabha on August 19, 2013.

The Bill repeals the Mental Health Act, 1987.

The Statements of Objects and Reasons to the Bill, state the government ratified the United Nations Convention on the Rights of Persons with Disabilities in 2007.

The Convention requires the laws of the country to align with the Convention.

The new Bill was introduced as the existing Act does not adequately protect the rights of persons with mental illness nor promote their access to mental health care.

The key features of the Bill are:

Rights of persons with mental illness: Every person shall have the right to access mental health care and treatment from services run or funded by the government.

The right to access mental health care includes affordable, good quality of and easy access to services.

Persons with mental illness also have the right to equality of treatment, protection from inhuman and degrading treatment, free legal services, access to their medical records, and complain regarding deficiencies in provision of mental health care.

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Advance Directive: A mentally-ill person shall have the right to make an advance directive that states how he wants to be treated for the illness during a mental health situation and who his nominated representative shall be.

The advance directive has to be certified by a medical practitioner or registered with the Mental Health Board.

If a mental health professional/ relative/care-giver does not wish to follow the directive while treating the person, he can make an application to the Mental Health Board to review/alter/cancel the advance directive.

Central and State Mental Health Authority:

These administrative bodies are required to

- (a) register, supervise and maintain a register of all mental health establishments,
- (b) develop quality and service provision norms for such establishments,
- (c) maintain a register of mental health professionals,
- (d) train law enforcement officials and mental health professionals on the provisions of the Act,
- (e) receive complaints about deficiencies in provision of services, and
- (f) advise the government on matters relating to mental health.

Mental Health Establishments:

Every mental health establishment has to be registered with the relevant Central or State Mental Health Authority.

In order to be registered, the establishment has to fulfill various criteria prescribed in the Bill.

The Bill also specifies the process and procedure to be followed for admission, treatment and discharge of mentally ill individuals.

A decision to be admitted in a mental health establishment shall, as far as possible, be made by the person with the mental illness except when he is unable to make an independent decision or conditions exist to make a supported admission unavoidable.

Mental Health Review Commission and Board:

The Mental Health Review Commission will be a quasi-judicial body that will periodically review the use of and the procedure for making advance directives and advise the government on protection of the rights of mentally ill persons.

The Commission shall with the concurrence of the state governments, constitute Mental Health Review Boards in the districts of a state.

The Board will have the power to (a) register, review/alter/cancel an advance directive,

(b) appoint a nominated representative,

(c) adjudicate complaints regarding deficiencies in care and services,

(d) receive and decide application from a person with mental illness/his nominated representative/any other interested person against the decision of medical officer or psychiatrists in charge of a mental health establishment.

Decriminalising suicide and prohibiting electro-convulsive therapy:

A person who attempts suicide shall be presumed to be suffering from mental illness at that time and will not be punished under the Indian Penal Code.

Electro-convulsive therapy is allowed only with the use of muscle relaxants and anaesthesia.

The therapy is prohibited for minors.



Thank You