

MAINS MATRIX

TABLE OF CONTENT

1. Why we need to change the way we talk about antibiotic resistance
2. India's National Mental Health Crisis
3. What are the various electoral forms?

Why we need to change the way we talk about antibiotic resistance

Core Thesis: Antimicrobial resistance (AMR) is now primarily a communication crisis, and the language used to discuss it must shift from catastrophic future predictions to a present-focused, positive, and biological narrative.

1. The Problem: The Current Communication Crisis

- **Past Success of "Doomsday" Language:**
 - **Example:** The 2000 NDM enzyme controversy and subsequent predictions (e.g., millions of deaths, trillions in economic losses from the O'Neill report) successfully jolted governments and put AMR on the agenda.
- **Why It No Longer Works:**
 - **Psychic Numbing:** Repeated large-scale statistics (e.g., "millions will die") cause people to disengage and lose empathy. As cited, "Statistics are human

beings with the tears wiped off."

- **Audience Fatigue:** The media, doctors, and the public are tired of the same warnings and abstract, distant threats.
- **Result:** AMR has faded from headlines and public consciousness, not because the problem is less severe, but because the language has lost its power.

2. The Proposed Solution: A New Narrative

The solution is to make the story **personal, biological, and positive**.

- **Shift the Focus:**
 - **From:** Future collapse of healthcare systems.
 - **To:** Present impact on individual bodies and health.
- **The Core Concept: The Human Microbiome**

- The body is an ecosystem of trillions of microbes (bacteria, viruses, fungi) essential for health.
- The microbiome helps with digestion, vitamin production, immune training, and even brain communication.
- **Key Message:** Antibiotics are not neutral; they disrupt this delicate ecosystem, sometimes permanently.
- **The Present Impact of Microbiome Damage:**
 - **Gut-Brain Axis:** Worsens anxiety and depression.
 - **Lungs:** Increases risk of asthma and severe respiratory infections.
 - **Metabolism:** Raises the likelihood of obesity and diabetes.
 - **Skin:** Aggravates conditions like eczema and acne.
 - **Immune System:** Makes allergies and autoimmune diseases more common.
- **A Positive Example: The Story of Perfume**
 - The same perfume smells different on different people due to interactions

between skin microbes and fragrance molecules.

- This illustrates that microbes are not just enemies causing disease; they are integral to our individuality and daily experiences.

3. The New Messaging Strategy

- **Reframe the Core Warning:**

- **Old Message:** "Antibiotics cause resistance in society."
- **New Message:** "Antibiotics can harm your microbiome. Protect your good bugs—they protect you."

- **Benefits of the New Message:**

- Connects to people's personal lives and health.
- Replaces dread with a sense of responsibility.
- Offers hope and is more effective.

4. Summary of the Required Shift

From (Old Narrative)	To (New Narrative)
Resistance in hospitals	Resilience in the body

From (Old Narrative)	To (New Narrative)
Global catastrophe	Personal consciousness
Fear	Fascination (e.g., fragrance)
Language of war	Language of wisdom
Abstract, distant threat	Living, urgent, and solvable challenge
Pessimism	Positivity, biology, and human connection

HOW TO USE IT

Primary Relevance: GS Paper III (Science & Technology)

1. Awareness in the Field of IT, Computers, Robotics, Nano-technology, Bio-technology:

- **How to use:** The "new narrative" solution is a direct application of **science communication (SciComm)** and **behavioral economics** ("nudge theory") to a biotech issue.
- **Key Points:**

- **Old vs. New Science Communication:** Contrast the failed top-down, fear-based model with the proposed participatory, positive, and personal narrative centered on the **human microbiome**.
- **Role of Bio-technology:** Understanding the microbiome is a cutting-edge area of biotechnology. Using this knowledge for public health messaging shows the practical application of basic scientific research.

Primary Relevance: GS Paper II (Governance & Social Justice)

1. Government Policies and Interventions for Development in various sectors:

- **How to use:** The core argument is that India's current AMR policy (National Action Plan on AMR) likely focuses on regulation and hospital protocols, but **fails at the communication and public engagement level**.
- **Key Points:**
 - **Policy Gap:** Highlight that effective policy isn't just about rules (banning OTC antibiotics) but about ensuring public compliance through effective communication.

- **Good Governance:** Shifting the narrative is an example of **responsive governance**—adapting strategies when old ones (doomsday warnings) fail to achieve desired outcomes.

- **Potential Question:** "The success of a public health policy depends as much on its design as on its communication." Elucidate."

2. Development Processes and the Development Industry:

- **How to use:** AMR is a classic "tragedy of the commons" issue. Individual actions (misusing antibiotics) lead to a collective disaster (drug-resistant superbugs).
- **Key Points:**
 - The proposed "protect your good bugs" message reframes this from a distant, societal problem to an immediate, personal one, making individuals more likely to act responsibly.
 - This is a strategy to manage a common-pool resource (antibiotic efficacy) through behavioral change.

India's National Mental Health Crisis

The article describes a grim mental health crisis across India, affecting villages, cities, classrooms, and homes, highlighted by recent tragedies like a young couple's suicide and student suicides in Kota.

Key Data and Statistics (from 2023 NCRB Report):

- **Total Suicides:** 170,418 (a 0.3% rise from the previous year).
- **High-Rate States:** Andaman and Nicobar Islands, Sikkim, and Kerala reported the highest suicide rates.
- **High-Volume States:** Maharashtra, Tamil Nadu, Madhya Pradesh, Karnataka, and West Bengal accounted for over 40% of all deaths.
- **Urban vs. Rural:** Urban areas continued to have higher suicide rates.
- **Gender:** Men made up 72.8% of all victims.
- **Leading Causes:** Family problems (31.9%), illness (19%), substance abuse (7.9%), and marriage-related issues (~10% combined).
- **Farmer Suicides:** 10,786 (around 6.3% of the total), with most cases in Maharashtra, Karnataka, and Telangana.
- **Homemakers:** This group faces high rates of depression and

distress but is often invisible in official statistics.

Underlying Problems and Systemic Gaps:

- **Scale of the Issue:** Nearly 230 million Indians live with mental disorders, but over 80% of those with severe illness receive no formal care.
- **Treatment Gap:** Lifetime prevalence is 13.6%, with treatment gaps ranging from 70% to 92%.
- **Workforce Shortage:** India has only 0.75 psychiatrists per 100,000 people, far below the WHO minimum of 1 and the ideal of 3. There are similar shortages of nurses and psychologists.
- **Ineffective Policies:** Despite progressive laws like the Mental Healthcare Act (2017) and the National Suicide Prevention Strategy (2022), suicides have risen. Schemes like Manodarpana remain inactive, and the mental health budget has been largely unspent.
- **Inadequate Counseling:** Counseling in schools and colleges is often a part-time teacher for thousands of students, making support hollow and underfunded.

The Role of Technology:

- Many Indians are turning to AI platforms like ChatGPT for

emotional support out of loneliness and a lack of human alternatives, reflecting an institutional collapse rather than technological faith.

- AI lacks confidentiality, crisis intervention, and privacy guarantees, making it a potentially dangerous substitute for real care without regulation.

Proposed Solutions:

The authors call for treating mental health as an emergency and propose:

1. **Government Action:** Establish a cross-ministerial task force with independent funding and clear accountability.
2. **Workforce Target:** Aim for 3-5 mental health professionals per 100,000 people within five years via expanded training and incentives.
3. **Public Infrastructure for Counseling:** Integrate full-time, trained counsellors into every school, college, district hospital, and agrarian block, funded by central budgets.
4. **Public Awareness:** Run campaigns to de-stigmatize help-seeking and normalize conversations about mental distress.
5. **Targeted Outreach:** Provide special support for high-risk groups like farmers,

homemakers, students, and abuse survivors.

6. **Regulate Digital**

Health: Urgently create frameworks for emotional support apps and AI tools, mandating privacy disclosures, crisis-response features, and access to licensed professionals.

Conclusion:

The stakes are high, as suicide is the leading cause of death for Indian youth aged 18-29. Untreated mental illness has a significant economic cost and, more importantly, represents silenced voices and broken families. The article concludes that India must prove its modernity and humanity by saving lives now "slipping away in silence."

HOW TO USE IT

Primary Relevance: GS Paper II (Governance, Social Justice, Health)

1. Issues Relating to Development and Management of Social Sector/Services (Health):

- **How to use:** This is the most direct application. The data and analysis reveal a catastrophic failure in the public health system to address a massive, growing burden of disease.
- **Key Points:**
 - **Treatment Gap:** The statistic "**over 80% of those with severe illness receive no formal care**" is a stark indicator of

systemic failure. The WHO recommends 1 psychiatrist per 100,000, but India has only **0.75**, highlighting a critical human resource shortage.

○ **Policy-Implementation**

Gap: Cite the progressive **Mental Healthcare Act (2017)** and the **National Suicide Prevention Strategy (2022)**. Then, contrast this with the reality: "suicides have risen," "schemes like Manodarpana remain inactive," and "the mental health budget has been largely unspent." This is a classic case of well-intentioned laws failing due to a lack of financial and institutional backing.

- **Urban-Rural Divide:** The higher suicide rates in urban areas, coupled with the concentration of mental health professionals in cities, point to a unique urban stress crisis, while the rural areas suffer from a complete lack of access.

2. Welfare Schemes for Vulnerable Sections of the population:

- **How to use:** The report identifies specific vulnerable groups that are being failed by the system.

- **Key Points:**

- **Homemakers:** Describe them as an "invisible" cohort facing high distress, often excluded from formal labor statistics and social security nets, making their suffering silent and unaddressed.
- **Farmers:** The **10,786 farmer suicides** are not just an agrarian crisis but a severe mental health emergency. Link this to indebtedness, crop failure, and the lack of non-farm livelihoods.
- **Youth & Students:** As the leading cause of death for Indians aged 18-29, student suicides (e.g., in Kota) point to immense academic pressure, a flawed education system, and the absence of robust counseling infrastructure.

Primary Relevance: GS Paper I (Indian Society)

1. Social Empowerment, Communalism, Regionalism & Secularism:

- **How to use:** The crisis is deeply intertwined with social structures and stigma.
- **Key Points:**

- **Stigma as a Barrier:** The fact that people turn to **AI like ChatGPT** for emotional support, despite its risks, underscores the deep-seated stigma and shame associated with seeking professional help or even confiding in family.
- **Changing Social Fabric:** The leading cause of suicides being "**family problems (31.9%)**" and "marriage-related issues" reflects the stresses of rapid urbanization, changing family dynamics, and persistent patriarchal norms.

2. Population and Associated Issues:

- **How to use:** A mentally unwell population is a drain on the demographic dividend.
 - **Key Points:**
 - **Economic Cost:** Mention that untreated mental illness has a "significant economic cost" in terms of lost productivity, increased healthcare burden, and diminished human potential. It threatens to turn the "demographic dividend" into a "demographic disaster."
-

Secondary Relevance: GS Paper III (Technology, Economy)

1. Science and Technology:

- **How to use:** The use of AI for mental health is a double-edged sword, presenting both an opportunity and a grave danger.
- **Key Points:**
 - **Digital Governance Challenge:** The article's call to "**Regulate Digital Health**" is crucial. Use this to argue for a regulatory framework for health-tech apps, mandating **data privacy, transparency about AI limitations, and integration with licensed professionals**. This shows a forward-looking approach to policy.

2. Indian Economy:

- **How to use:** Link mental health to human capital and productivity.
- **Key Points:**
 - A healthy workforce is a productive workforce. The mental health crisis impairs cognitive function, reduces productivity, and increases absenteeism, directly impacting national economic growth.

What are the various electoral forms?

Core Context: Special Summary Revision (SSR)

- The Election Commission of India (EC) has concluded a **Special Summary Revision (SSR)** of electoral rolls in Bihar.
- The EC plans to roll out this process in other states in a phased manner, based on Assembly election schedules.
- The legal basis for this is found in the **Representation of the People Act, 1950**.
- The SSR process involves:
 - Submission of enumeration forms by voters.
 - Submission of documents to prove citizenship (for some).
 - Publication of draft electoral rolls.
 - A period for filing claims and objections.
 - Final verification and publication of the roll.

2. Key Electoral Forms (as per Registration of Electors Rules, 1960)

The following table summarizes the primary forms for citizen interaction with electoral rolls:

Form Number	Purpose / Description
Form 6	Application for new voters to be registered as an elector. Also used by Overseas Electors .
Form 6A	Application for enrollment by an Overseas Elector .
Form 7	To raise an objection for the proposed inclusion or deletion of a name from the electoral roll.
Form 8	For correction of entries or a change of address within the same constituency.
Form 8A	Application for a shift of address to a different constituency.

Other Forms (Published by Electoral Registration Officer - ERO):

- **Form 9:** Notice of inclusion in the electoral roll by the ERO.
- **Form 10:** List of applications for inclusion of names (from Form 6).
- **Form 11:** List of objections to inclusion of names (from Form 7).

- **Form 11A:** List of applications for correction of entries (from Form 8).
- **Form 11B:** List of applications for a shift of address within the constituency.
- **Form 11C:** List of applications for a shift of address outside the constituency.

3. Actionable Steps for Citizens

To ensure their names are correctly included in the electoral rolls, citizens should:

- **Verify the Draft Rolls:** Check the published draft electoral rolls carefully.
- **Submit Relevant Forms:**
 - **New voters** or those who have **migrated** to a different constituency should fill out **Form 6**.
 - Use **Form 8** for corrections or a change of address within the constituency.
 - Use **Form 7** to object to an incorrect entry.
- **Seek Assistance:** Political parties and civil society groups should assist citizens, especially marginalized groups, in this process.

4. The "Gist" - Key Takeaway

The Election Commission is conducting a special revision of electoral rolls. To

ensure clean rolls without compromising the right to vote, citizens must actively verify their details in the draft rolls and submit the necessary

forms for enrollment, correction, or objection.

FOR AFFORDABLE AND QUALITY ANSWER WRITING PROGRAMS

VISIT – WWW.MENTORAIAS.CO.IN

CONTACT

Telegram channel - @mentoraias1

MOBILE NO - 7509519261

Telegram - @Mentora_ias_support



MENTORA IAS

“YOUR SUCCESS, OUR COMMITMENT”