FINDER
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Care as disability justice, dignity in mental health

Prelims: General Studies Paper - 1
Current events of national and international importance

Mains: General Studies - 2
Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

1.Background

- **Personal narratives of trauma reveal deep suffering such as childhood neglect, homelessness, and abuse** within psychiatric settings that numbers alone cannot represent.
- **Individual experiences of distress vary widely, shaped by personal contexts, beliefs, and circumstances**; ignoring these nuances leads to superficial understandings of healing.
- **Mainstream psychosocial disability frameworks remain deficit-oriented, prioritizing "normal" productivity and unquestioned social norms** rather than lived realities.
- **Huge global mental-health care gaps (70–90%) persist, despite advances in medication and therapy**, because fundamental systemic and social issues remain unaddressed.

2. The gaps

- **Mental health care must be reimagined as a dignity and disability-justice–centred system that prioritises equity, inclusion**, and diversity over deficit-based models.
- **Care should involve sustained companionship, staying with people through relational, material, and structural suffering** rather than focusing only on symptoms.
- **Healing requires personal meaning-making, addressing safety, relationships,** everyday functioning, and responses to adverse life events.
- **Context shapes care, as individuals constantly navigate tensions between their circumstances** and their chosen life paths, making standardised, personalised care difficult to balance.
- **Material and relational deprivation remains unaddressed**, despite being both a cause and consequence of mental ill-health; **NCRB data shows one-third of suicides in India stem from family problems and about 10% from relational ruptures.**
- **Feelings like shame, alienation, and abandonment rarely enter mainstream discourse,** limiting people's ability to articulate psychological pain.
- **Current interventions over-focus on "fixing" maladaptive patterns, placing responsibility for broken relationships or social withdrawal solely** on individuals instead of recognising social contributors.
- **Distress emerges from overlapping biological, psychological, social, cultural, political, and historical factors, intersecting with caste, class, gender, and queer identities** and comprehensive care must address these simultaneously rather than treating them as competing explanations.

3. On care practice

- **Existential and relational distress must be given space, as biological or social-determinant approaches alone obscure** the meaning-making processes essential for mental well-being.
- **Material supports (medication, housing, income) are necessary but insufficient; care must also prioritise relational work** that explores vulnerability, purpose, and existential incoherence within social–ecological contexts.
- **Reimagined care must centre relational justice, asking what each person needs to live the life they want, recognising diverse and valid ways of responding to distress** from economic security to spirituality and community.

- **Greater trust and continuity of care require genuine collaboration and acceptance of non-linear progress, as disengagement from services** often leads to despair, loneliness, or homelessness.
- **Mental health justice demands recognising structural harms, ensuring systems centre dignity, account for historical and social injustices**, and address the contexts that produced suffering in the first place.

4. Transforming care, education and research

- **Mental health education must train practitioners to tolerate uncertainty, understand complex social worlds**, and value small but meaningful progress.
- **Research must shift from broad generalisations to granular, real-world care processes,** prioritising what actually works in diverse contexts.
- **Implementation science and transdisciplinary methods are essential, linking theory to practice** and enabling continuous learning about "what works, for whom, and how."
- **People with lived experience and community actors must be formally recognised and compensated as practitioners**, as their contextual wisdom cannot be reproduced through professional training alone.
- **These non-specialist practitioners require proper preparation and systemic support, equivalent to what credentialed professionals** receive, to meaningfully participate in mental health care.

Charting an agenda on the right to health

Prelims: General Studies Paper - 1
Current events of national and international importance

Mains: General Studies - 2
Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

1.Background

- The **National Convention on Health Rights will be held in New Delhi on December 11–12, 2025, positioned between Human Rights Day (December 10) and Universal Health Coverage Day** (December 12).
- It will **bring together around 400 health professionals, community leaders, and activists** to discuss India's key health challenges.
- **Organised by Jan Swasthya Abhiyan, a coalition of civil society groups from over 20 States**, the event aims to strengthen the right-to-health movement.
- The convention will draw lessons from the COVID-19 crisis and propose alternatives to the commercialisation of health care.

2. Challenging privatisation

- India is **witnessing an accelerated privatisation of public health services, with public–private partnerships handing over medical colleges and health facilities to private entities**, threatening already fragile public systems.
- This **shift risks making health care unaffordable for crores of Indians who depend on public provisioning;** activists from multiple States will share resistance strategies and highlight ground-level impacts.
- **Commercial private health care has expanded rapidly due to domestic and foreign investments and pro-corporate policies**, but regulation has not kept pace.
- **Despite the Clinical Establishments Act, 2010, regulatory enforcement remains weak, leading to overcharging, unnecessary procedures** (such as excessive C-sections), **opaque pricing, and violations of patient rights.**
- The **convention will call for stronger regulation, including rate standardisation, transparent pricing, mandatory implementation of the Charter of Patient's Rights,** and accessible grievance-redress mechanisms.
- **India's public spending on health remains extremely low at only 2% of the Union Budget and about $25 per capita annually resulting in high out-of-pocket expenditure**; participants will evaluate insurance scheme shortcomings and propose financing models based on increased public investment and equitable access.

3. Justice for health workers

- **Despite their critical role during COVID-19, frontline health workers continue to face low wages, insecure jobs, poor working conditions**, and inadequate social security.

- **Health worker unions at the convention will emphasise the need for fair compensation, dignified conditions,** and resilient public health systems.
- **Medicines make up about 50% of household medical expenses, yet over 80% of drugs in India are outside price control,** enabling irrational formulations, unethical marketing, and high retail markups.
- **The convention will assess gaps in medicine regulation, discuss removal of GST on medicines, and push for expanded public-sector production** of essential drugs.
- **With over 80 crore Indians reliant on public health services, strengthening universal**, quality public health systems is seen as essential.
- **Participants will highlight community-led and state-level success models, promoting decentralised planning and public engagement** to affirm health care as a fundamental right built on strong public systems.

4. Eliminating discrimination

- **Deep-rooted social hierarchies still shape unequal access to health care** in India.
- A **dedicated session will highlight discrimination faced by Dalits, Adivasis, Muslims, LGBTQ+ persons, and persons with disabilities.**
- The **convention will emphasise embedding inclusion and non-discrimination within health systems.**
- **Another session links health to food security, pollution, and climate change**, stressing intersectoral strategies.
- Held during Parliament's winter session, delegates will engage MPs on urgent health policy concerns.
- The **event marks 25 years of Jan Swasthya Abhiyan, celebrating its work across 20+ States** with diverse social movements.
- The **convention will renew alliances and strategies for the next decade of rights-based health advocacy.**
- Its central message is firm: health care must prioritise people over profit and affirm the right to health for all.

Lessons from recent transport crises

Prelims: General Studies Paper - 1
Economic and Social Development-Sustainable Development, Poverty, Inclusion, Demographics, Social Sector Initiatives, etc.

Mains: General Studies - 3
Indian Economy and issues relating to planning, mobilization, of resources, growth, development and employment.

1. Background

- In October- November, **trains to Bihar saw massive rush** due to **Chhath Puja and Bihar elections**, forcing migrants into overcrowded, unsafe unreserved compartments because of a shortage of trains.
- In December, **mass cancellation of IndiGo flights** due to **regulatory non-compliance** left passengers stranded and caused steep price hikes.
- These events illustrate **how prices and state/private responses behave during demand and supply shocks.**
- The contrasting price responses highlight **welfare constraints in a neo-liberal economy:**
  - **Low prices in public services do not improve welfare** without adequate investment.
  - **Deregulated prices reduce welfare** when monopolies dominate.

2. Demand Shock and Indian Railways

- **Sudden spike in demand** for Bihar-bound trains represents a **classic demand shock**.
- **With fixed supply, higher demand should raise prices**; when prices remain fixed by the government, excess demand leads to **overcrowding and unsafe travel**.
- Standard theory says **prices should rise to balance demand and supply**, but this causes **exclusion** of many travellers- **raising questions of welfare.**
- Critics argue that **low prices in government services create inefficiency**, but it is countered that **prices must remain affordable to ensure welfare**.
- Real solution: **expand supply through significant state investment,** not increase fares.
- **Neo-liberal constraints**- mainly limits on **fiscal deficit** - restrict government investment capacity.

- Increasing spending without breaching deficit targets requires higher taxation of the **top 1%.**
- Research by **Thomas Piketty** shows modest wealth and income taxes on the top 1% would generate **substantial resources** for India's welfare state.
- Such taxation is **opposed by domestic and global capital interests.**

3. Supply Shock and IndiGo Flight Cancellations

- **IndiGo crisis is a supply shock:** withdrawal of flights despite normal demand triggered steep price increases.
- Price rise was amplified due to **IndiGo's near-monopoly** in Indian aviation.
- Large supply cuts from one firm caused **market-wide disruption**- a sign of **insufficient competition.**
- In a **competitive market,** withdrawal by one player would not cause such extreme effects.
- **Similar patterns were seen in the U**.S. during Biden's presidency:
  - **Pandemic-related supply disruptions** raised costs.
  - **Monopolistic firms** passed these on as high consumer prices, creating a cost-of-living crisis.
  - This contributed to **political shifts**, including Donald Trump's return to power.
- Argument for **flexible pricing assumes a competitive market**, but such markets **require government action to curb monopolies**.

4. How a Neo-Liberal Economy Creates These Contradictions

- **Neo-liberal policies restrict state action** (taxation, spending, regulation) but **encourage deregulation of private players.**
- The state cannot raise taxes or expand expenditure, so it **keeps prices low for essential services** like trains but cannot invest enough to expand supply- causing **overcrowding and inefficiency**.
- Deregulation leads to **concentration of capital** and the **rise of monopolies**, now common in Indian markets.
- **Unregulated private markets** can **worsen welfare** by creating **monopolies**, raising prices, and reducing consumer choice- as seen in IndiGo and the U.S.
- The two crises, though different, stem from the same model that **prioritizes private sector expansion** and **weakens public sector capacity.**
- If monopolistic tendencies and weakening of public services continue, similar **transport disruptions will recur**.

Does Google's Quantum Echoes bring Q-day closer?

Prelims: General Studies Paper - 1
General Science

Mains: General Studies - 3
Awareness in the fields of IT, Space, Computers, robotics, nano-technology, bio-technology and issues

1. Background:

- Google researchers used a **65-qubit Willow superconducting processor** to study how quantum information **spreads and refocuses** in a**n entangled system.**
- The experiment, called **Quantum Echoes,** marks a technological leap in understanding quantum dynamics.
- Unlike the **2019 Sycamore experiment,** which claimed **quantum supremacy in speed**, Quantum Echoes **focuses on scientific understanding** rather than computational performance.

2. What Was the Experiment?

- Researchers measured **out-of-time-order correlators (OTOC)** - small echoes that **track how disturbances travel through qubit networks.**
- The method involves giving the system a **microscopic "poke,"** reversing time evolution, and measuring the returning echo.
- The strength of the echo reveals **how fast information disperses**, offering insights for chemistry, materials science, and superconductivity.
- The experiment is scientifically important but **does not bring the world closer to breaking encryption or Q-day.**

3. Q-Day and the Global Cryptography Threat

- **Q-day** refers to the **moment when a quantum computer becomes powerful enough to break public-key encryption**.
- The risk involves **"harvest now, decrypt later",** where intercepted encrypted data today could be decrypted in the future.
  - Governments are preparing by adopting **post-quantum cryptography (PQC)**.
    - The U.S. NIST has standardised PQC algorithms:
    - **CRYSTALS-Kyber** for encryption.
    - **Dilithium** for **digital signatures.**
- Experts estimate breaking **RSA-2048** will require millions of logical qubits, which may take 5 - 8 years to build.
- RSA-2048 is a commonly used standard for public-key cryptography
- RSA encryption relies on **multiplying two large primes**, which is easy, but reversing it is nearly impossible for classical computers.

4. Quantum Computers, Shor's Algorithm, and Current Limitations

- Quantum computers use **superposition and entanglement** to test many possibilities simultaneously, enabling speed-ups.
- **Shor's algorithm** can factor large numbers by finding repeating patterns using the **Quantum Fourier Transform (QFT).**
- Shor's algorithm is a **computational tool** designed to factor large numbers efficiently.
- Scaling Shor's algorithm for RSA would enable **exponentially faster factoring** than classical methods.
- In 2019, **Craig Gidney and Martin Ekera** (Google Research) estimated that breaking **RSA-2048** would require:
  - **20 million physical qubits**, and
  - **Eight hours of computation.**
- Current processors like **Google's Willow and IBM's Condor** only **contain a few hundred noisy qubits.**
- A **fault-tolerant quantum computer** needs **millions of logical, error-corrected qubits,** which is far beyond current technology.

Quantum Superposition

- A fundamental principle of quantum mechanics where a **qubit can exist in multiple states (0 and 1) simultaneously**, unlike classical bits that can be only 0 or 1.
- Superposition enables quantum computers to process many possibilities at once, giving them exponential computational power in certain tasks.

Quantum Entanglement

- A quantum phenomenon where **two or more qubits become interconnected,** such that the **state of one instantly affects the state of the other,** even across large distances.
- This property enables powerful quantum operations, secure communication protocols, and is central to quantum computing and quantum information transfer.

5. Why Quantum Echoes Does Not Bring Q-Day Closer

- **Shor's algorithm** aims at **computational advantage,** while **Quantum Echoes** studies **physical behaviour of entangled systems**.
- The Willow experiment focuses on **scientific reproducibility**, verified through repeated measurements and **signal-to-noise analysis.**
- It does not enhance cryptographic threat capabilities.
- However, some entities may already be storing encrypted data for future quantum decryption.
- Regulators, including **India's central bank**, advise **transitioning to quantum-safe systems** by the end of the decade.
- Quantum Echoes is a **milestone** in understanding quantum behaviour, **not a step toward imminent Q-day**

KEYWORDS

Extended Fund Facility (EFF)

- The Extended Fund Facility (EFF) is an **IMF lending instrument** designed to help countries facing **medium-term balance of payments** problems caused by s**tructural weaknesses.**
- It supports **deep and sustained structural reforms** by offering programme durations of **three to four years**.
- The facility provides **long repayment terms ranging from 4.5 to 10 years** in equal semiannual installments.
- **All IMF member countries** with actual or potential external financing needs are **eligible for the EFF.**
- It is mainly used by **advanced and emerging economies**, while low-income countries may combine it with the **Extended Credit Facility (ECF)**.
- EFF conditionality focuses on **structural reforms and macroeconomic stability**, with disbursements tied to quantitative performance criteria and structural benchmarks.
- The IMF conducts **periodic reviews** to assess progress and releases funds in phased tranches.
- The **interest rate** includes the **SDR rate plus a margin,** along with surcharges for large or prolonged use of IMF credit.
- Borrowers also pay a **refundable commitment fee** on undrawn amounts and a service charge on each disbursement.
- **Normal access is capped at 200% of quota** annually and **600% cumulatively**, while exceptional access is allowed under special IMF rules.

Universal Health Coverage Day

- **Universal Health Coverage Day is observed on December 12** to promote accessible, affordable health care for all.
- It **marks the UN General Assembly's 2012 resolution encouraging nations to advance Universal Health Coverage (UHC).**
- The **day stresses the need for equitable, quality health services across prevention, treatment, and long-term care.**
- Globally, **over half the population still lacks essential health services,** highlighting persistent inequities.
- **UHC Day calls for reducing catastrophic out-of-pocket health spending,** which drives millions into poverty.
- Governments and civil society use the day to review progress and push reforms aligned with achieving UHC by 2030 (SDG target).
- **Theme for 2025: "Unaffordable health costs? We're sick of it!",** spotlighting the global crisis of high health expenses and the urgency of financial protection in health care.